And even many other experts have pointed out that this has to bring that a disaster risk reduction at a school level education so that children will understand the realization of how they can handle it, how they can prepare for it, and it also brings sensitivity among the kids. And improving the evidence-based knowledge: where we have to rely on the evidence-based. There is also one of the other dimensions which we focused on the legal framework where there has been an implementation gaps and challenges.

There are policy, there are certain rules and regulations where we have a regulatory framework, but challenges in implementing and take it down at a local level is one of the biggest challenge. Also, the national and regional and local level regulatory frameworks sometimes they contradict with each other, sometimes they only have conflicting issues. There is a policy to practice; you know what policy advocates and what practice perceives it is always a gap.

So, this is of one aspect, but other aspects is when we talk about perceptions, first of all perception of a risk itself is a very subjective you know because it also defined from who is perceiving it right. When we talk about risk, risk to whom, risk to what, risk at when okay, how it becomes a risk, so all these questions are very subjective in nature it varies from community to community, nation to nation and culture to culture and where your position is.

Are you from the, you know how the NGOs perceive the risk, how the scientific community perceives the risk, how the community has perceived the risk, how the local governments perceive the risk? So, there are various challenges in addressing all these things as a perception. When we say the communication, communication first of all there are gaps within the horizontal level of community, within the communities also, across the communities.

Also, there has been gaps in how education thinks and how research thinks and how the policy thinks how the practice. There is a logic gap network which exists in this education, research, policy, and practice. When we say about community coordination, the coordination between community and communities, there is a dialect of these aspects, community and communities, discipline, undisciplined.

Within the discipline, there is the lack of coordination and with across the disciplines is also lack of the coordination and there also coordination issues across different spatial skills and

also the manner of presentation, how it is presented because how a communication for development is very important. When you make certain development scheme, how you present to the local communities, how they take it, how you bring that coordination within these community groups and the local governments.

So, it is all to do with the manner of presentation. Also, we all talk about the collaboration and cooperation. Collaboration also has to look at how the global community can collaborate with the local communities and how they can cooperate with the national and regional and local.

So, this is how these various segments of these whether it is a scientific community, is a political community, how they can come with a hands on situations so that they can cooperate with each other and work towards you know DRR. So, that is where this whole schematic diagram puts participation and partnerships, you know how we can bring these partnerships with the global actors, global agencies to the local agencies.

How we can build partnerships with an academic institutions, research institutions, and the practice and policy level institutions. So, this is where the putting people in self in a center which actually emphasizes on self-reliability versus with the dependency. So, the moment we are increasing the self-reliability with these participatory approaches that improves the trust.

You know it builds trust not only between the communities, it also empowers trust between the governments and the local governments and the agencies and the communities. So, this is what the understanding which the thematic group has given.

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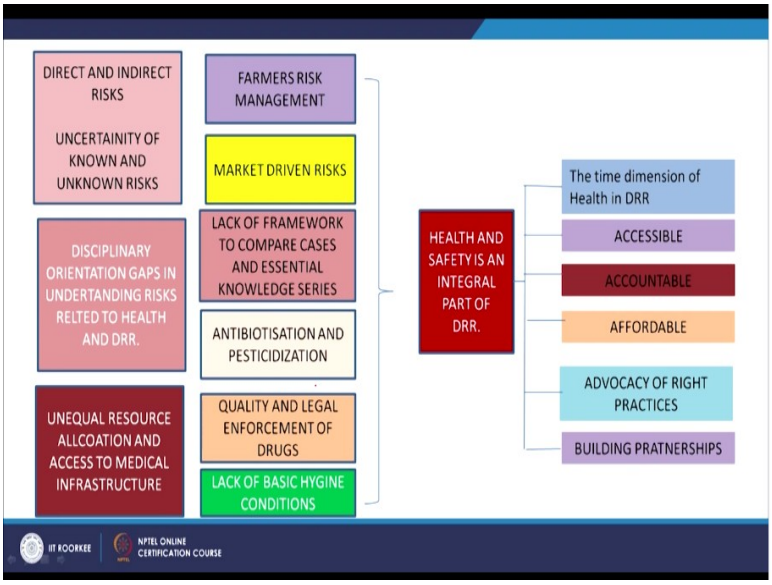


And we go to the next group where on the health aspect, first of all, what are the root causes of these you know the factors that are associated with this health especially in a disaster context. One is the direct and indirect risks because what we know is certain risk but certain in the health aspect, we may encounter some unknown risks you know, it might be an indirect risk like for instance there is uncertainty of known and unknown risks.

