

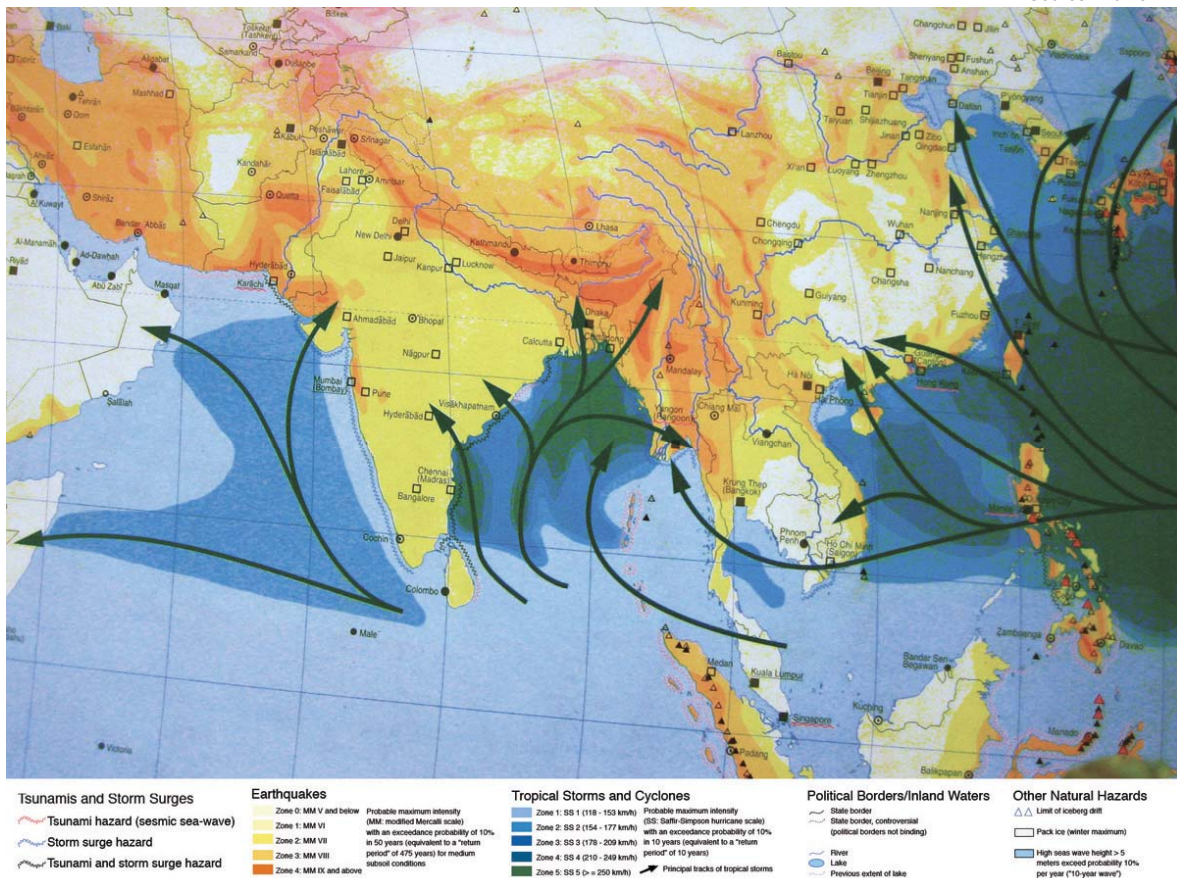


Safe Schools and Hospitals INDICATORS FOR PRACTICE



Background

Source: Munich Re



Every year, more than 200 million people globally are affected by droughts, floods, heavy rains, cyclones, earthquakes, fires and other hazards. Poverty, increased population densities, environmental degradation and global warming all intensify the impact of natural hazards. Societal ignorance, both in policy and practice, has allowed for severe impact. The past few years have reminded us that natural hazards can affect anyone, anywhere and anytime.

Governments around the world have committed to act to reduce disaster risk. The Hyogo Framework for Action (HFA), a guideline to reduce vulnerabilities to natural hazards, was adopted by India, along with 167 countries, in January 2005. It assists the efforts of nations and communities to become more resilient to and cope better with the hazards that threaten their development gains, defining goals for the next decade. Due to its unique geo-climatic conditions, India has traditionally been especially vulnerable to disasters. Floods, droughts, earthquakes and cyclones have been recurrent phenomena in the country. This vulnerability has made it imperative to have a disaster management strategy in place. In this context, the HFA objectives assume even greater significance.

In 2005, the Indian Parliament passed a Disaster Management Act, paving the way to institutionalize disaster management and mainstream disaster risk reduction in development. It provided a platform to establish a National Disaster Management Authority and a State Disaster Management Authority in each state. Further, a UNDP- supported disaster risk management program laid the foundation to cascade these initiatives to the district and sub-district level.

However, the local DRR initiatives were found to be at a nascent stage with limited capacities for implementation. Bridging this gap was essential as local governments are often the first responders to disasters. Cultivating local champions who could disseminate information at the grassroots was critical to institutionalize DRR and localize HFA at the community level.

