

# LITTLE GREEN DISASTER BOOK



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# LITTLE GREEN DISASTER BOOK

**Plan Asia**  
April 2005



## Preface

Plan works with people who face natural and human-made disasters regularly. Between 2000 and 2004, Plan in Asia was involved in major disaster-related operations for Afghan refugees in Pakistan, floods in Vietnam, China, Bangladesh, India and Sri Lanka, a cyclone in India, cold weather in Bangladesh and Nepal and landslides in Philippines. Plan has intervened in disasters regions as well, including hurricanes in Central America, earthquakes in El Salvador and floods, droughts and famine in Africa.

Years of working through a child centred community development (CCCD) approach has created a unique way of working among Plan staff. Plan works using local staff, local languages and local knowledge of the disaster area. Plan purchases locally available materials and delivers them to where staff know the needs, people and customs. Plan sees its role as mobilising the people affected by the disasters rather than doing things for them. Human rights and child rights, child centredness, local knowledge and community coping mechanisms, child and community participation, child protection, relationship building, accountability and transparency are the foundations that guide Plan staff.

In an effort to collect and record Plan's experiences in disaster and offer a guide to preparedness and action for future disasters, the Plan Asia Regional Office invited a group of nine staff members and a consultant to meet in February 2005 to develop this 'Little Green Disaster Book'.

The Little Green Disaster Book is a work in progress that will be tried and tested in future emergencies. We welcome your feedback and comments to make the booklet more useful and accurate.

*Michael Diamond*

**Michael Diamond**  
Plan Asia Regional Director

April 2005

## Acronyms

AIDS	acquired immune deficiency syndrome
BLCA	baseline corporate assessment
CD	country director
CCD	child centred community development
CMT	country management team
CO	country office
CPME	corporate programming, monitoring and evaluation
CPO	country programme outline
CRC	Convention on the Rights of the Child
CSP	country strategic plan
ECCD	early childhood care and development
FCA	full corporate assessment
FOB	field operations book
HIV	human immunodeficiency virus
IH	international headquarters
INGO	international non-government organisation
MFL	multi-funded line
NDT	national director's team
NIFE	non-formal education
NGO	non-government organisation
NO	national organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OSM	operations support manager
PO	programme outline
PR	public relations
PSM	programme support manager
PU	programme unit
PUM	program unit manager
RO	regional office
SC	sponsored child
SD	strategic direction
SGSM	sponsorship and grants support manager
STD	sexually transmitted disease
UN	United Nations
UNFPA	United Nations Population Fund
WADB	weighted average daily balance
WES	water and environmental sanitation
WHO	World Health Organisation

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## About This Little Book

### Issues

Children in disasters often are the most affected segment of the population but also the most overlooked. In Plan's experience in Asia, we have found that:

- Children often form more than one-third of the death toll and even more of the surviving population.
- Children and young people often are not involved in the disaster response and rehabilitation. Their voices are not heard and reflected in the way many organisations and governments react to disasters.
- In the initial phase of a disaster, the typical societal patterns/groupings that protect children may be challenged or broken. Children can be further harmed, abused and exploited by those who take advantage of dysfunctional law and order systems after disasters and by government and aid agencies' negligence to address these potential dangers.
- After disasters, children can feel grief, anger, fear, guilt and helplessness. However more attention is usually paid to their physical needs than their cognitive and emotional needs.
- Children's needs to have safe physical and mental space after a disaster to help them deal with their feelings are often not considered.
- The education system often becomes dysfunctional after a disaster. The need to quickly re-establish education and return children's sense of normalcy is often overlooked.
- Children in need of special protection often are the last to receive attention.
- The coping mechanisms that exist in both affected and unaffected communities within the disaster-hit countries are often overlooked and underestimated by aid agencies, creating unnecessary dependency on foreign aid.
- There are few examples of well-integrated disaster interventions that consider children from many directions, who have special needs but who also have special capacities to be independent, strong survivors capable of sharing knowledge and contributing to disaster relief and recovery efforts.

### Aim

This Little Green Disaster Book offers Plan frontline staff and country offices some guidelines to help them be more prepared to deal with disasters. We are not recommending that Plan implement a programme or respond directly to each of the issues mentioned.

Instead, we have tried to cover the bare bones of the issues, providing points to consider and things to think about regarding possibilities so that staff and management can make quick decisions based on analysis of the local situation if a disaster strikes.

### Usage

The booklet is organised into sections that can be looked at individually or the entire document can be used as a way to prepare Plan staff and offices for disaster response. Each section covers key issues affecting children, ideas for preparedness, emergency response and relief response.

### Guiding principles

For its framework, the Little Green Disaster Book draws on principles of international law, human rights and child rights. It refers to existing Plan policies and procedures and widely accepted standards of disaster response, such as the Red Cross Code of Conduct and the SPHERE standards. Proven emergency and disaster experiences of Plan staff and other child-centred organisations have guided the choice of content. We have provided references to other sources that can offer further details on what to do.

### Scope of this book

For this book, we consider disaster to be a rapid-onset, large-scale event or set of events (natural or human-made) resulting in damage and destruction that outstrips a society's capacity to cope with its results. In general, it is a cataclysmic disaster that seriously disrupts communication, transportation, markets, food supply, water and/or sanitation services. We consider the first two phases of a disaster as follows:

**Phase I** The Emergency phase lasts from the onset of the event and for a period of about 72 hours.

**Phase II** The Relief phase is characterised by national and international interventions. Most frequently, it is controlled by a committee in which the ministries of defence, health and communications (under general direction of the presidency) play the dominant decision-making and executive roles.

### Guiding Principles and References:

After the Cameras Have Gone: Children in Disaster. Plan UK. Amer Jabry. 2003.  
Plan Issues Management Guide. November 2004

## Disaster Strikes – What do I do?!

### 1. Take care of yourself and your family, then contact the office. (individual staff)

- Your personal physical security is the ultimate priority.
- Get in touch with the office (see Marketing and Communications, p. 22).
- The office will want to know: if you and your family are okay, where you are, how you can be reached, if you can access the area where the disaster hit, if you have seen what happened, and if you are prepared to do emergency work for Plan.

### 2. Inform the rest of the organisation what happened. (CO and PU)

The CD or his/her designate should send a quick e-mail to the rest of the organisation to let everyone know what happened and determine whether everyone is okay. If e-mail is down, the CD should call the RO to inform, and the RO will send out the message.

### 3. Mobilise staff, assess the situation, decide what Plan's response will be. (CO)

- Mobilise the disaster response team. Be sure it is multidisciplinary and quick on decisions.
- The CO and/or PU should make a rapid assessment of the situation.
- If the disaster-affected is an area where Plan is working, assume that Plan will act. Go to the zone as soon as possible to assess the situation (see Assessment, p. 18).
- If the disaster-affected area is where Plan used to work, assume that Plan will intervene. Try to obtain as much information as possible and visit the zone to assess the situation.
- If the disaster-affected is an area of the country where Plan does not work and has never worked, obtain as much information as possible from government sources, partners, local and international NGOs and other sources. The CD together with the RD will make a decision on what Plan's response will be.

- Based on the assessment, determine what Plan's immediate response will be. Write a quick and basic PO/CPO-like document (depending on the scale of disaster) and circulate it as soon as possible (see Sample Assessment Forms p. 90 and Disaster Report Form 1, p. 96).
- Your 'emergency FOB procedures' (if you have them) will come into play at this point (see Emergency Programme Procedures, p. 72).
- Start interacting with children as soon as possible. Play with them. Laugh with them. Cry with them. Let them know that you care about them and that it is okay if they are upset.

### 4. Assess Plan's available resources. (CO)

Determine what human and other resources you will need to mobilise the intervention. Get them in place as soon as possible (see Staffing in Disaster, p. 66).

### 5. Keep moving!! (everyone)

Use the Little Green Disaster Book to help guide your continued actions.

## Child Centred Disaster Response: Good Practices

The following is an overview of the typical Plan response to a disaster and some overall good practices. Specific sections follow, offering further considerations for a child centred disaster response. Remember that children have different needs depending on their age. Beyond the basic physical requirements of food, safe water, clothing, shelter, sanitation and health care, Plan should:

**Be prepared before disaster strikes.** Studies prove that preparedness truly saves lives:

- Help children in disaster-prone areas be aware of what might happen, how to react appropriately, how to seek help and what they can do to safeguard themselves, their families, their property and their environment. Drill and practice these responses.
- Help communities develop disaster-preparedness plans that include children's input.
- Ensure that staff are sufficiently trained in basic disaster relief and drilled.
- Network with Red Cross, local and national governments, local and international NGOs.
- Integrate disaster preparedness in regular programme/project design.

**During the emergency and relief stages:**

- Mobilise internal human resources.
- Seek out and rely on local community capacities and resources.
- Establish regular contact with children and ensure that their voices are heard.
- Protect children from danger, violence, abuse and sexual exploitation.
- Monitor the situation/development of children, adolescents and mothers of young children.
- Support efforts to track the history and situation of individual children.
- Find reliable caretakers for unaccompanied children, especially for those younger than 2 years.
- Help children and adolescents participate in recovery tasks.
- Establish children's education as a priority. Tailor learning to help with trauma healing.
- Provide children and adults with accurate information.

- Establish routines for children as soon as possible to help them recover from a disaster.
- Identify adults with child-relevant skills and help them organise programmes for children.
- Encourage children's natural coping functions.
- Use the disaster-recovery situation to influence and change the perceptions of adults about the needs and views of children, particularly children with special needs.
- Offer children the opportunity to use communication media to report on their own situation and make their voices heard.

## Dos and Don'ts in the Disaster Zone

### Do:

- ✓ Do listen to people who share their stories, if necessary again and again.
- ✓ Do be friendly, compassionate and caring, even if people are angry or demanding.
- ✓ Do give practical help or assistance to people as and when required.
- ✓ Do help people to contact others, either through the Internet, postal service or making telephone calls on their behalf.
- ✓ Do engage people in meeting their own needs.
- ✓ Do find out where the different government and non-government services are located and direct people to the appropriate services available in the area.
- ✓ Do understand the emotions of people who have suffered losses and take them seriously. There is no right or wrong way for people to feel, given the situation.
- ✓ Do give reliable information about what disasters are and how they occur.
- ✓ This will help people understand the situation.
- ✓ Do be honest and open about the disaster. It's okay to say, "I don't know."
- ✓ Do protect people, especially children, from further harm as they may be vulnerable to assault and abuse by those who are taking advantage of the chaotic situation.
- ✓ Do spend time with children, doing what they would like to do, whether this is playing, talking or being silent.
- ✓ Do remember that children of different age groups will react to the situation in different ways and design activities with this in mind.
- ✓ Do ask people if they would like to be involved in different activities.
- ✓ Do refer to the programme sections of this booklet for more ideas on how to respond to disaster situations.

### Don't:

- ✗ Don't make assumptions about people's interest or ability to participate or get involved.
- ✗ Don't label people as 'traumatised'. Most likely they are in shock but that doesn't mean they need professional therapy or are helpless (see Psychosocial Support section, p. 48).
- ✗ Don't force people to share their stories with you, especially very personal details. If they don't want to talk much, don't disturb them.
- ✗ Don't tell people what you think they should be feeling, thinking or doing.
- ✗ Don't make promises about what you will do for them if you are not sure about what you or Plan can do.
- ✗ Don't give simple reassurances to people, saying "everything will be okay", or "at least you have survived" or "others have suffered more than you".
- ✗ Don't tell people why you think they have suffered, especially giving reasons about their personal behaviours or beliefs.
- ✗ Don't tell people what you think they should have or could have done while in the critical situation, especially regarding saving loved ones.

### Guiding Principles and References

Tsunami Help for Sri Lanka: Psychosocial Issues. Psychosocial Support Programme and National Council for Mental Health, Sahanaya, in collaboration with Dr. Jagath Bandara and Dr. Mahesh Rajasuriya from the College of Psychiatrists, Colombo, Sri Lanka, 4 January 2005.



# Roles and Responsibilities of Plan Offices

## All offices – In preparation, emergency and relief phases:

- Provide opportunities for children's voices to be heard and advocate for children's issues to be mainstreamed in disaster policy and activities at all levels (community, local, regional, national and international).
- Work with the public, especially youth, to raise awareness about disaster and related issues and the link between disaster and long-term development efforts, especially those related to environment, poverty and participation.

## PU level

### Be prepared:

- Facilitate risk mapping and management by communities and the integration of disaster preparedness into community development plans.
- Join local disaster coordination commissions or help establish them.
- Create a disaster plan for the office, rehearse it and monitor it.

### Immediate and relief phases:

- Assess the impact of the disaster on children/communities and their capacity to respond.
- Assess local partners' capacities.
- Plan and manage the PU response.
- Coordinate with local government and NGOs.
- Provide information to the CO and identify support needed from the CO.

## CO level

### Be prepared:

- Integrate disaster preparedness into the CSP.
- Monitor the PU's risk-assessment and disaster-preparedness plans.
- Train and prepare staff in disaster preparedness and response.
- Participate on relevant disaster committees and commissions.
- Establish relationships with in-country donor offices.

### Immediate and relief phases:

- Mobilise internal staff.
- Coordinate the PU's assessment of the impact of the disaster.
- Assess impact of the disaster in areas where Plan doesn't work; make a recommendation to the RD on intervention.
- Oversee and coordinate CO and PU level disaster responses.
- Coordinate and collaborate with other agencies.
- Provide support to staff personally affected by the disaster.
- Provide information and regular updates to the RO/IH and NOs.
- Plan and manage the in-country media strategy and contact with the local media.
- Manage and direct NO communications activities within the country.
- Coordinate funding of the disaster response by NOs.
- Identify support needed from the RO, IH and NOs.

## RO level

### Be prepared:

- Identify the human resource capacity in the region that can be deployed in times of disaster.
- Develop learning and training strategy to improve regional capacity to respond to disasters.
- Coordinate with other regional actors on strategies for disaster preparedness, early warning and response.
- Monitor CSP disaster preparedness content, integrate disaster preparedness into RO planning.

### Immediate and relief phases:

- Identify and provide support needed by COs (depending on the scale of the disaster).
- Assess feasibility of response; authorise response when disaster affects non-Plan areas.
- When necessary, coordinate the NOs funding and communications response with the NDT.
- Identify support necessary to the region from IH and the NOs.

## IH level

### Be prepared:

- Review and update organisational strategy and policies on disaster.
- Develop/coordinate organisational learning and training strategy on disaster.
- Develop HR policy for staff affected by and working in disaster situations.
- Integrate risk assessment and disaster preparedness into CSP guidelines.
- Identify the global human resource capacity that can be mobilised in time of disaster.
- Provide support to regional and country offices as appropriate.
- Coordinate with other global actors on strategy for disaster preparedness, early warning, response and rehabilitation.

## NO level

### Be prepared:

- Prepare and train national organisation staff to respond to disasters.

