



SAARC Framework for Care, Protection and Participation of Children in Disasters





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70%
of all affected
population in disasters
are invariably children
and adolescents

Preamble

South Asia is home to the largest number of children in the world. According to UNICEF's State of *World's Children 2010*, South Asia's population of children under 18 was 614 million¹ - nearly 28 per cent of the world's total child population and greater than the child population of Europe, the Americas, Oceania and half of Africa combined.

South Asia is also one of the most disaster prone regions in the world. As per the global database of natural disasters, South Asia faced as many as 1333 disasters over the last four decades (1970-2009) that took the lives of 980,000 people, affected 2,413,100 individuals and damaged assets worth US \$105 billion².

The children of South Asia are among the most vulnerable in the world. One of every three child deaths globally occurs in South Asia. Nearly half of the world's undernourished children live in South Asia. More than a third of the world's children without basic education are from South Asia.

The vulnerability of children is exacerbated during disasters, and children have suffered disproportionately in almost every natural disaster in the region. Children and women were the worst affected during the Indian Ocean Tsunami in India, Sri Lanka and Maldives. The Pakistan earthquake of 2005 claimed the lives of more than 15,000 children when school buildings collapsed and trapped them. The majority of deaths and injuries resulting from cyclone Sidr that struck Bangladesh in 2007 were also children. Children constituted 9 million out of 20 million people affected by the Pakistan floods of 2010.

Every analysis and projection indicates that the vulnerabilities of children in disasters will increase in South Asia due to the impacts of climate change and rapid urbanisation that the region is experiencing at an unprecedented scale. Climate change will impact food security, nutritional standards and human health, negatively affecting children to a greater extent than any other age segment of the population. Migration of poor rural households to urban areas in search of employment will expose children to the poverty and squalor of urban slums and increase their vulnerability to exploitation of many forms. Protecting children during disasters from violence, exploitation and abuse is an integral component of protecting their rights to survival, growth and development. Due to children's particular vulnerability to illness, malnutrition and abuse, their uniquely dependent social status, and the fragility of their physical and mental development processes, they require special attention in the design and implementation of any disaster response, recovery and preparedness programme.

South Asian countries have demonstrated their consistent concern and commitment for the protection and development of children, being signatories of the Convention of the Rights of the Child 1989 and its two Optional Protocols of 2000. They further adopted the World Declaration on the Survival, Protection

and Development of Children 1990 and endorsed the eight-fold Millennium Development Goals 2000, six of which related directly to children.

The Heads of States and Governments of the South Asian countries signed the SAARC Convention on Regional Arrangements on the Promotion of Child Welfare in South Asia in 2002 and further adopted the SAARC Social Charter in 2004, which places strong emphasis on the promotion of the rights and well-being of the child.

While these global and regional conventions, declarations and charters have been helpful in defining the rights of the child in difficult circumstances, these do not adequately address the special and multi-faceted needs of children in natural and manmade disasters. Various international organisations, humanitarian agencies and non-governmental organisations working for the care, support and protection of children have developed standards and guidelines focusing on particular aspects of the needs of children in disasters, but as yet no comprehensive and commonly accepted standards are available which could be applied in the specific contexts of South Asia. In the absence of such guidelines, the needs of children have been generally marginalised in disaster management policies, strategies and programmes in the region, resulting in the continued neglect of the interests of the children who are most vulnerable in disasters.

In this context, the SAARC Disaster Management Centre, New Delhi in collaboration with UNICEF and Save the Children organised a five-day workshop in Hyderabad, India on 7-11 February 2011. The workshop was attended by more than fifty experts representing national governments from all the countries of the region, international agencies, humanitarian organisations, child right activists and others. The workshop deliberated at length on every aspect of the needs of children in disasters and developed the SAARC Framework for Care, Protection and Participation of Children in Disasters.



The children in the midst of natural and human made disasters have the same needs and rights as children in stable situations.

Vision

The vision of the SAARC Framework for Care, Protection and Participation of Children in Disasters is to reduce the vulnerabilities of children in every age and social group and to provide a comprehensive set of guidelines for national and local governments, international agencies and regional organisations, humanitarian agencies and social workers to address the special needs of children in disasters.

