CHILD FRIENDLY SPACES IN
MULTI PURPOSE CYCLONE SHELTER IN KERALA

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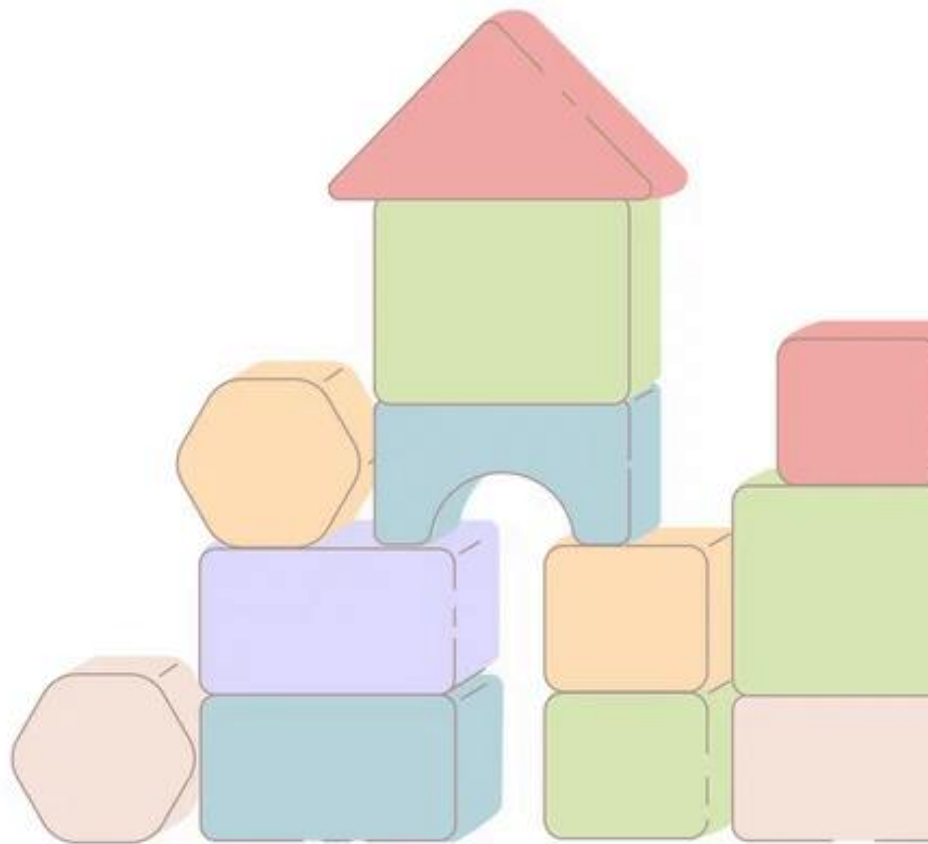Dr. Jazeela A, Hazard Analyst (Public Health)

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CHAPTER 1 :Introduction

1.1 Rationale and objective

Disasters of natural origin are becoming a significant and growing threat to the well-being of children in the context of climate change induced extreme weather events. Every year, 175 million children globally are expected to be affected by natural disasters, including floods, cyclones, droughts, heatwaves, severe storms, and earthquakes. Children are particularly vulnerable during natural disasters and experience increased problems regarding their physical health, mental health, and learning after exposure. Extreme weather events and climate disasters displaced more than 43 million children around the globe between 2016 and 2021. Out of which nearly 41 million displacements were driven by storms and floods alone. Droughts and wildfires played a smaller, but still significant, role as well. A warmer atmosphere holds more moisture, and climate change is causing heavy precipitation events to intensify around the world, increasing the risks of catastrophic floods and landslides. Cyclone winds could cause another 10.3 million child displacements over the next three decades, and storm surge could displace an additional 7.2 million. Recurrence and increasing intensity of disasters along with the cascading of various disasters may increase the risk of children in relation to their education and life. Resilience of the child population becomes vital in this context.
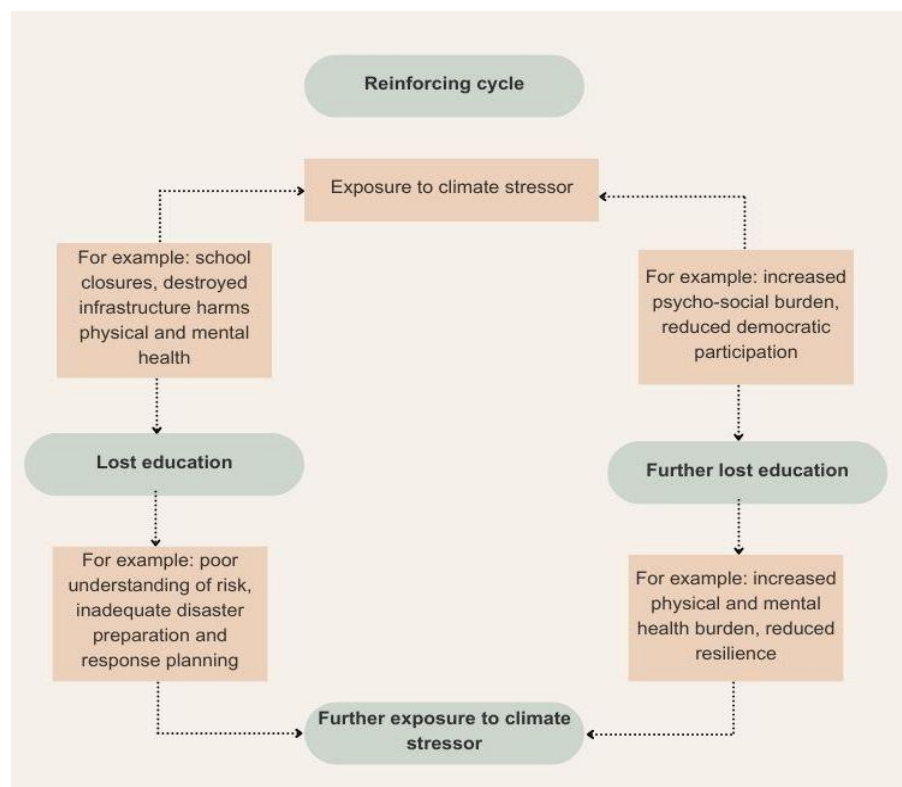
Figure 1:Reinforcing Cycle, Courtesy:Prentice et al.2024

Resilience of the child population in the context of disasters and climate change holds the key to their future wellbeing. It is advisable to mainstream planning and execution of resilience building activities focusing children to main schemes and functions.

The Government of India had implemented the National Cyclone Risk Mitigation Project (NCRMP) with a view to address cyclone risks in the country. The overall objective of the Project was to undertake suitable structural and non-structural measures to mitigate the effects of cyclones in the coastal states and Union territories of India. National Disaster Management Authority (NDMA) under the aegis of Ministry of Home Affairs (MHA) implemented the Project in coordination with participating State Governments and state disaster management authorities (SDMAs).

NCRMP had identified 13 cyclone prone States and Union Territories (UTs), with varying levels of vulnerability - higher vulnerability state and lower vulnerability state, based on the frequency of occurrence of cyclone,

size of population and the existing institutional mechanism for disaster management. Kerala comes under the category II of the lower vulnerability state. The NCRMP consists of various components such as early warning dissemination system, cyclone risk mitigation infrastructure, technical assistance for multi hazard risk management etc.

As part of the Cyclone risk mitigation infrastructure, Multipurpose cyclone shelters (MPCS) are primarily designed and built for accommodating people and cattle during cyclones. Although the utility of these shelters will depend upon the socio-cultural aspects of the locality, these are designed to be utilized for other purposes such as schools, community centre, public utility buildings, training center, marriage halls and others during non-cyclone periods or peace time. The operation manual says "Constant use of the building for various purposes ensures that it will be maintained at all times and consequently it becomes available during a cyclone which is its main purpose".
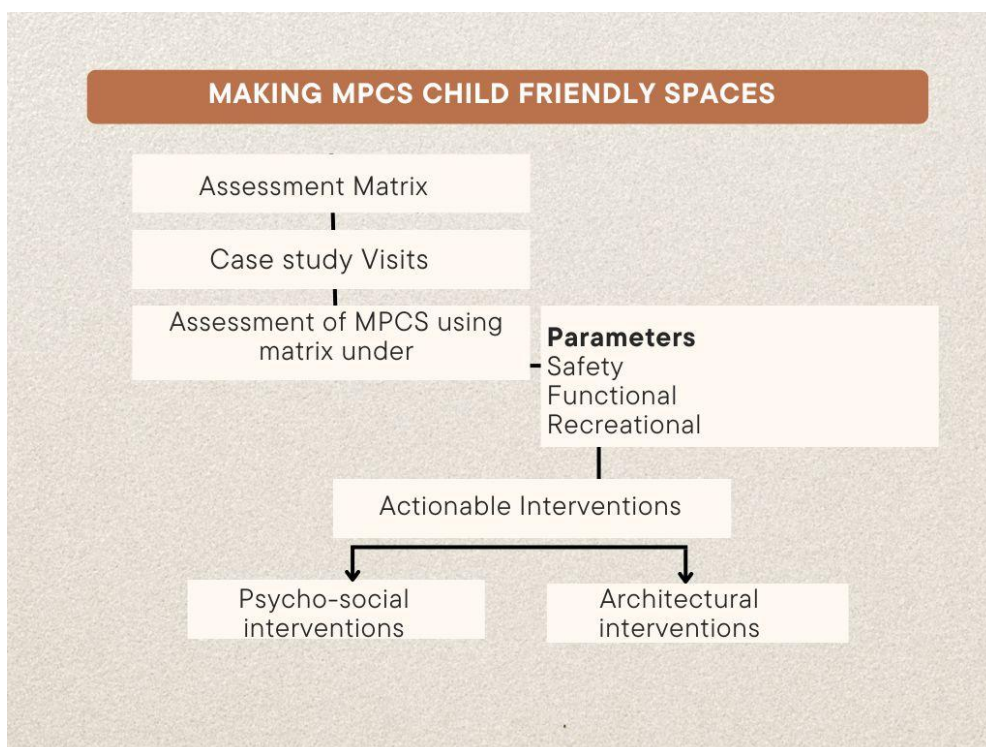
Figure 2: Methodology Flowchart

The objective of this report is to propose guidelines to ensure child friendly spaces in MPCS (Multi-Purpose Cyclone Shelters) across the state of Kerala. This document includes planning, designing and operational strategies of CFS (Child Friendly Spaces). Kerala state Disaster Management Authority (KSDMA), with the guidance from UNICEF will be able to utilize the guidelines to equip stakeholders and operators to ensure child friendly spaces in MPCS of Kerala. This document includes tailor-made design interventions to converted MPCS into Child Friendly Spaces for the children and young adults in the time of distress and in the normal times as well.

CHAPTER 2: Child Friendly Spaces

Children stopped being afraid and moved forward. I played with them and told them stories in order for them to understand and get over what had happened.

LÍBER, ECUADOR, PERFORMS A PUPPET SHOW FOR CHILDREN AFTER THE 2017 EARTHQUAKE

Figure 3: Image source: UNDRR

"Kuttiyidom is a beacon of hope for these children, who have been through so much. By providing a safe space for them to play, learn and express themselves, we believe they will emerge stronger and more resilient than ever"
-About child friendly space in Meppadi school relief camp, Chooralmala, Wayanad Landslide 2024

"There can be no keener revelation of a society's soul than the way in which it treats its children"
- Nelson Mandela

2.1 Definition of CFS

A Child Friendly Space (CFS) is a designated area that aims to create a secure and nurturing environment for children who are vulnerable due to conflict or disasters. It is designed to provide essential services such as child welfare, protection, psychosocial support, and other forms of assistance to these disadvantaged children. This space allows children to express their views and also allows the children to participate in making a better environment for themselves. However, they are used also as transitional structures that serve as a bridge to early recovery and long-term support for vulnerable children.