### Immediate and relief phases:

- Based on information provided by programme countries, inform sponsors, donors and the public.
- Initiate public appeals for funding when indicated.
- In consultation with the programme country, develop and implement a media strategy in keeping with the Red Cross Code of Conduct (portrayal of people affected by disasters).
- Brief media teams visiting affected communities on the Red Cross Code of Conduct, Plan's child protection policy and Plan's media visit guidelines.
- In consultation with programme countries, submit proposals to donors based on the information provided by the programme countries.
- Monitor grant-funded project implementation and provide timely reports to donors.
- Liaise with other NOs, particularly in high-impact disasters.

## Assessment

Effective relief interventions depend on good assessments and quick, flexible decision making. Assessment helps communities to understand the situation. It is useful when coordinating with other organisations and local governments and when determining what Plan's response will be, planning programme responses, budgets and staffing and organising logistics. Poor assessment will affect every aspect of a disaster response. Remember that your perceptions are just as important as what the data tells. Note all you feel and see.

### Be prepared:

1. Study the sample assessment forms. Make them your own. Have copies ready.
2. Know where to get baseline information (pre-disaster).

**Emergency phase – Initial rapid assessment** (within 72 hours to 1 week after a disaster):

1. Disaster team members should visit the zone immediately.
2. Assess the situation of men, women, girls, boys of different ages with them.
3. Consider hidden populations, such as illegal migrants.
4. The sample initial rapid assessment forms 1 and 2 (see Annex) can help you think about the type of information you may need to plan a child-centred response.
5. Observe, discuss and consult with men, women, children and key informants, such as NGOs and local authorities. Be sure to talk with marginalised members of the community.
6. Consolidate, analyse and discuss the information at a central location (PU, CO or RO).
7. Consult secondary data sources, such as government, NGOs and community organisations, to reconfirm your information (triangulation of data).
8. Attend coordination meetings with government, NGOs and INGOs to share information, determine what other information exists and find out who's doing what and where.
9. Map out what is happening. Constantly update your information using various sources.
10. Write a first draft of your country programme outline (CPO). Don't be afraid to make estimates at this initial phase. The CPO can be for the emergency phase and you can add things later when the situation is more stable and the information is more clear.

11. If Plan is NOT working in the affected area, attend meetings and get information from other agencies to help make decisions on what Plan will do.
12. Assess your personal security and access issues, especially when natural disasters hit a conflict area.
13. Avoid raising irrelevant expectations among the disaster-affected population. Once you know what Plan can do, share it with children and adults.

When people have access to temporary basic needs and facilities, such as the following, consider Phase I (emergency) to be over and Phase II (relief) as beginning:

- Food and shelter.
- Water and environmental sanitation.
- Health care.
- People are living in organised camps or back in their communities.
- There is a coordinating and service delivery structure available in the camps/communities.

### Relief phase – Expanded rapid assessment:

1. Begin an expanded rapid assessment when the Phase I indicators (see previous box) have been met.
2. Remember at this stage, everyone must be conducting assessment. Most of them genuinely for humanitarian efforts, but others for their individual interests disguising as relief workers. To respect the dignity of the survivors and not to overload them with the same questions, it is advisable that Plan collaborate with other agencies and share data as much as possible.
3. Consult and collaborate with partners, children and communities for the assessment and for medium- and long-term planning.
4. Design your expanded rapid assessment. It will determine your programme planning, monitoring and evaluation.
5. Data collection methods can include:
  - Interviews and expanded consultations with women, men, adolescents, boys and girls.
  - Participatory rural appraisal (common CCCD tools).
  - Household surveys.
  - Secondary data.
6. Information to collect may include, but is not limited to:
  - General situation.
  - Basic facilities and services: shelter, non-food items, health, water, sanitation, food and nutrition, education.
  - Child protection issues.

- Livelihood patterns – who depends on the community for livelihood and long-term impacts.
  - Skills of the people, community organisation, local government capacity and relations.
  - Cultural, historical and political situations, conflict, power relations.
  - Organisational capacity, staffing, security, logistics, communications, external relations.
  - Age and gender analyses. Talk to women, boys and girls and adolescents. Be inclusive.
7. Attend government/INGO/NGO coordination meetings to share and bring back information.
  8. Adjust interventions continually and adjust the CPO when it is clear what Plan's short-, medium- and longer-term interventions will be. Involve frontline staff, area technical staff and management in this process. Plan your exit strategy as you plan your intervention.
  9. Share Plan's intervention with both affected and unaffected communities. Be transparent about how the decision was made.
  10. SGSM should send information required in the Sponsorship Book on sponsored children to the NOs when the situation stabilises.

#### **Guiding Principles and References**

SPHERE Common Standard 2  
Emergency Assessment Toolkit, Save the Children UK.  
Sponsorship Book, Reporting in Disasters Section

## **The Convention on the Rights of the Child**

**Article 1:** Definition of a Child: A child is recognized as a person under 18, unless national laws recognized the age of majority earlier.

**Article 2:** Non discrimination: All rights apply to all children without exception. It is the state's obligation to protect children from any form of discrimination and to take positive action to promote their rights.

**Article 3:** Best interests of the child: All actions concerning the child shall take full account of his or her best interests.

**Article 4:** The state must do all it can to implement the rights contained in the convention.

**Article 5:** Parental Guidance and the child's evolving capacities: The state must respect the rights and responsibilities of parents and the extended family to provide guidance for the child which is appropriate to her or his evolving capacity.

**Article 6:** Survival and development: Every child has the inherent right to life, and everyone has an obligation to ensure the child's survival and development.

**Article 7:** Name and nationality: The child has the right to a name at birth. The child also has the right to acquire a nationality. The child shall be registered immediately after birth.

**Article 8:** Preservation of identity: The state has an obligation to protect, and if necessary, reestablish basic aspects of the child's identity. This includes name, nationality and family ties.

**Article 9:** Separation from Parents: The child has a right to live with his or her parents. The child also has the right to maintain contact with both parents if separated from one or both.

**Article 10:** Family reunification: Children and their parents have the right to leave and enter any country for their purposes of reunion or for the maintenance of the child-parent relationship.

**Article 11:** Illicit transfer and non-return: The state has an obligation to prevent and remedy the kidnapping or retention of children abroad by parents or a third party.

## Marketing and Communications: Media Management and Reporting

The media and communications function is responsible for mobilising the public response to disasters and promoting public understanding. Plan needs to provide timely and accurate information about the disaster and Plan's response to the disaster to the communities in which we work, other Plan offices, to partner organisations, to our supporters and to the public.

### Be prepared:

1. Assign a media and communications point person who will have the responsibility of managing media and communications.
2. Have a media pack handy with a media visit checklist and consent forms in local languages
3. Stock Plan's logo-imprinted shirts, caps, banners, stickers, etc.
4. Review the disaster report forms. Have them on your computer.
5. Build relationships with other NGOs so that later you can collaborate on gathering information.
6. Build relationships with local media. Assign PU level spokespeople for local media.
7. Become familiar with the child protection policy and its relationship to media.
8. Form a support team to manage external media visits.

### Emergency phase:

1. Locate the point person. If you are it, contact your CMT members immediately.
2. Prepare a media and communications strategy aimed at local and international media.
3. Coordinate to be sure that information for both programme and communication needs is collected when staff go out to communities.
4. Prepare disaster report 1 (see Annex p. 96) using the assessments and other information sources, including:
  - Government information. Where there is an operational coordinating body for disaster response, this should be the primary information source.
  - Partners and other organisations. Other organisations may have conducted needs assessments and may be willing to share this information.
  - UN agencies: OCHA ([www.ochaonline.un.org](http://www.ochaonline.un.org)), ReliefWeb ([www.reliefweb.int](http://www.reliefweb.int)) and WHO ([www.who.int](http://www.who.int)).

5. Verify your information. If it is not possible, say so ("unconfirmed reports say...").
6. The country director or his/her designate is responsible for signing off on all communications sent from the country office. All information should come from one voice/one source to ensure consistency.

### Relief phase:

1. Fill out disaster report form 2 (see Annex p. 98) as soon as more solid information is available and/or as situations change. Update everyone regularly. Communicate Plan's overall approach, what Plan has done, is doing and intends to do. Clearly separate internal vs. external information.
2. External media visits must be approved by the country director. Remember that the disaster response comes first - it takes priority over media visits, whether internal or external. If a visit is accepted, the CO/PU must manage and/or guide any media activity, especially in regard to child protection and the Red Cross Code of Conduct Principles. This includes media personnel from or sponsored by national, regional and IH offices.
3. Accompany all media products with a creative brief as to its use to ensure that media products, such as raw footage, are not presented inaccurately. Raw footage will not be provided to external parties.
4. Brief media teams when they arrive to the country and once again when they arrive to the site on Plan's policies (media policy, child protection policy) and procedures, especially in relation to child protection. Media should be briefed before arrival as well. All media teams are expected to follow Plan policies and procedures and international laws, local laws and media standards.
5. Ask before taking pictures. Never allow a child to be interviewed without accompaniment by a trusted adult. Let children know they do not have to answer questions if they do not want to.
6. If possible, share the final products with those who are interviewed and the wider community. Be open to their feedback.

### Guiding Principles and References

CRC Articles 3, 12 and 17  
Red Cross Code of Conduct No. 10  
Plan's Media Visit Guidelines

## The Convention on the Rights of the Child

**Article 12:** The child's opinion: The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

**Article 13:** Freedom of expression: The child has the right to express his or her views, obtain information, make ideas or information known, regardless of frontiers.

**Article 14:** Freedom of thought, conscience and religion: The state shall respect the child's right to freedom of thought, conscience and religion, subject to appropriate parental guidance.

**Article 15:** Freedom of association: Children have the right to meet with others, and to join or form association in conformity with the law and in the interest of national security.

**Article 16:** Protection of privacy: Children have the right to protection from interference with privacy.

**Article 17:** Access to appropriate information: The state shall ensure the accessibility to children of information and material from a diversity of sources, and it shall encourage the mass media to disseminate information which is of social and cultural benefit to the child, and take steps to protect him or her from harmful material.

**Article 18:** Parental responsibilities: Parents have joint primary responsibility for raising the child, and the state shall support them in this. The state shall provide appropriate assistance to parents in child raising.

**Article 19:** Protection from abuse and neglect: The state shall protect the child from all forms of maltreatment and establish appropriate social programmes for the prevention of abuse and the treatment of victims.

**Article 20:** Protection of a child without family: The state is obligated to provide special protection for a child deprived of a family environment and to ensure that appropriate alternative family care or institutional placement is available in such cases.

**Article 21:** Adoption: Where adoption is recognized and/or allowed, it shall be carried out with the authorization of competent authorities.

**Article 22:** Refugee children: Special protection shall be granted to a refugee child or to a child seeking refugee status.

**Article 23:** Disabled children: A disabled child also has a right to special care, education, training and other privileges enjoyed by others.



## Programmes: Participation and Mobilisation

Participation is a fundamental right. It helps communities prepare for future disasters. After a disaster, community coping mechanisms often are overlooked. Plan should involve children, families and communities in disaster relief efforts to help them regain a sense of control and normalcy in their lives. Age appropriateness should be considered. Children and adolescents can be especially vulnerable during a disaster, but they also can exhibit great strength. Children and young people, especially adolescents should be among the leading participants in all stages of disaster preparedness, relief, recovery and reconstruction.

### Be prepared:

1. Encourage disaster preparedness committees in each community. Children, youth, women and men can be mobilised to train for responding to various disasters.
2. Work with communities to create risk-management plans, simulate disasters and update plans continually. Include risk maps and safe places. Make these an integral part of community planning.
3. Facilitate the sharing/coordination of plans between local NGOs, governments and communities in a given zone (including mitigation, preparedness, warning systems, emergency response and monitoring). Youth can play a major role in this process.
4. Drill your emergency response on a regular basis. Update plans accordingly.
5. Train staff on creating safe and supportive environments for children and communities to participate, especially during a disaster or times of high stress. Link to child protection.
6. Map local organisations, agencies, networks that can assist with safe and supportive environments in a disaster.
7. Advocate and promote child participation in emergency situations and in general. Support children to form and strengthen their own child-led organisations, to express their views and influence decisions affecting them.
8. Encourage children, especially youth, to take responsibility at every possible opportunity and in each stage of the programme cycle, including resource management.
9. Highlight child participation in 'normal' times so that during disasters children are not overlooked or made invisible and so that they feel secure in responding and reacting.
10. Build the capacity of adults to listen to and work in partnership with children and young people.

### Emergency phase:

1. Talk as soon as possible with the affected people about what happened, what they need. Do assessment with children, youth and adults – not just local authorities or community leaders.
2. Ask people, including children and youth, whether they would like to participate rather than assuming that they are 'too traumatised' to be involved. Participation helps people regain a sense of control, dignity and purpose to their lives.
3. Look for already organised groups, especially young people, in camps/communities. If there are none, help mobilise and organise people. Don't take responsibility away from people.
4. Help children and youth to feel empowered to participate and take action. This reduces their sense of vulnerability and victimisation, improves interventions and increases safety, knowledge of the situation and protection. Listen to and hear them.
5. Enable partnerships between adult governance structures and children's organisations to be formed so that children have more say in decision-making processes.
6. Interact with children each time you visit, no matter how short your visit is. Make it fun!
7. Identify vulnerable groups, especially vulnerable children and seek their input.
8. Encourage women and girls to get involved as staff or volunteers. Girls, youth and other women survivors may feel more comfortable talking with them.

### Relief phase – Involve children and community members in:

1. Assessment (data collecting) and sharing assessment results with the broader community. Be sure to re-assess. People may think differently after their initial shock has worn off.
2. Distributing or managing aid/supplies or materials.
3. Programme design. Consult children/youth, using the assessment results, on which programmes will best suit/meet their needs and help fulfil their rights.
4. Identifying quality gaps in programmes currently being implemented.
5. Cleaning up. Children and youth can be involved in low-risk activities.
6. Community-based emotional well-being. Use a peer-to-peer method if possible.
7. Monitoring distribution of aid and evaluating programmes and interventions.
8. Advocacy and awareness building among families, communities/camps, local governments on the importance of child and youth participation.
9. Raising awareness on government compensation and policies (such as relocation) and organising, if necessary, to access their rights.

10. Training and awareness on child protection, child trafficking and child abuse: Ensure that children/youth are organised and are aware of possible risks; know how to protect themselves, their peers and younger children; and that they know where to report dangers or suspicious activities.
11. Telling their own stories. Support, train and offer media tools to children. Children from unaffected areas can bring these stories to broader audiences.
12. Support and solidarity from unaffected children/youth to affected youth.
13. Make sure adults allow children to participate and have fun. Adult facilitators can help legitimise youth participation and recreation activities.

#### Guiding Principles and References

CRC Articles 12, 13 and 15  
 CCCD Approach  
 Red Cross Code of Conduct: No 6, No. 7, No. 9 and No. 10  
 Sphere's Cross-Cutting Issues  
 Children's Participation in Humanitarian Action: Learning from zones of armed conflict'. Document prepared for the Canadian International Development Agency (CIDA) by Jason Hart, Ph.D., Refugee Studies Centre, University of Oxford. February 2004. International NGO Training and Research Centre (INTRAC).  
 After the Cameras Have Gone: Children in Disasters. Prepared for Plan UK by Amer Jabry. 2003.

