COURSE REPORT

Online Content Orientation Training Programme (COT)
on
Child Centric Disaster Risk Reduction(CCDRR)
26th -28th August 2021

Conducted by

Department of Social Work
Central University of Kerala,
Kasaragod, Kerala

In collaboration with

National Institute of Disaster Management
(Ministry of Home Affairs, Government of India)
Rohini, New Delhi

nidm
Resilient India - Disaster Free India

सत्यमेव जयते

Online Content Orientation Training Programme
on
"Child Centric Disaster Risk Reduction"

26th – 28th August, 2021 | **11 AM – 1 PM**

Patrons

Major General M. K. Bindal
Executive Director
NIDM, Government of India

Prof. H. Venkateshwarlu
Vice Chancellor
Central University of Kerala

Supervision & Guidance

Professor Santosh Kumar
Project Director, CCDRR
NIDM, Government of India

Dr. Mohan A.K
HOD & Dean, Social Work
Central University of Kerala

Key Speakers

Shri Ranjan Kumar
CCDRR Centre, NIDM

Dr. Kumar Raka
Programme Officer
CCDRR Centre, NIDM

Coordinators

Dr.Vartika
JRO,CCDRR Centre,NIDM

Dr. Dilip Diwakar G
Assistant Professor
Dept of Social Work, CUK

LIVE STREAMING YouTube

Day 1: https://youtu.be/1yGlCM1hkYM
Day 2: https://youtu.be/w1uHbEIo_YY
Day 3: https://youtu.be/ZQYpA9Cmjv4

Jointly Organized by :
CCDRR Centre,
National Institute of Disaster Management
Ministry of Home Affairs, Govt. of India
and
Central University of Kerala, Kasaragod

/ nidmmhaindia / nidmindia

Website: www.nidm.gov.in

Stay Protected from Corona

Wear your Mask Properly

Follow Proper Hand Hygiene

Maintain Social Distancing

Get Vaccinated

CONTENTS

ABOUT THE CENTRAL UNIVERSITY OF KERALA

The Central University of Kerala has pledged to provide value and evidence-based education to its students, research scholars, academic and non-academic individuals and to cherish individual and academic development. Collaboration with both Government and Non-Government Organizations to conduct training programmes for the students and the public helps to extend the borders of learning even during the COVID-19 pandemic.

The university has a vast campus of 310 acres of land that was provided by the Government of Kerala in 2012. University has established under the Central University Act 2009 (Parliament Act No.25 of 2009). Now the university has 12 schools, 27 departments and two centres (Mahatma Ayyankali Centre for Kerala Studies and Centre for Language Skills) and doctoral and post-doctoral courses. The university has running a civil service coaching centre.

The Department of Social Work was started with a Master Programme in 2012. It was started as one among the department initiated at the university during its inception. The department aspires to become a centre of excellence in developing social work professionals for promoting justice and empowerment. With a judicious mix of theory and practice, the department has geared itself to be strong in teaching, research and learning. In the year 2016 the Ph.D programme was initiated currently having around 15 scholars and 3 have awarded Ph.D Degree.

ABOUT THE TRAINING PROGRAMME

Disasters threaten the lives, constitutional rights and needs of the children worldwide. In past three decades India have faced devastating disasters such as Latur Earthquake (1993), Odisha Super Cyclone (1999), Bhuj Earthquake (2001), Indian Tsunami (2004), Jammu & Kashmir Earthquake (2005), Urban Flood in Mumbai (2005), Bihar Floods (2008), Uttarakhand Floods (2013), Cyclone Phailin (2013), Srinagar Flood (2014), Chennai Flood (2015), Kerala Flood (2018), and Cyclone Fani (2019).

Droughts hits Andhra Pradesh, Gujarat, Karnataka, Maharashtra, Rajasthan, Tamilnadu and Telangana. Bihar, Jharkhand and parts of North East are also drought prone. These states are home to nearly 500 million people, almost 40% of the country's population.

Droughts are slow onset disasters, adversely affecting women and children. Karnataka (16 districts) and Andhra Pradesh (4 districts) experienced at least 10 droughts between 2001-2015. During these emergencies, children are especially vulnerable to diseases, malnutrition, and violence and trafficking. Measles, diarrhoea, acute respiratory infections, malaria and malnutrition are the major killers of children during humanitarian crises. In future, vulnerability of children is expected to increase as the intensity and frequency of natural disasters rises.

Keeping in view the increasing vulnerability of children from climate change and natural disasters, National Institute of Disaster Management (NIDM), Ministry of Home Affairs, Government of India has established "**Child Centric Disaster Risk Reduction (CCDRR) Centre**" to mainstream child centric DRR activities through Training, Research, Advocacy and Consultancy.

AIM OF TRAINING

This **3 Days Online orientation *Training Programme on Child Centric Disaster Risk Reduction*** is intended for officials of State level sectoral departments, Administrative Training Institutions and civil society practitioners to help build their knowledge, skills and perspectives towards child centric disaster risk reduction. This will help officials understand and prepare for risk informed planning, sectoral readiness and preparedness for emergencies so as children are not deprived of basic amenities.

OBJECTIVES

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

- Explain the basic concepts of Disaster Risk Management
- Explain the impacts of disaster on children
- Describe the concept of child centric disaster risk reduction list out the CCDRR activities.
- Draft and apply strategies for school safety with the engagement of children
- Explain the Disaster impact on mental health of the Children
- Explain the process of mainstreaming child-centric risk management

COURSE MODULE

This Course has two modules and contents of the course would touch upon the following aspects, to achieve the objectives:

Module-I: Disaster and its impact on children

Session -1: Basic Concepts of Disaster Risk Management

Session-2: Disaster Impact on children

Module-II: Child Centric Disaster Risk Reduction

Session-3: Introduction to CCDRR

Session-4: Psychological Understanding of Children in Disasters and Emergencies: A Theoretical Approach

Session-5: Home to Home School Safety

TARGET GROUP

This training programme targets officials working in Health, Education, Women and Child welfare, and Rural Development Department as well as Teachers and students. Though the training targets on government officials considering the contribution of civil servants, this training also targets field practitioners from Non-Government Organization.

PROGRAMME DETAILS

This orientation training programme is scheduled for 3 days. It is based on e-learning module covering 2 hours each day during the programme.

REGISTRATION

Participants have to fill up and submit the on line registration google form for the course.

Registration Link:

Registration was done through the following link https://training.nidm.gov.in/

LEARNING METHODS

ZOOM Meeting platform was used for this programme. All the participants are requested to install "ZOOM" Meeting application in your mobile or desktop. The webinar would be conducted through power point presentation by the speaker/experts

EVALUATION

Before end of the programme, the participants were provided with online evaluation form in a group. Evaluation form is mandatory for all the participants to be filled.

CERTIFICATE

E-certificate was issued to the participants who attend minimum 80 per cent of the duration of the programme.

Gender-wise Distribution of Participants

PROGRAMME SCHEDULE

<table>
<tr><td colspan="3">Day 1: 26 August 2021,</td></tr>
<tr><td colspan="3">Inaugural Function
10.50 am- 11.00 am : Joining Time
11.00 am: Prayer Song, CUK
11.02 am: Welcome Address – Dr. Dilip Diwakar G; Assistant Professor, Department of Social Work, Central University of Kerala
11.05 am- Inaugural Address- Dr. Suresh K P; Dean Academics, Central University of Kerala
11.15 am- Opening Remarks- Prof. Santosh Kumar, Project Director, CCDRR, NIDM
11.25 am- Facilitation Remarks- Dr. Mohan AK, Dean School of Social Sciences & Head Department of Social Work, Central University of Kerala
11.30 am- Vote of Thanks- Dr. Vartika, JRO, CCDRR, NIDM</td></tr>
<tr><td colspan="3">Module 1- Disaster and its impact on children https://youtu.be/1yGlCM1hkYM</td></tr>
<tr><td>Session 1:
11.30 am</td><td>Basic concepts of Disaster Risk Management- Do’s and Don’ts of COVID-19</td><td>Dr. Kumar Raka, Programme Officer, CCDRR, NIDM</td></tr>
<tr><td>Session 2:
12.30 pm</td><td>Disaster impact on children</td><td>Mr. Ranjan Kumar, CCDRR, NIDM</td></tr>
<tr><td colspan="3">Day 2: 27 August 2021</td></tr>
<tr><td colspan="3">Module 2- Child Centric Disaster Risk Reduction https://youtu.be/w1uHbEIo_YY</td></tr>
<tr><td>Session 1
11.00 am</td><td>Psychological Understanding of Children in Disasters and Emergencies: A Theoretical Approach</td><td>Ms. Namratha, YWCA</td></tr>
<tr><td>Session 2
12.00 noon</td><td>Introduction to CCDRR</td><td>Dr.Balu I. CCDRR, NIDM</td></tr>
<tr><td colspan="3">Day 3: 28 August 2021</td></tr>
<tr><td colspan="3">Module 3- https://youtu.be/ZQYpA9Cmjv4</td></tr>
<tr><td>Session 1
11.00 am</td><td>Home to home safety for School children</td><td>Ms.Dolphi Raman. JRO, CCDRR, NIDM</td></tr>
<tr><td>Session 2
12.15 pm</td><td>Disaster Impact on Children</td><td>Dr. Vartika, JRO, CCDRR, NIDM</td></tr>
</table>

Inaugural Session

Welcome Address

The training programme has begun with welcome address by ***Dr. Dilip Diwakar G, Assistant Professor, Department of Social Work, CUK***. In the welcome speech, Dr. Dilip has described the objective of the training programme and relevance of the training programme. During the welcome speech, he has pointed out the importance of disaster management and impact mitigation process with considering the weaker and poor section of the society.

Inaugural Address

Dr. Suresh K P, Dean Academics, CUK, has inaugurated the training programme. In the welcome speech, Dr. Suresh K P emphasized the importance of learning the disaster, disaster management and mitigation strategies during their school days. Incorporating the disaster management in the school curriculum will help the children to self-sufficient. Sustainable development shall be promoted and children should make aware of optimum utilization of natural resources.

Opening Remark

Prof. Santosh Kumar, Project Director, CCDRR, NIDM has made the opening remark and opined that views of children should be respected. He expressed his gratitude to join hands with the Central University of Kerala. The functioning of NIDM is based on Articles 14, 17, 21, 21A etc. Disasters and pandemics could affect the mental health of children. By providing assistance to children and families and capacity building programmes can resolve the issues of children and their families.

Facilitation

In the facilitation remarks of Dr Mohan A K, Head Department of Social Work and Dean School of Social Sciences, CUK, had opined that disasters need concentrated efforts to reduce the impact. He mentioned the current condition of children in Afghanistan, the 2018 floods in Kerala and how the pandemic inflicted the educational system. He said this training session will be enriching to the trainees and will benefit society in the future.

Vote of Thanks

Vote of Thanks was shared by Dr. Vartika, JRO, CCDRR, NIDM. She thanked the Executive Director, Major General M.K. Bindal, NIDM, Hon`ble Vice Chancellor Prof H. Venkateshwaralu, Prof. Santosh Kumar, Project Director, CCDRR, NIDM, Dr. Suresh K P, Dean Academics, CUK, the resource persons Dr. Kumar Raka, Dr. Balu, Mr. Ranjan Kumar, Ms. Namrata Sharma, Ms. Dolphi Raman, technical team, all the participants and the organising coordinator of CUK Dr. Dilip Diwakar G

Technical Sessions

DAY 1- 26TH AUGUST, 2021

Lecture 1

Topic: Do's and Don'ts of COVID-19

Speaker: Dr. Kumar Raka, Programme Officer, NIDM

Aim: To inform the participants on the current status of COVID-19 pandemic and pandemic appropriate behaviour.

Dr Kumar Raka pointed that the state of Kerala has an efficient recording system that makes each infection accountable for the minute data are available in Kerala. The higher rate of covid-19 infection in Kerala is due to this efficient system of recording. The country is preparing to face the worse impact of the COVID-19 pandemic. The COVID-19 pandemic forces people to choose to live with COVID-19 appropriate behaviour. COVID-19 infection has taken 4.32 lakh lives during this pandemic. Speaker pointed that 35178 new cases of covid-19 virus infection and 440 deaths due to covid-19 virus infection has reported a few days back across India. The daily death toll in Kerala was 215 deaths. These high death rates are a warning to the state to make effective controlling measures. Cough, sore throat, fever, muscle pain, chills etc., are the identified complications of COVID-19 virus infection. Practicing self-medication is not recommended during the COVID-19 virus infection. A trained medical practitioner can help to resolve the symptoms related to COVID-19 virus infection.

Breaking the chain of infection is the primary aim to prevent COVID-19 infection. Protecting yourself and your family members should be the primary aim of the individual. Contaminated fingers and saliva of the infected person can spread the virus. So the health experts recommend that to avoid spit in public places and cover the face while sneezing or coughing

Following the recommended protocol of COVID-19 virus infection can reduce the further spread of coronavirus infection. Symptoms present should consult with the medical practitioner and start proper medication at the earliest to avoid complications. The most recommended covid appropriate behaviour is wearing a mask, hand sanitizing and cleaning

hands with soap and water. Inappropriate use of the mask could spread the virus and cause infection among near and dear ones. The recommended use of a mask is explained by using an image. It illustrated that complete covering of nose and mouth to avoid virus infection. The protocol recommends that the removal of the mask should do only after cleaning hands. Surgical disposable masks should throw in a closed bin. N-95 masks only reuse after proper washing with soap.

Practicing hand washing with soap and water with a minimum of 20 seconds and a maximum of 30 seconds can reduce the risk of covid infection. COVID-19 virus is protected with a protein layer and destroying this protein layer by hand washing is the appropriate recommended method. Practicing social distancing can break the chain of covid infection. People are aware of the rising death toll due to pandemics, yet gathering of people happens. Governments have limitations to control pandemics if people choose not to practice social distancing. People have to choose at least a 1-meter distance and avoid shaking hands and other affection showing behaviour.