CFS are often part of integrated programming in emergencies, including health and hygiene activities, registering separated children and doing family tracing. Some CFS may enable children to re-engage in formal education and/or focus on early child development. They may also sometimes provide a space for other target groups. Being part of a joint response can be helpful to avoid stigmatizing Child Protection (CP) and Gender based violence (GBV) in the community, such as using 'health' as an entry point to child protection services.
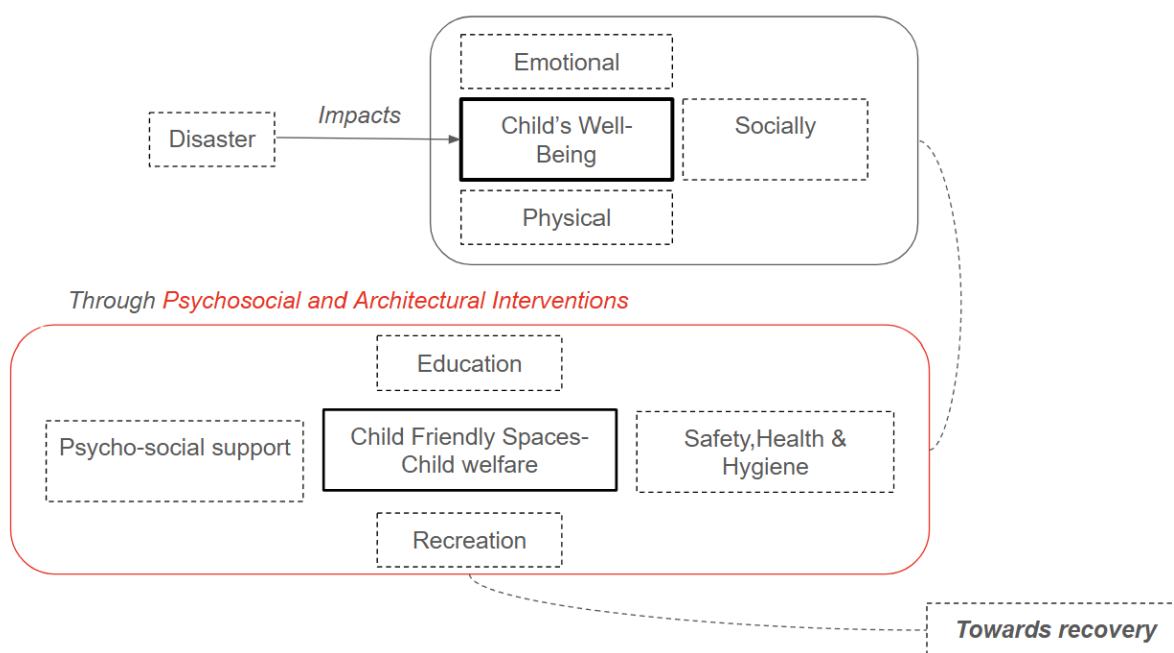
Figure 4: Diagram showing framework of Architectural and Psychosocial interventions

2.2 Need of CFS

Childhood, considered a tender age, is a period of growth and development to lay the foundation for a healthy life. The upbringing and atmosphere during childhood and adolescence significantly impact the development of an individual into a well-adjusted adult. At each stage of development there are certain tasks which the child must get opportunities to master for healthy, emotional, and personality development. Relevant and continuous interactions with caregivers, as well as their environment, enable children to master these tasks and move on to the next phase of development. The development theories by Erick Erikson (Morgan et al. 1997, pp. 472–474) highlighted the important role environmental factors play within the normal development of the child, adolescent and how lack of opportunities to adequately master the developmental tasks can lead to dysfunctional behavior.

A disaster disrupts the process of interaction the child has with his/her environment. It

leads to a displaced lifestyle wherein the familiar environment (home, school, peers, etc.,) is lost. Loss of familiarity from the known caring atmosphere causes a severe distress among the children and adolescent that they are most incapable to handle and thus shows multiple stress reactions (Sekar et al. 2005a).

Development considerations in response to Crisis in children and Adolescents				
	Infants	Early Childhood	Middle Childhood	Adolescents
Developmental Considerations	Object Permanence, establishing trust	Magical thinking, egocentric, no concept of time	Logical thinking, conception of time, differentiation of self from others	Establishing Independence, abstract thinking, feeling of omnipotence
Effect of crisis	Destroys routine, Loss of loved ones	Destroys routine, Loss of loved ones	Destroys routine, Loss of loved ones	Loss of life styles, loved ones
Result of crisis	Regression, detachment	Posttraumatic play, withdrawal, apathy	Learning problems, anxiety, somatic complaints, anger, Posttraumatic play	Risk taking, somatisation (Persistent complaint of varied physical symptoms that have no identifiable physical origin), depression, anger, hostility to others
View of Disaster	No comprehension	Reversible	Understand loss as a consequence of illness and injury	Full understanding

Table 1: Indicators of the impact of disasters in the Cognitive Development milestone

Children are particularly vulnerable during and after disasters, and the emergencies can place a great deal of stress on children and conditions in relief centers can exacerbate their psychological distress if not addressed appropriately.

The manifestation of stress and the reactions to it can vary significantly from one individual to another. Children, in particular, may express stress in diverse ways based on their age, personality, previous experiences, and coping mechanisms, the extent of exposure to the event, the amount of support (McNally 2003) during the disaster and its aftermath, and the amount of personal loss and social disruption. However, there are some social, cognitive and physical reactions in children that are common globally.

Common reactions of preschool age children:
- Inactive; unable to follow usual routines
- Does not play or plays repetitive games

- Anxiety, fear of things and situations; afraid of losing or breaking objects
- Doesn't speak; crying sleeping or eating problems (including nightmares)

- Clinging behavior or overly independent
- Confusion
- "Naughty behavior" – regression to younger behavior
- Impaired concentration
- Tries to comfort the parents/siblings – sometimes taking an adult role
- Physical symptoms such as stomach aches or bedwetting
- Irritability
- Asking the same questions repetitively
- Blaming himself/herself

Common reactions of children ages 8-12:
- Alternating swings in level of activity from passive to overactive
- Withdrawing from social contact with family or friends

The family is the primary caregiver for the children. During disaster and in post disaster situations the destroyed social structure causes a serious disabling impact on the families to perform the regular activities. The family routine gets altered and family resources usually shrink or destroy. Families may lose their livelihood assets, regular income and become dependent on external support for daily requirements.In such a situation the parents and other adult family members find it difficult to provide adequate supportive and caring atmosphere to the children.

Education is the basic right of children. Lack of educational facilities lead to high disengagement among the children. Educational facilities are not just for the purpose of teaching lessons for the children; rather it is part of their identity and a formal mechanism of facilitating their growth and personality. The children learn group norms, desired expected behavior, get affectionate peer relations, and also get a guided, protected, safe atmosphere from the teacher. Educational institutions are meant to provide a protective and safe environment, and destruction of this formal facility accounts for a large vacuum in the life of the children.

In the post disaster period, due to lack of basic amenities and fear of recurrence of the disaster and presence of threat in the surrounding areas cause a wider sense of insecurity and threat to sense of well-being among the children and adolescents. Children fail to get any reassurance about the situation that prevails.

- Talking about the event in a repetitive way (keeps returning to details)
- Reluctant to go to school
- Underachievers in school
- Fear, especially when he/she is reminded of the shocking events
- Unwilling recalling of the event (triggered by sounds, smells, etc.)
- Emotional confusion
- Impact on memory, concentration and attention
- Sleep and appetite problems
- Aggression or irritability
- Self-blame and guilt feelings
- Avoiding behaviors
- Mood swings

Thus the disaster experiences become severely disabling at the tender age and these unhealed traumas may cause severe detrimental impact on the development of the children, leading to dysfunctional behavior in adulthood. Addressing these issues during such times is unavoidable.

So here Child-friendly spaces in relief camps come to play a role which aim to mitigate the severity of the impact on children by providing supportive environments that promote their emotional well-being and facilitate their recovery process. Child friendly spaces (CFS) have the ability to effectively address protection risks and threats to psychosocial wellbeing and support developmental assets amongst younger children. But some studies suggest the need for strengthened contextual adaptation and quality control and monitoring systems for implementing agencies to raise the efficiency (Hermosilla *et al.* 2009).

2.3 The objectives of establishing a CFS

- Providing children with chances to grow, acquire knowledge, engage in play, structured activities , secure settings for self expression and enhance their resilience is essential, especially in the aftermath of an emergency or crisis, or during a prolonged emergency situation.
- To offer care during the restoration of family, community, and social structures following a disaster.

- To help create or continue familiar and routine activities that facilitate a supporting environment for children to apply their naturally occurring capacities to be resilient
- Facilitate opportunities for parents and caregivers to actively participate, share information, offer input and guidance, and enhance their self-confidence in safeguarding and caring for children and also effectively communicating with their children about recent experiences, addressing current fears, and discussing their aspirations for the future. Through family engagement, these spaces

CHAPTER 3 :Psychosocial aspects

3.1 Psychosocial aspects of Child Friendly Spaces

CFS is designed to promote children's psychosocial well being and to offer appropriate psychosocial support. Play is central to the well-being and development of children. The activities offered in a CFS give children of all ages and developmental stages the opportunity to play and learn in a protected space. They participate in games, dances (traditional forms also) , role playing, talking and sharing, and other activities in the CFS. This enables children to express their feelings and receive support, try new things, make friends and to know they are not alone. Psychosocial activities include many different kinds of cooperative and interactive play to help children learn and develop various skills to cope with the challenges they have faced and to be in a nurturing community with other children.

- play a role in fostering and restoring a sense of community.
- Enabling children to progress in their cognitive development.
- To develop sense of place (The sense of place ,Fullilove 1996) deals with identity, familiarity and attachments with the place, environment, and neighbors) among children
- To enable wider work on issues such as child protection and early child development, stimulating efforts on disaster preparedness and disaster risk reduction.

Phase	Common post emergency reaction found in children	Appropriate psychosocial support
Phase 1 – Acute onset of emergency (first two days)	• Numbness, shock, and confusion are common reactions • The feeling that "This is not real" is common	• Giving reassurance and comfort (psychological first aid-PFA) • Helping culturally appropriate grieving rituals • Providing access to information on the disaster and associated relief efforts • Tracing and care for children who are orphaned due to disaster/separated children / children with disability /single parent children

Phase 2 – Reaction within the first three to four weeks; lifesaving operations are in place	• Intense grief, horror, anger, or mood swings • Need for productive activities and a safe environment to process distressing events • Trying to make sense of what happened	• Widely disseminating information on common reactions to abnormal situations (involve social leaders) • Identifying and communicating what caretakers can do to support their children and the importance of returning to whatever structure of everyday life that is possible • Starting with games and activities with children according to their reactions and needs • Allowing free play and some open sessions, but aiming at structure and predictability • Providing basic psychosocial information for children and simple coping exercises • Offering recreation activities
Phase 3 – From three to four weeks to the end of residency at relief camp	• Losses begin to "sink in" – trying to understand the sequence of events and how it will affect the family future • Some children isolate themselves • Other children have a strong need and are able to participate in concrete and purposeful activities that allow them to demonstrate success (however small) in improving their individual/shared conditions (could be relief/development activities) Trying to regain some control over their lives	• Offering recreational activities, physical activities • Offering drama, expressive drawing, painting, targeted games with a psychosocial purpose • Offering arts and crafts • Offering cultural activities • Awareness raising and educational activities • Gradually adding more activities to stimulate concentration and facilitate hope for the future and relaxation • Actively involving the community and parents • Supporting and encouraging parents and caregivers • Organizing caregiver meetings or open days, which help caregivers discuss, share, and exchange experiences, and disseminating information regarding their children's

		reactions and how they can be supportive
		• Encouraging, but not imposing, community groups

To provide these psycho-social support (PSS), we have to design activities and the choice will depend on local culture, the nature of the emergency, staff and resources available, community context, and the needs of children. The activities can be basically categorized into creative, imaginative, physical, communicative, and manipulative.

Refer to Annexure II for the list of activities.

These Activities can lead to other psychological outcomes, in addition to reducing the effects of disaster. It includes:

1. Cognitive Development:

- Problem-solving skills: Designed activities that challenge children to think critically and solve problems. This can enhance their cognitive abilities and foster a sense of accomplishment.
- Learning: Create opportunities for learning through play. Included activities can introduce new concepts, promote curiosity, and stimulate cognitive growth.

2. Emotional Development:

- Emotional regulation: Designed activities that help children understand and manage their emotions. And it encourages self-expression and reflection.
- Empathy: Included activities promote empathy and social skills. Cooperative games or activities that involve sharing and teamwork can help develop these emotional skills.

3. Social Development:

- Social interaction: Created activities encourage social interaction. This can enhance communication skills, cooperation, and the ability to work well with others.
- Conflict resolution: Designed activities that provide opportunities for children to practice resolving conflicts in a constructive manner.

4. Physical Development:

- Gross and fine motor skills: Developed activities that promote physical movement and coordination. For example, games that involve running, jumping, or activities that require fine motor skills like drawing or building.
- Healthy habits: Included activities promote a healthy lifestyle, such as outdoor play, sports, or activities that emphasize the importance of good nutrition.

5. Creativity and Imagination:

- Imagination: Designed activities that stimulate creativity and imagination. For example, arts and crafts, storytelling, or imaginative play that allows children to explore their creativity.
- Self-expression: Provide opportunities for children to express themselves through various mediums, allowing them to

discover and develop their unique interests and talents.