Objectives

The objective of the SAARC Framework for Care, Protection and Participation of Children in Disasters is to highlight the need for mainstreaming the issues of children in the policies, strategies, programmes and projects in all relevant sectors including disaster risk reduction and emergency management in South Asia. In particular the framework provides a set of broad guidelines, tools and methodologies to:

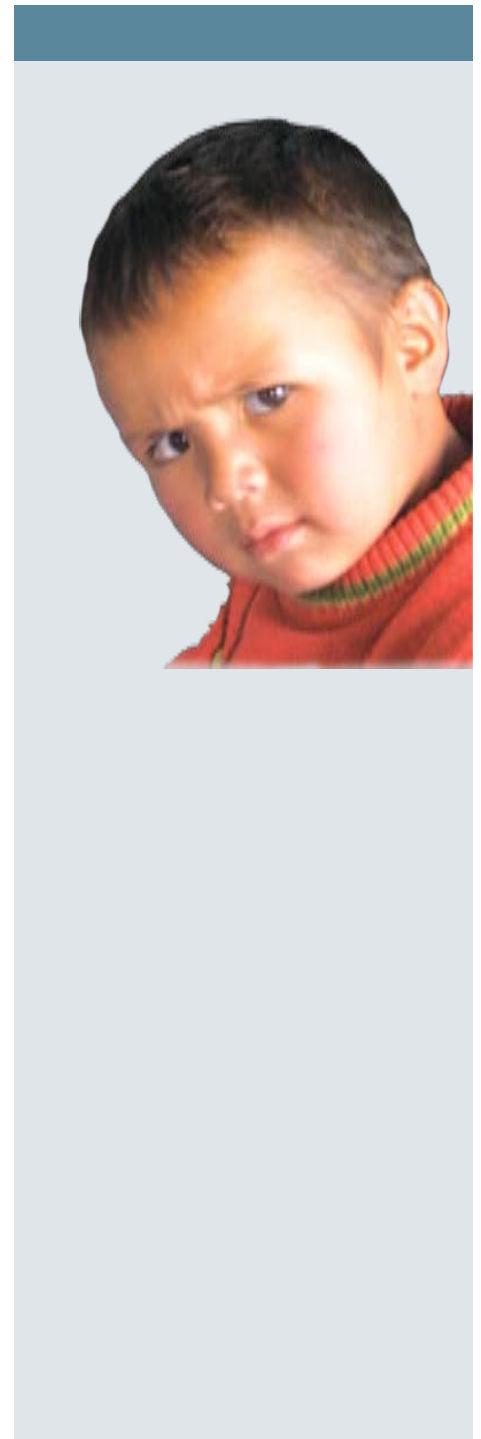
- a) Assess the vulnerabilities of children in different types of hazardous conditions at regular intervals and integrate the findings of these assessments in all relevant plans and programmes for the welfare and development of children.
- b) Assess the differential vulnerabilities to children in various age groups with inclusion of disability; and accordingly map the specific needs of children before, during and after disasters.
- c) Reduce the impacts of disasters on children through various structural and non-structural measures designed to prevent and mitigate the risks of disasters.
- d) Mainstream the issues of survival, care and protection of children in every regional, country and local level policy, strategy, plan and programme of disaster risk reduction.

- e) Highlight the children specific needs and requirements in evacuation, search and rescue operations after disasters.
- f) Develop appropriate standards and protocols for addressing the health, mental health and psycho-social needs of children affected by disasters and other emergencies.
- g) Ensure that disasters do not disrupt and deprive children of essential food and nutrition.
- h) Ensure that relief camps and other temporary shelters set up after disasters have adequate provisions for water, sanitation, education and recreation of children.
- i) Ensure that protection mechanisms available under the legal systems are enforced to prevent crime against children affected by disasters.
- j) Assess the safety of school buildings from the risks of earthquake, cyclone, flood and other hazards and retrofit them with resilient features to protect children from fatalities and injuries during disasters.
- k) Provide opportunities for adolescents to take part in management and decision-making on matters affecting their own interests and those of their communities, as young teens have the energy, enthusiasm, idealism, vision and honesty that can add value to disaster management efforts and initiatives.

Principles

The fundamental principles that govern the framework are based on the core principles of the Convention on Rights of Children and the SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia. These principles are:

- a) Survival, participation, protection and development of children are vital pre-requisites for accelerating progress and achieving economic and social development in South Asia.
- b) Children have the right to live and therefore the overriding priority is to ensure that children survive and develop healthily in all circumstances.
- c) Children have the right to live in a family environment. Children who cannot be looked after by their own family have a right to special care and protection.
- d) Children have the right to be protected from abuse, neglect, exploitation and violence.
- e) Children have the right to a primary education that facilitates the development of their personalities, talents and abilities.
- f) Children have the right to be treated equally without any discrimination, irrespective of their race, religion, language, place of birth, economic condition or abilities.
- g) When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.
- h) Governments have a responsibility to develop plans and implement measures to ensure the continuum of services to support the survival of children and the upholding of child rights, even when service delivery systems are disrupted due to a disaster. This involves assessing legal, health and educational systems and social services, as well as allocating appropriate levels of funding and setting benchmarks/standards to enhance the disaster resilience of all services.



