

EMERGENCY FIELD HANDBOOK

A GUIDE FOR UNICEF STAFF

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



Preface

Since its inception, UNICEF has provided life-saving assistance and assured protection for children in emergencies – both natural and man-made. Guiding UNICEF’s response in humanitarian situations is the principle that children in the midst of natural disasters and armed conflict have the same needs and rights as children in stable situations.

Emergencies have grown increasingly complex and their impact is especially devastating on the most vulnerable. In health and nutrition, water and sanitation, protection, education and HIV/AIDS, UNICEF’s Core Commitments for Children in Emergencies are not merely a mission statement – they are a humanitarian imperative. UNICEF will keep these commitments and ensure a reliable, timely response in emergencies. The Core Commitments also provide a framework within which we work with our key national, United Nations and non-governmental partners to provide humanitarian assistance.

This handbook has been developed as a practical tool for UNICEF field staff to meet the needs of children and women affected by disasters. It is the result of extensive consultation. We urge you to use it as an essential reference tool and to share it with our key partners.

Introduction

The new version of the *Emergency Field Handbook* is structured around UNICEF's Core Commitments for Children in Emergencies. These commitments outline the organization's role in providing protection and assistance to children and women. They make a clear distinction between life-saving interventions that should be carried out immediately (within the first six to eight weeks of any crisis) and the broader spectrum of essential activities that may be added once an initial response is well established. Although this distinction is most clear for sudden-onset emergencies, the logic of the Core Commitments should apply to all humanitarian crises: Focus first on those interventions proven to be essential for immediate survival and protection. The Core Commitments enhance the timeliness and effectiveness of UNICEF's response and help prioritize and clarify its partnerships with national counterparts, other UN agencies and the broader community of non-governmental organizations. The Core Commitments also reinforce the link between the response to crises and the organization's global mandate to promote and help ensure the fulfilment of the rights of children and women.

There are several key guiding principles that UNICEF follows in fulfilling its Core Commitments for Children in Emergencies:

1. Children in the midst of armed conflict and natural disasters such as drought, floods and earthquakes have the same needs and rights as children in stable countries.
2. UNICEF's response will recognize the priority of humanitarian action while assuring safe access to affected populations and the safety and security of staff and assets.
3. The emergency response will build on existing activities and partnerships developed through the country programme of cooperation.
4. The response will be based on nationally defined priorities and UNICEF's comparative advantage.

Throughout an emergency response UNICEF will apply the following operating approach:

1. Conduct a rapid assessment to identify priority humanitarian action for children.
2. Implement a valid and reliable system to monitor, regularly report on and publicize the needs of children, and to evaluate the impact of the response.
3. Establish UNICEF's response as part of a coordinated UN response plan, designed in collaboration with national and other partners.
4. Position UNICEF in sector-coordinating roles, wherever appropriate.

5. Put in place operational systems and resources for rapid delivery of supplies and technical assistance.
6. Operationalize humanitarian response mechanisms that prevent and limit the exposure of children and women to abuse, violence, exploitation and HIV/AIDS.

UNICEF works in collaboration with local and international partners, including governments, UN agencies, non-governmental organizations and civil society to meet these commitments. These partnerships are crucial to ensuring a comprehensive and effective delivery of humanitarian assistance.

Purpose

This handbook is limited to topics addressed in the Core Commitments for Children in Emergencies and is structured to provide answers to the questions UNICEF staff ask about what needs to be done and how to do it when implementing those commitments. It provides guidance to UNICEF staff for planning and organizing actions to address the rights and needs of children and women. This practical tool covers programme areas and supporting operational functions.

Structure

The *Emergency Field Handbook* contains essential checklists and templates. It does not cover every aspect of programme implementation in an emergency but rather gives the basics in a portable, user-friendly format. It covers:

Part 1 – First actions: The first 72 hours; The initial assessment

Part 2 – Coordination

Part 3 – Assessment and monitoring

Part 4 – Special circumstances: Negotiating with non-state entities;
Humanitarian-military relations; Assisting displaced persons;
Natural disasters

Part 5 – Programme Core Commitments

Part 6 – Operational Core Commitments

Part 7 – Index

How to use this handbook

A detailed list of topics covered is provided at the beginning of each chapter. Material is presented by topic for ease of use. Topics are self-contained, with cross-references to related material in other parts of the handbook. Additional resources and background documents are also cited; most references can be found on the accompanying *Emergency Field Handbook* CD-ROM.

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1.1 THE FIRST 72 HOURS

This chapter of the *Emergency Field Handbook* is a quick guide, broken down by office, on what actions should be taken by whom during the first 72 hours of an emergency. The chapter also provides guidance on emergencies that trigger an organization-wide response.

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1. The first 72 hours: An overview

Actions and decisions taken in the first 72 hours of an emergency will lay the foundation for an effective emergency response in the following six to eight weeks. The main responsibility for responding to a crisis rests with the country office. Regional offices and New York headquarters will assist in priority issues to ensure that the organization fulfills its Core Commitments for Children in Emergencies. The following checklist describes essential activities that must be undertaken during the first 72 hours by staff from country offices, regional offices and headquarters.

2. Who does what in the country office

- Immediately verify the nature and extent of the emergency with staff, government officials, other UN agencies or local organizations, population and media.

Representative, senior programme officer, communication officer, staff in zonal offices, emergency officer
- Establish contact with all UNICEF staff and their dependants and visitors to ensure their safety and whereabouts, and inform the Operations Centre (OPSCEN) and the regional director of their status.

Representative, operations officer
- Meet with the heads of other UN agencies and other missions and with key government officials, as appropriate, to establish facts and coordinate initial assessments.

Representative
- Visit the location to do an initial rough assessment to get a basic understanding of what is happening and how it is affecting people.

Representative, senior programme officer, emergency officer

See 'The initial assessment' chapter for guidance.
- Establish a regular meeting or briefing schedule with staff.

Representative
- Take the emergency preparedness and response plan off the shelf and begin to apply it, adapting as necessary.

Representative, senior programme officer, emergency officer, operations officer
- Outline urgent staffing requirements and re-deploy country office staff as required. Request additional staff support from the regional director, the Office of Emergency Programmes (EMOPS) and the Division of Human Resources (DHR), if required.

Representative, regional director, Humanitarian Response Unit (HRU), DHR

- Send a first situation report to OPSCEN, the director of EMOPS, the regional director and HRU.
Representative
For a situation report template, see the Emergency Field Handbook CD-ROM.
- Hold a conference call with the director of EMOPS and the regional director to cover the following: the magnitude of the crisis and its implications for children; the status of the office preparedness plan and its validity for the current crisis; the current humanitarian response and additional needs; UN Country Team plans and response; whether a UN Disaster Assessment and Coordination response is required; the security situation and immediate actions needed; the ability of the office to function; what funds have been reallocated from existing sources; and the need for a 'corporate' response to the emergency, i.e., whether the intervention should receive organizational priority in terms of supply procurement, fund-raising and staff deployment. *(For more on corporate response, see topic 5.)*
Representative
For a 'First conference call checklist', see the Emergency Field Handbook CD-ROM.
- Establish a regular schedule, including conference calls, to brief the regional director of EMOPS.
Representative, HRU, regional director
- Consult with the regional director and the director of EMOPS to decide whether to request a corporate response for the emergency.
Representative, regional director, director EMOPS
- Set up a reporting system and begin producing daily situation reports. Share the daily sitreps with OPSCEN, the director of EMOPS, HRU, the regional director, geographic desks, the Executive Director and Deputy Executive Directors.
Senior programme officer, reports officer, communication officer, emergency officer, staff in zonal offices

- Communicate and advocate on the situation and needs of children through local and international media, as appropriate.
For guidance on communicating with the media, see the 'Fund-raising and communication' chapter.
- Activate and/or request allocation of emergency funds (reprogramming of regular resources, Emergency Programme Fund, Central Emergency Revolving Fund, 5/10 per cent reserve, set-aside).
- Organize a rapid assessment covering priority areas as defined by the Core Commitments for Children in Emergencies, in coordination with other actors (UN agencies, non-governmental organizations and local/central authorities).
- Find out what urgently needed supplies are available in-country and take steps to procure them; for supplies not available in-country, make a preliminary supply plan and share it with the regional office and Supply Division, Copenhagen.
- Prepare a 'pitch document' and send to donor governments and National Committees.
See 'Fund-raising and communication' chapter for guidance on preparing a pitch document.
- Check the availability of security and communication equipment. Order additional equipment as needed.

Representative, communication officer, senior programme officer, emergency officer, staff in zonal offices
Representative

Senior programme officer, emergency officer, staff in zonal offices, project officers

Senior programme officer, emergency officer, supply officer, operations officer

Representative, senior programme officer, communication officer

Representative, operations officer, communication officer

3. Who does what in the regional office

- Consult with the country representative and EMOPS to decide the level of response required (national, regional or global corporate emergency). Determine whether to request a corporate response for the emergency.
- With the country office, identify where support is required in the areas of human, financial and supply/logistics resources.

Regional director

Regional human resources officer, regional operations officer

- Support the country office in creating terms of reference within 24 hours for initial additional staff needed to respond to the emergency; make regional office staff available within 48 hours.
- Approve funding appeals in consultation with the country office and headquarters.
- Provide information technology and telecommunications assistance to the country office, if needed.
- Coordinate emergency responses with other agencies and organizations at the regional level.

Regional director, regional human resources officer

Regional director, regional operations officer

Regional operations officer, regional information technology officer

Regional director, regional emergency officer

4. Who does what at headquarters

- Initiate immediate contact to determine the nature and extent of the emergency assistance required, and the safety of staff.
- Consult with the country representative and the regional director to decide whether to request a corporate response for the emergency; if yes, submit a formal request to the Deputy Executive Director.
- The HRU officer in charge of the emergency area will be the focal point unless otherwise indicated by the director of EMOPS.
- Assist the country office and the regional office in identifying funds to respond to the crisis and approve funding requests.
- Respond immediately to requests from the country office for key additional staff.
- If necessary, activate the Emergency Response Team for field assignment.
- Deploy emergency supplies from Copenhagen and the regional supply hubs.

OPSCEN

EMOPS

EMOPS, HRU

HRU, Division of Financial and Administrative Management, EMOPS, Programme Funding Office (PFO)

DHR, HRU

Director of EMOPS

Supply Division, Copenhagen

- Coordinate advocacy, communication and fund-raising activities with the country office and regional office.
- Coordinate emergency responses and strategies with other agencies and organizations (Office for the Coordination of Humanitarian Affairs, UN High Commissioner for Refugees, World Food Programme, World Health Organization, UN Department of Safety and Security, International Committee of the Red Cross, Inter-Agency Standing Committee, etc.) in New York and Geneva.

EMOPS, Division of Communication, PFO

Deputy Executive Director, EMOPS

5. Triggering an organization-wide response

Certain emergencies require support from throughout the organization. In these cases, the Deputy Executive Director will trigger a corporate, or organization-wide, response. This means giving that emergency:

- First priority for supply procurement and delivery from Supply Division.
- First priority for emergency fund-raising through the Programme Funding Office, the Geneva Regional Office, National Committees and other divisions/offices.
- Immediate deployment of staff, as and when required, with authority to mobilize staff from any duty station.

The organization will take all necessary measures to find the resources to support the country office. In relation to staff deployment, it is incumbent on representatives from other country offices to release staff to support an emergency when requested. Initially the corporate trigger is for 90 days, after which it expires unless extended by the Executive Director or Deputy Executive Director.

In emergencies that require a large-scale but not an organization-wide response, the director of EMOPS will liaise with regional directors, Supply Division and other relevant divisions to trigger timely response by the necessary UNICEF offices and divisions.

1.2 THE INITIAL ASSESSMENT

The initial assessment: A quick checklist

This checklist is a tool to help guide UNICEF's initial rough assessment, before a more formal rapid assessment by sector can take place. It can be used by non-specialists to get a basic understanding of areas where people might need assistance.

See the 'Assessment and monitoring' chapter for guidance on the organization and logistics of an initial rough assessment or an expanded rapid assessment.

See the 'Rapid assessment matrix', available on the Emergency Field Handbook CD-ROM, for a more extensive list of questions to be used in a formal rapid assessment of needs by sector.

What to do

- Rapidly obtain the following information through initial field visits with other UN partners, if possible, and from contacts with UNICEF field and sub-offices, and partners in government, non-governmental organizations (NGOs) and other UN agencies.

Characteristics of the crisis and baseline data

- What is happening? What do you know about what is happening? What do you not know about what is happening?
- Where is the problem occurring? Include latitude and longitude, if possible.
- What is the geographic extent of the affected area?
- What are the physical and ecological characteristics of the affected area?
- What is the severity of the crisis in different localities?
- What appears to be the major dynamic of this crisis? Is there an expected end to the crisis? When?
- Who has the most reliable and accurate information about what is going on?
- What is the impact of the crisis on the government? What is the expected response of the government and local authorities, if any?
- What was the population in the area before the disaster (size, economic status and location of communities)?
- What political and administrative structures still exist in the affected area?
- What type of development or other aid programmes were or are operating in the area?
- Is there a regional dimension to the emergency? Is there more than one country involved?

Number and status of affected people

- What is the approximate number of people affected by the crisis (with a rough percentage of women, children and children under five)?
- What are the reported numbers of dead, injured and missing persons?
- Are there especially vulnerable groups? Who are they and what are their numbers?
- Have families become separated? What percentage?
- Do most people have shelter, clothing? What percentage?
- What are the ethnic and cultural characteristics of the different groups (language, average family size, typical household living arrangements)?
- What are people doing to help themselves?
- What, if anything, are women doing differently than men to cope?
- Are youth groups and organizations active in development initiatives? If so, what is their role in normal circumstances and are they able to help local communities in this emergency?
- Are traditional coping mechanisms operating? If not, why not?
- Are there coping mechanisms in place that UNICEF could easily support?
- What is the government and its partners (bilateral or multilateral, civil society or NGO) doing to mitigate the impact of the emergency?

Displacement

- Have people been displaced? If so, from where? What is the cause?
- What is the approximate number of children in the displaced population?
- Is the displaced population growing or expected to grow? Are numbers of children likely to change?
- Are people likely to move farther?
- If so, where are they likely to go and when?
- Is the host community assisting or able to assist those who are displaced?
- Is there enough space for all those likely to arrive?
- What type and quantity of possessions have people brought with them? Did they bring domestic items?

Access, security and threats

- Has the UN done a risk and threat assessment? What phase?
- Is there year-round access to the affected population?
- If not, what is preventing access?
- What are the security threats for the affected population and humanitarian actors? Is there continued fighting? Are there landmines, banditry, blockades, rioting, natural risks, etc.?
- Are people threatened because of their gender or ethnic, political, religious or national identity?
- Are non-state actors involved? Are they recognized by the government?
- Has movement been restricted by the government or by non-state actors?
- Is UNICEF already engaging non-state actors? How? In what circumstances?

Health and nutrition

- What are the immediate and obvious health problems (wounds, respiratory infections, gastrointestinal diseases and parasites, malaria, measles)?
- Are health facilities functioning?
- Where are the health centers and hospitals? If possible, use GPS to locate and facilitate mapping of available resources.
- Are there adequate health workers for the facilities?
- Have there been disruptions in supply of medicines, medical equipment or in the cold chain? Of what magnitude?
- Are any groups without food?
- If so, is this because food is unavailable or because the people lack purchasing power?
- Are households able to prepare food?
- Are there visible signs of malnutrition – children too thin or with oedema (swollen belly)?
- In a quick check using a mid upper-arm circumference strip, are there children who classify as moderately or severely malnourished? What percentage of those sampled?
- Do people have shelter? Is it cold enough to need blankets?

Water and sanitation

- Do people have access to water?
- Where are the water points? If possible, use GPS to locate and facilitate mapping of available resources.

- Is water sufficient for all beneficiaries?
- Is the water safe for drinking?
- Do people have adequate containers to safely store and transport water?
- Are hygienic items (soap, sanitary protection) available?
- What sanitation facilities are people, especially women, using?
- How are people disposing of excreta?

Child protection

- Are there reports or evidence of children being killed, deliberately targeted or caught in the crossfire?
- Are there reports or evidence of separated or unaccompanied children?
- Are there reported cases of rape and sexual abuse?
- Are there reports or evidence of traumatized children?
- Is there anybody in the affected community who is monitoring and responding to these protection issues?
- Are traditional childcare arrangements functioning?
- Are there indications of stigma against any particular group of children?
If so, what?
- Are there children orphaned by AIDS among those affected by the crisis?
- Are there reports or knowledge of landmines in the affected area?
- Are there landmine victims? How many? Of what age?

Education

- Are the schools functioning? Are alternate learning spaces available?
Are children going to school? What percentage are in primary and secondary levels?
- Are there facilities and community structures for care of preschool-age children?
- Where are the schools? If possible, use GPS to locate and facilitate mapping of available resources.
- Is there any disparity in attendance between boys and girls? Why?
- Are there teachers in the affected community? Are there customary caregivers for younger children?
- Is there damage to school facilities? How much? Are there alternative places for children to learn?
- Are there other factors hindering school attendance (fear, threats, violence, mines, natural risks, sociocultural factors)?

HIV/AIDS

- Are there reported cases of rape and sexual abuse?
- What are the normal patterns of behaviour in the community relating to HIV/AIDS affected and infected groups, and is there any sign of stigma and discrimination?
- What is the HIV-prevalence rate in the area or among the affected group? Rapidly collect secondary data from existing sources, including hospitals, NGOs, surveys, health management information systems, etc.
- Is HIV prevalence particularly high within certain population groups affected by the emergency?
- Are minimum universal precautions available (safe blood supply, sterilization or disposal of sharps, gloves, condoms, etc.)?
- Are there groups such as impoverished or displaced people, illegal migrants, children and women (especially unaccompanied) or people depending on food aid or the distribution of other items, that are at particularly high risk of sexual exploitation or violence because of the situation?

Partners

- Which local or international organizations have a presence in the affected area, and what are their fields of expertise?
- Could these organizations become implementing partners, if necessary?
- Which organizations have good local contacts and counterparts?

Logistics and operations

- What is the weather expected to be like in the short- and medium-term? Are weather conditions and seasonal changes likely to affect public health or the delivery of assistance?
- How is the affected area best accessed? What are the road conditions to and in the affected area?
- Are UNICEF's usual local suppliers operating? Would they be able to increase their provision of supplies, if needed?
- What means of transport are locally available (trucks, aircraft, animals, boats)?
- Are telecommunications systems functioning?
- Are banking and financial systems functioning in the local area? Are they functioning nationally?

2. COORDINATION

This chapter of the *Emergency Field Handbook* is a guide on how to implement the coordination component of the Core Commitments for Children in Emergencies. It provides an overview of coordination requirements in emergencies and outlines the main UN agencies involved in coordination efforts, as well as UNICEF's role. It also describes what UNICEF should do when it is the lead coordinating agency in a sector.

Core Commitments For Children In Emergencies: Coordination

Ensure that UNICEF's response is part of a coordinated UN response, designed in collaboration with local and other partners. Assume a sector coordinating role, as appropriate.

1. In partnership with UN agencies, national authorities and others, ensure capacity where needed to assume a coordinating role for:
 - Public health
 - Nutrition
 - Child protection
 - Education
 - Water, sanitation and hygiene
2. Support the UN resident coordinator/humanitarian coordinator structure in ensuring a clear coordination mechanism is formed as quickly as possible, including possibilities for creating common systems.
3. Identify partners for interventions in the areas of health, nutrition, education, child protection and water and sanitation with a clear division of labour.

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1. Coordination: An overview

It is important that aid delivery efforts are well-coordinated to ensure an efficient and effective operation. UN agencies are normally expected to coordinate the international emergency response or liaise with the national or local authorities. UN staff need to be aware of, and be able to make use of, several coordination mechanisms designed to increase the effectiveness of the overall response. If the emergency is of a sub-regional nature, the regional office has a role to play in liaising with regional organizations, sharing information and coordinating at the regional level.

2. Coordination at the country level

The UN Country Team (UNCT) is the meeting of the heads of UN agencies resident in the country and is chaired by the resident coordinator. In some cases, non-UN agencies are also invited to participate. The UNCT is the primary coordination mechanism for all activities of the UN system in an emergency. The UNICEF representative or officer-in-charge ensures that any UNICEF support is well-coordinated with the other UNCT members.

When an emergency strikes

- When a large-scale emergency occurs, the emergency relief coordinator, after consultation with the Inter-Agency Standing Committee (IASC), will designate a humanitarian coordinator for that country, a role that is usually assumed by the resident coordinator. On rare occasions, the emergency relief coordinator, in consultation with IASC, may request the appointment of a different humanitarian coordinator.
- The main responsibility of the humanitarian coordinator is to ensure the coordination of UNCT's humanitarian activities. Immediately following the onset of an emergency, the resident coordinator or humanitarian coordinator will convene a UNCT meeting. The humanitarian coordinator also oversees all aspects of the inter-agency planning process.
- Upon the request of the resident coordinator, UNCT or humanitarian coordinator, the Office for the Coordination of Humanitarian Affairs (OCHA) may deploy a UN Disaster Assessment and Coordination Team, particularly in sudden-onset emergencies (usually natural disasters). This is a stand-by team of disaster management professionals nominated and funded by member governments, OCHA, the UN Development Programme (UNDP), the World Food Programme (WFP), UNICEF and the World Health Organization (WHO). The team can be deployed within hours to carry out rapid assessments and to support national authorities and the resident coordinator or humanitarian coordinator in coordinating the international response.

- Coordination meetings usually involve the UN, national authorities or bodies, civil society groups, the International Committee of the Red Cross (ICRC), the International Federation of the Red Cross and the Red Crescent Societies (IFRC) and non-governmental organizations (NGOs) in the country.
- Once the key response areas are identified, sector-specific interventions are coordinated through sector-coordination meetings involving all actors including relevant UN agencies, NGOs, government bodies and other organizations, such as ICRC or IFRC. Such sector-coordination meetings are the forum to discuss specific technical issues, agree upon and follow minimum standards for provision of supplies and services, and monitor the evolution of the situation in this sector. Typically, UNCT will determine which agency will coordinate which sector of intervention.
- In countries with especially complex political situations, the Secretary-General may appoint a special representative to strengthen the coordination of the UN with the government in order to reach a sustainable settlement of the crisis. In these instances, the special representative is the highest-ranking UN official in the country.
- Country offices should collect and synthesize reports from the sector-coordination groups.
- Ensuring that a clear coordination mechanism is established as quickly as possible includes supporting initiatives for common systems and services.

3. UNICEF as the coordinating agency

In emergencies, UNICEF is sometimes the designated coordinating agency for certain programme sectors (e.g., health, education, water and environmental sanitation, child protection and nutrition). In this role, UNICEF is responsible for coordinating with national government bodies, other agencies and NGOs to ensure that the needs of the sector are addressed, that information is shared and that reporting is done. Sector coordination goes well beyond UNICEF programmes and requires facilitation and coordination of other key activities that may go beyond UNICEF's area of direct involvement. The checklist below can be adapted to different programme areas.

When the local government is well-equipped to coordinate the humanitarian response, UNICEF will be responsible for filling in any gaps and providing a support role. When the government is unable or unwilling to take on any coordination at all (for political, religious or ethnic reasons), UNICEF must do so, while advocating for children's rights and for the government to take ownership and accountability for the response.

What to do

- Find out what the government is doing or plans to do to address needs.
- Find out which UN agencies and NGOs are active on the ground and what they are doing or plan to do. Map out coverage and targets.
- Agree with partners on the sharing of responsibilities among agencies, NGOs and the government.
- While collaborating as much as possible with the government, other UN agencies and partner NGOs, make a general plan of action based on rapid assessments and all available data about the specific situation of the affected population.
- Work with government bodies, NGOs and agency partners to agree on standards for the provision of supplies and services. In situations where existing protocols are not appropriate, encourage the adoption of international standards for providing supplies and services.
- Agree with partners on indicators to be monitored, receive feedback from partners and synthesize these into a common database accessible to all partners. Monitor programmes by regularly collecting and compiling standardized data from all partners and transmitting them to partners and OCHA for regular updates.
- Keep an up-to-date list of agencies and NGOs working on specific programmes.
- Stay in regular contact with other agencies or NGOs involved in sector-specific programmes. This is normally through scheduled meetings or teleconferences, but could also be periodic check-ins.

What to remember

- It is important to understand all the needs of an emergency situation, not just those of areas in which UNICEF is a coordinating agency. For example, programmes aimed at preventing or treating malnutrition can be fully effective only if people have access to good and sufficient food, adequate drinking water and health care.
- Always maintain both formal and informal contacts with key partners.

4. Coordination at the global level

Office for the Coordination of Humanitarian Affairs

OCHA is a branch of the UN Secretariat, created specifically to improve coordination between UN agencies and other organizations in areas affected by humanitarian crises. OCHA is normally not present in stable countries and intervenes only at the onset of a crisis requiring the joint

effort of several UN agencies. The emergency relief coordinator is the head of OCHA, reports to the Secretary-General and is responsible for the coordination of humanitarian assistance globally. OCHA's primary responsibilities include:

- Providing support to the humanitarian coordinator, helping him or her to step up his or her role in responding to the humanitarian emergency.
- Assisting the humanitarian coordinator in the organization and running of coordination meetings, acting as the main liaison between UN agencies, organizations and NGOs involved in the humanitarian response. When OCHA is already present in a country, it can provide administrative support to the humanitarian coordinator and help facilitate contact with local and central government counterparts.
- Preparing, implementing and following up on all activities and documents (including reviews, when necessary) related to the Flash Appeal and the Consolidated Appeal Process. Note that in small-scale emergencies, OCHA is not present in the country and typically would not open a new office. However, if UNCT decides to produce a Consolidated Appeal, OCHA will support its coordination and dissemination.
- Networking with the donor community.

Executive Committee on Humanitarian Affairs

ECHA was created by the Secretary-General with the aim of enhancing coordination among UN agencies in various fields. ECHA is chaired by the emergency relief coordinator and meets on a monthly basis in New York. Its membership consists of the principals of UNICEF, UNDP, WFP, the Department of Political Affairs and the Department of Peacekeeping Operations.

Inter-Agency Standing Committee

IASC is a forum for coordination, policy development and decision-making of key UN and non-UN humanitarian partners. Also under the leadership of the emergency relief coordinator, IASC develops humanitarian policies, agrees on a clear division of responsibility for the various aspects of humanitarian response, identifies and addresses gaps in response, and advocates for effective application of humanitarian principles.

IASC is composed of full members (UNICEF, UNDP, the Food and Agriculture Organization, WFP, WHO, the UN Population Fund, the UN High Commissioner for Refugees and OCHA) and standing invitees (ICRC, IFRC, the International Organization for Migration, the Steering Committee for Humanitarian Response, InterAction, the International Council of Voluntary Agencies, the Office of the Special Representative of the Secretary-General on Internally Displaced Persons, the Office of the High Commissioner for Human Rights and the World Bank). A single secretariat in OCHA serves IASC and ECHA.

3.1 ASSESSMENT AND MONITORING

This chapter of the *Emergency Field Handbook* is a guide on how to implement the rapid assessment, monitoring and evaluation components of the Core Commitments for Children in Emergencies. The chapter breaks down the different stages of the assessment, monitoring and evaluation process that staff will face in the lead-up to, and early phase of, an emergency situation. It also provides a step-by-step guide to conducting an initial rapid assessment, an expanded rapid assessment and ongoing monitoring and evaluation activities. It includes practical advice on subjects such as establishing an assessment team and developing Terms of Reference, as well as references to useful guidance documents. The chapter also looks at the logistical, security and ethical issues associated with assessment, monitoring and evaluation activities.

Core Commitments for Children in Emergencies:

Rapid assessment

In consultation and collaboration with partners, UNICEF will carry out a rapid assessment of the situation of children and women. Drawing upon data compiled in the preparedness phase, this situation analysis will determine the exact nature of the crisis, including potential developments, implications for the rights of children and women, and the required programmatic response, operational modalities and security.

First six to eight weeks

1. Immediately conduct a rapid assessment (inter-agency or independently, as appropriate) within the first 48–72 hours to determine:
 - programmatic needs in health and nutrition, education, child protection, water supply and sanitation, HIV/AIDS and other salient child rights issues
 - factors affecting the organization's capacity to function in the field: e.g., the presence of national telecommunications and infrastructure, access and mobility, and the availability and readiness of office infrastructure, vehicles, warehousing and human resources for UNICEF and/or agencies working in the area.

This requires compiling basic data acquired through secondary research, collecting new data from immediate site visits, and analysing and extrapolating data previously compiled in the preparedness phase. This first rapid assessment will provide the basis for UNICEF's programmatic response.

2. Through rapid assessment and other means, gather information necessary for UNICEF to effectively report on and advocate for children's rights through the appropriate channels.
3. Within the first week, develop a simple data-collection plan for one month, covering key data gaps as required for the continued emergency response. This brief plan will identify: data gaps regarding children's and women's rights; key questions to be monitored regarding the immediate implementation of the programme response (i.e., potential bottlenecks); an outline of focused assessments or field visits to cover these data needs; and resources to cover data-collection activities. Ideally, the plan should also reflect key data-collection activities by other organizations that might contribute to its overall effectiveness.
4. Collect and update information and report through the appropriate mechanisms on the situation of children and any violations of their rights.

Beyond initial response

- 5.** Conduct an expanded rapid assessment (inter-agency or independently, as appropriate) to provide information that will feed into a medium-term response, e.g., a 100-day plan. This will also draw from secondary data from other organizations and will either be a synthesis/analysis exercise, if field data collection has continued through the first three weeks, or will require a second intensive field data-collection exercise.
- 6.** Develop and implement a minimal integrated monitoring and evaluation plan to support management of the medium-term response with key indicators on implementation and output (e.g., inputs delivered and coverage of therapeutic feeding) and, where possible, outcome indicators (e.g., on nutritional status), and the information systems to be used (e.g., reporting by partner NGOs and field visits). Identify additional data requirements and collection mechanisms.

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1. Assessment, monitoring and evaluation in emergencies: An overview

In acute crises, assessment, monitoring and evaluation must provide a high frequency and broad coverage of information. Often, national information systems deteriorate and previous baselines are invalidated. The number of actors increases, making coordination and standardization of data collection more difficult. Varied information sources and data collection methods must be pulled together, compared and analysed to build a complete and relevant picture. There are three distinct but closely related phases to assessment and monitoring activities in emergencies: the initial rapid assessment, the expanded rapid assessment and ongoing monitoring and evaluation.

For guidance on monitoring and assessment and for more information on the topics presented in this chapter, check the Evaluation portal of the UNICEF Intranet for availability of the 'UNICEF M&E Training Resource'.

What to remember

- The purpose of the initial rapid assessment, which should be completed within the first 72 hours, is to establish a reliable statement on the situation of children in the crisis area, help early decision-making and guide advocacy and media work. This assessment is the basis for the immediate response for the first 6–8 weeks. It is not for conducting wide-ranging research, but rather for collecting what is already known about the affected region and what can be gleaned from secondary sources (such as governments, other organizations and people who have recently been in the affected area) and a short field visit if possible.
- The expanded rapid assessment, done as soon as possible and ideally within 3–4 weeks, builds upon the initial rapid assessment and draws on the analysis of more comprehensive information collected from the field, as well as information from secondary sources. It is designed to guide response for the medium term, i.e., roughly three months, depending on how much the situation stabilizes.
- Monitoring and evaluation provide information on the results and continued relevance of the humanitarian response. This feedback is vital for the country office senior management, programme managers, partners and donors to further improve the focus, size and quality of humanitarian programmes. This should be a continuous feedback, and the earlier it comes, the more valuable it is. Both the situation of children and the implementation of UNICEF-assisted programmes need to be monitored. Evaluation in the context of humanitarian response will tend to include light internal exercises early in the response as well as bigger, possibly inter-agency, exercises later on.

2. Preparedness

It is important to prepare for monitoring and assessment in advance of an emergency. This means building rapid assessment capacity and planning for the monitoring and evaluation activities that should occur in the first few weeks of an emergency. Always refer to the office's emergency preparedness plan for guidance.

Rapid assessments provide programme managers with the key information they need to determine what type of intervention is required and what is feasible. Managers of the rapid assessment need to focus data collection on priority information needs. They should also ensure that those collecting the data are competent, that the methodologies being used have been agreed upon with partners and that logistical resources are available. All of the above should be carried out in effective coordination with partner organizations. (See the 'Human resources' chapter for guidance on selecting qualified staff.)