If the infected person and families break the safe home quarantine practices situation may get worsen. If the symptoms are worse, seek the help of a medical professional. The room of quarantine should have proper ventilation. If there is a lack of personal toilets, commonly used toilets should keep clean after every use. The infected should stay away from pregnant, antenatal women, the elderly and children. Restrict the movement of the infected in and around the house. Practice disinfection and cleaning of commonly used electronic and electric articles before every use. An infected person should use a mask whenever there is a chance to contact a second person.

The disaster risk reduction plan recommends ensuring the safety of children, and the recognized method to protect the child is by practicing the life cycle approach. In the life cycle approach, there are three age groups of children. 1. Independent children (0-12), 2. semi-independent children (age group 12-14) 3. dependent children (14 above). Among these three age groups, the most recommended is the safety of independent children. Ensuring masks to children will be appropriate when going outside. Playing objects of children should be sanitized.

+91-11-23978046 was the shared covid-19 helpline number. In the last slide, the speaker shared a novel idea of learning the English alphabet and COVID-19 appropriate behaviour by using the English alphabet.

Key Takeaways

1. **Practice of COVID-19 appropriate behaviour**
2. **Importance of avoiding self-medication and treatment**
3. **Independent children (0-12 years) should be the focal point of safety practice.**

Lecture 2

Topic: Basic Concept- Disaster Risk Management

Speaker: Mr. Ranjan Kumar, CCDRR, NIDM

Aim: Introducing the participants on the basic Concept of Disaster Risk Management.

The presentation started with introducing a session plan of the basic concept of disaster risk management. Knowing the ideologies related to disaster management is essential while preparing a disaster management plan. Introduced basic terminologies of disaster management disaster, hazard, disaster risk, vulnerability, exposure, capacity, disaster damage, mitigation, preparedness, prevention, reconstruction, recovery, resilience, response. R= (H x V x E) / C is the golden formulae to calculate the risk of a disaster. (H is Hazard, V for Vulnerability, E for Exposure and C for Capacity). Increased capacity to react against the disaster can reduce the risk of a disaster.

Explained hazard as a natural or anthropogenic event that causes damage to property, social and economic disruption or environmental degradation. Natural hazards are divided into four categories. Geological hazard, meteorological hazard,

hydrometeorological hazard, and biological hazard.

Introducing disaster it was said that all Disasters can be a hazard but hazards can't be disasters. Mass destruction can happen in a disaster. More than one thousand children die in an earthquake in Assam pointed out as an example of a disaster. Disaster risk is explained as the potential loss of life/ injury, or destroyed/ damaged assets that could occur in a system.

Explained vulnerability based on physical, socio-economic and environmental factors. People living in flood-prone areas, earthquake-prone areas are known as the vulnerable population. Defining exposure of the disaster on the infrastructure, housing, production and other assets. People living in cyclone area is highly susceptible to having the disaster.

Capacity is the strength of the community to cope with the disaster with their strengths and resources available within the community and society. The example has been described that cyclones happening in Odisha every year lot of people affected due to this natural phenomenon. Damage is quantifying using analysis by looking into the structural damage and unstructured damage. Damage is calculated in numbers and accordingly support is provided to communities. Basic damages like house, road, electricity will be quantified and analysed for making a disaster management plan.

Disaster risk management is using for the organization, planning, and application of measures preparing for, responding to and recovering from disasters. What is the frequency of hazards in the area, history of hazards in the area, will be checked for planning an appropriate management plan. COVID-19 pandemic, check what is the severity of the pandemic, exposures regarding COVID-19, the capacity of the community to prevent the pandemic. A holistic approach should plan to reduce the impact of the pandemic. Different types of planning we need to mitigate the planning, short term or long term.

Disaster management recycle has been introduced and explained including individual disaster response, preparedness, mitigation (risk assessment prevention), reconstruction, rehabilitation and response or relief (on pre-disaster phase, disaster phase, and post-disaster or recovery phase).

Prevention is defined that any activity to measure and to avoid risks associated with disaster. Mitigation has been explained as the effort to lessen or minimize the adverse impacts of the hazardous event. It may include engineering techniques, social and environmental policies. Preparedness has been introducing as an effort to make a response whenever there is a disaster happens. A mock drill is an example of preparedness. Response during a disaster is

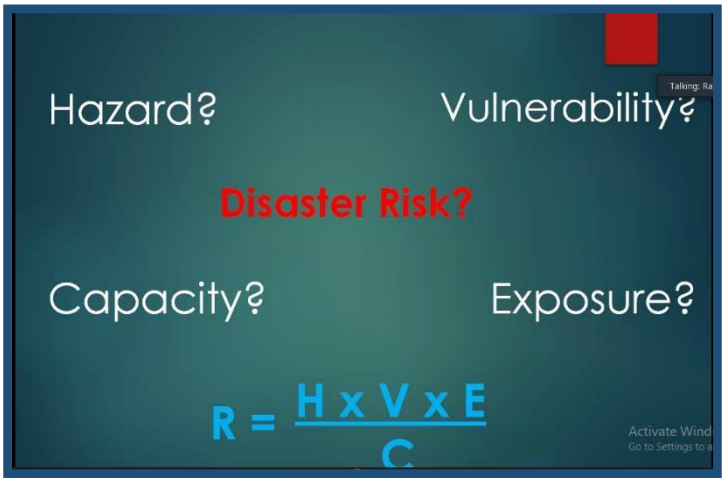
defined as the actions during the disaster to assist the population including medical care and all activities to save lives and properties. Rehabilitation is the method of restoration of basic services and facilities to the affected population. Recovery is another important area to improve people's lives after the disaster. Reconstruction can be medium or long term to rebuild the affected areas and ensure sustainability and resilience, known as "build back better".

Resilience is the effort of an individual or community to regain and rebuild, which means "bounce back better" or "bounce forward" against the stresses and strains of disaster.

After the second session, no questions were raised by the participants and the meeting has concluded at 1.15 pm on 26/08/2021.

Key takeaways

- **What is hazard, disaster risk, exposure to hazard, capacity, disaster risk management, prevention, mitigation, disaster preparedness, response, rehabilitation, recovery, reconstruction, and resilience.**



DAY 2- 27TH AUGUST, 2021

Lecture 1

Topic: Psychological Understanding of Children in Disasters and Emergencies

Speaker: Ms. Namrata Sharma, YWCA

Aim: To educate the participants on the psychological impact among children during pandemic and capacitate them to provide psychological first aid

The session started with acknowledging the third wave of COVID-19 infection and shared the importance of covid appropriate behaviour and prevention methods include practising social distancing, clean environment etc.

It has emphasized that any disaster like covid- 19 pandemic, cyclones, etc., can cause a psychological impact on the child. Quantification of the effect of the disaster is necessary to assess the result of the pandemic. According to UNICEF, 2019, 28% of the world population constitutes children and children aged 10 to 19 years were 16%. American Psychiatric Association states that 50% of all mental illnesses begin by the age of 14 and 75% by 24 years of age. CCDRR conducting these training programmes to protect the future generation and become more resilient. These disorders may be genetic or show when the situation comes and trigger the inner lied problems. Childhood depression, autism, ADHD, Kleptomania, trauma from childhood disorder, conduct disorder, a learning disorder etc., are some of the childhood disorders replied to the question.

Nature vs Nurture is the term discussing when dealt with psychological issues. Here nurture dealt things happening in the environment, that is what kind of family the child is living with, abusive family, child protected by the family, what kind of parent-child live with, has the child bought up protectively. etc can say whether the child will have any psychological disorder in future.

Nature elucidate the way a child is born. It has emphasized that should identify the family history of genetic disorder and psychological disorder in the family. Assumption says that their psychological disorder may pass to the child, and it is not necessary. Chromosomal disorders like down syndrome etc., which lacks motor abilities, lack intellectual abilities,

overall development hampers. A child with down syndrome may develop a stigma. Improve the overall development of the affected child to reduce the stigma among them. This current pandemic situation is not familiar to us. The present pandemic situation makes children vulnerable and impacts the positive mental health of the child.

Negative impacts like suicide during disasters among children can also present during the pandemic. Children are more prone to have psychological disturbances than the parent population. Suicide is a product of disturbed psychological equilibrium. Suicide is a punishable act, so training to overcome the stress and strain of the disaster is to be given to every identified individual.

Not only in Kerala, but all the states have also reported suicide among children. By citing *The New India Express* daily, states suicide among children is a concern to the State. To reduce the acts of suicide among children, the Government of Kerala introduced counselling to children by incorporating the help of NGOs, the local community etc. In India, it has reported 10,000 child death reported in a year. In Maharashtra, the reported suicide among children is 1,400 in a year.

Quoted the study by WHO, and described that among boys aged 15-19 years of age, road injury is the leading cause of death (25.3%) followed by interpersonal conflicts (14.3%), self-harm (8.4%), drowning (538%) and HIV/AIDS (49%). Childhood is a stage of much emotional turmoil and lacks interpersonal communication skills. It has pointed that lack of ability of parents to understand the emotional issues of the child etc. Lack of Problem solving skills can be seen among childhood stage is very low and lead to interpersonal emotional conflicts.

Self-harming is prevalent among the girls. And inequality among males and females is present. The housing luxuries are shared only with the male child than the female child. In homes, boys are forcing to learn to suppress their emotions and at the same time, girls were free to express their emotional problems. Maternal health conditions are the leading cause of death among girls, because of the early marriage complications due to teen pregnancies, abortions, STDs, sexual assault. The stress that girls experience in their entire life also leads to mental health issues. Mental health issues among girls are present from an early age. During disasters, the impact of the child or emotional distress should be identified by the parents.

Individual characteristics apart from the psychological impact should be noted. Age or development stage (physical, psychological and social). The lesser aged child could not able to cope and resolve the effect of the problems. These children are dependent on their parents than the older children in the family. If the child's needs are not taken care of, this can induce anxiety issues in the child and feel alone in the home. Individual differences have a significant association with decision making during the disaster because every individual living in a different environment and it reflects in the decision making process. A person with the disease in the home, or a child with the disease, the impact will be heavier among them and this should be addressed effectively and special attention should need.

Factors of disaster can affect the emotional well-being of individuals. The identification of the impacts of the disaster is a major concern and should be done by a professional. Every disaster is harmful. An example has been given to describe the type, extent and duration of the disaster. Duration or more occurrence will make harm to the family, lesser duration between the disasters, more the emotional psychological impact. The impact of the disaster is related to the type of disaster that happened in the area.

Direct exposure of the disaster can make higher impacts among the affected like flood happening and experienced by the children living in the Kachcha house than the child living in a pucca house as shown in the picture. Separation of children from their parents happens during the disaster.

The next important characteristic is separation from caregivers. Children world revolved around parents, brothers, sisters and those around us. The first few years of a child is completely around their parents. An example has described that separation of a covid infected mother can develop anxiety in the child. And if the mother is sent to the hospital, the stress will increase due to anxiety issues. During disasters, instant death might occur. Separation of the family can develop childhood psychological problems and trauma among them. Reduction of stress due to separation is possible if the parents leave the children with grandparents or other caregivers for 10 or 20 minutes and should slowly increase the time of separation. This practice can help to reduce the separation. A sudden separation from family and friends may lead to separation anxiety disorder.

Perception of a life threat to self or significant other causes another psychological trauma. The child is afraid of their parent's death or what will happen If they die. Hypervigilance among children cause withdrawal from games and other hobbies and isolate themselves.

Post Traumatic Stress Disorder (PTSD). PTSD is recognised during world wars. And it can be seen the children experience physical injuries due to disaster. And this lead to a sleepless night, flashbacks, nightmares and pessimistic about their future. This should be analyzed among children who experienced the disaster.

A child's life revolves around the parent. Sometimes parents collapse or give up due to the stress and strain of the disaster or office responsibilities. And this behaviour change can influence the child's behaviour and lead to emotional distress among them. But it is important to experience rejection in childhood. Knowing the parent's stress by the child help them to understand the parents and share love and care.

During disaster's the main source of information is social media, mass media, especially in COVID-19. When the child sitting beside, parents should avoid sensitive and graphic news on any medium. Shared the story of the most wanted psychopath and said that pornographic content and blue films can create a very wrong persona in a child's mind and it can take them to extend that you can't imagine. Filtering social media content is a suggestion for parents.

Children who belong to poor family backgrounds could suffer from domestic violence, sexual assault, separation from caregivers, abject poverty, discrimination and social exclusion. Children suffering adversities, vulnerable and least protected could suffer psychological stresses due to the disaster.

Community response to the needs of children affected by disaster, the speaker explained with the example of blackout due to appearing for an unprepared examination. If the child knows how to survive the earthquake, I should sit under the desk without panicking. In case of fire, a mock drill can prepare the child exactly what to do in such a situation. So the preparedness and knowledge about the disaster can reduce the psychological harm among children.

The child lacks the expression of their emotions. When a child is distressed, usually called a normal emotional response, they show minimal distress, known as worries. Inattention, fear, lack of enjoyment (anhedonia), anxiety, depressed mood, symptoms of re-experiencing (while sleeping, nightmares, wetting bed etc), avoidance, hypervigilance, and disruptive behaviour are the emotional problems present in the child during the disaster. Every parent should know about their child's mental health and behaviour.

The normal emotional reaction can happen in two-stage. The first stage happens right after the disaster (within the seconds after the disaster) and the second stage will happen after few days or weeks after the occurrence of the disaster. In the first stage symptoms such as fear,

denial can happen. A child has survived the earthquake and is unaware about the family and stuck in the debris and fear may trigger up and feel of an escape from that place will occur. Denial, don't aware of what is happening, confusion common symptoms, sorrow and relief when seeing the unharmed loved ones. Dissociative symptoms, that child could not understand what is real and unreal, that is emotional numbness, loosening sense of reality and amnesia, temporary loss of memory can happen during a disaster

In the second stage, the symptoms occur after days or weeks after the occurrence of the disaster. Regressive behaviour among younger children, emotional stress symptoms like sadness, anguish, fear and depressive symptoms, hostility and aggressiveness, withdrawal, sleep disturbances, somatization, pessimistic thought about the future, repetitive enactment of the trauma may be present among the child. To reduce the negative impact on the children, parents should provide maximum adequate attention to the child. If the emotional symptoms do not disappear or not subside or last longer or progressing after two weeks, a consultation with a trained psychologist. It helps to identify the problem in the child and provide therapy and if needed medication will be suggested.