Ten Priorities for Action

Based on this vision, objectives and principles, the global standards developed by the UN agencies and international humanitarian organisations and the unique experiences South Asian countries have had with children in disasters, the following ten-fold priorities of action have been identified for the care, protection and participation of children in disasters in South Asia.

1. Assessing the Vulnerabilities of Children to Disasters

The level of exposure children have to disaster risks and the specific nature of their vulnerabilities are profoundly shaped by both physical environment and socioeconomic status. These factors vary between communities and change over time. Consequently, ongoing vulnerability assessment is a complex yet fundamental task for all government and non-government organisations working for the survival and development of children. At the national level, there is a need for a macro level analysis of the risks, hazards and vulnerabilities of children nationwide. At the micro level, there is a need to conduct more detailed assessments based on child specific indicators in order to equip humanitarian agencies with a Child Risk Situation Analysis (CRSA).

All the governments of South Asian countries implement programmes for the protection and development of children. The successful operation of the programmes requires periodic surveys to assess the protection, health and nutritional status of children at the grassroots level. Given the considerable variation in vulnerability across geographies and social groups, collecting and analyzing context-specific data is a critical task in the development of comprehensive benchmarks by which to monitor and evaluate the progress of risk reduction initiatives. Further, there is a need to develop benchmarks to assess the disaster resilience of the government systems delivering programmes for the protection and development of children.

Children are invariably the worst affected by any disaster and require immediate assistance for their survival and protection. Consequently, conducting a rapid assessment of the damage, loss and needs of children immediately following a disaster must be a priority activity in order to determine the appropriate humanitarian response for children. Given that the disaster vulnerabilities and coping capacities of children vary by age, it is critical to gather and analyse data for specific age groups.

Although the child development process varies between cultures, child growth can be broadly categorised into three stages:

1. Early childhood (birth to approximately age 6): Children at this stage have a great need for urgent disaster response and preparedness to support their survival, nutrition, growth and development
2. Middle childhood (approximately aged 6-12): Children in this age bracket have critical protection, recreational and educational needs in the wake of a disaster
3. Adolescence (late childhood and early adulthood, approximately aged 12-18): For this group, disaster response initiatives must take into account gender differentiated needs and vulnerabilities as well as the capacity to take action in emergency scenarios.

Childhood is a precious and critical life phase characterised by a fragile beginning, continuous growth, and a drive for learning, development and participation. Disasters can create a serious interruption to the continuum of care, growth and development. Humanitarian aid workers and child protection agencies must be equipped with the basic tools and techniques for conducting specialised surveys to capture and understand data on children's key needs and vulnerabilities.



2. Evacuation, Search and Rescue of Children in Disasters

Children cannot protect themselves in disasters and are therefore in need of special protection along with the elderly, disabled and women. Children depend on their parents and care givers for their evacuation to safe places. However, when parents themselves become victims in a disaster situation, children must rely entirely on external agencies for support. Currently, the majority of search and rescue teams and operations do not sufficiently address the specific needs of children and in some cases follow harmful procedures that cause irreparable damage to children. None of the South Asian countries have Standard Operating Procedures for Search and Rescue of Children affected by disasters. There is a great need to develop these procedures, provide search and rescue teams with the tools and equipment needed to reach children of all age groups, and impart specialised training on child rescue techniques.

3. Food Security and Nutrition for Children

Access to food and adequate nutritional intake are critical determinants of individual and family survival in a disaster situation. Undernutrition is a serious public health concern across South Asia and among the leading causes of death, whether directly or indirectly. Nearly half of the world's undernourished children live in South Asia, and when a disaster strikes, it exacerbates the nutritional deprivation of these already vulnerable children. Slow onset disasters such as droughts regularly impact a large portion of South Asia, disrupting the production of cereals, vegetables, fruits and other important foods. Decreased supply of fodder for cattle also reduces the production of milk. In many parts of South Asia, annual floods and increasingly frequent cyclonic storms further hinder agricultural production by damaging standing crops and increasing the salinity of the soil.

Given the special vulnerability of infants and young children, addressing their nutritional needs must be a priority. Both the treatment of acute malnutrition and the prevention of under-nutrition must be part of the overall strategy to reduce under-nutrition and ensure the long term wellbeing of children. Within the design of disaster response programmes, there is a need to incorporate strategies to manage acute malnutrition and micronutrient deficiencies. Community-based management of acute malnutrition should be strengthened and promoted where conditions permit. In the case of severe acute malnutrition, establishing mechanisms for the delivery of therapeutic care is also key.