What to do

- Explore the possibility of partnering with other agencies, government departments and non-governmental organizations (NGOs).
- Adapt generic tools such as the 'Rapid assessment matrix' or comparable tools from partner organizations to the specific emergency context and agree on tools and methods with likely partner organizations. Depending on the context and the secondary information available, it will be possible to narrow down what data need to be collected at the field level.
See the 'Rapid assessment matrix' available on the Emergency Field Handbook CD-ROM.
- Draft a Terms of Reference that covers process and methodology; participation, including roles and accountabilities; team composition; procedures and logistical considerations, such as transportation and equipment; and budgetary and human resource requirements.
See 'What goes into a Terms of Reference', available on the Evaluation portal of the UNICEF Intranet.
- Identify and train staff or consultants to do rapid assessments.
- Draft a contractual Terms of Reference for the team to be hired or seconded and proceed with the hiring process.

3. Coordination in assessment

It is important to coordinate any assessment, monitoring and evaluation activities with other agencies and with government ministries. This avoids duplication of work, enables pooling of resources and expertise and adds to the quality of information. Encouraging national partners to participate in the assessment helps build ownership of the response, builds capacity and places these partners in a better position to eventually take over coordination. Partners may include government, civil society institutions and national NGOs, depending on which partnerships are feasible and appropriate in the context.

What to do

- Ensure that, at least at the UN level, one complete agreed-upon data set exists.
- Share information with partner organizations.
- Set up a network of staff managing data collection in other organizations, including national partners if possible.

See 'Coordination' chapter for further guidance.

4. Ethical issues and good practices

Managers are responsible for ensuring that assessment activities respect the rights of participating children. Articles 12 to 15 of the Convention on the Rights of the Child set the parameters for the involvement of children. The best interests of children must be considered. Informed consent, regard for custom, confidentiality and respect must form the basis for their involvement.

For further guidance on ethical issues, see 'Children participating in research, monitoring and evaluation (M&E)–Ethics and your responsibilities as a manager', available on the Evaluation portal of the UNICEF Intranet.

What to do

- Determine impact on the lives of the communities and people affected and on the delivery of services.
- Distinguish needs that are a direct consequence of the disaster from chronic needs that existed previously. Put findings in a national context.
- Distinguish life-threatening conditions from other humanitarian needs and from less urgent requirements.
- Understand the population's own perceptions, priorities and capacities.
- Find out what the population needs to be able to help themselves. Do not underestimate their ability to improvise and adapt.
- Consider how data collection at the field level may endanger the population, especially children and adolescents.

- Ensure that teams are trained to assess how to handle local authorities, how to balance their approach to potentially adversarial groups and when data collection becomes risky. Do not ignore informal power structures. Soldiers and the militia can have more power than formal authorities. Be mindful that people may identify team members with the individuals and leaders with whom they spend time.
- Identify likely protection risks that are emerging in the situation and should be considered in designing or improving the humanitarian response, e.g., level of tensions and violence in a displaced camp, or malnutrition levels triggering displacement.
- Be aware of the medium- and long-term implications of planned interventions, keeping in mind the sustainability of the services being provided.
- Remember the importance of inter-agency collaboration on assessments, as well as the importance of ensuring the participation of government representatives.

5. Assessment methodologies

Rapid assessment in emergencies requires adapting standard data-collection methodologies, both for faster results and to accommodate security and access constraints. The most common methods include observation, key informant interviews and population counts. Methods also include a number of tools and techniques drawn from rapid assessment procedures such as community mapping, point surveys, transect walks and timelines. Assessments may also draw on technical measurement techniques such as water quality testing and nutrition status measures, which require training and agreement on standards.

Defining assessment methodologies means ensuring that data is useful to UNICEF and its partners and that it is robust enough to be convincing to partners, donors and the media. A critical preparedness measure is agreeing with partners on common methodologies and setting standards for these, especially where any sampling is done for quantitative data. Methodologies should reflect the following general good practice tips on data collection and analysis.

What to do

- Differentiate methods for initial rapid assessment and later, more in-depth or technically specialized assessment. Methods should focus on the minimum level of precision needed to get information that is good enough for decision-making at the time. The different methods should allow fast initial data collection and estimates. Be sure to refine figures in subsequent exercises.

- Initially at least, make reasonable estimates of needs (e.g., the percentage of families in need of temporary shelter) and then impute totals, rather than seeking absolute numbers directly. A reasonable estimate is one that can be tested with several key informants or trusted sources. It may be better, initially, to make theoretical estimates based on census data and knowledge of typical effects of similar previous events, rather than rely on the early subjective estimates of people in the area (which often turn out to be grossly inaccurate).
- Pay attention to bias. Do not assume that those who speak the language of emergency personnel and agencies represent their communities. Communities are not homogeneous. Gather and weigh information from key informants and local sources with a clear perspective on different interest groups and especially those in power.
- Also guard against bias on the part of researchers. Pay attention to bias in selecting teams, their training and the purposive sampling schemes they will use.
- Carefully judge secondary sources of information.
- Clearly identify the situation and control against preconceptions of what kind of interventions are needed (e.g., do not say “20,000 people are in need of water”, but rather “20,000 people currently use five wells that deliver x amount of water of good or questionable quality”).
- Check new data against existing figures to ensure plausibility.
- In analysis and aggregation of data, when making calculations and projections, be careful to reflect the limitations of the original figures. This is especially important in using population data where, for example, some initial estimates might have a 25–50 per cent margin of error.
- Once figures are checked for accuracy, ensure that they are uniformly quoted across UN agencies.

6. Initial rapid assessment

In the initial rapid assessment, which is conducted in the first 42–72 hours, secondary data from other organizations are analysed, new data are collected from site visits and vulnerability as well as capacity are analysed based on new and pre-crisis data. The initial rapid assessment will draw heavily from data on the situation prior to the crisis, ideally gathered from secondary sources in the preparedness phase.

What to do

- Compile available data on the affected area and population. Sources include:
 - Existing government statistics from routine information systems or surveys.
 - DevInfo geographic information system, which can produce user-friendly maps, graphs and tables (for demographic figures, epidemiology data, vaccination rates, etc.).
 - NGOs and government ministries.
 - People with local knowledge, including those who have recently returned from the affected area.
 - Site visits. The number of people making an initial visit to an emergency is typically very small. Specialist officers should establish what information they need to get from those making the trip in order to undertake a quick and effective assessment.

See 'The initial assessment' chapter for questions that could form part of an initial rapid assessment.

What to remember

- By the end of the initial rapid assessment programme managers will have identified gaps in information that need to be filled to enable the emergency to be effectively addressed, as well as the human and physical resources that will be required to carry out additional data collection. The initial rapid assessment forms the basis for the expanded rapid assessment around 3–4 weeks after the onset of the emergency.

7. Expanded rapid assessment

The expanded rapid assessment is conducted as early as possible, but no later than 3–4 weeks after the onset of the emergency, and provides information to shape programme plans for the next three months. Again the focus is on information needed for programmatic decisions in order to fulfil the Core Commitments for Children in Emergencies. The expanded rapid assessment includes an analysis of secondary data from other organizations and may also rely on a synthesis of data from field visits.

What to do

- Refer to the 'Rapid assessment matrix' for advice on the most relevant information to be collected. It lists the information required for decision-making and links it to relevant data sources.

See the 'Rapid assessment matrix', available on the Emergency Field Handbook CD-ROM.

- When establishing the scope and purpose of the assessment, identify:

- Time frame.
- Existing data and any gaps they might have.
- Priority questions.

See the 'Rapid assessment matrix' for questions.

- Key partner organizations.

- Put together a suitable assessment team. *(See the 'Human resources' section.)*

- Orient and train the assessment team, establishing procedures and processes and refining the Terms of Reference.

- Identify or procure necessary supplies and equipment.

- Keep a record of data sources so that information can be cross-checked for consistency.

8. Managing monitoring and evaluation: The first week

As staff are developing the expanded rapid assessment, they must also develop a simple monitoring and evaluation plan. This can be an adaptation of the integrated monitoring and evaluation plan that is mandatory for all country offices.

What to do

- Develop a simple integrated monitoring and evaluation plan covering:

- A list of priority information needs for situation monitoring. What data collection is needed to cover key information gaps for the coming 3–4 weeks (e.g., data gaps regarding children's and women's rights)? Is any specific focus required by geographic or population groups? What are the likely sources or methods for covering these?

- A list of priority information needs for programme and impact monitoring, including key questions about the immediate response that should be verified through monitoring systems; concerns or potential bottlenecks in implementation; possible unintended negative impacts; critical results that need to be achieved; and likely sources for data.

- A workplan outlining data-collection activities. This can be a simple table specifying for each activity the geographic focus, the main issue, and timing and respective contributions (i.e., human, financial and logistical resources) for UNICEF and its partners. This will help identify opportunities to merge activities. The country office needs to check with key partners on their data-collection plans to eliminate overlap, identify common information needs and join efforts where possible. This will build on joint rapid assessment efforts.
- Share information with all units and sections and make data accessible to everyone. The information should be user-friendly and ready to be used for situation reports and other reporting.
- Collect and update information, and report through the appropriate mechanisms on the situation of children and any violations of their rights.
For further details on monitoring and reporting on the rights of children, see the 'Child rights monitoring, reporting and advocacy' chapter.
- Include resources for monitoring and evaluation in proposals for funding through the Emergency Programme Fund and Consolidated Appeal Process. Consider staffing for programme and situation monitoring (increased field visits, rapid assessments, development of systems) and financial resources for external evaluation. A rough guide for what to include for monitoring and evaluation is 2–5 per cent of humanitarian response expenditures.

What to remember

- The purpose of the integrated monitoring and evaluation plan is to offer an overview of what information is needed and how to get it. Without the plan, country offices risk missing opportunities to get more from rapid assessments, forgetting programme monitoring and having no way of assessing how the response is progressing.
- The plan should be rough and ready. Priority information needs for situation monitoring and programme monitoring should be included in a short and simple list.
- Data collection in the first weeks will be primarily through rapid assessments, which typically focus on gathering data on the situation of the affected population. As the response progresses, rapid assessments will expand to address issues typically covered in field visits, such as inputs and outputs. Very often, issue-specific assessments by specialized staff will be needed, such as verifying disease outbreak, human rights violations and child protection issues.

- Secondary data from partners will also be critical, especially on outputs and coverage of affected populations. These data will be fed into situation reports.
- Data sources should also include UNICEF internal systems, supply tracking and other resources. Although these do not need to appear in the workplan, they should be identified and will be fed regularly into situation reports.
- Maps and global positioning systems (GPS) have become increasingly important tools for monitoring and evaluation activities. Being able to read maps and record coordinates can be a valuable skill when trying to locate, for example, remote villages or social services, such as schools or health centres. Every person sent out to do rapid assessments should be able to use these tools to map interventions and activities.

9. Managing monitoring and evaluation: The first month

Develop and implement a minimal integrated monitoring and evaluation plan to support management of the medium-term response.

What to do

- Identify a few key performance monitoring indicators, corresponding to the programme Core Commitments for Children in Emergencies, and sources of information. Indicators should focus on critical UNICEF inputs; key outputs with partners (e.g., number of people vaccinated, number of health centres functioning and the estimated coverage, number of people in therapeutic feeding, number of people covered by water-supply input); and, where feasible, outcome indicators (e.g., on nutrition status).
- Identify and prioritize gaps in data on the situation of children and women and potential sources.
- Determine timing of any evaluations or reviews.
- Determine what role the country office will have in building up capacity of national partners to coordinate data collection and in contributing to standardize data-collection systems among agencies. Identify any corresponding capacity-building activities and the best timing for them.
- Plot the events using data and the data-collection activities identified on the three-month calendar. (See example below.) Merge data-collection activities where possible (e.g., same location, same expertise required, similar methods). Adjust timing of activities to feed into major events using data.
- As with the initial integrated monitoring and evaluation plan, check with key partners on their data-collection plans to eliminate overlap, identify common information needs and join efforts where possible.

- Continue information sharing and integrate monitoring and evaluation in funding appeals.
- Identify the timing of any known events or documents that will require the input of monitoring data, such as the Consolidated Appeal Process or donor conferences.

Table 1: Sample adaptation of calendar for integrated monitoring and evaluation plan

	Month 1			Month 2			Month 3				
One-off surveys/assessments											
Initial rapid assessment, new locations a, b, c	*	*	*								
Water assessment, location b			*								
Assessment on child soldiers, locations a, c					*	*	*				
Nutrition status survey, location a		*									
Ongoing monitoring											
Field visits (programme monitoring)		*		*	*	*	*	*	*	*	*
ProMS (key input data updates)	*	*	*	*	*	*	*	*	*	*	*
Therapeutic feeding centre reports			*				*				*
Evaluation/reviews											
UNICEF real-time evaluation							*	*			
Child protection coordination review/planning meeting									*		
Monitoring and evaluation capacity-building											
Revised standardized field visit reports developed	*										
Regional office support to adapt DevInfo				*							
Workshop on nutrition status monitoring					*						
Workshop on data collection on child protection								*			
Key partners' data-collection activities											
Médecins Sans Frontières nutrition status survey, location c					*						
Major events requiring data											
Deadline for input to revised Consolidated Appeal Process								*			
Deadline for input to donor conference											*

What to remember

- The integrated monitoring and evaluation plan developed at this stage is a simple work calendar that is used to plan, prioritize and track data-collection activities, and it should be adapted and refined as needed.
- Standardizing data collection in field visits is a key activity in this phase and will cover the basics (delivery, appropriateness and use of inputs, outputs, coordination) as well as unintended negative impacts.
- Field visits and any rapid assessments in areas where humanitarian response is underway should feed into impact monitoring. This requires introducing structured key informant interviews and focus groups to probe the significance of changes and especially unintended negative impacts, such as humanitarian protection issues or effects on national capacities and organizational structures. Only in carrying out such monitoring can UNICEF ensure that it lives up to the principle of 'do no harm'.
- As the situation evolves, country offices should draw information from existing early warning mechanisms in order to periodically assess implications for programme direction and operational support options. Early warning information will likely draw from a combination of formal and informal systems and may not fit easily in an integrated monitoring and evaluation plan.
- Formal evaluations are likely to be limited in this phase. Plan and conduct structured reviews and periodic 'lessons learned' sessions, if possible. It may be appropriate to lead such efforts in the context of sector coordination fora. This form of overview is especially important for institutional memory when there is a high rate of staff turnover and is also valuable for wider organizational learning.
- In terms of more formal evaluation, UNICEF is now introducing real-time evaluation within the first few months of a major humanitarian response. This evaluation is triggered by headquarters and undertaken by the Evaluation Office and Office of Internal Audit. It covers headquarters, regional and country office response, including programme and operations issues. Evaluation later in the humanitarian response will often be a joint exercise with the UN Country Team and/or other partners.

10. Logistics

Always keep in mind the logistics of assessment and monitoring activities. For example, what is the status of the telecommunications infrastructure? Can you reach the agencies you need by telephone or is it necessary to travel? When is it absolutely necessary to be on the scene to verify information from sources? If it is necessary to travel to get information, do you have access to a reliable vehicle?

Also be aware of the weather and the general climate conditions and how they might affect the assessment. Always have a contingency plan in case things do not go as planned. Determine whether or not the visit will only be to report or if it might be necessary to take items that are needed by people at the site.

11. Security

When preparing for assessment activities in unsafe areas

What to do

- Obtain a travel authorization and a security clearance before departing with an assessment team.
- Ensure security briefings for all team members, involving UN security officers.
- Ensure clarity in communication procedures.
- When possible, include a person with local knowledge on the team.
- Be aware of informal power structures (military and militia) operating in the affected area.

What to remember

- The assessment procedure and questions should be designed so as to protect sources and staff.
- Behaviour must be culturally appropriate. Assessment activities can affect the perception of UNICEF in an area long after they are over.
- Leave the area if necessary, following guidance from security officers.
- Information can be obtained in safety from people who have recently left the area.
- Treat conclusions about the situation cautiously, checking them against other data.

12. Human resources

The team conducting a field visit to an affected area in the early hours of a crisis is likely to number just two or three people, including the security officer. Subsequent rapid assessments in crisis situations often necessitate small teams with the ability to collect data quickly in situations where time and access are limited.

What to do

When selecting and recruiting the rapid assessment team

- Define suitable qualifications and criteria, considering the need for:
 - A strong leader.
 - Technical knowledge and experience specific to the kind of emergency.
 - Data collection, interview, facilitation and communication skills.
 - Gender analysis skills, including being able to bring gender dimensions into questions, sampling, analysis, etc.
 - Familiarity with local languages.
 - Interpreting skills.
 - Knowledge of the area.
 - Sensitivity, empathy and respect in dealing with distressed people.
 - Good team dynamics.
 - Gender balance.
 - Ethnic balance.
 - Public presentation and media management skills.
- Identify appropriate sources for recruiting (internal, partner organizations, etc.).
- Identify possible candidates and recruit.

When orienting and training the team

- Assemble existing data and brief the team on information gaps.
- Provide training on assessment methods, including ethical practices, security procedures and equipment. (*See 'Assessment methodologies.'*)

What to remember

- Drawing up a roster of personnel suited to rapid assessment activities should be tackled as part of a country office's preparedness activities.
- Developing a corps of interpreters (local and external) avoids dependence on a narrow set of bi/multilingual local leaders who can be engaged on the spot but may introduce bias-channelling.
- Local personnel bring knowledge of previous conditions in the area and are particularly valuable where local populations may be wary of outsiders.

3.2 CHILD RIGHTS MONITORING, REPORTING AND ADVOCACY

This chapter of the *Emergency Field Handbook* is a guide on how to implement the child rights monitoring, reporting and advocacy components of the Core Commitments for Children in Emergencies. The chapter helps staff identify advocacy messages and lists international humanitarian law provisions applicable to children.

Core Commitments for Children in Emergencies: Child Rights Monitoring, Reporting and Advocacy

Operating approach

Implement a valid and reliable system to monitor, regularly report on and publicize the needs of children and to evaluate the impact of the response.

Rapid assessment

In consultation and collaboration with partners, UNICEF will carry out a rapid assessment of the situation of children and women. Drawing upon data compiled in the preparedness phase, this situation analysis will determine the exact nature of the crisis, including potential developments, implications for the rights of children and women, and the required programmatic response, operational modalities and security.

Through rapid assessment and other means, gather information necessary for UNICEF to effectively report on and advocate for children's rights through the appropriate channels.

Collect and update information, and report through the appropriate mechanisms on the situation of children and any violations of their rights.

Child protection

Conduct a rapid assessment of the situation of children and women.

Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.

Prevent sexual abuse and exploitation of children and women by monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others.

In cases of armed conflict and in accordance with international legal standards, work directly or through partners to:

- (i) monitor, report on and advocate against the recruitment and use of children in any capacity during armed conflicts;
- (ii) seek commitments from parties to refrain from recruiting and using children;
- (iii) negotiate the release of children who were recruited, and introduce demobilization and reintegration programmes.

Within established mechanisms, monitor, report on and advocate against the use of landmines and other indiscriminate weapons by both state and non-state actors. Coordinate mine-risk education.

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1. Child rights monitoring and reporting

The Core Commitments for Children in Emergencies call for monitoring and reporting of child rights violations from the onset of an emergency. UNICEF staff may come across specific incidents of child rights violations in their work in the field. However, UNICEF does not have the mandate nor the capacity to address individual cases. It is therefore imperative that country office staff are aware of, and working closely with, existing referral networks. In addition, UNICEF staff should be aware of and benefit from the systems under development to document and report on alleged and verified violations.

What to do

A UNICEF country office strategy for monitoring and reporting

- Assess, analyse and strengthen existing methods and channels for monitoring and reporting on the six core child rights violations, in consultation and cooperation with the regional office and the Humanitarian Policy and Advocacy Unit.
- Establish or strengthen a country-based child protection network for gathering, vetting and compiling information on child rights violations and for developing an appropriate response to violations at the country level (and potentially at regional and international levels). The child protection network should bring together all stakeholders concerned with child protection and with the rehabilitation of demobilized child soldiers. UNICEF should chair the network whenever possible, in conjunction with child protection units that form part of UN peacekeeping operations where they exist.
- Review existing capacity for rapid response within the country office and request appropriate resources, where necessary, for training and capacity-building.
- Develop, in collaboration with New York headquarters and the regional office, standard methodologies and guidelines for data collection and reporting, including measures to protect the confidentiality of information and the security of staff members. This should build on existing UNICEF and partner activities and draw from documented field practices, case studies and lessons learned.
- Develop or strengthen a database system at the country level managed by UNICEF on behalf of the child protection network. It would link to a global database on child rights violations in conflict situations, managed by UNICEF and OSRSG/CAAC.

- Systematize channels, including the frequency, structure and distribution targets, for reporting on violations from the country level to the UNICEF regional office and headquarters, and through the resident coordinator or the humanitarian coordinator. If a UN peacekeeping mission exists, also report to the special representative for the Secretary-General. This information will better inform reporting to international bodies (e.g., Security Council, General Assembly, UN Economic and Social Council, Commission on Human Rights) and improve responsive action at the regional and international level.
- In the event that no child protection network exists, information on individual cases reported to UNICEF country offices should be directed to the child protection officer (or designated focal point). Aggregated information and trend analysis, and even specific egregious cases, should be documented in regular situation reports and shared with the regional advisor for child protection. Where available, the child protection network should be aware of, and refer the violations to, the appropriate existing government or non-government agencies for referral.

What to remember

- Consultation with New York headquarters and the regional office is critical at all stages.
- The establishment and effective operation of such mechanisms is a complex exercise that takes time. It is not something that any one agency or actor can do alone. While UNICEF has a leadership role in this initiative, monitoring and reporting of child rights violations must be collaborative, particularly with the UN Office of the Special Representative for the Secretary-General on Children Affected by Armed Conflict (OSRSG/CAAC), child protection components of UN peacekeeping missions and other relevant partners.

2. System to monitor and report child rights violations

UN Security Council Resolution 1539 (April 2004) calls for the development of a system to monitor and report on child rights violations in situations of armed conflict. UNICEF and OSRSG/CAAC, along with UN and other agencies and international non-governmental organizations (NGOs) are working to devise such a system. The Secretary-General subsequently presented a plan of action for the establishment of a monitoring and reporting system, initially on a list of six egregious child rights violations in conflict situations, based on international legal standards. These six violations serve as a starting point for monitoring and reporting on all abuses by parties to conflict. They are:

- Killing or maiming of children.
- Recruiting or using child soldiers.
- Attacks against schools or hospitals.
- Rape or other grave sexual violence against children.
- Abduction of children.
- Denial of humanitarian access for children.

The establishment and operation of this mechanism relies on inter-agency coordination, active engagement by NGOs and civil society, the sharing of information and agreement on basic criteria. UNICEF has a critical role to play in implementing the plan of action at both country and international levels and already has begun work toward pilot-testing it. For information on the status of pilot-testing and implementation of the plan of action, contact the Humanitarian Policy and Advocacy Unit, Office of Emergency Programmes (EMOPS), New York headquarters.

3. Advocacy

Advocacy, which means making a persuasive argument for a specific outcome, plays a key role in UNICEF's response to an emergency. An advocacy strategy depends on the desired outcome and will vary from situation to situation.

Advocacy can be carried out by a coalition of like-minded partners in a very public way, or might be more appropriately carried out in private and without partners. In some sensitive or sub-regional cases of violations, advocacy should be carried out at the regional or headquarters level, rather than at the national level. It can take place on many levels and requires close cooperation with New York headquarters and the regional office.

What to do

- Identify the issue and establish what the expected outcome of the advocacy effort is.
- Determine the key actors: Who should be targeted by the advocacy efforts and who should bring the advocacy message?
- Adapt the delivery of the message to the intended target. Note that the core messages themselves cannot deviate from UNICEF's principles.
- Draft a plan of action that details the most appropriate channels for action, identifies key responsibilities for realizing that action, adapts tools as appropriate to the intended audience, etc.
- Evaluate and adapt actions on an ongoing basis.

Contact the Humanitarian Policy and Advocacy Unit, EMOPS, New York headquarters, for more complete advocacy information, including key messages associated with different priority areas and supporting tools.

4. Identifying advocacy messages

What to do

- Distinguish different levels and types of advocacy, e.g., influence through UNICEF's strong relationship with local and national authorities, discreet dialogue with governments or non-state entities, the strategic use of national or international media, or use of legal and judicial structures and institutions to act on reports of child rights violations.
- In close consultation with New York headquarters and the regional office, identify the key advocacy message(s) and articulate those that reflect UNICEF policy. Some of these messages will necessarily be related to impunity and accountability. These messages could include:
 - It is important to know the precise nature and extent of core violations of children's rights and their perpetrators to implement effective prevention and response at local, regional and international levels.
 - There can be no impunity for those who commit or support the perpetration of genocide, crimes against humanity or war crimes, particularly in relation to children – be they governments, armed groups, corporate actors or others. They must be identified and condemned.
 - When the lives and fundamental rights of children are at stake, there must be no silent witnesses.
 - People who commit egregious crimes against children should not be given amnesty and such crimes should be excluded from amnesty provisions and amnesty legislation.
 - Child perpetrators are victims of criminal policies for which adults are primarily responsible. Irrespective of the minimum age at which a child can be held criminally responsible for his or her actions by domestic law, nations retain obligations under the Convention on the Rights of the Child toward children under the age of 18.

5. International humanitarian law provisions specifically applicable to children

Under international humanitarian law and international law applicable to armed conflict in general, children are granted special protection in addition to the general protection granted to civilians. In cases where children take part in hostilities, they lose the general protection granted to civilians but retain the special protection enjoyed by children. The Third and Fourth Geneva Conventions and Additional Protocol I apply only to international armed conflicts. Additional Protocol II applies to non-international armed conflicts. The articles of the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the Statute of the International Criminal Court, the Convention on the Worst Forms of Child Labour, the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, and the resolutions of the International Red Cross and Red Crescent Movement mentioned apply to both international and non-international armed conflicts. The statutes of the International Tribunals for the former Yugoslavia and for Rwanda apply to the armed conflicts that took place in those countries. With regard to the Fourth Geneva Convention, the field of application of each part and each section is mentioned specifically. Articles 14–26 apply to the entire populations of the parties to an armed conflict, whereas Article 27 and all following apply only to ‘protected persons’, that is to say, to persons who are in the power of a party to a conflict – including an occupying power – of which they are not nationals.

See ‘Summary table of provisions of international humanitarian law and other provisions of international law specifically applicable to children in war’, available on the Emergency Field Handbook CD-ROM.

4.1 NEGOTIATING WITH NON-STATE ENTITIES

This chapter of the *Emergency Field Handbook* is a guide on engaging non-state entities. It lists the humanitarian principles involved in negotiations with non-state entities and the legal provisions relevant to the conduct of armed groups.

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1. Engaging non-state entities: An overview

UNICEF can engage with non-state entities (NSEs) or armed groups when this is necessary to negotiate access to areas under their control to deliver assistance and protect children and women. Contact with NSEs should be made by experienced senior staff and coordinated within the United Nations system. General Assembly resolution 46/182, which calls for strengthening the coordination of UN humanitarian emergency assistance, is the primary negotiation tool used by the UN to access areas controlled by NSEs.

The resolution is available at <http://www.un.org/documents/ga/res/46/a46r182.htm>.

2. Core humanitarian principles

Table 2: Core humanitarian principles

Principle	What this means for humanitarian negotiations
Humanity	<ul style="list-style-type: none"> <input type="checkbox"/> Humanitarian aid seeks to prevent and alleviate suffering; to protect life and health (improve human condition); and ensure respect for the human being. It implies a right to receive humanitarian assistance and a right to offer it as fundamental to humanitarian principles. <input type="checkbox"/> Armed groups that have limited or no knowledge of the motivations and objectives driving humanitarian action may be suspicious of the motives of humanitarian actors. They may believe that assistance is being provided to opposing groups or that all the assistance should go to their group rather than to civilians that are most in need. <input type="checkbox"/> Humanitarian negotiators should clearly communicate to the armed group that the paramount role of their organization(s) is to alleviate human suffering.
Neutrality	<ul style="list-style-type: none"> <input type="checkbox"/> Humanitarian workers cannot take sides in a conflict. <input type="checkbox"/> Humanitarian negotiators should never endorse, or be perceived to endorse, a particular political aspiration or objective of the armed group. <input type="checkbox"/> Negotiation does not mean acceptance, and humanitarian negotiators must make clear that by entering into negotiations they are not endorsing, or accord any recognition to, the armed group.
Impartiality	<ul style="list-style-type: none"> <input type="checkbox"/> Humanitarian aid must be provided on the basis of need alone. <input type="checkbox"/> Humanitarian negotiators must not enter into an agreement with the armed group that would constrain humanitarian action such that it is no longer delivered on the basis of need alone. <input type="checkbox"/> Humanitarian negotiators cannot accept conditions imposed by the armed group that restrict beneficiaries of assistance and protection to certain ethnic, political or religious groups.

3. Negotiating with non-state entities

What to do

At all times

- Maintain, and be seen to maintain, strict neutrality, treating all victims and all parties to the conflict in the same manner.
- Be clear about, explain and remind all parties of UNICEF's position and mandate. Make clear that UNICEF's sole interest is to assist and protect the rights of children and women and to provide humanitarian assistance.
- Distance UNICEF and any relief efforts from military operations. Explain that all relief provided is meant to assist civilians only. When UNICEF has no option but to cooperate with the military, it must do so in accordance with the guidelines of the Inter-Agency Standing Committee (IASC).

For guidance on interacting with the military, see the IASC reference paper 'The Civil-Military Relationship In Complex Emergencies', 28 June 2004.

Before engagement

- Contact the UN Country Team, the regional director and the director of the Office of Emergency Programmes (EMOPS) about the need for engagement.
- Define clear objectives: why engage?
- Analyse the local situation and the implications of engagement or non-engagement.
- Keep all members of the UN Country Team closely informed and seek consensus on how to deal with NSEs.
- Outline pros and cons of engagement (e.g., perception of neutrality, staff security, relationship with State, etc.).
- Review security considerations with UNICEF and UN security officers.
- Prepare key messages to be used during interaction with NSEs (access to children and women, neutrality, impartiality) and set up indicators of success for the negotiations (i.e., the minimum results expected).
- Review what might go wrong and prepare contingency plans.
- Assess government reaction to UNICEF engaging with a NSE or opposition group. Prepare guiding principles and outline key issues for engagement. Contact EMOPS or the regional office for examples. *(See Table 3 for examples of guiding principles.)*

See General Assembly resolution 46/182, available on the Emergency Field Handbook CD-ROM.

Table 3: Guiding principles of humanitarian action

Principle	What this means for humanitarian negotiations
Operational independence	<input type="checkbox"/> Humanitarian negotiators must ensure that humanitarian actors retain operational control and direction of humanitarian activities in any agreed-upon outcome (e.g., on issues such as decision-making regarding beneficiaries, modes of assistance, etc.).
Participation	<input type="checkbox"/> Wherever possible, the perspectives of the beneficiary population should be incorporated into the substance and process of negotiation. <input type="checkbox"/> In many cases, representatives of groups that humanitarian organizations seek to assist may be unable to participate directly in the negotiations because of logistical constraints, difficulties in identifying legitimate representatives or security concerns (e.g., possible reprisals by armed group).
Accountability	<input type="checkbox"/> Humanitarian negotiators and their parent organizations are accountable to those they seek to assist and to their governing bodies for any outcomes they may agree to in the course of negotiations.
Transparency	<input type="checkbox"/> Humanitarian negotiations should be undertaken in a transparent manner, with honesty, openness and clarity about the purposes and objectives of the negotiations. By conducting negotiations in an open and transparent manner, humanitarians will be less likely to be perceived as being partial to a particular group.
Do no/less harm	<input type="checkbox"/> Humanitarian negotiators should strive to ‘do no harm’ or to minimize the harm that may be inadvertently caused by the presence of humanitarians providing assistance (e.g., where aid is used as an instrument of war by denying access or attacking convoys). To minimize these effects, assistance should be provided in ways that are supportive of recovery and long-term development. <input type="checkbox"/> Humanitarian negotiations, and any agreed-upon outcomes between humanitarian organizations and armed groups, should at a minimum not cause harm or result in reduced protection of civilians.
Respect for culture and customs	<input type="checkbox"/> Humanitarian negotiators should strive to understand local customs and traditions to ensure that humanitarian work can be conducted with respect for local values to the extent that they do not conflict with internationally recognized human rights (e.g., some interventions, such as dealing with survivors of rape, require particular sensitivity to local customs).

Review humanitarian principles and applicable legal standards.

- Elements of international law relevant to humanitarian negotiations: In addition to fundamental humanitarian principles, the provisions of international law—including international humanitarian law, international human rights law and customary international law—provide important framing elements for undertaking humanitarian negotiations.

- Legal provisions relevant to armed groups: In addition to the provisions of international humanitarian law, international human rights law and customary international law, there are additional legal provisions and judicial entities of which humanitarian negotiators should be aware in terms of their relevance to the conduct and accountability of armed groups. (See Table 4 for examples of provisions and entities and their relevance to the conduct of armed groups.)