6. Sense of Achievement and Confidence:

- Achievement: Structured activities so that children can experience a sense of accomplishment. This can boost their self-esteem and motivation to learn and explore.
- Positive reinforcement: Offer positive feedback and reinforcement to build confidence. Recognize and celebrate their efforts and achievements, no matter how small.

7. Curiosity and Exploration:

- Curiosity: Designed activities foster a sense of curiosity by providing activities that spark interest and encourage exploration. This can lay the foundation for a life-long love of learning.

8. Sense of Identity:

- Self-discovery: Design activities that allow children to explore their own identity and interests. This can help them develop a sense of self and individuality.

3.2 Key Considerations in Psycho-Social Support aspect in a Child-Friendly Space

- ★ Specialists and practitioners increasingly agree that **it is essential not to assume that all children in an emergency are traumatized**. In the short term most children show some changes in emotions, thoughts, behavior and social relations.
- ★ **The majority of children will regain normal functioning** with access to basic services, security and family, community-based support, and even through child friendly spaces.
- ★ Only a smaller number of children showing persistent and more severe signs of distress are likely to be suffering from more severe mental disorders, including post-

traumatic stress disorder (PTSD), and require **focused clinical attention.**

- ★ **Child friendly spaces should support families and caregivers** (e.g. via positive parenting, helping family members deal with their own distress) and community networks (e.g. women and youth groups) to promote mental health and psychosocial wellbeing.   One   psychologist   support should be provided per 4 to 5 spaces.
- ★ In most cases children will not require one-on-one counseling, where such cases are identified, a local monitor or social worker should be available. Therefore, the local monitors/ social workers must have some basic **Psychosocial First Aid training** so that they can deal with these issues and the cases should be referred to specialized serv10**10 |** P a g e ices and must have proven skills in communicating with children and must be able to identify signs in individual children that require more specialized attention and/or referral (e.g. abuse, severe distress).
- ★ A clear referral and follow up mechanism must be in place for every child friendly space showing local service providers and contacts, and all individuals associated with the space should be familiar with the referral mechanism. Record of referrals and follow up of such cases should be maintained on regular basis
- ★ Mental Health and Psychosocial Support should also be available for caregivers and individuals associated with child friendly space (who may also be affected by the emergency).
- ★ **Availability of a private space for children or caregivers to meet comfortably and confidentially with counselor/ local service provider/ social worker/ psychologist**
- ★ Information related to meetings with counselors or referrals should be maintained confidential.
- ★ It is recommended not to use trauma terminology outside of a clinical context in order to avoid a focus on traumatic stress disorders at the expense of other mental health and psychosocial problems.

Examples of recommended terms (can be used in place other than clinical)	Examples of terms that are not recommended to be used outside clinical settings
Distress or stress Psychological and social effects of emergencies	Trauma
Reactions to difficult situations Signs of distress	Symptoms
Distressed children (children with normal reactions to the emergency) Severely distressed children (children with extreme/severe reactions to the emergency)	Traumatized children
Psychosocial well-being or mental health Structured activities	Therapy
Terrifying events	Traumatic events

Table 3: Recommended and not-recommended terms outside the clinical settings

★ Managing conflicts in Child friendly space

- In some phases children and adolescents can become very restless, agitated or resentful. Sometimes tensions between them may rise; some children are subject to severe mood swings, others are isolated
- Include calming activities, through simple games or relaxing motions
- Make the conflicts and problems clear within the group, in the attempt to find a solution together

- A pedagogy of rights-based approach uses different techniques and teaching practices (such as brainstorming, circle-time, finding and solving problems) to resolve conflicts within the whole group or in small groups, stimulating participatory management of conflict as
- well as collaborative, cooperation and problem-solving attitude towards common issues.
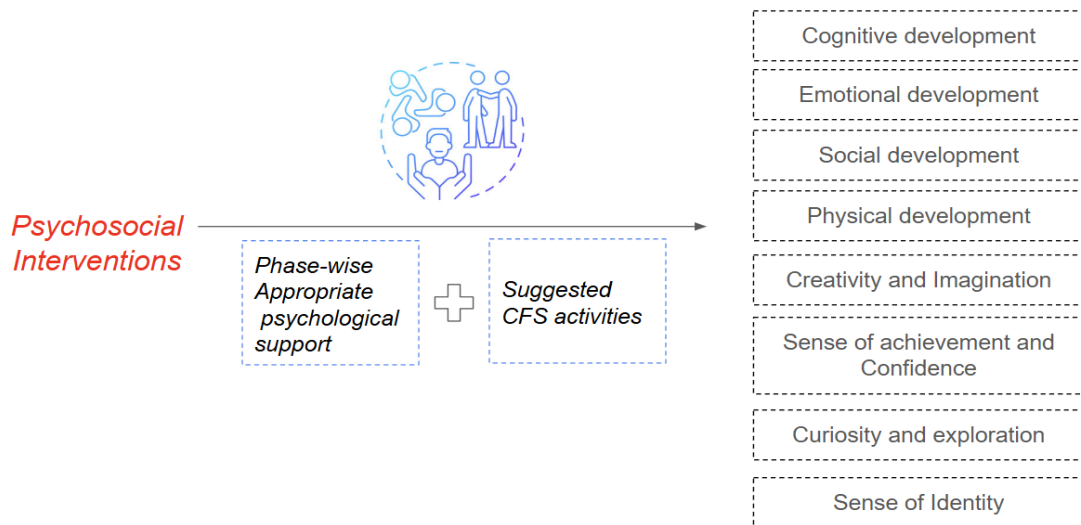
Figure 5: Approach of Psychosocial Interventions

CHAPTER 4: Planning and designing of CFS in MPCS

4.1 CFS in MPCS - Structural & functional aspects

This document aims to provide a Child friendly Space in MPCS in Kerala. The criteria of infrastructure for basic standards for disaster shelter homes has already been compliant in MPCS. Certain additional criterions are to be achieved to make the Child Friendly space in MPCS such as

- The CFS should be accessible to children and their families

- The CFS should have water and latrine access

- The CFS location shall be accessible for all including children/persons with disability/ arrangements to be made to make it accessible for other service providers and NGO's who will be participating in the activities.

- The indoor play areas should promote all aspects of child development (social, physical, intellectual, creative and emotional) and should be subject to availability, including areas that accommodate dramatic play, interactive play and education, art activities, gross motor skills activities and quiet areas.

- The size of the CFS should be sufficient for the number of expected beneficiaries and should have space for play, educational activities and other services.

- CFS should also have space for other play areas for team sport and other recreational activities.

- The CFS area should be properly barricaded for safety and restrict access to unauthorized persons.

4.2 Basic/ Compulsory Facilities in a CFS / in proximity to the CFS

1. Separate Medical facility/ accessibility to nearby health facility.
2. Epidemic Control Mechanism (Face-mask/Sanitizers, IECs)
3. Sanitation/Toilet facilities
4. Washroom/Hand-wash/bathroom facilities
5. Kitchen
6. Breastfeeding corner
7. Age-appropriate food (fresh prepared, diverse food groups)provision for children
8. Safe drinking water
9. Fire safety facilities
10. Electricity/lighted area
11. Dustbins
12. Play and education materials
13. Counselor engagement
14. Register for attendance
15. Child ID wristbands
16. Printed display/wall hanging instructions on Do's and Don'ts
17. Display wall- Name of CFS/ Total no of children (Male/Female)/ Name of in-charge/ emergency numbers/ evacuation plan/ and other vital information.

4.2.1 Interior layout items should include

1. Activity Area (Carpets etc.) for children to play, draw or other group activities
2. White/Black board
3. Box(for safe keeping of all activity items, books etc.
4. Visual media
5. Benches and tables
6. Fire safety equipment
7. Trash cans/ dustbins

The above list is a minimalistic one and may change as per need and availability of materials/funds.

4.3 Services to be provided in the CFS

1. **Age-appropriate food and nutrition services** including breastfeeding has to be promoted. Screening for underweight and Severe Acute Malnutrition (SAM) for under five children, mid-day meals, hygiene training and other wash activities has to be promoted.
2. **Health and hygiene services**, including health checkups, referral, immunization, minimum health care/nursing as needed.
3. **Recreation activities** such as free play, organized play, story- telling, dance, music, drama, singing, puppet show, sports etc. have to be promoted.
4. **Education services** have to be included along with non-formal educational activities such as drawing, painting, life skill education etc.
5. **Psycho-social support services** (in case of unaccompanied children, orphan children, or children who have lost their close ones or children in shock) including peer -to -peer support, parental counseling. Professional support, play therapy upon the need.
6. **Protection services** such as family tracing, alternative care for separated children, juvenile justice and social services have to be provided.

4.4 Do and Don't in CFS

4.4.1 Do's
- Have first-aid available and know how to treat minor injuries.
- Ask children for suggestions of activities they would be a part of during their time in MPCS.
- Identify children who are malnourished who face health or psychosocial risk, or those with child protection issues, and report to the CFS supervisor.

4.4.2 Don'ts
- Leave children unsupervised.
- Allow unknown individuals or agencies outside the MPCS to work or talk to the children without prior permission.
- Impose religious activities among the children.
- Hit children or use any kind of corporal punishment.

- Humiliate or verbally abuse children
- Labeling and Discrimination against children of different racial, ethnic, political or social groups, or those with disabilities.

CHAPTER 5: Case studies

A total of 17 MPCS are constructed across the coastal regions of nine districts namely Thiruvananthapuram, Kollam, Alappuzha, Ernakulam, Thrissur, Malappuram, Kozhikkode, Kannur and Kasargode in the state. Out of the seventeen shelters, 10 are situated in revenue lands and 7 are in educational lands which are near school buildings. Sixteen shelters were inaugurated and functional except one at Kasaba, Kozhikode which will be inaugurated soon.

5.1 Location of MPCS (Multi-purpose Cyclone Shelters) in Kerala

Sl no	Name of the location	District	Land ownership	Status
1	**Mararikulam North, Cherthala**	Alappuzha	Revenue land	Completed
2	**Kathiroor**	Kannur	Revenue land	Completed
3	Pullur/Hosdurg	Kasargod	Revenue land	Completed
4	Koipady / Kumbla	Kasargod	Education land	Completed
5	**Chalad**	Kannur	Education land	Completed
6	Kudlu / Madhur GP	Kasargod	Revenue land	Completed
7	**Thazhava**	Kollam	Revenue land	Completed
8	Palapetty	Malappuram	Education land	completed
9	Vettom/Paravenna	Malappuram	Education land	Completed
10	Azhikode	Thrissur	Revenue land	Completed

11	Thuruthipuram	Ernakulam	Education land	Completed
12	Pallippuram	Ernakulam	Revenue land	Completed
13	Kadappuram	Thrissur	Revenue land	Completed
14	**Cheruthana**	Alappuzha	Education land	Completed
15	**Kumarapuram**	Alappuzha	Education land	Completed
16	**Muttathara**	Thiruvananthapuram	Revenue land	completed
17	**Kasaba**	Kozhikode	Revenue land	Completed

Table 4: List of MPCS and the location in Kerala
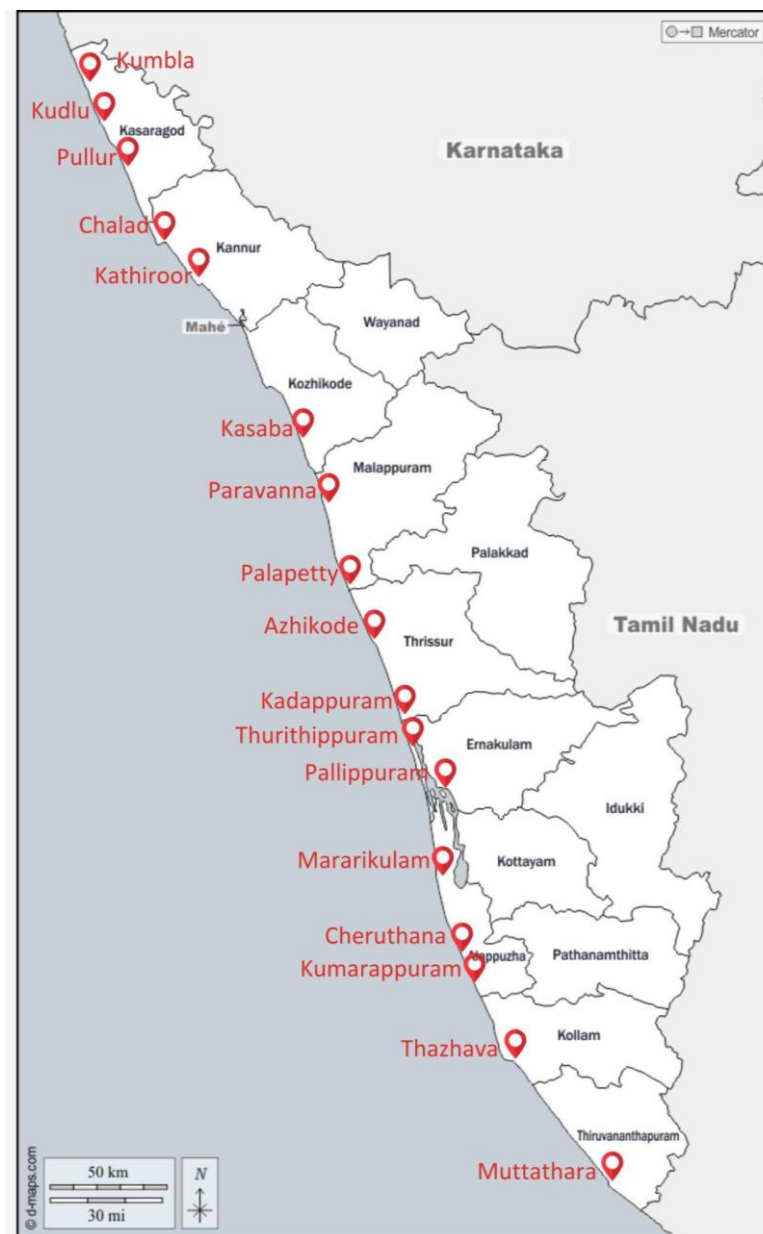
Figure 6: Map showing the location of MPCS

Out of 17 MPCS, seven MPCS were visited for surveying the feasibility of establishing CFS. Out of the 7 MPCS, three were in the education land i.e. adjacent to school buildings in Alappuzha and Kannur

districts. In two cases, few rooms in the building were used for regular classes as part of the functioning of schools.