Simple measures and basic interventions are needed to create a protective and supportive environment for Infant and Young Child Feeding (IYCF). In an emergency context, responding agencies should be alert to and investigate reports of difficulties in breastfeeding or lactation, complementary feeding and/or artificial feeding for children aged 0-24 months. Immediate support must be provided to non-breastfed infants as well as mothers, caregivers and pregnant and breastfeeding women to meet essential needs. Households with children under 24 months and breastfeeding mothers of all newborns should be registered and linked to food security programmes to ensure access to adequate food. In disaster relief efforts, cooked and non-cooked foods are available for a short period of time, but are often inadequate and do not meet the nutritional requirements of children and pregnant and lactating mothers. After supplies run out, daily subsistence becomes a severe struggle for disaster-affected households, particularly those from poor and marginalised communities.

Children in different age groups have different nutritional requirements. While nutritional value should be the primary consideration in the design of a food basket, the commodities should also be familiar to the recipients and responsive to the needs of various age groups. In conjunction with distributing food baskets, responding agencies should support mothers and caregivers of infants and young children to ensure their access to timely and appropriate feeding support

3.8 million Children
die in South Asia
every year.

Most Children die
from a small number of
diseases and conditions,
malnutrition, pneumonia,
measles, diarrhoea,
malaria, HIV and AIDS
and various neo-natal
conditions
– which exacerbate due to
disasters

– *Feeling the Heat,*
Child Survival in a Climate Change

that minimises risks and optimises nutrition, health and survival outcomes. A variety of ready-to-eat foods designed to supplement the nutritional value of normal food supplies for the disaster-affected population are currently available. Minimum standards for relief food and nutrition materials should be clearly integrated into disaster management manuals and procedures in every South Asian country. National protocols need to be formulated to address situations where clinical micronutrient deficiencies are detected and require urgent treatment on an individual basis. Individual cases of clinical micronutrient deficiencies are often indicative of an underlying problem of micronutrient deficiency at the population level.

4. Water, Sanitation and Hygiene Facilities for Children

Water, sanitation and hygiene (WASH) are absolutely crucial for child survival, as the bulk of child mortality in South Asia results from the poor quality of these facilities. Disasters exacerbate the poor conditions of these facilities. Existing water sources of safe drinking water may dry up during a drought or become contaminated during a flood or cyclone, forcing people to use unsafe water. This creates conditions for epidemics like cholera and diarrhea, and waterlogged areas become breeding grounds for mosquitoes spreading malaria, dengue and other diseases.

Safe drinking water is an essential prerequisite for healthy living, and there is an enormous need for South Asian countries to develop adequate infrastructure to supply potable water year round. However, given that it will take South Asia several years to achieve this standard, it is critical for disaster response and relief mechanisms to build in provisions to supply safe drinking water through alternate sources during disasters.

The relief camps set up after disasters must have adequate facilities for sanitation and hygiene, including:

- Provision of toilets for boys and girls in relief camps and other temporary shelters
- Facilities and supplies of soap, water etc. for maintaining personal hygiene.
- Dissemination of hygiene and sanitation information among disaster-affected people to prevent water and sanitation related diseases.
- Provision of appropriate materials/supplies to adolescent girls for maintaining menstrual hygiene in a dignified manner.
- Awareness about safe disposal of infant faecal matter amongst care givers.
- Provision of gender segregated toilets for girls and boys in schools (30 girls per toilet; 60 boys per toilet)
- Potable water supply in schools (a minimum of 3 litres per day per student)
- Monitoring the trends of water and excreta related communicable disease.

5. Emergency Medical Care and Health Services for Children

Access to healthcare is a critical determinant for survival in the initial stages of a disaster. Disasters almost always have significant impacts on public health infrastructure and, consequently, on the wellbeing of affected children, women and men. During emergencies, children are especially vulnerable to increased rates of morbidity and mortality. Adequately addressing the specific health needs of children in emergencies requires careful planning based on a solid understanding of children's unique vulnerabilities. Children are not miniature adults. The metabolism of children differs from those of adults, as do their physiological and biochemical processes³. They lack reserves to endure stress;



they have immature immune systems and therefore are more likely to contract infectious diseases. Compared to adults, children are most susceptible to dehydration, malnutrition and fatigue. Respiratory rates, heart rates, and blood pressure levels of children change as they grow, and therefore the vital signs that would be normal for an adult patient may signal distress in a child. Medication doses for children cannot be the same as adults and these must be carefully calculated specifically for each pediatric patient based on his or her weight. Health care providers must also know how to appropriately respond to children's emotional reactions to illness and injury, which vary by age. Because young children may not be able to fully communicate their symptoms or the cause of their injuries, triage and treatment of children present a special challenge for emergency and trauma care providers. In light of this fact, there is a need to develop special standards and protocols for children's disaster health care and trauma management, particularly for those who are malnourished, as acute malnutrition exacerbates infectious diseases like acute respiratory infections, diarrhoea, measles and malaria where endemic, especially in children under 5 years of age.