Table 4: Legal provisions and entities relevant to the conduct of armed groups

Legal provision or entity	What humanitarian negotiators should be aware of
Accountability of individual members of armed group for their behaviour	<input type="checkbox"/> It is established legal practice that individual members of armed groups can be held accountable for war crimes, crimes against humanity and genocide.
War crimes, crimes against humanity and genocide must be excluded from amnesty provisions and amnesty legislation, regardless of the perpetrator	<input type="checkbox"/> UN peace agreements are not permitted to include amnesty provisions for core international crimes. Those who commit or support the commission of war crimes, crimes against humanity or genocide must be held accountable, whether nationally or internationally.
International Criminal Tribunals for the Former Yugoslavia (ICTY) and for Rwanda (ICTR)	<input type="checkbox"/> These tribunals have helped to clarify aspects of international law pertaining to the accountability of armed groups, including the criminal liability of those aiding and abetting serious violations of international humanitarian law; the responsibility of a superior for actions of subordinates; the consideration of acts of terror as crimes against humanity; and the concept of territorial occupation in international humanitarian law.
International Criminal Court (ICC)	<input type="checkbox"/> The 1998 Rome Statute of the International Criminal Court expands on the protections afforded to those not participating in a conflict under the four Geneva Conventions (e.g., the international criminalization as war crimes, for the first time, of serious violations of the laws and customs of war applicable to internal armed conflicts, including serious violations of common Article 3 of the 1949 Geneva Conventions). <input type="checkbox"/> The Rome Statute applies to situations of non-international armed conflict and to conflict between organized armed groups.
Non-judicial reconciliation commissions and quasi-judicial traditional dispute resolution mechanisms	<input type="checkbox"/> 'Truth Commissions' or 'Truth and Reconciliation Commissions' have been used as non-judicial fora for perpetrators of large-scale violence to acknowledge their actions and for victims to be recognized (e.g., South Africa). Similarly, traditional dispute resolution processes may also be relied on for this purpose (e.g., quasi-judicial Rwandan gacaca).

4. Involving non-state entities in the administration or delivery of relief services and supplies

During engagement

- Decide who is authorized to contact members of the NSE and on which issues, and negotiate channel (direct or through intermediary).
- Articulate mandate and mission (no conferral of political recognition).
- Determine the need for, and possibility of, written agreement. A written agreement must be reviewed and signed by the UNICEF representative.
- Monitor and report on compliance with programme commitments and respect for international humanitarian and human rights standards.
- Plan for things to go wrong by preparing a ladder of options ranging from quiet diplomacy to withdrawal or disengagement.
- Discuss with headquarters and regional office whether or not to involve the NSE in the delivery of relief supplies and services.
- Discuss with headquarters and regional office whether to build the NSE's capacity – by looking at the perception that others have of the NSE and what its compliance track record is.
- Document the negotiation process.

Additional management responsibilities

- Ensure staff neutrality and remind them of the importance to comply with humanitarian principles.
- Review security risks for staff.
- Prepare staff on what to do or say in case of an unexpected encounter with NSE military personnel.
- Inform staff of UNICEF policies regarding possible taxation and inappropriate or illegal customs duties or fees imposed by NSEs. Develop a plan for exceptional circumstances. UN heads of agencies need to clearly convey to NSEs that these practices are not acceptable.

What to remember

- As much as possible, it is essential to pursue a coordinated approach with the UN Country Team and other international actors involved, such as non-governmental organizations and donor governments.
- Consultation with the regional office and New York headquarters is essential at all stages. Contact the regional director and the director of EMOPS.

4.2 HUMANITARIAN- MILITARY RELATIONS

This chapter of the *Emergency Field Handbook* is a guide on the strict criteria governing the use of military forces and assets for humanitarian assistance in areas of armed conflict.

1. Humanitarian-military relations

The use of military forces and assets to provide humanitarian assistance in areas of armed conflict can endanger civilians and humanitarian workers. Accordingly, there are strict criteria governing such use.

What to remember

- Military assets should be requested by the representative, in consultation with headquarters, only where there is no civilian alternative and such assets are required to meet a critical humanitarian need. A humanitarian operation using military assets must retain its civilian nature and character, and where possible should remain under the overall authority and control of the humanitarian organization. Active combat forces should never be used in support of a humanitarian relief effort.
- Insofar as military organizations have a role to play in supporting humanitarian work, this role should not, to the extent possible, encompass direct assistance. It is important to keep a clear distinction between humanitarian and military roles. Any use of military assets should be, at its onset, clearly limited in time and scale.
- Under no circumstances should military or law enforcement personnel from any country be authorized to display the UNICEF emblem.
- UNICEF should be extremely cautious about sharing information with military forces beyond what is necessary for operational effectiveness. UNICEF staff must be wary of allowing themselves to become proxy intelligence gatherers.
- UNICEF should use international standards to guide its relationship with the military. This process will ensure the preservation of the civilian nature of populations living in conflict-affected areas.

For further guidance on international standards, see 'Civil-Military Relationship in Complex Emergencies: An IASC Reference Paper' (28 June 2004). It is available on the Emergency Field Handbook CD-ROM and at <http://ochaonline.un.org/DocView.asp?DocID=1219>.

- Countries providing military personnel to support humanitarian operations should ensure that they respect UN codes of conduct and humanitarian principles.
- Regarding situations of complex emergency involving armed conflict, additional criteria are set out in the 2003 OCHA 'Guidelines on the Use of Military and Civil Defence Assets to Support United Nations Humanitarian Activities in Complex Emergencies' (available at <http://ochaonline.un.org/GetBin.asp?DocID=426>). For natural disasters, the relevant criteria are found in the 'Guidelines on the Use of Military and Civil Defence Assets in Disaster Relief', also known as the 'Oslo Guidelines' (available at <http://ochaonline.un.org/DocView.asp?DocID=871>).

See 'Use of Military or Armed Escorts for Humanitarian Convoys: Discussion Paper and Non-Binding Guidelines', available on the Emergency Field Handbook CD-ROM and at <http://ochaonline.un.org/DocView.asp?DocID=872>.

4.3 ASSISTING DISPLACED PERSONS

This chapter of the *Emergency Field Handbook* is a guide on the role of UNICEF and other United Nations agencies in supporting and protecting displaced persons. It also defines the categories of displaced persons, offers background information on the existing legal framework and outlines the phased programmatic response.

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1. Displacement: An overview

Various organizations play a role in providing support to displaced populations. Typically, this support takes the form of assistance to national authorities, which bear the primary responsibility for people within their sovereign territories. Within the UN system, the Office of the High Commissioner for Refugees (UNHCR) is the agency specifically mandated with responsibility for refugees. The overall responsibility for internally displaced persons (IDPs) rests with the emergency relief coordinator. At the country level, IDPs fall within the purview of the humanitarian or resident coordinator. UNICEF's responsibilities in supporting IDPs, refugees and host populations fall within its mandate for all children, everywhere.

Forced displacement is recognized as a violation of human rights under international law. A legal and normative framework, including national legislation, exists to protect displaced persons. UNICEF and partners can use this framework to inform programming as well as advocacy efforts for the displaced.

2. Legal framework

Several international human rights, humanitarian and refugee legal instruments stipulate the rights of displaced persons and the corresponding obligations of governments as well as non-state entities. In addition to the 1989 Convention on the Rights of the Child and its two Optional Protocols, other instruments include:

- The Convention on the Elimination of All Forms of Discrimination against Women of 1979.
- The International Covenant on Civil and Political Rights of 1966 and the International Covenant on Economic, Social and Cultural Rights of 1966.
- The four Geneva Conventions of 1949 and their two Additional Protocols of 1977.
- The Rome Statute of the International Criminal Court of 1998.
- The Convention relating to the Status of Refugees of 1951 and its Protocol of 1967.
- The Guiding Principles on Internal Displacement of 1998.

From an advocacy perspective, these instruments constitute binding obligations for the governments that have signed and ratified them. When a government falls short in adhering to these standards, UNICEF and partners can use these instruments as a benchmark to point out where and how the government is not meeting its commitments to the displaced.

3. Role of UN organizations

Responding to displacement is the responsibility of local and national authorities, UN agencies and the broader humanitarian community (international organizations, non-governmental organizations, community-based organizations, etc.).

UNHCR is the agency mandated within the UN system to provide for the protection and assistance of refugees. Nevertheless, UNICEF has a vital role in refugee situations to support UNHCR in ensuring that the rights and basic needs of children and women are given priority. In many cases, this will mean that UNICEF will provide assistance to refugees within the framework of the Core Commitments for Children in Emergencies. Likewise, UNICEF should be prepared to coordinate sectoral responses as outlined in the Core Commitments.

Primary responsibility for IDPs rests with national authorities since IDPs remain under the jurisdiction of their national governments. The UN system's humanitarian response to IDPs is guided by the 'collaborative approach'. Under this approach, a broad range of humanitarian and development actors are called upon to respond to the needs of the displaced on the basis of agency-specific mandates and expertise, rather than having a designated lead agency for IDPs, although a lead agency is occasionally designated at the country level in a particular crisis on a case-by-case basis. The UN humanitarian coordinator or resident coordinator is ultimately accountable for protection and assistance to IDPs.

4. UNICEF's role

Because of the vulnerabilities and risks that displacement creates for children and women, UNICEF must respond to it both internally and across national borders.

What to do

- Ensure that situation assessments and analyses are conducted to determine whether the rights of displaced children are protected and identify what their specific priority needs are, including access to health care, reunification of separated children with their caregivers, nutrition, access to clean water and adequate sanitation, education and protection from violence and exploitation.
- Be sensitive to displacement-specific indicators, such as the extent to which young people report being fearful of abduction or forced recruitment from the camp by armed groups, or access to clean water for IDPs living in camps versus those living in the host community.

- Identify the specific needs and vulnerabilities of the host or neighbouring population in the area. Programme responses should address the needs of both the displaced and the host community to maintain a sense of equity among both groups.

Programming may need to be more flexible to address the particular needs of more than one population simultaneously. For example, it may be necessary in some circumstances to provide emergency assistance to the displaced in one part of the country while promoting rehabilitation, reintegration and development efforts elsewhere.

In order to mount the most effective response to a displacement crisis, country offices may decide to:

- Reorient the focus and resources of existing components of the approved or ongoing country programme, in line with the existing rules for diversion of funds, and with government approval.
- Submit an Emergency Programme Fund proposal for allocation of urgently required funds as the office seeks further funding from donors.
- Design and seek funding for new projects within the overall country programme framework or within the context of a UN Consolidated Appeal or other forms of funding requests made by the UN Country Team.

5. Programmatic response: An overview

When dealing with displacement, UNICEF will normally need to adopt a phased programmatic response. Programmes will need to address:

- Prevention of further displacement.
- Mitigation of the impact of acute displacement as well as protracted displacement.
- Return, reintegration and durable solutions.

6. Prevention of displacement

What to do

- As specific situations become more volatile, advocate with national governments for the prevention of displacement with support of the UN Country Team.
- Analyse potential displacement as part of emergency preparedness plans where appropriate, including the proportion of children and women in a displacement-prone community.
- Work to avoid displacement. If advance notice is given by authorities of impending displacement, work with the country team and other partners

to determine with authorities whether displacement can be avoided, and if not, whether it is being undertaken legally. In the case of IDPs, use principles 5–9 of the Guiding Principles on Internal Displacement to determine legality (<http://www.unhcr.ch/html/menu2/7/b/principles.htm>). Key considerations include:

- Is displacement avoidable?
 - Have the authorities explored all feasible alternatives in order to avoid it?
- Establish baseline data through regular assessments conducted within the country programme. Familiarity with the customary situation of children (i.e., before displacement occurs) in key sectors such as health, education, water and sanitation, nutrition and protection will help determine the severity of the impact of displacement.
- Compare data on displaced and non-displaced children and women. All data should be disaggregated by sex and age.
- Ensure that information is available, e.g., via global early warning and monitoring mechanisms, that can help predict conflict and displacement and the type of action required to prevent displacement.
- Ensure that staff are familiar with the international legal standards for displacement and whether or not the particular country is a party to the key treaties.
- Review the Core Commitments for Children in Emergencies to anticipate programme requirements and budgets for emergency care to the displaced. Additional considerations may include:
 - Transportation costs.
 - Pre-positioning of supplies and other logistics activities.
 - Procurement or use of maps or satellite imagery to trace group movements.
 - Identifying partners operating in regions where the displaced may relocate.
 - Obtaining knowledge of specialized technologies, such as mobile cold-chain systems, mobile water treatment plants, etc.

What to remember

- Internal displacement is illegal under the following circumstances: if it is forced; if it is based on policies of ethnic cleansing; if it occurs in situations of armed conflict (unless the security of civilians involved or imperative military reasons so demand); in cases of large-scale development projects (unless justified by compelling and overriding public interests); in cases of disasters (unless the safety and health of those affected requires their evacuation); and when it is used as a form of collective punishment.

- If displacement is considered unavoidable and legal, international law requires that certain conditions be put in place by the authorities. These include: proper accommodation for IDPs; adequate conditions of safety, nutrition, health and hygiene; measures to prevent family separation; and provision of full information to IDPs on the reasons and procedures for their displacement and, where applicable, on compensation and location. In addition, the free and informed consent of those to be displaced must be sought by authorities, and the IDPs themselves, particularly women, must be involved in the planning and management of their relocation.

7. Initial displacement phase: Acute phase

Both the place of origin and the displacement camp may require emergency assistance based on the Core Commitments for Children in Emergencies.

What to do

- In coordination with UN and other partners, assess basic survival needs. Identify the extent of vulnerability of displaced girls and boys to forms of abuse, threats to their physical safety and psychosocial well-being, efforts at recruitment, HIV/AIDS caused by displacement, and other human rights violations.
- Take all actions necessary to ensure the implementation of the Core Commitments for Children in Emergencies, including, as required, adopting sectoral coordination roles.
- Involve displaced women, men and young people in the design and conduct of the assessment and programming. Identify and draw upon the skills and knowledge of displaced persons, e.g., knowledge of the community, interview skills, language skills, etc. However, be sensitive to the potential risks this may bring to their safety and security.
- Support the establishment of mechanisms to monitor the situation of IDP populations, in particular children. These mechanisms can reinforce or inform processes for monitoring the impact of programmes on children, or the general situation of children.
- Work with key humanitarian partners, particularly the UN Office for the Coordination of Humanitarian Affairs (OCHA), to track mobile displaced populations.
- Work with key partners to identify, register and provide assistance to unaccompanied children, and where appropriate to establish family tracing mechanisms.
- Develop clear plans with other UN partners and national governments concerning the long-term implications of displacement.

8. Static phase: Protracted situations

No further displacement takes place, yet there is no possibility of voluntary return. Thus the situation may be relatively stable, both in the place of origin as well as in the displacement camp.

What to do

- Continue to implement emergency assistance as outlined in the Core Commitments.
- Coordination with other partners is particularly important during this static phase. Work with partners to ensure that access to basic services (e.g., schools, health facilities, water supplies, etc.) is maintained. Special attention should be devoted to education, since this is particularly critical in displacement situations lasting for long periods.

For further guidance, see the 'Education' chapter.

- Advocate with relevant authorities to ensure that all displaced children, even those without necessary documentation, have access to education, health services, etc. Pay particular attention to unaccompanied children, disabled children and other vulnerable groups.
- Support the continued monitoring of and reporting on the situation of children, including systems to monitor egregious violations of their rights. Ensure that such support builds monitoring into existing systems and activities to the extent possible.
- Advocate for continued attention to 'forgotten' crises and the ongoing rights abuses faced by displaced children in these situations.

9. Return, reintegration and resettlement phase

Durable solutions can be introduced for the displaced, such as returning home, local integration (into the host population), or resettlement in another location. Since the return process takes time, UNICEF must work closely with other partners in this process, particularly with UNHCR, which has a mandate for the return and reintegration of refugee populations.

What to do

- Coordinate with partners to develop a checklist of conditions to be in place before return. Consider status of basic social services; land rights, including access for women; presence of landmines and other explosive remnants of war; whether the choice to return is voluntary; support to vulnerable groups, etc.

- Coordinate with partners such as UNHCR and government ministries to assess capacities of social service providers, governance structures, local institutions, etc. in places of origin and/or places of return to deal with a possible return.
- As necessary, and in conjunction with UN and other partners, provide or support social services in places of origin and/or places of return, with a particular emphasis on capacity-building of women through training, income-generation and other initiatives to promote women's livelihoods.
- As necessary, facilitate and support the reunification of separated children with caregivers.
- Assess availability and quality of infrastructure in places of return. Advocate with government authorities to rebuild infrastructure if necessary, with priority given to basic social services (health, education, water and sanitation facilities, etc.).
- Involve and build the capacity of displaced women, men and young people in planning and decision-making about return and resettlement.
- Consider activities with a wider community or societal impact, such as peace-building (e.g., education, rule-of-law programmes), reconciliation (e.g., truth commission, traditional dispute resolution mechanism) and poverty reduction activities (e.g., youth programmes, skills-based training).

10. Advocacy

A key role for UNICEF is advocacy. One of the most critical purposes of advocacy is to obtain free, safe and unhindered humanitarian access to displaced populations. Fundamental advocacy messages include:

- Displacement has a profound effect on children and young people. It undermines their sense of safety and security, exposes them to danger, violence, abuse and exploitation, and can separate them from their families and other protective support systems. Different groups of children (younger children and adolescents, girls and boys) are affected differently and support activities must be tailored accordingly.
- Displaced children have the same rights as all other children. Under no circumstances should they be subjected to discrimination.
- Free, safe and unhindered humanitarian access to displaced persons must not be denied by local authorities. Authorities have an obligation to facilitate access.
- Arbitrary displacement by authorities must be avoided. In all cases, displaced persons, whether refugees or IDPs, have rights that are guaranteed under international law.

- When displacement extends for years, a sense of stability or normalcy is critical to children’s lives. Support psychosocial assistance, recreation, and most importantly, re-establish access to education and learning opportunities for both girls and boys.
- Protracted displacement crises often remain urgent humanitarian crises requiring sustained commitment and support for developmental investments in areas of displacement and return.

What to remember

- To be effective, advocacy must be undertaken simultaneously at the headquarters, regional and country levels. Maintain close contacts with the regional office and headquarters to ensure implementation of a comprehensive advocacy strategy.

11. Categories of displaced persons

Forced displacement

Deportation and forcible transfer of populations is addressed in the Rome Statute of the International Criminal Court as a crime against humanity and a war crime if carried out without grounds permitted under international law. Forced movement is illegal if done to deprive state or non-state entities of local support, collectively punish part(s) of the civilian population or alter the demographic and political profile of an area, or ethnically cleanse certain areas. Where arbitrary displacement is absolutely necessary for safety and security reasons, the affected population must participate in taking the decision on relocation. Authorities must take all feasible actions to minimize the adverse effects of the displacement by, for example, providing and protecting the means needed for survival of the civilian population, such as foodstuffs, crops, etc. Finally, arbitrary displacement should be followed by an active plan for solutions, including return, reintegration and, in exceptional cases, resettlement.

Internally displaced persons

IDPs are those persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of, or in order to avoid, the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border. This includes displacement caused by natural and human-made disasters. In all cases, primary responsibility for IDPs rests with the government since they remain within the borders of their own

country. National and international law, including the Convention on the Rights of the Child, continue to apply.

Displaced children have specific needs that should be addressed, such as protection from forced recruitment and child labour and the right to an education. The importance of children staying with their families during displacement and of family reunification is clear.

Refugees

The Convention relating to the Status of Refugees of 1951 states that a refugee is any person who “owing to well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his (or her) nationality and is unable or, owing to such fear, is unwilling to avail himself (or herself) of the protection of that country...” Other legal instruments and declarations have expanded the definition of and protections afforded to refugees. Most notably, the 1967 Protocol to the Refugee Convention expanded the convention’s scope to cover all international refugee situations, not just those in Europe. In addition, regional instruments such as the 1969 Convention of the Organization of African Unity governing aspects specific to refugee problems in Africa and the 1984 Cartagena Declaration on Refugees expanded the original refugee definition to include groups fleeing events such as armed conflict, without requiring an individualized fear of persecution. UNHCR is responsible for providing assistance and protection to refugees and UNICEF must assist to ensure that all children are protected and have access to assistance.

4.4 NATURAL DISASTERS

This chapter of the *Emergency Field Handbook* is a guide on responding to natural disasters. The chapter describes the coordination, special funding and preparedness aspects of emergencies resulting from natural disasters. It also outlines a few specific types of natural disasters and provides typical responses.

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1. Responding to natural disasters: An overview

UNICEF is guided by its Core Commitments for Children in Emergencies when responding to natural or man-made emergencies and disasters. The size and complexity of the natural disaster, the capacity of the government and civil society, and the existence of UN agencies on the ground will determine UNICEF's involvement and the duration of its support.

2. UN disaster assessment and coordination

The UN Country Team should form a disaster management team to ensure rapid response and coordinate efforts. In addition, a UN disaster assessment and coordination team is usually fielded at the onset of an emergency once a host country has requested UN assistance. The team is very often one of the first UN external presences on the ground. It helps ensure rapid needs assessment and a coordinated relief operation, and establishes a coordination mechanism so that assessment information is gathered in one place.

3. The Joint UNEP/OCHA Environment Unit

The Joint UNEP/OCHA Environment Unit, a partnership between the UN Environment Programme (UNEP) and the UN Office for the Coordination of Humanitarian Affairs (OCHA), provides an integrated UN response mechanism for rapidly mobilizing and coordinating emergency assistance and response resources to countries facing natural disasters and environmental emergencies. The unit has established a network of national focal points, which can provide expert advice and assistance, and has developed a number of specific tools to assist in the preparedness and response phases of the disaster management cycle.

Once an emergency has occurred, international assistance may be requested by completing the Environmental Emergency Notification/Request for International Assistance form, which can be downloaded from the OCHA website in English, French, Spanish, Russian, Chinese and Arabic (<http://ochaonline.un.org/webpage.asp?Page=645>). The Joint Unit may only mobilize assistance when specifically requested to do so by someone in the affected country (e.g., a national focal point, a government agency or a UN Development Programme resident representative).

The Joint Unit is available 24 hours a day, 7 days a week, year-round and can be reached during regular office hours at +41-22-917-1142 or +41-22-917-1815, and after hours via the OCHA 24/7 Emergency Hotline: +41-22-917-2010.

4. Special funding for natural disasters

In addition to the various sources of funding for emergencies (reprogramming of funds, the Emergency Programme Fund, the Central Emergency Revolving Fund), OCHA can release emergency cash grants under certain circumstances for the resident coordinator or the humanitarian coordinator to meet immediate emergency response needs.

Relief agencies can also access relief items for immediate dispatch from the UN Humanitarian Response Depot in Brindisi, Italy. This stockpile offers a range of items donated by several governments (e.g., food, water supply systems, sanitation and hygiene products, and drugs and medical equipment). To access these stocks, a request is made by the resident coordinator to OCHA Geneva. OCHA consults donors to obtain their authorization to release the goods from the stocks, and transportation is arranged by the World Food Programme (WFP) with consignments being free of charge.

In addition, OCHA coordinates the supply of operation modules in disasters through the International Humanitarian Partnership (a group of seven donor governments). These modules can include office as well as accommodation facilities.

International organizations may also make use of military, civil defence and civil protection assets for international humanitarian disaster relief operations. OCHA Geneva maintains a register that serves as an indication of what may be made available subject to the asset owner's decision on a case-by-case basis. The assets can be made available through the UN and provided on a non-profit basis. Assets are requested through the Military and Civil Defence Unit, OCHA, by an agency or the government of an affected country (usually through the UN resident coordinator or humanitarian coordinator) when all other sources have proved to be insufficient, exhausted or unavailable.

5. Disaster preparedness

In the preparation of its emergency preparedness and response plan, each UNICEF country office has the responsibility to identify and develop the basis for response to natural disasters that could affect the country. Country-specific details, like particular disaster proneness, previous history of disasters, geography and topography, distances between the capital city and the disaster-prone areas, national and local disaster response and management capacity, security, maps, existence of early warning and other alarm systems, existence of relief agencies and disaster capacity of sister agencies, as well as local laws, customs and other information about common and possible natural hazards can be obtained from the host

country government. The UN Country Team should have a disaster management plan for the country that provides the direction of action in any disaster, determines the division of labour between the agencies and gives an analysis of the logistical capacity of the team to assist the host government in natural disasters. This plan should be updated once a year to ensure that it meets the necessary requirements and that all members are fully aware of their agency's contribution to it. The disaster management plan must be closely linked to the security management plan.

The Humanitarian Early Warning Service website (www.HEWSweb.org) is a global one-stop shop for early warning information. It has dedicated pages for drought, floods, tropical storms, locust infestation, El Niño, earthquakes and volcanic activity, including additional references and resources. The site, whose homepage displays a natural hazard map of the world with the various risks facing specific countries and regions, brings together and rationalizes under one platform the vast amount of information now available on the Internet from multiple specialized institutions. The project is supported by the Inter-Agency Standing Committee (IASC), which includes the Food and Agriculture Organization, WFP, UNICEF, the UN High Commissioner for Refugees, the UN Development Programme, OCHA, the World Health Organization (WHO), the International Federation of Red Cross and Red Crescent Societies and the International Committee of the Red Cross, as well as a consortium of international non-governmental organizations (NGOs).

For guidance on actions to be undertaken before, during and after natural disasters, refer to the UNICEF Field Security Manual, Chapter 2: Emergency Situations, Section 4: Natural Disasters, available on the UNICEF Intranet.

For tools on preparing a timely and effective response to the environmental aspect of natural disasters, visit the Joint UNEP/OCHA Environment Unit's preparedness page at <http://ochaonline.un.org/webpage.asp?Page=647>.

For general information and guidance on specific types of natural disasters, visit the emergency preparedness and response web page of the US Centers for Disease Control and Prevention at <http://www.bt.cdc.gov/disasters/>.

6. Floods

The main consequences of floods are often felt in the water and sanitation sector because of the likely disruption of the existing water distribution systems and sanitation infrastructure. Accessible water is normally contaminated by debris, chemicals, raw sewage (from destroyed sewage systems) or even decomposing animal and human bodies.

What to do

- Carry out a rapid assessment.
 - Provide relief items such as oral rehydration salts, water purification and flocculation tablets, water bladders and containers and plastic sheeting.
 - Provide emergency health, trauma and first-aid kits. The most common health threats for flood-affected populations will be diarrhoea from dysentery or cholera, acute respiratory infections, fever, eye or skin diseases, and conjunctivitis. Many health centres may be damaged in floods, leading to a significant loss of medical equipment and drugs.
 - In tropical and sub-tropical regions, floods can easily lead to an increase of malaria and other diseases associated with still water, such as dengue fever. Ensure prevention and mitigation of this problem by providing environmental disinfectants, insecticide-treated mosquito nets and parasite-specific drugs.
 - Ensure that school activities are restarted as soon as possible by providing emergency education and recreation kits.
 - Consider the psychological needs of children who are likely to be traumatised by the events.
- See the 'Child protection' chapter for more information on psychosocial support.*
- Develop or strengthen mine risk education activities immediately if appropriate. One of the dangers associated with floods and mudslides is the movement of landmines.

See the 'Child protection' chapter, for more information on mine risk education.

7. Earthquakes

The consequences of an earthquake can vary tremendously, from near-total devastation of infrastructure in a heavily populated area, to limited destruction of areas that are sparsely inhabited. In most cases, some level of response from relief organizations is needed and UNICEF carries responsibilities in all Core Commitment areas. Organizations must help ensure that the health, water and education systems resume as quickly as possible. (*Refer to the 'Floods' section, above, for UNICEF's immediate responses.*) Particular attention should be given to the effect of the earthquake on people's lives and the need to provide trauma counselling, mental health support and psychosocial programmes for children, teachers and health workers.

What to do

- Conduct a rapid assessment.
- While first-aid assistance is required for the injured, it is also necessary to reduce the risk of epidemics, water-borne diseases and acute respiratory infections by providing emergency, obstetric and trauma health kits, shelter materials, blankets, clothes, water purification tablets and water containers and by re-establishing health surveillance systems. Emergency vaccination campaigns may be necessary to avoid an outbreak of diseases such as measles. Special assistance must be provided to pregnant and lactating women, including the provision of midwifery and obstetric kits. This is done in coordination with WHO.

See the 'Health and nutrition' chapter for more information.

- It is also necessary to assess the need for shelter and to work with other partners to ensure it is being provided. In most cases, shelter is provided by local NGOs, the Red Cross and the military.
 - Ensure a quick return to normalcy for children by re-starting education and recreation activities as soon as possible, using accessible and safe facilities or identifying or creating new ones, and providing emergency materials and equipment (school-in-a-box and recreation-in-a-box kits).
- See the 'Supply and logistics' chapter for information on ordering kits.*
- Provide psychological assistance to children.
 - Identify children who are separated from their parents, close family members or caregivers, and immediately start family tracing and reunification efforts. This is critical as children are most at risk of abuse and exploitation the first 24 hours after an emergency. Temporary care arrangements must be safe and under the custody of the responsible government entities.

What to remember

Strong underwater earthquakes can cause major movement of water masses, or tsunamis. In these cases, the destruction level along the shores affected can be immense, with vast coastal areas deprived of their infrastructures and entire communities washed away. The humanitarian consequences are directly proportional to the power of the tsunami, the geography of the coastline, the level of the infrastructure and the size of the communities living along the affected coasts.

8. Drought

Drought is a slow-onset natural disaster and can often be anticipated, normally requiring a long-term, well-coordinated response. However, a sudden movement of people to an extremely dry or drought-affected area – because of unrest, conflicts or other natural disasters – can have great consequences on the health and nutrition situation of small children and requires an immediate response. Nutritional support is of particular importance. In drought situations, both food and water become scarce, exacerbating what may already be less-than-adequate hygiene and sanitation practices. In such cases, UNICEF is responsible for ensuring that nutritional surveys for children under five are conducted and that supplementary and therapeutic feeding is provided to stem acute and moderate malnutrition. Support to strengthen the public health response may also be required. UNICEF also contributes to the water-provision systems normally led by other organizations. Specifically it supports the distribution of water-treatment materials and water-quality monitoring systems, and it works with other agencies to promote the use of latrines and to support sanitation and hygiene education.

9. Cyclones, hurricanes and typhoons

Tropical cyclones, hurricanes and typhoons are regional names for what is essentially the same phenomenon. Cyclones occur in the Indian Ocean; hurricanes occur in the North Atlantic, Caribbean and South Pacific and typhoons occur in the North and West Pacific. The consequences of these heavy storms are linked to their intensity – both in terms of winds and rainfalls – and to the characteristics of the areas affected. Major damage happens in heavily inhabited clusters composed of weak structures (slums, prefabricated shelters), which are more likely to be torn to pieces by the strong winds, and in deforested rural areas – above all on hills and mountains – where heavy rains can cause mudslides and floods. When the two situations are present at the same time, the effects can be disastrous. Humanitarian consequences of cyclones, hurricanes and typhoons can vary considerably, and relief responses are similar to those for earthquakes and floods. In most cases, priority is given to health and water and sanitation interventions to avoid the risk of epidemics, contamination, pollution and disruption of the public distribution systems. Water-borne diseases are another major risk in these situations, as well as acute respiratory infections and skin and eye infections if assistance to children is not provided from the onset of the crisis. (*Refer to the 'Floods' section, above, for UNICEF's immediate responses.*)

10. Tornadoes

Tornadoes, which usually develop from severe spring or summer thunderstorms, are violently swirling columns of air that come in contact with the ground. Their time on the ground is short and their paths of destruction are rather small. However, when one marches through a populated area, it leaves behind a path of near-total destruction. The winds of a tornado can reach speeds of 100 to 300 miles per hour, and the tornado travels at an average rate of 30 miles per hour. Tornadoes can topple buildings, roll mobile homes and trailers, uproot trees, hurl people and animals hundreds of yards through the air and fill the air with lethal, wind-borne debris. The direction tornadoes travel can be erratic and may change suddenly. Humanitarian consequences of tornadoes are directly related to their intensity and the characteristics and population density of the areas affected. Given the short duration of the phenomenon, the numbers of people involved are normally small.

11. Extremely cold temperatures

In extremely cold temperatures, acute respiratory infections leading to pneumonia are the major risks for children. Extreme cold can also cause hypothermia (an extreme lowering of the body's temperature) and death. UNICEF concentrates its efforts on reducing the incidence of acute respiratory infections and stopping deaths from pneumonia by providing warm clothing and basic medicines to children.

12. Volcanoes

Volcanic explosions can produce extremely destructive materials, including super-heated ash, gas and lava, which can destroy infrastructure, pollute water sources and decimate natural resources. As in other natural disasters, the humanitarian effects of volcanic explosions can vary according to a number of factors but are often similar to those of earthquakes and floods. In terms of accessibility, the heat of the lava is often such that search and rescue operations cannot be mounted until the temperature has gone down and it is possible to cross the lava-covered areas. This may have a direct impact on the effectiveness of the humanitarian relief operations and the survival of the population.