5.2 MPCS, Kathiroor, Kannur- CaseStudy

Located in revenue land in Ponniam, Kannur district, completed in February, 2021.

Taluk: Thalassery

Village: Kathiroor
Survey no: 89/3
Municipality: Thalassery

Figure 7: Multi-purpose Cyclone Shelter, Kathiroor, Kannur
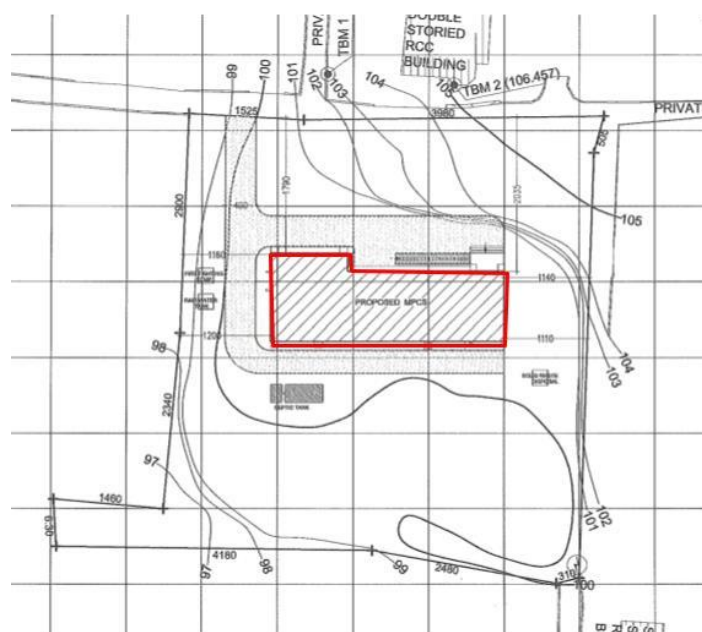
Figure 8: Site Plan of MPCS, Kathiroor

Site area of the MPCS is 89 cents, and it is 5 km from the coastline. No perennial river is located near the MPCS. An approach road of 50 m length and 5m road connects the site to Thalassery Coorg main road.

Kathiroor MPCS is functioning in its full capacity for other purposes.
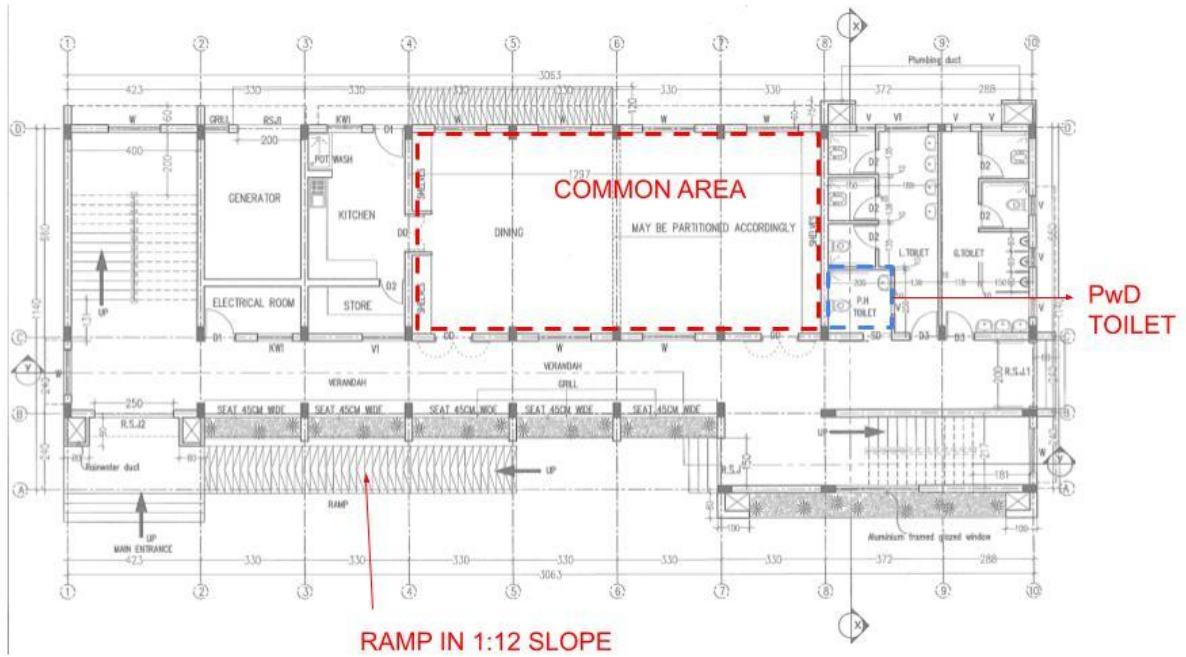
Figure 9: Ground Floor of MPCS, Kathiroor

Ground floor is accessed by steps as well as a ramp (1:12 slope) for wheelchair access. One toilet with wheelchair access is also provided on the ground floor. As per NCRMP guidelines, the ground floor is allocated for common purposes such as dining, kitchen facility, storage etc. At present, Anganwadi is functioning in the ground floor of the building.

Figure 10: Anganwadi in the ground floor of Kathiroor MPCS
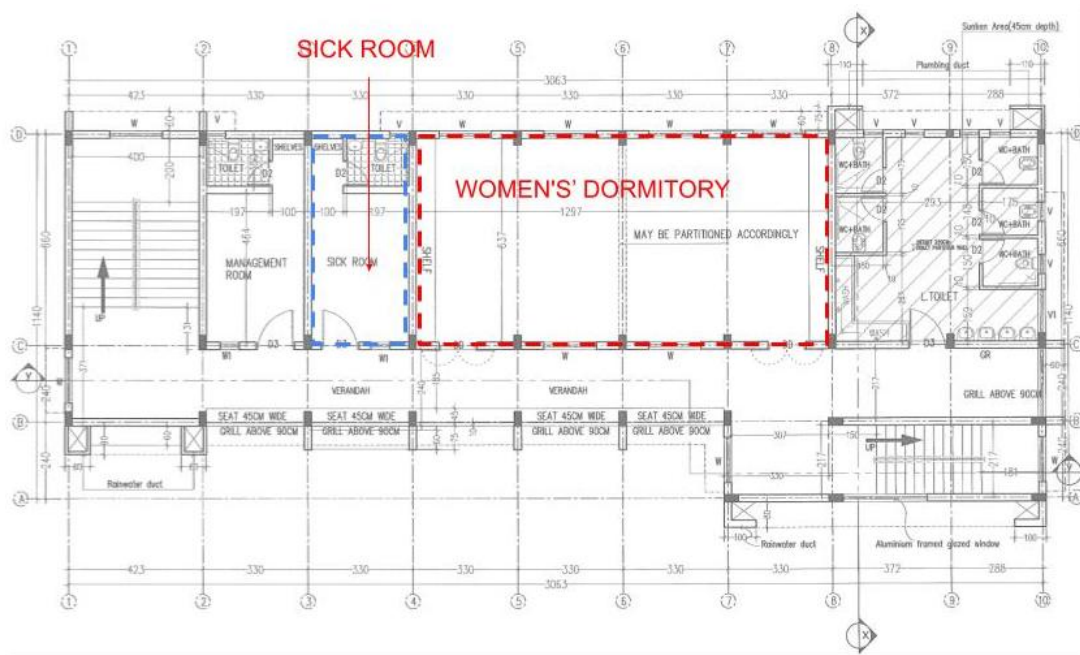
Figure 11: First floor of MPCS, Kathiroor

First floor of the building is allotted for the women occupants. Currently it is functioning as a women's gym. Second floor of the MPCS is allotted as the men's dormitory. At present it is used as a training /meeting hall for the community.

Figure 12: Women's gym in the first floor of Kathiroor, MPCS
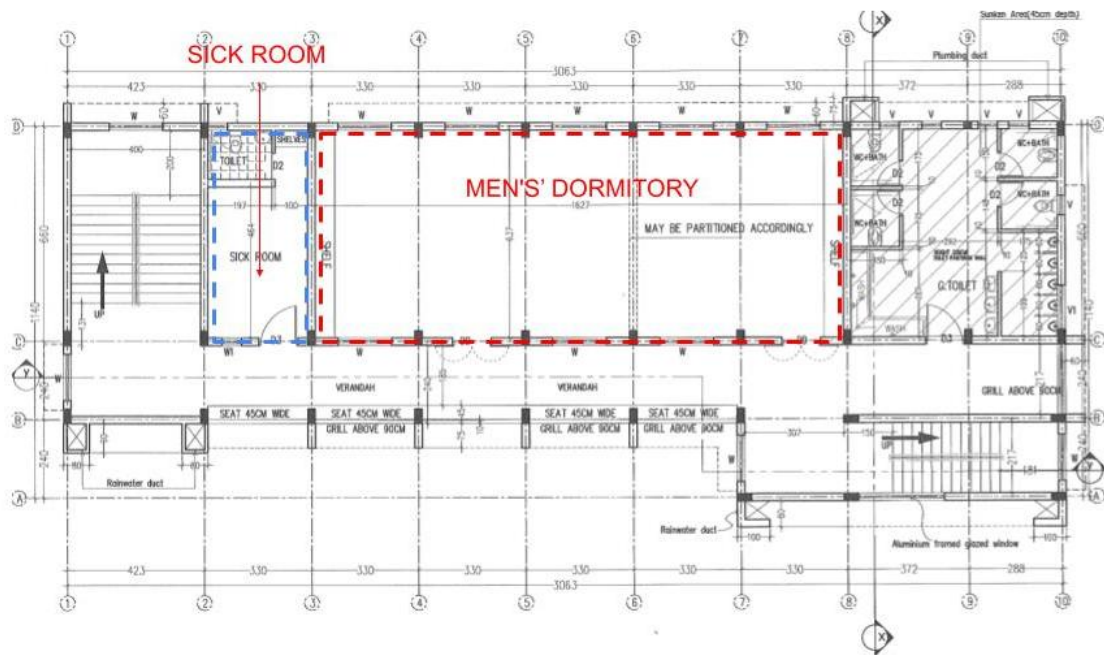
Figure 13: Second floor of MPCS, Kathiroor
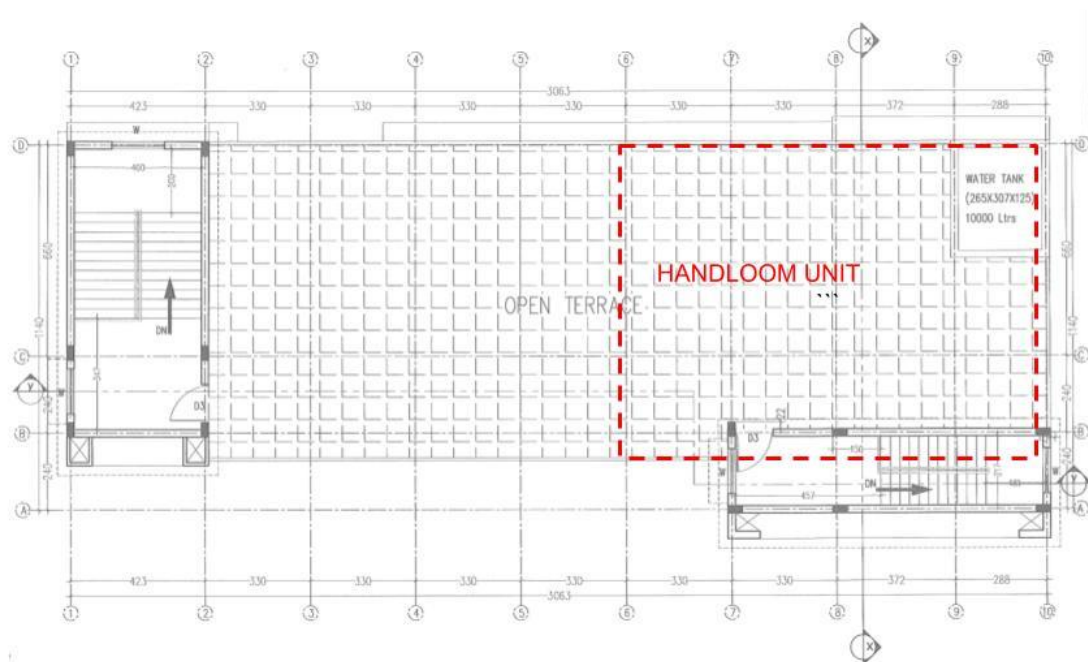
Figure 14: Terrace area of MPCS, Kathiroor