## The Convention on the Rights of the Child

**Article 24:** Health and Health services: The child has a right to the highest standard of health and medical care attainable. States shall place special emphasis on the provision of primary and preventive health care. Public health education and the reduction of infant mortality. They shall encourage international cooperation in this regard and strive to see that no child is deprived of access to effective health services.

**Article 25:** Periodic review of treatment: A child who is placed by the state for reasons of care, protection or treatment is entitled to have that placement evaluated regularly.

**Article 26:** Social security: The child has the right to benefit from social security including social insurance.

**Article 27:** Standard of living: The child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development. It is the responsibility of the parents to ensure this. The state's duty is to ensure that this responsibility is fulfilled.

**Article 28:** Education: The child has a right to education. The state's duty is to ensure that primary education is free and compulsory, encourage different forms of secondary education accessible to every child and to make higher education accessible to every child and available to all on the basis of capacity.

**Article 29:** Aims of education: Education shall aim at developing the child's personalit, talents, knowledge, skills, attitudes, mental and physical abilities to the fullest extent.

**Article 30:** Children of minorities or indigenous population: Children of minority communities and indigenous populations have the right to enjoy their own culture and to practice their own religion and language.

**Article 31:** Leisure, recreation and cultural activities: The child has right to leisure, play and participation in cultural and artistic activities.



## Programmes: Water and Environmental Sanitation

Water sources may be contaminated and supply facilities may be damaged or destroyed by a disaster. Sanitation facilities may be damaged or destroyed. Children, the elderly, people with disabilities and those seriously ill are most vulnerable. To make space for shelters, trees may be cut down; water may be polluted by the hasty location of latrines. Use of paper and plastic utensils and plates may create a trash problem. Animal waste may be an issue. Location of water sources and timing of water collection may create risks for children and women.

### Be prepared:

1. Include issues related to water in community risk-management plans.
2. Build disaster preparedness into WES projects, especially in high-risk areas.
3. Identify and establish relationships with local partners and people who can provide resources and technical expertise and businesses that can supply necessary goods.
4. Consider having water-testing kits on hand in PUs or in communities.
5. Support community programmes on good hygiene and sanitation practise in normal times. Consider having some hygiene promotion posters in stock.

### Emergency phase:

1. Conduct a rapid assessment (see Assessment, p. 18).
2. Help people implement the community risk-management plan. If there isn't one, plan a response and establish community coordination and monitoring responsibilities.
3. Provide water-purification kits or locally available drinking water. This may require bringing water from outside the disaster area or supplying water tanks. Water bowsers may be required. Check the needs in homes, schools and shelters. Check vulnerable groups' access.
4. Support provision of light-weight, plastic water-carrying equipment (consult with women/children on cultural appropriateness/sizes) with covers to protect water from contamination and prevent mosquito infestations.
5. Support provision and/or construction of temporary latrines. Consult with women and children on locations and design. Ensure privacy. Train on maintenance.
6. Support provision of soap.
7. Consult with children and communities in monitoring access and availability of water and sanitation facilities and identifying damage to the environment.

### Relief phase:

1. Consult with and involve women and children on programmes related to water supply and environmental sanitation facilities.
2. Support the provision of potable water. Clean existing water sources, or provide filters or water-purification kits with instructions. Place water points in safe and convenient locations. Supervise access to reduce quarrels and protect children from abuse. Set safe and convenient times for collecting water (not after dark, for example). If needed, give children, the elderly and people with disabilities or who are ill specially designed jugs and lower-height pumps.
3. Support the provision of adequate numbers of latrines or alternatives in safe and convenient locations for women, children, the disabled, the elderly and those who are critically ill. Design them with children in mind. Provide more facilities for women. Train on cleaning and maintaining them. Ensure privacy.
4. Support provision of water and facilities for personal hygiene, including soap and laundry facilities. Separate males and females in communal bathing facilities and ensure privacy for women and children. Have private areas for women to wash and dry undergarments in communal laundry facilities.
5. Mobilise health workers and volunteers to provide health protection messages on:
  - How to dispose of excreta and keep latrines clean.
  - The importance of washing hands with soap or an alternative, such as ash.
  - How to collect and store water safely and to store.
  - How to prepare food hygienically.
  - The importance of burying excreta (including infant faeces) away from homes and public areas and on the disposal of human/animal corpses.
6. Involving children as creative communicators of healthy behaviours.
7. Shelters should not be located near swamps and other areas where disease-carrying insects are breeding. If they are, help people protect themselves from insects and other disease vectors through management of solid and liquid wastes.
8. Support good management of solid wastes. Make sure it is conveniently located and collected regularly. Trash in refuse pits should be covered with a thin layer of soil weekly. Children's faeces/nappies should be covered with earth. Infectious medical wastes (used needles, wound dressings, cloth with blood) should be disposed of separately; bury or burn all infectious waste.

### Guiding Principles and References

Grow Up in Asia: WES issue paper,  
SPHERE Chapter 2 on Water, Sanitation and Hygiene Promotion  
UNICEF Core Commitment For Children in Emergencies P9

## Programmes: Food Security and Nutrition

As a result of a disaster, people may no longer have access to food and may no longer be able to continue their livelihood. Food stores, crops and productive resources may have been destroyed. People may be injured or have migrated. Markets may have ceased to function and places of work may have been destroyed. People may resort to coping strategies that are risky, such as prostitution, or damaging for the future, such as selling productive assets or degrading the environment. There are power abuses regarding food that need to be watched. Vulnerable groups may be excluded from access to food.

### Be prepared:

1. Plan with the community how immediate needs for food can be met in times of disaster (stockpiling canned goods in safe places).
2. Work with the community to identify risks to food stores and productive assets in times of disaster and take measures to minimise these.
3. Consider having community centres prepared as shelters in disaster-prone areas (floods, fires, droughts).

### Emergency phase:

1. Conduct an immediate food-needs assessment (see Assessment, p. 18).
2. Plan the response with all sectors of the community. Ensure that there is equitable access.
3. Meet immediate needs for food, especially among targeted vulnerable groups such as:
  - Children, especially those in special circumstances
  - Special-needs children
  - Children in displaced families or those without one/both parents
  - Females/physically challenged-headed households
  - Children under five years of age and lactating mothers
  - Older people
  - Minorities
  - People living with HIV/AIDS.
4. Be aware of power dynamics in terms of access to food. Seek measures to ensure equitable distribution and ensure close monitoring.

5. Give special consideration to nutritional needs of children and infants, and provide culturally acceptable nutrition (warm milk, baby food, etc.). Also provide Vitamin A and zinc for children 6 months to 5 years old, as this helps prevent diarrhoea, measles and other illnesses.
6. Look for alternatives to food aid, such as sales of locally available food when people have purchasing power or food for work. These can preserve dignity and support the local economy.
7. If food aid is absolutely necessary, use it for as short a duration as possible. Consider ready-made food that does not need cooking. Make sure there are utensils and ways to carry food.
8. Support people to store, distribute and replenish food.

### Relief phase:

1. Conduct a needs assessment (see Assessment p. 18) to examine the impact of the disaster on how people normally access food:
  - How has it affected the usual seasonal patterns of food security?
  - How has it affected access to markets, market availability and prices of essential goods?
  - Do unaffected communities depend on the affected communities for food or livelihood? How are they affected?
  - For different livelihood groups, what are the different coping strategies and what proportion of people are engaged in them?
  - How has this changed as compared with the pre-disaster situation?
  - Which group or population is most affected?
  - For all livelihood groups, and all vulnerable groups, what are the effects of coping strategies on their health, general well-being and dignity? Plan may want to focus on the effects on children in particular.
  - Are there risks associated with coping strategies?
- Ensure participation of the community, including vulnerable groups.
- Coordinate with other agencies working with the community.
- Remember that this needs assessment requires technical input and coordination of a range of different disciplines.
2. Protect and support primary production of food where feasible and viable.
3. Support people's access to income-earning jobs that contribute to food security. Ensure that they receive accurate information regarding job opportunities.
4. Consider supporting vocational training in skills that will be useful post-disaster.

### Guiding Principles and References

SPHERE Chapter 3 on food security and nutrition

## Programmes: Non-Food Items

People may lose their belongings in a disaster and need essential items for survival and recovery. The needs of pregnant women, children, infants and marginalised groups are often not taken into consideration. The small things that make the big things work are overlooked. By talking with the affected population, Plan can identify these items and ensure that they are supplied. At times individuals, corporations or other organisations may wish to donate items to Plan or to channel their donations or emergency items through Plan. This needs to be managed.

### Be prepared:

1. Understand communities and local cultures. Know what people eat, drink, and wear. Know how they do things, how they live and what the underlying reasons and beliefs are behind their practices.
2. Have your emergency procedures clearly outlined so that you can make quick decisions and rapidly purchase/obtain the items needed.

### Emergency phase:

1. Find out from local people, especially women and children, what is being provided and what is needed and hasn't been provided. Double-check with secondary sources to see what other agencies are providing.
2. Buy as locally as possible even when this doesn't necessarily provide the best price. This will help boost the local economy.
3. When assessing what Plan should provide, consider items especially for women and children:
  - Clothing and undergarments, although think of the appropriateness, especially for women and girls
  - Sanitary items for women and adolescent girls

- Utensils and food preparation items, drinking glasses, buckets to wash dishes and clothes
  - Personal hygiene items
  - Blankets or mattresses for sleeping
  - Items for infants and small children, including traditional carrying cloths for women
  - Animal fodder.
4. Consider an 'emergency kit' for disaster survivors. Be aware of local culture and sharing practices in the community. Involve communities in decisions over what is given, who gets it and in managing distribution. This will help reduce conflicts over aid.
  5. Don't forget that you will need somewhere to store and organise these items. You may want to clear a space in a Plan office or rent a warehouse for this phase of emergency relief.
  6. Don't forget transportation. Ensure that you provide a means of transporting items to people's homes if they are living in their communities. Costs for transport will increase greatly due to the situation. Think of hiring additional trucks and drivers or provide a small amount of cash to families for transportation of the items.

### Relief phase:

If appropriate, look for ways to boost the local economy rather than providing goods purchased from outside the area.

## Programmes: Shelter and Community Re-establishment

Disaster-affected people have a right to live in safety, security, peace and dignity. Disasters impact heavily on physical as well as social structures and relationships that provide meaning for people and that organise family and community life. After a disaster there may be a lack of privacy for women and girls due to overcrowding in a shelter. Children's privacy, safety and recreation are often overlooked. Women and children can be vulnerable to sexual harassment, abuse and violence in camps. Too few latrines and water points, stagnant pools of water, debris, garbage and exposure to the elements - rain, excessive heat, cold and dust - pose serious health risks. Loss of land rights/ legal tenure and possible relocation make recovery difficult. Loss of livelihoods, tools and natural resources make rebuilding and resettlement difficult. Community leadership structures, social and cultural infrastructure, such as temples, mosques and churches and the social fabric of the community need to be re-established.

### Be prepared:

1. Support communities to do risk mapping in community development plans and update periodically.
  - Identify houses/dwellings located in high-risk zones for disasters.
  - Keep the information in a village organisation and the Plan office. Share it with local government.
  - Map potential safe areas/multipurpose centres for evacuation and temporary settlement.
2. Discuss and assess Plan's capacity to respond to temporary and transitional housing that conform to selected international standards, such as Sphere.
3. Know what the building codes are, and ensure Plan projects are up to code.
4. Advocate locally for disaster-prone building codes, disaster mitigation and environmentally sound construction policies.

### Emergency and relief phases:

1. Assess provision for shelter in terms of:
  - Number of families without shelter
  - Privacy, safety and security, especially for women and girl children
  - Health and environmental conditions
  - Space in temporary and transitional shelters/camps.
2. If supporting temporary shelters directly:
  - Try to strengthen the sense of community in temporary shelters by providing separate, shaded area for women and men where they can gather and talk, relax or do livelihood activities together.
  - Integrate interventions in water supply, sanitation and health in temporary shelter. Do not locate shelters near to mass graves, or vice versa.
  - Identify families that can return to their houses/land/plots and provide financial and/or technical support for reconstruction of temporary shelters/houses.
  - Establish camp management structures and protocols that support children and youth participation in management of shelters or transitional camps. Monitor it.
  - Make children and adults aware of their rights to shelter and other services after disaster. Involve them in monitoring Plan's activities.
3. Monitor that camp management provides:
  - Information areas for finding out where food is distributed, how to trace lost family members, how to register/replace lost papers, etc.
  - Privacy for women and girl children in common areas; eating areas for small children
  - Secure sleeping arrangements
  - Adequate lighting, safe location and privacy of toilets/showers for women and children
  - Protection of children and women; area for missing/separated children
  - Safe spaces for children and adolescents for play, non-formal education and well-being
  - Space for community building activities, community meetings, livelihood activities.

### Interventions that also can support long-term development:

1. Participate in national and regional emergency-reconstruction committees.
2. Set criteria with children and communities to decide on 'who benefits and how'. Consult women, children, marginalised groups in developing resettlement programmes and designing houses and communities. This will minimise conflict later on. Transparency is the key.
3. Advocate for the needs/rights/participation of communities, children, marginalised populations, the landless, tenants and sharecroppers in relocation and reconstruction plans.
4. Consider advocacy support or a conflict mediation role in disputes over re-location.
5. Provide legal support to families who have lost land rights, re-located or lost title deeds.
6. Ensure support for tenants and non-landowners. Ensure entitlements are retained or substituted for people who fish or use resources located on land they do not own.
7. Consider requiring joint land titles and joint housing registration (in the name of a couple) or in the women's name to protect women and children. Add clauses in agreements to prevent sales of homes.
8. Ensure that housing structures conform to national standards in safety and environmental laws.
9. Seek social and cultural appropriateness of housing structures, community design and community resettlement plans to ensure social harmony and cohesiveness.
10. Link livelihood and reconstruction/relocation regarding both land use and skills training.
11. Focus on women and youth for livelihood intervention.

#### Guiding Principles and References

CRC: Article 16, 24, and 27  
UNHCR Handbook for Emergencies (1999) Geneva  
Intermediate Technology Development Group-Guidelines, 2004, Sri Lanka

### The Convention on the Rights of the Child

**Article 32:** Child Labour: The child has the right to be protected from work that threatens his or her health, education and development. The state shall set minimum ages for employment and regulate working conditions.

**Article 33:** Drug abuse: Children have the right to be protected from the use of narcotics and psychotropic drugs, and from being involved in their use or distribution.

**Article 34:** Sexual exploitation: The state shall protect children from sexual exploitation and abuse.

**Article 35:** Sale, trafficking and abduction: It is the state's obligation to make every effort to prevent the sale, trafficking and abduction of children.

**Article 36:** Other forms of exploitation: The child has the right to protection from all forms of exploitation prejudicial to any aspect of the child's welfare not convened in articles 32, 33, 34, and 35.

**Article 37:** Torture and deprivation of liberty: No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time. The child has the right to maintain contact with the family.