The concept of specialised disaster health care is quite new in South Asia and only a few health institutions in the region have made some progress in this area. None of the countries in the region has disaster preparedness plans that incorporate the concerns of pediatric trauma care and management. Hence, mainstreaming the issues of emergency medical care and health services for children in the region need to be prioritised.

Similarly serious efforts are required to ensure that the existing health care facilities and services are available to children affected by disasters. Effective health monitoring systems should be established for early detection of outbreaks and initiation of immediate public health responses that prioritise primary health care. Information on health outbreaks also needs to be shared across borders to monitor regional hazards and provide early warning.

Immediate measures should be undertaken to immunise the vulnerable age groups of children against measles, cholera and other diseases and introduce other prophylactic measures to prevent the outbreak of epidemics in the aftermath of disasters. In contexts where vaccination coverage is low, mass awareness and vaccination campaigns should be undertaken. Administration of Vitamin A to children aged 6–59 months is also a critical intervention.

Campaigns to disseminate information on preventive, promotive and curative aspects of diseases should be launched to empower communities to cope with minor post-disaster trauma and illnesses without crowding the already over-stressed health institutions. However, given that some disaster-affected children require specialised treatment, another key element of disaster preparedness planning is establishing clear referral mechanisms between communities, primary health care facilities and specialty hospitals and medical centres.

In several South Asian countries, nearly 50 per cent of newborn deaths occur during the first seven days after birth⁴. Disruption to maternal and child health services during disasters can further reduce the chances of child survival. Building the capacity of health professionals in Integrated Management of Childhood Illness (IMNCI) and Minimum Initial Service Package (MISP) are important disaster risk reduction measures within the health sphere.

Communication plays a vital role in reducing the risk of various diseases. Health education messages need to be designed to encourage the disaster affected parents/care givers to seek early care for any illness (fever, cough, diarrhea, etc.) in the newborn. Schools and child-friendly spaces are important venues for spreading information and reaching out to children and parents



By 2030,
60% of all
urban dwellers
will be under age of 18
... a significant number
of children are
vulnerable to
natural disasters
without the infrastructure
to protect them.

6. Mental Health Services (MHS) and Psycho-Social Support (PSS) for Children

Mental health needs and psycho-social issues among children affected by disasters are widespread and persistent, but often go unrecognised and untreated. Because of children's cognitive and developmental limitations, they are often unable to express their needs directly or clearly. They rely on adults to help them identify and express their concerns, to help them access supportive services, to model appropriate coping behaviors, and to provide a supportive environment so they can begin to understand and adjust to the crisis. Because adults often lack the understanding or capacity to recognise and respond to children's psycho-social needs, children suffer from long term emotional damage. Even children who not suffer directly from disasters but see the suffering of others may under may undergo mental / psycho-social distress.

Detection, counseling and treatment of trauma among children affected by disasters are always very difficult and challenging issues. The first problem lies in detection, as the parents usually do not report to mental health professionals unless the symptoms have reached flash points. Secondly, even if the illness has been detected the professional mental health facilities are so limited that accessing such services is difficult for the affected population even in urban areas.

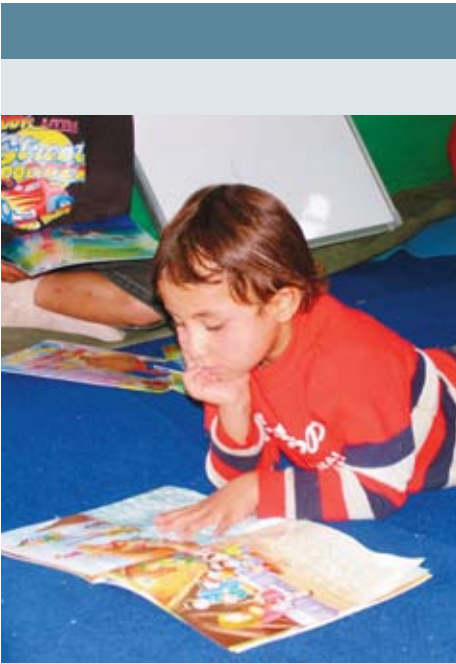
Most of the post disaster psycho-social stress can be managed by proper counseling which may not always require sophisticated interventions. The basics of such counseling can be incorporated into the training of community level health workers, teachers and social workers. Innovative training modules have been developed for community based post disaster mental health services that have been found extremely useful in addressing the mental health issues of women and children in disaster affected areas. Psycho-social care for the majority of disaster affected children can be achieved through the simple provision of safe/protected or alternative spaces and support to restart their sports and education activities as early as possible. Education plays a life-saving and life-sustaining role and is vital to achieving a protective environment for all children. Following a disaster, the continuation of children's education must commence early as possible, providing a space in which children can receive other vital services in health, food and nutrition, etc.