Hospitals and schools that serve as community lifelines play an even greater role during disasters. Moreover, both have the potential to serve as important local anchors for sustainable disaster reduction issues and be catalysts in initiating community based reduction processes in order to localize the HFA Action Agenda. By ensuring that they are functional and safe during and after an emergency, communities can be made more resilient.

Education



Education is one of the fundamental rights in India. However, education is incomplete if the environment is not safe and the Indian education system currently faces the challenge of addressing school safety issues.

Among all public amenities, schools and their students are the most vulnerable groups during any disaster, claiming the lives of thousands of children every year. Incidents in Kumbhkonam, Khajuri Khas and several other deadly

tragedies initiated heated debate over this issue.

A variety of measures to try and institutionalize school safety measures followed. In India, Ahmedabad Action Agenda is a stepping stone; while across the globe, the same issue was raised through the Bangkok Action Agenda, Islamabad Declaration and UN/ISDR campaign for safe schools.

This initiative ties in to the 3rd priority of Hyogo Framework for Action "*Use knowledge, innovation and education to build a culture of safety and resilience at all levels*". This basically focuses on the inclusion of DRR in relevant sections of school curriculums at all levels and the use of other formal and informal channels to reach youth. While some work has been done by concerned nodal agencies and selected organizations, it has been observed that there is still a long way to go. Clearly, there is a need for concerted efforts to create awareness on disaster risk reduction amongst all the school students & allied stakeholders. They can actually become leaders and change agents for disaster preparedness.

The process has been a challenging one. It has to be participatory, user friendly, adaptable and easily replicable. An approach using learning, reflection and empowerment should be adopted to help the students, teachers and school management imbibe school safety.

Learn: Students deepen their awareness about hazards and risks by understanding realities and knowing facts. Recent natural disasters have been well documented and shared. These serve as case studies for both teachers and students. Wherever needed, disasters are simulated with the help of portable models.

Reflect: Students analyze the reasons that have led to loss of life and injury in disasters. They learn to recognize development practices and people's actions that can cause disasters or prevent them. This learning is then shared with their own families and local communities.

Empower: Students take concrete action towards lowering risks in the environment. Classroom and school exercises are introduced to help them take small definitive actions that can become a precursor to bigger investments for school safety. Disaster management plans are prepared by the school management, clearly defining roles and responsibilities. This should be rehearsed and revised periodically.

Child led DRR recognizes that children can play an important role in helping their families, villages and communities reduce disaster risks. Children should be involved in all aspects of DRR work in their communities, from assessment to implementation, as well as overall management.

One of the key objectives of localizing HFA to schools is to recognize children, who are generally the most affected in any disaster, as potential contributors to DRR. This means shifting the disaster management approach from relief centric to prevention centric, keeping children's needs and rights at the core.

Localizing HFA: Making schools safer

Why Safe Schools?

In recent years, children have fallen victim to several disasters, especially earthquakes, in India. Yet, earthquakes do not kill people, unsafe buildings (that do not follow earthquake resistant building codes) and lack of awareness do. These eye-opening incidents include:

- December 23rd, 1995: Nearly 441 school children, from DAV Centenary Public School were burnt alive during a school prize giving ceremony in the town of Dabwali, Haryana.
- January 26th, 2001: 971 students and 31 teachers were killed in the Gujarat earthquake.
- July 16th, 2004: Kumbhkonam fire tragedy at Lord Krishna School took the lives of 94 children.
- December 26th, 2004: Thousands of school children and many teachers died or were reported missing in Tamil Nadu and Andaman-Nicobar Islands during the South Asian tsunami.
- October 8th, 2005: Around 17,000 children died and 2,448 schools collapsed in the Kashmir earthquake.
- May 2006: In a Kashmir boat tragedy, a teacher and 21 school children drowned while on a picnic in Wullar Lake.
- February 20th, 2007: 15 children and teachers died in Kerala while crossing a river in a tattered boat.
- April 16th, 2008: 47 students in Baroda died on their way to school when the bus fell into the Narmada canal.
- January 21st, 2009: 12 school children were killed and 26 were injured in the Guda Malani road accident in Rajasthan.
- September 11th, 2009: 5 girls were trampled to death and at least 32 other students injured in a stampede at a school in Delhi.



It is our duty to create a safe learning environment for our children. School Safety is one of the most important ways to promote a culture of safety. Catastrophic consequences of disasters are preventable if proper measures are taken on time and implemented with strict rules, policies and multi-stakeholder support. A first step towards school safety is to educate teachers, school administrators, students and parents about disaster risks and how they can reduce the risks they face. School administrators, staff and children must be aware of what is to be done before, during and after a natural disaster. It is better to be prepared early rather than a minute too late.