Psychological First Aid is like medical first aid that prevents complications due to physical trauma. In a disaster situation, psychological counsellors provide first aid. Described psychological first aid with an example of women come to a shelter home. First, the immediate needs be addressed and after making them calm and feel good, the conversation will take place. Psychological problems will increase if not addressed properly, and psychological first aid help to reduce the trauma.

Key takeaways

- **Psychological first aid could reduce the impact of the pandemic**
- **Children in disaster should may exhibit psychological stress and associated imbalances immediately or after a long interval after the occurrence of the disaster**
- **PTSD among children should be screened**

Lecture 2

Topic: Introduction to Child Centre Disaster Risk Reduction

Speaker: Dr. Balu I, CCDRR, NIDM

Aim: To familiarize the participants on the Child Centric Disaster Risk Reduction activities and its importance.

This was the core session of the entire training programme, it described what is child-centric disaster risk reduction? How we can engage children in disaster risk reduction activities? Around 10 droughts were experienced in the southern part of the country, in the states of Karnataka, Andhra Pradesh, and Telangana between 2001 and 2015. Researchers have found that stunting of children and wasting was reported 36.2% and 26.1% respectively. A large number of people are affected by pandemic and stunting and wasting are seen among the children, due to lack of nutrition. The disaster risk management activities are excluding children. As a part of making community-based disaster management, the presence of children has felt disturbing while making social mapping. After long years it understood that children could provide novel ideas, could be the assets of risk reduction activities. They should also be engaged in disaster risk reduction activities. Children voices are unheard of during disaster management activities. Livestock and other nonliving and living assets will be protected and taken care of during disaster. Children are left behind during disasters and may have a higher chance of abuse and harm.

Who is the child? A child is a person who is below 18 years; the answer was common. The presenter emphasized the different definitions of children; the child labour act child is below 14 years, the mines labour act children are 18 years of age, marriage act is below 21 years. Different answers are given for children in our law. According to the United Nation Convention on child rights every child irrespective of their age, religion, gender, and ability, children have the right to participation, so we have to involve children in the disaster risk reduction activities. Slowly children also get able to convey the message very meaningfully and effectively. Children can adapt and creativity. What kind of creativity that you have seen in children? The question was raised and requested to put the answer in the chatbox.

By foreseeing flood hits, a child makes a house using available resources on a tree and during the flood, he was able to save his school items from the flood. Similarly making seed balls from cow dung and throw in the forest area, when rain the plants will grow from these seed balls a method to plant trees against global warming. School children made sanitation facilities using the nearest available resources like bamboo trees etc. It shows that they can prepare themselves and protect others during a disaster. A large number of children engaging in the war against the covid-19 pandemic, such as making homemade masks, describe how to wash hands. etc, and show a way to break the chain of infection. Children are willing to learn and adapt to disasters, so we have to involve children in disaster risk reduction activities.

Child centric disaster risk reduction focus on specific risks faced by children. When crossing the roads children move very swiftly, we know that touching electric plugs, children are used to playing near that. Focusing on reducing the risk faced by children is the specific focus of the CCDRR.

Involving children in the CCDRR activities like involving making masks, mock drills etc. the third aspect is that Disaster risk reduction is for and with children. A small documentary has shown to the participants that a child is asking the public to wear masks in Dharmashala Himachal Pradesh. Even small children can participate in disaster risk reduction activities.

Definition of CCDRR has been shared that " children and adolescents must not be perceived as mere victims but as effective actors, taking into account their levels of physical, social and emotional development, assessing their capacities and opinions, and promoting spaces and mechanism for their full participation in the whole process of disaster risk reduction" and initiatives. Children are the victims during the disaster, but they can act and survive the disaster. As an example, from Kerala, during the first lockdown wrote a letter to the President of India that seashore houses are destroying due to exposure to the sea. And steps have been taken to resolve the issue. The process of planning needs to promote and ensure the participation of children by assessing their physical, social and emotional capacities. The child is divided into various stages such as 0-2 years as infants; 3-5 years as early childhood; 6-12 years as childhood; 13-18 years they can communicate messages. At the same time, according to their emotional capacities, we can utilize children in CCDRR activities. 3-5-year-old children can create awareness on how to wear the mask, hand washing, 6-12 years can involve in first aid activities, children age 13-18 can help in rescue operations. At the same child became the victim of the disaster and warriors during the disaster, so their inclusion in disaster risk reduction management is necessary.

The goals of CCDRR that strengthening accountability mechanisms between rights holders and duty bearers by providing information flows. Right holders are children and duty bearers are International organizations, state and central governments, and line organizations. The right holder knows the rights and they ask for their rights and duty-bearers are supposed to know the rights of the children.

The valuable approach of the CCDRR can be done by using limited resources available, like a door to door delivery of children's food during the pandemic by ASHA workers due to the closure of Anganwadi centres. Children have a unique and holistic perception of risks, similarly regularly identifying the risks. In schools, it is conditioned that children should wash their lunch boxes within a short time, so children identify and address the issue.

A question was raised to identify the child shown in the picture? It was the picture of Greta Thunberg. Participants have answered. Friday For Future (FFF) was the protest she made on all Fridays, and protest in front of parliament and spread among children worldwide, an example for child participation in changes.

Then an activity to write the disaster risk reduction to state that we have children between 0-18 years old, among them 6-18 years age children, write minimum 5 activities, how you will engage children in disaster risk reduction work? An example involving children in homemade masks, involving children in sanitizing public places, conducting a mock drill, etc.

Minimum 3-5 answers and participants shared their answers such as include children in help dependent elders, providing relief materials, involving awareness activities, tree planting.

The example has been provided what Odisha had done during Cyclone Fani. They have identified 2653 and 73761 pregnant women and provide take-home ration in advance to ensure the nutrition for them. Have given focus the health of children and pregnant women. School fees and examination fees were waived, extra uniforms have been provided and inspection has been carried to all anganwadis and ensured the care of children and pregnant women. These are the approaches taken by Odisha at the time of cyclone Fani.

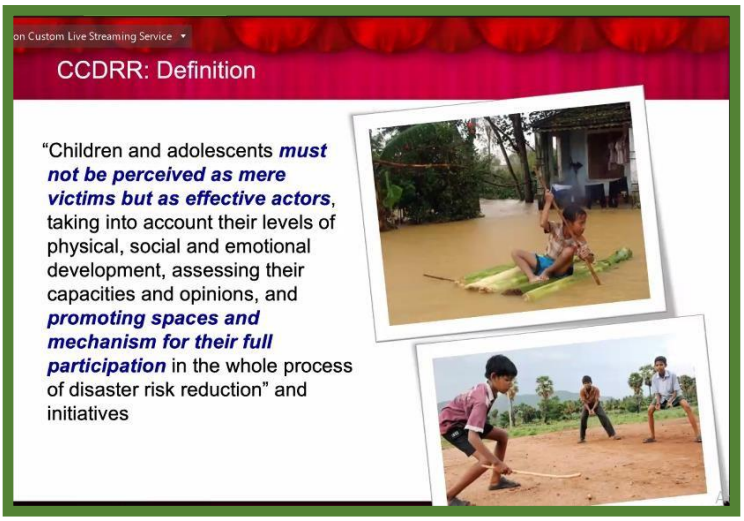
The difference between CBDRR and CCDRR have discussed the community is the central point and no target in community-based disaster risk reduction (CBDRR) activities and CCDRR children became the central point and target group.

Then a documentary has been shown titled as children in disaster risk reduction from Save the Children. Bangladesh based documentary on natural disasters, Arif and family, and other

Bangladeshi's from southern Bangladesh, that they identified that disaster preparedness can reduce the impact. They made the map of resources and design approved in the meeting. And they united as a force to reduce the risk. Preparedness only mitigates the effects of the disaster. Save the children making children prepare to confirm disasters and to fight against disasters. And even the entertainments are also based on disaster preparedness. The aware united and child-friendly population can mitigate disaster risk and handle disaster situations. A prepared generation can mitigate the risks.

Key takeaways

- **Mock drills and training to children, academic and non-academic staff of educational institution**
- **Inclusion of children in the disaster mitigation planning phase**



DAY 3- 28TH AUGUST, 2021

Lecture 1

Topic: Home to Home Safety for School Children

Speaker: Ms. Dolphi Raman, JRO, CCDRR, NIDM

Aim: To train the participants on the measures need to be taken for home to home safety for school children

Frameworks of national and international disaster management activities

A safety survey of each institution is a mandatory process during an epidemic. Some of the international and national framework are, The Sendai Framework for Disaster Risk Reduction (SFDRR) -2015, the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) -2005, the Hyogo Framework for Disaster Risk (HFA) -2015 and the Ahmedabad Action Agenda-2007. The community has to have the awareness that the children are the most important stakeholder and community has the responsibility to protect them from the calamities.

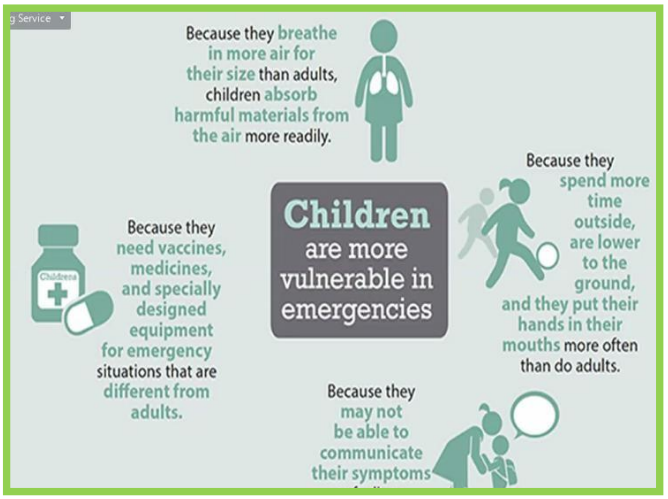
Safety of the school and children is the most crucial part of the disaster risk mitigation programme. A survey must be taken in all schools to identify the vulnerable part of the schools, like laboratories, lifts, electrical rooms and electrical main switches etc. Every children in the schools must be divided according to their physical and mental health status. The vulnerable children must be identified and recorded. Teachers, parents, the other community leaders can be involved with the Disaster Management Committees in schools. States such as Himachal Pradesh, Haryana, Tamil Nadu and New Delhi implemented disaster management in the school curriculum. Andaman Nicobar islands and Maharashtra has achieved 100% plans and conducting evacuation drills in schools. The plans and steps of evacuation should be displayed in the school walls. The training and mock drills must be conducted in regular intervals at the schools. According to the physical and mental capacity the responsibilities should be share among the children and staffs.

District Educational Officer will be the nodal officer for the District Disaster Management Committees in the schools and the senior officials of the district such as District Magistrate or District Magistrate will hold the position of the head of the District Management Committe. Home should act as the training ground for disaster risk reduction activities. The District Disaster Management Authority is the agency to ensure and monitor the activities of disaster

management in the district. At the national level National Disaster Management Authority will supervise the SDMAs and DDMAs. The chief secretary of MHRD will look after the functioning of NDMA.

Key takeaways

- **Global and National guidelines for Disaster Management**
- **School Disaster Management Committees**
- **Sharing responsibility among children and staffs according to their physical and mental health status.**



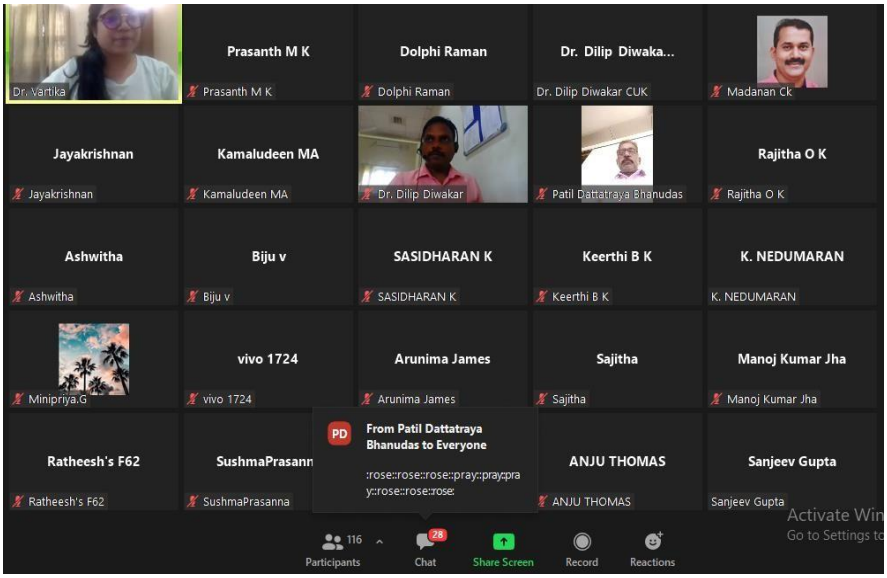
Lecture 2

Topic: Disaster Impact on Children

Speaker: Dr. Vartika, JRO, CCDRR, NIDM

Aim: To educate the participants on the impact of disaster on children, its effects and the ways for mitigation.

According to UNICEF, Save the children and other institutions working in the field of children understood that children are the most vulnerable population than any other population. They are dependent. During the disaster, they are the most badly affected population. For example, the movie "lion" has depicted by Dr Vartika and explained the separation of children from their parents and the struggle of a child to find parents. During childhood, it is difficult to make children aware of the disaster, war etc. There is high mental stress on children during the pandemic or disaster. There is a cycle of getting up morning, refreshment, taking break-fast, school, back to home after school, playtime, dinner.



Disturbing these routine activities will impact the behaviour pattern, food pattern, sleeping etc. During this pandemic, some children didn't see the school in 2020. They are less interaction with children in 2020 and can impact the interaction process. Children's health will be more vulnerable in a disaster for biophysical reasons. The mishap can damage the physical health or may be killed or injured severely. Every three people who died in a disaster have at least a child, the statistics reports. Children lack calories, essential vitamins, nutrients during the disaster. During the corona pandemic, street children and children of migrant people were affected. Mid-day meals of schools have stopped during the pandemic period.