5.1 HEALTH AND NUTRITION

This chapter of the *Emergency Field Handbook* is a guide on how to implement the health and nutrition components of the Core Commitments for Children in Emergencies. The information is destined primarily for non-specialists who may have to assist in jump-starting and organizing UNICEF's response. It is also designed to help all staff effectively engage with partner organizations and governments when initiating emergency response activities. The material is limited to topics covered in the Core Commitments and includes advice on organizing measles vaccination and vitamin A campaigns, supporting beleaguered health systems, and ordering health supplies such as vaccines, new emergency health kits and other kits and supplies for therapeutic feeding. It also covers essential actions needed to promote and protect breastfeeding and ensure complementary feeding in emergency situations, and key actions and messages associated with home-based management of childhood illnesses. Throughout the chapter there are extensive references to more detailed technical resources on many of the topics.

Core Commitments for Children in Emergencies: Health and nutrition

To promote access to essential and quality health and nutritional services, UNICEF, in collaboration with partners, will:

First six to eight weeks

- 1.** Vaccinate all children aged 6 months through 14 years against measles; at minimum children from 6 months to 4 years of age must be immunized. Provide vaccines and critical inputs such as cold-chain equipment, training and social mobilization expertise and financial support for advocacy and operational costs. Along with the vaccination, provide vitamin A supplementation, as required.
See topics 6–16
- 2.** Provide essential drugs, emergency health kits, post-rape care kits where necessary, oral rehydration mix, fortified nutritional products and micronutrient supplements.
See topics 17–26
- 3.** Provide other emergency supplies such as blankets, tarpaulins and cooking sets.
See topic 80
- 4.** Based on rapid assessments, provide child and maternal feeding: support infant and young child feeding and therapeutic and supplementary feeding programmes with World Food Programme and NGO partners.
See topics 21–49
- 5.** Introduce nutritional monitoring and surveillance.
See topics 50–54

Beyond initial response

- 6.** Support the establishment of essential health-care services by providing outreach services and home-based management of childhood illnesses and emergency obstetric care services, and treatment for malaria, diarrhoea and pneumonia.
See topics 55–75
- 7.** Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural change expertise, and financial support for advocacy and operational costs for immunization of pregnant women and women of childbearing age.
See topics 76–78
- 8.** Support infant and young child feeding, complementary feeding and, when necessary, support therapeutic and supplementary feeding programmes with World Food Programme and NGO partners.
See topics 21–49
- 9.** Provide health and nutrition education, including messages on the importance of breastfeeding and safe motherhood practices.
See topic 79

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1. Priority action checklist

- Do a rapid assessment of needs and of the status of existing health and nutrition facilities and capacities, including cold chain, human resources and equipment.
- Assess in-country capacity for staffing, logistics, supplies and coordination of emergency health and nutrition programme response.
- Establish or reactivate the inter-agency coordinating committee or task group.
- Consult with the ministry of health, the World Health Organization (WHO) and partner agencies and organizations to decide whether to implement rapid measles and vitamin A campaigns.
- Prevent excess inflow of powdered milk and breastmilk substitute donations and prevent their use as a general supply.
- Ensure availability and use of standard protocols for management of health and nutrition emergencies, particularly with reference to conducting nutrition surveys, managing severe acute undernutrition and treating infectious diseases.
- Verify existing stocks of essential drugs, measles vaccines, syringes, cold-chain equipment, oral rehydration salts, fortified nutritional products and micronutrient supplements and order if necessary.
- Support micronutrient supplementation (vitamin A, iron folate and zinc).
- Based on rapid assessment, provide blankets, tarpaulins, jerrycans, water-purification tablets and cooking sets.
- Establish safe havens for pregnant and lactating women in every camp or supply site to ensure they receive special rations and to support breastfeeding and relaxation.
- Support therapeutic and supplementary feeding programmes.
- Establish or reactivate essential health-care services focusing on correct case management of childhood illnesses (malaria, diarrhoea and pneumonia), emergency obstetric care services and routine immunization services (particularly tetanus toxoid).
- Provide health and nutrition education.
- Include communication, child protection, education, and water and sanitation sectors in planning.
- Coordinate and establish a nutritional surveillance system with partner agencies.

2. Rapid assessment

A rapid assessment should be done as soon as possible. A rapid assessment matrix has been developed and is available for reference on the *Emergency Field Handbook* CD-ROM. Additional rapid assessment tools are available on the Evaluation and Emergencies portals of the UNICEF Intranet.

For a list of questions to ask during the initial rapid assessment to be conducted in the first 48–72 hours, see 'The initial assessment' chapter.

For detailed guidance on implementing and managing a rapid assessment, see the 'Assessment and monitoring' chapter.

3. Health and nutrition in emergencies: An overview

The priority of any health and nutrition response in emergency situations is to reduce mortality as much as possible. During an emergency, 50–95 per cent of deaths are caused by only four communicable diseases, with undernutrition acting as an aggravating factor in each case: diarrhoeal diseases, acute respiratory infections, measles and malaria. Children and women are the most vulnerable to these. As clearly stated in the Core Commitments for Children in Emergencies, UNICEF's emergency response focuses on these main killers, with special emphasis on responding to the nutrition needs of infants and young children as well as pregnant and lactating women.

If the priority of the emergency response is to implement interventions with immediate impact on child survival, the response should be designed from the outset to keep in mind longer-term health and nutrition needs. The emergency should be seen as an opportunity to set the stage for strengthening health systems as soon as the acute emergency phase is over. UNICEF has an important role to play in this regard and will demonstrate its expertise and exert its influence through close coordination with partners such as WHO, the World Food Programme (WFP), the UN Population Fund (UNFPA) and the Office for the Coordination of Humanitarian Affairs (OCHA). UNICEF is well-suited to effectively respond to emergencies and assume a sector-coordinating role because of its field presence in nearly 160 countries and territories and its capacity to rapidly mobilize staff and supplies.

4. UNICEF's role and partners: Health

WHO is usually the designated lead UN agency for health, although sometimes UNICEF takes on this responsibility. While WHO concentrates its efforts on hospital and laboratory services and central surveillance systems, UNICEF typically focuses on the needs of ambulatory and primary health-care delivery facilities (including outreach services and home-based care) by providing essential drugs, vaccines and equipment, and training health workers. Hospital equipment provided by UNICEF should be reserved for paediatric and maternity wards.

UNICEF's direct contribution in the health area is most often through:

- Providing emergency supplies including essential drugs, oral rehydration salts and intravenous fluids, water purification tablets and supplies for expanded programmes on immunization (EPI).
- Re-establishing the cold chain by providing refrigerators, cool boxes and fuel.
- Establishing medical stores and an effective distribution system for vaccines and essential drugs.
- Providing means of transportation (including fuel) for drugs and vaccines.
- Providing operational costs, including support for deployment of staff for mobile teams.
- Providing technical assistance to government departments to assess needs and plan rehabilitation.
- Providing technical assistance to plan and manage health activities at district level.
- Organizing immunization and communication campaigns, including hygiene education.
- Advocating for the needs of children and mothers.
- Organizing specific training sessions.
- Monitoring activities implemented by UNICEF-supported organizations.
- Coordinating with national authorities, UN agencies, non-governmental organizations (NGOs) and community-based organizations.
- Taking the lead or playing an active role in developing an overall strategy and policy for the emergency response within the health sector.
- Reinforcing capacity at the district level to plan and implement health activities.

UNICEF contributes indirectly by providing funding, technical assistance and supplies to implementing partners including the government and local or international NGOs (Médecins Sans Frontières, Médecins du Monde, Merlin, Medair, Save the Children Fund, the International Rescue Committee, etc.) or private contractors. These implementing partners typically provide direct care; organize training programmes for health staff (followed by the re-establishment of regular in-service training covering key maternal and child health issues); organize health education programmes; ensure the controlled use of available stocks of drugs, vaccines and other medical supplies; order and receive additional supplies; control and coordinate donations; and involve local communities in the management of their health units.

What to remember

In situations involving refugees or displaced persons living in camps, work closely with institutions or authorities that are acting as camp managers.

Implementing partners are required to provide UNICEF with reporting on surveillance and other activities.

5. UNICEF's role and partners: Nutrition

WFP is generally the designated agency for food supplies, while UNICEF retains responsibility for the nutrition of infants and young children when these are not addressed by the designated agency. UNICEF's direct contribution to emergency nutrition work typically includes:

- Immediately protecting breastfeeding by preventing general supply of powdered milks or formulas.
- Providing technical assistance to ensure that safe havens are established in all camps or sites and to provide special rations for pregnant and lactating women, as well as offer breastfeeding and re-lactation support.
- Providing supplies and equipment for therapeutic feeding centres, including therapeutic food, micronutrients and fortified foods for young children.
- Supporting nutrition surveys including training, operational costs and equipment.
- Coordinating nutritionists and medical staff to run therapeutic feeding centres.
- Monitoring supplementary feeding, blanket feeding and general nutritional status.
- Disseminating standard guidelines and protocols on therapeutic and supplementary feeding, and conducting nutritional surveys.
- Providing financial support to implementing partners.
- Providing technical and financial support for nutrition assessment and surveillance.
- Working closely with WFP to monitor food situation, distribution and impact on nutrition, especially that of women and children.

While UNICEF is responsible for the safe havens and for breastfeeding and complementary feeding, its partners in emergency nutrition programming include governments, other UN agencies (in particular WHO, WFP and the Office of the United Nations High Commissioner for Refugees), as well as international and national NGOs. Partners typically run related programmes, as well as provide the general food distribution for blanket feeding, supplementary feeding, and the therapeutic or supplementary feeding centres.

UNICEF often takes a coordinating role in nutrition during emergencies because of its special responsibilities for young child and maternal nutrition. Primarily, it is expected to coordinate the work of different organizations and liaise with the government on issues such as the establishment of protocols. In emergency situations, some of UNICEF's main responsibilities include

nutritional surveillance; protecting, supporting and promoting breastfeeding; establishing complementary feeding for young children; establishing health and nutritional education programmes; and providing psychological support. As coordinating agency, UNICEF guides decisions on criteria for use of breastmilk substitutes for infant feeding. Under a memorandum of understanding with WFP, it also coordinates and organizes therapeutic feeding programmes (providing therapeutic milk, F-75, F-100, ReSoMal and vitamin or mineral preparations, and training health staff on treatment of severe undernutrition). WFP coordinates initial food provision, supplementary feeding programmes and general ration distribution.

6. Measles vaccination: An overview

Measles is common and especially dangerous in emergencies, when people are displaced or overcrowded, sanitation and shelter are poor, and food and safe water are in short supply. In a crisis, existing immunization programmes may be disrupted, leaving the youngest and most vulnerable children unprotected. In such an environment, measles is rapidly contagious and can result in high mortality rates especially among undernourished children. Measles can trigger acute protein-energy undernutrition and worsens it in those already undernourished. It also aggravates vitamin A deficiency in children whose nutritional status is compromised.

During emergencies, UNICEF is committed to vaccinating all children aged six months through 14 years against measles. Under some specific epidemiological or operational circumstances, the age range could be reduced to all children aged six months to four years. A reduction in the age range should be done in close consultation with immunization experts.

Providing vitamin A supplements to children 6–59 months during emergency measles vaccination protects children from vitamin A deficiency and also against the severity of subsequent measles infections. Vitamin A supplementation is also part of the treatment protocol for children already infected with measles and reduces mortality from acute measles by 50 per cent.

UNICEF typically works as coordinator of vaccination campaigns in conjunction with its government counterparts. It also provides programme planning and management and technical support, including training and expertise on social mobilization. UNICEF often provides such supplies as vaccines and diluents, auto-disable syringes, reconstitution syringes, safety boxes, vitamin A supplements and cold-chain components (including refrigerators, spare parts, cold boxes, vaccine carriers, ice packs, thermometers and standby generators). It often organizes transport and provides local operating costs.

What to do

- Whenever possible, consult with the national ministry of health to take the decision to launch a rapid vaccination campaign.
- Wherever possible, use and reinforce the national EPI structure.
- Extend immunization of refugees or internally displaced persons to the host community in the same area.
- Record immunizations for continuity with or reintegration into regular EPI activities after the emergency.

What to remember

- Prompt measles vaccination and vitamin A supplementation of all children is possibly the most urgent public health intervention for a displaced population. Children should be vaccinated even if no cases of measles have been reported.
- High vaccination coverage – close to 100 per cent – is necessary to prevent child mortality and possible outbreaks.
- During emergencies, there are no contraindications to measles vaccination. All targeted children can be vaccinated, including those who may have been immunized previously, appear to be ill or may be pregnant.
- During emergencies, all children 6–59 months should receive vitamin A supplements including those who may have received it in previous months.

7. Measles vaccination: Getting organized

What to do

- If no specialist is already present on the ground, identify one locally through the ministry of health, WHO or UNICEF health officers in regional offices or headquarters, and make arrangements for deployment. To bring in additional expertise in overall planning and management, (e.g., WHO technical experts), contact the regional office (or the country office if this decision is being made in a sub-office), then the Office of Emergency Programmes (EMOPS) and the Division of Human Resources in New York. *See the 'Human resources' chapter for information on internal and external deployment in emergencies.*
- Obtain relevant immunization data such as coverage rates from the local UNICEF and WHO country office, local technical experts and the ministry of health or local government sources. This information may have been gathered during the rapid assessment.

- Estimate the number of children in the target age range in each geographical area to be covered. If reliable demographic data are not available, get the best estimate of the total population in each area from the government, WFP food distribution lists, data from the last polio National Immunization Day for the under-five population (extrapolate for children up to 15 years old) or NGOs working in these areas. Estimate the number of children as follows: 20 per cent of the population will be children aged 6–59 months; 45 per cent of the population will be children aged 0–14 years.
- If available, locate information on the number of children vaccinated during the last National Immunization Days, which can be very useful.
- Discuss and agree on a strategy to carry out the vaccinations with the ministry of health, WHO or local health officials, as well as NGOs that will be carrying out the campaign. Are health facilities still operating? Are mobile teams necessary?
- Decide whether other antigens or such items as deworming should be added to the vaccination plan.
- Decide whether free insecticide-treated mosquito nets (for malaria prevention) should be distributed to children under five or their caregivers during the measles vaccination campaign. (*See topic 71 for more on insecticide-treated mosquito nets.*)

What to remember

- Vitamin A supplementation is always given at the time of measles vaccination to children aged 6–59 months.
- If measles transmission and cases are ongoing, then treatment must happen along with vaccination. At a minimum, this means providing vitamin A supplementation to all suspect cases. At best, it means providing clinic care with antibiotics for secondary pneumonia and oral rehydration therapy for dehydration secondary to fever, diarrhoea and exhaustion from undernutrition.
- Inclusion of other antigens should be carefully considered where access is especially difficult, coverage by the regular EPI is unlikely in the near future, and administering the additional antigen will not delay the measles campaign. *See UNICEF's Technical Notes for more on possible antigens to add to the measles campaign.*
- All children vaccinated when under nine months old must receive a second dose of measles vaccine at nine months of age, but not less than 30 days after the first vaccination. In order to confirm when a child was last vaccinated, ask the parent or caregiver. Note that receiving an extra dose of measles vaccine does no harm to the child.

8. Ordering measles vaccines and related material

What to do

- Based on the estimated number of children in the target age range, calculate the total number of doses needed.
- The wastage rate for specific vaccines is determined by several different factors. During emergencies, use a rate of 25 per cent. Based on this figure, the total number of doses needed is calculated by multiplying the number of targeted children by 1.33, which is derived from the formula $1/(1-.25)$. Be sure to use the same wastage rate when ordering auto-disable syringes, so that the number of measles vaccines equals the number of syringes.
- Working with the national EPI and NGOs, find out how many doses are locally available and which agencies are planning to bring in additional stock. Only commitments of stock that are absolutely guaranteed, with a firm arrival date in the very near future, should be included in the estimate.
- Countries usually have a stock of vaccine and other materials for routine immunization. If supplies are available in-country, vaccines and other materials can typically be borrowed to meet emergency requirements in order to save time. Some additional doses may have to be ordered to meet any shortfall and to replace the stock that has been borrowed.
- Use the same process to calculate the amount of vitamin A to be ordered. Standard doses are as follows: children 6–12 months of age get 100,000 international units (IU) orally; children between 12–59 months of age get 200,000 IU orally. Vitamin A is available in capsule form or as part of an oil-based solution. Note that the wastage rate for vitamin A is about 10 per cent, which is typically less than that of measles vaccine. Vitamin A capsules are available in halal and non-halal preparations. In Islamic countries, halal vitamin A must be ordered. (See *topic 15 for more on administering vitamin A during a measles campaign.*)
- Estimate the quantities of other necessary vaccination and vitamin A supplies (such as auto-disable syringes, safety boxes – one for every 100 auto-disable syringes – cold-chain equipment, vaccination cards and tally sheets, and scissors for cutting the nipple off the vitamin A capsules). (See *topic 11 for more on vaccination cards and tally sheets.*)

What to remember

- Measles vaccine is administered with auto-disable syringes and a special diluent. The diluent should be automatically shipped with the vaccine. The devices (auto-disable syringes, reconstitution syringes and safety boxes) are ordered simultaneously but shipped separately. When vaccine, diluent, syringes and safety boxes are all ordered together, this is called ‘bundled measles vaccine’.

- Check for existing vitamin A stocks in-country and, if necessary, order more. Vitamin A can be procured through Copenhagen or through a local manufacturer (approved by Copenhagen.)
- Vitamin A supplements (200,000 IU) are included in the new emergency health kit for use in health facilities to treat measles.
See the 'Supply and logistics' chapter for details on offshore procurement.

9. The cold chain

To maintain quality, vaccines must be kept cool and shaded at all times. Even in the most remote location and under the most difficult circumstances, they must be stored at the appropriate temperature from the time they are manufactured until they are used in the field. The chain of cool environments needed to do this is called the 'cold chain'.

Measles vaccine must be stored between 0°–8° Celsius. Vaccine vial monitors are almost always included on shipments of vaccine. A vaccine monitor is a heat-sensitive label that is placed on a vial to register cumulative heat exposure over time. The label shows a circle with a small square in it. At the starting point, the inner square is a lighter color than the outer circle, and remains so until the temperature or duration of heat reaches a level known to degrade the vaccine beyond acceptable limits.

What to do

- Ensure that a cold room or refrigerators with thermometers are available at the airport and the capital, and at the regional or area level.
- Make sure cold boxes, with thermometers if possible, and vaccine carriers are available for transfer of vaccines between locations during field operations. Cold boxes and vaccine carriers require ice. Make sure there are sufficient ice packs, along with freezer space to chill them.
- Open cold boxes and vaccine carriers only at the last minute before vaccines are to be given.
- Check the vaccine vial monitors when opening each box. Vials should be discarded when the inner square is the same color as or darker than the outer circle.

See the Emergency Field Handbook CD-ROM for a pictorial guide to reading a vaccine vial monitor.

10. Cold-chain storage space and supplies

Vaccine storage requirements must be taken into consideration when planning elements for the cold chain. A vaccine volume calculator is available from WHO (<http://www.who.int/vaccines-documents/DocsPDF01/www586.pdf>). An example of the amount of cold-chain storage space needed for various quantities of measles and other vaccines is given in Table 5.

Table 5: Storage space in cold-chain elements needed by vaccines

Vaccine	Packed volume	Freezers and cold boxes	Refrigerators	Cold rooms
Measles; Yellow fever	3 litres per 1,000 doses	3.6 litres per 1,000 doses	6 litres per 1,000 doses	12 litres per 1,000 doses
Polio	1.5 litres per 1,000 doses	1.8 litres per 1,000 doses	3 litres per 1,000 doses	6 litres per 1,000 doses
Diphtheria, pertussis, tetanus (DPT)	2.5 litres per 1,000 doses	3 litres per 1,000 doses	5 litres per 1,000 doses	10 litres per 1,000 doses
BCG (anti-tuberculosis)	1 litre per 1,000 doses	1.2 litres per 1,000 doses	2 litres per 1,000 doses	4 litres per 1,000 doses
Tetanus	2.5 litres per 1,000 doses	3 litres per 1,000 doses	5 litres per 1,000 doses	10 litres per 1,000 doses

Note: The figures shown include space for the packaging and the diluent necessary for the respective vaccines.

- Choose cold boxes and vaccine carriers based on the following criteria:
 - How much vaccine will be carried.
 - How long the vaccine will be in transit and in what ambient temperatures.
 - How the box will be carried.
 - The conditions the box will be exposed to.
 - The box that meets your requirements for the lowest price.
- Choose freezers and refrigerators based on the following:
 - Local day and evening temperatures.
 - Reliable sources of electricity, bottled gas, kerosene or solar energy.
 - How much vaccine must be stored at 4° Celsius and how much at -20° Celsius.
 - How many ice packs must be frozen every 24 hours.
 - How long contents can be kept below 8° Celsius in case of power failure.
 - Facilities and spare parts that are locally available for different types of equipment.
 - The models that meet your requirements for the lowest price.

What to remember

- Refrigerators, freezers, cold boxes and small vaccine carriers can often be borrowed from the national EPI. If not, order them when the vaccines are ordered.
- When ordering cold-chain equipment, it is important to consult the latest WHO-UNICEF product information sheets as well as liaise with the

ministry of health and WHO to ensure that products ordered are standard products already in use in the national EPI. This ensures consistency and standardization of supplies, so that equipment can be integrated into the national programme at a later date.

Product information sheets are available on the WHO website at <http://www.who.int/vaccines-access/vacman/pis/pis.htm>.

- UNICEF Supply Division staff can assist in making the best choice.
See the 'Supply and logistics' chapter for Supply Division contacts and information on ordering supplies.

11. Staffing for emergency measles vaccination campaigns

Experienced personnel should be used to carry out a vaccination campaign (they can sometimes be found within refugee and displaced populations). Vaccination teams typically consist of three people: one person with a health background (often a community health worker) to administer vaccines and fill out the tally sheet after each vaccination (a tally sheet is a record kept by the vaccination team, which gives an overall picture of the vaccinated group at each vaccination session); one literate person to fill out vaccination cards if they are being used (a vaccination card is a permanent record of the child's vaccination history, including dates, kept by the family); and another person to organize those waiting to be vaccinated.

An outreach approach can reach up to 300 people a day, depending on whether the area is urban or rural. In areas where large numbers of people come to the vaccination team (e.g., camps), a large team structure of six people (three health workers plus three others) can administer up to 1,000 vaccinations a day.

What to do

- Talk to local leaders, health workers, the Red Cross or NGOs. Identification of personnel is often locally done or subcontracted to NGOs.
- Verify qualifications of job applicants by checking their documents, if available. If documents have been lost, the immunization programme manager can test applicants with questions about EPI policy and practices.
- Prepare a simple training session for vaccination teams to review who will do what and how the campaign will be implemented. Be sure to include information on maintaining campaign and injection safety. (*See topic 14.*)
- Make sure that pay is harmonized across employing agencies. Pay for vaccination campaigns is usually based on a daily rate and should be in line with pay for similar jobs in other programmes.

What to remember

- In the best of circumstances a three-person team can only vaccinate about 300 children per day.
- If planning to administer vitamin A as part of the campaign, it may be necessary to add a staff member to the team who can properly administer vitamin A and record it in the tally sheet. (*See topic 15.*)
- When undertaking national or emergency measles vaccination campaigns, no vaccination cards are used because all children, regardless of their previous immunization status, are to be vaccinated. However, in certain complex humanitarian emergencies involving displaced populations that move into camps, local authorities sometimes decide to distribute vaccination cards to the families since they are likely to remain in the camps for some time.
- When planning a campaign, prepare a logistics and transportation plan.

12. Informing and mobilizing the target population

The understanding, support and participation of the community and its leaders are essential for a successful vaccination campaign.

What to do

- Use all available organizational structures, including government counterparts, community leaders and community organizations, religious organizations or networks, and local and international NGOs (which would typically be carrying out the campaign) to contribute to the campaign.
- Use all available means of communication, including megaphones, teams of people going door to door, radio (contact stations and request air time for public service messages in the local language), newspapers or bulletins, community or religious meetings, and posters.

13. The measles vaccination session

A vaccination session typically happens as follows: Children and their caretakers gather in a defined, shaded area, ideally in a line. If vaccination cards are being used, child and caregiver proceed to the vaccination registration table, where a vaccination team member fills out the child's vaccination card or gives the child a new one. Child and caregiver then proceed to the vaccination table where the child receives the vaccination (measles vaccines need to be reconstituted one 10-dose vial at a time), followed by a vitamin A supplement. The vitamin A may also be given first. The vaccinator immediately records the vaccination on a tally sheet by age group and antigen.

For detailed information on carrying out a vaccination session and campaign, see 'Immunization in Practice' (WHO/IVB/04), available in print or on the WHO website at <http://www.who.int/vaccines-diseases/epitraining/SiteNew/iip/>.

What to do

- If possible, encourage vaccinations to be arranged when families register in a camp for refugees or internally displaced persons, or when they arrive at way stations. Find a way to channel families from the camp registration table to the vaccination table.
- If vaccination cards are being used, use existing ones when available and when not too complicated. Do not allow absence or shortage of vaccination cards or tally sheets to delay administering vaccine.
- If vaccination cards and tally sheets are not readily available, design and print or photocopy them locally, if possible. Cards should have space to include name, age, date of vaccination, type of vaccination and administration of vitamin A. Tally sheets should only have a breakdown by age and columns for the vaccination given.
- Encourage regular and frequent meetings of vaccination team leaders and area supervisors to discuss experiences and resolve problems. These meetings are useful for deciding whether to shift resources, curtail or extend planned vaccinations at some sites, or add new sites to the schedule.

What to remember

- Keeping records is very important for determining vaccination coverage and effectiveness of an emergency measles vaccination campaign. Record the numbers of children vaccinated, by age group and antigen.

14. Injection safety

Mass immunization campaigns pose specific safety challenges because they cover a large number of people in a very short time, in many cases outside the normal health-care setting.

What to do

To ensure a safe campaign

- Procure vaccines, auto-disable syringes and safety boxes.
- Raise awareness among health-care workers of the need for safety throughout the campaign.
- Include the following topics in staff training: reconstitution of freeze-dried vaccine; the use of auto-disable syringes; the need for proper disposal of syringes in a safety box and proper disposal of filled, used safety boxes.

- Deposit used auto-disable syringes in safety boxes without recapping.
- Organize a system to manage waste (i.e., collection, storage, transportation and destruction).
- Whenever possible, use an incinerator to burn filled safety boxes.
- Otherwise, burn and bury used safety boxes at least 1 metre deep and cover completely with dirt. The area must not be flooded by high-water tables.
- Make sure there is a system in place to monitor and manage adverse events following immunization. (*See topic 16 for more on monitoring for adverse events.*)

What to remember

- UNICEF and WHO are committed to procuring only auto-disable syringes; in addition, vaccines are only provided with the assurance they will be used with approved auto-disable syringes and safety boxes. In practice, the entire ‘bundled measles vaccine’ is almost always procured from UNICEF.
- Make sure safety boxes are numbered so that their return to the destruction point can be verified.

15. Administering vitamin A during measles campaigns

Children aged 6–59 months should receive vitamin A orally after they get vaccinated for measles. (*See topic 13 for a description of a typical vaccination day.*)

What to do

- Cut off the nipple of the capsule with scissors and squeeze the capsule contents into the child’s mouth.
- Mark vitamin A administration on vaccination cards if they are being used.

What to remember

- Although WHO guidelines stipulate that children known to have received a vitamin A supplement in the past 30 days should not receive additional vitamin A, in emergency campaigns it is often impossible to verify this. Vitamin A should therefore be given to all children receiving measles vaccine, even if their vitamin A status is unknown.
- In a prolonged emergency, vitamin A is needed every 4–6 months to protect against deficiency.
- Vitamin A is also used to treat measles.

16. Monitoring emergency vaccination campaigns

UNICEF has a particularly important role to play in monitoring emergency vaccination campaigns.

What to do

- Monitor the cold chain. (*See topic 9.*)
- Monitor injection safety. (*See topic 14.*)
- Monitor for adverse events. Adverse events following immunization are possible. Each report of a vaccine-related illness or injury must be taken seriously and investigated immediately in order to identify the cause of illness or injury and prevent undue disruption of the vaccination campaign. In case of an adverse event after immunization:
 - Make sure an investigation gets under way immediately.
 - Notify Supply Division immediately and send samples of the vaccine for testing as advised.
 - Communicate the following message to the affected population:

“The vaccine is safe, but there are predictable side effects. It is safer to get the vaccine than to get measles.”

See WHO publication at http://www.who.int/immunization_safety/aefi/en.
- Search actively for missed children.
 - Monitor any reports of measles cases from all areas very carefully.
 - Depending on the circumstances, go house to house or tent to tent to check on coverage or search for cases. Mop-up activities may be needed to reach children who are missed in the original immunization campaign, as well as those children just reaching the age of six months or who arrive in an emergency-affected area or camp after the initial campaign.

To assess the overall effectiveness of the campaign

- Determine coverage by taking an area’s estimated target population (children who should be vaccinated) and dividing it by the number of doses actually administered in that area (as recorded on the tally sheets).

What to remember

- In areas where demographic data are unreliable or very rough, the data on the number of children vaccinated (as recorded in the tally sheets) are often used to cross-check the estimate of the total population.
- Coverage surveys done at intervals or at the end of campaigns will give more accurate and detailed information on the success of the campaign or whether significant changes need to be made midstream.

17. Providing essential drugs: An overview

In an emergency, supplies of essential drugs may be disrupted, delayed or cut off. During the early phase of an emergency, UNICEF supplies standard drugs through the new emergency health kit. After the initial phase, quantities and types of drugs can be adapted to specific circumstances and actual consumption.

What to do

- Coordinate with other potential donors of drugs at the country level through bilateral talks or through the regular health coordination meetings. The same basic list of requirements will often have been forwarded by the government or an NGO to various potential donors.
- Give priority to ensuring adequate supplies of drugs relevant to the most basic, current health problems affecting children and mothers (diarrhoea, malaria, pneumonia, measles, neonatal sepsis).
- Make sure the number of kits is appropriate to the size of population served by the average health post.
- Make sure all drugs have a remaining shelf life of at least two years and the expiry date is printed on the outer carton. This can be verified at the warehouse storing the drugs for trans-shipment.
- Consider delivering drugs in bulk or accepting donations of bulk-packaged drugs only where central pharmaceutical stores are still well organized and operating efficiently.
- Evaluate offers of donations-in-kind very carefully. Unsolicited contributions, doctors' samples and sophisticated non-essential drugs should usually be refused.
- Make sure there is adequate transport for the internal distribution of drugs.

What to remember

- During the initial phase of an emergency, deliveries should be restricted to items essential to providing the necessary minimal level of service. These essential items are in the new emergency health kit. Additional equipment can be provided at a later date.
- Policies for distributing and dispensing drugs should take into account established local practices and long-term policies, as well as immediate needs. It is important to avoid undermining mechanisms of community self-reliance — such as village pharmacies selling at cost price – by large-scale, short-term free distribution of drugs. It is also important that pricing is not a barrier to access.

18. Drugs for central and district-level medical stores

UNICEF should assist in rehabilitating central and district-level medical storage systems wherever required.

What to do

- Assist in re-establishing planning and management systems.
- Provide training for management and rational use of essential drugs.
- Arrange for the best possible storage facilities and proper inventory control.
- If in-country expertise is limited or depleted, bring in one or more experienced pharmacists to help establish central and regional medical stores.

19. The new emergency health kit

The new emergency health kit has been developed by several international agencies and NGOs for use at the peripheral and central level on the basis of standard treatment protocols in emergencies. It is designed to provide drugs to meet the essential needs of 10,000 persons for three months. In practice, the drugs and expendable supplies are sometimes used more quickly during the early stages of an emergency.

A complete new emergency health kit includes 10 basic units to be used by health workers and one supplementary unit (comprised of four sub-units) to be used by physicians and professional health workers.

- Each basic unit contains 12 drugs (none of which can be injected), plus medical supplies and equipment for a population of 1,000 persons for three months. This packaging enables distribution to smaller health facilities on site.
- Each supplementary unit consists of four components:
 - Supplementary 1 – Drugs
 - Supplementary 1a – Drugs (psychotropic and narcotic drugs that may need import authorization and drugs that may need to be stored at specific temperatures)
 - Supplementary 2 – Medical equipment and items to allow for the provision of clean water
 - Supplementary 3 – Renewable medical supply
See Supply Division Bulletin, available at <http://www.supply.unicef.dk/Catalogue/bulletin3.htm>.