Objectives

This concept note intends to address different issues that will help schools design safety indicators, creating a better schooling environment. Following are the key objectives

1. To develop national policies for safe schools.
2. To integrate the school safety as subject in school curriculum.
3. To develop structural codes for safe schools.
4. To support the sustainable practices on safe schools.
5. To ensure better environment of learning by creating safe schools.

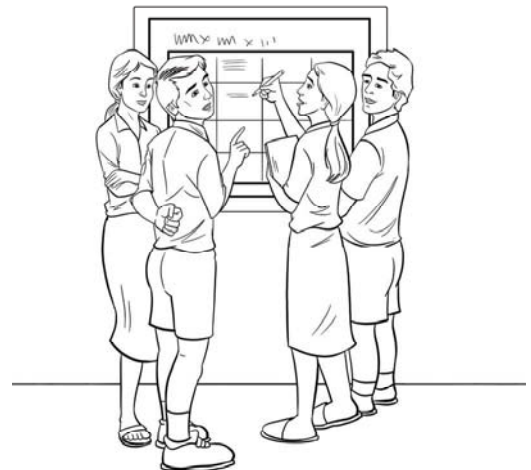
Strategies for making schools safe

1. Lobby with national stakeholders and decision makers to incorporate a culture of safety for schools and educational institutions.
2. Ensure schools strictly follow safe building codes and invoke a heavy penalty in case they do not.
3. Ensure a standard curriculum on disaster awareness in all the schools irrespective of the pattern and locations.
4. Ensure synergy with other stakeholders for better delivery of safety results when disasters take place.
5. Learn lessons from past disasters and make schools safer by practicing preparedness drills.



Component of the safe schools programme

1. Strengthening emergency preparedness through mock drills, mitigation practices and updating of school disaster management plans.
2. Refresher training on emergency preparedness and response to strengthen the response capacity.
3. Safety checks to ensure the availability of essential resources for disaster response.
4. Incentives for schools that achieve indicators as per report card method to promote the culture of safety in schools.
5. Documenting case studies of experiences and lessons and sharing with large group of stakeholders.



A lot of work is already being done in the area of school safety, but with different stakeholders and educational institutions working as per their own capacity. Indicators that there is a pressing need to design indicators that ensure universal effectiveness in design, implementation and monitoring of safety in schools. This will help different stakeholders cope with disaster situations.

Indicators

Policy

Education should be coordinated with the larger initial humanitarian response of food, shelter, health, and water and sanitation. A national policy that encourages a culture of safety in schools is required. State policies need to be developed that support disaster resilience in schools, taking in to account the disaster vulnerability of the state. This framework should aim to make schools a more integral part of the emergency response process and improve the quality of education. It must uphold the right to education and be responsive to the learning needs of vulnerable schools. Education authorities must develop and implement school disaster management plans to practice standard operating procedures.

- School safety is incorporated in national education policy.
- Policies and legislation are framed/ revised to facilitate action, regulation, enforcement and/or incentives.
- Roles and responsibilities are clearly documented and available at multiple levels.
- Policies are available in local and user-friendly language to be easily understood by all stakeholders.
- States include school risk assessment in their regional and urban disaster/development master plans.
- Land-use regulations, building codes, relevant laws and other DRR regulations for school designs are enforced locally.
- Heavy penalties for non-compliance are defined in laws and regulations.



Curriculum

Disaster risk reduction is still seen as a separate agenda when it comes to education. It needs to be mainstreamed through the education system.

- NCERT has incorporated a disaster management syllabus for class X.
- Local schools are mandated to provide DRR education to children through the school curriculum.
- Schools disseminate DRR education through various extra-curricular activities.
- DRR is mainstreamed through curriculum development, educational material training and teacher training.
- Specialized courses and facilities for DRR/DRM are available at different levels.

Structural Mitigation

Structural safety is the key to disaster risk reduction. Schools must be rebuilt, re-located or retrofitted taking into account their exposure to different hazards. For this, risk-reduction standards need to be complied with and risk awareness must be integrated into the planning of school buildings. This can be an important indicator to create a "culture of prevention".

- All schools are rebuilt, relocated or retrofitted to take into account their exposure to future hazards and conforming to building regulations at different vulnerable locations.
- Schools build their capacity and practice structural risk identification, assessment, analysis and dissemination.
- Schools allocate some economic resources for repair and maintenance considering the safety of staff and children.
- Schools possess safe shelter and community center space to protect educational access and continuity of education delivery even in times of crisis.



Preparedness

In India, school buildings are often used for various other purposes as well - election polls, health campaigns and many more. In disaster and emergency situations, they play the role of shelters for affected people. Schools need to be prepared and have sufficient facilities to play these multiple roles. It is also required to serve the daily needs of the school stakeholders.