Impact on health was the next topic and opined that medical care will be disturbed at disaster. This situation makes it difficult to treat and avoid harm to the child and other people. Children suffer most during the pandemic. India has lacked adequate paediatric facilities and

during the disaster, this may lead to worse impacts. Malnutrition will be reflected in the child due to the lack of availability of nutritious food.

Childhood health indicators like stunting (height-for-age), wasting (weight-for-height) and underweight (weight-for-age) always shows high due to the nonavailability of nutritious food. Stunting, normal, wasting was shown and described with the help of an image. According to CNNS data in 2016 and 2018 showed that 51 million children live underweight across the world. These children are suffering due to protein deficiency diseases in children. These children are vulnerable to marasmus, kwashiorkor.. etc.

World wide 51 million undernourished children and India constitutes 21 million undernourished children.

During the disaster, water and sanitation are major issues. Drinking this unhygienic contaminated water cause cholera, diarrhoea, and intestinal health issues. Flood situations can impact the hospital functioning, and the need for medical care will not be able to cure or lessen the symptoms. Lack of drinking water and nutritious food in the flood situation can cause dehydration and related issues. So during the disaster, it is important to take necessary steps to reduce the drinking water issues.

Effects on schooling were described earlier and during corona, flood, cyclone, it will lead to loss of school infrastructure, loss of education, lack of access to schools, loss of recreational activities etc.

Impact of cyclone Fani discussed as a case study. The cyclone damaged 5735 elementary and secondary schools. 2181 classrooms, out of which 2098 were severely affected and fully damaged and sources of water outlets, kitchen sheds, windows etc are also damaged. The estimates report the 7604 classrooms were partially damaged due to cyclone Fani. Kachcha houses were destroyed, properties of children like cycles were damaged. Closing schools resulted in the non-availability of nutritious food due to suspending the mid-day meal programme.

The disaster damaged higher education by damaging libraries, science labs etc. One lakh books and resources were destroyed. Five universities, 6 government colleges and 96 aided colleges suffered. The disaster can impact the child's mental status and have a long term impact. The policy on disaster management should focus to solve the long term impact.

The effect of disaster can be heavily impacted on children and it will be emotionally harmful. The mental health issues can be resolved by the rehabilitation process. Children are more

vulnerable in emergencies because they breathe more air than elders. vaccinations should be ensured to children. In this pandemic situation, children are more vulnerable because they are not much expressive and not able to communicate the symptoms. Children are not a homogeneous group. There is a difference in the life and behaviour of children according to the area where they reside. The policy should focus on these heterogeneous factors of children living in different places. The disaster can increase the bonded labour, child labour, child marriage, child trafficking, and orphans. The covid orphans are rising terrifically and the government has the responsibility to look into the matter.

2 Case study from 4 cases has been discussed.

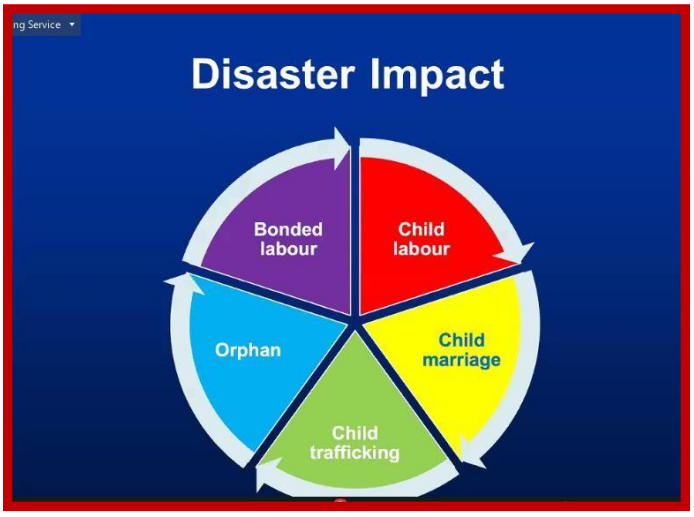
Ms Muneeswari was a school dropout and lack swimming skills. The tsunami killed her mother and was unmarried due to family responsibility. The next case discussed was the case of Ms Sanchana, she lacks support for child health. Insecure feeling due to loss of both parents and had reduced sleep. She always felt she is an unlucky person due to the impact of the disaster. Mr Vijay lacked parental care and love. He suffered sleepless nights and dropped out from school and faced financial problems etc.. impacted negatively in his life.

Disaster impact on children explained on the aspects of physical health, education, water and sanitation, mental health and social life.

At the end of session two, two videos have been shared, one from UNICEF pictures no child should draw and the second one was UNICEF Executive Director Henrietta Fore Statement on Grace Machel report Anniversary.

Key Takeaways

- **Rehabilitation plans should focus on reducing the impact of children**
- **The plans should focus to restore the health, both mental and physical health**
- **Malnutrition and other childhood diseases should be the focus of the disaster management plan.**



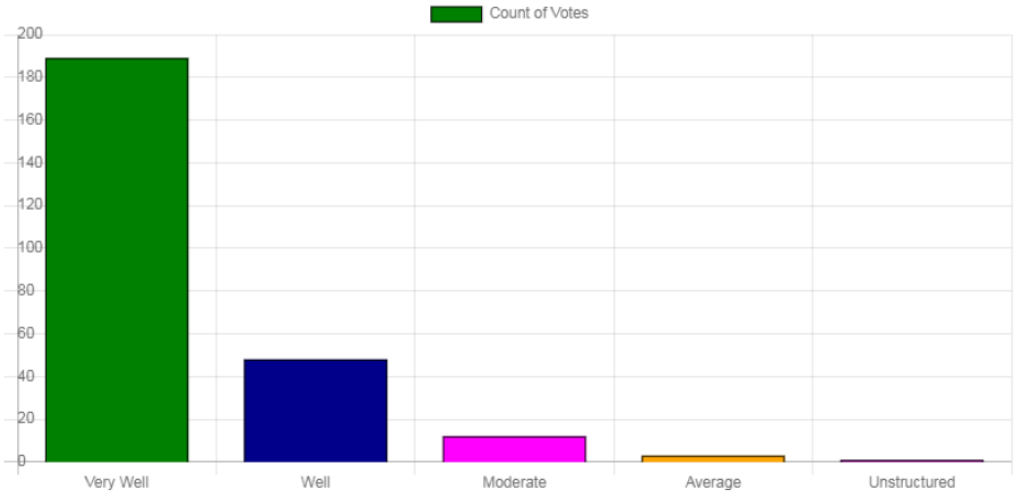
Key Takeaways & Learning Outcomes

1. Present status of COVID-19
2. Precautionary measure to contain the spread of COVID-19
3. Need for following Covid-19 appropriate behaviour
4. Basic concepts of disaster risk management
5. How to differentiate the risk, hazard, vulnerability and methods to measure it.
6. Child centric disaster risk reduction and CCDRR activities
7. International and national disaster management frameworks
8. Knowledge on different disaster management committees exists in the country
9. Sustainable development goals and disaster risk reduction
10. Home a training ground for disaster risk reduction
11. Impacts of disaster on children
12. Concept of draft and strategies for school safety with the engagement of children
13. Understanding children's abilities to participate in the disaster management planning activities
14. Psychological first aid and importance of seeking help
15. Disaster impact on mental health of the children
16. Importance of mainstreaming child centric management.
17. Disaster management act

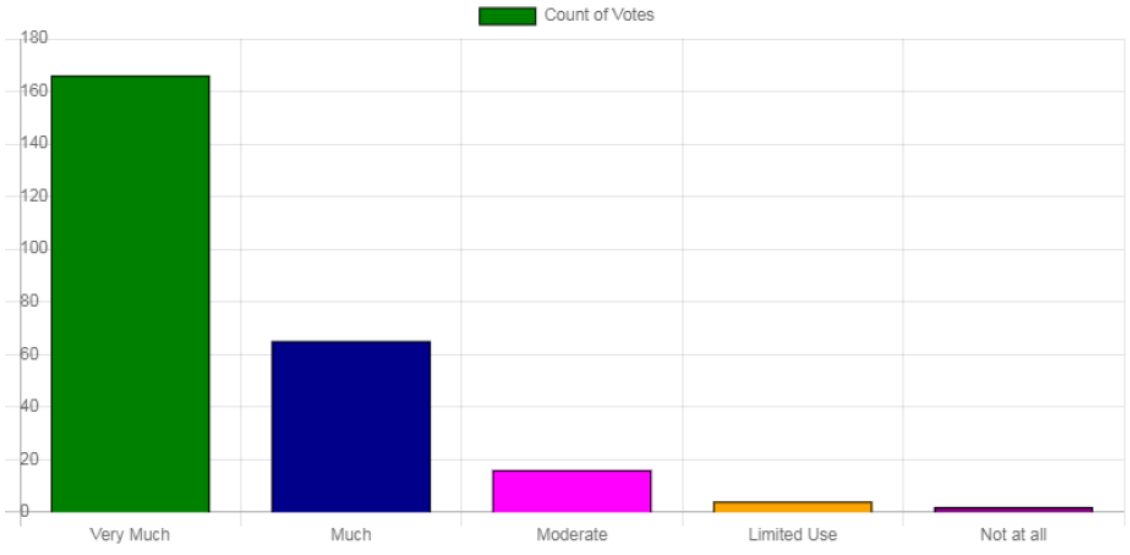
Course Feedback

Feedback Result

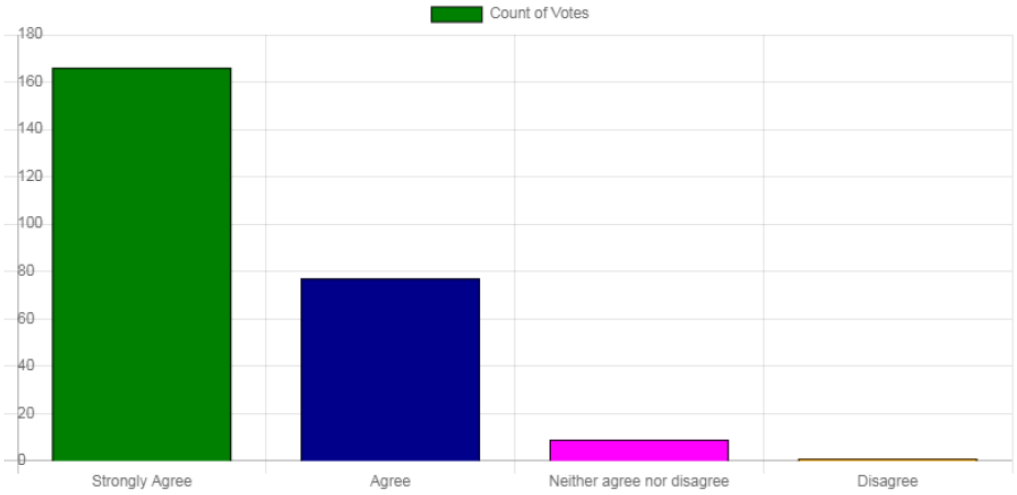
I think the structure and organization of the course fulfilled the objectives of the Training programme.



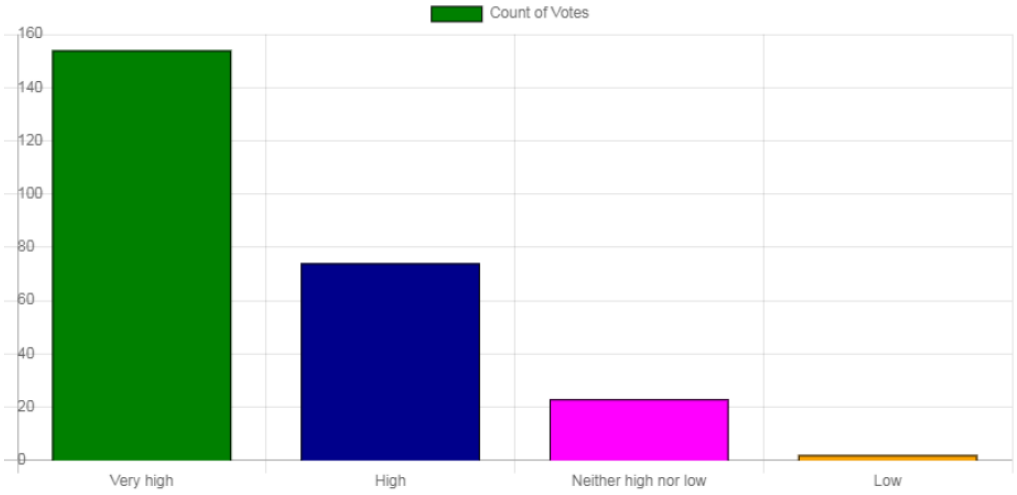
I feel this programme would be useful immediately in my job



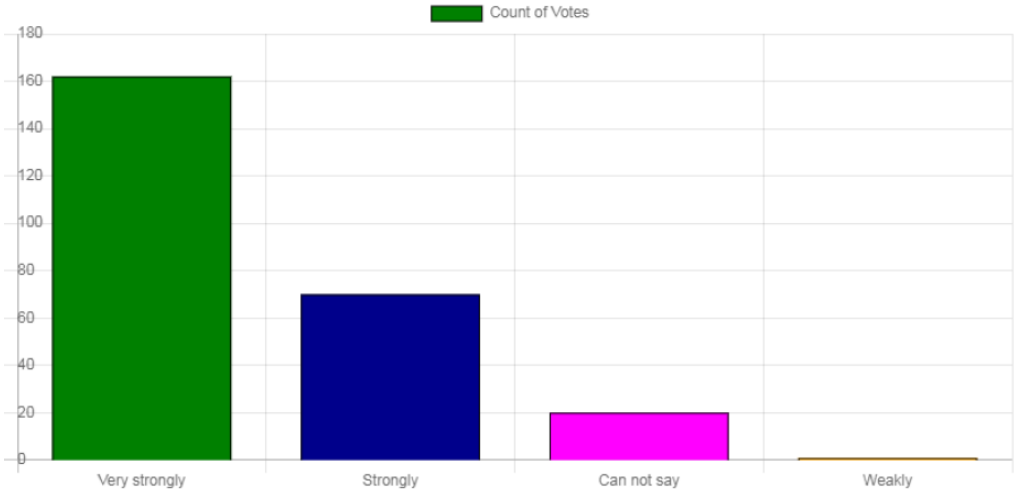
I believe this will help me in my future job related to Disaster Management



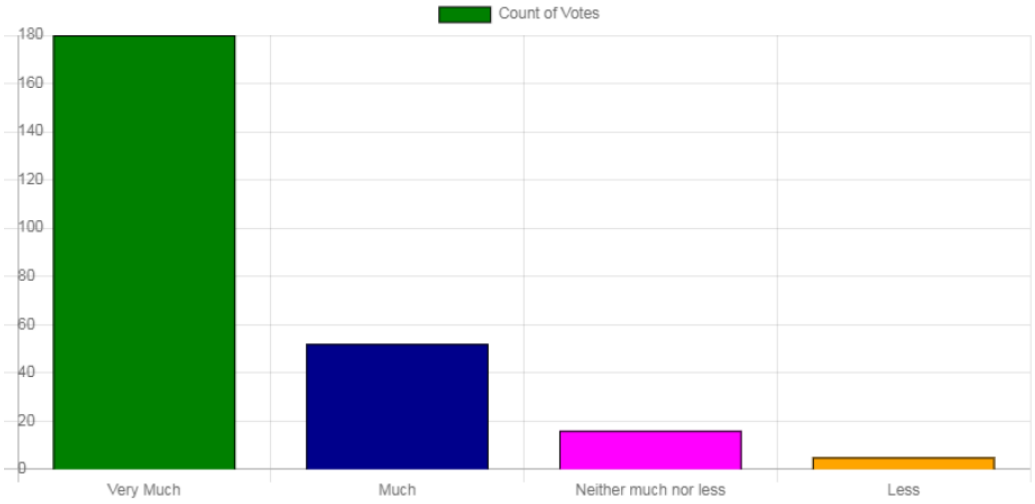
Practical orientation of the Training programme.