**Article 38:** Armed conflict: States parties shall take all feasible measures to ensure that children under 18 years of age have no direct part in hostilities. No child under 18 years shall be recruited into the armed forces.

**Article 39:** Rehabilitative care: The state has an obligation to ensure that child victims of armed conflicts, torture, neglect, maltreatment or exploitation receive appropriate treatment for their recovery and social integration.

**Article 40:** Administration of juvenile justice: A child in conflict with the law has the right to treatment which promotes the child's sense of dignity and takes child's age into account and aims at his or her integration into society. The child is entitled to basic guarantees as well as legal or other assistance for his or her defense.

**Article 41:** Respect for higher standards: Wherever standards set nationally and internationally, relevant to the rights of the child, are higher than those in this convention, the higher standard shall apply.

**Article 42 – 54:** Implementation and entry into force.

## Programmes: Health

Children and adults have the right to health care. Some disasters directly cause physical injury, particularly among vulnerable groups. Vulnerability to illness is also increased following a disaster due to disrupted supplies of basic needs and facilities. In complex emergencies, infectious diseases, particularly measles, malaria, respiratory infections and diarrhoea, are common and children exposed to any of them are more likely to die if they are malnourished. In an acute natural disaster, diseases are likely if the water supply and sanitation is inadequate. Reproductive health problems in times of disaster include an increased risk of HIV infection and other STDs due to gender violence; a lack of clean needles and screened blood for transfusion. Lack of care for people with HIV/AIDS and obstetric emergencies (pregnancies, births, miscarriages) also can be problematic.

### Be prepared:

1. Have data on the health status of children and the community.
2. Know who are the health professionals and trained health volunteers and map the health services that are normally available.
3. Learn health standards for emergencies. UNFPA has minimum initial service packages (MISP) for reproductive health. WHO has a list of guidelines.
4. Have copies of the national standards and protocols for the treatment of common infectious diseases, including the list of essential drugs.
5. Make agreements in advance with the national and local health authorities about roles and responsibilities in a disaster.
6. Provide health information to children, youth and their families on the prevention and treatment of common diseases and area-specific diseases.
7. Strengthen children's participation in the health of their communities, including use of child-to-child programmes and the understanding of positive traditional health care.
8. In disaster preparedness plans, consider how to reduce the potential for physical injury.
9. Train children, community members and staff on first aid.
10. Train staff on how to interact with people who have experienced a disaster.

### Emergency phase:

1. Strengthen/support local efforts to provide first aid and resuscitation to the injured.

2. Strengthen/support local efforts to secure the physical safety of all members of the community, especially children and other vulnerable groups.
3. Help transport the seriously injured to hospital. Note if parents and children are being separated due to treatment.
4. Provide health workers with needed materials, equipment and support.
5. Provide functioning health posts and centres with materials, including medicines.
6. Ensure that basic needs are met for water, sanitation, food and nutrition, shelter, child protection and psychosocial support, especially for children and women.

### Relief phase:

1. Work in collaboration with the agency designated to take the lead in providing health care - usually the national health service.
2. Collaborate with the organisation chosen to provide the minimum initial services package using the UNFPA reproductive health kit. This includes the prevention of gender-based violence, reduction of HIV transmission and prevention of neonatal and maternal mortality.
3. Strengthen the voices of children and women in the assessment.
4. Work with children, young people and adult health volunteers to provide health information and advice on the prevention and treatment of health problems.
5. When appropriate, support the mass measles vaccination of children 6 months to 15 years old and the provision of Vitamin A and zinc for children 6 months to 5 years old.
6. Support health workers to prevent, diagnose and treat common diseases and reproductive health problems using standard case management.
7. Contribute to the procurement of supplies and materials when appropriate.
8. Refer complex cases and obstetric emergencies. In some cases, it is appropriate to find midwives and work with them.
9. Observe whether mothers are under severe stress and need support with coping measures.

**Note:** The lead organisation should be conducting regular health surveillance and take measures to prevent and control the outbreak of epidemics of infectious diseases and continue to build the capacity of field health workers.

### Guiding Principles and References

CRC: Article 23 and 24  
SPHERE Chapter 5 on health services  
UNICEF Core Commitment for Children in Emergencies  
UNFPA website for MISP: [www.unfpa.org/emergencies/manual/index.htm](http://www.unfpa.org/emergencies/manual/index.htm)  
WHO website for the list of guidelines for health emergencies:  
[http://ww3.whoosea.org/EN/Section23/Section1108/Section1835\\_8187.htm](http://ww3.whoosea.org/EN/Section23/Section1108/Section1835_8187.htm)

## Programmes: Registration, Civil Documentation, Legal Support

Frequently the majority of the population affected by a disaster has lost all their civil registration papers, such as birth, death and marriage certificates, land and property entitlements, certificates of qualifications, etc. The loss of these papers can be as dramatic as being unable to prove parenthood or nationality and can be a significant hindrance to recovery, for example, in proving ownership of land or school graduation in order to get a job.

### Be prepared:

1. Include disaster preparedness in your country's birth registration project.
2. Understand the government system of civil registration if you are not working on birth registration. Who does it, how? Are there other agencies working on the issue?
3. Know how registration records are stored – centrally, at a local level, as hardcopy, etc.
4. Retain an overview of which UN agencies in the country are working on legal reform, governance, etc. These agencies could be potential partners.
5. Map potential partners who are working on legal issues, such as providing legal advice, and identify those who are enthusiastic about the importance of birth and civil registration and retain an overview of legislation.

### Emergency phase:

Through initial assessments, learn whether families have lost their personal documents and if they will be salvageable in due course. (This depends on the nature of the disaster.) This does not mean asking specific questions at this point but rather gaining an overview. Red Cross or the government may be the lead on this.

### Relief phase:

1. Raise the issue of civil registration and legal support at coordination meetings. Many government agencies and NGOs will not have thought of the importance of it.
2. Determine if it is possible to coordinate birth registration and other services with existing registration activities, such as affected population registration. There may be 'political' reasons why this is not possible, but keep in mind there will always be problems - the task is to overcome them.
3. Work with and support partners to develop a practical, simple process for replacement, registration and legal support. Government partners need to see the cost benefit for them in 'short-term amendment of the rules' and finding solutions.
4. Monitor what is happening to children as a result of the lack of papers or legal documents, advocate as appropriate (e.g. institutionalisation of children because of problems resolving property rights).
5. Raise awareness among people on the compensation or entitlements that the government is offering and the paperwork required to access it. In some cases, Plan may find it appropriate to advocate with the government on the provision of entitlements.
6. Be aware that in current or recent conflict zones, people may be hesitant to register. They may not trust the government or other paramilitary organisations, etc. who operate in the zone.
7. Consider suggesting that couples register jointly or in the name of the woman for housing titles, land ownership, etc., as this may serve to protect women and children.

**Guiding Principles and References**  
CRC Article 7

## Programmes: Protecting Children in Disaster Conditions

Keeping children safe and protecting them from further harm and exploitation should be the top priority in a disaster. All children have the right to be protected from abuse and neglect. Disaster exposes children to a higher degree of risk of exploitation through mental, emotional, physical and sexual abuse. There may be an increase in the incidence of child labour, abduction, sexual exploitation, etc. as a result of the loss of their parents. Children in difficult circumstances, such as orphans, children living with AIDS, working children, street children, children with disabilities, those in conflict with the law, become all the more vulnerable during emergencies when normal law and order systems may break down; there may be no shelter, no functional schools, early childhood care or health care. There may be no one to take care of children. Children and adults will be emotionally distressed. Children may not be able to express themselves. Adults may be stressed and not able to protect children as they would normally.

### Be prepared:

1. Be oriented on child rights, Plan's CCCD and child protection policy.
2. Ensure Plan programmes, especially those with children in difficult circumstances, are child centred and have disaster preparedness incorporated.
3. Create opportunities for children in difficult circumstances to participate at various levels.
4. Have basic socio-demographic indicators with specifics on vulnerable children.
5. Have details of prevalent child exploitation practices in your area.
6. Network with government departments, civil societies, media and UN bodies working toward eradication of such practices. Keep their addresses handy.
7. Learn from the past experience of child protection issues in similar disasters.

### Emergency phase:

1. Support or directly identify, register and monitor vulnerable, orphaned, separated, physically/mentally challenged children. Be sure you are authorised by the government to do this.
  - Identify yourself as Plan staff and tell children why you are there. Children have rights to question who you are. Staff might want to carry identification/badges.
  - Collect basic personal data from the child (if possible), such as their full name, date and place of birth, father's and mother's names, former address and present location.
  - Keep the clothes a child was found wearing; often family members say, "My child was wearing ... at that time."
  - Provide children with temporary identity cards.
  - Keep a record, especially photos.
  - Collect more information from secondary sources.
2. Focus on the immediate safety of children. Support 'safe' child-friendly spaces for children.
  - Keep in mind the needs of different age groups of girls and boys.
  - Make sure the camps have room for children to play, draw and do things they like.
  - Give children adequate physical space, sanitation facilities, ventilation, clean water, food, bedding and arrangements for lighting.
  - Set up camps close to or within the community and involve community members in the management of services.
  - Assign staff/volunteers good with children to the area. Visit children regularly.
  - Adhere to Plan's child protection guidelines.
3. Enable the community, parents and children/adolescents to explore and protect themselves from risks.
4. Establish links with state-run child protection departments.
5. Coordinate with other child-focused and humanitarian agencies (local and international).
6. Identify focal points for child protection information/claims and inform the community.
7. Promote alternative family and community-based care for infants, including fostering.
8. Maintain confidentiality of data regarding children/young people.
9. Disallow any media attempts that could exaggerate children's problems or well-being.
10. Promote child protection among other aid organisations.
11. Know and raise awareness on the UN Reporting System for Special Measures for Protection Against Sexual Exploitation and Sexual Abuse. Adapt these policies for Plan and Plan staff working in the disaster area.



## Relief phase:

1. Support re-registration for those who have lost their registration cards and establish links with the state machinery (see Registration, Civil Documentation and Legal Support, p. 42)
2. Bring in a sense of normalcy by supporting education and playing with children.
3. Help reduce abuse by supporting reconstruction, livelihood, parental well-being and other areas that take stress away from parents and will help prevent violence against children.
4. Sensitise vendors, consultants, volunteers, etc. on child protection and the Red Cross Code of Conduct.
5. Promote children's organisations so that young people can speak for themselves. Enable partnerships between children's organisations and adult governance structures.
6. Ensure correct information is provided to children, young people and communities about disaster and response. They have a right to know of risks and of aid available.
7. Assess child protection problems before reporting or acting. False information on issues like trafficking, child labour and other forms of abuse can create unnecessary panic.
8. Sensitise functional systems such as judiciary, school, ECCD and health systems on child protection in the post-disaster era.
9. Sensitise media on how their actions can harm children and other survivors and promote a problem-solving approach. Show people as protagonists, not as helpless victims.
10. Emphasise reunion of children with their families. However, provide community-oriented care and support during the phase they are separated.
11. Be aware that children have their own property rights and this may come into play when families offer to take in orphaned children. In circumstances of dispute, consult with the government.
12. Involve children in the different phases of the programme cycle as soon as possible.
13. Engage in awareness raising and strengthening activities with other disaster-response agencies to help them incorporate children's participation and protection into their response.

### Guiding Principles and References

Plan's Asia-wide Child Protection guidelines, written by Child Wise for Plan Asia

Save the Children USA emergency document;

[http://www.savethechildren.org/emergencies/asia\\_child\\_protection\\_overview.asp](http://www.savethechildren.org/emergencies/asia_child_protection_overview.asp)

## Child Centred Community Development

Plan supports communities to develop the structures and skills they need to provide a safe and health environment in which children are able to realize their full potential (community development). It is our belief, based on many years of experience, that this can be achieved only if children's best interests are at the heart of everything we do and if children themselves actively participate in the process (child centred.)

### The Three Foundations (organizational tenets)

**Rights and Principles:** We believe and committed that every human being has an equal right to participate in society and to access opportunities that support and enable them to reach their full potential.

**Civil Society:** We work with families and children, particularly those most marginalized, and support their inclusion in community groups.

**Scaling Up:** We look at the wider picture, taking successful initiatives and replicating them in our own work and using lessons learned to strengthen services provided by other organizations and governments.

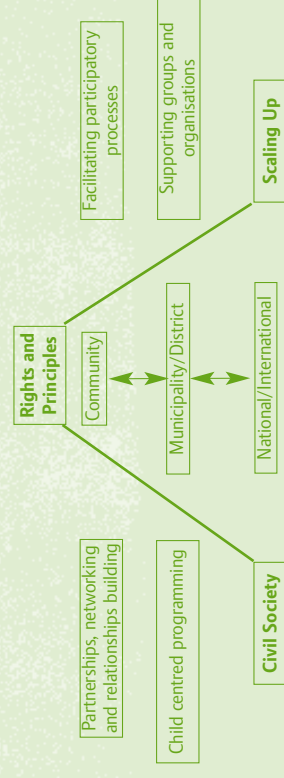
### The Four Cornerstones (The way of working)

**Partnerships, networking and relationships building:** Creating networks and establishing partnerships and alliances are vital aspects by which awareness is created, policy is influenced and structure surrounding the child can become more participatory and child friendly.

**Child centred programming:** Through child centered community development, children are active participants rather than passive recipients in the development process.

**Facilitating participatory processes:** By encouraging and enabling children to identify issues at a community level, local officials will have a better understanding of living conditions and service delivery.

**Supporting groups and organizations:** Encouraging the inclusion of all members of the community to use their own organisations means that their voice is more likely to be heard, thus given them better access to external institutions.



## Programmes: Psychosocial Support

Disasters impact heavily on social structures and relationships that provide meaning for people and that organise family and community life. Social structures and relationships are permanently affected or disrupted by death and disability. Children may lose family members, including parents. People may be traumatised. Children may need special protection. The impact of the disaster is likely to affect females differently. Social and cultural infrastructure, such as temples, mosques and churches, may be damaged, but equally they may provide shelter in both a physical and psychosocial/spiritual sense. The social fabric needs mending and/or re-establishment to help people to move on.

Psychosocial refers to programmes that directly address the emotional well-being and social needs of adults and children. In CCCD we think of the 'whole child' with physical, cognitive and emotional needs that can be best met by supporting them within their families and communities. After a disaster, children and adults' feelings may include grief, anger, fear, guilt (that they have survived, didn't do enough to save others) and hopelessness. How these feelings are expressed will vary depending on individual situations and the age of the child (see next page). These feelings are natural and, for most children and adults, will diminish with time – although the events will never be forgotten.

These symptoms and feelings are not wrong or worrying in themselves, but if they are intense and persist they can prevent people from functioning.

In psychosocial programmes it is important to remember:

1. Adults and children are experiencing a normal reaction to an abnormal event; listen to them and reassure them.
2. For the majority, their lives will never be the same again, but they are resilient and will cope.
3. Assess over a period of time who needs specialised help to recover.