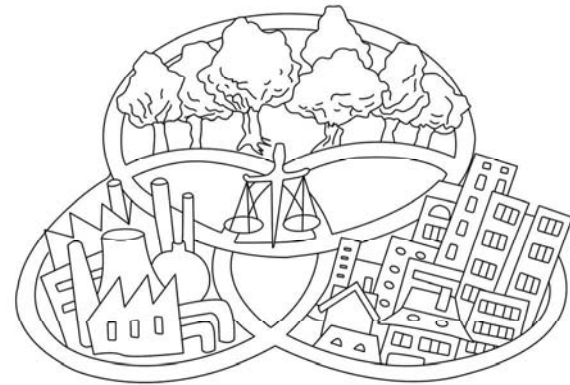
- All schools and related facilities have sufficient backup water, power and communication systems in place to respond any disaster situation at vulnerable locations.
- Schools have done their mapping exercises (HVCRA, evacuation map, resource map, contingency plans etc.).
- Schools have a qualitative early warning system to receive updated information on time and minimize the loss.
- Schools have qualitative linkages with other schools, hospitals, local authorities and NGOs for information dissemination and preparedness learning.



Sustainable Practices

Practice makes perfect, but it also ensures we remember and implement that activity. The same theory applies to DRR. Educational institutions and all their stakeholders must practice the DRR learning on an ongoing basis. Various activities such as drawing competitions, debates, dramas, street plays and safety week programs on different topics can be organized to enhance disaster awareness of the students, teachers, parents and community. A safety club can be a good method to involve all the stakeholders.

- Schools have disaster management committees (SDMC) who regularly update school disaster management plans (SDMP).
- School receives updates on hazards and vulnerabilities and has early warning systems for multiple hazards.
- Schools hold drills on life saving skills such as emergency operation procedure with key stakeholders (police, ambulances, etc.).
- Schools invest in equipment and technology to make the education environment better and safe.
- Schools enhance community risk awareness through the provision of a visible, high profile example of safety good practices.
- To mitigate risk, the school building and children are insured.



Health and Environment

Educational institutions also teach children how to behave. It is important that safe health and environment practices are actively demonstrated. Access to sanitation facilities and portable water is critical. Training programs must be organized to educate and empower relief handling system, promoting volunteer service among older students.

- Schools educate their students on the characteristics and functioning of the natural environment and ecosystems.
- Schools identify the potential risks associated with nature and the human interventions that affect them.
- Schools preservation, apply and disseminate indigenous knowledge and appropriate technologies relevant to environmental management to reduce hazard risk.
- Schools disseminate basic information on health and hygiene safety and also of life protecting skills.



Health



Hospitals and health facilities that serve as the community's lifeline during normal times assume a bigger role during an emergency. However, if this critical machinery collapses then the situation is even worse than the disaster itself, exposing the community to a magnified risk. By ensuring that hospitals and health services remain functional and safe during & after an emergency, the larger goal of creating resilient communities can be addressed.

Disasters that damage health systems affect a country's ability to achieve the UN Millennium Development Goals. Gains in development and access to health-care services are seriously compromised when disasters occur. In this regard, a global campaign has been launched by the secretariat of the United Nations International Strategy for Disaster Reduction (UN/ISDR) and the World Health Organization (WHO), with support from the World Bank. The campaign is focused on structural safety of hospitals and health facilities, on keeping health facilities functioning during and after disasters and on making sure that health workers are prepared for natural hazards.

Hospitals are one of the first responders to disasters, the place the injured are taken for emergency treatment. If the magnitude of disasters are large, hospitals will be overwhelmed with mass casualties for which they may not be fully equipped, particularly if the disasters take place in remote areas. The challenge for any health care institution is how to avoid becoming victims of disasters just when their services are required the most.

HFA's fourth priority action is *DRR integrated into health sector and safe hospitals and protection of critical public facilities*. The objective is to ensure that new hospitals are built with a high level of resilience that strengthens their capacity to remain functional in disaster situations. In addition, mitigation measures to reinforce existing health facilities, especially those providing primary health care, need to be implemented. Recognizing the importance of health, the Government of India launched the National Rural Health Mission (NRHM) in 2005. A lot of emphasis was given to strengthening rural health infrastructure, including the physical manpower and other facilities. Civil society and international agencies have also extended support to this sector, especially focusing on emergencies and preparedness. However, to date, a huge gap still clearly exists between the demand and supply of health centers and facilities. The current health conditions (verified by the *Bulletin on Rural Health Statistics in India 2009*) are a leading reason for India's poor rank in the Human Development Index. Put this in a disaster context and the health related infrastructure vulnerabilities are clearly visible. It has been noted that the synergic efforts are required to create awareness on DRR amongst the health fraternity & allied stakeholders, irrespective of their location and local vulnerabilities.

Hospitals are symbol of faith for communities. They are not only expected to provide good medical care, but also be in a position to offer critical assistance to local communities at the time of disasters. It is therefore absolutely vital the lives of health staff, equipment, drugs and hospital buildings be secured at all costs.

Localizing HFA: Making Hospitals safer

Why Safe Hospitals?

In general, a hospital is a place that ensures safety. So what does a 'safe hospital' mean? Disaster can strike with or without warning. It can be intense or mild, natural or human induced. Disasters don't discriminate and the poor construction of a hospital building can raze it in seconds. A safe hospital refers to an establishment that remains functioning and accessible as per the normal capacity even after a natural disaster. This includes not only the structural aspect of the building, but the continuity of all facilities: health, water supply, solid waste management, electricity and communication systems.