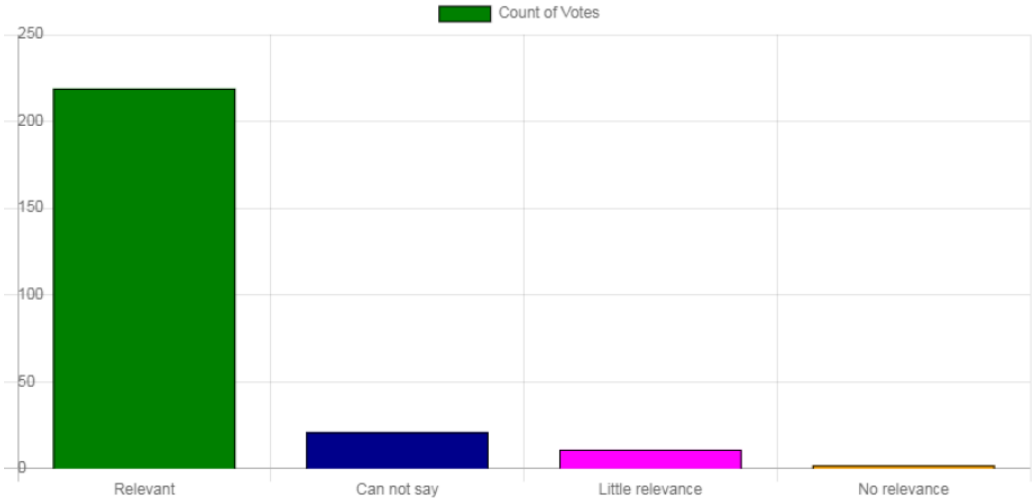
I feel this inspires me to take up assignments related to Disaster Management.



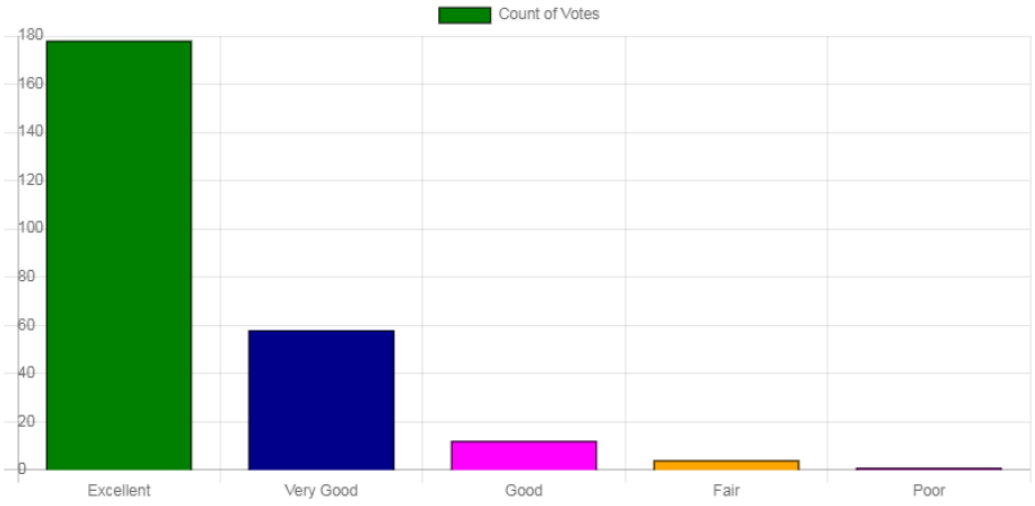
I have benefited from interactions with fellow participants in the workshop



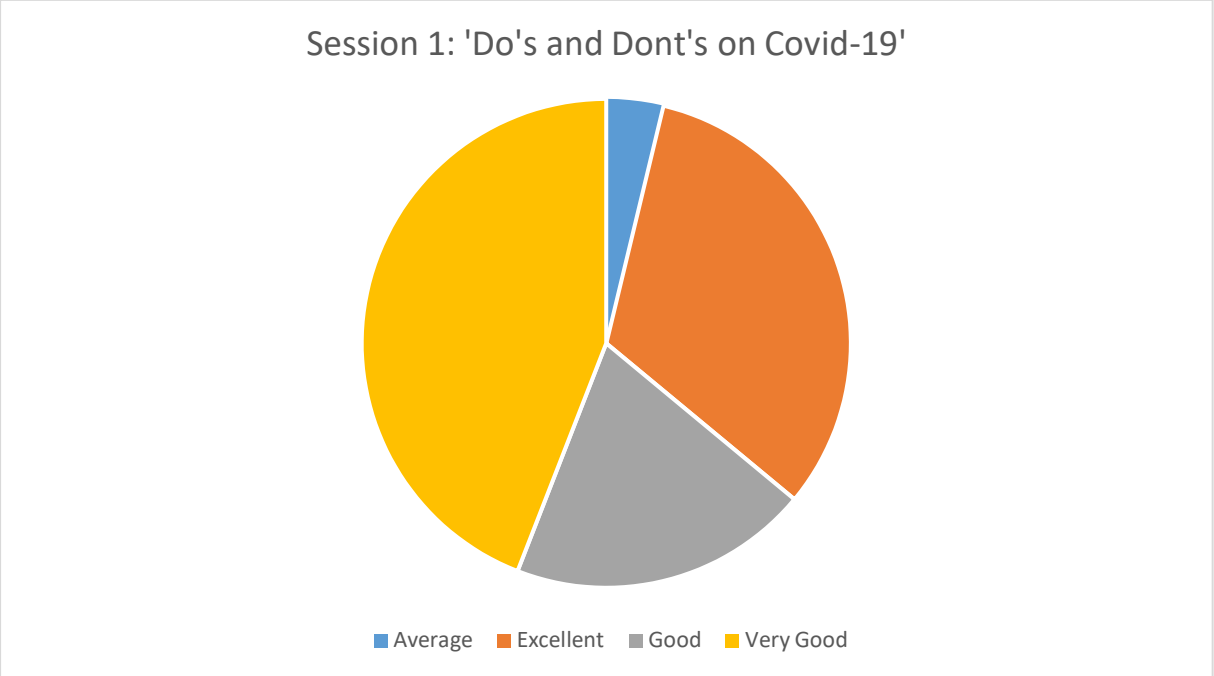
I found the course materials supplied to us to be

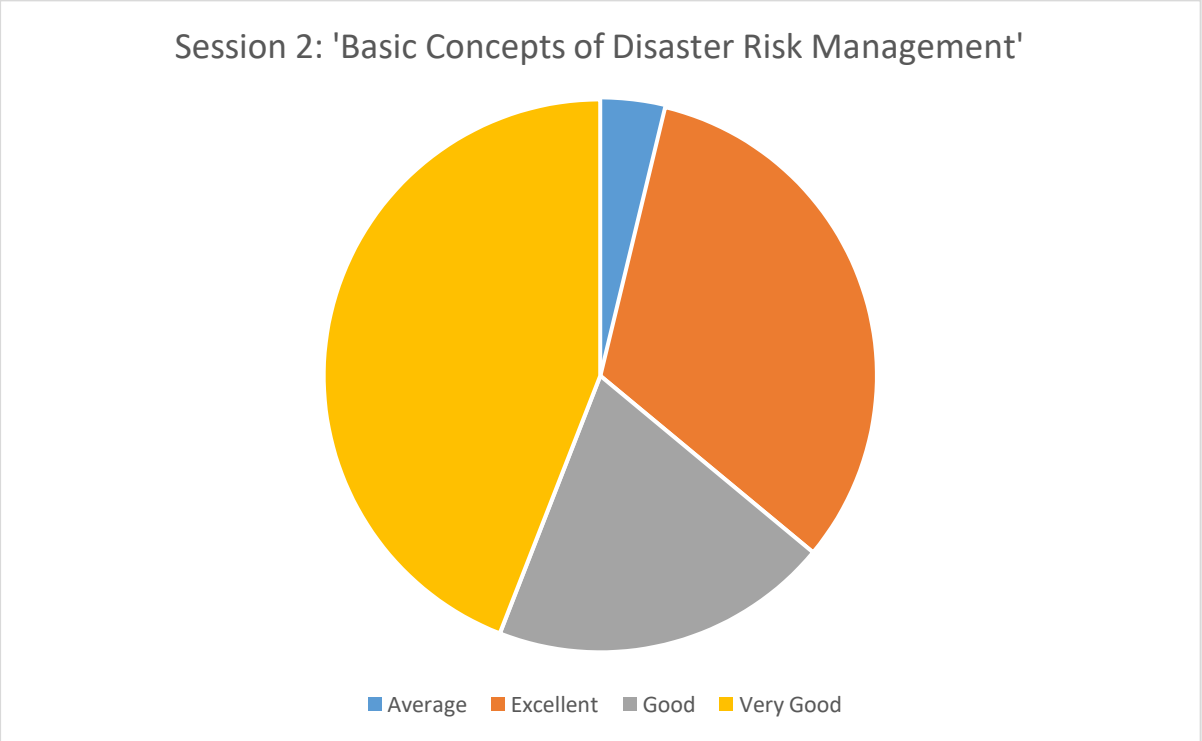


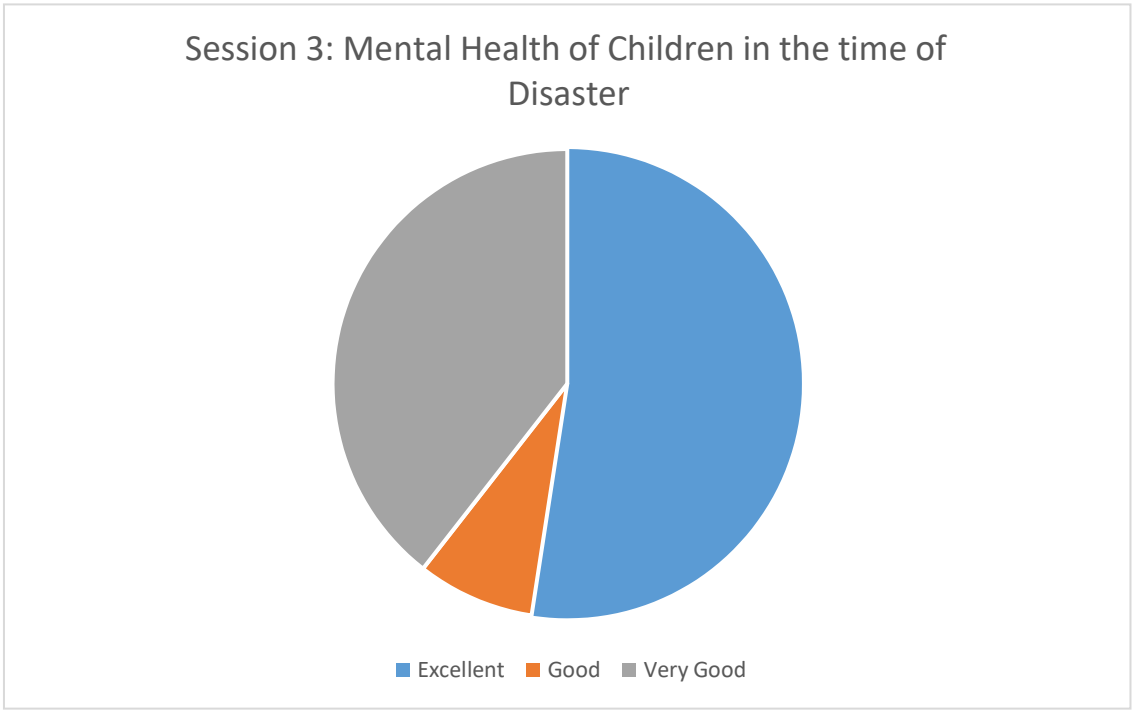
Your overall impression of the training programme.