Figure 15: Handloom unit by Women Self-help group

Half of the terrace of Kathiroor MPCS is functioning as a handloom unit by a women's self help group (SHGs). Since most of the spaces in the MPCS are functional by different means, maintenance of the building is carried out properly. Unlike many other MPCS, pests like pigeons, wasps' nests were not observed in this case.

5.3 MPCS, Cheruthana, Alappuzha

Figure 16: Multipurpose Cyclone Shelter, Cheruthana, Alappuzha

Located in educational land, Govt Higher Secondary School,Ayaparambu, Alappuzha district, completed in 07/01/2022

Taluk: Karthikapally
Village: Cheruthana
Survey no: 371/1
Panchayath: Cheruthana

Cheruthana multi-purpose cyclone shelter is constructed in a 15 cents plot near Govt. Higher Secondary school, Ayamparambu, Cheruthana Panchayat. The building is located 6km away from the coastline. There was a dilapidated structure as an anti-disaster shelter and it was demolished for the construction of this MPCS. The school blocks were used as relief shelters during floods and heavy rains.
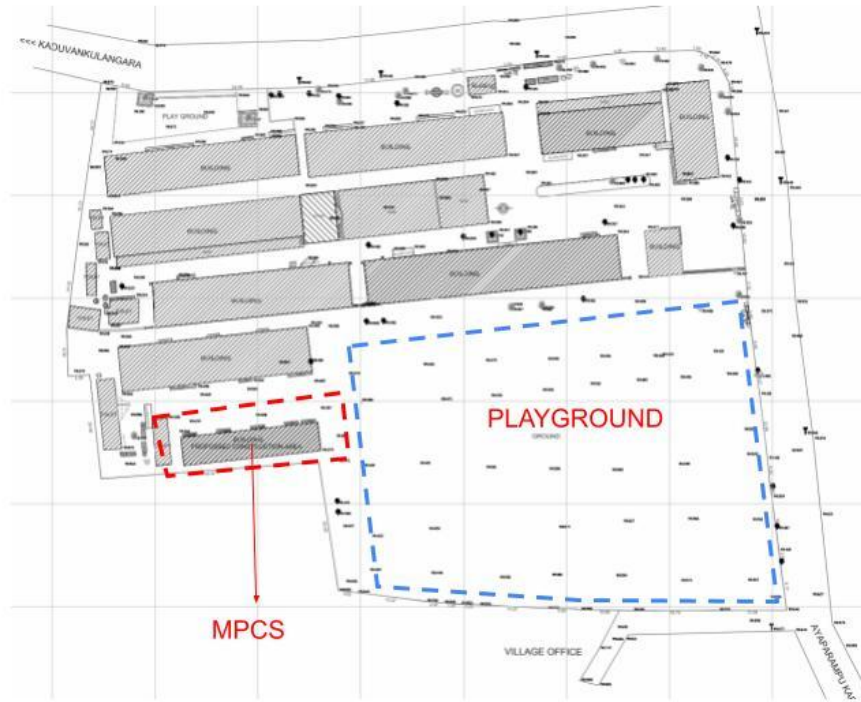
Figure 17: Site plan of MPCS, Cheruthana, Alappuzha

Figure 18: Ramp for wheelchair access

Figure 19: Playground of Govt HSS Ayamparambu

COMMON AREA

MAY BE PARTITIONED ACCORDINGLY

PwD
TOILET

RAMP IN 1:12 SLOPE
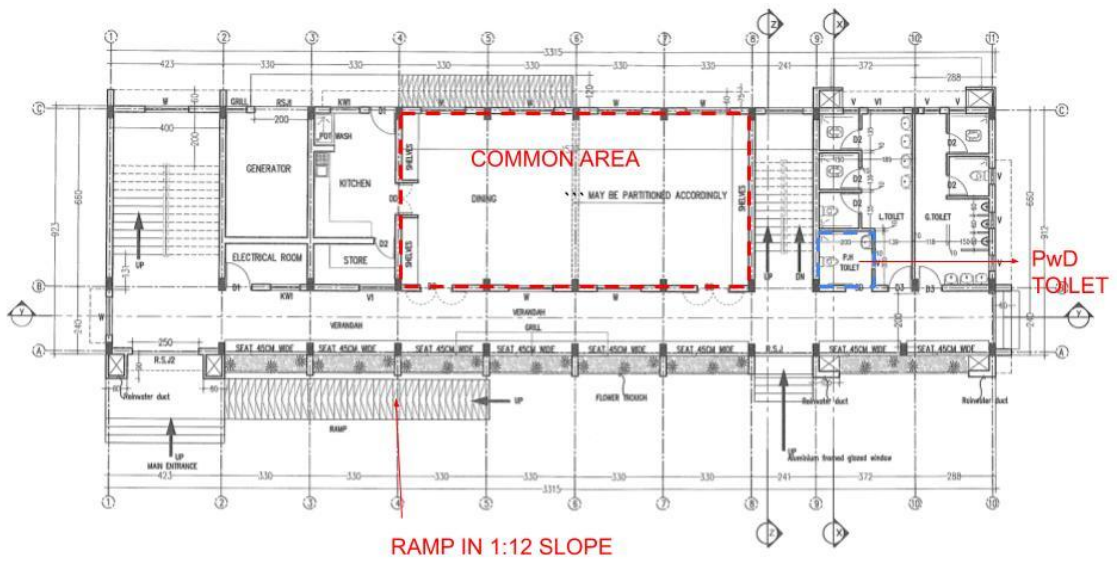
Figure 20: Ground floor, MPCS, Cheruthana
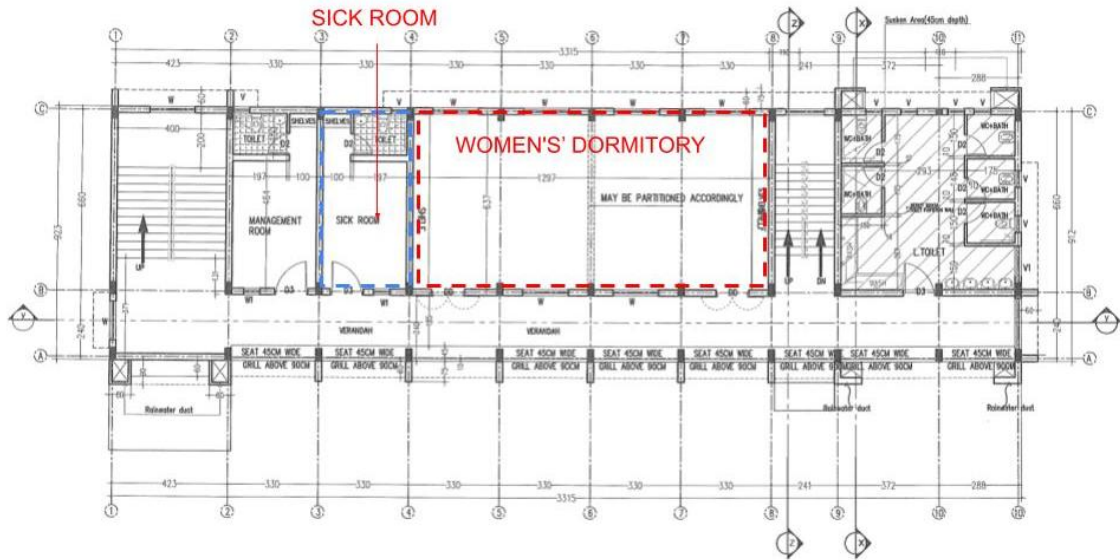
Figure 21: First Floor of MPCS, Cheruthana
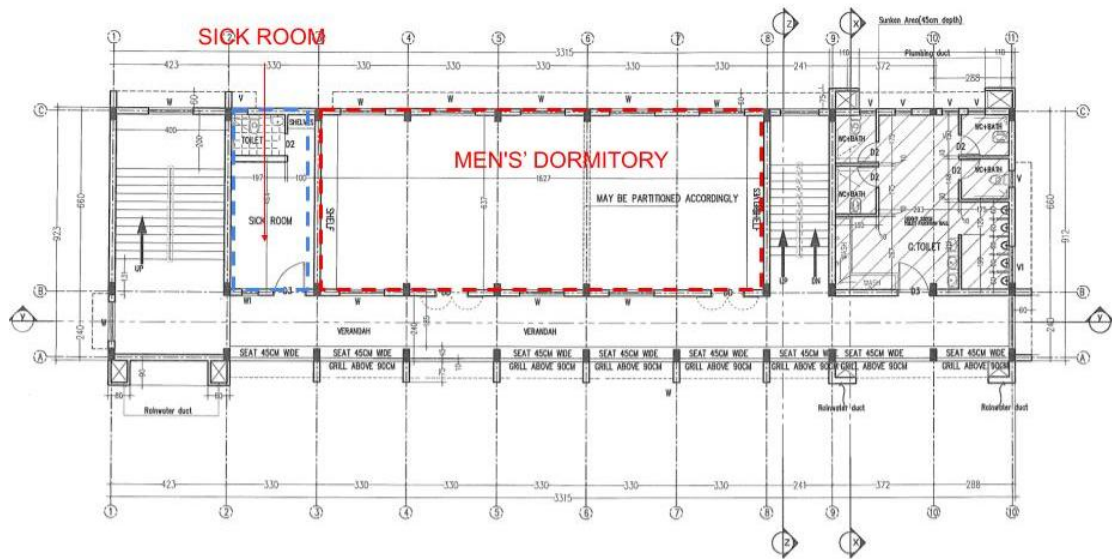
Figure 22: Second floor of MPCS, Cheruthana

28
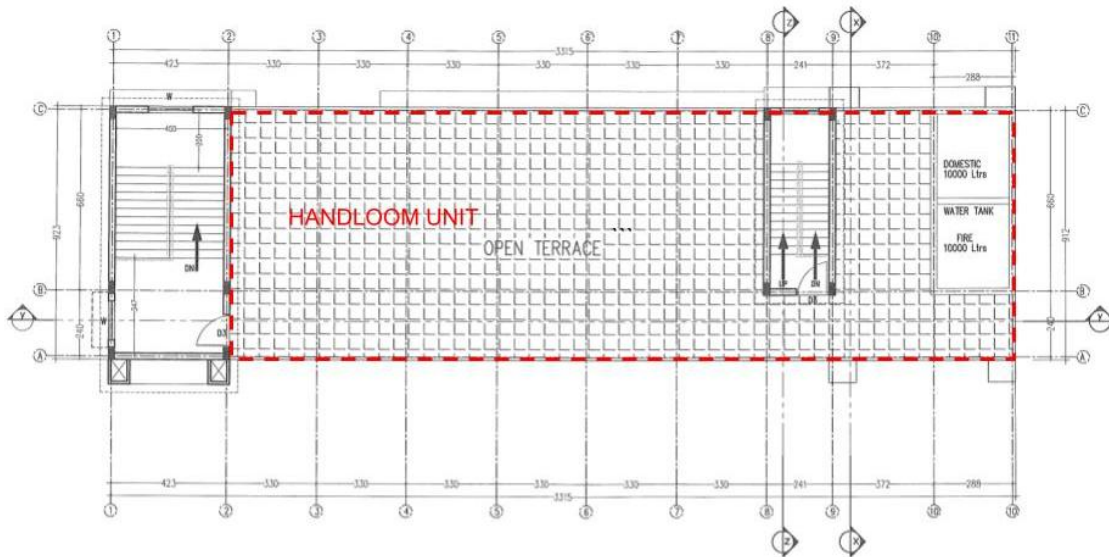
Figure 23: Terrace of MPCS, Cheruthana

CHAPTER 6: CFS in MPCS - Layout - Recommendations

Design of CFS in MPCS has to take account of two factors in the context of accommodating Child friendly Spaces in the existing MPCS building. It is important to make use of the existing surrounding features of the building as well. It is important to make the layout of the CFS viable enough to be accommodated within the structure of existing buildings.