Recent incidents where hospitals have been affected have demonstrated the criticality of these actions. These include:

- **2001:** 1,813 health facilities were destroyed and 3,812 were partially damaged and rendered inoperable in the Gujarat earthquake.
- **2003:** 50% of health facilities were damaged in the affected area after an earthquake in Algeria.
- **2004:** 61% of health facilities were damaged in Indonesia's northern Aceh province after the 2004 tsunami.
- **2005:** 49% of health facilities were completely destroyed by the earthquake in northern Pakistan.
- **2008:** 57% of all health facilities were damaged and one in five completely destroyed in the area of Myanmar affected by Cyclone Nargis.
- **2008:** 11,028 health facilities were damaged or destroyed by the Wenchuan earthquake in China.
- **2008:** A 175-bed Providence Hospital was completely lost due to three successive hurricanes in Gonaives, Haiti.



Objectives

This concept note aims to touch upon the issues of both policy and practice to maintain the best of medical care. Following are the key objectives for designing indicators for safe hospitals

1. To develop national policies and codes to keep hospitals safe against natural disasters.
2. To protect the lives of the users and beneficiaries of the hospital and ensure routine basic services.
3. To support the practice of policies on safe hospitals.
4. To ensure the optimum use of financial assets.
5. To serve as an early warning center to the vulnerable population.

Strategies for a safe hospitals programme

1. Lobby with decision makers to create a safe hospitals program of health organizations and ministries.
2. Partner with other sectors involved in safeguarding health facilities from disasters (drinking water, solid waste management, electric power, finance, disaster response committees, communications media, etc.)
3. Ensure availability of educational programs on safe hospitals for different stakeholders related to the structural construction and operation of hospitals.

Safety is an important issue and it needs strategies to ensure that it is a top priority for all rather than some stakeholders. There is a pressing need to lobby with decision makers to incorporate a safe hospitals programme in health organizations and ministries. Policies to ensure safety should be designed in a participatory manner considering various geo locations, community practices, resources and beliefs. Synergy with other sectors involved in safeguarding health facilities from disasters is also needed. Such stakeholders must contribute to effective services of drinking water, solid waste management, electric power, finance and communications in collaboration with disaster response committees and media, etc. It is also essential to design educational programs related to the structural construction and operation of hospitals and ensure that optimum benefit can be attained for community safety.



The vulnerability of a health facility and services network can be reduced by carrying out continuous practical analysis; identifying and prioritizing components for improvement; including vulnerability and risk reduction aspects in national processes of accreditation, certification and licensing of health facilities; and ensuring the availability of essential resources for the hospital's response in natural disasters. Hospitals must

have easy availability and access to materials and supplies of medicines, equipment and necessary instruments to meet emergency needs. Related vendors and volunteers who can help ensure community safety, sustained care, treatment and services should be identified beforehand.

Component of a safe hospitals programme

1. Strengthen emergency preparedness and disaster relief through mock drills, mitigation practices and updated hospital disaster management plans.
2. Train staff on emergency preparedness and response to strengthen the response capacity of health facilities.
3. Check regularly to ensure the availability of essential resources for the hospital disaster response.
4. Introduce incentives for establishing a safe hospitals program and achieving the set indicators.
5. Document case studies of experiences and lessons learned and share with a large group of stakeholders.



Indicators are designed to ensure effectiveness in design, implementation, monitoring, and communicating safety in health services. This ensures that in any disaster situation, infrastructure and staff is available, assessment can be carried out and needs can be prioritized in an efficient and effective ways.

Indicators

Policy

Many disasters are predictable in some manner - A regular check on conditions, prediction of such events (floods, droughts, cyclones) and an early warning gives us a fighting chance to prevent and mitigate the impact of disasters. A government is the only capable agency that can play a key role in such prevention and mitigation. It is they that have powers through legislation, resource allocation, rational planning and sustainable development. Other stakeholders such as schools, hospitals, civil society and NGOs can play a significant role in mitigation of impact.

- Design a national policy on hospital safety with a clear vision, priority issues and benchmarks to guide strategy and implementation plans.
- Policy integrates disaster risk reduction planning for the health sector.
- Policy helps implement mitigation measures to reinforce existing health facilities, particularly those providing primary health care.
- Safety policy, strategies, implementation plans and coordination mechanisms are in place at the national and state for emergencies.
- Roles and responsibilities are clearly documented and available at multiple levels.
- Enforce land-use regulations, building codes, relevant laws and other DRR regulations for hospital design locally.



Practice

In the translation from paper to field, however, many plans simply fail. In that case how do hospitals begin to formulate an adequate disaster plan? First of all, it must be a joint plan. The responsibility to develop the plan should be given to a local disaster preparedness committee which includes representatives from every department in the hospital.