## Common responses of children to disasters and trauma

### Toddlers

- Regression in behaviour
- Decreased appetite
- Nightmares
- Muteness
- Clinging
- Irritability
- Exaggerated startle response

### School-age children

- Marked reactions of fear and anxiety
- Increased hostility with siblings
- Somatic complaints (ex. stomach aches)
- Sleep disorders
- School problems
- Decreased interest in peers, hobbies
- Social withdrawal
- Apathy
- Re-enactment via play
- Post-traumatic stress disorder

### Adolescents

- Decreased interest in social activities, peers, hobbies, school
- Inability to feel pleasure
- Decline in responsible behaviour
- Rebellion, behaviour problems
- Somatic complaints
- Eating disorders
- Change in physical activities (both increase and decrease)
- Confusion
- Lack of concentration
- Risk-taking behaviour
- Post-traumatic stress disorder

## Be prepared:

1. Identify resources (partners, individuals) that can help and advise on psychosocial programmes.
2. Learn about psychosocial support programmes.
3. Keep an updated list of equipment needed to create child-friendly spaces.

## Emergency phase:

1. Ensure that basic needs (food, shelter, medical attention) are met and that people are provided with accurate information about where to find them. Because people may be confused or dazed, information needs to be simple and repeated often.
2. Start to ask the opinions of adults and children, such as the selection of non-food relief items. Do not be afraid that you are overburdening people by seeking their participation. Even if some do not contribute at this stage, it is important they feel they have some control over their lives.
3. Ensure that people who had a pre-existing psychiatric condition receive appropriate care.

4. Respect local customs and coping mechanisms. Being affected deeply by terrible events is universal, but recognising and understanding the symptoms or expression is cultural; grief may be expressed in a way that appears uncaring to another culture.
5. Respect confidentiality.

#### **Relief phase:**

1. Identify safe places for children. They are important for recreation, information and protection and provide an environment for children to express emotions that they may feel unable to do with a parent or carer. Use age-based programming for youth activities.
2. Develop activities, routines and play for children as quickly as possible, such as non-formal activities, sports, school in tents; provide teachers and carers with a basic reassurance of how these activities help children. Children smiling or playing helps the whole community feel better and return to a sense of normalcy.
3. Use all opportunities (programmes, media, other agencies) to explain to adults and children that reactions they might be experiencing are normal and how they might help themselves.
4. Use all opportunities (programmes, media, other agencies) to explain to adults and children that reactions they might be experiencing are normal and how they might help themselves.
5. Avoid making judgements about who suffered most. Effects of traumatic events on individuals are personal.
6. Consider how psychosocial components can be integrated into all programmes.
7. Consider partnering with community-based psychosocial support programmes. You may want to rely on organisations or universities specialised in these techniques when special knowledge and skills are needed to design this type of programme. Ensure that partners keep programme designs child- and community-centred and that they strengthen grassroots participation in the healing process. Different ages need different types of activities. Involve children and youth as well as parents and other adults.
8. Remember affected staff and partners will be experiencing similar symptoms as the people they are trying to help. Colleagues not initially affected may become stressed.

#### **Guiding Principles and References**

Sphere: Chapter 2 on Health Services  
CRC: Article 39 and all other rights  
Uniformed Services University of the Health Sciences; Centre for the Study of Traumatic Stress [www.usuhs.mil/centreforthestudyoftraumaticstress](http://www.usuhs.mil/centreforthestudyoftraumaticstress)  
Helping the Children – A Practical Handbook for Complex Humanitarian Emergencies. Anna Mandalakas, 1999.  
Suggestions for After-Tsunami Trauma Relief for Children and Youth. Meindert Schaap, January 2005.  
<http://www.streetkids-SRH.org>

## Programmes: Education

Children have the right to education even during disasters. Disasters may leave schools and learning centres damaged or destroyed. Many times learning centres are used as evacuation shelters. There is a discontinuation of educational programmes and loss of teachers and/or education providers. The importance of a quick recovery of education (whether formal or non-formal to begin with) is often overlooked.

### Be prepared:

1. Incorporate disaster preparedness as part of the school improvement plan/education programme.
2. Prepare supply lists for 'school in a box' and 'ECCD in a box'.

### Emergency phase:

1. Visit learning centres and camps/shelters and assess the situation using the quick assessment tool (see Assessment, pg. 18).
2. Obtain a list of students and/or teachers and compare it with the situation update of the calamity regarding mortality/casualties, injured, shocked, missing, homeless and orphaned children.
3. Support communities in the decision-making process on whether to convert school classrooms into evacuation centres. Once a camp is established in a school, education will be affected. Seek an alternative first. In case the school is used, recommend an 'exit date' to be set at the soonest possible time.
4. Provide 'school in a box' and/or 'ECCD in a box' (child-friendly play arts materials and light equipment that serve as alternative toys for children). Use age-appropriate methods.
5. Advocate for the re-establishment of education as soon as possible.
6. For ECCD centres/children ages 0-6 years:
  - 0 to 3-year-old children should be with mothers as much as possible. Establish mechanism, however, to care for children when mothers need to do other things.
  - Ask mothers if they have special needs for their 0 to 3-year-olds.
  - Mobilise trained youth to interact with children 3-6 years old within the eyesight of parents and/or caregivers. Form a play group.
  - Monitor health and nutrition of 0 to 6-year-old children and mothers.
  - Help parents and caregivers understand why their children might be acting differently and how to be understanding (see Psychosocial Support p. 48).

### 7. Primary and secondary schools:

- Create space for children to play, draw, talk, discharge their grief and stress, learn or to distract themselves. Interact with them regularly so that their physical and mental frustration does not accumulate. Play local, simple games.
- Do a roll call to account for all children.
- Talk about the disaster and explain what happened and why. Be accurate.
- Engage them, if appropriate, in collective activities in camps or communities. Adolescents especially want to be part of the support and to feel involved.
- Find a time and semi-private space for adolescents to gather and 'be themselves'.

### Relief phase:

1. Ask children and people if education-specific support mechanisms and resources exist and how Plan can help.
2. Consider providing children with school supplies if appropriate.
3. Get involved in the local and national discussion regarding the repair of damaged classrooms or schools. Discuss the physical security of all learning centres.
4. Coordinate with the education ministry to identify teachers, professionals, volunteers, youth and children who can support quasi education programmes.
5. Coordinate with the education ministry on the opening of schools in calamity areas. Assess school safety before allowing children to return.
6. Discuss alternative subjects to make education responsive to the immediate needs of the students after the disaster.
7. Bring up ECCD as an issue – home-based or centre-based – in reconstruction planning.
8. Turn disaster into opportunity to open education for those who were out of school before the disaster. Promote inclusion and education for all.
9. Don't forget the non-formal education programmes that existed before the disaster. Often they are the last to be recovered – and yet they might be the most appropriate way to deal with education in the post-disaster situation.

### Guiding Principles and References

CRC: Article 28, Article 29  
Minimum Standards, Inter-agency Network for Education in Emergencies

## Programmes: Livelihood

Survivors of disasters often encounter a severe challenge: returning to normalcy. The livelihood recovery can be undermined in the face of food and health insecurity and physical reconstruction. Previous employment/income-generating activities might not be feasible after the disaster. Income earners may be injured or dead, which can pressure children and other unsuitable family members to seek out any type of earnings.

### Be prepared:

1. Within the livelihood programme, analyse the risk of disasters as an 'economic shock'.
2. Promote personal savings at authorised institutions rather than at household or communal revolving funds.
3. Promote diversification of income sources (crop-wise and/or employment-wise) per household.
4. Include disaster protocol in the microfinance projects.

### Emergency phase:

1. Avoid distributing international food and non-food items that are available in the local market. It will kill the local economy. Buy supplies and goods as locally as possible.
2. Avoid prolonged food and non-food distribution.
3. Survey changes in the household composition and labour force.
4. Pay special attention to children left without one or both parents, pregnant women and people with disabilities so that they are not forced to work or even beg after the disaster.
5. Raise awareness among people that job offers elsewhere immediately after the disaster need to be carefully studied before taking them.
6. Study the government's intention for relocation and other post-disaster policies and start discussing with people about their livelihood recovery.

### Recovery phase:

1. Do not forget that the affected people are not homogeneous. Livelihood recovery activities must be demand-driven and individualised as much as possible.
2. Help affected families in withdrawing savings that they might have in an institution. This may include replacing necessary documents.
3. Consider support for microfinance institutions to allow them to re-schedule loans to disaster affected people. Loan cancellation should be restricted to the most severely affected families.
4. If the local economy is functioning, consider cash distribution or issuing disaster loans to families rather than continuing with food and non-food distribution.
5. Seek to give preference to disaster affected people in employment by Plan for disaster recovery.
6. Inquire if other organisations are promoting food-for-work or cash-for-work activities. Plan's activities must create synergy rather than conflict with other agencies.
7. Promote young people's work opportunity. Support trained and motivated youth to obtain paid or even voluntary work.
8. Encourage people to think differently about their livelihood patterns. If another disaster happened in five years, could they survive by doing what they had been doing?
9. If migration is an option, liaise with organisations that promote safe migration and provide guidance to people.
10. Continue special support to families who lost income earners due to death or injury to prevent child labour and/or begging.
11. Provide livelihood relief rather than food relief.
12. Recognise the importance of the informal economy and support women's initiatives in it.

### Guiding Principles and References

Tsunami Emergency, Lessons from Previous Natural Disasters. Rachel Houghton, Observer Member of ALNAP.

## Programme: Linking Micro and Macro Development

Disasters may be natural, but it is proven that the preparedness of the population to respond can greatly reduce human suffering. Disaster mitigation can reduce the impact of disasters on people and the environment. Macro level decisions can make the micro levels more vulnerable to disasters and their impact. If Plan is to make long-term positive changes, it is important to address disasters at both the micro and the macro levels.

### Be prepared:

1. Know local and national governments and have established relationships with them.
2. Learn about national disaster preparedness planning and early warning systems.
3. Make a name for Plan, as a child-centred community development organisation that also responds to disasters.
3. Evaluate Plan's interventions and conduct research on children in disasters.
4. Use these as a basis for development education and awareness raising.
5. Raise awareness with local populations and local and national governments on the links between long-term development, disaster mitigation, attention to risks and vulnerabilities and community participation and the impact of natural disasters.
6. Raise awareness with local people and local governments on disaster preparedness plans, and community-based emergency procedures and training.
7. Encourage children and adolescents in disaster-prone areas to be more active and involved in environmental protection, disaster mitigation, preparedness and simulation exercises.
8. Know what your position is on child protection, adoption and the institutionalising of children.

### Emergency phase:

1. Support children and communities to organise themselves as soon as possible.
2. Raise awareness on government programmes and entitlements. Encourage communities to get involved in deciding their own fates and accessing their rights.
3. Encourage community involvement in managing shelters and participating on emergency committees.
4. Support local community-based groups to organise and be involved in decisions that affect them.
5. Encourage youth participation in managing disaster response and relief supplies.
6. Raise awareness on child rights and child protection issues, including those of adoption, institutionalisation and children in special circumstances. State your position on these.
7. Raise awareness on the need for positive and proactive images of children and adults affected by the disaster.

### Relief phase:

Some areas where local advocacy and awareness raising might be needed:

1. Supporting communities to access disaster-related compensation and entitlements and support them to advocate for changes to situations they do not consider fair or where they have not been involved in decisions that affect them.
2. Youth and community participation in managing shelters and making changes to shelter conditions.
3. Meaningful community participation in decisions about relocation and reconstruction.
4. Inclusion of children's and youths' priorities in local and national reconstruction plans and budgets.
5. Relaxed requirements for obtaining legal documents lost in the disaster.
6. Regulate the prices of construction related materials.
7. The amount of disaster relief and reconstruction funds being destined for, and spent on, areas that directly and indirectly benefit children.
8. Child and community participation, child protection, child rights and birth registration in times of disaster.

## Programme: Monitoring, Evaluation and Learning

Disaster highlights the delicate balance between needing to act quickly without too much discussion and needing to know if our interventions are working. Time is often short and we focus on 'doing' and not monitoring, evaluating our actions or learning what works. We risk making the wrong decisions and being top-down if we don't include children, communities and frontline staff in monitoring and decision making. We also risk repeating mistakes and continuing with actions that are not effective if we don't monitor.

- Review/evaluation
- Conduct a thorough review of the objectives, strategies and procedures as soon as staff and resources are available.
- Reporting back to the communities
- Use simple communication tools to feed back information/future plans to communities to ensure transparency and a steady flow of information.

### Relief phase:

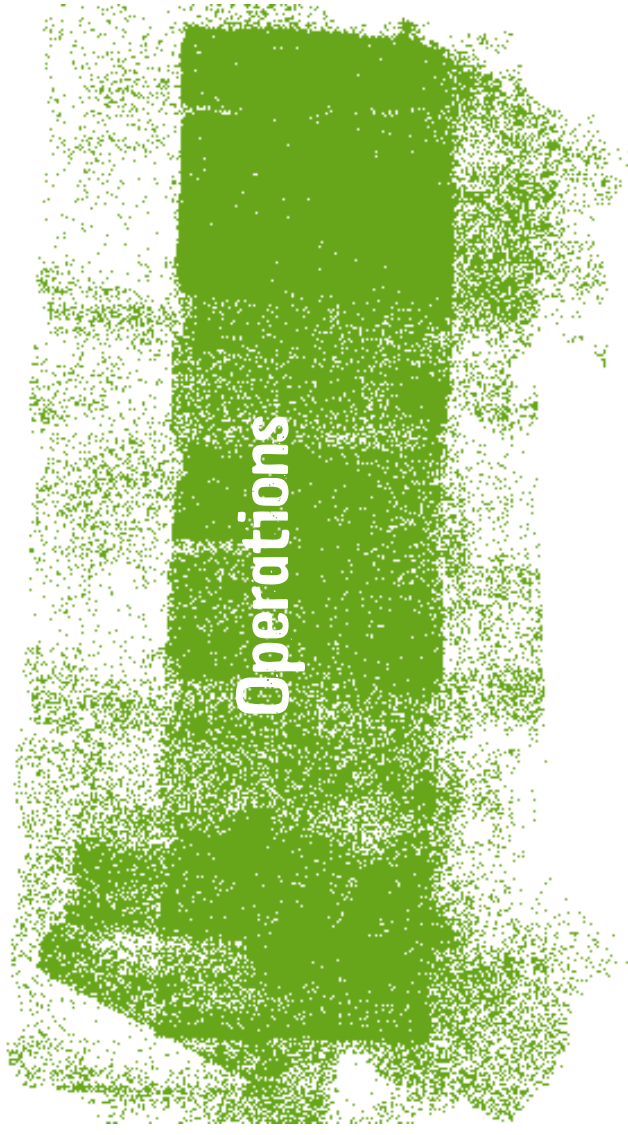
Once the CPO is ready, Plan should follow normal CPME procedures. Some other things to look for include:

1. Operations monitoring
  - System for inputs: use of vehicles, food distribution, provision of basic services, etc.
  - Involvement of communities in operations management.
  - Clear management structure and division of tasks.
  - Supplies and resources on the way and effective targeting of distribution.
2. Programme monitoring
  - Access and flow of information within the organisation.
  - Flow of information between the different sections/levels of the organisation to ensure that it is steady and accurate.
  - Effective coordination and integration.
  - Communities' involvement in the distribution of goods and provision of services.
3. Financial tracking
  - CPO indicators using standard CPME procedures.
  - Monitor the situation on the ground and whether your country's (see Emergency Programme Procedures, p. 72) should be stopped and normal procedures put into effect again.
4. Review
  - Thoroughly review the objectives, strategies and minimum standards procedures as soon as staff and resources are available.
  - Conduct a systematic and impartial examination of the intervention to draw lessons to improve practise and policy and enhance accountability.
5. Evaluation
  - Evaluate the programme with reference to stated objectives and agreed minimum standards to measure its overall relevance, efficiency, effectiveness, coverage, sustainability and impact on the affected population. What groups remain under-served?