Even with strong community-based psycho-social support mechanisms in place, there may be cases of acute mental disorders that require clinical interventions by mental health professionals. Because of the dearth of such professionals and hospitals in South Asia, more innovative approaches such as pooling of resources and sharing of knowledge and resources across the countries and the region are critical in addressing these needs.

7. Reconstructing Built Environment (RBE) for Children

Disasters disrupt the built environments that provide order and security in children's lives. Houses are damaged or flattened; toys, books and other belongings are destroyed or lost; school buildings collapse or are converted into temporary shelters; entire neighborhoods are disrupted and uprooted. It takes considerable time for communities to recover from such destruction. Living within the rubble and chaos of disaster-affected spaces can have a long term psychological impact on children's lives. In the wake of a disaster, recovery and reconstruction programmes must be initiated as quickly as possible and take into account child specific needs.

One of the immediate consequences of a disaster is that affected people take shelter in temporary relief camps until they are able to return to their homes. In cases where the reconstruction of homes in new environments requires several months or years, intermediate shelters are constructed. It is critical that all such



shelters – temporary, intermediate or permanent – adhere to minimum health and hygiene standards and provide adequate safety and space for children to grow and develop.

Children also need recreational and informal educational spaces such as playgrounds and learning centres for them to grow. Post disaster reconstruction provides opportunities for innovative planning and creative designs that are child friendly, facilitating children’s recovery from distress and the development of healthy attitudes and coping mechanisms.

To date, work on child-friendly spaces has been very limited and isolated within South Asia. This presents a significant opportunity for architectural and design schools in the region to devise creative, contextualised and economically viable solutions within South Asia.

8. Child Protection in Disasters

Children, especially those separated from their parents during and after disasters, become highly vulnerable to abuse, neglect, exploitation and violence. Children in distress are at increased risk of being trafficked and forced into child labour and prostitution. Child protection work aims to prevent and respond to cases of child protection violations.

Child protection requires a multi-disciplinary and multi-sectoral approach that is integrated with education, health and juvenile justice. It involves working with a wide range of formal and informal bodies, including governments, multilateral agencies, donors, communities, caregivers, and families. Strengthening child protection structures and mechanisms also requires close partnerships with children and efforts to build children’s capacity to protect themselves. Equipping a wide range of stakeholders to protect children in disasters, particularly those separated from their families, is a critical component of effective disaster risk mitigation and response.

As the State has the primary responsibility to protect and promote children’s protection rights, each State should establish a national and community-based child protection system with a coordinated and holistic approach, integrating the contributions of all relevant sectors and actors. Each child protection system should be based on sound child protection data, institutionalised and safeguarded by a robust set of laws, implemented by well trained staff, disseminated widely to the public, and always inclusive of children’s active participation.

A simple yet highly effective child protection mechanism in the immediate aftermath of a disaster is registering separated or unaccompanied children and providing information about such children through a central website or other channels. All state and non-state actors involved in child protection should work in a coordinated manner to trace missing children and reunite them with their families. Detailed guidelines for Family Tracing and Reunification (FTR) System should be developed and staff members of both government and humanitarian agencies trained in the system. Adequate standards and protocols need to be put in place for case management of children at risk.

Protection of children orphaned in disasters is a matter of critical concern as such children are usually the most vulnerable in disasters. Family based interim care for such children should be the priority as the physical and emotional security of the children are best protected in family settings. Institutional care may be adhered to as a last resort and that too for a short term period. Orphan children may be given in adoption only after following mandatory legal processes. In-country adoption should be the first option. International adoption may be permitted as a last resort in accordance with the principles of the Hague Adoption Convention.

Although most South Asian countries have enacted laws for the protection and adoption of children, enforcement of the laws is weak and violations are



widespread, particularly in the aftermath of disasters. There remain significant challenges and opportunities to improve the system in every South Asian country, particularly those with large child populations such as India, Pakistan and Bangladesh.

While most actions related to child protection lie at the national levels, regional level sharing of good or bad practices amongst the state and non-state actors can be tremendously helpful. Eventually, regional specific standards should be developed for the guidance of all concerned.

9. Education in Emergencies (EiE) and School Safety for Children

In South Asia, children constitute the vast majority of neo-literates and therefore education plays an important role in creating awareness about disasters and informing the future generation on disaster risk reduction. It is only recently that this role has been recognised by the governments of the region with very encouraging results. A comprehensive effort must be made to scale up disaster management education through innovative and cost-effective interventions.

Education must enhance children's understanding of the root causes of disasters and environmental problems. Education must also inculcate a sense of responsibility for achieving positive change on both a local and global scale. Formal education in schools should be supplemented by co-curricular activities which may include mock drills, first aid training, training on fire safety and other emergency response skills as appropriate. Children can serve as role models in the community and reach out to under-privileged and non-school going children to spread disaster risk reduction messages.