This committee must identify the potential hazards, threats and adverse events, as well as assess the risk and impact on care, treatment and services. The risk assessment should be a combination of Hazard, Vulnerability and Capacity Analysis (HVCA) to provide a realistic understanding of the vulnerabilities and help focus the allocation of resources and planning efforts. It must be updated annually.

This procedure provides guidelines for staff to implement an 'all-hazard' Emergency Operations Plan and manage the six critical areas of emergency response.

- Ensure a safe and secure environment for all the staff, patients, and visitors.
- Hold hospital disaster management committee (HDMC) meetings at regular intervals.
- HDMC to regularly update information on hazards and vulnerabilities and upgrade the hospital disaster management plan (HDMP).
- HDMP to keep track of all affiliated staff and organize mock drills at regular intervals.
- Equip and train hospital facilities and health workers to respond to physical and mental health in the case of emergency.
- Ensure support and access to emergency health services, medicines, etc. if needed.
- Put in place a hospital emergency incident command system to ensure that the hospital will work with the same strength in emergency situations.
- Hospital has trained personnel for risk assessment, search & rescue, first aid, relief distribution, fire fighting, and emergency management in any emergency.
- Create an emergency backup plan to maintain communication within the hospital and with other stakeholders.
- Rebuild, relocate or retrofit the hospital taking into account the exposure to future hazards and conformity to building regulations at hazardous sites.
- Have sufficient backup water, power, and communication systems in place to meet any emergency situation at vulnerable locations.
- Design hospitals as per land-use regulations, building codes, relevant laws and other DRR regulations.



Process Design of Indicators on Safe Schools and Hospitals

Seen in the Indian context, the need to localize HFA and other committed approaches to DRR is an urgent imperative, since these commitments will continue to remain paper work unless field level appreciation, understanding, tool development, implementation and institutionalization is carried out. SEEDS India and Emmanuel Hospital Association (EHA), in partnership with Christian Aid, UK and the support of European Commission Humanitarian Aid Department (ECHO) is working on a project titled "Localizing the HFA: Integrated Community Based DRR Through Schools and Hospital Safety". The project aims to align with the HFA localization process and work to build an action agenda; develop tools on an integrated approach to community based DRR through schools and hospitals; and to work on advocacy and capacity building to aid the scaling up of the initiative.

Different methodologies were used in the process to design the indicators

1. Desktop Research
2. Community Consultations
3. National Workshop on Safe Schools and Hospitals
4. E-consultation with Knowledge Based Stakeholders



1. Desktop Research

SEEDS has gained a lot of experience over the course of our work with schools and communities about safety. Many in-house library documents, government data/reports and web-based case studies were referred to compile the information and parameters for school and hospital safety.

2. Community Consultations

Within the project, schools, hospitals and the community were consulted on various issues of safety, planning and resources. Minutes of such meetings were availed and used as critical information to gather more qualitative indicators.

3. National Workshop on Safe Schools and Hospitals

On February 9th, 2010, a one-day national workshop was organized at India Habitat Centre, New Delhi to develop and design indicators for safe schools and hospitals. The workshop was supported by National Disaster Management Authority (NDMA) and organized jointly by SEEDS India and Emmanuel Hospital Association (EHA), in partnership with Christian Aid, UK and the support from European Commission Humanitarian Aid Department (ECHO).

4. E-consultation with Knowledge Based Stakeholders

The national workshop saw participation from various practitioners of schools and hospitals, government departments and non-government organizations. A query on "Indicators for Safe Schools" was raised for one month at Solution Exchange <http://www.solutionexchange-un.net.in> for discussion with global practitioners in July 2010. Many practitioners submitted their comments on the indicators by early August and suggestions were compiled and incorporated in the in the Action Agenda.



The indicators for school and hospital safety will act as a tool to measure the preparedness levels of school, hospitals, and communities. The indicators were finalized as follows

Hospitals



Policy

• At Government Level

1. A national policy is available to make health facilities safe and functional in emergencies for health, social, and economic reasons.
2. Safe hospitals and health-risk reduction programs are mainstreamed in national risk reduction programs.
3. Policy specifies and enforces written guidelines on structural mitigation for hospitals.
4. Policy specifies and enforces written guidelines on non-structural mitigation for hospitals.
5. Policy specifies designing of certified manuals for training and capacity building for health workers, medical and non medical staff.
6. Policy guides to ensure HDMP is in compliance with National Accreditation Board for Hospitals and Health Care (NABH).
7. Policy is framed in line with the Establishment Act to ensure safe hospitals.
8. Issues of health safety and emergency preparedness are integrated in procedures for the licensing and accreditation of health facilities.
9. Norms with gender specifications are addressed in a dignified manner.

10. Policy links hospitals with the state disaster management authority for better coordination and preparedness.
11. Policy mentions standard operating procedures for the incident command system and makes the line of communications for hospitals clear.
12. Disaster Management Act of India specifies the safety aspect of hospitals.
13. Disaster Management Act of India specifies role of hospitals in emergencies.