What to do

- Calculate required quantities of new emergency health kits. Each kit meets the essential needs of 10,000 people for three months.
- If zinc is not included in the kits, zinc tablets can be ordered through Supply Division.

- Order any additional required drugs or substitution drugs separately as early as possible in line with WHO recommendations and national policies.
- Adapt contents of the new emergency health kit to local epidemiology:
 - Find out actual usage rates of the items on the basic list from government counterparts and NGO partners. For example, if malaria is a problem in the area, the quantities of paracetamol provided in the standard kit might be insufficient. Also, even if chloroquine is already included in the kit, it should probably be replaced with an artemisinin-based combination treatment because these drugs reduce malaria transmission and can be highly effective in emergency settings. Artemisinin-based combination treatments are now recommended by WHO for malaria treatment in all countries experiencing resistance to chloroquine and for particular use during malaria epidemics. (*See topic 70 for more on provision of antimalarial drugs.*)

20. Post-rape care kits

See the 'HIV/AIDS' chapter for complete information on provision and use of post-rape care kits.

21. Fortified foods and multi-micronutrient supplements: An overview

During emergencies, micronutrient deficiencies can easily develop or worsen if they are already present. Among the most prevalent vitamin and mineral deficiencies are iron, zinc, vitamin A and iodine. However, other micronutrient deficiencies such as vitamin C, vitamin D and group B vitamins often quickly develop during emergency situations. The groups most vulnerable to a lack of micronutrients are pregnant and lactating women, and young children, mainly because of their relatively greater need for vitamins and minerals and their susceptibility to the harmful consequences of deficiencies, illnesses and diseases such as diarrhoea, measles, malaria and pneumonia. It is therefore essential that the micronutrient needs of people affected by emergencies are adequately met, namely through the provision of fortified food and micronutrient supplements.

WFP is responsible for providing fortified foods (e.g., blended foods) for general and selective (e.g., supplementary) food programmes. Fortified foods include, for example, flour fortified with iron and oil fortified with vitamin A. In addition, WFP provides iodized salt. If foods being provided are not fortified, UNICEF should bring this to the attention of WFP.

UNICEF is responsible for covering unmet micronutrient needs. To do this, it provides vitamin A supplementation during measles vaccination campaigns and to women in the immediate post-partum. UNICEF also provides iron

folate for pregnant and lactating women through general distribution and in camp settings, and as part of emergency antenatal care. UNICEF will soon start to provide zinc sulphate with oral rehydration salts for the treatment of acute diarrhoea. UNICEF also supplies multi-micronutrient supplements for pregnant and lactating women and young children. In addition, therapeutic milks used in therapeutic feeding centres and therapeutic food provided in supplementary feeding centres are typically fortified with essential vitamins and minerals.

In addition, UNICEF is responsible for ensuring that adequately fortified foods are available for complementary feeding of children aged six months to 2–3 years. If the necessary micronutrients are not adequately provided in fortified staples, either special fortification is needed or supplementary micronutrients must be made available by UNICEF.

What to remember

- Whether micronutrients are provided through fortified foods or through supplementation, UNICEF supports WFP in monitoring their use and in training activities.
- People have the right to know what they consume. Providing information to the professionals and beneficiary populations on what is included in the foods and supplements is extremely important.

22. Iodine

Iodized salt is part of the food ration provided by WFP. If iodized salt is not made available to the emergency-affected population, iodized oil capsules have to be provided as supplementation. As of March 2005, the new guidelines on the provision of iodized oil capsules to pregnant and lactating women and children are under revision by WHO. Contact the Nutrition Section, New York headquarters, for the latest information.

What to do

- Verify that the provided salt is iodized. Packages of salt should clearly state that salt has been iodized. Salt also may be tested with the rapid test kits available in most country offices. Iodized salt test kits are available to country offices through direct order.
- If salt is not iodized, make arrangements to replace the supply with iodized salt. This can be arranged through WFP.
- If it is not possible to provide iodized salt, consider supplementation after consultation with Nutrition Section, New York headquarters, to verify target groups and doses as per latest WHO recommendations.

23. Iron folate

The flour provided by WFP or other agencies for the emergency-affected population may be fortified with iron and folate, contributing to the prevention of iron and folic acid deficiency. In addition, UNICEF provides iron folate for pregnant and lactating women through general distribution, in camp settings and as part of emergency antenatal care through the new emergency health kit.

What to do

- Make sure that health facilities serving the emergency-affected population have sufficient quantities of iron folate.
- If necessary, provide health facilities with the new emergency health kit. (*See topic 55 for more on how UNICEF supports essential health-care services during emergencies.*)
- To improve compliance, ensure that the benefits of taking iron folate tablets are communicated to pregnant and lactating women.

24. Zinc sulphate

Zinc supplements given during an episode of acute diarrhoea reduce the duration and severity of the episode; if given for 10–14 days, they lower the incidence of diarrhoea for the following 2–3 months.

What to do

Check on current guidelines for providing zinc sulphate with oral rehydration salts. The WHO Essential Drugs Committee has now included zinc sulphate on the Essential Drugs List and so it should soon be available through the Supply Division, Copenhagen. Until then, zinc sulphate can be ordered through Nutriset (<http://www.nutriset.fr>).

25. Vitamin A

In unstable or emergency situations, children can be at high risk of vitamin A deficiency, which raises the risk of disease and death from common childhood illnesses. Children with protein-energy undernutrition or infections such as measles, diarrhoea, respiratory disease or chicken pox are at increased risk of vitamin A deficiency. Improving the vitamin A status of children significantly reduces their risk of dying and improves their ability to resist illness. (*See topic 15 for more on vitamin A supplementation, which is typically provided to children 6–59 months old during emergency measles vaccination campaigns.*) Children with concurrent vitamin A deficiency and measles can suffer serious complications and immediate vitamin A therapy

significantly reduces the risk of excessive measles case fatality. It is therefore recommended to treat children with high-dose vitamin A supplements during episodes of measles.

WHO also recommends that lactating women should receive a high-dose vitamin A supplement (200,000 IU) in the immediate post-partum period (i.e., within eight weeks of delivery).

What to do

- Vitamin A supplements need to be provided to infants and children as part of the standard of care for treating measles. Check on current guidelines for providing vitamin A supplements for treating measles.
- Make sure that health facilities serving the emergency-affected population have sufficient quantities of vitamin A supplements. If necessary, provide health facilities with the new emergency health kit and antenatal care kit. Vitamin A supplements are included on the WHO essential drugs list. Vitamin A (200,000 IU) is included in the new emergency health kit and antenatal care kit, which are available through Supply Division, Copenhagen.
- Since many countries have ongoing vitamin A supplementation programmes, check on existing vitamin A supplies in-country and replenish supplies if necessary.

What to remember

- Vitamin A is found in breastmilk, so promoting breastfeeding is the best way to protect infants from vitamin A deficiency and to boost their immunity. *(See topic 28 for more on how UNICEF supports breastfeeding in emergency settings.)*

26. Multi-vitamins and mineral supplements

UNICEF is responsible for ensuring that adequately fortified foods and/or multi-micronutrient supplements are available for young children. Since the fortification needed at this age is not adequately provided in fortified staples (as part of general food ration), either special fortification is needed or supplementary micronutrients must be made available by UNICEF.

Multi-vitamins and minerals are provided for mixing with blended foods used in supplementary feeding centres. The blended foods that are typically given during an emergency usually contain added vitamin A, thiamine, riboflavin, niacin, vitamin C, folic acid, iron and iodine, all of which can make a substantial contribution to the micronutrient status of the population. UNICEF typically provides the vitamin-mineral mix (WFP provides the blended food). Therapeutic milks used in therapeutic feeding centres are fortified with carefully calibrated quantities of essential vitamins and minerals.

It is important to note that blended foods may not fully meet all of the micronutrient needs because the micronutrients may not be absorbed very well and also because other critical micronutrients such as vitamin B6, vitamin B12 and zinc may be lacking. It is therefore UNICEF's responsibility to provide these vulnerable groups with a multi-micronutrient supplement depending on whether they receive fortified rations or not.

When fortified rations are not being given, children aged 6–59 months should receive the appropriate multi-micronutrient supplement that meets the recommended nutrient intake (1 RNI) once a day (*see Table 6*); but when children in this age group are given fortified rations, they should also receive an appropriate double supplement of micronutrients once a week. (*See Table 7 for an outline of the schedule for giving multiple micronutrient supplements to young children.*)

Numerous pediatric formulations of multi-micronutrient products such as sprinkles, foodlet, spreads, biscuits and syrups have been developed and are in various stages of testing and use. Each of these products has its advantages and disadvantages, including packaging, ease of use, storage and cost, which should be considered before a decision is made. A description of each of these products is provided at <http://www.micronutrient.org>. Currently, in terms of flexibility of use, UNICEF is distributing or exploring the procurement of the following products:

- Foodlet: A chewable, water-soluble and flavored multi-micronutrient supplement, this is also crushable and could therefore be used as a home-fortificant to be added to emergency food rations. The foodlet contains 13 micronutrients considered to be the most likely to be needed in children's diets and provides an average of one recommended dietary allowance or less. It is therefore considered safe for use.
- Sprinkles: Containing encapsulated iron, vitamin A, zinc and other micronutrients, these are mixed with food to increase the micronutrient content without causing any appreciable change in the color, texture or taste of the food. They are packed in single-serving sachets. The entire contents are sprinkled onto any semi-solid food right before serving.
- Therapeutic spreads: Formulated to feed malnourished children during a short period, these are very effective in promoting rapid weight gain and are progressively replacing liquid milk-based diets in emergency programmes. In contrast to the foodlet and to sprinkles, spreads are real foods that provide energy. They can either be eaten alone or mixed with other foods such as traditional porridges or emergency foods just before warming.

In addition, because fortified staples supplied through the general distribution may not meet the increased dietary requirements of pregnant and lactating women, it is UNICEF's responsibility to provide a multi-vitamin

and mineral supplement to them as well. The multi-micronutrient tablet should be provided in addition to the iron folate supplement that is currently provided as part of general distribution and in camp settings as part of emergency antenatal care.

Table 6 outlines the composition of the vitamin and mineral formulas that are designed to provide the daily recommended intake of each nutrient (1 RNI) for pregnant and lactating women, and children 6–59 months. A multi-micronutrient supplement tablet for pregnant and lactating women that meets the formulation provided in Table 6 is available through UNICEF's Supply Division, Copenhagen.

Table 6: Composition of vitamin and mineral formulas that provide daily RNI for pregnant and lactating women, and children from 6–59 months of age

Micronutrients	Pregnant and lactating women	Children (6–59 months)
Vitamin A µg	800	375
Vitamin D µg	5	5
Vitamin E mg	10	4
Vitamin C mg	70	150
Thiamine (vitamin B1) mg	1.4	0.5
Riboflavin (vitamin B2) mg	1.4	0.5
Niacin (vitamin B3) mg	18	6
Vitamin B6 mg	1.9	0.5
Vitamin B12 µg	2.6	0.9
Folic acid µg	400	150
Iron mg	30	10
Zinc mg	15	10
Copper mg	2	0.6
Selenium µg	65	–
Iodine µg	150	50

Table 7 outlines the schedule for giving the multi-micronutrient supplements. In situations where multi-micronutrient supplements are provided, UNICEF needs to continue with the provision of vitamin A supplementation to young children and lactating women as per existing WHO recommendations.

Table 7: Summary of micronutrient provision to pregnant and lactating women and young children in emergencies

	Young children		Pregnant and lactating women	
	Daily	Weekly	Daily	Weekly
Iron folate tablets			X	
Multi-micronutrient supplementation if fortified food rations are unavailable	X (1 RNI)		X (1 RNI)	
Micronutrient supplementation if fortified food rations are available		X (2 RNI)	X (1 RNI)	
Vitamin A supplements	X (per WHO recommendation)		X (per WHO recommendation for post-partum women)	

What to do

- Continue existing micronutrient programmes.
- Before giving any supplements, ensure that micronutrient supplements are not being provided from any other sources (other than those mentioned above), especially with regard to fat-soluble vitamins such as vitamin A.
- Communicate the benefits of multi-micronutrients to ensure that they are used and have their desired impact.
- Monitor the delivery of micronutrient supplements to assess coverage and to ensure that they are protecting the population from deficiencies and excessive consumption. Indicators for this are described in several WHO publications.
- Provide multiple micronutrient supplements until basic health services have been re-established and nutrient rich foods are once again locally available.
- Strengthen established food fortification programmes. If they don't exist, advocate for and support their implementation.

27. Supporting child and maternal feeding: An overview

It is easier, more cost-effective and better for health outcomes to keep children healthy than to treat them once they are sick, and it is easier to prevent undernutrition than to treat it. Interrupted breastfeeding and inappropriate complementary feeding heighten the risk of undernutrition, illness and mortality. This is why it is so important in emergency situations to put effort into sustaining the healthy feeding practices that can help mothers keep their babies well even when conditions are very bad.

Many lives are saved when conditions are created that protect breastfeeding, especially exclusive breastfeeding, by avoiding interruption due to personal stress or use of breastmilk substitutes, and by providing safe areas for stress reduction and personal assistance to mothers who need it. This means that it is necessary to create a safe haven, or protected area, and to provide support for mothers to ensure that they receive required additional rations for themselves. It is essential to help mothers to continue to provide exclusive breastfeeding for the first six months (or possibly slightly longer in emergency settings) and to continue breastfeeding supported by high-quality complementary foods until the baby is two years old and beyond. Given the stress of emergencies and its potential to temporarily disrupt milk flow, breastfeeding support counselling is necessary from the earliest days of an emergency.

28. Supporting breastfeeding

Human milk is the best food for infants in emergency or non-emergency situations. Breastfeeding by the mother is the safest source of human milk. Her milk helps protect against infection by common killers, particularly diarrhoea and pneumonia, as well as against new infectious agents that increase in emergency settings. Breastfeeding is especially important when water and sanitation resources have deteriorated and fuel is not readily available.

See 'Infant Feeding in Emergencies, Module 2, for health and nutrition workers in emergency situations' for a complete list of indications for different levels of breastfeeding help and for more details and instructions on providing basic breastfeeding assistance for mothers. This document is available at <http://www.enonline.net/ife/module2/>.

What to remember

- Supporting mothers who breastfeed is life-saving in unstable situations.
- In the vast majority of situations, with the right help and support, a mother can continue to breastfeed, or if she has stopped, can resume breastfeeding. Even if a mother is moderately undernourished, she can produce breastmilk.
- Insufficient milk is not a reason to stop breastfeeding nor, necessarily, to begin supplementation. It is a reason to breastfeed more often and longer, which will increase production of breastmilk.

29. Newborns and pre-lactal feeding

The newborn period is a critical time in the establishment of a strong breastfeeding relationship between mother and child. Babies learn to recognize the breast by smell, and within the first hour start to open their mouths and seek the nipple. Skin-to-skin contact and frequent breastfeeding from birth stimulates the mother's milk production and can help breastfeeding get off to the best start.

What to do

- Encourage health-care workers and mothers to immediately put the baby on the mother's body or chest to ensure proper newborn temperature is maintained and to allow normal initiation of breastfeeding within one hour of post-partum.
- Promote the 'Ten Steps to Successful Breastfeeding' during and after deliveries:
 - Have a written breastfeeding policy that is routinely communicated to all health-care staff.
 - Make sure all staff are aware of this policy and trained in the skills necessary to implement it.
 - Inform all pregnant women about the benefits and management of breastfeeding.
 - Help mothers initiate breastfeeding within a half-hour of birth.
 - Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
 - Give newborn infants no food to drink other than breastmilk, unless medically indicated.
 - Practice rooming-in, allowing mothers and infants to remain together 24 hours a day.
 - Encourage breastfeeding on demand.
 - Give no artificial teats and pacifiers (also called dummies or soothers) to breastfeeding infants.
 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

What to remember

- Colostrum, the first milk, is high in nutrients and extremely important in protecting against infection.
- Newborns should be exclusively breastfed for the first six months of life (they should not receive any water or other food or drink during this time).

30. Establishing lower-stress spaces for pregnant and lactating women

A woman's ability to produce milk is not in itself affected by a stressful situation. However, her body's capacity to 'let down' or release the milk may be impaired by stress.

What to do

- Identify a space where mothers can gather to rest and recuperate.
 - Determine an appropriate size for the space, based on the estimated number of mothers in the area.
 - Make sure the location of the lower-stress area is safe.
 - Make sure the mothers have easy access to water and food.
- Inform mothers and caregivers that the space is available for them.
- Arrange for health workers, members of the community or others knowledgeable about lactation to provide support within the lower-stress space to mothers who may be having difficulty or are lacking confidence in their ability to feed their infants.

What to remember

- More suckling makes more milk; less suckling makes less milk.
- Stressed mothers need protection and support so that the milk may be released.
- Giving the infant other foods reduces milk volume and exposes the child to infection.

31. Food assistance for pregnant and lactating women

During lactation, a woman needs 500 kilocalories more per day than when she is not lactating. Micronutrients in breastmilk come from the mother, so her needs must be met from her food, as well as from micronutrient supplements when necessary. In addition, dehydration may interfere with breastmilk production. Fluid intake is a particular concern with populations on the move, in severe drought conditions and during natural disasters that contaminate water.

What to do

- Make sure newborns are registered (in a camp situation) so that the family receives an additional ration that the lactating mother should use.
- If there is on-site feeding, provide all lactating women with 500 kcal of supplementary food. This is usually a fortified cereal-pulse blend providing 10–12 per cent of energy from protein and 20–25 per cent of energy from fat, and meeting two thirds of the daily requirements for all the major micronutrients.
- If rations are given for home preparation, provide lactating women with enough rations for 1,000–1,200 kcal per day.
- Where vitamin A deficiency is a concern, provide lactating women with 200,000 IU of vitamin A within six weeks of delivery. (*See topic 15 for more on vitamin A supplementation in emergency situations.*)

- Ensure that drinking water is freely available to breastfeeding mothers and help them get an extra litre of water a day in situations where drinking water supplies are severely restricted.
- Make sure drinking water and food rations are available in the lower-stress space and provide drinking water wherever women must wait in line a long time or in the sun.

What to remember

- If a mother is thin or undernourished, or her diet is not adequate, this is NOT an indication to stop breastfeeding.

32. Breastfeeding and HIV

It is recommended that women who are HIV-negative and those who do not know their status exclusively breastfeed for six months and continue to breastfeed after that with age-appropriate complementary feeding. The timing of the greatest risk of becoming infected with HIV for infants whose mothers are HIV-positive is in late pregnancy and during labour and delivery, when the majority of transmissions occur. About 5–20 per cent of infants may acquire HIV during breastfeeding but this is lower when there is a high CD4 count, breast health is assured and breastfeeding is exclusive.

For areas of high HIV prevalence, see the joint WHO/UNAIDS/UNICEF publications titled HIV and Infant Feeding, which provide full and detailed information for decision makers, health-care managers and supervisors. The publications are available on the WHO website at http://www.who.int/child-adolescent-health/NUTRITION/HIV_infant.htm.

What to do

- Make voluntary and confidential HIV testing available, where feasible, for all women.
- Assist mothers or pregnant women who test positive to make an informed decision about how they want to feed their babies. Provide information on the risks of mother-to-child HIV transmission while breastfeeding and the risks of not breastfeeding in an emergency environment, as well as the risks of artificial feeding. (See topic 36.)
- Encourage exclusive breastfeeding for up to six months for HIV-positive mothers who choose to breastfeed. (See topic 28 for specific steps to take that encourage and support exclusive breastfeeding.)
- Assist mothers who choose not to breastfeed with appropriate replacement feeding for their infants. (See topic 35 for guidelines and references for safe replacement feeding.)

What to remember

- Alternatives to breastmilk in emergency situations are generally too risky to offer. They certainly should not be offered if a woman does not know her status. The risks of infection or undernutrition from using alternatives are likely to be greater than the risk of HIV transmission through breastfeeding.

33. Supporting re-lactation

Women who have breastfed in the past or whose breastmilk production has diminished can breastfeed again. This is called re-lactation. Through re-lactation, a woman can produce milk for her own infant or for another child. It can be easier for a mother to re-lactate when an infant is under six months old, but previously breastfed infants as old as 12 months can also begin breastfeeding again. The most important conditions for re-lactation are the mother's motivation, stimulation of the breasts from frequent suckling of the infant, and support for the mother.

See 'Infant Feeding in Emergencies, Module 2 for health and nutrition workers in emergency situations' for step-by-step guidance on assisting women with re-lactation. This document is available at <http://www.enonline.net/ife/module2/>.

What to do

- Identify women who need to or would like to re-lactate.
- Designate an area where women can receive assistance in re-lactation and provide a lower-stress area that will be beneficial to breastfeeding in general.
- Provide basic aid for breastfeeding, as well as supportive conditions (this should be provided for all breastfeeding women) including protection from violence, adequate nutrition and sufficient fluids.
- Make sure that women have access to skilled assistance and equipment, where available, to aid in re-lactation.

What to remember

- Most women can re-lactate if they want to and start producing breastmilk again any number of years after their last child, and even after menopause.
- It is easier to create supportive conditions for all women and provide basic aid for breastfeeding than to provide skilled help with re-lactation.
- With supportive conditions in place (lower-stress space, adequate food and water), a woman with mild or moderate undernutrition can re-lactate immediately – she does not need to wait to resume breastfeeding.
- An ill or severely undernourished woman should get appropriate treatment; after her condition improves re-lactation can be started.

34. Introducing complementary foods for infants

At the age of six months, infants begin to need nutritious non-milk foods in addition to breastmilk (or breastmilk substitutes). These are called complementary foods, as they provide additional nutrition that serves as a complement to breastfeeding. Complementary foods should be rich in protein, energy and nutrients, especially iron, that are easily eaten and digested by infants and young children. While breastfeeding continues, all infants should be gradually introduced to complementary foods. From 6–24 months, children still need breastmilk, both as a food and to protect them against infectious illnesses.

What to do

- Encourage mothers or caregivers to give complementary foods two to three times a day to children 6–8 months old and three to four times a day to children 9–24 months old, while continuing the same high frequency of breastfeeding.
- Encourage mothers or caregivers to give children over 1 year old complementary foods five times a day, and to continue breastfeeding.
- Ensure that all complementary foods are hygienically prepared.

What to remember

- The frequency of breastfeeding and the length of breastfeeds should not be reduced when a child begins to eat complementary foods.
- Complementary foods should be locally available foodstuffs prepared in the traditional manner, if possible. Commercial complementary foods can create dependency, hence overseas donations of tinned baby foods should be used with care.

35. Alternatives to breastfeeding by the biological mother

When breastfeeding or re-lactation is not possible (in particular in the case of infants and young children who have been orphaned or separated from their mothers or caregivers), there are several alternatives to breastfeeding by the natural mother:

- Wet-nursing is the first choice if it is culturally acceptable. A woman who has recently lost her infant may be willing to feed another. A woman who has breastfed in the past may be willing to re-lactate, especially if she is related to the infant.
- Using milk from a milk bank is also an acceptable alternative. However, in emergency situations, milk banking is almost non-existent because of storage and hygiene constraints.

- Artificial feeding with breastmilk substitutes is another alternative.

What to do

- Find out whether wet-nursing is culturally acceptable among the population.
- Identify women who may be willing to serve as wet nurses.
- Make sure that wet nurses have the supportive conditions that make breastfeeding easy, as well as access to personal assistance with breastfeeding.

What to remember

- In conditions of high HIV prevalence, potential wet nurses should be tested.
- A wet nurse needs support for re-lactation and continued breastfeeding, including extra rations and micronutrient supplements when necessary.
- Orphans and separated children need extra care and special attention.

36. Breastmilk substitutes

Breastmilk substitutes include commercial infant formula (generic or brand-name), or home-prepared formula made from suitably modified full-cream milk with micronutrients added. The decision to feed an infant on a breastmilk substitute should be taken individually and be done under supervision – after assessment by a health-care worker who has breastfeeding counselling skills, an awareness of the dangers of artificial feeding, and an understanding of some of the misconceptions that may lead women to believe they need breastmilk substitutes. The acceptance or use of any breastmilk substitutes must comply with the International Code of Marketing of Breastmilk Substitutes. (See *topic 37*.) However, if the government programme is not in compliance, UNICEF offices may support the programme, and this may be viewed as an opportunity to inform governments of the issues involved.

See 'Infant Feeding in Emergencies, Module 2' for health and nutrition workers in emergency situations', for detailed instructions on artificial feeding. This document is available at <http://www.ennonline.net/ife/module2/>.

What to do

To plan for use of breastmilk substitutes

- Ensure that a coordinating group (made up of a representative of the ministry of health and representatives of organizations working in the emergency) agrees on criteria for use of alternatives to breastfeeding. UNICEF is often asked to take the lead in coordinating this. Criteria may include:
 - Mother is dead or unavoidably absent.

- Mother is very ill (temporary use).
- Mother is re-lactating (temporary use).
- Mother is HIV-positive and has chosen to use a breastmilk substitute.
- Mother rejects infant (perhaps only temporary use).
- Inform the population about the agreed-upon criteria and make sure the people concerned understand them.
- Identify infants in need based on the criteria (after assessment by trained staff).
- Estimate needed amounts of formula (or ingredients for home-prepared formula): 20 kg of powdered infant formula per infant is needed for the first six months, or 92 litres of fresh cow milk, 9 kg of sugar, and a prepared micronutrient supplement, for home-prepared formulas.
- Consider the availability of fuel, water and equipment for safe preparation prior to any distribution. In circumstances where these items are unavailable and where safe preparation and use of breastmilk substitutes cannot be assured, an on-site 'wet' feeding programme should be initiated.
- All users of breastmilk substitutes must be informed that formula prepared from powder should be used immediately and the leftover discarded. Formula may be prepared and refrigerated if used within 24 hours. The remaining powder should be tightly covered, stored in a cool, dry place, and used within a month after opening.

To procure breastmilk substitutes where needed, according to agreed-upon criteria

- Refuse donations of breastmilk substitutes and of feeding bottles and purchase open cups to use for feeding. (*See topic 37 for more information.*)
- Support government procurement of locally available brands of formula to avoid promoting any one brand. Relabel formula packages with instructions and warnings in the local language if necessary.
- Dispense supplies to targeted recipients via a well baby centre, health-care centre or mother-child health-care centre at regular, short intervals (for example, weekly).
- Store breastmilk substitutes in a clean, lockable place; protect from excess heat.
- Provide needed fuel, water and utensils for home preparation of artificial feeds.
- If individual preparation and storage is not feasible, all breastmilk substitutes should only be provided and given at site of central preparation.

To monitor use of breastmilk substitutes and health of children

- Trained staff should check that each infant receives at least six months' supply (unless breastfeeding is resumed), and that infants are healthy and growing adequately.
- Monitor and report violations of the International Code of Marketing of Breastmilk Substitutes.

What to remember

- Breastmilk substitutes should be the last choice for alternative feeding. All breastmilk substitutes are inferior to breastmilk. They lack the exact balance of nutrients found in breastmilk and are more difficult to digest. They do not provide protection against illness.
- Breastmilk substitutes are extremely difficult to prepare and administer safely in most emergency settings because the hygienic conditions necessary to prepare them are missing. If contaminated, they may carry infection, leading to higher death rates.
- Formula and powdered milks, which must be prepared and given only at a central location to avoid misuse, have a short storage life, generally less than two months. If excess supplies are given, mix with staples before using.

37. Dealing with proposed donations of artificial breastmilk substitutes or powdered milk

If supplies of infant formula are widely available and uncontrolled, mothers may often lessen or stop breastfeeding; their breastmilk supply diminishes and may end due to lack of suckling. Infants become dependent on formula. If the free supply is unreliable, they are put at risk of undernutrition, in addition to the health and death risks of artificial feeding in settings with high levels of infectious diseases.

What to do

- Refuse donations of breastmilk substitutes, including powdered milks.
- Refuse donations of feeding bottles.

If inappropriate donations of formula or powdered milks are found in the field

- Notify the government authorities and bring the International Code of Marketing of Breastmilk Substitutes to their attention. Remind them of the risks involved, and of UNICEF and the international community's position.
- Notify the Nutrition Section and the Programme Funding Office, UNICEF headquarters, New York.
- Use excess supplies of powdered full-fat milk in general food distribution only if combined as a mix with a milled staple food or a fortified blend

(e.g., corn-soy or wheat-soy) with not more than 15 per cent milk by weight in total. If the mix is to be used for complementary feeding only, the percentage of milk in the mix may be increased. (Complementary foods are those added to the diet after six months of age.)

What to remember

- According to the International Code of Marketing of Breastmilk Substitutes, formula, bottles and teats should never be donated to the health-care system.

See the International Code of Marketing of Breastmilk Substitutes, available at http://www.who.int/nut/documents/code_english.PDF

See 'Operational Guidance for Emergency Relief Staff and Programme Managers', available on the Emergency Field Handbook CD-ROM.

38. General ration distribution

General ration distribution is the responsibility of WFP, but UNICEF should monitor the quality or quantity of food in collaboration with WFP.

What to remember

- Supplementary feeding in the absence of a general ration distribution would result in beneficiaries consuming the food intended for the child.

39. Therapeutic feeding: An overview

Children who are severely undernourished need treatment, referred to as therapeutic feeding, usually on an inpatient basis. However, when the local health system is dysfunctional or overwhelmed, therapeutic feeding centres not directly attached to a hospital may be necessary.

In cases where people are unwilling or unable to travel to therapeutic feeding centres, community-based therapeutic care could provide a complementary treatment strategy. With the exception of severe cases, this form of outpatient care has shown some promising results in the treatment of undernutrition.

What to do

- After the initial assessment, discuss with partners (including the government and local organizations, WHO, WFP and other NGOs) the distribution of responsibilities.
- Identify trained medical staff (nutritionists and medical doctors) who are on the ground already or who can be deployed or recruited immediately.
- Verify that treatment protocols are in place. If none are in place, UNICEF must make sure that they are developed. Share protocols with everyone involved in treating undernourished children.

- Find an appropriate space for setting up therapeutic treatment centres.
- Make sure therapeutic food and medical supplies are available.
- Make sure activities are being monitored.

40. Therapeutic feeding centres: Planning

Decide how many centres need to be set up by estimating the number of patients expected and identifying their geographical distribution and environment.

What to do

- Use population figures and the estimate of the nutritional situation obtained from the rapid assessment or nutritional survey.
- Determine what the coverage rate is likely to be. In enclosed situations (in camps or among displaced or refugee groups) the coverage could be up to 70 per cent (that is, 70 per cent of the undernourished children will actually use the centre); in an open environment, it is rarely more than about 30 per cent.
- Calculate the number of likely patients. Action Contre la Faim's book, *Assessment and Treatment of Undernutrition in Emergency Situations*, gives the following example. In a town of 40,000, children under five represent 20 per cent of the population (or 8,000 children). The prevalence of severe and moderate undernutrition is 5 per cent and 20 per cent, respectively (as shown by initial surveys). Therefore the number of severely undernourished children is estimated at 400 ($.05 \times 8,000$); the number of moderately undernourished children is estimated at 1,600 ($.20 \times 8,000$). With a coverage rate of 30 per cent, this would mean 120 children need therapeutic feeding and 480 need supplementary feeding.

41. Therapeutic feeding centres: Location and facilities

The therapeutic feeding centre should be in or near a hospital compound and can be housed in simple buildings or tents. The centre should include a special care unit for initial treatment, including an intensive care area, and a day care area to provide care during the rehabilitation phase. There should also be an isolation ward.

Therapeutic feeding centres need a regular, adequate supply of drinking water. They should be located next to a water point, and central tanks should be able to hold enough water for at least two full days of operations. There should be a water point in each of the kitchens and the washing area, and in each of the phase rooms (rooms designated for different stages of treatment and rehabilitation). There should also be water points and soap near the latrines

and showers. In malaria-endemic areas, insecticide-treated mosquito nets and long-lasting insecticidal nets should be a standard fixture. Supplementary feeding centres are located around therapeutic feeding centres. (See *topic 47*)

What to do

- Identify potential sites for therapeutic feeding:
 - Are there functioning therapeutic feeding programmes that can be scaled up if necessary? Where are hospital facilities located in relation to the target population? Around main concentrations of the target population are there structures that can be used to house the centre, or do they need to be built or tents brought in? If the population is in groups (camps, small town), a single centre may be enough. If the population is dispersed, having several centres increases access. Buildings or tents must be easy to clean, suited to the climate, well-lit and well-ventilated, and equipped with protection against mosquitoes in malarial zones.
 - Discuss any potential site with the community.
 - Accessibility for both patients and staff is the paramount consideration when planning new centres. Centres must also be accessible to trucks for delivery of supplies.
- Coordinate immediately with experienced water and sanitation professionals to arrange appropriate water and sanitation facilities for the centre.
See the 'Water, sanitation and hygiene' chapter for information on trucking in water.
- Make sure that 30 litres of safe drinking water is available per child and per caregiver per day (the centre will not be able to function with less than 10 litres of water per child per day). One latrine and one bathing area are required for every 20 persons.
See the 'Water, sanitation and hygiene' chapter for more on water supply for feeding centres and other institutions.
- When estimating needs for space, food and water, include mothers and other caregivers who will be at the centre.
- Organize a collective kitchen.
- Establish a reliable supply of fuel for cooking.
- Create secure storage areas for food and medical supplies.