As children spend a considerable part of their daily lives in schools and other learning centres, it is essential to make these places safe from multiple hazards. All existing school buildings should undergo a safety audit and be made resilient as per the national government's building standards and codes, thereby ensuring the safety and resilience of such structures during disasters. Similarly, all new school buildings must conform to these standards. Public authorities should also reach out to communities who self-build schools, providing them with technical assistance including engineering guidance and construction worker training for disaster resistant construction when necessary.

Safety initiatives should extend beyond schools to address the risks in the immediate neighbourhoods, identifying and assessing resources available for meeting emergency needs and developing disaster risk reduction plans. Safety drills should include fire safety, evacuation processes, earthquake drills ('duck-cover-hold'), flood safety drills and early warning signs and communication systems for storms and other hazards. The aim of these measures is to build a culture of safety that extends to all aspects of life.

Several commendable initiatives have been made in South Asian countries with encouraging results. Important action agendas on school safety developed in the region include the Bangkok Action Agenda on School Education and Disaster Risk Reduction and the Ahmedabad Action Agenda for School Safety. Sharing of such good practices among all concerned state and non-state actors would serve to enhance the knowledge and understanding of risks of disasters and the innovative ways such risks can be reduced through planning, education and drills involving the schools and communities.

Resumption of education in post-disaster situations plays a life-saving and life-sustaining role and helps create a protective environment for all children. It instills a sense of hope and normalcy for the disaster-affected children and helps in reconstruction and building resilience. Educational continuity is crucial for both the intellectual growth and psycho-social wellbeing of children during disasters or civil strife. Schools and other learning spaces act as a safe place for children during unstable times, and can also be a point for the provision of



essential services like nutrition, water, sanitation, health and protection. The return to formal education may take time and may require setting up alternative learning spaces and provision of learning and teaching materials. Pre-positioning of teaching and recreational material in disaster-prone areas can be an important strategy to provide timely educational support to disaster-affected children.

10. Participation of Children in Disaster Management

The voices of children must be heard, as children have the ability to provide information, feedback and ideas that are valuable for the care, survival and protection of children. Young children have the interest, enthusiasm and capacity to participate in managing their own affairs and contribute substantially towards reducing the risks of disasters. Efforts made to involve children in disaster management have had very successful outcomes in raising the awareness level of the communities.

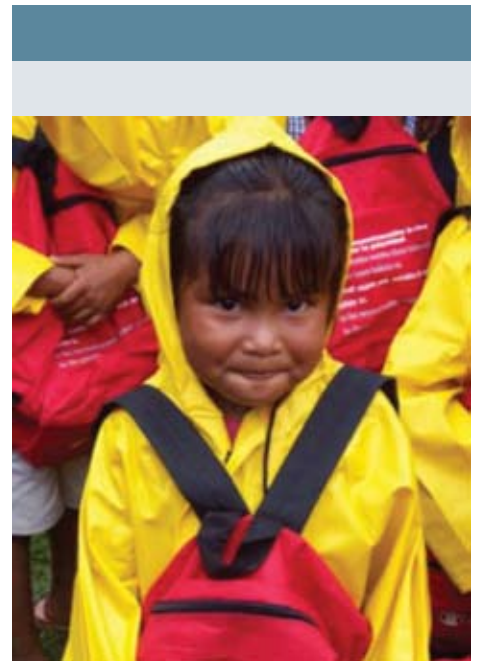
Children can take part in disaster management activities in a number of ways. First of all, they act as informants within informal community communication networks and thus can play an important role in disseminating information and raising the awareness level of their communities. Secondly, when parents are either illiterate or do not have the time or interest to take part in disaster management activities, literate children and youth can play a major role in conveying messages with a meaning shared by their families and friends, thereby adding considerable value to disaster management programmes and activities.

Thirdly, various studies have indicated that children tend to have a clear and uncluttered view about risks. They recognise environmental hazards alongside social and economic threats and are able to understand the more complex interplays between hazards and vulnerabilities. Children recognise the wider dimensions and complexities of risk reduction and tend to have a holistic view of the interrelated impacts of household economic security, livelihood, environment, health, education and religion on community and individual wellbeing and resilience.

Finally, children offer tremendous creativity and the will to reduce risks. Given the resources, encouragement and the opportunity to take action, children can become catalysts of simple yet significant strategies to make their communities safer.

The work carried out by Save the Children, Plan International and other organisations in South Asia has demonstrated that children are enthusiastic about disaster risk reduction, moving beyond disaster preparedness and emergency planning and initiating action in risk reduction and even disaster prevention work. Children and youth groups have carried out environmental protection campaigns to reduce landslide threats, initiated regular neighbourhood drain cleaning to prevent localised flooding and reduce public health threats, and spearheaded reforestation and greening projects.