- **At Hospital level**

1. Hospital is committed to ensuring the safety of hospital, patients and staff.
2. Hospital has drafted a hospital disaster management plan (HDMP) in close coordination with different stakeholders.
3. HDMP specifies role and responsibilities of committee members.
4. Hospital has and follows written guidelines on structural mitigation.
5. Hospital has and follows written guidelines on non-structural mitigation.
6. Hospital has written manuals for training and capacity building for health workers, medical and non-medical staff.
7. Hospital regularly conducts training and capacity building exercises for health workers, medical and non-medical staff.
8. Hospital undertakes research and case studies during emergencies to gather information and lessons learnt.
9. Hospital has a procurement policy for resources for different emergencies.
10. Hospital has taken support measures to keep health staff safe and secure during emergencies.
11. Hospital has a gender policy for both staff and patients to meet emergency needs.
12. HDMP is updated in compliance with the National Accreditation Board for Hospitals and Health Care (NABH).
13. HDMP is updated in compliance with Disaster Management Act of India.
14. Hospital has policies or mechanisms to ensure/encourage public-private partnerships in emergency situations.
15. Hospital has a standard hospital evaluation checklist in compliance with national safety codes.
16. Hospital has a gender specific checklist.
17. Hospital has tie-ups with national and state disaster management bodies for monitoring and evaluations to ensure implementation of national guidelines.
18. Hospital has obtained mandatory safety compliance certificates and licenses for different utilities.
19. Hospital has standard operating procedures for the incident command system and a clear line of communications with authorities at multiple levels.

Practice

- **At Government Level**

1. The health department ensures checks on safety issues at hospitals.
2. The health department participates in mock exercises by hospitals.
3. The health department participates in HDMP committee meeting.
4. The health department advises hospitals on recent safety developments.

- **At Hospital Level**

1. The hospital has regular meetings of the HDMP committee with a set agenda.
2. The hospital keeps records and proceedings of committee meetings.
3. All committee members have focused selection criteria, roles and responsibilities.
4. The hospital has an effective Standard Operating Plan for multiple hazards and vulnerabilities.
5. The hospital has user-friendly mechanisms for knowledge and information dissemination on safety updates to all the hospital staff.
6. The hospital has enough space and practices mock drills regularly as per guidelines.
7. The hospital mock drill is analyzed as per the gender specification policy.
8. The hospital has done necessary rebuilding and retrofitting as per land use regulations, laws, codes and other DRR regulations.
9. The hospital is equipped as per its strength and facilities and staff are not overburdened.
10. The hospital emergency directory containing all emergency services is available.
11. The hospital emergency directory is easily accessible.
12. The hospital has undertaken non-structural mitigation for all critical units.
13. The hospital has made an 'emergency preparedness kit' checklist to run activities smoothly during emergencies.
14. The hospital has a good communication plan available with internal stakeholders.
15. The hospital has a good communication plan available with external stakeholders.
16. The hospital disaster management plan has:
 - a. Contingency plan
 - b. Mitigation plan
 - c. Evacuation plan
 - d. Early warning system
 - e. Standard operating procedure
 - f. Disaster store



Policy

- **At Government Level**

1. The education policy includes information on risk education.
2. The education policy provides risk education to school children.
3. A policy ascertaining the requirements for a safe school is available in the public domain.
4. The policy guides to include requirements of children with disadvantages (disability/suffer with HIV/AIDS).
5. The policy provides guidance for the safety of girls in general, as well as during disasters.
6. The policy ensures that schools teachers get trained in DRR.
7. The policy encourages the setting up and training of student task forces on life saving skills.
8. The policy guides encourages the continuation of education during emergencies, especially for girls.
9. The policy educates the local community and their stakeholders on their role in school safety activities.
10. The policy includes codes or guidelines for standard school layouts with due consideration to DRR issues.
11. The policy includes codes or guidelines for structural mitigation of existing school buildings.
12. The policy includes a guideline on non-structural safety for schools.
13. The policy has guidelines to help schools put together a disaster management plan.
14. The education department stipulates a specific date for the schools to conduct mock drills.
15. The policy has guidelines on monitoring and evaluating safety initiatives in schools.

- **At School Level**

1. The school management is committed to make the school safe from disasters.
2. The school has mandatory safety compliance certificates and licenses for different utilities.
3. The school has adopted risk education for teachers and students with specific attention to girls/female teachers.

4. A Disaster Management Committee is constituted in the school with active participation from female members.
5. The School Disaster Management Committee has representation from the government, police, fire service, health service and the community.
6. The school has developed a disaster management plan for all teaching and non-teaching staff and senior students.
7. The school disaster management plan includes structural mitigation.
8. The school disaster management plan includes non-structural mitigation.
9. The school disaster management plan includes preparedness and capacity building plan.
10. The school regularly plans and conducts mock drills.
11. The school disaster management plan includes standard operating procedures, laying out roles and responsibilities of all stakeholders.
12. School has a procurement policy for resources for various emergencies.
13. The school disaster management Plan has been integrated with other community initiatives.