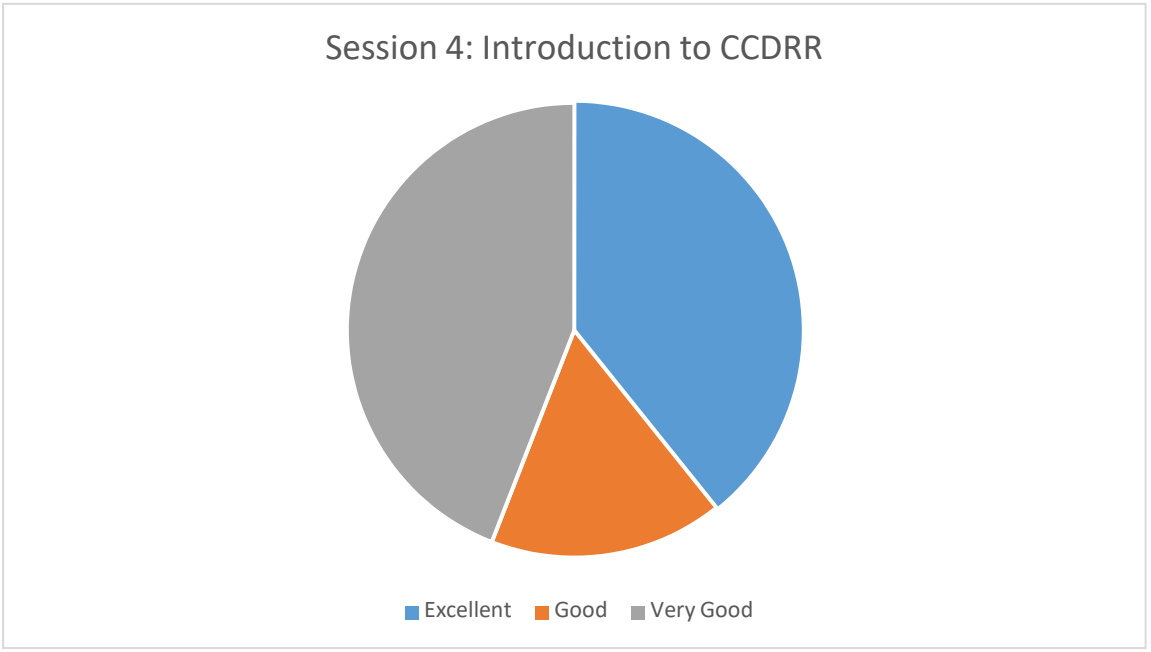


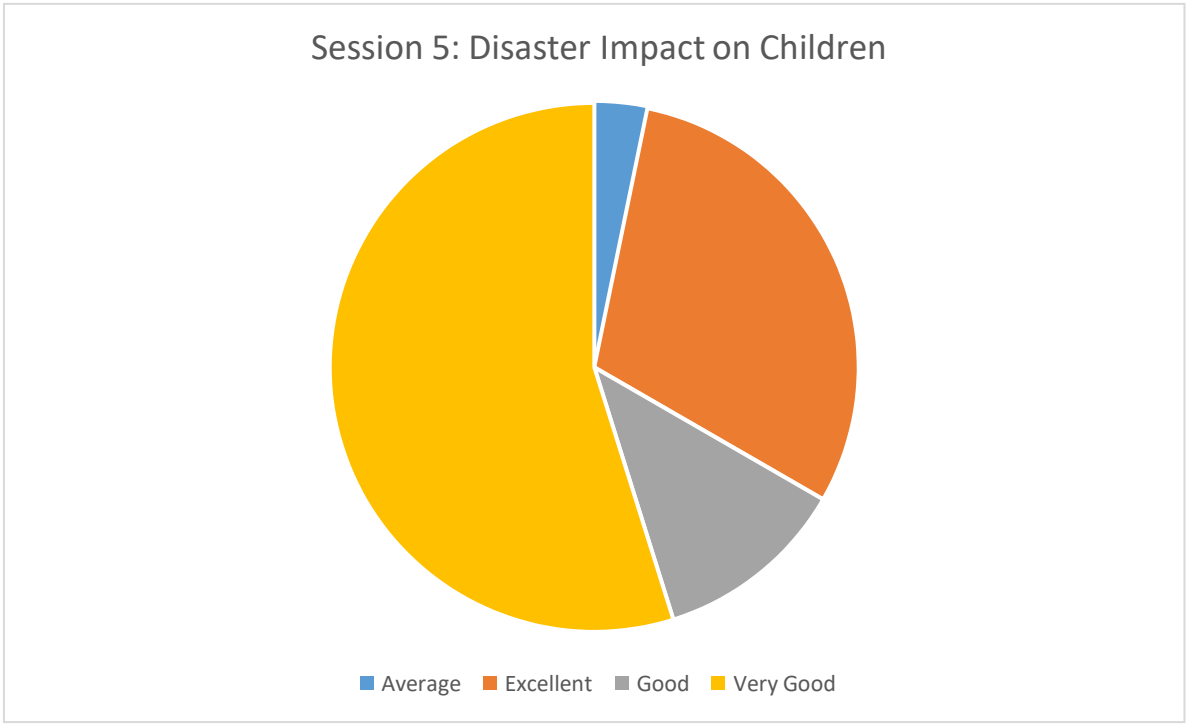
Feedback of the Sessions

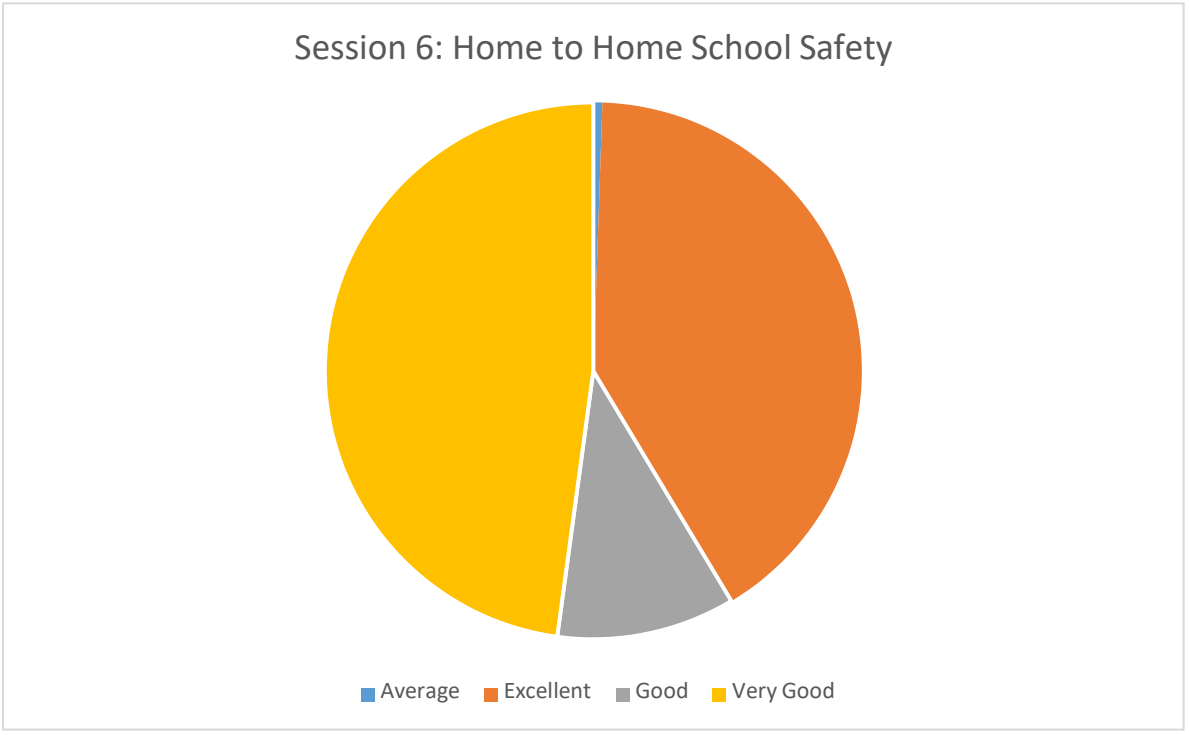





Session 3: Mental Health of Children in the time of Disaster
Excellent
Good
Very Good


Session 4: Introduction to CCDRR
Excellent
Good
Very Good


Session 5: Disaster Impact on Children
Average
Excellent
Good
Very Good


Session 6: Home to Home School Safety
Average
Excellent
Good
Very Good

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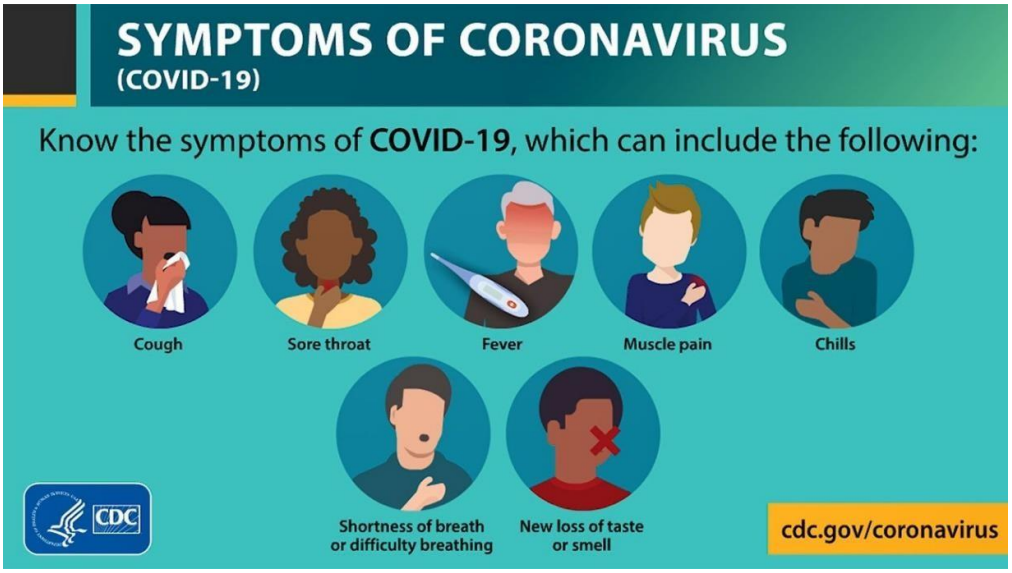
Reading Materials

COVID-19: DO'S and DON'TS

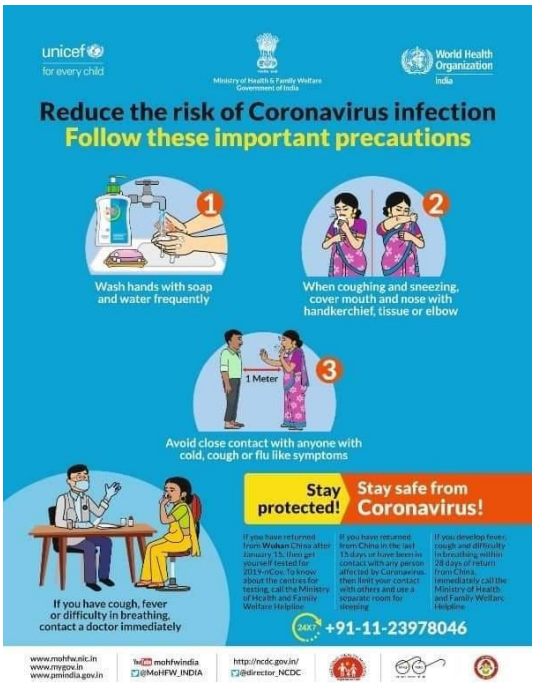
Dr. Kumar Raka, Programme Officer
CCDRR, NIDM

Background

- The first case of coronavirus took place on 1 December 2019 in Wuhan, China- a man who was 55 years old.
- In India was reported on 30 January 2020
- All children, of all ages, and in all countries, are being affected
- In India, there have been 27,1 57,795 cases confirmed, 3,11388 people have died and 24,350816 people have recovered as on 26 may 2021



Are we following this?



Wearing Face Mask: Do

Wearing Face Masks: Don't

Removing face mask

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

Help us to Help You

mygov मेरी सरकार

CORONAVIRUS
HOME QUARANTINE TIPS

- Home quarantined person should stay in a well-ventilated single room with a toilet
- Relatives should maintain a distance of at least 1 meter between the two
- Stay away from elderly people, pregnant women, children
- Restrict movement within the house
- Frequent hand washing, avoid sharing household items, wear surgical mask
- Disinfect frequently touched surfaces

FOR FURTHER INFORMATION
Call **+91 11 23978046** or Email **ncov2019@gmail.com**

PROTECT CHILDREN FROM COVID-19

- Wash their hands, frequently
- Maintain at least 6 feet (or more) distance from outsiders
- Keep their hands off their faces
- No indoor games at a shared facility
- Keep their things clean (toys, cabinets, stores, shelves, table-tops, etc.) regularly
- No in-person socializing (parties, play-dates, sleepovers, etc.)

Help Line

Finally

Basic Concept Disaster Risk Management

Mr. Ranjan Kumar
CCDRR, NIDM South Campus

Session plan

Basic Terminologies

- Disaster
- Hazard
- Disaster Risk
- Vulnerability
- Exposure
- Capacity
- Disaster Damage
- Mitigation
- Preparedness
- Prevention
- Reconstruction
- Recovery
- Resilience
- Response

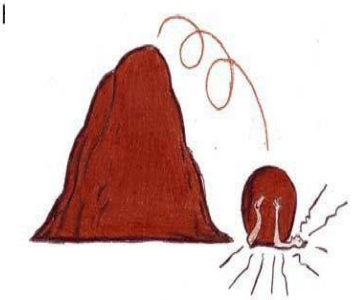
Hazard

A process, phenomenon or activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation.

Hazards may be natural, anthropogenic in origin.

Disaster

A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity leading to one or more of the following: human, material, economic and environmental losses and impacts.

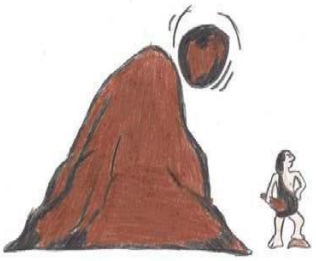


Disaster

Disaster Risk

The potential loss of life/ injury, or destroyed/ damaged assets which could occur to a system, society or a community in a specific period of time

Determined probabilistically as a function of hazard, exposure, vulnerability and capacity.