It is proposed to design a structurally integrated - layout of the Child Friendly spaces by incorporating play spaces within the structure of the existing MPCS. After thorough analysis of case studies of MPCS in Kerala, most of the buildings follow similar zoning of spaces. Ground floor constitutes the dining/common area followed by the women's dormitory on the first floor and men's dormitory on the second floor.

The document also envisages to develop a comprehensive guideline for Child Friendly Spaces in all relief shelters in the state with a makeshift design approach. As definition says,"Makeshift spaces" typically refer to temporary or improvised areas or environments created for specific purposes that can be made part of relief shelters other than MPCS. These spaces are often set up quickly and with limited resources to meet immediate needs. A minimum 30 sqm from the common area can be converted into child friendly spaces and the supplies can be kept in the storage space that already exists in the building structure.
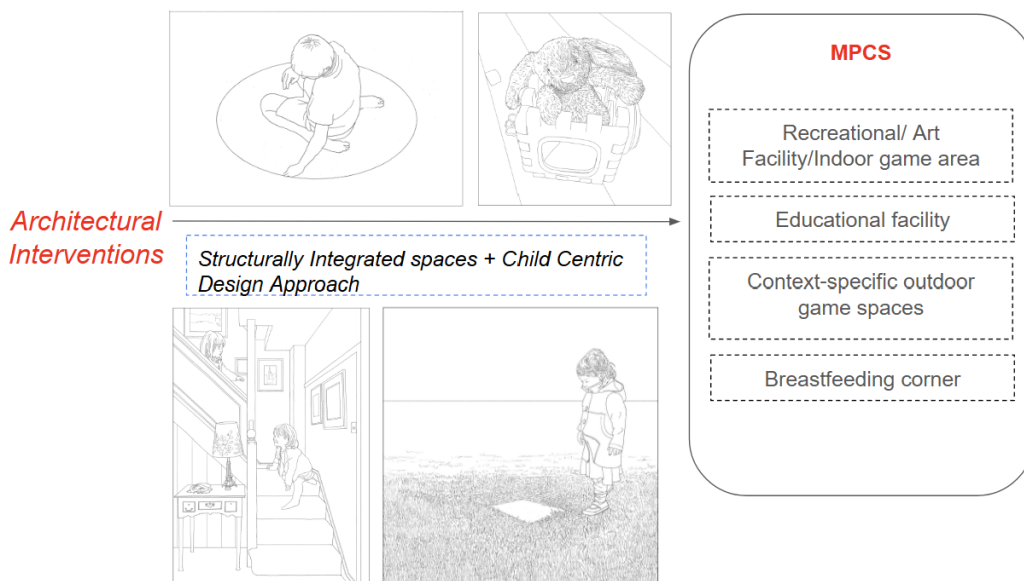
Figure 24: Approach of Architectural Interventions

6.1 Child-centric Approach in Design

Most adults can remember what it was like to play as a child. For the majority, the most enjoyable times of play were not in the designated areas designed by adults, but instead through occupying the streets, the back garden and any other part of the environment that was accessible to them. It is during this period that children learn about the world around them, learn valuable social skills and perhaps most importantly, learn about themselves. This incidental play is paramount to a child's development, and children inherently have an ability to find opportunities for this play anywhere.

Emma Kitley- Playing for Citizenship: Reinstating the Urban Child, 2016

6.1.1 Space 1

Child play area in MPCS is formulated from the understanding of spatial relationship of children with the surrounding setting. Apart from designated play-spaces, children develop play and intuitively reassign functional aspects of surroundings.

Figure 25: Space 1- Shapes in floor with marking tapes

A defining line on the ground, either drawn or existing, establishes a sense of belonging and insights into creative play. Floor of the common room on the ground floor can be reinterpreted as a play space by demarcating basic geometric shapes using floor marking tape.

6.1.2 Space 2
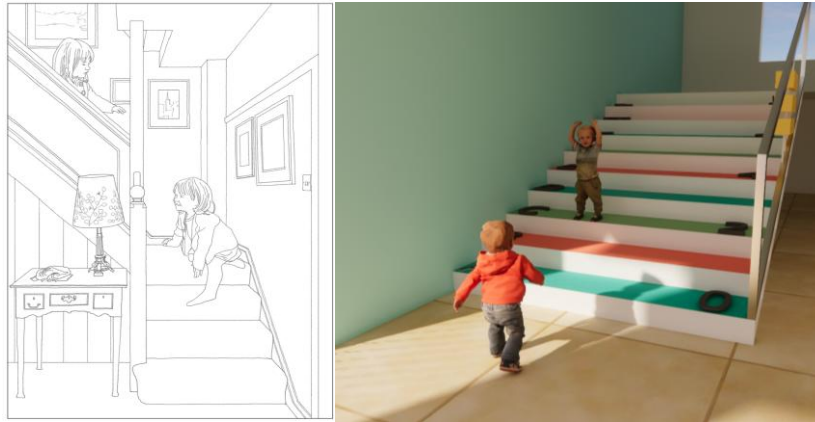
Figure 26: Space 2- Play and learn stairs

The way children associate themselves with their physical environment is different from adults. Spatial associations with circulation elements like stairs/ ramps can be relooked by making into play and learning spaces as well.

6.1.2 Space 3
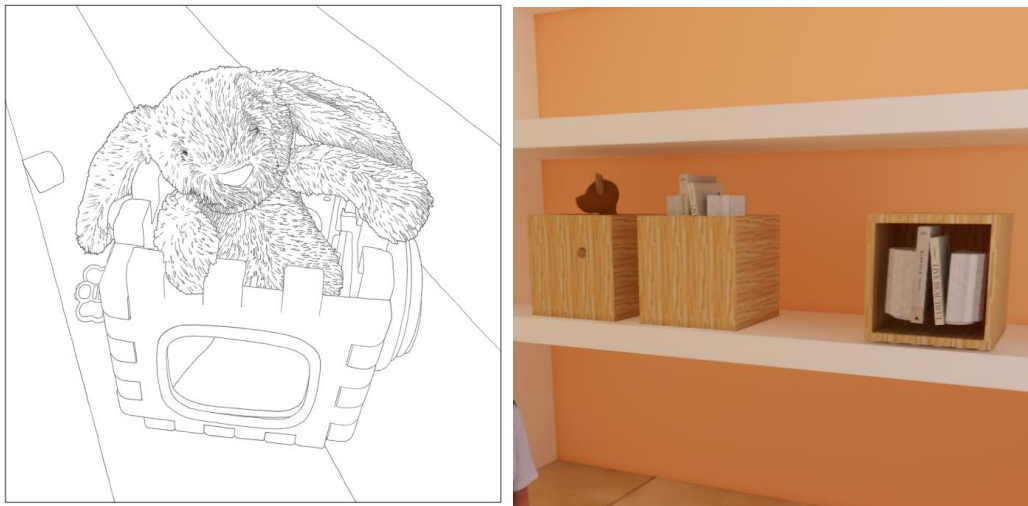
Figure 27: Space 3-Wooden box for storage

Figure 28: Curved seating for seating and playing

An empty box is a simple toy open for endless interpretation. It can become a simple storage unit, or as a seat or something kids can play with.

6.1.2 Space 4
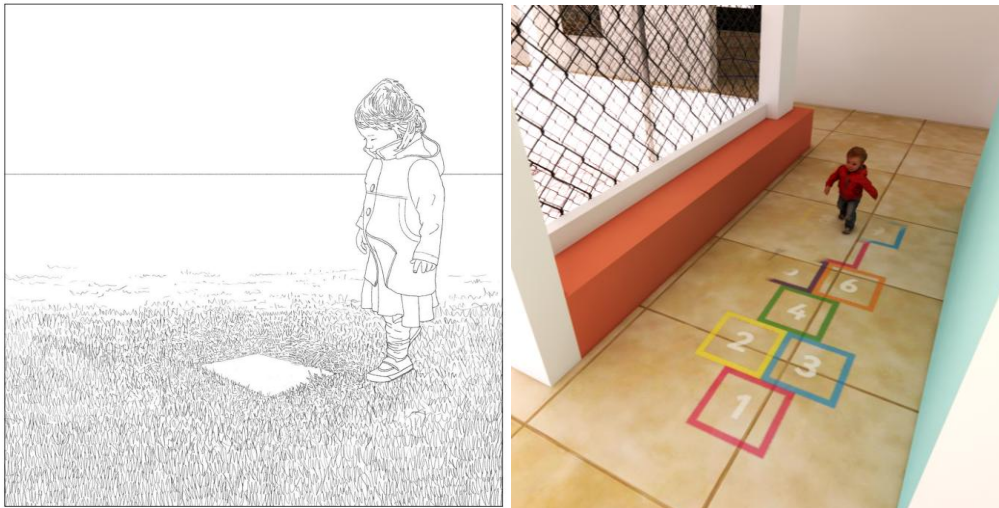
Figure 29: Space 4- Interactive play with Hopscotch

6.2 Application of Color theory

"Many studies confirm that colors produce different effects that are physically perceptible, including tension, heart rate, breathing, body temperature and brain activity".

Lennie Scott-Webber, Director of Educational Environments.

Colour affects the development of psychomotor skills and contributes to personal fulfillment. Color and spatial perception are built and evolve as children grow. For the harmonious development, there must be light and colour stimulation that is adapted to each age group. Design interventions in the existing structure has adopted certain color themes for different age groups.

For instance, contrasting but muted flat tones are used in breastfeeding area promoting calm environment for babies. Secondary colours are used for older kids, for them to engage in more actively. A combination of two warm colours, saturated yellow and orange, stimulates optimism and motor skills in this play area.

6. 3 Minimum requirements CFS in MPCS

1. Recreational/Art facility space in common area (ground floor) for children under 8 years old.
2. Breastfeeding/ Diaper changing corner in women's dormitory
3. Educational/Art/indoor game facility in common area (Multi-purpose space) for young adults
4. Incinerator facility for sanitary pad disposal
5. Context-based outer game spaces.

6.3.1 Recreational/ ART facility

Recreational facility for children is proposed in a common dormitory area where the children can be monitored. Structural integrated play-space is proposed in the common area with extent to the outdoor corridor and staircase. Large sized abacus is placed removing one of the grills in the corridor area. Staircase has been transformed into a space of play and learning. Tic Tac Toe, which can be installed within the handrail makes the space more interactive and playful. Recreational common area can be further supplemented with makeshift items with child friendly textural mats, writing board and supplies list in the Kit 5-Toys, refer table 5.5.

Figure 30: Existing space in common dormitory in MPCS

Figure 31: Proposed design of Recreation and Art facility

Figure 32: Image of existing corridor and grilled seating area

Figure 33: Proposed corridor and abacus unit
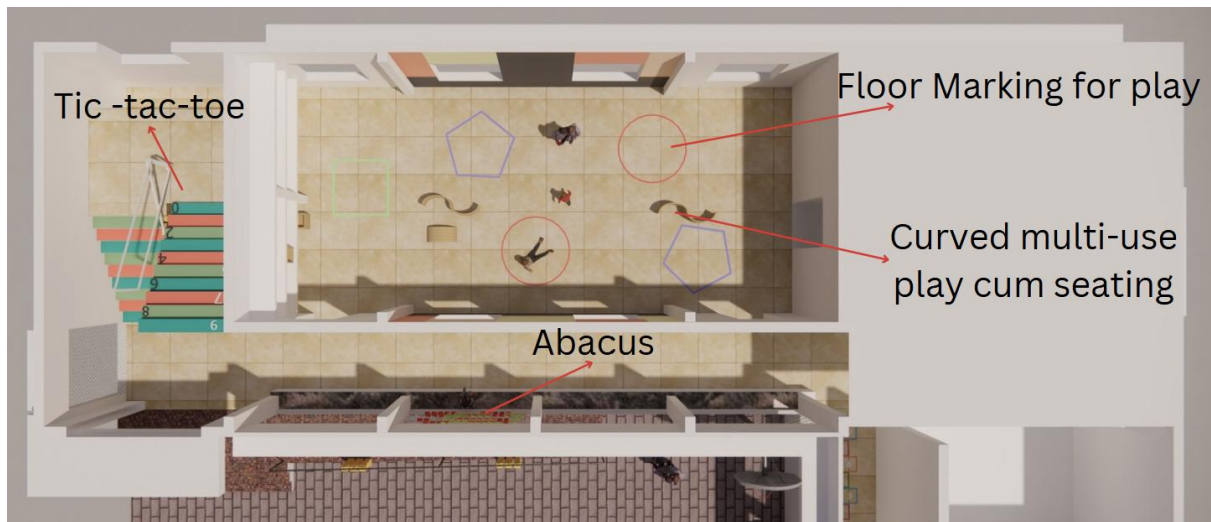
Figure 34: Layout of recreational facility in common dormitory

6.3.2. Breastfeeding/ Diaper changing corner in women's dormitory

Breastfeeding space in a relief shelter is crucial for providing a private and comfortable space for mothers to nurse their infants. Feeding corner can be made in the women's dormitory using partitions, to create a secluded area where mothers can breastfeed without feeling exposed. Comfortable seating has to be provided such as chairs and cushions. A designated table shall be provided as a diaper changing table. According to the colour theory, Blues tones provide calm and peaceful feeling for the babies. Combining contrasting color helps in recognizing forms and shapes.