Curriculum

- **At Government Level**

1. The education policy guides the school curriculum on appropriate coverage of DRR for various age groups.
2. DRR is introduced in the school curriculum.
3. DRR is included in the curriculum of teacher training such as D.Ed. / B.Ed. / M.Ed.

- **At School Level**

1. The school has integrated DRR in teaching curriculum.
2. Education in DRR includes issues of gender, HIV/AIDS and disability.
3. The school has a sufficient number of teachers trained in DRR.
4. The school provides and promotes co-curricular activities on risk education.
5. The school has a certain number of hours per week that are devoted for risk education.
6. The school has methods in place to evaluate the DRR knowledge of children.

Structural mitigation

- **At Government Level**

1. The education policy issues structural codes for safer schools.
2. The policy includes codes or guidelines that give procedures for structural mitigation of existing school buildings.
3. The policy includes a guideline on non-structural safety for schools.
4. The policy specifies universal design to follow for people with disabilities.
5. The policy advocates checking structural vulnerability during inspection.

- **At School Level**

1. The school is retrofitted taking into account its exposure to future hazards.
1. The school confirms building regulations as per the vulnerability of the location.

2. The school identifies priority for retrofitting design as per post-disaster purpose of the school building.
3. The school builds its capacities for structural mitigation, including structural risk identification, assessment, analysis and dissemination.
4. The school practices non-structural mitigation measures to increase resilience capacity.
5. Institutional mechanisms are in place within the school for maintenance and structural safety.
6. The school allocates resources to ensure the structural safety of a building for its staff and children.
7. The universal design is followed by the school for to mainstream and allow easy accessibility for children with disability issues.
8. The school building is in compliance with building regulations and physician planning standards for structural safety and safe locations.
9. People involved in construction are trained and certified by a competent agency.

Preparedness

- At Government Level

1. Education policy guides school safety preparedness.

- At School Level

1. A school level policy statement on preparedness is available.
2. The school completes their hazard, vulnerability, capacity and need assessment with the guidance of a DRR expert.
3. The school is prepared for any disaster in close partnership with the community and other stakeholders.
4. The school disaster management plan (SDMP) is prepared with multiple stakeholders, teaching and non-teaching staff and children.
5. The SDMP reflects the objectives, activities, roles & responsibilities and timeline in a clear manner.
6. All staff members and children are aware of the SDMP.
7. Children, teaching and non-teaching staff are taught about DRR through trainings and other co-curricular activities.
8. The school has quality policies, objectives and mission statements for the implementation of SDMP's.
9. The school has accreditation for DRR from some competent agency.
10. The school has written documents for implementation – awareness dissemination, do's and don'ts, linkage establishments and drills.
11. The school has a special fund for emergency activities.
12. The school has a directory of emergency contacts with media, emergency services, government departments and local NGOs.

Sustainable Practices

- At Government Level

1. The policy enables inspection of school safety programs as a mainstream agenda of school inspection by the District Education Officer (DEO).

2. The policy promotes certification of institutions with competitive authority.

- **At School Level**

1. The school regularly practices DRR mechanisms.
2. The school regularly upgrades staff skills through capacity building process for all involved.
3. The school disseminates DRR and safety information through disaster management week, time tables, SDMP, drills and extra-curricular activities.
4. The building of a school emergency response fund is the responsibility of the PTA, NGOs and corporates.
5. The inspection of school safety programs is conducted in close coordination with the District Education Officer (DEO).
6. The SDMP is regularly updated in participation with other stakeholders.
7. The school measures accountability systems against objectives through:
 - a. External-Inclusion in inspections
 - b. Internal-Internal monitoring systems
8. The school has an active SDMP committee comprising PTA/MTA/VEC/PRI, technical experts and other stakeholders.
9. The school has a proper timetable for different DRR activities.
10. The school has a DRR-based action plan which is closely linked to the education department.
11. The school clears entitlements for certification of DRR logos from authorized agencies.
12. The school collaborates with the media to reach out to wider communities for publicity and awareness.
13. The school has a tie-up with a local level disaster management authority for monitoring and evaluation to ensure the implementation of national guidelines.

Health & Environment

- **At Government Level**

1. The policy is available and gives clear guidelines on regular health check-ups for school children.
2. The policy contains guidelines on environmental education to school children.
3. DRR is introduced in the school curriculum from an early level.
4. DRR is included in the curriculum of teacher training such as D.Ed. / B.Ed. / M.Ed.
5. National authorities compile case studies of validated indigenous knowledge on health, hygiene and environmental issues.

- **At School Level**

1. The school provides and promotes education on health and hygiene.
2. The school provides and promotes education on environmental issues.
3. The school provides and promotes education on climate change adaptation.
4. The school has specially trained teachers to identify and keep track of the general health status of children.
5. The school has trained teachers on first aid and trauma counseling to deal with any events.
6. The school carries out periodical health checkups of all children, administrative staff, teaching and non-teaching staff.
7. The school has provisions for a sick room, first-aid facility or tie-up with the nearest hospital.
8. The school promotes healthier food habits for children.