What to remember

- The maximum capacity of one therapeutic feeding centre is 50–100 patients. However, under exceptional circumstances this number can be increased to 200.
- A greater number of centres gives better accessibility, improves coverage and care, and facilitates proper and timely monitoring.
- The number of patients generally increases in the first month after centres open because more people learn about the services.
- Space allocated to each patient and caregiver should be about three square metres.
- A therapeutic feeding centre cannot begin treating children until there is water to drink, a place to wash, and an appropriate place for defecating.

See the Emergency Field Handbook CD-ROM for a diagram of the layout of a typical therapeutic feeding centre.

42. Therapeutic feeding centres: Staff

Staffing for therapeutic feeding needs to proceed on two tracks: identifying appropriate local personnel to carry out the medical, nutritional and other tasks involved in providing treatment and keeping a therapeutic feeding centre running; and identifying government counterparts, UNICEF or other staff who will manage the overall programme and provide technical support to those working in the centres themselves. Each therapeutic feeding centre should have at least one part-time doctor, three nurses and 10 nursing aides. Mothers and caregivers can also provide assistance.

What to do

- Identify government, UNICEF or other staff experienced in managing treatment of severe undernutrition, and arrange for their deployment or secondment to the affected area.

See the 'Human resources' chapter for information on internal deployment and external recruitment.
- Estimate staffing needs for therapeutic feeding centres, basing this on the estimated number of patients and number of centres that must be staffed. For example, for a therapeutic feeding centre with 200 patients, approximately 35 people are needed for staffing, as follows:
 - 1 supervisor
 - 1 medical assistant
 - 1 store manager
 - 4 nurses

- 12 phase supervisors
 - 3 registrars/measurers
 - 1 head cook, 3 assistant cooks
 - 1 chief hygienist, 1 assistant hygienist
 - 1 activity leader/health educator
 - 3 guards
 - 2 home visitors
- Identify experienced local staff already on the ground. In camps for internally displaced persons or refugees, find out whether there are doctors or nurses who can assist at the centre by asking around, talking to community leaders, and trying to identify people during the registration process.
 - Organize a rapid training session for prospective staff.
 - Make sure pay for local workers is harmonized across agencies and organizations.
 - Establish written guidelines for staff in the local language.

43. Therapeutic feeding centres: Admission and discharge criteria

Age	Admission criteria
Infant under 6 months, or weighing less than 4 kg	<ul style="list-style-type: none"> ■ Too weak to suckle effectively ■ Mother is not producing enough milk
Children and adolescents (6 months–18 years)	<ul style="list-style-type: none"> ■ Weight-height index < 70% of median ■ Mid upper-arm circumference < 110 mm (only for children measuring more than 75 cm) ■ Bilateral oedema
Adults	<ul style="list-style-type: none"> ■ Body-mass index < 16 ■ Bilateral oedema ■ Inability to stand unaided

Age	Discharge criteria
Infant under 6 months, or weighing less than 4 kg	If infant's weight curve has been ascending for 15 days: <ul style="list-style-type: none"> ■ Halve amount of milk given to infant ■ Stop giving supplementary milk after three days ■ Keep the infant for five days after discontinuing supplement to ensure that he or she is continuing to make progress
Children and adolescents (6 months–18 years)	<ul style="list-style-type: none"> ■ Weight-height index < 85% of median ■ Mid upper-arm circumference \geq 120 mm ■ No bilateral oedema for at least 7 days ■ Ascending weight curve ■ No disease present
Adults	<ul style="list-style-type: none"> ■ Body-mass index > 17.5 (criteria may be adapted to situation) ■ No bilateral oedema for at least 7 days ■ Ascending weight curve ■ No disease present

44. Therapeutic feeding centres: Activities and monitoring indicators

Treatment of severely undernourished children takes place in two phases: an initial treatment phase lasting 1–3 days, and a rehabilitation phase lasting about 27 days.

	Initial phase (days 1–7)							Rehabilitation phase (weeks 2–6)					Follow-up phase (weeks 7–8)	
	1	2	3	4	5	6	7	2	3	4	5	6	7	8
Treat or prevent														
Hypoglycaemia														
Hypothermia														
Dehydration														
Infection														
Correct electrolyte imbalance														
Correct micronutrient deficiencies	without iron							with iron						
Begin feeding														
Increase feeding to recover lost weight 'catch-up growth'														
Stimulate emotional and sensorial development														
Prepare for discharge														

Key indicators to monitor include the following:

- Number of admissions
- Number of discharges
- Number of readmissions
- Defaulter rate
- Weight gain
- Number of deaths
- Length of stay overall
- Length of stay in each phase
- Cure rate
- Instances of bilateral oedema

45. Therapeutic feeding centres: Essential supplies

UNICEF is committed to providing therapeutic milk, F-100, ReSoMal and vitamin and mineral preparations for therapeutic feeding.

Table 11: Essential supplies for therapeutic feeding

Supply Catalogue number	Item	Description
0000224	F-75 Therapeutic milk	Sachets of 410 g (to make up 2.4 litres of liquid diet); ordered by the kilo
0000231	F-100 Therapeutic milk	Sachets of 450 g (to make 2.4 litres of liquid diet); ordered by the kilo
0000221	ReSoMal	Oral rehydration salts for the severely undernourished; 130 sachets of 84 g each (each sachet makes up to 2 litres)
0000240	Ready-to-eat therapeutic spread Plumpy'nut®	Groundnut paste, in sachets of 92 g
0000227	UNIMIX (CSB) 0% sugar	1 metric ton in 40 x 25 kg bags
0000220	UNIMIX (CSB) 5% sugar	1 metric ton in 40 x 25 kg bags
0000219	UNIMIX (CSB) 10% sugar	1 metric ton in 40 x 25 kg bags
0000223	Vitamin premix for UNIMIX	25 kg cartons packed on pallets
0000829	Oxfam kit 4	Equipment and materials (non-food) for therapeutic feeding of 100 children
0000830	Oxfam kit 4A	Registration and record-keeping materials for 3 months in therapeutic feeding centre with capacity for 100 children

What to do

To calculate the quantities of essential therapeutic feeding food items

- Estimate the number of children who will be treated.
- Calculate quantities of necessary items. The example table below is based on a total of 100 children:

Table 12: Calculating needed quantities of key therapeutic feeding foodstuffs

Item	Use	Total amount needed per child of 10 kg	Total amount needed for 100 children	Add 20% for buffer and loss	Number of sachets in carton	Total number of cartons needed	Number of kg to order
ReSoMal	Phase 1: rehydration 4–6 hours	600 ml	60 litres	72 litres; one 84 g sachet makes up 2 litres, so 36 sachets needed	130 sachets per carton	3.6 cartons	39.42 kg
F-75	Phase 1: initial treatment (1–3 days)	4.05 litres (or 1.7 sachets)	170 sachets	204	20 sachets per carton	10.2 cartons (each carton 8.2 kg)	83.64 kg
F-100	Phase 2: rehabilitation (27 days)	54 litres (or 22.5 sachets)	2,250 sachets	2,700	30 sachets per carton	90 cartons (each carton 13.68 kg)	1231.2 kg
Th-450	Phase 2: rehabilitation (27 days)	4.05 kg	405 kg	486 kg	25 kg bag	19.44 bags	486 kg
UNIMIX (given to child at discharge in quantity to last three months)		19.2 kg	1920 kg	2304 kg	N/A	N/A	2.3 metric tons

Other items

Other items needed for therapeutic feeding for 100 children include blankets (225), insecticide-treated mosquito nets (one for every child under five), plastic mats (225), matches (10), padlocks (four), linen cord (50 metres), paraffin lamps (10), paraffin (100 litres), torches (four), batteries (five), alarm clocks (two) and stationery.

What to remember

- Procurement of therapeutic milk, F-100, oral rehydration salts and vitamin and mineral preparations must be done through Copenhagen.

46. Supplementary feeding: An overview

Supplementary feeding means providing additional food to nutritionally vulnerable persons, especially children under five and pregnant and lactating women. Supplementary feeding centres treat moderate undernutrition by providing supplementary food for children and for pregnant and lactating women. The food is called 'supplementary' because it is given in addition to the normal food the child is given at home and compensates for deficiencies in energy, protein and micronutrients.

What to remember

- Supplementary food is not meant to be a substitute for food a child gets at home or elsewhere.
- When setting up and planning for supplementary feeding programmes, assume operations will continue for at least six months.
- Supplementary feeding centres work by distributing dry or wet (cooked) rations. The method used depends on the number of patients anticipated, the geographical area covered by the centre, cooking facilities available to families, and security conditions.

47. Supplementary feeding centres: Location and facilities

A supplementary feeding centre needs: a room for registration and taking anthropomorphic measurements; a shelter to use as a waiting area; a room where meals are eaten or rations distributed; one storeroom for food and another for equipment; and a kitchen for preparing meals and wet rations.

For a centre distributing wet rations, 10 litres per person per day are required. A centre distributing dry rations needs less – just enough for people to have drinking water while they wait for their rations, to use to take medicine, and for washing and cleaning. The need for water points and latrines is similar to that of the therapeutic feeding centre.

What to do

- Coordinate immediately with experienced water and sanitation professionals to arrange appropriate facilities for the centre.

What to remember

- Centres distributing dry rations should always be within a maximum of two hours' walk of the target population and those distributing wet rations no more than 30–45 minutes' walk.

48. Supplementary feeding centres: Essential supplies

WFP is committed to providing the necessary foodstuffs for supplementary feeding. The key food and non-food supplies are listed in the following table:

Table 13: Essential supplies for supplementary feeding

Supply Catalogue number	Item	Description
0000825	Oxfam Kit 2	Feeding and cooking equipment for wet supplementary feeding for 250 people
0000826	Oxfam Kit 2A	Registration and record-keeping material for wet supplementary feeding for 250 children for 3 months
0000827	Oxfam Kit 3	Mixing and distributing equipment for dry supplementary feeding of 500 people
0000828	Oxfam Kit 3A	Registration and record-keeping material for dry supplementary feeding for 500 children for 3 months
0000225	High-energy biscuit	20 x 400 g
0000230	Emergency food ration	24 x 500 g
0000227	UNIMIX (CSB) 0% sugar	1 metric ton in 40 x 25 kg bags
0000220	UNIMIX (CSB) 5% sugar	1 metric ton in 40 x 25 kg bags
0000219	UNIMIX (CSB) 10% sugar	1 metric ton in 40 x 25 kg bags

49. Security for therapeutic and supplementary feeding centres

Supplementary feeding centres may be somewhat more at risk than therapeutic feeding centres because bags of UNIMIX or other foodstuffs are more appealing targets of theft than the therapeutic milk provided in therapeutic feeding centres. Both types of facilities can be at risk, however, depending on their location and local circumstances. The security situation of therapeutic and supplementary feeding centres must be discussed during coordination meetings. UNICEF is responsible for the well-being of patients in and around feeding centres. If the area is not secure, the government must be made aware of this and be involved in providing security.

What to do

- Make sure the population is kept well informed about therapeutic and supplementary feeding activities. Be clear about what is going on inside the centres, and make sure people understand what the food is for.
- Make sure there are guards for all centres, with one or two available for all entry points at all times.

50. Introducing nutritional monitoring and surveillance

UNICEF is committed to introducing nutritional monitoring and surveillance in the earliest stages of an emergency. Monitoring means making sure that individual patients in treatment centres are being monitored daily, and that these data are being collected at a central level on a timely and regular basis. In a supplementary feeding centre, monitoring is based on the weight of the child; in a therapeutic feeding centre, it involves such indicators as whether a child is gaining weight, whether there is overall clinical improvement, and whether individual children are responding to treatment. Introducing surveillance means putting a system in place or making sure existing systems are functioning to detect changes in the status of a population. Nutritional surveillance can look at overall mortality rates, level of food availability or food insecurity.

What to do

To introduce monitoring

- Recruit experienced staff for direct management and involvement in therapeutic and supplementary feeding centres.
See the Emergency Field Handbook CD-ROM for generic terms of reference, and the 'Human resources' chapter for specific steps to take on rapid internal deployment and external recruitment of staff.
- Make sure all therapeutic and supplementary feeding centres are using the same methodology to assess the nutritional status of children, e.g., the Standardized Monitoring and Assessment of Relief and Transition (SMART) methodology (<http://www.smartindicators.org>).
 - Make a list of all the therapeutic and supplementary feeding centres open or planned in the affected area. Note whether the centres are being run by an NGO partner, the government, WFP, or by UNICEF directly. If it is unclear how many centres there are, start with the NGOs and make a list of all centres being run by each organization.
 - Contact those responsible for the various centres to find out the standard methodology in place for assessing nutritional status.
 - Promote use of the SMART method, which indicates weight-for-height as the standard to use in emergency settings.
- Make sure the appropriate individual monitoring equipment is in place. The basic equipment needed for individual monitoring includes height boards, scales and reporting forms. The actual monitoring and recording of information is done by the trained nutritional personnel of the therapeutic or supplementary feeding centre.

- Put in place a mechanism for collecting basic monitoring data from the therapeutic and supplementary feeding centres, e.g., at weekly coordination meetings, by fax or over the phone.

To introduce surveillance

- Verify whether government nutritional surveillance systems are still running and whether they are still effective.
- Recruit experienced staff to oversee or liaise with the government's nutritional monitoring and surveillance programme.
See the 'Human resources' chapter for general steps to take on rapid internal deployment and external recruitment of staff.
- Determine the target population that nutritional surveillance should cover, in consultation with the government and other partners.
- Obtain baseline nutritional data for reference. These data are usually kept by WFP; they may also be available from the government or already on file in the UNICEF office.
- Make sure that surveillance data are collected and assessed at appropriate intervals.

What to remember

- Because UNICEF is typically the coordinating agency for nutrition in emergencies, it will take the lead in coordinating nutritional monitoring and surveillance and will liaise with the government.
- Interpretation of nutritional data from monitoring and surveillance reporting should be done by specialist staff.
- Specialist staff will develop the actual surveillance mechanisms and carry out detailed nutritional analysis through formal cluster surveys and other methods.

51. Nutritional surveys

Nutritional surveys are an important part of nutrition management in emergencies. It is a complex process and must be carried out by trained professionals. Refer to the 'SMART Survey Manual' and check with regional and nutrition focal points for guidance (<http://www.smartindicators.org>).

52. Measuring undernutrition in an individual child

It is necessary to assess individual children both during the initial assessment phase (and as part of larger nutritional surveys) and when monitoring individual progress in therapeutic or supplementary feeding programmes. There are several ways to determine the nutritional status of a child, the quickest way in emergencies being weight-for-height or mid upper-arm circumference screening.

What to do

To find weight-for-height

- Identify trained staff to carry out the measurements.
- Obtain reliable scales, height/length boards, and forms for reporting.
- Weigh and measure each child. For children under two and those unable to stand, measure length instead of height.
- Compare the child's weight-for-height to reference values in a standard table.
See the Emergency Field Handbook CD-ROM for the WHO weight-for-length and weight-for-height table.

To assess nutritional status via mid upper-arm circumference screening

- Use a mid upper-arm circumference band, which can be found in most UNICEF country offices.
- Measure the child's left arm at the midway point between shoulder and elbow. Inexperienced personnel should measure at the widest part of the arm. The band will show the circumference of the child's arm in centimetres. *(See table 14 to determine the child's nutritional status.)*

What to remember

- Mid upper-arm circumference screening is less reliable than weight-for-height values when rapidly screening children for undernutrition.

53. Classification of undernutrition in an individual child

Table 14: Classification of undernutrition (cut-off points for indicators of acute undernutrition)

	Mild undernutrition	Moderate undernutrition	Severe undernutrition
Oedema (swollen limbs)	No	No	Yes
Weight-for-height	80% to 89% (-1 to -2 SD)	70% to 79% (<-2 to -3 SD)	<70% (<-3 SD)
MUAC measurement	12.5–13.5 cm	12–12.5 cm	<12 cm

SD: standard deviation.

MUAC: mid upper-arm circumference.

54. Interpreting nutritional data at the group level

In emergencies, estimates of a population's nutritional status are based on the percentage of children with weight-for-height falling below two standard deviations (also called Z-scores). Prevalence of low weight-for-height in a pre-school-age population indicates serious health and nutritional conditions. The table below can be used when data from nutritional surveys (such as cluster surveys or another random sampling method) are available.

Table 15: Interpreting results of nutritional surveys

Percentage of children 6–59 months old (or 60–100 cm long) with weight-for-height < 2 Z-scores	Interpretation
< 5%	Acceptable
5%–9.9%	Poor
10%–14.9%	Serious
>15%	Critical

55. Essential health-care services

During the early phase of an emergency, when mortality rates are frequently elevated or could soon become so, humanitarian intervention priorities must focus on urgent survival needs and essential health-care services. Once survival needs have been met and mortality rates have declined to near-baseline levels, a more comprehensive range of health services should be developed.

In general, priority public health interventions are designed to ensure that the greatest benefit is provided to the greatest number of people. Preventive and curative services should aim to control diseases of epidemic potential.

Preventive services should always be free. In most emergency situations, all health services (preventive and curative) should be free of charge. The issue of cost-recovery or payment for services should be regularly analysed, especially when refugees or internally displaced persons are integrated within the local population, who may have to pay for services.

56. Using the crude mortality rate

The most important and specific indicators of the overall status of a population are the crude mortality rate for the whole population and the under-five mortality rate for children under five years of age. Crude mortality rates are commonly used to express the severity of emergencies. (See table 16.) The under-five mortality rate benchmarks are usually double the crude mortality rate.

Table 16: How to assess crude mortality rates

CMR (deaths per 10,000 people per day)	Severity of emergency
Up to 0.5	Normal
< 1	Under control
> 1	Very serious
> 2	Out of control
> 5	Catastrophic

The objective of the overall emergency assistance programme should be to achieve a crude mortality rate of less than 1 per 10,000 persons per day and an under-five mortality rate of less than 2 per 10,000 children per day as soon as possible.

What to remember

- In unstable situations, 50–95 per cent of deaths are caused by only four communicable diseases (diarrhoeal diseases, acute respiratory infections, measles and malaria) with undernutrition often acting as an aggravating factor. These diseases are easily diagnosed and cured. Early diagnosis and treatment through accessible health facilities, combined with active case finding, are the keys to successful emergency health-care services.
- The peak of curative care is at the early stage, when refugees or internally displaced persons are most vulnerable to their new environment and the health hazards it poses, and before any major public health improvements have been achieved (e.g., provision of clean water, sanitation measures).

57. Planning health systems

Planning for an appropriate emergency health system must be based on the number of existing facilities and their accessibility, national health policies, coping mechanisms, population figures, disease patterns and potential outbreaks anticipated in the area, and available human resources. The first steps are to map out who is doing what and where, and to build consensus around standards (therapeutic protocols, surveillance systems, training).

An efficient health system comprises four levels of health care:

- Outreach services at the community level
- Health posts at the peripheral level
- Health centres at the central level
- Referral hospital

The table below summarizes commonly accepted ratios for recommended coverage and staffing requirements at health facilities. These figures should be adapted to the local context, population density and physical access constraints.

Table 17: Reference values for rapid health assessment and planning

Type of health facility	Coverage	Activities	Staffing requirements
Community level	1/1,000 persons	<ul style="list-style-type: none"> ■ Data collection ■ Home visits and active screening ■ Health education (including breastfeeding support), information, etc. ■ Referral to health facilities 	<ul style="list-style-type: none"> ■ 1 community health worker/500–1000 persons ■ 1 skilled traditional birth attendant/2000 persons ■ 1 midwife/15 traditional birth attendant ■ 1 supervisor/10 community health workers ■ 1 senior supervisor
Peripheral level e.g., health post	1/10,000 persons	<ul style="list-style-type: none"> ■ Out-patient department ■ Oral rehydration therapy ■ Dressing ■ Health surveillance ■ EPI ■ Antenatal care ■ Health education (including breastfeeding support) ■ Referral to higher level 	<ul style="list-style-type: none"> ■ 2–5 staff, including 1 qualified community health worker (maximum 50 consultations /clinician/day)
Central health facility e.g., health centre	1/30,000 to 50,000 persons	<ul style="list-style-type: none"> ■ All above ■ Triage ■ Dressing and injections ■ Emergency service (24 hours/day) ■ Reproductive health activities, emergency obstetric care ■ Minor surgery ■ Pharmacy ■ Health surveillance ■ Basic hospitalization ■ Possibly: laboratory, transfusions, etc. 	<ul style="list-style-type: none"> ■ 5 qualified community health workers, including 1 doctor ■ 1 qualified community health worker/50 consultations/day ■ 1 qualified community health worker/20–30 beds/24 hours service ■ 1 midwife/20,000 persons ■ 1 non-qualified community health worker for oral rehydration therapy ■ 1–2 for pharmacy ■ 1–2 for dressings, injections, sterilisation ■ 1 lab technician
Referral hospital	1/150,000 to 200,000 persons	<ul style="list-style-type: none"> ■ Surgery ■ Major obstetrical emergencies ■ Referral laboratory 	<ul style="list-style-type: none"> ■ 1 operating theatre and staff ■ Minimum 1 doctor with surgical skills ■ 1 nurse/20–30 beds/8-hour shifts

What to remember

- Although referral services and hospital-based care are important, primary health-care interventions have a greater public health impact in most disaster settings.
- Only a small proportion of patients will require the specialized services of a referral hospital. For each 10,000 people, there are typically 100 consultations and one hospitalization per day.

58. Health services staffing

What to do

- Estimate requirements of health staff for the affected population (refugees, internally displaced persons, local).
- Work closely with the government to mobilize and reassign available medical and paramedical personnel, including any outside medical teams, according to priority needs.
- Make sure each health facility has sufficient numbers of health staff and paramedical or auxiliary workers, in adequate ethnic balance when possible. Gender balance, while always preferred, may not be practical in communities where health-care providers are predominantly of one sex.
- Monitor quality of care:
 - Make sure national guidelines are available at each facility. Guidelines should specify: standard treatment schedules to be applied using a limited number of essential drugs; what vaccination activities to undertake and how; how to requisition and take delivery of supplies; and what reports to submit and how.
 - If national guidelines are not available, or not adapted to the emergency situation, alert appropriate WHO personnel so they can work with the ministry of health to remedy the problem.
 - Where health facilities are supported by different organizations, which in turn are supported by UNICEF, make sure standardized therapeutic protocols are in place, in line with the national recommendations of the country and adapted to the skills and knowledge of medical staff.
- Provide training for existing and new staff:
 - Provide funding for the training of new community health workers, including refresher training for existing health workers, and for the production of training materials and guidelines.
 - Make sure work and training of community health workers focuses on: hygiene promotion; exclusive and continued breastfeeding;

identification and referral of undernourished children; promotion of immunization; promotion of home-based oral rehydration therapy for children suffering from diarrhoea and dehydration; and antenatal and postnatal follow-up and referral.

- Recruit new health workers if staffing requirements are not met and provide them with rapid initial training:
 - Carefully select candidates (from all sections and age groups of the population, if possible) and ensure that they are accepted by the community.
 - Establish clear policies for the remuneration of workers, in coordination with other agencies and NGOs, to ensure standardized remuneration rates.
 - Give special attention to the selection and training of trainers.

What to remember

- In only a few instances will highly specialized teams be necessary. Previous field experience and personal qualities are usually more important than advanced training and knowledge.
- The number of staff required to run an outpatient department should not be underestimated. Experience shows that a health worker should not be expected to carry out more than 50 consultations per day.

59. Supplying emergency equipment

If facilities have not been completely destroyed or are not totally overwhelmed, give priority to strengthening the existing health system wherever possible, rather than establishing parallel health facilities and services, including foreign field hospitals. Because refugees and internally displaced persons are likely to place additional strains on the health services of host populations, humanitarian efforts should aim to integrate with and support these services.

Where health facilities have been damaged, locally available construction materials and limited funds should ensure that temporary repairs are made so that essential services can continue or resume. To enable basic medical activities, provide such reconstruction materials as: plastic sheeting, tarpaulins, large tents; kerosene for basic health units and sterilization equipment; electric and water fittings; and spare parts or funds for the repair of damaged vehicles and replacement vehicles. Every effort should be made to explore the possibility of renting vehicles because they are well-maintained, come with a driver and fuel, and there is no need to worry about spare parts.

What to do

- Provide equipment for essential health and delivery care (services can be provided in the general health clinic). Such equipment includes:
 - New emergency health kits: Safe and clean deliveries and many obstetric emergencies can be managed with the equipment, supplies and drugs contained in the supplementary unit of the kits.
 - UN Population Fund clean delivery or home delivery kits: These are very simple kits that the women themselves or traditional birth attendants can use. They can also be made up on site and include one sheet of plastic, two pieces of string, one clean razor blade and one bar of soap.
 - UNICEF midwifery kits (for use by midwives assisting deliveries in health facilities): They contain basic drugs, renewable medical supplies, medical equipment, and basic sterilization and resuscitation equipment for health facilities to perform an average of 50 normal deliveries.
 - UNICEF obstetric and surgical kits (to equip obstetrical facilities): They contain basic drugs, renewable medical supplies, medical equipment, surgical instruments, and basic sterilization and resuscitation equipment for health facilities to handle an average of 100 deliveries, including 50 with complications and surgery (with an average of 25 Caesarean sections). The kit is intended for use by trained personnel such as midwives, nurses, physicians, obstetricians, gynaecologists, surgeons and anaesthetists.

60. Monitoring health systems

The monitoring and evaluation of health services is essential. Throughout all phases of the response, monitoring contributes to ensuring that the most important needs are met and that coverage is appropriate. It optimizes access and promotes quality and the best use of resources.

What to do

- Set up a simple form (a spreadsheet, for example) to evaluate and monitor the health centres supported. The form should indicate (but is not limited to) name of health facility, estimated population covered, supporting agency (ministry of health, NGO, etc.), number of qualified health staff, and activities implemented in the health facility. (*See Table 18 for a sample form.*)

Table 18: Sample health centre monitoring form

PRIMARY HEALTH CARE MONITORING									
Location Information		Health facilities				Activities implemented in health facility			
Site/camp	Total population	#	Type (dispensary, health centre mobile team, etc.)	Supporting/ implementing agency	Estimated beneficiaries of health facilities fixed and mobile	EPI	Ante natal care	Nutrition	Health surveillance
Camp	45,359	1	Primary health care unit	International Rescue Committee	30,000	1	0	0	0
Town	72,947	3	Primary health care unit/mobile team	Ministry of health/ Médecins Sans Frontières	40,000	3	1	2	2

- Set up a simple form to monitor the distribution of kits and other supplies (indicating name of health facility, number of kits or other supplies donated, and date of donation).
- Establish a system to monitor drug consumption. Over-prescription of medicines by health workers following pressure by refugees or internally displaced persons is not uncommon in emergencies.
- Calculate utilization of health facilities. In stable populations, there is typically 0.5–1 new consultation per person per year. In unstable populations, there are usually four new consultations per person per year.

What to remember

- Utilization rates help in estimating the ability of health facilities to detect other problems. If the rate is lower than expected, it may indicate inadequate access to health facilities (e.g., due to poor security or capacity of health services). If the rate is higher than expected, it may suggest over-utilization due to a specific public health problem, such as infectious disease or underestimation of the target population.

61. Strengthening the health surveillance system

Reporting and surveillance systems must be restored and reinforced from the earliest stages of an emergency. This is a high priority in any emergency because health information systems allow the identification of problems, in particular potential outbreaks of communicable diseases. At a minimum, reports should cover the main killer diseases (measles, malaria, acute respiratory infections, undernutrition, diarrhoea) and other epidemic-inducing diseases according to the epidemiological context (meningitis, yellow fever). Reports should produce reliable information on death rates.

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Monitoring indicators		New emergency health kit		Training of health workers				Other
Number of visits to this facility	Last monitored on	Number of kits provided	Last kit provided on	Number of qualified health workers	Workers trained in correct case management	Workers trained in maternal health	Workers trained in EPI	People receiving health education
4	12/5/04	60	10/31/04	3	2	0	1	25,000
3	11/22/04	75	9/30/04	8	4	2	0	15,000

What to do

Liase with WHO

- Make sure a basic health information system is re-established as soon as possible.
- Request data collection on the incidence of diseases (epidemiological surveillance) in regular reports from all health posts and medical teams (including international medical NGOs supporting parallel or national health facilities).
- Segregate information only by age and gender. The reporting form must be kept simple and adapted to suit the collector's qualifications. The simpler the form, the more chances of having it properly filled out and passed on to the next level for appropriate analysis.
- Prefer zero reporting to no report. Zero reporting is the written confirmation that no new cases have been detected during the past reporting period. It removes the uncertainty between 'no case detection' and 'failure to report'.
- Give clear guidelines on how, to whom and when reports should be sent. These guidelines vary from country to country and can be found at the ministry of health. Usually, the information flow follows the administrative division of the country. For example, village ➡ district ➡ department ➡ region ➡ capital.
- Build local capacity to analyse and act on reports.
- Investigate all rumours of epidemics to reassure the population and, if needed, take action.

- Make sure standardized reporting forms are in place where health facilities are supported by different organizations, which in turn are supported by UNICEF, in line with the national recommendations of the country and adapted to the skills and knowledge of local medical staff. Simplified, 'emergency-adapted' forms are usually put in place by the ministry of health or WHO in the early stages of an emergency.

What to remember

- Reporting should be done on a daily or weekly basis.
- Diseases reported in the health information system must have a case definition (i.e., a standard description) established by the ministry of health or WHO. The case definition will guide health workers in their diagnosis and ensure the consistency and validity of data.
- Measles, polio, cholera, shigellosis, yellow fever and meningitis should be reported immediately to WHO (as required by the international health regulations).

A sample weekly morbidity surveillance reporting form is available on the Emergency Field Handbook CD-ROM.

62. Emergency obstetric care: An overview

In developing countries, up to 80 per cent of maternal deaths are due to a limited number of causes, many of which are preventable or treatable. Maternal death is defined as the death of a woman while pregnant, or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management. Obstructed labour, haemorrhage, infection, toxæmia, complications of unsafe abortion and anaemia are some of the preventable or treatable causes. In emergency situations, pregnant women may also face increased risks caused by such factors as undernutrition, mental trauma or violence.

A significant proportion of maternal mortality can be avoided by adequately organized antenatal, delivery and postnatal care that is linked to emergency obstetric care when required. Basic emergency obstetric care must be considered as part of the primary health-care package and must include a referral system for more comprehensive emergency obstetric care (surgery, blood transfusion).

63. Emergency obstetric care: Estimating needs

What to do

- Estimate the target population for emergency obstetric care services:
 - Calculate the supplies and services required using a formula based upon the crude birth rate, which can be obtained from the ministry of health. If the data are unavailable, use an average estimate of 3–5 per cent per year for developing countries. With this figure, there would be 75–125 births in a three-month period in a population of 10,000.
 - Keep in mind that women typically make up 51 per cent of the total population in developing countries, that 26 per cent of the total population are women of childbearing age and that 5.1 per cent of the total population are pregnant women.
 - Be sure to take into account that approximately 15 per cent of pregnant women will develop complications that require essential obstetric care, and up to 5 per cent of all pregnant women will require some type of surgery.
- Identify functioning health-care structures that are able to offer emergency obstetric care. Find out what equipment and staff are needed.

64. Emergency obstetric care: Equipment

What to do

- Provide equipment for essential delivery care that can be provided in the general health clinic.
- The following kits can be ordered from UNICEF's Supply Division. They are on the list of approved emergency items and can be shipped within 48 hours.