### Emergency phase:

1. Operational monitoring
  - Monitor inputs: use of vehicles, food distribution, provision of basic services.
  - Check involvement of communities in operations management.
  - Check the management structure and division of tasks.
  - Monitor supplies to keep track of resources and distribute them effectively.
  - Monitor what other agencies are doing so that services are not duplicated.
2. Process monitoring
  - Monitor access and flow of information within the organisation.
  - Check whether people in charge of relief programmes have sufficient information to respond to the situation and that changes are incorporated as quickly as they are happening.
  - Create an effective and simple means of internal and external coordination at local and regional levels to monitor relief efforts.
  - Check involvement of the community in the distribution of goods and services; remember to look into the involvement of children, women and marginalised groups.
  - Check if any partnerships or collaborative approaches with other agencies worked.
  - Check response efficiency and timeliness at different levels (IH-RO-CO-PU-community).
  - Use Plan's standard output monitoring system (1Q10, 2Q10, 3Q10, 4Q10, 5Q10).
3. Financial tracking
  - Use the financial tracking system in the operational book; standard procedures can be adjusted according to the need.

- Take into account the views and options of the affected population.
  - Collect independent and impartial information for evaluation purposes.
  - Share the results of each evaluation to improve future practices.
  - If this project were to be replicated, what would be done differently?
6. Sharing good practices and lessons learned
- Share results with staff, communities, local authorities, local NGOs and INGOs in meetings, through events and by writing technical or academic papers for publication or for circulation in newsletters. Be transparent about even negative findings.
  - Share results on websites and in situation and disaster reports.
  - Learn and share good practices with Sphere Project and other regional or international resource groups.
  - Write up case studies of good practices and successful new technology and disseminate.
  - Post all the above on PWW for others in Plan to share your learning.





## Operations: First Move

Plan is not a large-scale disaster relief organisation. However, a disaster can happen in or close to our work area. Disaster tends to happen when least expected.

### Be prepared:

1. In each office, make a 'communication cascade chart' or 'communications tree'.
2. Drill it regularly in normal times. Review how long it took to work.
3. Consider buying satellite phones.
4. Set up an internal website where information can be posted regularly.

### Emergency phase:

1. Take care of yourself and your family first.
2. Even if you are not affected, get in touch with the office.
3. Once you are safe, get in touch with the designated person. If not, contact whomever you can within Plan.
  - If you and your family are okay.
  - Where you are now and if you can be reached and by which medium of communication.
  - If you have direct access to the place of disaster and if you have seen what has happened.
5. Start working as agreed upon with your office/supervisor.

### Relief phase:

1. Establish good communication systems with all field staff who will be working in disaster zones. This can include purchase of mobile phones and phone cards to allow rapid communication and information flow.
2. Have regular coordination meetings with anyone working on the disaster to share information and discuss strategies. When effective strategies are made by all, frontline staff will be better prepared to make quick decisions. Include the finance team.
3. Let frontline staff and PU managers know what their 'disaster time' authority levels are and what would be needed to back them up.
4. Decision makers should be available to frontline staff at all times to answer questions and offer support and also to avoid delays in getting things done.
5. CMT members: Go to the disaster zone yourself. Don't stay in the office and expect field staff to come to you. Visit the affected areas and affected people, get informed and become immersed mentally and emotionally in the situation. You will make better decisions.
6. Use your internal website to share information.

### Guiding Principles and References

Strategic Directions: SD2 SD3  
Red Cross Code of Conduct: No. 1

## Operations: Disaster Team Structures

It is important to set up a disaster team at the onset of the event to ensure reporting lines, roles and responsibilities are clear. Refer to the sections on Coordination and Communication.

### Be prepared:

1. For general crisis management, each office should have a structure in line with the 'issue management'. At the onset of the event, whoever is available in the office should gather and review, modify the structure and assigned personnel. Remember, disaster always happens when you least expect it. At the CO level, you should at least have designated:
  - Team leader
  - Gatekeeper
  - Spokesperson
  - Strategist
  - Plan internal liaison
  - Liaison with sponsored families, communities and children
  - Media liaison
  - Administrator
  - Liaison with other actors within the country.

### Emergency Phase:

1. Try to divide the tasks of spokesperson, strategist and liaison. In many disaster situations in Plan, a few staff end up playing all three roles. This causes concentration of responsibilities and results in fatigue.
2. At the PU level, assign a disaster manager. Give him or her relevant authority.
3. Assess the magnitude of the situation and mobilise the internal staff to support the affected office.

### Guiding Principles and References

Sphere

Plan's Issue Management Guidelines No. 1, No. 2, No. 3, No. 4, No. 5 and No. 6

## Plan's Global Strategic Direction 2002

### 1. Being a child centred community development organisation

#### What this means

All our work will be child centred to ensure that children, families and communities address children's needs and rights and realise their potential.

#### Why is it important?

We have increasingly been involving children, their families and communities and partners in the development process. We are now building on our extensive experience to establish a consistent, effective approach that is flexible enough to meet the different and changing needs of children.

### 2. Making long term commitments to children living in poverty

#### What this means

We will make a long-term commitment to work with children living in poverty to improve their lives and help them realise their potential. This includes children from both rural and urban areas as well as those in particularly difficult circumstances.

#### Why is it important?

The causes of poverty are complex and cannot be tackled overnight. That's why our ability to make long-term commitments is so important. Ultimately, this approach should result in fewer children being born into poverty.

The rise in the number of people living in towns and cities, HIV/AIDS, the increased isolation of minority groups, conflicts and disasters have all made children affected by them particularly vulnerable. Our aim is to identify those children in greatest need, wherever they live, and to continue developing our ability to work with them.

At times of disaster or conflict in areas where we work, we will work in partnership with emergency relief organisations while continuing to focus on long-term development.

## Operations: Staffing in Disaster

Disaster often has 'bad timing', hitting when human resources are scarce in the office. Plan's disaster response within 48 hours is most likely carried out by regular local staff. It is the forte of Plan that we can get to the disaster site quickly. When selecting staff to relocate to a disaster zone, volunteerism among staff should be encouraged. Some staff will be interested in supporting the initiative while others may feel more inclined to support the continuation of normal programmes and operations.

### Be prepared:

1. Have office disaster preparedness plans. Revise and rehearse them regularly.
2. Include guidelines on Plan's support to staff personally affected.
3. Include updated telephone trees and means of communication (satellite phones) in disaster preparedness plans.
4. Know which staff are interested, willing and possess the skills and attitudes to do disaster work within in the CCCD approach.
5. Familiarise yourself with global staff available during disasters. Customise the list for your own use. Keep a list of local individuals with specific skills.

### Emergency phase:

1. Identify and involve local staff who have needed language skills or skill to interact with children, previous experience with disaster or preparedness. The right attitude is crucial – you will need quick thinkers, action-oriented people.
2. When deploying staff – existing or new - to the affected area, ensure they have been oriented on the Red Cross Code of Conduct, basic information about the situation of the disaster in the area and this guidebook.
3. If possible, involve children, youth and/or adults in unaffected areas of the country to help affected communities, provided that they have been trained and their physical safety is assured.
4. If a specific need is identified that cannot be found within the country operation, then seek it locally. Look for people with the same competency described in the first guide point.
5. Consider hiring short-term translators/interpreters, drivers and proposal writers. You may be competing with other organisations for competent staff. Act quickly.

6. If the expertise is not available locally, seek support from other parts of the organisation. Look for people with the same competency described in the first guide point.
  - Consider language and culture before moving anyone to a zone.
  - If staff from other Plan offices come to support you, they serve the affected country and Plan globally and not a specific office.
  - Take into account the local-international balance of a disaster team. Your local staff's morale and commitment should be respected, valued and maintained.
7. Do not accept offers of international volunteers in time of disaster. Encourage local people's involvement.

### Relief phase:

1. Ensure that staff have access to psychological counselling and know that it is available.
2. Provide appropriate health and safety measures for staff: vaccines, medical treatment, prophylactics, nutrition, clean water, breaks and sufficient rest.
3. Staff burn-out is a real issue, as is staff fluctuation; protect against it by providing support and ensuring that staff are cared for and not overworked, that they have opportunities for recognition and adequate psychological support if needed. Closely monitor staff to ensure that they are not overworking for extended periods.
4. Offer child care at the office or allow staff to bring children to the office if it is safe – school may be disrupted or children of staff will not want to be left alone.
5. Ensure that staff who are not deployed to disaster areas or working on disaster response have appropriate guidance to conduct 'normal' operations.
6. Find ways to avoid the 'us' and 'them' mentality while still rewarding/recognising staff that are working extra hours in extremely difficult conditions.

### Guiding Principles and References

CRC Article 19  
CCCD approach  
Strategic Direction: SD2  
Sphere, Common Standard 7  
Red Cross Code of Conduct: No. 5 and No. 6

## Operations: Communication Support and Mobility

In times of crisis, logistical support is crucial for the implementation of the project. However, Plan would not like to sacrifice the implementation of other projects in the country. The OSM and administration team play an important role in making sure the staff on the ground in both disaster and non-disaster-affected areas have sufficient logistical support.

### Be prepared:

1. Prepare for a mobile office:
  - Printers, laptop computers, paper, receipt books, petty cash box, water
  - Information about Plan, information on child protection policy, information on the culture of the country and the area for visitors, consent forms for photography, this booklet
  - Programme pamphlets that might be useful, such as children's hygiene book, RH, disease prevention
  - For quick interaction with children, 'school in a box' and 'ECCD in a box'
  - Assessment forms.
2. Identify external resources who can help staff debrief
  - Inform staff prior to being sent to the disaster-affected area that the service is available.
3. Orientation of administrative staff in terms of logistical support in disasters
  - List of potential suppliers and prices for commonly used items in disasters
  - Understanding of shipping and other transport within the country.
4. HR preparation
  - Orient HR staff on disaster preparation, particularly physical and emotional well-being.
  - Be ready for immunisation and other health arrangements for the staff.
5. Cash
  - In highly disaster-prone areas and/or when disaster seems eminent, consider permanent cash float in the CO and/or PU safe.

### Emergency phase:

1. Vehicle
  - It is likely that the disaster area will need many vehicles.
  - It is better to use Plan vehicles in disaster area. If possible, relocate available office vehicles to the area. Other offices should be allowed to rent cars temporarily to compensate.
  - In the above case, drivers should be informed of the situation of the disaster area and need to consent to work in disasters.
  - If it is not possible or takes too long, hire locally, but remember:
    - High-powered vehicle with storage space
    - Insurance
    - Competent driver
    - First-aid kit
    - Spare parts.
2. Means of communication
  - According to the magnitude of the event and/or plans for longer-term involvement, you may consider purchasing new vehicle.
3. Means of communication
  - In time of disaster, communication is crucial. Purchase or lease mobile phones, satellite phone or radios for effective communication between staff and offices. Consider having a satellite phone even in normal times.
  - If you are relocating staff to the affected area, give them a means of communication for them to contact their families.
3. Cash. Give staff who are working on the ground cash float.
4. Other things to remember for staff in the disaster area:
  - Water, water purification tablets, wet tissues.
  - Food (especially dried food).
  - Sleeping kit for staff, tents if relevant.
  - Mosquito nets, repellent.
  - First-aid kit, clear advice on the types of disease and medicine to take.
  - Plan's logo-imprinted shirts, caps, banners and stickers.
  - Knife, flashlights, torches, extension leads, adapters, spare batteries for equipment.
  - Extras of everything.

### Guiding Principles and References

Sphere: Common Standard 8

## Operations: Protecting Children From Ourselves

Plan's duty is to work to safeguard and protect children in all circumstances. In a disaster, children are more vulnerable to abuse. In past disasters there has been evidence that aid workers (civilian and military) were abusers. We must make every effort to protect children at all times from the secondary harm caused by aid workers including ourselves.

### Be prepared:

1. Have at least one staff who understands international humanitarian law.
2. Have a child protection policy, including the Red Cross Code of Conduct, in place, translated into local language and understood by all staff and partners.
3. Be aware of the UN Reporting System for Special Measures for Protection Against Sexual Exploitation and Sexual Abuse. Adapt these policies for Plan and Plan staff working in the disaster area. Have copies of policies and forms on hand.
4. Have an up-to-date map of resources, both internal and external, on child protection.
5. Have a task force identified, which actively participates in child protection-related issues.
6. Ensure that your emergency kit includes printouts of the child protection policy.
7. Ensure your human resources department has an emergency procedure for recruitment and relocation of staff with expertise in child protection, if required.

### Emergency and relief phases:

1. Be sure your emergency assessment includes specific aspects of child protection and vulnerability.
2. Designate a child protection point person in the crisis management team.
3. The UN has a responsibility to appoint a focal person for child protection. Identify as soon as possible who that person is.
4. Set up a reporting mechanism that appropriately links with the point persons.
5. Link with related local and national authorities who can provide legal channels to report and respond to any abuse.

6. Link the child protection policy with the media strategy. Support PR staff to sensitise media. Do not entertain any demands that have a direct negative influence on children or a family.
7. Ensure all programme components include child protection.
8. Raise awareness among key adults (parents, grandparents, teachers, etc.) and children on possible forms of abuse in times of disaster and preventive measures.
9. Inform children and adults how to report abuse cases.
10. Raise awareness and train on the UN Reporting System for Special Measures for Protection Against Sexual Exploitation and Sexual Abuse. Use the policies on Sexual Exploitation and Sexual Abuse that have been adapted for Plan and Plan staff working in the disaster area. Have copies of policies and forms on hand.
11. Analyse the post-disaster child protection situation constantly and respond accordingly.
12. Advocate among aid agencies on child protection.

### Guiding Principles and References

CRC Articles 2, 3, 6, 12, 19, 20-21, 16, 17, 34, 35 and 37  
CCCD approach  
Red Cross Code of Conduct: No. 2, No. 7, and No. 10,  
Sphere: Cross-Cutting Issues  
Plan's Child Protection Manual' –estimated publish date July 05

## Operations: Emergency Programme Procedures

Plan's Field Operational Book (FOB) and in-country procedures ensure accountability for our interventions with communities in normal times. In times of disaster, existing protocols can be too demanding. The FOB allows alternative procedures that can be applied to the emergency situation.