Working with children through schools, youth groups and community committees provides informal forums for mobilisation which offer powerful spheres of influence whereby vested interests can be effectively neutralised. The value of local level action with youth and children can be expanded through tactical networking and scaling up to new national and international commitments. Intelligent and articulate young children are an invaluable community resource and can be powerful agents for change.



¹Statistical Annexure, State of World's Children, UNICEF 2010, <http://www.unicef.org/rightsite/sowc/statistics.php>

²Emergency Data Base (EM-DAT) on natural disasters, Centre for Research on Epidemiology of Disasters, Leuven, <http://www.em-dat.net/>

³The National Disaster Medical System Response: A Pediatric Perspectives, American Academy of Pediatrics, December 2010.

⁴http://www.unicef.org/india/health_369.htm

Institutional Framework

The implementation of the Ten Priorities of Action for the SAARC Framework for the Care, Protection and Participation and Development of Children in Disasters, as outlined above, require the active participation of multiple stakeholders both within and outside the governments. While national governments play the primary role in enacting laws, creating institutions and framing policies and programmes, a variety of government agencies have the responsibility to implement these policies and programmes, and key non-government actors, including NGOs, private sectors, the media, schools, hospitals, experts and professionals have the responsibility to supplement and support government efforts. UN agencies, international humanitarian agencies and regional organisations such as the SAARC Disaster Management Centre can assist national governments in setting standards, developing guidelines, piloting innovations, monitoring progress, compiling good practices, and supporting replication and scale up of successful models. The roles and responsibilities of each stakeholder at local, national and regional levels should be clearly defined, understood and coordinated at each level by designated local institutions.

Road Map for Implementation

Every national government has to formulate its road map according to its needs, requirements, policies, institutions and resources. At the regional level, the SAARC Disaster Management offers a road map that can address the regional issues on each of the ten Priorities of Action, as outlined below:



Children participants and the resource team at the SAARC Regional Workshop for Children and Disasters- February 7-11, 2011.

**Regional Road Map for Implementation of the
SAARC Framework for Care, Protection and Participation of Children in Disasters**

	Priority Areas of Action	Regional Road Map
A	Assessing the Vulnerabilities to Children to Disasters	Development of Guidelines for Assessing Vulnerabilities to Children in Disasters
B	Evacuation, Search and Rescue of Children in Disasters	Development of Standard Operating Procedures for Evacuation, Search and Rescue of Children in Disasters and post rescue care.
C	Food Security and Nutrition for Children	Development of Minimum Standards of Food and Nutritional Security for Children and Women in Disasters Develop a Guidebook for Post Disaster Food Security and Nutrition Response for Children.
D	Water, Sanitation and Hygiene Facilities for Children	Development of Minimum Standards of Water, Sanitation and Hygiene for Children affected by disasters. Develop a Guidebook for Post Disaster Water, Sanitation and Hygiene Response for Children.
E	Emergency Medical Care and Health Services for Children	Development of a Guidebook for Medical Care and Health Services for Children Affected by Disasters Develop a Guidebook for Post Disaster Medical Care and Health Response for Children.
F	Mental Health Services and Psycho-social Support for Children	Development of a Guidebook for Post Disaster Mental Health Care and Psycho-social Support of Children
G	Reconstructing Built Environment for Children	Development of a Guidebook on Building Child Friendly Physical Environments after Disasters and to be Prepared
H	Protection of Children in Disasters	Setting up National / Regional FTR protocols and systems and Guide lines for Unaccompanied Children in Disasters. Establish an Inter-Agency Child Protection in Emergencies Standing Committee Compile Good Practices on Child Protection after Disasters in South Asia
I	Education in Emergencies and School Safety for Children	Compiling of Good Practices on School Safety in South Asia Development of a Guidebook for Post Disaster Education Response.
J	Participation of Children in Disaster Management	Guidelines for Children's Participation in Disaster Management and Risk Reduction Compiling of Good Practices on Participation of Children in Disaster Management in South Asia.

These Guidelines/ Standards/ Guidebooks/ Compilations may be developed by the SAARC Disaster Management Centre within a period of two years through a participatory process involving all the national governments, international organisations, humanitarian agencies, NGOs, professionals and experts in the region. The timeline for development of these guidelines etc may be decided by the SDMC according to its resources and priorities.

The South Asian Association for Regional Cooperation (SAARC) is an organisation of South Asian nations, founded in December 1985 and dedicated to economic, technological, social, and cultural development emphasising collective self-reliance. Its eight founding members are Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka..

SAARC Framework for Care, Protection and Participation of Children in Disasters
is facilitated in partnership with UNICEF and Save the Children