A new diseases will be born, imagine there is a flood-affected area in Kashmir, what happened was during the floods, people were migrated, and they have taken a lot of measures in the relief operations but after two, three weeks when the whole water get drained up, then the new set of diseases came when because of the epidemic and endemic diseases spread out when the water drained up.

So, that is where and it is a kind of uncertainty you know when it will come and how it will come and what kind of diseases it will come. So, this is one thing one has to look at. Also, there is a disciplinary orientation gaps in undertaking risk in understanding risks related to health and DRR. So, there is pharmaceutical understanding is different, there is a health understanding, there is a biological understanding is different.

So, different disciplines do not correlate with each other that is one important aspect of how they actually orient themselves in understanding the risk and how they do not collaborate with each other. Even here, we notice that there is an unequal resource allocation and access to medical infrastructure, especially the marginalized communities or mostly prone areas are the poor rural communities or the poverty you know communities.

How these people have an unequal resource allocation, you know they might be having a less medical infrastructure compared to you know they have a less infrastructure, medical facilities or the professional expertise compared to the people who are living in urban areas. So, this is also one of the challenge, how one can take these infrastructure facilities to the most affected.

Then, the farmers risk management especially in the event of droughts, even the event of floods, how the farmers also manage the risk, you know that will also have a contribution to the health aspect. Also, the market driven risk because you know the market also emphasizes on consumption of certain drugs or they push a certain business sectors into it. So, there are also some risks associated to the market related things.

The lack of framework to compare cases and essential knowledge series, so one has to see that there is not sufficient frameworks, how we can compare different cases and the knowledge in order to see a holistic understanding. And now another aspect is antibiotisation and pesticidization because in the health sector even you go for a small fever, you get antibiotics especially in developing countries.

And this is one thing which is actually creating an impact on the abilities how the natural abilities to cope up the immunities, you know it is affecting the immunity of an individual and collectively as a group as well. So, also the pesticidization like usage of heavy pesticides in our foods, how it is actually going back to our cells, basic cells, and how it is creating a different effects on our genetics, that is also the long-run impacts.

The quality and legal enforcement of drugs, how one can ensure you know the quality and the legal aspect of how what kind of drugs for instance, recently there was an issue with certain pharmaceutical companies on even the polio drops you know, so one who can ensure it. Lack of basic hygiene conditions, you know so one is first of all in the infrastructure itself how we lack the basic hygiene conditions.

So, that is how health and safety is an integral part of the DRR. This is how these all set of things contribute that health and safety itself because the upper limit of health we cannot define, but the lower limit of health is at least we are alive, you know that is lower limit of

being safe, that is where the DRR context. We need to see that you know we have to push to the upper point.

And one need to look from the community perspective, look from the market perspective, and this is how we can go ahead with it. The time dimension of health in DRR, so it is not only the predisaster, during disaster the hell dimension can abruptly change even after 3 weeks, some unknown risks, some direct risks. So, there is a time dimension of health in DRR.

Another aspect is accessible: Whether the medical infrastructure or the personnel are accessible to you or not, in the event of crisis can someone access these infrastructure and services. The third aspect is accountable when you say accountable whether we are making sure that you know this quality and legal frameworks are making sure that it is reaching to the common man, you know how the allocations are being accountable, affordable.

You know how it can be because in a developing countries only with the privatization aspect whether the common man can afford, the poor man can afford these things. And advocacy of right practices, you know how one can actually address the right practices, you know what to do and what not to do. This is where we need the build-partnerships with various local and global agencies and national level agencies, how we have to advocate these right practices, how we can bring these things to the marginalized communities.

So, this partnership and coordination is very much needed in the health sector as well. So, these are some of the findings I mean which was a part of the discussions on the social dimension of risk and health and DRM. So, I just try to present it as a discussion and I think this will give you an eye opening for variety of issues which are involved in the disaster risk management.
Thank you very much.