The proposed feeding corner is placed in the corner near the sick room. A comfortable chair and diaper changing table is provided inside the feeding room.

Figure 35: Proposed partitioned enclosure for breastfeeding

6.3.3. Educational/Art/indoor game in ground floor common area

Engaging and appropriate educational and recreational spaces are crucial for children in relief shelters for their well-being. These spaces should enable them to interact, play and learn during the unsettling situation of a disaster.

Providing children with arts and craft supplies and reading books encourages them to express themselves creatively. Refer annexure II, Kit No 6- Educational materials. Indoor game supplies can promote physical movement in a safe environment within the building. If possible, outdoor games should also be promoted under supervision.
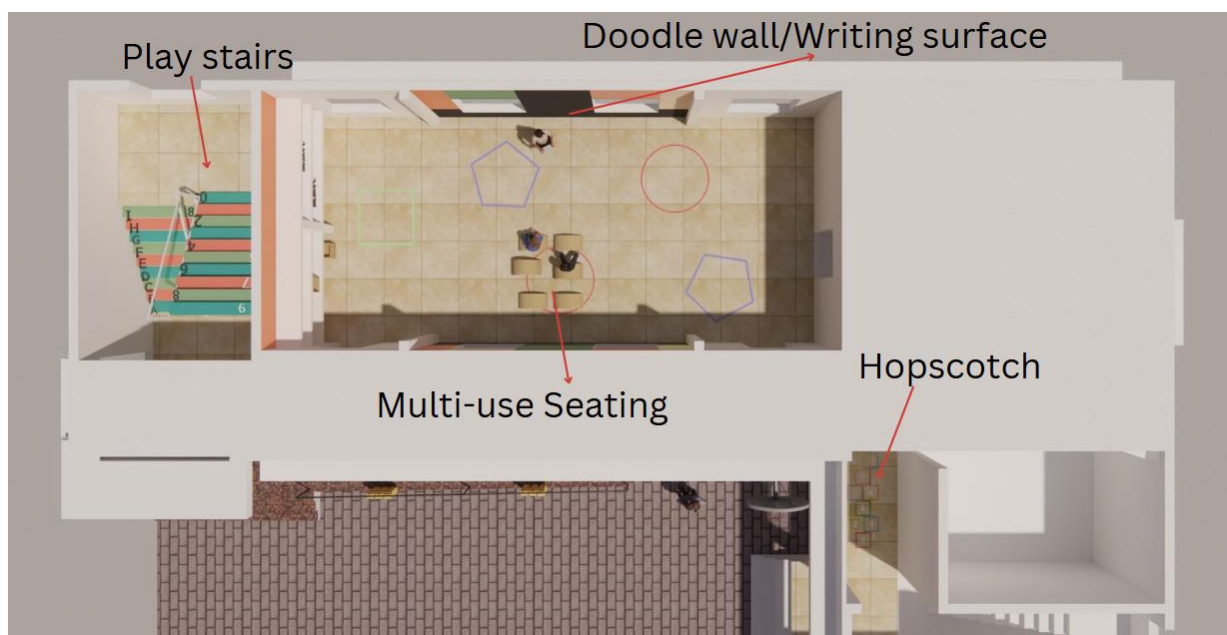
Figure 37: Proposed educational area in MPCS

Figure 38: Multi-purpose curved seating

The Doodle wall is proposed in the common area wall for children to scribble on. It is facilitated by the dark colored paint to make children draw and learn at the same time. The doodle wall can be used as a writing surface for educational purposes.

Figure 39: Proposed doodle wall cum writing surface

Emergency helpline numbers can be displayed in large fonts on the wall for ease of use for the occupants of the MPCS. Paint or colour tapes can be used for displaying the numbers.

Figure 40: Display of helpline numbers

6.3.4. Context-based outer game spaces

Outdoor games are essential for the physical and mental well-being of the children in relief shelters. Out of 17 MPCS, 7 are located in educational land having access to the school playground. When the MPCS is occupied by the affected people, the school playground can be used for the outdoor games using items mentioned in kit no: 7 Games kits under staff supervision. Based on the context of the MPCS, a multi-game court can be proposed in the available outdoor area especially in the MPCS in revenue land.
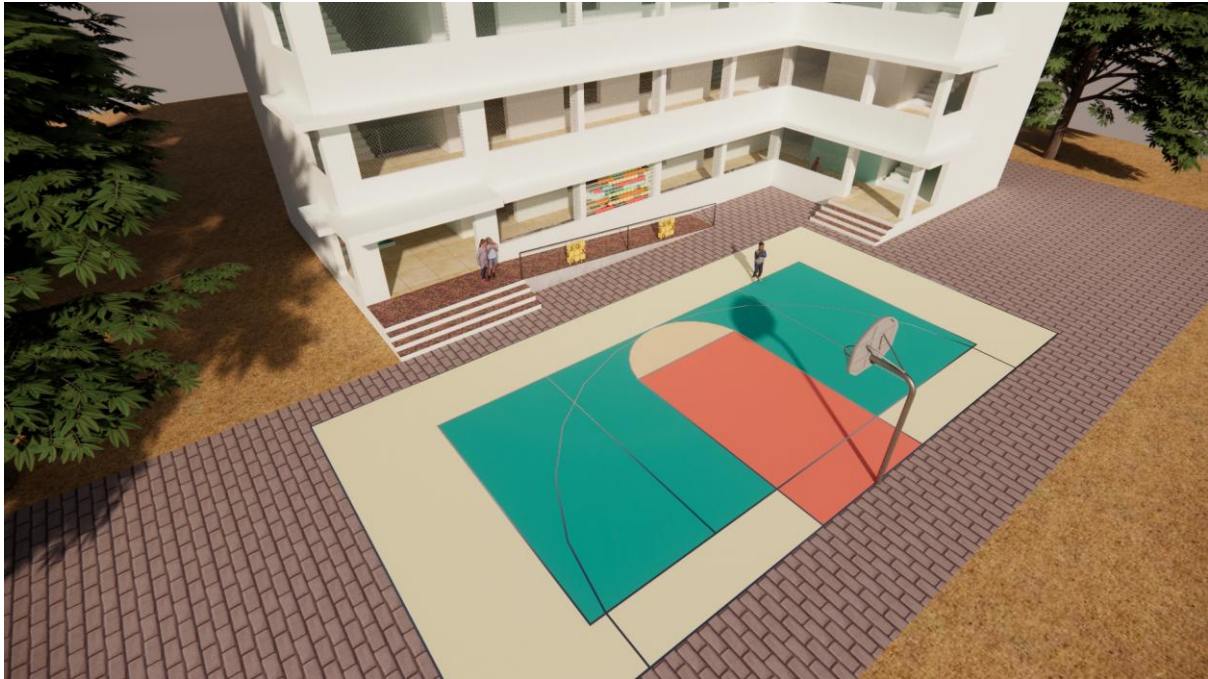
Figure 41: Proposed Multi-game court

Figure 42: Structurally integrated play item in outdoor

6. 4 General recommendations specific to the visited MPCS sites.

- **Display of emergency evacuation plan and emergency contact list in the premises.**

Preparation and display of evacuation plans is crucial for the safety and well-being of the residents during emergencies.

Loudspeakers and other communication devices can be used for effective transfer of information. There is a need to educate the inmates about evacuation plans, evacuation routes and assembly points. If fire safety equipment are available, there should be proper guidance about using those and guidelines may be exhibited legibly adjacent to the equipment. Evacuation maps may be displayed in a space visible to all the inmates in a large, legible format.

The list of emergency contact numbers including the local numbers along with the names and phone numbers of the members of the cyclone shelter management committee may be displayed at a space visible to all the inmates. Alternatively a space may be assigned to display the emergency

contact numbers and the phone numbers of the members of the committee which may change from time to time. Apart from the common emergency numbers it is good to display the local offices of different concerned departments like Police, Fire and Rescue Services

Figure 43: Sample of evacuation plan

- **Maintenance of firefighting equipment**

  Routine inspection of fire-fighting

  equipment is crucial.Training should be ensured for the staff and selected residents for using fire-fighting equipment.

- **Instructions in braille and tactile tiles for visually impaired**
  Instructions in Braille in relief centers provide assistance for persons with visual impairment. Important information such as

  evacuation routes, emergency exits, assembly points, and contact numbers can be made in braille format. High contrast color for braille instruction can ensure readability for persons with low visibility.

Figure 44: Assistance for persons with visually impaired

- **Proper shading of the outer spaces facilitating outdoor games and activities.**

  Portable shade structures, tents, pop-up,

  awnings can be used to shade the outdoor area. Provide shade appropriately so that the area can be used as a game area for children. Ensure the designated outdoor

play area is under adult supervision.

- **Pigeon netting in the corridor spaces.**

Most of the MPCS which are not functional in any manner are occupied by pigeons in large numbers. Pigeon feces cause damage to buildings, vegetation and landscaping and moreover it causes respiratory issues too. Netting is a solution to get rid of pigeons and other animals.

- **Incinerator facility for sanitary pad disposal**

Menstrual hygiene management (MHM) in relief shelter facilities is an essential aspect for women and adolescent girls. Young adolescent girls tend to suffer from anxiety, apprehension, fear and related to menstruation, so management of menstrual hygiene is a greater challenge during disasters.

During emergencies, the usual lifestyle will be affected and they have to confront additional stress which would further worsen their physical and psychological well-being.

Infrastructure of MPCS is equipped with separate toilet facilities for men and women. A PwD toilet with wheelchair access has also been provided. Availability of sanitary products are to be ensured during the time of occupancy. In the community, the ASHA, the Anganwadi Worker and the members of women's self help groups can make a substantial difference to promote and initiate menstrual hygiene practices in Child Friendly Spaces in relief camps during a disaster.

In MPCS, a designated area in the premises is to be identified for the installation of an incinerator at the time of occupancy.

CHAPTER 7: Conclusion

Child friendly spaces in relief camps determine the future resilience of children in a post disaster situation. The structural - non structural additions or retrofitting along with the engagement of personnels to cater the psychosocial needs and to facilitate the play space and the play equipment ensure the efficacy of such interventions. Maintenance and responsible utility of such facilities in the peace time is required for the sustenance. Thus capacity building of the stakeholders evolves a functional CFS. Training packages may be implemented for this purpose involving the local community i.e. the first

respondents especially the local self government institutions.

The financial requirements regarding the activities related to CFS are not estimated here since it also depends on the scale of implementation. The component for the capacity building may also be included in the budget estimate for setting up of a child friendly space.

To conclude and summarise, the following minimum requirements can be considered for establishing a child friendly space integrated with existing infrastructure and making the space effectively functional.