Table 19: Midwifery and obstetric kits on UNICEF's approved emergency item list

Supply Catalogue number	Item
9902217	Midwifery kit, 1 – drugs
9902218	Midwifery kit, 2 – equipment
9902219	Midwifery kit, 3 – renewable
9902220	Midwifery kit, supplementary 1a – drugs
9908300	Obstetric, surgical kit, supplementary 1 – drugs
9908301	Obstetric, surgical kit, supplementary 2 – equipment
9908302	Obstetric, surgical kit, supplementary 3 – renewable
9908303	Obstetric, surgical kit, supplementary 1a – drugs

65. Emergency obstetric care: Technical assistance

What to do

- Provide funding for training:
 - Assess training needs in facilities able to handle emergency obstetric care.
 - Estimate training requirements for skilled care providers involved in childbirth, for example, one skilled birth attendant per 2,000 persons; one midwife per 20,000 persons.
- Develop a referral system for women with complications requiring surgical intervention (24-hour transport should be arranged).
- Monitor quality of care and provide training for existing and new staff. Experienced birth attendants should be able to provide care for normal pregnancy through labour, delivery and the post-partum period, identify complications, and refer women with delivery complications to appropriate medical facilities. When properly trained and supervised, traditional birth attendants should be able to perform those actions.
- Vaccinate women of childbearing age (15–49 years) against tetanus, especially if sanitary conditions are poor or the majority of deliveries are without medical or midwifery support. (*See topic 76.*)
- Because up to 50 per cent of maternal deaths occur shortly after delivery, ensure that a midwife or health worker visits the mother within 24–48 hours of birth to:
 - Discuss issues of cleanliness and newborn care.
 - Assess the mother's and child's general condition and refer for complications.
 - Support early and exclusive breastfeeding. (*See topic 28.*)
 - Discuss maternal diet and provide supplementary rations if required. (*See topic 27.*)
 - Provide iron folate tablets and vitamin A. (*See topics 23 and 25.*)

66. Outreach services

A community-based health service can identify those in need of health care and ensure that it is provided at the appropriate level. Outreach services can also help encourage people who otherwise might not go to health facilities to seek treatment.

What to do

- Find out whether there is a network of community health workers and/or traditional birth attendants in the affected area and whether the network is formally integrated into the national health system.

- Estimate required numbers of community health workers for the affected population and support the government in mobilizing and reassigning available medical and paramedical personnel for outreach activities. (See topic 58.)
- As part of UNICEF's coordinating role, liaise with health authorities and medical organizations to ensure that community health workers can do the following:
 - Collect data on births, deaths and population movements.
 - Practice home visiting to identify and refer sick or undernourished children.
 - Identify pregnant women and refer them for antenatal, delivery and postnatal care.
 - Provide basic health education.
 - Detect and report potential disease outbreaks from within the community.
- Consider setting up mobile clinics to meet the needs of isolated or transient communities that have limited access to care.
- Ensure transport and fuel for the supervision of community health workers and any mobile clinic operations.

What to remember

- Experience has demonstrated that when operated appropriately, mobile clinics can fill a vital need. When operated inappropriately, such clinics can displace existing health services and become an inefficient use of limited resources.

67. Home-based management of childhood illnesses

Home-based management of certain illnesses can be critical in emergency (and non-emergency) situations. Utilization of health facilities remains low in many parts of the world where children are treated at home, through the informal sector or by traditional healers. Studies consistently confirm that many sick children do not reach health facilities, and children from poor families are even less likely to obtain care.

What to do

- Find out whether a network of community health workers or other trained health volunteers exists. It is difficult to set up such a network during an emergency. The existence of such a network makes it much more likely that the implementation of a home-based strategy for treating childhood diseases would be successful.

- If community health worker networks are in place, work with them to ensure proper implementation of acceptable strategies for home-based management of childhood illnesses, which are as follows:
 - Early recognition of the danger signs for diarrhoea, pneumonia and malaria. (*See topics 68–75 for the key symptoms of each.*)
 - Rapid initiation of home-based care.

Home-based care for diarrhoea

- Prevent dehydration through the early administration of increased amounts of appropriate fluids available in the home and oral rehydration salts, if on hand.
- Continue feeding (or increase breastfeeding) during the episode and increase all feeding after the episode.
- Recognize the signs of dehydration and take the child to a health-care provider for oral rehydration therapy or intravenous electrolyte solution. Community health workers and caregivers should be familiar with other symptoms requiring medical treatment (e.g., bloody diarrhoea).
- Provide children with 20 mg per day of zinc supplementation for 10–14 days (10 mg per day for infants under six months old).

Home-based care for pneumonia

- Recognize signs and symptoms of pneumonia.
- Treat non-severe pneumonia with antibiotics.
- Recognize signs of severe pneumonia and seek care.

Home-based care for malaria

- Provide malaria treatment as soon as possible for any fever episode (if in a malaria endemic area). Use of artemisinin-based combination treatment at the community level will depend on national policies, on distances to clinics and on the skills of the community workers.
- Bring down temperature by sponging the child with a humid cloth and by giving paracetamol.
- Ensure availability at the community level of essential supplies including oral rehydration salts, zinc, antibiotics and antimalarial drugs. These essential supplies, excepting zinc, are contained in the basic unit of the new emergency health kit. Zinc can be ordered separately. Community health workers who have received adequate training will be provided with artemisinin-based combination therapy for treating malaria.

What to remember

- In a malaria-endemic area, at the community level, providing antimalarial drugs by community health workers for children under five should be based on the history of fever (presumptive treatment). For adults and children over five, malaria diagnosis should be confirmed, whenever possible, by a rapid diagnostic test or microscopy.

68. Malaria: An overview

Malaria incidence is likely to rise within a few days or weeks of mass population movements in endemic areas, especially among non-immune and vulnerable people. Malaria is a preventable and curable disease.

The WHO/Roll Back Malaria partnership has defined four key elements of malaria control:

- Early diagnosis and treatment (52 per cent of deaths occur in the first 48 hours after the onset of symptoms).
- Prevention, including vector control.
- Early detection, containment and prevention of epidemics.
- Strengthening national capacity for malaria research and monitoring.

UNICEF's contribution to malaria control in emergencies focuses on early diagnosis, treatment by providing effective antimalarial drugs and vector control activities, including active promotion of use of insecticide-treated mosquito nets and indoor residual spraying, if logistically feasible, whenever the structure allows.

69. Malaria: Diagnostics

The malaria protocol in most countries typically covers diagnosis as well as treatment. Health workers should follow these guidelines if they are available. If not, follow the recommendations for home-based treatment for young children. (*See topic 67*)

70. Antimalarial drugs

Key to saving the lives of children with malaria is prompt treatment with an effective antimalarial drug. In emergency situations, UNICEF provides antimalarials both through the new emergency health kit and separately, depending on needs, national treatment protocols and levels of resistance to specific antimalarials.

Depending on the status of the health system, UNICEF can provide antimalarials to governments or directly to NGO partners. If existing stockpiles are judged to be effective and appropriate, these drugs can be distributed and the stockpiles later replenished. *(See topic 17 for more on procurement of essential drugs.)*

What to do

- Find out what the country's malaria protocol is. What are the first-, second- and third-line treatments? Find out if a decision to change protocol has already been made but not implemented. It may be appropriate to push for use of the newer protocol in the emergency situation.
- Acquire the latest information on resistance (i.e., treatment failure) in the target area to older antimalarial drugs, primarily chloroquine and sulfadoxine-pyrimethamine (also known as Fansidar®) or a combination of both, if these drugs are currently in use. This information is usually available from the national authorities or from WHO.
- Start advocating for a change in protocol when resistance is between 10 and 15 per cent (because a change in policy takes time, UNICEF should take action before the official 15 per cent resistance threshold set by WHO).
- Take urgent action when resistance reaches 25 per cent, treatment is no longer efficacious, and action is needed to save lives. If the government has not agreed to change its protocol, UNICEF should request special permission to use a more effective treatment at least during the emergency.
- Procure and promote artemisinin-based combination treatment as the most efficacious malaria therapy and standard policy for countries with documented resistance to older monotherapies.

What to remember

- In emergencies, the most effective antimalarial therapy may differ from that used in national treatment protocols. UNICEF should advocate for special permission from national and local health authorities for the importation and immediate use of artemisinin-based combination treatment, if warranted.
- CoArtem® is currently the only pre-certified co-formulated artemisinin-based combination treatment (co-formulated means that all drug components are in a single pill). Note that this drug is at least 10 times more expensive than chloroquine or sulfadoxine-pyrimethamine (\$2.40 compared to less than \$0.20).
- Sulfadoxine-pyrimethamine is currently recommended by WHO as the drug of choice for intermittent preventive treatment of malaria during pregnancy. This therapy has proved highly effective in improving the health of both newborn and mother.

71. Malaria: Insecticide-treated materials

Insecticide-treated mosquito nets are a tool in malaria prevention and control; their widespread use can reduce episodes of illness by 50 per cent and child mortality by about 20 per cent in areas of high transmission. Children sleeping under these nets are less prone to anaemia, undernutrition and severe malaria. Insecticide-treated nets appear to reduce the number of vectors by killing mosquitoes that land on the nets and reducing the incidence of headlice, scabies and bedbugs. UNICEF's role is to provide long-lasting insecticidal nets.

What to do

- Distribute and promote use of insecticide-treated mosquito nets among young children and pregnant women. Take advantage of any opportunity to:
 - Distribute during measles and tetanus vaccination campaigns, provided the distribution does not delay the start of the campaign.
 - Distribute to all pregnant women coming to antenatal care services.
 - Distribute to children under five through health centres or nutritional rehabilitation centres.
- Whenever possible, use long-lasting insecticidal nets. These are pre-treated mosquito nets that are ready to use and require no further treatment during their expected lifespan of four to five years.
- Adapt to the environment:
 - Where nets are not traditionally used consider distributing other insecticide-treated materials such as blankets or clothes.
 - Consider using insecticide-treated plastic sheeting in camps for displaced persons or refugees, where there is often not enough space to hang nets.
- Always target children under five years and pregnant women who are the most vulnerable. In developing countries, children under five typically constitute 20 per cent of the total population and pregnant women typically constitute 5.1 per cent.
- Provide one net per person in the target group (children under five and pregnant women).

What to remember

- Health education is important for an effective malaria control programme. Any distribution must be accompanied by explanation of why and how to use insecticide-treated nets.

- Nets must be re-treated with recommended insecticides at least every 6–12 months for maximum protection. Ensure that the insecticide preparations are licensed for use in each country before ordering.

72. Diarrhoea: An overview

In emergencies, overcrowding, inadequate sanitation facilities and contamination of water sources – as well as poor hygiene conditions (personal, domestic and environmental), poor nutritional status and low immunity prior to the infection – make it easier for diarrhoea pathogens to be transmitted. A vicious cycle of diarrhoea, undernutrition and disease can set in, frequently ending in death if the medical conditions are not properly treated.

The number of deaths due to diarrhoeal diseases can be dramatically reduced by preventing infection and through critical therapies such as breastfeeding, prevention and treatment of dehydration with the new oral rehydration salts and fluids available in the home, continued feeding, and selective use of antibiotics and zinc supplementation for 10–14 days.

What to do

- Create a preventive environment.
 - Ensure adequate clean water supply and environmental sanitation. *See 'Water, sanitation and hygiene' chapter.*
 - Provide soap and promote education on personal hygiene (especially hand washing), domestic and food hygiene, and water management.
 - Promote breastfeeding. *(See topic 28.)*
 - Reinforce home visiting and early case detection.
- Ensure the availability and regular supply of zinc supplements and oral rehydration salts. *(See topics 24 and 73, respectively.)*
- Improve case management to reduce deaths:
 - Educate parents to give increased fluids and to continue feeding (including breastfeeding) children suffering from diarrhoea, to recognize the signs of serious illness, and to seek help if those signs appear or if diarrhoea continues. *(See topic 72 for the basic health messages related to diarrhoea.)*
- Ensure correct case management at first-level health facilities and through community-based practitioners.
 - Train health-care workers in oral rehydration therapy techniques and to recognize dysentery and cholera.
 - Train health-care workers in the treatment of moderate and severe dehydration.

- Ensure appropriate use of antimicrobials for cholera and dysentery.
- Ensure appropriate feeding during diarrhoea, including persistent diarrhoea.

What to remember

- Zinc supplementation given during an episode of acute diarrhoea reduces the duration and severity of the episode. Zinc given for 10–14 days lowers the incidence of diarrhoea during the following 2–3 months.

73. Diarrhoea: Oral rehydration salts

Oral rehydration solution is a special combination of dry salts that, when properly mixed with safe water, can help rehydrate the body when a lot of fluid has been lost due to diarrhoea.

What to do

- Calculate requirements. The need for oral rehydration solution is mainly for children under five years. On average, two packets are needed to treat a child. Requirements for a three-month period in an emergency situation can therefore be roughly estimated as follows:

- Total population (e.g., 100,000)
- Proportion of children under five in the total population (25 per cent)
- Number of episodes per child every three months (two)
- Percentage of cases expected to receive packets (75 per cent)
- Two packets per episode
- Wastage (5 per cent, thus multiply by 1.05)
- Buffer stock (25 per cent, thus multiply by 1.25)

The total number of packets needed for three months $(100,000 \times 0.25 \times 2 \times 0.75 \times 2 \times 1.05 \times 1.25) = 98,437$ packets, or approximately 100,000 packets.

- Train health workers and caregivers on how to prepare and give the oral rehydration solution:
 - Put the contents of the packet in a clean container.
 - Dissolve contents of packet in one litre of drinking water. Do not add oral rehydration solution to milk, soup, fruit juice or soft drinks. Do not add sugar.
 - Stir well and feed it to the child from a clean cup. Do not use a bottle.
 - Encourage caregivers to get the child to drink as much as possible:
 - Infants (less than two years old): 1 litre over a 24-hour period (or a quarter to a half of a large cup of the solution drink after each watery stool).

- Children (two years and older): 1 litre over an 8- to 24-hour period, according to age (or half to a whole large cup of the solution drink after each watery stool).
- Adults: Drink freely as required.
- Continue treatment until diarrhoea stops.
- Discard remaining solution after 24 hours.

What to remember

- Diarrhoea usually stops in three or four days. If it does not stop after one week, consult a trained health worker.

74. Cholera

Under normal circumstances, the attack rate in a cholera epidemic usually varies from 1–2 per cent. In refugee camps, about 50 per cent of the population may be expected to develop clinical cholera. If untreated, cholera can quickly kill up to 50 per cent of sufferers. With appropriate treatment (oral rehydration solution in most cases) the case fatality rate can be reduced to 1 per cent.

What to do

- Prepare for possible outbreaks of cholera or shigellosis:
 - Ensure that regular coordination meetings with all health actors take place.
 - Prepare a plan for cholera response indicating (at minimum): who will do what in case of cholera outbreak; quantities and locations of pre-positioned supplies; remaining supply gaps, and implemented training measures.
 - Identify an area ('cholera management unit') to manage patients with cholera in case of epidemic.
 - Consider cholera vaccination according to most recent evidence-based guidelines.
- Strengthen the surveillance system for immediate reporting of cholera cases:
 - Record cases of bloody diarrhoea and non-bloody diarrhoea separately and segregate into under-five or over-five age groups.
 - Encourage health workers and community members to alert medical staff in case of deaths of anyone over five years old due to diarrhoea, an increase in the number of adult cases with diarrhoea and dehydration, and a rise in the case fatality rate. These observations should be followed by a rapid laboratory confirmation.
- Strengthen health education programmes.
- Pre-position significant amounts of supplies to respond to a cholera outbreak:
 - Calculate amount of supplies needed based on expected attack rate.

- Do a rapid inventory of locally available treatment supplies.
- Order supplies urgently (rotate supplies to avoid expiration).
- Locate reserve supplies to allow for easy access when needed.

What to remember

- In its severe form, cholera is one of the most rapidly fatal infectious illnesses known. Fatal cases can progress to shock within 6–12 hours with death following in 18 hours to several days. To maintain the goal of case fatality rate below 1 per cent, be sure to prepare in advance.

75. Pneumonia

Acute respiratory infections are among the principal causes of childhood sickness and death in emergency situations. Overcrowding, undernutrition, low birthweight and a decreased immune system increase susceptibility. Pneumonia is the most dangerous acute respiratory infection and the main cause of death. In developing countries, 18 per cent of deaths among children under five are caused by acute respiratory infections, with 90 per cent of these from pneumonia. Many deaths caused by pneumonia can be prevented by early recognition of infection by mothers and health workers and by correct treatment.

What to do

- Reduce susceptibility of infants and young children to acute respiratory infections:
 - Ensure adequate warmth: shelter, blankets, clothing and heating (pneumonia is likely to be especially prevalent during cold and wet seasons).
 - Promote breastfeeding and improve nutritional status of children.
 - Ensure immunization, particularly against measles, and provide vitamin A.
- Provide essential drugs (the basic antibiotics required are included in the new emergency health kit):
 - Ensure availability and regular supply of necessary drugs to first-level health facilities and community-based practitioners.
 - Monitor usage rates and, as soon as possible, move to providing basic drugs in bulk or propose adjustment in the contents of kits in view of local epidemiology after the first few months.
- Provide funding and materials for the training of health workers:
 - Ensure health workers recognize the severe and less-severe forms of pneumonia and distinguish them from other, milder forms of respiratory infections (coughs and colds).

- Ensure health workers provide appropriate, standardized treatment for childhood pneumonia and other infections (antibiotics and supportive measures).
- Ensure health workers refer severe cases to a referral centre.
- Provide funding and materials for the education of parents and other caregivers (in the context of overall health education programme activities):
 - Ensure parents recognize the danger signs and symptoms of pneumonia and seek medical help without delay for any child who has a cough and fast or difficult breathing.
 - Ensure parents provide supportive home care to children under treatment, including continued feeding, adequate fluid intake, use of safe and appropriate cough and cold remedies, and prompt referral if there are signs of deterioration.

What to remember

- The most effective preventive measure is the immunization of children against basic childhood diseases. Undernutrition is an important risk factor for acute respiratory infection mortality; the management of these infections in severely undernourished children warrants special attention.

76. Tetanus: An overview

Tetanus is a risk in most emergency situations in developing countries, especially in populations where it was a common problem before the emergency, where hygiene and sanitation conditions are poor and where many deliveries take place without medical or midwifery support (neonatal tetanus is caused by contamination of the umbilical cord). The case fatality rate is high (close to 100 per cent in untreated cases, up to 80 per cent even if treated). Immunity to tetanus toxin is induced only by immunization; recovery from clinical tetanus does not result in protection against further attacks.

Neonatal tetanus is targeted for elimination, meaning less than one case per 1,000 live births in every district of every country. The three primary strategies towards this goal are:

- Tetanus toxoid immunization:
 - Routine immunization of pregnant women at antenatal care centers or immunization sites.
 - Administration of three doses of tetanus toxoid to all women of childbearing age living in areas where they have no access to health services (high-risk areas).

- Promotion of clean birth delivery and post-delivery (especially cord care) practices.
- Neonatal tetanus surveillance to detect cases and carry out corrective measures.

During emergencies, UNICEF is committed to providing tetanus toxoid for immunization of women of childbearing age (women aged 15–49 years) followed by routine immunization of pregnant women. The strategy should be:

- To immunize all women of childbearing age, irrespective of their immunization status, with two doses of tetanus toxoid (this will provide three years of protection).
- To provide subsequent tetanus toxoid doses through routine services to all pregnant women until they complete the full schedule.

77. Tetanus toxoid vaccination through antenatal services

Wherever primary health-care services are still operating or have been re-established and the initial phase of the emergency is over, anti-tetanus vaccination should be offered through antenatal services. Health workers and health promotion activities should encourage women to seek such vaccination.

What to do

- Ensure availability and adequate supply of tetanus toxoid vaccines in all health facilities.
- Ensure quality and sustainability of the cold chain. Tetanus toxoid should be stored continuously at 2°–8°C. The vaccine may be out of refrigeration for up to four days, but should be refrigerated immediately when received. Freezing reduces the potency of the tetanus component. Tetanus toxoid is stable and can withstand exposure to room temperature for months and to 37°C for a few weeks without a significant loss of potency. (*See topic 9 for more on the cold chain.*)
- Ensure that women of childbearing age receive an adequate number of tetanus toxoid doses properly spaced, which means:
 - Vaccinate women who do not have vaccination records showing that five valid doses have already been received or that the minimum interval since the last dose has not yet passed.
 - Ensure that previously unvaccinated women receive a second dose of tetanus toxoid four weeks after the first dose and a third dose after a further six months, especially in overcrowded conditions (WHO recommends fourth and fifth doses one and two years later in order to achieve lifelong immunity).

- Ensure safety of injection practices and safe disposal of syringes. *(See topic 14.)*
- Decide whether to add other interventions, including:
 - Distributing an insecticide-treated mosquito net to every pregnant woman.
 - Providing an intermittent presumptive treatment for malaria to every pregnant woman.
 - Distributing a home delivery kit to every pregnant woman.
 - Distributing iron folate tablets (anaemia occurs in about 60 per cent of pregnant women in developing countries).
 - Distributing vitamin A.
 - Distributing iodized oil or salt, following national protocols, in areas of moderate or severe iodine deficiency disorder.

What to remember

- Tetanus toxoid vaccine must not be frozen.
- Priority must be given to pregnant women but all women of childbearing age (15–49 years) should be included.
- To protect the newborn, women should receive at least two doses of tetanus toxoid vaccine at least four weeks apart, with the last dose at least two weeks before delivery.
- If an emergency measles campaign has been planned and if sufficient capacity exists, it may be appropriate to administer tetanus toxoid vaccine at the same time to women and adolescent girls. This should be considered only if completion of the measles campaign would not be delayed.

78. How to order tetanus toxoid vaccine and other material

What to do

- Estimate the number of pregnant women and women of childbearing age. *(See topic 63.)*
- Based on this, calculate the total number of doses needed. *(See example in table 20.)*

Table 20: Calculating the number of tetanus toxoid vaccine doses needed

Estimate the total population		50,000 people
Calculate the target population	Women of childbearing age= 25.5% of total population	12,750 people
Target coverage	X 90%	11,475 people
Number of doses to reach coverage	X 2	22,950 doses
Add wastage factor	X 1.17%	26,852 doses
Add buffer stock	X 1.25%	33,564 doses
Order 34,000 doses		
Estimate vaccine volume	X 2.5 cc	83,911 cc
Storage space needed 84 litres		

- Working with the national EPI and NGOs, find out how many doses are locally available and which agencies are planning to bring in additional stock. Only commitments of stock that are absolutely guaranteed, with a firm arrival date in the very near future, should be included in the estimate.
- Order the required supplies of tetanus toxoid vaccine. The amount that needs to be ordered is the difference between what is available in-country and the total number of doses needed.
- Estimate the quantities of vaccination supplies (such as auto-disable syringes, cold-chain equipment, vaccination cards and tally sheets) to be ordered. (*See topic 8.*)

79. Messages on breastfeeding and safe motherhood practices

The following is the essential information on breastfeeding and safe motherhood that families and caregivers need to save and improve children's lives, in emergency or non-emergency situations:

What to do

- Communicate the messages below to women in a variety of settings and in a variety of ways, wherever possible. The best way to convey these messages in emergency settings is through health and nutrition education activities in the camps, group discussions with mothers, and as part of information or counselling received in health facilities where they exist. Use the local social structures.

What to remember

Breastfeeding

- Breastmilk alone is the only food and drink an infant needs for the first six months. No other food or drink, not even water, is usually needed during this period.
- There is a risk that a woman infected with HIV can pass the disease on to her infant through breastfeeding. Women who are infected or suspect that they may be infected should consult a trained health worker for testing, counselling and advice on how to reduce the risk of infecting the child.
- Newborn babies should be kept close to their mothers, skin to skin, and begin breastfeeding within one hour of birth.
- Frequent breastfeeding causes more milk to be produced. Almost every mother can breastfeed successfully.
- Breastfeeding helps protect babies and young children against dangerous illnesses. It also creates a special bond between mother and child.
- Bottle feeding can lead to illness and death. If a woman cannot breastfeed her infant, the baby should be fed breastmilk or a breastmilk substitute, if needed, from an ordinary clean cup.
- From the age of six months, babies need a variety of additional foods, but breastfeeding should continue throughout the child's second year and beyond.
- A woman employed away from the home can continue to breastfeed her child if she breastfeeds as often as possible when she is with the infant.
- Exclusive breastfeeding can give a woman more than 98 per cent protection against pregnancy for six months after giving birth – but only if her menstrual periods have not resumed, if her baby is breastfed exclusively and frequently, both day and night, and if the baby is not given any other food or drinks, or a pacifier or dummy.

Safe motherhood

- It is important for all families to be able to recognize the warning signs of problems during pregnancy and childbirth and to have plans and resources for getting immediate skilled help if problems arise.
- A skilled birth attendant, such as a doctor, nurse or midwife, should check the woman at least four times during every pregnancy and assist at every birth.
- All pregnant women need particularly nutritious meals and more rest than usual throughout the pregnancy.
- Smoking, alcohol, poisons and pollutants are especially harmful to pregnant women and young children.

- Physical abuse of women and children is a serious public health problem in many communities. Abuse during pregnancy is dangerous both to the woman and the foetus.
- Girls who are educated, healthy and have a good diet during their childhood and teenage years will have fewer problems in pregnancy and childbirth.
- Every woman has the right to health care, especially during pregnancy and childbirth. Health-care providers should be technically competent and should treat women with respect.

80. Blankets, tarpaulins and cooking sets

Shelter, and its key component, an adequate roof often made with tarpaulin, is a critical determinant for survival in the initial stages of a disaster. Beyond survival, shelter is necessary to provide security and personal safety, protection from the climate and enhanced resistance to ill health and disease. Particularly in cold climates or where there are daily extremes in temperature (e.g., desert areas) lack of adequate shelter and clothing can have major adverse effect on health and nutritional status. Thus, in addition to shelter, provision of sufficient blankets will be a high priority.

Blankets, tarpaulins and cooking sets can – and should, given the volumes and weight of items considered – often be procured locally from suppliers identified during emergency preparedness and response planning. Blankets, tarpaulins and cooking sets are also available through Supply Division, Copenhagen.

What to do

- The first steps are to assess the adequacy of any emergency shelter arrangements that affected populations have already made themselves. The priority is the provision of adequate roof materials: tarpaulin (plastic sheeting) is thus the most important shelter component (walls can usually be made of earth or other materials found on site or locally available). When procuring tarpaulin locally pay attention to the following:
 - Providing poles with plastic sheeting can significantly reduce local environmental damage from many people cutting larger trees to create frames.
 - Providing rope, nails and other fastenings will help people to fix their sheeting more firmly, extending its use and durability. Note that nailing straight into plastic sheeting will tear it: ensure you are procuring plastic sheeting that is at least 0.25 mm thick and comes with strong eyelets.

- Infants and children are more prone to heat loss than adults due to their ratio of body surface area to mass: they should receive at least one blanket and may even require additional blankets to maintain appropriate levels of thermal comfort. Other individuals at risk (e.g., those who are severely undernourished) also require at least one blanket to meet their needs.
- Regarding cooking sets, the first steps are to assess what cooking and eating utensils a typical household had access to before the disaster. Cooking and eating utensils provided should be culturally appropriate and should enable safe practices to be followed. They should be sized to suit older people, people with disabilities and children as required. Women or those typically overseeing the preparation of food should be consulted when specifying items.

What to remember

- The key to providing an adequate shelter is provision of a roof.
- Good quality materials may remain useful for many years and can be adapted by people to help reconstruct their houses.
- Infant feeding bottles should NOT be provided, unless exceptional circumstances require the provision of breast milk substitutes.

5.2 WATER, SANITATION AND HYGIENE

This chapter of the *Emergency Field Handbook* is a guide on how to implement the water, sanitation and hygiene components of the Core Commitments for Children in Emergencies. There is practical guidance on what safe drinking water is and how to help families gain access to it in an emergency. Also covered are basic purification methods and guidance on providing families with water collecting and storage containers. The key hygiene-related messages are outlined, with guidance on how to communicate these messages to affected populations. The chapter also covers how to address basic sanitation in the early days of an emergency, including such topics as provision of UNICEF's basic family and community sanitation supplies and general guidance on the types of latrines that may be needed.

Core Commitments for Children in Emergencies: Water, sanitation and hygiene

To ensure the provision of safe water and proper sanitation for children and women, UNICEF, in collaboration with partners, will:

First six to eight weeks

- 1.** Ensure the availability of a minimum safe drinking water supply, taking into account the privacy, dignity and security of women and girls.
See topics 5–11
- 2.** Provide bleach, chlorine or water purification tablets, including detailed user and safety instructions in the local language.
See topic 9
- 3.** Provide jerrycans, or an appropriate alternative, including user instructions and messages in the local language on handling of water and disposal of excreta and solid waste.
See topics 11 and 17
- 4.** Provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases.
See topics 12–14
- 5.** Facilitate safe disposal of excreta and solid waste by providing shovels or cash for contracting local service companies spreading messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; disseminating messages on disposal of human and animal corpses; and giving instructions on and support for construction of trench and pit latrines.
See topics 15–21

Beyond initial response

- 6.** Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability.

See topic 22

- 7.** Define UNICEF's continuing involvement beyond the initial response by:

- Establishing, improving and expanding safe water systems for source development, distribution, purification, storage and drainage, taking into account evolving needs, changing health risks and greater demand.
- Providing a safe water supply and sanitation and hand-washing facilities at schools and health posts.
- Supplying and upgrading sanitation facilities to include semi-permanent structures and household solutions, and providing basic family sanitation kits.
- Establishing regular hygiene promotion activities.
- Planning for long-term solid waste disposal.

See topic 23

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1. Priority action checklist

- Conduct a rapid assessment.
- Contact government and partners to assess water and environmental sanitation needs.
- Provide technical support to government and partners in siting new camps for the displaced and in the layout of water and sanitation facilities.
- Assess staffing requirements and recruit accordingly.
- Arrange for adequate funding, following UNICEF guidelines.
- Ensure safe drinking water. Organize local action if needed, such as trucking in water.
- Provide adequate family water kits, water purification supplies and other supplies for household-level sanitation.
- Based on demographic data, calculate water collection and storage needs and provide adequate jerrycans or appropriate alternatives.
- Promote hygiene by providing soap and issuing messages on preventing and treating diarrhoea, cholera and shigella.
- Identify and provide suitable latrine facilities.
- Facilitate safe excreta and solid waste disposal.

2. Rapid assessment

A rapid assessment should be developed and implemented as soon as possible in an emergency. A rapid assessment matrix is available for reference on the *Emergency Field Handbook* CD-ROM. Additional tools can be found on the Evaluation and Emergencies portals of the UNICEF Intranet.

For a list of questions to ask during the initial rapid assessment to be conducted in the first 48–72 hours, see 'The initial assessment' chapter.

For detailed guidance on implementing and managing a rapid assessment, see the 'Assessment and monitoring' chapter.

3. Water, sanitation and hygiene in emergencies: An overview

Water and sanitation are critical for survival in the initial stages of an emergency. People in emergency situations are generally much more susceptible to illness and death from disease, often caused by a lack of sanitation, inadequate water supplies and poor hygiene. Diarrhoea and infectious diseases transmitted from faeces to mouth are the most significant diseases resulting from poor water and sanitation.

The main objective of water supply and sanitation programmes in emergencies is to reduce the transmission of diseases from faeces to mouth through the promotion of good hygiene practices, the provision of safe drinking water and the reduction of health risks related to poor sanitation.

This chapter provides an overview of the key early action that needs to be taken to help UNICEF meet its water- and sanitation-related Core Commitments for Children in Emergencies. It provides non-specialist staff with the information they need to consult more effectively by telephone with technical experts. Although UNICEF may not be directly involved in some of the activities described in the chapter (but instead supports them in working with local and international implementing partners), its guidance, coordination and technical oversight are essential in order to ensure standards and policy guidelines, and the quality of water, environment and sanitation interventions.

See 'Emergency WES Resource Kit', a compendium of UNICEF and other resources on water and sanitation in emergencies.

4. UNICEF's role and partners

During emergencies, UNICEF is committed to meeting children's rights to water and sanitation, whether directly or through implementing partners. UNICEF is often called upon to take the lead on behalf of the UN and non-governmental organizations (NGOs) in water, sanitation and hygiene programmes in emergency situations. In this, it is responsible for coordinating the work of the various UN agencies to see that essential needs are met and for supporting related government institutions to coordinate the emergency response whenever the UN and other implementing partners are involved.

Although UNICEF's water and sanitation role in emergencies varies from country to country, its direct contribution is typically to:

- Restore water sources.
- Truck water in if necessary.
- Provide technical expertise to ensure rapid response standards and policy guidelines are followed.
- Provide water containers and water purification mechanisms.
- Make latrines and sanitation services available.
- Make sure that hygiene and sanitation supplies are available.
- Prepare and disseminate information on safe water, sanitation and hygiene.
- Order additional supplies and equipment and oversee their distribution and use.
- Monitor and follow through with implementing partners. On emergency water, sanitation and hygiene projects, UNICEF typically works with the

following partners, among others: local government, local NGOs, Action Contre la Faim, International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies, International Rescue Committee, Médecins Sans Frontières, Oxfam Public Health Engineering Team, RedR International, UN High Commissioner for Refugees, World Health Organization, and Water, Engineering and Development Centre.

Although some basic emergency response actions can be taken by non-specialists, every effort should be made to find and recruit experienced water and sanitation professionals as early as possible.

