

## **Child Protection During Disasters**

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**C**hildren worldwide are being increasingly exposed to natural calamities and environmental hazards. In the last two decades, over 100 million children and adolescents have been affected by man-made and natural disasters. As per United Nations estimates, the direct economic cost of disasters since 2000 was \$1.4 trillion, cautioning that the real impact on people's livelihoods and the wider economy are likely to be much bigger, and are hard to measure [1]. The most recent events include the Nepal Earthquake, Hurricane Sandy, Haiti Earthquake, Wildfires in Russia, and Japanese earthquake and tsunami. Countries have not yet fully recovered from some past disasters such as Sumatra tsunami in 2004.

In any disaster, children are more likely to be injured, and unable to access help or health care. They are also more vulnerable to infections and malnutrition, and are also exposed to greater danger through separation from their families or caregivers. In most disasters, between one-third and a half of the deaths occur in children. The long-term consequence of disasters also affects children more than adults, especially those living in impoverished environments. Consequent psychological problems such as post-traumatic stress disorders and depression impact their physical and mental health, as well as nutrition and education.

India and the whole of South Asia, because of unique geo-climatic conditions, are prone to natural disasters. About 60% of the Indian landmass falls in the seismic zones III-V, and hence is vulnerable to earthquakes. Coastal States, particularly in the East Coast (like Andhra Pradesh, Odisha and West Bengal) are prone to cyclones. According to a report prepared by the International Displacement Monitoring Centre, which tracks internal displacements worldwide, more people in India than in any other country were displaced by natural disasters in 2012 [2]. Within last decade, our country faced huge disasters such as Indian Ocean tsunami, Kashmir earthquake and flood, Kosi floods, and Uttarakhand flash flood.

Relief and rehabilitation works following natural disasters need huge resources in manpower and relief material. Despite the fact that comprehensive disaster management principles advocate prevention (reduction), mitigation and preparedness (readiness), the majority of efforts are directed towards post-disaster (response and recovery) activities. The Yokohama Strategy by the 'International Decade for Natural Disaster Reduction' emphasized that: "disaster prevention, mitigation and preparedness are better than disaster-response in achieving the goals and objectives of vulnerability reduction." Our aim in such situations should be to conserve developmental gains as well as minimize losses to lives and property. For development to be sustainable, a multi-disciplinary disaster mitigation policy spanning all sectors of development should be a part of the initiative. Disaster risk reduction should involve all stakeholders: the society, the government, professional sector and private sector [3,4]. As the first to respond in any disaster is the community, general public should be very much involved in disaster mitigation as well as management programs. People should be involved in the process of planning at every step, and decision-making should be people-oriented.

Protection of the child must be a priority before, during and after a disaster. Child-focused disaster risk reduction should be included in the disaster mitigation policy with sound investments in developing safe infrastructures, particularly well-located schools and health facilities with good road access. An efficient early warning signal system, a good pre-disaster preparedness and plan from central to village level, inter-sector coordination, speedy reconstruction and rehabilitation are needed. Appropriate systems should be in place to provide prompt and effective assistance to people affected by disasters, especially till outside help can reach in circumstances when local administration is also affected by the disaster.

We Pediatricians have a good rapport with the community and should be involved in plans prepared to provide rapid, quality care for child disaster victims. The

*Indian Academy of Pediatrics* (IAP) formed a task force on child at-risk in the year 2001-2004. A disaster management committee was formed under this task force in 2001 which brought out IAP guidelines [5]. An IAP disaster management group has been formed in the year 2005 which is actively working with the International agencies and non-governmental organizations. We should make all our efforts to help the government in implementing the plans more effectively.

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