### Be prepared:

1. Create a straightforward, flexible but auditable emergency protocol and get RO approval. Make it available to everyone in the office, together with this booklet.
2. In the emergency protocol, the FOB requirements can be eased, provided that they can be audited. This includes but is not limited to:
  - Bidding and/or three supplier quotations. In lieu of regular procedures, a telephone inquiry can be sufficient. In such a case, a written justification is enough.
  - Consider waiving WADB for a period of time.
  - Increase PU petty cash balance and do frequent replenishment. Cash functions best in disaster times.
  - For fund request from the PU to CO, faxing should be enough. Original copies can follow.
  - For project cost control with partners, do not ask for individual liquidations and original receipts. A financial report will suffice once it is approved and verified later by the CO.
  - Modify delegation of authorities. Usually the PUM's fund approval is not big enough to act effectively in disasters.

### Emergency phase:

1. OSM and finance manager **MUST** be involved from the very early stage of intervention. They should assess the approved emergency protocol and update it if needed.
2. The degree of 'deviation' from the normal FOB protocol and/or the emergency protocol must be discussed, agreed on and written. Inform the staff of the agreed-upon protocol immediately.
3. CO financial team and PU financial team should meet and agree on the procedure immediately after a disaster to avoid confusion.

4. Even before recording in GL, create an Excel sheet to have a daily tracking of purchases and payments.
5. Staff in the disaster area are affected by the pressure of the disaster. However good they may be, they are not functioning to their full capacity. Take this into consideration when judging their paper work.
6. Be ready for financial inquiries from the people, the government, the media, etc. One of Plan's strengths is financial transparency. Be accountable to both the survivors and the donors.

### Guiding Principles and References

Red Cross Code of Conduct: No. 1

Sphere Common standard 8

FOB: Alternative Procedures: "Plan offices may want to develop their own local procedures to meet local needs." (page 7, FOB version 11/96.)

## Operations: Partnership with Other NGOs

In times of high-impact disaster, Plan might be looking for local and/or international NGOs with specific expertise to deliver services to affected communities. Plan might have capabilities that other organisations are seeking. While respecting our partnership policy, Plan needs to have an emergency protocol for partner selection to deliver services as quickly as possible.

### Be prepared:

1. Network with other international and local organisations. Map out which organisations have what expertise and in which programme sector and where. Build relationships with them, even if there might not be a need in the regular programme to enter into cooperation.
2. Get in touch with the local Red Cross or Red Crescent.
3. It is especially important to maintain relationships with local NGOs.
4. Make your emergency protocol and get it approved. Include in it your minimum standard for partner selection and agreement process.

### Emergency and relief phase:

1. Attend all coordination meetings to find out what other agencies are doing.
2. If coordination meetings are attended mainly by international agencies rather than local agencies, maximise the relationship you have from the regular operations and networking to identify the local expertise that might be ready to act in the disaster.
3. Once NGOs for partnership are identified for relief, follow the emergency protocol.
4. In the rehabilitation phase, the CMT must decide if it is still suitable to apply emergency protocol.
5. Keep in mind that in times of disaster, the influx of international agencies' funds can kill the mandates of the local NGOs. Do not force local NGOs to commit to Plan's mandate. Recognise that there are other needs and issues in the affected countries that need to be attended to.
6. If you partner with local NGOs that in normal times would not comply with Plan's organisational standards, commit to helping them improve their capacity in these aspects. Train them on child protection policy.

### Guiding Principles and References

Strategic Direction: SD2  
CCCD approach  
Sphere Common Standard 3, and 8  
Plan's partnership principles

## Plan's Partnership Principles

The following principles will guide Plan staff in interactions with external organisations:

- Respect for the autonomy and integrity of the other entity/organisation(s).
- Clarity about what each entity/organisation brings to the relationship.
- Clarity about risks and identification of responsibility, accountability and liability of all parties.
- Clarity about goals and expected outcomes and how these will be measured.
- Clarity and agreement on communications content and channels to the general public and to donors.
- Giving recognition and credit when and where it is due.
- Consideration for all parties' stakeholders.
- Explicit attention and agreement on process issues in the relationship, including agreement on:
  - What mechanisms will ensure necessary communications
  - How decision-making processes will function
  - What approaches will be used to achieve the desired results
  - How conflicts will be resolved
  - How power differentials between the parties will be dealt with
  - How feedback about the relationship itself will be generated and used
  - In all cases the details of the working relationship must be spelled out clearly in a written agreement signed by all parties.

## Plan's Global Strategic Direction 2002

### 3. Assisting as many children as possible

#### What this means

Our objective is to help as many children as possible but to be true to our Vision and Mission we must be driven by program requirements and not by funding opportunities.

#### Why is it important?

Helping more children requires the right mix of funds. Grant funding opportunities have gradually increased in recent years. Without compromising the stability and independence we enjoy from sponsorship funds or program quality, we need to embrace this opportunity to widen our support base. This will mean that we can help more children without compromising our Vision or programmatic approach.

### 4. Building relationships

#### What this means

We will continue to encourage and provide the means for children and donors to communicate, develop an understanding of and work together to address children's needs and promote their rights.

#### Why is it important?

We need to build on the substantial potential for developing cross-cultural understanding provided by sponsorship and make the process of sponsorship more flexible to sponsors' and children's needs.

We need to promote development education to increase a commitment to children's rights and needs. We also need to strengthen our development approach so that children, families and sponsors understand that development of the wider community is the best and most sustainable way to improve the lives of individual children.

Equally, we need to help children change what can still be unequal relationships between them and those local, national and international individuals and groups on whom they rely to reach their full potential.





## Fundraising: Ethics and Strategy

Plan acts in disasters and emergencies out of humanitarian imperatives with a focus on long-term rehabilitation and development. As an organisation we must find a balance between Plan's decision on how to involve ourselves in individual disasters and funding opportunities that might spring up immediately after the disaster.

### Be prepared:

Have a general emergency CPO and proposal ready.

### Emergency phase:

1. Think through your fundraising strategy for the disaster.
2. It is a recognised concern that humanitarian aid is becoming dangerously politicised. Plan should not be a politicised force itself.
3. Targeting of any aid work should be according to the need. Focus aid on children's needs, but do not exclude adults. Do not only target sponsored families.
4. When going into non-sponsorship areas, establishment of sponsorship immediately after the disaster should not be considered.
5. Once we decide to involve ourselves in the disaster response, think about the following points to determine fundraising strategies:
  - Establish a MFL to collect small private donations. The intervention choice should be kept open; i.e. immediate relief and/or longer-term rehabilitation, by Plan and/or through partners. It is important that you make sure that NOs' appeals reflect these.
  - In the case of major disaster, bilateral or multilateral 'emergency funds' may be issued. They are usually to be spent within short periods of time and mainly for procurement. Talk with NOs and judge if a MFL can raise enough money for emergency phase.
  - Write a CPO or PO as soon as possible. Do not depend on NOs to interpret the situation update and decide on fundraising.
  - Once we know the medium- and long-term strategy, assess fundraising strategy. Collaborate with NOs to write proposals for larger grants if applicable.
  - Communicate clearly with NOs. Let NOs know what others are doing.

6. Local unaffected communities are the first to respond to disasters, way before the international money arrives. You might receive offers from local public or private companies that want to donate to Plan. If your office cannot legally receive local money, consider the following as options:
  - Introduce the donor to one of your partner organisations that may be responding to the disaster.
  - Ask if the donor is interested in sending the donation to one of the NOs.
7. In-kind gifts: Sometimes Plan serves as a receiver/distributor of goods that other organisations or local people want to donate. Analyse the offers very closely.
  - Consider what the costs of this gift may pose to Plan – in time, money and image. Make sure that whoever is giving you the goods has already paid any taxes or waived tax requirements. Do you have somewhere to store it? Can you transport it? Is it culturally acceptable? Are items not expired? What kind of report does the donor require?
  - Don't take things that you don't need, no matter who is offering them. Say "no thank you".
  - Make an estimate of the worth of these in-kind donations as they will form part of the reporting on the amount of funding that Plan has raised.
  - Make sure you are aware of the motives behind the donation. Does accepting the gift pose the risk of aligning you unfavourably with an organisation, corporation, institution, individual or politician/government?
8. Donation from Corporations: Especially during emergencies, coordinate with NOs to conduct the baseline corporate assessment (BLCA) and the full corporate assessment (FCA) set in the FOB.

### Guiding Principles and References

Strategic Direction: SD2  
Red Cross Code of Conduct: No. 2, No. 3, and No. 4  
Implementation Handbook for the Convention on the Rights of the Child  
Chapter 7, World Disasters Report 2002, IFRC  
Chapter 1, World Disasters Report 2003, IFRC

## Fundraising: Grant Proposals

If you decide to raise money from bilateral or multilateral sources, you will likely have to write grant proposals with specific requirements. You will need to have appropriate and dedicated staff to do this. Collaborate with national office staff who are willing to help.

### Be prepared:

1. As part of the normal programme, keep numbers: How many people live in each village? What is the typical household size? How many people usually share water and sanitation facilities? These can be pulled out after a disaster to use as primary information.
2. Keep community development plans and other project information handy so that you can pull information out quickly.
3. Know community cultures, beliefs and practices. This information can provide background information for a quick proposal. Plan's 'niche' is our relationship with communities, and this information will show that we understand people's needs in a way that other INGOs may not.
4. Establish contacts with donor agencies. Be on their mailing list at least.

### Emergency phase:

1. Gather basic numbers using your rapid assessment tools (see Assessment, p. 18).
2. Immediately after the disaster, donors know that the situation changes fast. They would like a rough idea of what you will do and how many people you will help; the details can be reported later.
3. The concept paper/proposal can include:
  - Problem statement
  - Result and progress of need assessment
  - Geographic area to cover
  - Proposed intervention; what will Plan do among all the options and why. Link to the problem statement. It is usually okay to make estimates, to not be 100% sure. For example, you can say that we will provide water to a village without saying exactly how (pumping wells, water tinkering, buying bottled water) during the emergency phase.
  - Methodology if possible.
  - Beneficiaries and targeting

- Coordination with other agencies
  - Budget; provide any ideas you may have on how much the interventions will cost per unit.
4. Maintain contact with NOs and keep them updated on the situation through the reports and personal e-mails if necessary.
  5. Make the information available for all NOs to know who is raising what kind of money from whom. Avoid duplication.

### Relief phase:

1. Prepare a detailed plan and rationale: At this time, NOs can use your detailed assessments on the situation and proposed response from the CPO to write proposals.
2. Check your promises: If you received funds in the immediate disaster period, you will need to update the donor on what you did so far and if plans were modified.
3. Research cost information thoroughly: In this period, donors will expect that you have a solid understanding of what to do and how much it will cost, so you should be sure that disaster-related inflation has not affected your budget.
4. In this period, donors and NGOs can take a detailed look at the 'big picture'. Donors will be less flexible about changing plans at this point.

## Plan's Global Strategic Direction 2002

### 5. Working in partnerships and alliances

#### **What this means**

We will actively seek to work in partnership with local, national and international organisations that share our aims and values. We will also work with governments in program and donor countries. All involved in such alliances benefit and become better able to tackle the issues affecting children.

#### **Why is it important?**

Working in partnership involves building relationships. By actively seeking to work with others, we can reinforce the vital elements of child centred community development.

We will continue to build partnerships with local, national and international groups, including governments in both program and donor countries, to use our experience and expertise to influence policies that have a positive impact on the needs and rights of children.

### 6. Being a recognised voice

#### **What this means**

We will ensure that children are heard in policy discussions. Not only will we encourage them to speak out, we will also speak from experience on their behalf and in their interest at local, national and international levels.

#### **Why is it important?**

We have extensive experience of working with and for children, and child centred community development means that we actively seek and act on children's opinions. We will use this experience and knowledge to speak out with them and on their behalf. By doing so, we can reinforce the quality of our work. In turn, this will encourage policy-makers to ask our opinion and listen to what we have to say.

We have a growing body of experience on which to build: the birth registration project and the Global Movement for Children being two prime examples. We will now develop a common advocacy policy focused on advancing the rights of children.

At times of disaster or conflict in areas where we work, we will work in partnership with emergency relief organisations while continuing to focus on long-term development.

## Annexes

## ANNEX 1: RED CROSS CODE OF CONDUCT

### Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes

#### 1. The Humanitarian imperative comes first

The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries. As members of the international community, we recognise our obligation to provide humanitarian assistance wherever it is needed. Hence the need for unimpeded access to affected populations, is of fundamental importance in exercising that responsibility. The prime motivation of our response to disaster is to alleviate human suffering amongst those least able to withstand the stress caused by disaster. When we give humanitarian aid it is not a partisan or political act and should not be viewed as such.

#### 2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone

Wherever possible, we will base the provision of relief aid upon a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet those needs. Within the entirety of our programmes, we will reflect considerations of proportionality. Human suffering must be alleviated whenever it is found; life is as precious in one part of a country as another. Thus, our provision of aid will reflect the degree of suffering it seeks to alleviate. In implementing this approach, we recognise the crucial role played by women in disaster prone communities and will ensure that this role is supported, not diminished, by our aid programmes. The implementation of such a universal, impartial and independent policy, can only be effective if we and our partners have access to the necessary resources to provide for such equitable relief, and have equal access to all disaster victims.

#### 3. Aid will not be used to further a particular political or religious standpoint

Humanitarian aid will be given according to the need of individuals, families and communities. Notwithstanding the right of NGHAs to espouse particular political or religious opinions, we affirm that assistance will not be dependent on the adherence of the recipients to those opinions. We will not tie the promise, delivery or distribution of assistance to the embracing or acceptance of a particular political or religious creed.

#### 4. We shall endeavour not to act as instruments of government foreign policy

NGHAs are agencies which act independently from governments. We therefore formulate our own policies and implementation strategies and do not seek to implement the policy of any government, except in so far as it coincides with our own independent policy. We will never knowingly – or through negligence – allow ourselves, or our employees, to be used to gather information of a political, military or economically sensitive nature for governments or other bodies that may serve purposes other than those which are strictly humanitarian, nor will we act as instruments of foreign policy of donor governments. We will use the assistance we receive to respond to needs and this assistance should not be driven by the need to dispose of donor commodity surpluses, nor by the political interest of any particular donor. We value and promote the voluntary giving of labour and finances by concerned individuals to support our work and recognise the independence of action promoted by such voluntary motivation. In order to protect our independence we will seek to avoid dependence upon a single funding source.

#### 5. We shall respect culture and custom

We will endeavour to respect the culture, structures and customs of the communities and countries we are working in.

#### 6. We shall attempt to build disaster response on local capacities

All people and communities – even in disaster – possess capacities as well as vulnerabilities. Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies. Where possible, we will work through local NGHAs as partners in planning and implementation, and co-operate with local government structures where appropriate. We will place a high priority on the proper co-ordination of our emergency responses. This is best done within the countries concerned by those most directly involved in the relief operations, and should include representatives of the relevant UN bodies.

#### 7. Ways shall be found to involve programme beneficiaries in the management of relief aid

Disaster response assistance should never be imposed upon the beneficiaries. Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme. We will strive to achieve full community participation in our relief and rehabilitation programmes.