Structural

1. Indoor play spaces for games and recreations for activating creative play.
2. Structurally integrated play items - on stairs, handlebars, grills etc.
3. Flexible space/equipment for educational activities- writing boards, seatings, doodle wall etc.
4. Secure and hygiene space provisions for adolescents, girls and young mothers- breastfeeding cubicles, menstrual hygiene management facilities.
5. Outdoor playing environment for the improved physical and mental well-being of children.
6. Barrier-free environment for easy access to basic facilities in the shelter homes

Functional

7. Requires a facilitator/ local monitor/ social worker to lead psychosocial activities in a child-friendly space with a educational background of degree in psychology/ social work and also trained in psychosocial first aid, along with a Terms of Reference (ToR) for their role
8. Ensure a part-time psychologist is available for two spaces in the district.
9. In the child-friendly stakeholders, consider including a supervisor or coordinator to whom the facilitator/ local monitor/social worker, and psychologist will report.
10. Ensure that a referral contact directory is available in the Child-Friendly Space and

establish a Memorandum of Understanding (MOU) with government-recognized child development centers or institutions that are capable of providing specialized services for eg child development center (CDC), Institute for Communicative and Cognitive Neurosciences (ICCONS)

11. Maintenance of records of referrals and the documentation of each action taken by the facilitator/local monitor and psychologist, referrals should adhere to confidentiality guidelines

12. Ensure a support group for parents and caregivers in the child friendly spaces

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Annexure-I
Assessment checklist

PROFORMA				
General Information				
Name of the district				
Name of the block				
Name of the GP/Municipality/ Corporation				
Name of the village				
Address of the MPCS				

CHILD FRIENDLY SPACES MPCS- Assessment Tool			Yes/No	Other comments
Safe handrails	1	Is the height of the handrail (കൈവരി) sufficient? min 90cm		

	2	Horizontal or Vertical bar (കൈവെരിയുടെ ബാർ)		
	3	Is there railing in windows (ജനലുകൾടെ ഗ്രിൽ)		
Sharp corners	4	Presence of any sharp - accident causing corners		
Quality of floor material	5	Presence of any protruding structural or non-structural elements		
	6	Is the floor slippery?		
	7	Is there any level difference causing tripping accidents?		
Appliances/Furniture	8	Is the position of the switch-board/plugs accessible for young children?		
	9	Are all fans (table top/ceiling) attached securely?		
	10	Is existing furniture properly secured?		
	11	Are there any spaces out of adult vision with safety concerns?		
	12	Fire safety equipments		
	13	Clear escape routes in case of emergency		
	14	Safe space for keeping inflammables		

Inclusive Aspect				
			Yes/No	Other comments
Accessibility- Ramp	1	Is there a ramp for wheelchair access?		
	2	Is the slope of the ramp according to NBC rule? 1:12 (എളുപ്പത്തില് കേറാൻ സാധിക്കുമോ ?)		
	3	Is the ramp provided with proper handrail?		
	4	Width of the ramp		
	5	Material of the ramp (സ്ലിപ് ആകാൻ സാധ്യതയുണ്ടോ)		
	6	Braille Instructions		

			Yes/No	Other comments
	7	Tactile tiles for navigation		
	8	Toilet and Bath area with wheelchair access		
	9	Accessible wash basin		
Utility area for Mothers of newborn/Infants			Yes/No	Other comments
	1	Space for diaper change		
	2	Breastfeeding nook		
Spatial Aspects- Health and sanitation			Yes/No	Other comments
	1	Are there enough toilets for male and females?		
	2	Is there a toilet for persons with disabilities?		
	3	Is there a napkin vending machine?		
	4	Is there an incinerator for pad disposal?		
Health and sanitation	5	Current situation of pad disposal		
	6	Location of washroom area from common area. Is this visible from the common area?		
	7	What is the source of drinking water? (well/ municipality/borewell)		
	8	Is there a sick/isolation room?		
	9	Enough space for keeping cleaning equipments (toxic materials)		
		Recreational facilities		
			Yes/No	Other comments
Recreational spaces	1	Is there space for recreational purposes inside the building?		
	2	Is there a shaded area for playing in the premises of the building?		

			Yes/No	Other comments
	3	Are there any hazards/ risk factors in the premises?		
	4	Is there any open well/ pit in the premises?		
	5	Any threats of snakes/stray dogs/other animals?		
	6	Is terrace space accessible?		
	7	Does the terrace have a parapet with safe height? (min 90 cm)		
	8	Is there enough space around the building?		
Educational spaces	1	Large hall to gatherings/for conducting classes		
	2	Provision for taking Wifi connection		
	3	Provision for keeping TV screen		
	4	Introverted space for quite reading		
	5	Extra storage space for furniture		
Miscellenous spaces	1	Space with feeling of ownership for children		
	2	Spaces opening out to a good view/active space		
	3	Spaces causing fear		
Feasibility of MPCS- Identification of Child friendly space				
			Yes/No	Other comments
	1	Is there a common space for gathering?		
	2	Is there a possibility to integrate outer space into CFS.		
	3	Is the identified area physically safe?		
	4	Does it provide the possibility for adult supervision?		

Annexure-II
CFS Kit

Child Friendly Spaces are to be provided with a list of items to cater the children specifically. Children in the MPCS will be lacking health, educational and recreational services due to the displacement from their homes. When setting up a CFS, Kits with essential items are to be pre positioned to support as a part of emergency responses. It is recommended to purchase the materials locally.

Kit No 1- Hygiene, security and Safety Materials

Sanitation is important to maintain good health and prevent diseases. This list covers different types of sanitation, such as basic sanitation (access to a toilet/latrine), food sanitation and on-site sanitation of keeping the toys clean and sanitized.

Hygiene Supplies	Security and safety materials	Administration Supplies
1. Trash can/bags	First aid kits	Stackable containers for storage
2. Toilet paper	Flashlight and batteries	Clipboard
3. Hand Sanitiser	Fire extinguisher	Attendance/registrations
4. Masks	Child ID wristband	Permanent marker
5. Hygiene wipes	Rubber gloves	Electric tape
6. Soap	Whistles for children	Stationery items
7. Sponges/cleaning cloth	Emergency contact number list	
8. Mops	Evacuation plan display	
9. Bucket and dipper		
10. Hand Towels		
11. Disinfectant spray		
12. Sanitary pad		

Table no: 1

Kit No 2- First Aid Kit

First aid training should be given to the CFS staff and no one should distribute or use first aid contents without the proper training.

Required supplies	No.Required
Handy ER bag or box for kit storage	1
Adhesive bandages	1 box of 25
Sterile eye pads	2
Triangular bandages	1

Safety pins	12
Sterile gauze pads	5
Adhesive tape rolls	2
Crepe bandages	2
Cotton wool	1 pkg
Sharp scissors	1
Disposable gloves	3 pair
Adhesive bandages of variety of sizes	1 box
Alcohol swab swipes	1 box
Sterile eyewash solution bottles	2 small
Thermometer	1
Calamine lotion	1 bottle
Hydrocortisone cream	1
Elastic bandage	1
Antiseptic solution	1 bottle
Soap	1 bottle
List of emergency contact	1

Table No : 2

Kit No 3-Recreation kits

It is important that age and culture are considered when selecting toys and materials, as well as their appropriateness for children with disabilities. Hygiene aspects of the items also have to be considered.

Required supplies	Description
White board	Large size(not for individual use), non toxic pens and eraser
Floor mat	Bright coloured sensory mat for young children
Stand with different coloured rings	For very young children
Toys	Soft, toys which makes sound
Building blocks(Preferably wooden)	Big pieces suitable for very young children
soft , cushioned balls	Soft, small,varied coloured for young children

Hand puppets	Different types
Musical instruments	drum (indigenous if possible)
Foldable kids chair	

Table no 3

Kit No 4-Toys

It is good to have an array of toys that are safe and developmentally appropriate. Toys that promote violence, discrimination or gender stereotypes are not to be included.

Required supplies
Alphabet blocks
Balls (Different sizes)
Doctor's set
Good quality plastic dolls
Flash cards (alphabets and number)
Kitchen set
Magnetic alphabet and magnetic board
Number blocks
Farm animals
Tool set
Wooden puzzle set

Table no : 4

Kit No 5-Art Kits

Creative activities such as painting, clay modeling, paper folding and drawing enable children to create something and cope with their feelings. It can help facilitators to learn more about what the child might be thinking or feeling,

Required supplies	Description
Pencil cases	Simple pencil cases
Pencils	Good quality

Pencil sharpener	Good quality
Erasers	Practical shapes
Coloured pencils	Box of multiple colored pencils
Drawing pads	Plain white paper
Adhesive tape	Good quality
Glue sticks	Washable. Non toxic, big size,
Coloring paper and art paper	Assorted
Modeling clay	Box of different colors, non-toxic
Scissors	Child-friendly, different size
Coloring brushes	3 different sizes
Crayons	Pastel colors

Table no : 5

Kit no -6- Educational materials

The availability of syllabus based textbooks for children can support them to continue with the educational activities in CFS as well. A small library corner can also be facilitated in CFS for stimulating the interest in reading habit.

Required Supplies
Set of psychosocial modules
Log book
Pen
Pencils
Marker
Coupon bonds
Writing pad
Stapler
Clipboard
scissors
Colored paper
Hole puncher
Paper clips
Large storage box for keeping the supplies

Table no : 6

Kit no -7- Games Kit

Games help children relieve stress and pressure.

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Games that involve teams build cooperation and bonding by encouraging children to play together.A range of equipment, which appeals to both boys and girls and children with disabilities is important

Required supplies	Description
Basketball	Adult size and light
Football ball	Adult size and light
Pump	Small iron needle to pump basketballs and footballs
Whistle	Iron
Jump rope	Sturdy, no extra features
Box of board games	Chess, scrabbles, dominos, snake and ladders and other suitable indian board games
Puzzles	Puzzles with different numbers of pieces

Table no : 7

Annexure-III
Suggested CFS activities

Activities to Organize for Different Purposes				
	Type of Activity	Examples	Purpose – How it Helps Children	What We Can Do
1	Creative	Painting, drawing, clay, collages, making dolls, puppets, and animals, pasting pictures using grains of wheat, corn, sand, etc., bookmarks / greeting cards from dried flowers, finger painting, poster	Helps children to express their feelings and ideas Externalizes emotions, promotes understanding, self-esteem, and empathy Promotes experimentation Promotes creativity and respect for the resources available by using local materials or materials from nature	Guide children with a theme – their family, the mountains, the ocean/beach, nature, etc. Encourage children to decorate an area Organize displays and invite parents/community members to see them

2	Imaginative	Dance, theater/drama, music, singing, role play acting performances (dance, drama, singing)	Develop creative and social skills, coping skills, self esteem Helps children understand what happened/happens in their lives as they act out experiences Creates fun, relaxes, and promotes team spirit, active participation	Invite community members to perform and hold workshops with the children Organize performances for the community
3	Physical	Sports – football, volleyball, outdoor team games, handball, local traditional children's games	Develops self confidence Builds relationships and teamwork skills – interaction with peers, rules, and cooperation Develops motor skills, muscles, coordination	Designate specific safe areas for sports and games Create a rotation system for sports equipment Form teams Hold tournaments Schedule different times for boys and girls if needed
4	Communicative	Storytelling – books/ oral, reading, story time, conversation time, discussion groups	Helps children express feeling in words without personalizing Appreciates local culture and tradition Develops imagination Allows children to discuss issues that are important to them	
5	Manipulative	Puzzles, building blocks, board games,	Improves problem-solving skills Builds self-esteem and cooperation	Children can work alone or in groups Set aside a quiet area

Annexure-IV
Sample of Identity cards for children

IDENTITY CARD

Photogragh

Personal Details

Name: _____

Nick Name (If any) _____

Height _____ Weight

DOB _____ Blood Group

Identification mark _____

Conditions/Allergies _____

Medication _____

Language Known _____

Emergency contact

Name _____

Relation _____

Address _____

Contact no

IDENTITY CARD For CHILDREN WITH SPECIAL NEEDS

Photogragh

Personal Details

Name: _____

Nick Name (If any) _____

Type of Disability _____

I can

See ☐ Hear ☐ Speak ☐

Read ☐ Sign language ☐ Move ☐

Assistive device _____

Language known _____

Height _____ Weight

DOB _____ Blood Group

Identification mark _____

Conditions/Allergies _____

Medication _____

Language Known _____

Emergency contact

Name _____

Relation _____

Address _____

Contact no

Annexure -V
Good Practices in CFS Environment

1. CFS must be protective, clean and inclusive for all children

2. Activities should be developed according to the needs of the children
3. Positive discipline should be exercised.
4. Children in CFS should not be left unsupervised

5. Children should be encouraged to report incidents and behavior.
6. Children must be kept away from the following items
    a. Fires, stoves, cooking pots, boiling water,sharp tools like scissors, knives and broken glass which can cause cuts, and tables and stairs that can cause tumbling.
    b. Small objects such as coins, buttons, plastic bags, nuts. Parts of toys that can cause choking , harmful liquids like paraffin, insecticide, bleach and detergents that can cause poisoning.
    c. Electrical appliances or wires causing electric shocks

Good Practices in Personal Hygiene

1. Children should be encouraged to wash their hands and faces with soap especially before earring and after they have to use the toilet.
2. Use of masks can be encouraged to ensure hygiene incase diagnosed minor ailments.