Hazard Vulnerability

Vulnerability

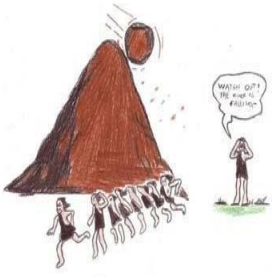
The conditions determined by physical, socio-economic and environmental factors which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards.

Hazard Vulnerability

Exposure

The situation of people, infrastructure, housing, production capacities and other tangible human assets located in hazard-prone areas.

If a hazard occurs in an area of no exposure, then there is no risk.



Capacity

Capacity refers to all the strengths, attributes and resources available within a community, organization or society to manage and reduce disaster risks and strengthen resilience.

Damage

Disaster damage occurs during and immediately after the disaster. This is usually measured in physical units (e.g., square meters of housing, kilometers of roads, etc.), and describes the total or partial destruction of physical assets, the disruption of basic services and damages to sources of livelihood in the affected area.

Disaster Risk Management

The organization, planning and application of measures preparing for, responding to and recovering from disasters.

$$R = \frac{HxVxE}{C}$$

Prevention

Activities and measures to avoid existing and new disaster risks. While certain disasters cannot be eliminated, prevention aims at reducing vulnerability and exposure in such contexts where, as a result, the risk of disaster is removed.

Examples include dams or embankments that eliminate flood risks

Mitigation

The lessening or minimizing of the adverse impacts of a hazardous event.

Mitigation measures include engineering techniques and hazard-resistant construction as well as improved environmental and social policies and public awareness.

Preparedness

The knowledge and capacities developed by governments, response & recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of disasters.

Response

Actions taken directly before, during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.

Rehabilitation

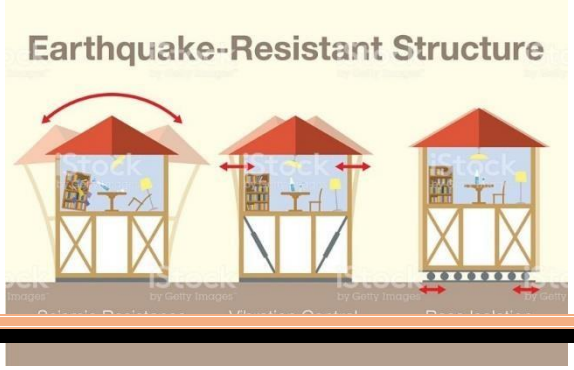
The restoration of basic services and facilities for the functioning of a community or a society affected by a disaster.

Recovery

The restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society, aligning with the principles of sustainable development and "build back better", to avoid or reduce future disaster risk.

Reconstruction

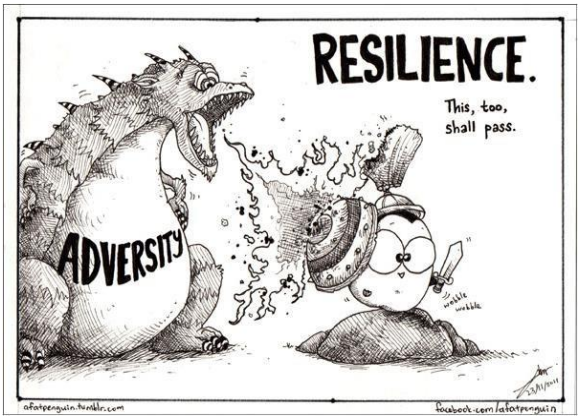
The medium and long-term rebuilding and sustainable restoration of resilient critical infrastructures, services, housing, facilities and livelihoods required for full functioning of a community or a society affected by a disaster, aligning with the principles of sustainable



development and “build back better”, to avoid or reduce future disaster risk.

Resilience

Refers to the ability of individuals, communities and systems to be ‘resistant’ to shocks and stresses brought about by natural hazards and ‘bounce back better’ or ‘bounce forward’.



Introduction to CCDRR

Dr. Balu I
CCDRR, NIDM

Background

- Karnataka and Andhra Pradesh have experienced 10 droughts during 2001 to 2015, which lead to **36.2 % of child stunting and 26.1% of wasting** in Karnataka.
- Most of the time children are **not involved** in the disaster
- Child **voices are not heard**.
- Children can be **further harmed, abused** and exploited after disasters

Why should involve children in DRR

- Children have a **right to participation**
- Children are able to **convey messages** with a meaning
- Children are more **willing to learn** and develop a culture of adaptation
- Children offer immense **creativity**
- Children are able **to participate beyond a disaster** preparedness role

Child Centric DRR: CCDRR

- Focus on **Specific Risks** faced by children
- **Involve Children** in DRR efforts
- Child-centric DRR is **DRR for and with children**.

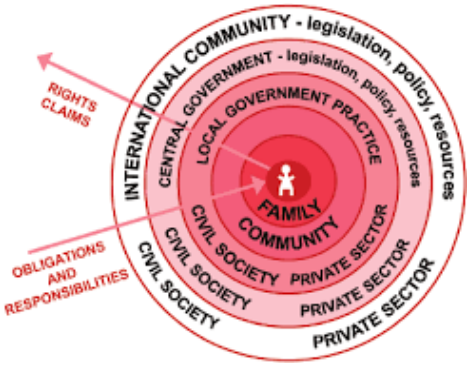
CCDRR: Definition

"Children and adolescents must not be perceived as mere victims but as effective actors, taking into account their levels of physical, social and emotional development, assessing their capacities and

opinions, and promoting spaces and mechanism for their full participation in the whole process of disaster risk reduction" and initiatives

Goals

1. Strengthening accountability mechanisms between rights holders (children)
2. and duty bearers by improving information and developing capacities at various levels.
3. To safeguard children's rights in relation to disaster risk and Climate Change.



flows,

Benefits of CCDRR

- Offers Enabling environment for children to actively involved in DRR.
- Provides an avenue for children to utilize ASK for creation of a safe and resilient environment.

their

- It also allows them to raise their voice to protect basic rights.
- Creates an opportunity to undertake roles participate in community development

and work.

Child Centric DRR

- Children should be actively engaged in decision-making, planning and accountability processes for DRR
- Children are supported to be change agents in their spheres of influence – household, school, community and beyond.

- CC DRR activities target international and national legislative processes.

CCDRR as Valuable approach

- CCDRR is a valuable approach for organizations/Departments with limited resources.
- Organizations working on reducing vulnerability can maximize the impact of their interventions by building capacity of the largest people.

- Children have a unique and holistic perception of risks.
- Children have regularly identified immediate risks
- Child perception influences their behaviour and determines their readiness to mobilize for action.
- Children have the capacity to communicate effectively on risk
- With appropriate support, children can effectively communicate risks to the wider community

- Equipped with relevant knowledge and skills, young people can make informed decisions about how to adapt individual lives
- Children can change behaviors for more sustained development.
- Building a culture of safety and resilience and supporting children to take part in disaster management,
- Develop behavior that reduces local vulnerability and increases resilience.
- The CCDRR approach recognizes children as key actors in their own development
- Children are the leaders and decision makers of tomorrow.
- CCDRR takes a long-term perspective when investing in children's behaviour change.
- Child centric DRR promotes and realizes a range of children's rights.
- Although the "right to safety" with regards to disasters is contribute to the realization of a range of rights
- Working with rights-holders and duty bearers to reinforce their capacities to provide for the well-being of all children.
- It also aims to strengthen governance structures and
- To reinforce accountability mechanisms, information flows and transparency between governments and children as a vulnerable group.
- The child-centric approach is nondiscriminatory.

Cyclone Fani: CCDRR Initiatives by Odisha

- About 2653 severe underweight and SAM children and 73761 pregnant women were provided THR in advance.
- Special care was taken to shift the old, differently abled, women and children to shelters much before cyclone approached
- About 1945 numbers of pregnant women were shifted to Maa Gruhas/ Delivery points.
- Food supplies were prepositioned in Child Care Institutions (CCIs)/shelter homes/cyclone shelters/schools, to ensure food availability during the cyclone.
- School fees and School examination fees up to High School level in Government Schools were waived in the affected areas.

- Two extra pairs of School uniform provided in the extremely affected areas and one extra pair in the severely affected areas to the children.
- Timely payment to MAMATA (an innovative scheme for protection and care of pregnant women and children) beneficiaries.
- To ensure safety, prior inspections of AWCs, food stocks and essential items were carried.
- Instructions were given to the Women and Child Development Department (WCD) and MS officials on ensuring the safety of children, pregnant and lactating women.
- Prior to the cyclone, 36 children with SAM were admitted in NRCs 8 referrals and 22 follow-ups were also done during this period.
- Nutrition Counsellors in the NRCs were instructed not to discharge these children immediately post the cyclone.

Implementation of CCDRR

- There is no one particular way of working on CCDRR.
- Different agencies will approach it differently depending on their mandate, resources, areas of interventions and networks.
- Understanding the breadth and depth of vulnerabilities to disaster risks and how they affect different groups of children.
- Changing risks may aggravate the vulnerabilities of different groups of children also needs to be understood.

Working with Children

- Working with children has a real added value and can be effective agents of change for DRR.
- Children can mobilize action at local, national and global levels.

Working with duty bearers

- Strengthening civil society and collaborative initiatives through networks and partnerships can enhance greater impact on DRR.
- Nature of CCDRR work calls for engagement with a wide range of duty bearers.
- Securing the active support of adults in creating an enabling environment for children's participation is critical.

Difference between CBDRR and CCDRR

CBDRR	CCDRR
Community is central to the process. No target gro up	Community is also central to process and it spe cify children as target group
The process overlooks children's vulnerability as a dult lead the process.	Children's vulnerabilities as children take the le ad role.
Most of the tools that are being used in CBDRR are adult led process.	Tools that are being used are child led.
Risk assessment is mostly done by adult.	Child activists do the risk assessment and valida te with adults and local authority.
Emphasis strengthening community based organiz ations (CBOs).	Emphasis on strengthening CBOs and children's organization
The focus is central to natural hazards and its impa ct on the community	The focus is central to development issues, nat ural hazards and its impact on the community.
The main strategy is to enhance capacities and res ources of vulnerable groups and to reduce their vu lnerability in to avoid the occurrence of disasters.	The main strategy is to empower children to rai se voice for their rights and at the same time pr epare community for any potential disasters.

How to involve children in DRR?

- Integrate DRR/CCA lessons into existing subjects
- Organize child-led activities at school and with communities relating to DRR and CCA
- Organize extra curriculum activities with topics on DRR: campaign, contest, child-to-child activity, summer activities

- Organize children and youth to conduct campaigns
- Promote children and community participation in the DRR/CCA planning
- Child inclusive Disaster Management Committees (DMC)
- Savings for Disaster response
- Tree plantation for birth day celebration

About CCDRR Centre

- CCDRR Unit by NIDM
- Located at NIDM south Campus, ANU, Guntur, AP.

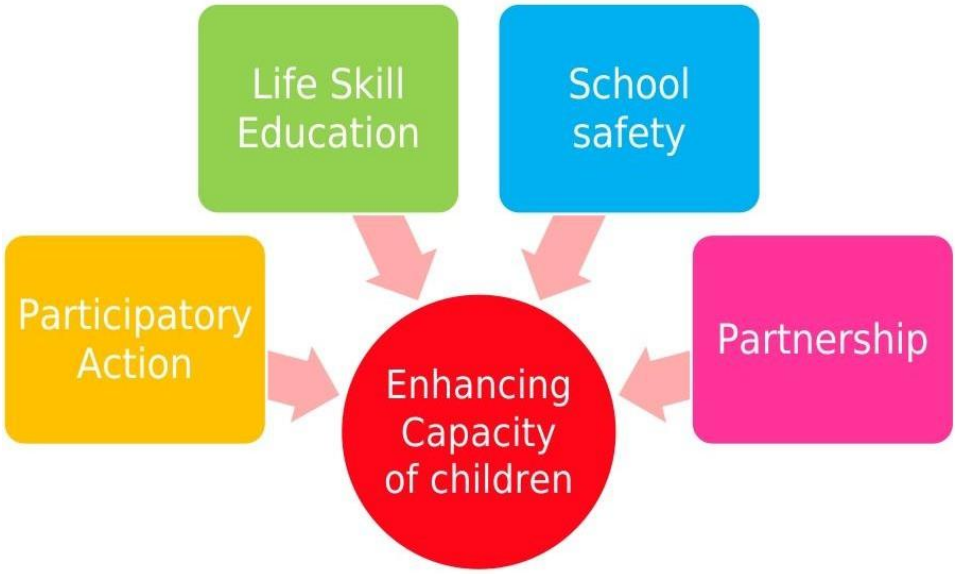
- Focusing on Issues related to children in drought and flood affected area
- Own building is under construction
- Other Centers: GIDRR and DIDRR

Activities

4. Child Centered Disaster Risk Reduction (CCDRR).mp4

Intervention for reducing Child Vulnerability

Enhancing capacity of Children



Exercise: Reducing Vulnerability and Enhancing Capacity

The following team members traveling in flight

- Old lady - 1
- Children – 3
- Differently abled child -1
- Women -1
- Man -2
- Flight Crashed and all are safe.