## **8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs**

All relief actions affect the prospects for long term development, either in a positive or a negative fashion. Recognising this, we will strive to implement relief programmes which actively reduce the beneficiaries' vulnerability to future disasters and help create sustainable lifestyles. We will pay particular attention to environmental concerns in the design and management of relief programmes. We will also endeavour to minimise the negative impact of humanitarian assistance, seeking to avoid long term beneficiary dependence upon external aid.

## **9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources**

We often act as an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. We therefore hold ourselves accountable to both constituencies. All our dealings with donors and beneficiaries shall reflect an attitude of openness and transparency. We recognise the need to report on our activities, both from a financial perspective and the perspective of effectiveness. We recognise the obligation to ensure appropriate monitoring of aid distributions and to carry out regular assessments of the impact of disaster assistance. We will also seek to report, in an open fashion, upon the impact of our work, and the factors limiting or enhancing that impact. Our programmes will be based upon high standards of professionalism and expertise in order to minimise the wasting of valuable resources.

## **10. In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects**

Respect for the disaster victim as an equal partner in action should never be lost. In our public information we shall portray an objective image of the disaster situation where the capacities and aspirations of disaster victims are highlighted, and not just their vulnerabilities and fears. While we will co-operate with the media in order to enhance public response, we will not allow external or internal demands for publicity to take precedence over the principle of maximising overall relief assistance. We will avoid competing with other disaster response agencies for media coverage in situations where such coverage may be to the detriment of the service provided to the beneficiaries or to the security of our staff or the beneficiaries.

# **ANNEX 2: Sphere Project Humanitarian Charter**

**Humanitarian agencies committed to this Charter and to the Minimum Standards will aim to achieve defined levels of service for people affected by calamity or armed conflict, and to promote the observance of fundamental humanitarian principles.**

## **1. Principles**

We reaffirm our belief in the humanitarian imperative and its primacy. By this we mean the belief that all possible steps should be taken to prevent or alleviate human suffering arising out of conflict or calamity, and that civilians so affected have a right to protection and assistance. It is on the basis of this belief, reflected in international humanitarian law and based on the principle of humanity, that we offer our services as humanitarian agencies. We will act in accordance with the principles of humanity and impartiality, and with the other principles set out in the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Government Organisations (NGOs) in Disaster Relief (1994). **The Humanitarian Charter affirms the fundamental importance of the following principles:**

### **1.1 The right to life with dignity**

This right is reflected in the legal measures concerning the right to life, to an adequate standard of living and to freedom from cruel, inhuman or degrading treatment or punishment. We understand an individual's right to life to entail the right to have steps taken to preserve life where it is threatened, and a corresponding duty on others to take such steps.

Implicit in this is the duty not to withhold or frustrate the provision of life-saving assistance. In addition, international humanitarian law makes specific provision for assistance to civilian populations during conflict, obliging states and other parties to agree to the provision of humanitarian and impartial assistance when the civilian population lacks essential supplies.<sup>1</sup>

### **1.2 The distinction between combatants and non-combatants**

This is the distinction which underpins the 1949 Geneva Conventions and their Additional Protocols of 1977. This fundamental principle has been increasingly eroded, as reflected in the enormously increased proportion of civilian casualties during the second half of the twentieth century. That internal conflict is often

referred to as 'civil war' must not blind us to the need to distinguish between those actively engaged in hostilities, and civilians and others (including the sick, wounded and prisoners) who play no direct part. Non-combatants are protected under international humanitarian law and are entitled to immunity from attack.<sup>2</sup>

### **1.3 The principle of non-refoulement**

This is the principle that no refugee shall be sent (back) to a country in which his or her life or freedom would be threatened on account of race, religion, nationality, membership of a particular social group or political opinion; or where there are substantial grounds<sup>3</sup> for believing that s/he would be in danger of being subjected to torture.

## **2. Roles and Responsibilities**

**2.1** We recognise that it is firstly through their own efforts that the basic needs of people affected by calamity or armed conflict are met and we acknowledge the primary role and responsibility of the state to provide assistance when people's capacity to cope has been exceeded.

**2.2** International law recognises that those affected are entitled to protection and assistance. It defines legal obligations on states or warring parties to provide such assistance or to allow it to be provided, as well as to prevent and refrain from behaviour that violates fundamental human rights. These rights and obligations are contained in the body of international human rights law, international humanitarian law and refugee law (see sources listed below).

**2.3** As humanitarian agencies, we define our role in relation to these primary roles and responsibilities. Our role in providing humanitarian assistance reflects the reality that those with primary responsibility are not always able or willing to perform this role themselves. This is sometimes a matter of capacity. Sometimes it constitutes a wilful disregard of fundamental legal and ethical obligations, the result of which is much avoidable human suffering.

**2.4** The frequent failure of warring parties to respect the humanitarian purpose of interventions has shown that the attempt to provide assistance in situations of conflict may potentially render civilians more vulnerable to attack, or may on occasion bring unintended advantage to one or more of the warring parties. We are committed to minimising any such adverse effects of our interventions in so far as this is consistent with the obligations outlined above. It is the obligation of warring parties to respect the humanitarian nature of such interventions.

**2.5** In relation to the principles set out above and more generally, we recognise and support the protection and assistance mandates of the International Committee of the Red Cross and of the United Nations High Commissioner for Refugees under international law.

## **3. Minimum Standards**

The Minimum Standards that follow are based on agencies' experience of providing humanitarian assistance. Though the achievement of the standards depends on a range of factors, many of which may be beyond our control, we commit ourselves to attempt consistently to achieve them and we expect to be held to account accordingly. We invite other humanitarian actors, including states themselves, to adopt these standards as accepted norms

By adhering to the standards set out in chapters 1-5 we commit ourselves to make every effort to ensure that people affected by disasters have access to at least the minimum requirements (water, sanitation, food, nutrition, shelter and health care) to satisfy their basic right to life with dignity. To this end we will continue to advocate that governments and other parties meet their obligations under international human rights law, international humanitarian law and refugee law. We expect to be held accountable to this commitment and undertake to develop systems for accountability within our respective agencies, consortia and federations. We acknowledge that our fundamental accountability must be to those we seek to assist.

<sup>1</sup> Source: Center for National Operations, Government of Sri Lanka  
Data should be disaggregated by gender if possible

<sup>2</sup> Adapted from: Plan's Issues Management Guide, November 2004







## ANNEX 5: Initial Assessment of Children's Situation

(Information sources: Community, especially children and youth, local and international NGOs, teachers, families)

### Food and nutrition:

What are children eating? How and why is this different from normal? Are local food sources affected?

### Health:

What illnesses are children suffering? Is this normal? What diseases do people think might arise?

What health services are available for children?

### Water and sanitation:

Is there a clean water source? Has the water been tested to ensure its safety?

Where are people defecating? If there are latrines, are they being maintained? Are they clean? How many are there?

Are people using good hygiene habits? (hand washing, clean water for cooking) Why or why not?

### Livelihood:

How has the disaster affected livelihood/income? Did families lose their breadwinners?

### Shelter space and safety:

If you are visiting a shelter (or community with a shelter within it), describe the situation and the layout. How is the space organised?

Are there safe places for children? Is there privacy for women, children and adolescent girls? Are latrines/bathing areas private and segregated?

Do children have space and opportunities for recreation? (Age/Sex)

### Child protection and vulnerable groups:

Are there children who are separated from their parents/caregivers? Child headed households?

Are there disabled children or terminally or seriously ill children/youth or adults?

Are all children, youth, and families given equal access to resources? Why/why not?

Are there services for pregnant women?

### Education:

How has the disaster affected the educational situation? Are there damaged schools? Missing/dead teachers?

### Participation:

Is the community being informed about the situation and consulted about its needs by the entities that are present in the community or shelter? Is there community participation, as appropriate given the situation, in addressing these needs? Are youth participating?

### Psychosocial effects:

Do parents report signs of trauma in their children (sleeplessness, crying, fears, clinging, silence, lack of joy)? Do you, yourself, note children and/or adolescents that show signs of trauma?

### Supplies needed:

What supplies, materials are not being supplied, especially those for women, children and infants (be sure to ask women and children)?

Form Completed by:	Disaster Type:
Date:	PU Location:
Time:	Data Sources

## ANNEX 6: Disaster Report Form 1

adapted for ARO use (fulfils Risk Management Guideline and Sponsorship Book reporting requirements)

This information should be sent to COs, ROs, NOs, IH as soon as possible after the disaster by the speediest method – email, fax or telephone.

1. The area of the disaster:
  - a) Insert PU name(s)
  - b) Name of person reporting
  - c) List areas affected, e.g., specific villages, zones, barrios, etc. (Sample form 1, p. 90)
  - d) How often will an update be sent?
2. The composition and roles of the Disaster Management Team.
3. The nature of the disaster:
  - a) Type of disaster; e.g., earthquake, flood, epidemic, coup, etc.
  - b) Details such as:
    - i. A brief description of how/when it happened.
    - ii. Whether the situation is ongoing e.g. in a flood, are the waters subsiding or still rising?
    - iii. Whether other issues are developing as a result, e.g., epidemics, child trafficking
4. Explain how the disaster is affecting Plan's ability to work in the PU/country.
  - i. How the disaster is affecting maintenance of sponsorship management and communications with sponsors. Are disruptions expected?
  - ii. What should NOs tell sponsors? This may include messages or contingency plans by PU/CO.
  - iii. How the disaster is affecting large projects/programmes and/or grants
  - iv. Attach sample memos or reports for sponsors as appropriate
5. Who is affected and How – give best estimates of numbers for:
  - a) Affected areas of the country
    - i. Communities/areas where Plan is working (see sample assessment form 1)
    - ii. Communities/areas where Plan used to work or that adjoin areas where Plan is currently working (Sample assessment form 1)
    - iii. Communities/areas where Plan is not working but where Plan is considering intervention (if known at this point - note reasons we may be considering intervention)
  - b) Plan staff and staff's families
  - c) Plan partners
6. Current status of:
  - a) Water – is potable water still available?
  - b) Sanitation – any threat due to disaster?
  - c) Health – new threat from disease, availability of medical care/supplies, etc.

- d) Food – availability from crops/purchase/other distribution.
  - e) Housing – is usual shelter damaged? Is emergency shelter being provided?
  - f) Child Protection – are there emerging child protection concerns?
  - g) Education – is damage to schools severe? Will schools be closed for a long time?
  - h) Telecommunications – phone/fax access, mention alternatives that can be used.
  - i) Travel – are roads passable? is the airport open?
7. Describe the role that Plan will play in responding to the disaster. Mention who the main coordinating bodies are (Red Cross/Red Crescent or a Ministry).
  8. What will Plan's immediate interventions consist of?
  9. Give an estimate of emergency resources that will be immediately required.
  10. Will you need additional staff? Will you reassign local Plan staff, hire locally or will you be requesting support from the Global Disaster Team?
  11. When do you estimate that a CPO will be ready? (If available, attach a first CPO now).
  12. If possible, mention what your fundraising strategy will be; i.e. will you have a multi-funded line for all contributions from all NOs?
  13. Provide a brief summary of recommended sponsorship action and by whom, e.g. PU/CO may ask the NOs to stop reassigning unassigned SCs, PU may stop replacing the cancelled SCs. If information on individual sponsored families is available at this time, attach it. If not, advise when this information might be available.
  14. Any additional information, requests or decisions to be made that will help your office function more efficiently at this time?.
  15. A press release is relevant when it is a calamity affecting a high proportion of families in an area where Plan is working. Such releases will also be important for establishing Plan as a player in the disaster response and reconstruction. Action photographs and interviews may be documented as part of the press release. If possible, a short statement suitable as the basis of a press release, would be helpful. The media unit at IH will coordinate with NOs and the rest of Plan's ROs and COs. Locally a press release is useful to help local visibility and recognition of Plan as an organisation that will be working on disaster relief and rehabilitation.
  16. Advise whether the PU or CO is accepting media visits at this time. Are you available for live phone interviews?

## ANNEX 7: Disaster Report Form 2

adapted for ARO use (fulfils Risk Management Guideline and Sponsorship Book reporting requirements)

Submit to COs, ROs, NOs, IH more detailed assessment has been made.

1. a) PU name  
b) Name of person reporting – where possible, the PU Manager
2. a) Give the date of the first report  
b) Give the update number in sequence
3. Update information provided in Form 1, numbers 4 and 5.
  - a) Include explanations of how the disaster is continuing to affect Plan operations and any significant improvement or deterioration including the management of programmes, grants, sponsorship and communications.
  - b) Provide information on situations that are changing, evolving and how this affects information given previously on Plan's intended interventions and resources required.
4. Update status provided in Form 1, number 6. Add:
  - a) Infrastructure – list damage to facilities, e.g. hospitals, generators, etc., where major assistance may be needed.
  - b) Agriculture:
    - i. approximate amount of livestock destroyed.
    - ii. acreage of crops destroyed.
    - iii. amount of stored foodstuffs destroyed/damaged water treatment plants.
5. List additional resource requirements needed at this time. Mention how you are handling any needs for additional hiring and seconding needs.
6. Attach an updated CPO with a more detailed budget at this time. Indicate if you require additional funds or if you are reallocating funds from within the existing budget.
7. Update/confirm the recommended sponsorship actions and by whom, e.g. PU/CO may ask the NOs to start reassigning unassigned SCs, PU may start replacing the cancelled SCs. Recap when you might have more detailed information on individual SCs.
8. Any additional information, requests or decisions to be made that will help your office function more efficiently at this time?
9. Provide a press release to help establish Plan as a player in the disaster response and reconstruction. Action photographs and interviews may be documented as part of the press release. A short statement suitable as the basis of a press release, would be helpful. The media unit at IH will coordinate with NOs and the rest of Plan's ROs and COs. Locally a press release is useful to help local visibility and recognition of Plan as an organisation.
10. List external staff present (secondments, visits) in the country and their purpose.

## Acknowledgements

### For direct contributions to this edition:

Linda Raftree, Plan US  
Tassadaq Shah, Plan Pakistan  
Baltazar Tribunalo, Jr., Plan Philippines  
Francisco Galdamez, Plan El Salvador  
Nidhi Pundhir, Plan India  
Dharshani Samaraayoke, Plan Sri Lanka  
Douglas Orr, Plan Australia  
Pauline McKeown, Plan International Headquarters  
Patricia Ray, Independent Consultant  
Mie Takaki, Plan Asia Regional Office

### For their total dedication and commitment:

Plan Sri Lanka team  
Plan India team  
Plan Indonesia team  
Plan Thailand team

### For their valuable inputs:

People in the communities who shared experiences with us: Dr. Art Pesigan, WHO; Gaurav Ray, RedR Australia; Sammy R. Jegillos, IDRM; Reiko Nishijima, UNICEF EAPRO; Greg Brady, CARE Asia Regional Management Unit; James East, World Vision; Mark Capaldi; Save the Children; Maureen Fordham, Plan consultant; Plan IH, ARO and other CO individuals and teams.

### For financial support:

Plan UK  
Plan Australia





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