Having Following items

1. Mirror -1
2. Parachute -1
3. Shoe -3
4. Jerkin -3
5. Torch light -1
6. Knife -1
7. Book about animals in desert
8. Water -1 litre
9. Milk – 1 litre
10. salt biscuit -1 pocket
11. Magnetic compass
12. Pistol

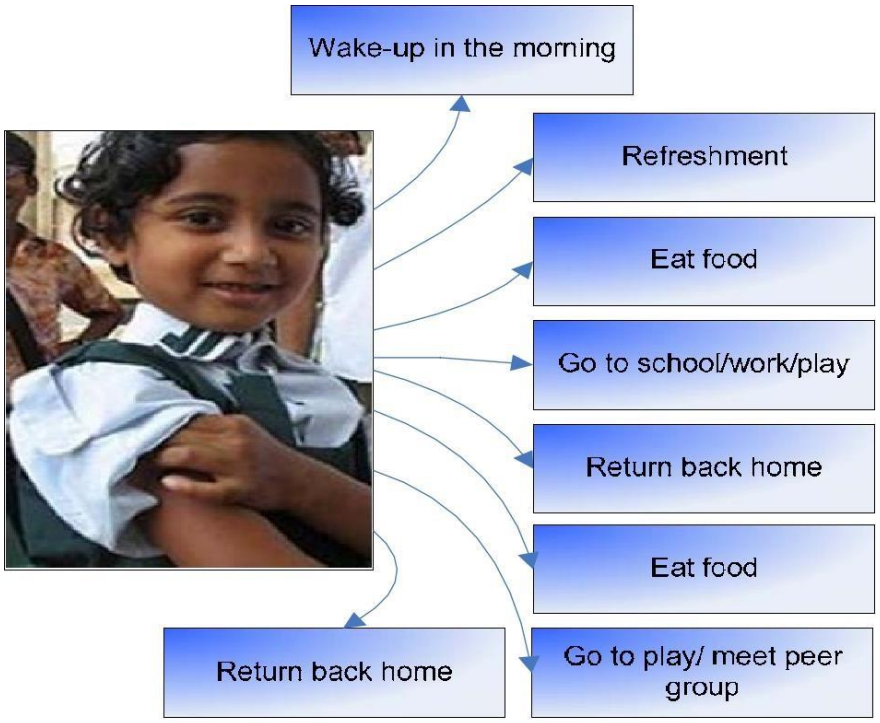
DISASTER IMPACT ON CHILDREN

Dr. Vartika
JRO, CCDRR, NIDM

Background

- Children are directly affected by Disaster
- The Loss of lives for children has been higher than adults.
- Disasters also separate children from their families
- Damage to critical infrastructure which are vital to children's survival

Disaster Affects routine life of children



Effects on Physical Health

- Children's health may be more vulnerable in a disaster for a biophysical reason.
- Disasters can damage children's physical health.
- Children may be injured or killed.
- Reduce intake of calories and of essential vitamins and nutrients

Children Fatality in Disaster

S. No	Type of the disaster	Name of the State	Year	No. of Children died
1	Fire in End of school term with a giant party	Mandi Dabwali, Haryana	1995	441
2	Kutch earthquake	Kutch,Gujarat	2001	4878
3	Kumpakonam fire tragedy	Kumbakonam,TamilNadu	2004	94
4	Tsunami	TamilNadu	2004	2358
5	Drowned in Beas River at Thalout in Mandi district in Himachal Pradesh	Himachal Pradesh	2005	24
6	Road accident	Aurangabad, Bihar	2013	11
7	Road accident	Dhar,Madhya Pradesh	2013	5
8	School bus truck collision	Jalandhar, Punjab	2013	12
9	Bus Accident	Hanumangarh, Rajasthan	2013	11
10	Thane Building Collapse	Thane Maharashtra	2013	18
11	Muzaffarnagar communal clashes	Muzaffarnagar,UttarPradesh	2013	34
12	Stampede in Datia	Madhya Pradesh	2013	33
13	Four-storey building collapsed in a congested area in north Delhi	New Delhi	2014	5
14	Patna Stampede	Patna,Bihar	2014	6
15	Cyclone Vardah	Chennai,Tamil Nadu	2016	1
16	Puttingal Temple Fire	Kollam,Kerala	2016	2
17	Acute encephalitis syndrome (AES) at BRD medical college in Gorakhpur	Gorakpur, Uttar Pradesh	2017	1318
18	Flood	Assam	2019	32
19	Flood	Assam	2020	49
20	Land Slid Caused by rain	Assam	2020	9
21	Tropical Cyclone Yaas-May 2021	West Bengal,Odisha	2021	0
22	Tropical Cyclone Tauktae – May 2021	Maharashtra,Gujarat	2021	0
	Total			9341

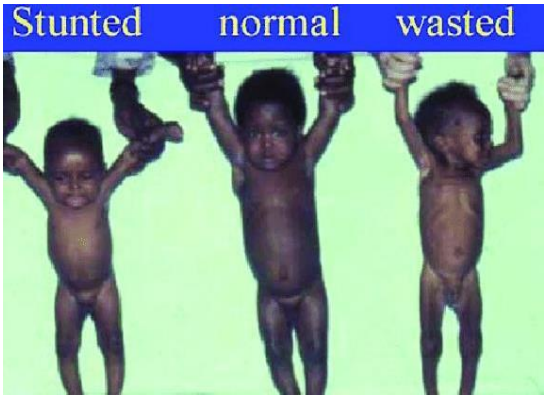
Impact on Health

- Disasters can cut off access to medical care.
- Destroy health infrastructure leads to illnesses or injuries caused by the disaster are difficult to treat and become worse.
- Non-disaster-related health problems may go untreated.
- Malnutrition caused by disruptions in food supply

Number of children orphaned by COVID-19 (Ason 29.05.2021					
S.No	No.of States	Orphan	Abandoned	Single parent	Total
1	29	1742	140	7464	9346

Childhood Health Indicators

- Stunting (failure to grow adequately in height, an indication of malnourishment), measured by height-for-age;
- Being underweight, measured by weight-for-age; and
- Wasting, measured by weight-for-height scores.
- Caused by shifts in consumption or decreases in food supply among other things.



Water and Sanitation

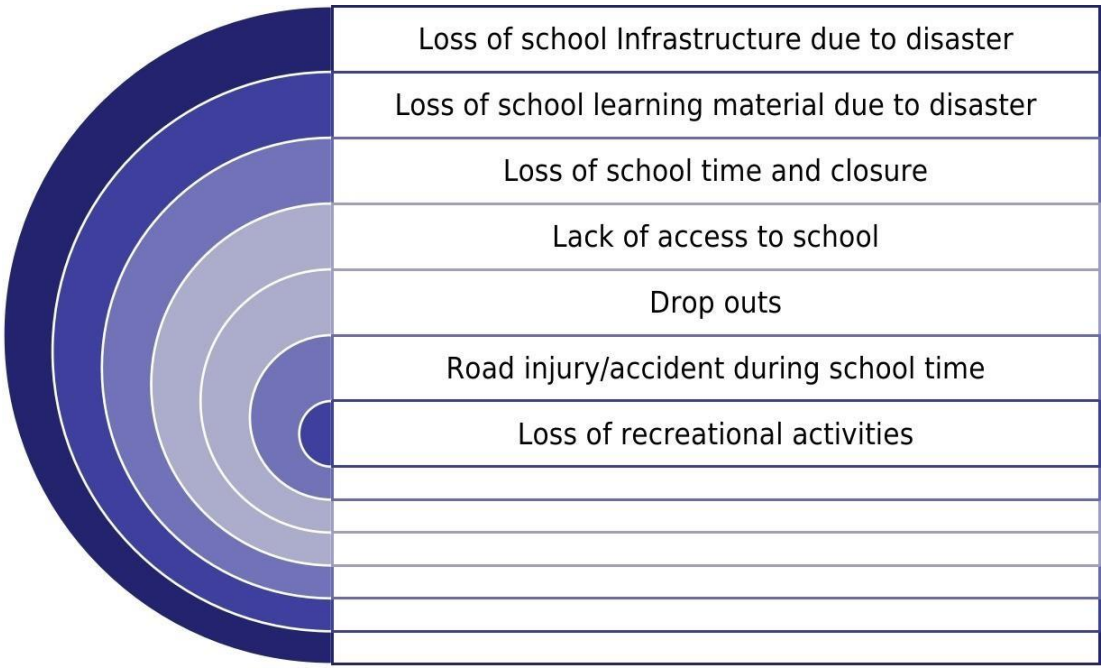
Unhygienic conditions and lack of safe drinking water can cause infectious diseases to spread.

During and after floods, cases of diarrhea, cholera, and other intestinal diseases may increase

Diarrheal illness can lead to dehydration and malnourishment.

Dehydration can become life threatening for Babies and very young children

Effects on Schooling



Impact of Cyclone Fani

- 5,735 elementary and secondary schools, out of 29,804 were damaged in 14 districts.
- Their roofs were damaged, along with sources of water outlets, toilets, kitchen sheds, windows, boundary walls, furniture, and sports equipment
- A total of 2,181 classrooms, out of which 2,098 were severely affected fully damaged.
- 7,601 classrooms were partially damaged
- Students of poor households with Kutcha houses have lost books, copies and study materials and uniforms.
- Cycles of some students have been damaged.
- Since the schools are closed, the Mid Day Meal (MDM) supply is discontinued.

Impact on Higher Education

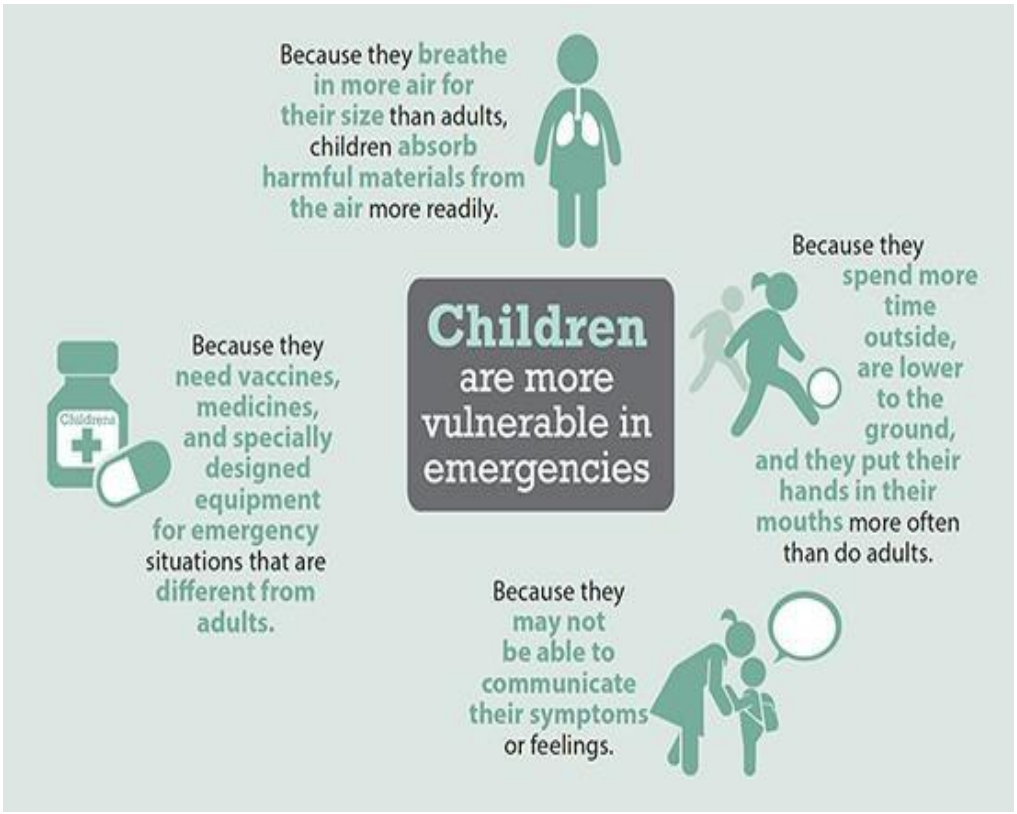
- Libraries, computer and science labs were completely damaged.
- Libraries accounting for more than one lakh books and resources are also completely damaged.

- Five universities, 6 govt. colleges and 96 aided colleges have suffered extensive damage.

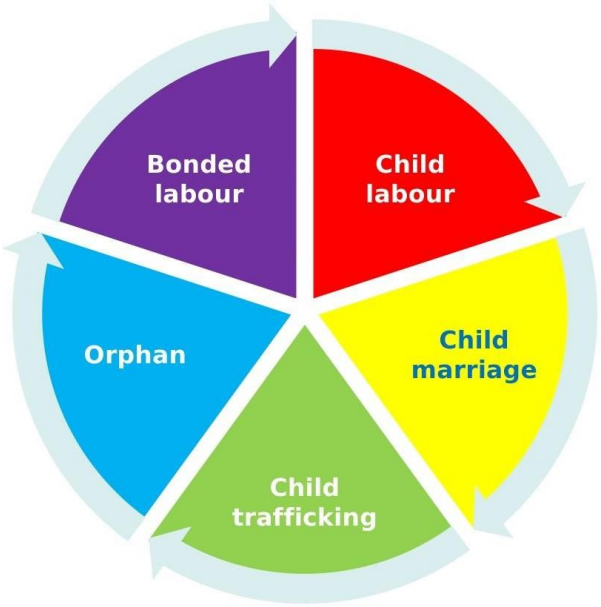
Effects on Mental Health

- The event itself stressful and frightening.
- Natural disasters can cause myriad emotionally harmful for children.
- After Disaster, stress can be incurred from the damage to children's homes.
- When loved ones are missing or injured, children may have a harder time to coping with such losses.

- Children may become upset when their caregivers' experience fear and stress.
- When parents have high levels of post disaster symptoms, their children have high levels as well.



Disaster Impact



Case Studies

Case -1: Ms.Saradha

- Drop out from school
- Forced to do household chore
- Could not marry with her choice
- Lack of support during delivery of child
- Child is differently abled because of heredity
- Still in psychological trauma

Case -2: Ms. Muneeswari

- Loss mother in Tsunami
- Lack of swimming skill
- Saved by others from Tsunami
- School dropout (3 Girls)
- Unmarried due to family responsibilities

Case -3: Ms.Sanchana

- Lack of support for child health
- Insecure feeling due to loss of both parents
- Always sleepless night
- Found as unlucky person

Case -4: Mr. Vijay

- Lack of parental care and love
- Sleepless night and Unable to concentrate on education
- Absence of place for sleep
- School drop out due to torture
- Family responsibilities (3 Sisters)
- Financial problem for sister's marriage
- Locked with social practice
- Unable to buy own boat

Activity: Disaster Impact on Children

- Physical Health
- Education
- Water and Sanitation
- Mental Health
- Social Life

Activity Chart

Parental (Pregnancy)	0-2 Years	3- 5 Years Early childhood	6-12 years	13-18 years (Adolescence)

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