What to do

- Involve UNICEF's water, environment and sanitation programme officer in the country immediately; this person should take the lead in implementing at once the steps required to support the emergency response.

If no officer is available

- If there is no Water and Environmental Sanitation Section in the country office, the representative and senior programme officer should contact the regional office to identify suitable candidates from a neighbouring country, the regional office, or elsewhere.
See the 'Human resources' chapter for information on how to get staff quickly through internal deployment or external recruitment.
- Look for experienced staff to take on key responsibilities in medium- and large-scale emergencies.

5. Ensuring women's and girls' safety, dignity and privacy

In most emergencies the responsibility for collecting water falls to women and children. Women and adolescent girls can be vulnerable to sexual violence or exploitation when using communal water and sanitation facilities. Several steps can be taken to reduce this risk.

What to do

- Encourage women's participation in water supply and sanitation programmes wherever possible. The equitable participation of women and men in planning, decision-making and local management will help ensure that the entire group has safe and easy access to water supply and sanitation services, and that services are equitable and appropriate.
- Put latrines in places that reduce the vulnerability of women and girls to attack, especially at night. Where possible, communal latrines should be provided with lighting or families provided with torches.

- Seek the input of the community to enhance the safety of users.
(See topic 18 for more on siting of latrines.)
- Find ways to ensure that women feel, and are, safe using the toilets provided.
- Allow for sufficient bathing cubicles when communal bathing facilities are necessary, with separate cubicles for males and females.

6. Safe drinking water: An overview

In emergencies, clean, safe water for drinking, cooking and for personal hygiene is critical to ensuring health and well-being, especially of children and women. The following steps give a general picture of what needs to be done.

What to do

In all cases

- Provide sufficient supplies of safe water for feeding centres, communal kitchens, health clinics, etc., and train staff to prevent contamination.
- Facilitate the provision of minimum quantities of safe water for drinking, cooking and personal hygiene to those affected, displaced or not, as long as supply mechanisms are disrupted.
- Provide suitable containers for collecting and storing water.
- Immediately facilitate bacteriological water testing wherever contamination is suspected or diarrhoea is present.
- Promote conservation of available supplies and recycling.
- Promote community monitoring of the condition and use of water and sanitation facilities.
- Keep all pumps and delivery systems working.

If wells are reduced or insufficient

- Promote expert surveys.
- Collect rainwater where possible – this is the first option if it rains.
- Deepen existing wells and sink new wells where appropriate.

If surface water is reduced or dried up

- Protect and conserve available surface water by controlling access and constructing small dams, retention pits, etc.

If wells are blocked, damaged or contaminated

- Clean or re-sink when possible, then pump out and disinfect.
- Build replacements if needed.

If piped distribution systems have been damaged

- Set up standpipes and/or distribution tanks as immediate, temporary measures.
- Repair and disinfect system based on expert surveys.

If available water is unsafe

- Collect rainwater where possible.
- Search for alternative sources (especially groundwater).
- Treat unsafe water until better-quality water is available.

As a last resort

- Deliver supplies by truck to ensure survival until other sources can be found, water piped or the population moved.
- Set up storage tanks at distribution centres.

What to remember

- The minimum water requirement for drinking, cooking and personal hygiene in any household is 15 litres per person per day.
- Springs may be considered as an alternative supply. In most cases only disinfection is required.
- It is the presence of faecal coliforms (bacteria that reside in the colon) in a water supply that shows it has been contaminated by human or animal faeces. Concentrations are usually expressed per 100 ml of water. As a rough guide:
 - 0–10 faecal coliforms/100 ml = reasonable quality
 - 10–100 faecal coliforms/100 ml = polluted
 - 100–1,000 faecal coliforms/100 ml = dangerous
 - 1,000 faecal coliforms/100 ml = very dangerous

7. Family water kit

The rapid distribution of family water kits can help families have water that is safe for drinking, cooking and personal hygiene in the first days and weeks after an emergency hits. The family water kit is good for 10 families for one month. It is one of the key emergency supplies.

Table 21: Family water kit*

Quantity	Description	Supply Catalogue number
20	10 litre collapsible container, PVV/PE	5007310
10	14 litre bucket with lid, HDPE	5007315
50	Wrapped 110 g bar of soap	0552000
10	33 mg water purification tablets, pack of 50	1588355

*The Supply Catalogue number for the entire kit is 9901100.

Note: flocculation and disinfectant powder for treating turbid water can be ordered separately from the catalogue (item number 5007321).

What to do

- Calculate the number of family water kits needed, based on an estimate of the number of affected families.
- Find out how many family water kits have been stocked by the office or are otherwise available in the country, the UNICEF regional office or regional supply hubs.
- Procure elements of the kit locally or the kit in its entirety from Supply Division, Copenhagen, or elsewhere.
See the 'Supply and logistics' chapter for more on local procurement and procurement through Copenhagen.
- If they are not yet available in the local language, have instructions for using the kit translated into the local language and printed at low cost.

What to remember

- The development of locally appropriate family water kits is a critical step in preparedness. Instructions for using the kit, in the local language or using pictographs, can be developed and printed ahead of time, along with key hygiene messages.
- With gross dimensions of 80 cm x 40 cm x 50 cm, the family water kit is very bulky; shipment by sea freight is recommended when possible. Cost: approximately US\$92.00, volume: 0.160 m³, weight: 27 kg.
See the 'Supply and logistics' chapter for more on how to order supplies.
- Provide bleach, chlorine or water purification tablets, including detailed user and safety instructions in the local language.

8. Trucking water

Trucking water (also called water tankering) to meet a community's water needs during an emergency should be considered a short-term solution, to

be used only as long as it takes to pipe water in, develop other sources or move the population. However, it is sometimes the only way to ensure that people have safe drinking water, and is often unavoidable in the early stages of an emergency or when a population is mobile. Water tankers may be available from the military, fire services, dairies or bottled drink factories, including breweries; petrol and oil tankers are difficult to clean adequately before using.

What to do

- Calculate the amount of water the target population needs. Given normal minimum requirements of 15 litres per person per day, for example, a population of 1,000 would need 15,000 litres per day.
- Identify available water, milk or other tankers, or flatbed trucks that can be made into tankers by fitting them with bladder or rigid tanks.
- Choose the most reliable tankers and drivers available.
- Ensure that enough drivers are available to cover absence for sickness and breaks. Avoid overworking drivers.
- Keep a logbook for each tanker.
- Provide a tank at the destination so that tankers can discharge rapidly.
- Provide hard and well-drained surfaces at tanker filling and discharge points, as well as enough space for tankers to wait in line and turn around.
- Provide pumps for filling and emptying tankers rapidly.
- Chlorinate water in tankers during filling and monitor free chlorine residual during discharge.

What to remember

- Trucking water can be expensive and impractical and should be avoided if there is another option. A single load of a water tanker with a capacity of 8,000 litres can meet the normal minimum requirements (15 litres) of 530 people for a single day.
- Water trucking is an option only if there are good or serviceable roads.
- Water trucking can be easily disrupted by insecurity, strikes and bad road conditions.

Priority in trucking water should be delivery to community services (hospitals, health posts and schools), after which water should be delivered to public distribution points.

9. Treating water: Household level

The purpose of purifying water is twofold: to remove, as much as possible, contaminating solids (by the process of precipitation, coagulation and filtration), and to remove or destroy (through disinfecting) disease-causing organisms in

the water. UNICEF has committed to providing bleach, chlorine and water purification tablets as well as instructions for their use at the onset of an emergency to help families quickly obtain water that is safe for drinking, cooking and hygiene.

In the early days of an emergency, tablets or powders can be used for treatment at the household level while longer-term solutions are being put in place.

Surface water is particularly dirty and almost always needs to be treated. If the water source is clean (clear, not dirty), only disinfection is necessary.

What to do

- Estimate the number of families who may need household purification supplies.
- Order and distribute UNICEF's family water kit (or its locally designed equivalent) if it can be made available quickly. The family water kit contains the necessary water purification supplies, including containers and tablets. (See *topic 7*) One family water kit is good for 10 families for one month.
 - If family water kits are not available, estimate the number of water purification tablets or Chlor-Floc sachets that are needed.
- Confirm specific quantities of water that can be purified per dose based on instructions for the actual product used.
- Procure the products locally or through Supply Division, Copenhagen.

What to remember

- Surface water is particularly unsafe and must be purified.
- Even where a protected water source is in use, it is always best to disinfect the water and store it in the household.
- If people are not accustomed to using water disinfection products, it is very important to provide written or pictogram instructions along with oral instructions and information.
- Bleaching powder and chlorine tablets will only disinfect the water; they will not remove solids.
- Chlor-Floc sachets purify water, disinfecting and removing solids.
- All chemicals and solutions should be stored in tightly closed containers made of dark glass, ceramic or plastic (not metal) and kept in a cool, dark place.
- Other household treatment options include boiling water, ceramic filters and solar disinfection.

10. Key water supplies for camps and communities

Table 22: Commonly ordered items from Supply Division, Copenhagen.

Items	Procurement source	Specifications	Supply Catalogue number
Water storage supplies	Copenhagen	Water tank, collapsible, 1.5 m ³ bladder	0005832
		Water tank, collapsible, 5,000 l (5 m ³) with distribution kit	5675000
		Water tank, collapsible, 10,000 l (10 m ³)	0005834
Water trucking supplies	Copenhagen	Water tank, modular rigid, PVC/PE set of 10 x1 m ³ (1,000 l) each (pump separate, see below)	0005847
Water distribution supplies	Copenhagen	Hose, lay-flat, 50 m long, 50 mm diameter	0008028
		Hose, lay-flat, 25 m long, 75 mm diameter	0008029
		Water distribution kit, 6 taps	0005831
Water filtration supplies	Copenhagen	Water purification unit, skid, 5 m ³ (5,000 l)/hr @ 20 m, TMH	0005846
		Water purification unit, skid, 15 m ³ (15,000 l)/hr @ 30 m, TMH	0005856
	Local, regional, Copenhagen	Filter, drinking, candle, 10–80 l/day, stainless steel	5619902
		Spare set of 4 candles	5619903
Water purification supplies	Local, regional, Copenhagen	Aluminium sulfate in granules 17–18%	0000571
		Calcium hypochlorite (stable bleaching powder) 65–70%	0000570
	Copenhagen	Colorimeter, digital, pocket, 0–2 mg/l chlorine (chlorination testing kit)	0000538
		If required order separately: DPD 1 for free chlorine DPD 4 for total chlorine	0000550 0000552
Water pumping supplies	Copenhagen	Pump centrifugal, diesel, 5 m ³ /hr @ 20 m TMH	0009100
		Pump centrifugal, diesel, 10 m ³ /hr @ 20 m TMH	0009101
		Pump, dewatering, submersible, electrical	0009090
		Generator set, diesel, mobile, 8 kVA*	1800342
Water testing supplies	Copenhagen	Electrical distribution box, portable, with assorted cables	5035010
		Water quality test kit, OXFAM DELAGUA, portable	0005829
	Regional, Copenhagen	Bacteriological H ₂ S field testing kit	0000568
Well construction supplies	Local, regional, Copenhagen	Dewatering pump, 11–21 m ³ /hr @ 50 m TMH with delivery hoses and fittings	0005815
	Copenhagen	Drilling set, soil, manual, ergonomic	0005430

*Hazardous material. Transport certificate required.

11. Collecting and storing water at the household level

In emergencies, UNICEF is committed to providing jerrycans (or suitable alternatives such as plastic buckets or barrels) to affected families who need a way to collect and store water for washing, cooking and bathing. Each household should have at least two clean water collection containers of 10–20 litres, plus enough clean water storage containers to ensure there is always water in the household. The amount of storage capacity required depends on the size of the household and the consistency of water availability. For example, a storage capacity of approximately four litres per person would be appropriate for situations where there is a constant daily supply.

Collapsible containers and buckets are included in the family water kit and can be provided in this way. *(See topic 7 for more on the family water kit.)*

What to do

- Based on demographic data or rough population estimates, calculate the number of families who are in need of water collection and storage containers. In a camp setting, whichever agency is in charge of setting up or running the camp should have a working estimate of the number of families and total population of the camp. If people are still living at home, the local authorities should know how many families are being targeted.
- Ensure that each family has at least two water collection containers of 10–20 litres.

What to remember

- Rigid high-density polyethylene tanks (capacity of 500–2,000 litres) are useful for water storage at community, school and health posts.
- Water containers should be covered.
- Cups or other utensils should not be dipped into disinfected water.

12. Soap, bathing and laundry

Provision of soap is extremely important in emergencies because effective hand-washing using soap (or an alternative) is a key way to prevent water-borne diseases and infections. Each person needs 250 g of soap per month for personal hygiene.

What to do

- Provide the family water kit, which contains 50 bars of soap for 10 families, or five bars of soap per family.
- If provision of the family water kit is not feasible, provide soap separately, preferably through local procurement.
- Where communal bathing facilities are necessary, make sure there are sufficient bathing cubicles available, with separate cubicles for males and females.
- Where communal laundry facilities are necessary, make sure there is at least one washing basin per 100 people and private laundering areas available for women to wash and dry undergarments and sanitary cloths.

13. Key hygiene-related messages

As part of the Core Commitments for Children in Emergencies, UNICEF has committed to making sure the following basic messages (or appropriate local variations) are conveyed to the affected population.

Diarrhoea prevention and treatment

What to remember

To prevent diarrhoea

- All faeces should be disposed of in a latrine or toilet.
- Good hygiene practices protect against diarrhoea. Hands should be thoroughly washed with soap and water, or ash and water, after contact with faeces and before touching food or feeding children.

To treat diarrhoea

- Diarrhoea kills children by draining liquid from the body, thus dehydrating the child. As soon as diarrhoea starts, it is essential that the child be given extra fluids along with regular foods and fluids.
- A child's life is in danger if there are several watery stools within an hour or if there is blood in the faeces. Immediate help from a trained health worker is needed.

- Breastfeeding can reduce the severity and frequency of diarrhoea.
- A child with diarrhoea needs to continue eating regularly. While recovering from diarrhoea, a child needs at least an extra meal a day for three weeks.
- If the child is dehydrated with severe or persistent diarrhoea, only oral rehydration solution or medicines recommended by a trained health worker should be used. Other diarrhoea medicines are generally ineffective and could be harmful to the child.

Hygiene promotion

What to remember

- All faeces should be disposed of safely. Using a toilet or latrine is the best way.
- All family members, including children, need to wash their hands thoroughly with soap and water, or ash and water, after contact with faeces, before touching food and before feeding children.
- Washing the face with soap or water every day helps to prevent eye infections. In some parts of the world, eye infections can lead to trachoma, which can cause blindness.
- Only water that is from a safe source or is purified should be used. Water containers need to be kept covered to keep the water clean.
- Raw or leftover food can be dangerous. Raw food should be washed or cooked. Cooked food should be eaten without delay or thoroughly reheated.
- Food, utensils and food preparation surfaces should be kept clean. Food should be stored in covered containers.
- Safe disposal of household refuse helps prevent illness.

Cholera and shigella prevention

There are two types of acute diarrhoea emergencies: cholera (acute watery diarrhoea) and shigella dysentery (acute bloody diarrhoea). Both are transmitted by contaminated water, unsafe food, dirty hands and vomit or stools of sick people. Other causes of diarrhoea may produce severe illness for the patient but will not produce outbreaks that threaten the community.

What to remember

How the general population can avoid cholera and shigella

- Wash hands with soap before and after using toilets, before preparing food and before eating.
- Boil or disinfect water with chlorine solution.
- Eat only freshly cooked food.
- Do not defecate near water sources.
- Use latrines and keep them clean.

How health workers, community members, parents and caregivers can detect cholera and shigella

Table 23: Symptoms of cholera and shigella

	Cholera	Shigella
Symptoms	Acute watery diarrhoea	Acute bloody diarrhoea
Stool	>3 stools per day, watery, like rice water	>3 stools per day with blood or pus
Fever	No	Yes
Abdominal cramps	Yes	Yes
Vomiting	Yes, a lot	No
Rectal pain	No	Yes

For health workers, if cholera or shigella is suspected

- Take stool samples and send them for immediate analysis.
- Do not wait for laboratory results to start treatment and to protect the community. Not all the cases need to be confirmed by a laboratory.
- Cholera outbreaks require immediate attention according to standard protocols.

See the 'Health and nutrition' chapter for more information on responding to cholera outbreaks.

Human or animal corpse disposal

Corpses – both human and animal – left undisposed of or in water pose health hazards mandating immediate action.

What to remember

- Cremation and burial are hygienic ways of disposing of human and animal corpses.

14. How to communicate key messages

Messages on the importance of hygiene will have no effect if they do not reach or are not accepted by the affected community. It is extremely important that messages be discussed with vulnerable groups, especially women and children.

What to do

- Establish and train a team that is familiar with local practices and social structures.
- Use the local language or pictograms if possible.
- Keep messages clear and simple.
- Work through existing social structures.
- Consider existing culture, practices and gender roles.
- Reach people during times of emergency at clinics, feeding centres, distribution centres, water collection points, etc.
- Use various ways of reaching people that can include megaphones, radio broadcasts, announcements, meetings, posters, home visits, large and small group discussions, local newspapers and community newsletters, as well as street theatre, slides, films, video presentations, games, drama, songs, role-play and simulation, if possible and appropriate.

What to remember

- It is important not to blame the community for previous poor hygiene practices.

See 'Towards better programming: A manual on hygiene promotion', Water Environment and Sanitation Technical Guidelines Series No. 6, available in the Emergency WES Resource Kit and CD-ROM.

See Suzanne Ferron, Joy Morgan and Marion O'Reilly, Hygiene Promotion: A Practical Manual for Relief and Development. ITDG Publishing, London 2000. Please note that this is a commercially available publication.

15. Sanitation: An overview

Sanitation includes excreta disposal, vector control, solid waste disposal and drainage. Infectious diseases and pathogens in excreta are a risk to others who may come in contact with waste. In addition, excreta can provide a breeding ground for vectors that can then transmit disease. During emergencies, and especially in camps for displaced persons, shelters or any type of temporary refugee location, sanitation and excreta disposal usually become a major problem. Large concentrations of people in one area,

especially a confined area such as a camp, create an immediate sanitation problem that tends to aggravate exponentially if urgent measures are not taken. The aim of a safe excreta disposal programme is to keep the environment free from contamination by human faeces. UNICEF has committed to providing basic assistance in the early stages of an emergency to help people dispose of excreta safely, at both the household and community or camp levels. A minimum package of household-level sanitation assistance should always be considered for people living in temporary shelters or tents. UNICEF has undertaken to supply shovels for households to bury excreta, garbage and other solid waste away from homes and public places, and to provide instructions in the local language on safe disposal of excreta and human and animal corpses.

What to do

At the household level

- Estimate the number of households in need of shovels for burying excreta away from homes and public places.
- Provide shovels either through the basic family sanitation kit, which is available from Copenhagen through offshore procurement, or by local procurement.
- Provide instructions on safe excreta disposal.
- Provide family sanitation supplies.

At the community level

- Pay local service companies to dispose of solid waste.
- Provide instructions for and support construction of trench and pit latrines. (*See topic 19 for more details on trench and pit latrines.*)
- Provide messages on the importance of burying faeces away from homes and public areas as well as information on safe disposal of human and animal corpses.

What to remember

- Safe disposal of human excreta is more important than disposal of animal waste, because human excreta transmits more diseases affecting humans. Human faeces are much more dangerous than urine, which poses little risk.
- Children's faeces are more dangerous than adults' due to the higher concentration of pathogens.

16. Family sanitation supplies

Basic family sanitation supplies are stocked by UNICEF Supply Division as separate items: squatting plate, folding shovel and plastic sheeting. These items must be supplemented with provision of community or camp water supplies, latrine construction, solid waste disposal and hygiene promotion.

Table 24: Family sanitation supplies

Item	Supply Catalogue number
Plastic sheeting (4 x 5 m sheets)	5086011
Polyethylene rolls (4 x 50 m)	5086010
Round point shovel, folding	5007330
Baby hygiene kit	0000233
Adult hygiene kit	0000235
Tarpaulin, reinforced, polyethylene roll, 4 x 50 m (plastic sheeting) for latrine superstructure	5086010
Squatting plate, plastic, 60 x 80 cm	5007325
Mould, plastic, for concrete latrine slab fabrication	0005850

What to remember

- These supplies are not stocked as a kit per se, but can be ordered as separate items and shipped together.
- Family sanitation supplies can be extended with baby or adult hygiene kits, which are produced to order and contain items such as soap, shampoo, toothbrushes, laundry detergent, cloth diapers, etc.

17. How to dispose of excreta

A rapid and effective response to the disposal of human waste can help prevent the spread of diseases and infections in emergency situations.

What to do

- Ensure full-time supervision of defecation areas by attendants.
- Supply receptacles for anal cleansing materials.
- Ensure that anal cleansing materials are buried or burned in a safe location to avoid creating a health hazard.
- Provide clear instructions in the local language on the use of sanitary facilities.

What to remember

- Establish defecation areas and sanitation systems as quickly as possible.
- Consult the affected community when siting sanitation facilities and involve them in each step.
- Support the government in the coordination of the agencies responsible for camp layout to ensure proper siting of water and sanitation facilities.
- The establishment of defecation areas should consider:
 - Cultural, age, gender and special physical needs.
 - Privacy and safety, especially for girls and women.
 - Ease of use and maintenance.
 - Soil and flooding conditions.
 - Location (distance from users, food storage and preparation areas, settlements and water sources).
 - Odour and insects.
 - Length of use.
 - Cost-effectiveness.
- Supply anal cleansing materials that the local population is accustomed to using.
- Children's faeces are more dangerous than adult faeces.
- All sanitation programmes must provide hand-washing facilities as close as possible to latrines and should involve hygiene and environmental sanitation education.
- Support should be provided to the training of community- and camp-based organizations in participatory hygiene methods.
- Sanitation efforts will suffer if no local authority and/or community organization is made responsible for the provision and continuance of facilities.

18. Community-level sanitation assistance

In the first 6–8 weeks of an emergency, UNICEF has committed to helping affected communities meet the basic sanitation need to safely dispose of excreta. This is done at both the household and community level, which includes camps for displaced persons or shelters and any type of temporary refugee location. In the early days of an emergency, community-level actions involve finding or building suitable latrines.

What to do

- Ask about local and customary practices.
- Involve community members, especially women, in planning for emergency latrines.

- Estimate how many latrines will be necessary to meet minimum standards.
- Use disaggregated population data to plan the ratio of women's cubicles to men's (approximately 3:1). Where possible, urinals should be provided for men.
- Consult with community members and sanitation experts to decide which types of latrines are suitable in the immediate period.
- Procure basic supplies to help communities build latrines. *(See Table 24 for some of the basic items available from Copenhagen. For more items, see the online Supply Catalogue.)*
- Provide easy access to latrines for people living with HIV/AIDS because they frequently suffer from chronic diarrhoea and reduced mobility.
- Design facilities and solutions with children in mind, because children's faeces are generally more dangerous than adults'.

What to remember

Common standards for emergency latrines are as follows

- There should be one latrine for every 20 people, arranged by household. For a displaced population where there are no existing toilets, it is not always possible to provide this immediately. In such cases, a figure of 50 people per latrine can be used, decreasing to 20 people per latrine as soon as possible. Latrines should:
 - Be at least 30 m from any groundwater source.
 - Be no more than 50 m or a one-minute walk from shelter and sited to minimize threats to users, especially women and girls, day and night.
 - Be 1.5 m above the water table.
 - Be designed in such a way that they can be used by all people, including children, older people, pregnant women and people with disabilities.
 - Allow for disposal of women's sanitary protection, or provide the necessary privacy for women to wash and dry sanitary protection cloths.
 - Be easy to keep clean and minimize fly and mosquito breeding.
 - Have adequate drainage.
- Latrines must have an adequate and regular supply of water, if they use water for flushing, and/or a hygienic seal.
- There should be separate facilities for men and women available in camps or for displaced populations.

19. Types of emergency latrines

In the earliest days of an emergency, it is important to isolate excreta. This can be done in different ways, initially through a defecation trench (as an emergency stopgap solution until other latrines are constructed), then with trench and pit latrines.

Before toilets can be constructed, it may be necessary to mark off an area for the creation of shallow trench latrines. This is an emergency measure that is appropriate for only a couple of days. It is inexpensive and easy to dig in most locations using hand tools such as picks and shovels.

Deep trench latrines last longer than shallow trenches and can also be dug by hand. However, digging takes more time unless mechanical excavators can be used. Each trench can last for several weeks. The deep trench latrine might be an appropriate solution for temporary or emergency health centres, crowded centres for displaced persons or refugees or where there is not enough space for sufficient pit latrines, such as a school yard.

What to remember

- An emergency sanitation strategy can include construction of two or three types of latrines at the same time. For example, while a defecation field might be used and maintained in the first days, community pit latrines may also be under construction while community members collect information on appropriate family latrines.

20. Pit latrines

The most common excreta disposal system around the world is the family pit latrine. It is also the number one solution in emergencies. The pit latrine consists of a squatting plate (or seal) above a hole in the ground with a superstructure for privacy. Individual families can dig the pit and build the superstructure. These latrines are usually well maintained if used by only one family. Pit latrines can also be used in clusters as communal facilities.

What to do

- Find an appropriate area.
- Provide families or groups with instructions for digging pit latrines.
- Identify a team to assist in digging the trenches if a mechanical excavator will not be used.

- Procure necessary tools, such as shovels, boards, rope (to mark off trenches), some type of material to create urinals, and some kind of sheltering material (plastic sheeting or other) to create private places for women and girls.
- Use a water-seal latrine where culturally appropriate.

What to remember

- Pit latrines are about 1 m across and 2 m deep.
- The rim of the pit should be raised about 15 cm and cut-off ditches dug to divert any rainwater surface run-off.
- The sides of the pit should be reinforced, perhaps to a depth of 1 m below ground level to prevent collapse.
- When a pit is three-quarters full, it should be filled with soil and the superstructure and squatting plate moved to a new pit.

21. How to manage solid waste

Accumulations of garbage create conditions for the spread of rodent- and insect-borne diseases. Arrangements for storage and regular collection and disposal must be made, with instructions translated into the local language.

What to do

Storage and collection

- For the initial clean-up, mobilize labour and arrange transport to move the waste to selected disposal sites.
- Place metal or plastic containers (e.g., 200-litre oil drums cut in half) in appropriate locations, providing lids if possible and punching drainage holes in the bottom.
- In market areas and large institutions, construct large rectangular bins with sloping floors to allow the garbage to be shovelled out.
- Spray disposal sites with insecticide daily.
- Arrange for the regular – perhaps daily – collection of garbage from all containers.

Large-scale disposal

- Wherever possible, garbage should be buried at designated locations or burned, preferably using incinerators.

Small-scale disposal

- Small-scale disposal, such as in rural areas, can utilize hand-dug pits or trenches.
 - Trenches should typically be 1.5 m wide and 2 m deep.
 - Refuse should be covered with earth at the end of each day to discourage rodents and insects.

Incineration

- Where there is no alternative to dumping garbage in open areas:
 - Fence off an area.
 - Crush tins to prohibit their use by mosquitos for breeding.
 - Burn the waste as quickly as possible.
 - Cover the burned refuse with earth.

What to remember**Storage and collection**

- Dogs spread garbage, while free-range goats, pigs and chickens help control it.
- Keep containers covered if possible.
- Give special attention to garbage collection from hospitals, feeding centres and other community service sites.

Large-scale disposal

- Disposal sites should be well away from any dwellings, and preferably fenced off, at least 1 km downwind of major habitations and not close to water sources.
- Dumping should be conducted under supervision, in trenches made in flat areas or other suitable land.
- After being compacted, waste should be covered with at least 50 cm of soil.
- Where space and bulldozers are available, sanitary landfill disposal may be possible.

Small-scale disposal

- When trenches are full to within 40 cm of ground level, fill them with compacted earth and mark the site.

Medical waste

- Medical waste, needles and scalpels should be treated separately, incinerated as quickly as possible and then buried.

22. Planning for long-term sustainability

The primary goal of emergency response is to meet immediate and unforeseen needs. However, emergency programmes can sometimes have a demonstration effect by providing examples of new and low-cost approaches to governments and partners.

What to do

- Ensure that all UNICEF-supported emergency interventions conform to national standards where possible and appropriate (e.g., minimum coverage standards, technology standards, contracting norms).
- Encourage other support agencies to work with governments and through sectoral coordination mechanisms and to respect national standards.
- Use new partnerships and coordination mechanisms established for emergency response to improve sector coordination over the long term.

What to remember

- For technologies to be appropriate, they should generally evolve out of the local context and build on local innovations.
- Long-term intervention design should adopt a participative approach involving all affected groups in the decision-making process.
- Forming water and sanitation committees representative of the group being served, with half of them women, to manage communal facilities such as water points, public toilets and washing areas will ensure representation and promote sustainability.

23. Defining UNICEF's continuing involvement

Beyond the initial emergency response, UNICEF's continued work to improve water and sanitation for emergency-affected populations will probably involve longer-term solutions and programme planning; this work will certainly need special expertise and is beyond the scope of the *Emergency Field Handbook*, which is designed to help non-specialists get early response off to a rapid start. In the Core Commitments for Children in Emergencies, UNICEF has undertaken to improve water and sanitation after the initial emergency period by taking the actions below. References to related material in the *Emergency Field Handbook* are given where appropriate.

What to do

- Establish, improve and expand safe water systems for source development, distribution, purification, storage and drainage.
- Provide a safe water supply, sanitation and hand-washing facilities at schools and health centres.
- Supply and upgrade sanitation facilities to include semi-permanent structures.
- Supply and upgrade household sanitation solutions; provide family sanitation supplies.
- Establish regular hygiene promotion activities.
- Plan for long-term solid waste disposal.

For additional information on implementation of the above activities, as well as all the areas mentioned in this chapter, see the relevant chapters of UNICEF's Technical Notes as well as guidelines and sources cited in this chapter.

5.3 CHILD PROTECTION

This chapter of the *Emergency Field Handbook* is a guide on how to implement the child protection components of the Core Commitments for Children in Emergencies. The chapter is designed for programme managers, particularly non-specialists, and is meant to guide their actions in the early phase of an emergency. It offers an overview of UNICEF's child protection role during emergencies and identifies some of its partners. The chapter also provides guidance on preventing the separation of children from their parents or caretakers, and includes steps for identifying, registering and documenting children who are separated. It also looks at the prevention and consequences of sexual and gender-based violence and child recruitment, and provides guidance on psychosocial work and child-friendly spaces. In addition, it includes guidance on landmines and mine risk education.

Core Commitments for Children in Emergencies: Child protection

UNICEF commits to the protection of children and women from violence, exploitation, abuse and neglect, and in collaboration with partners will:

First six to eight weeks

- 1.**Conduct a rapid assessment of the situation of children and women.
Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.
- 2.**Assist in preventing the separation of children from caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls.
- 3.**Ensure that family-tracing systems are implemented, with appropriate care and protection facilities.
- 4.**Prevent sexual abuse and exploitation of children and women by:
 - (i) monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others;
 - (ii) providing post-rape health and psychosocial care and support.

Internally, with regard to humanitarian workers and staff:

- (i) undertake and promote humanitarian activities in a manner that minimizes opportunities for sexual exploitation and abuse;
- (ii) have all UNICEF staff and partners sign the Code of Conduct and make them aware of appropriate mechanisms for reporting breaches of its six core principles.

Beyond initial response

- 5.** Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation.
- 6.** In cases where children are separated, or at risk of being separated from caregivers, work directly or through partners to:
 - (i) assist in preventing the separation of children from their caregivers;
 - (ii) facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls;
 - (iii) facilitate the registration of all parents and caregivers who have lost their children;
 - (iv) provide support for the care and protection of separated children, including shelter;
 - (v) support partners involved in tracing and reunification, and provide tracing equipment, as required.
- 7.** Provide support for the care and protection of orphans and other vulnerable children.
- 8.** Support the establishment of safe environments for children and women, including child-friendly spaces, and integrate psychosocial support in education and protection responses.
- 9.** In cases of armed conflict and in accordance with international legal standards, work directly or through partners to:
 - (i) monitor, report on and advocate against the recruitment and use of children in any capacity during armed conflicts;
 - (ii) seek commitments from parties to refrain from recruiting and using children;
 - (iii) negotiate the release of children who were recruited and introduce demobilization and reintegration programmes.
- 10.** Within established mechanisms, monitor, report on and advocate against the use of landmines and other indiscriminate weapons by both state and non-state actors. Coordinate mine-risk education.

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1. Priority action checklist

- Carry out a rapid assessment.
- Advocate for the respect of all children's rights.
- Use established mechanisms to monitor and report on any violations of children's rights.
- Raise awareness of ways to prevent separation of children.
- Ensure consistency of documentation and registration methods among partners.
- Assist partners and local communities to establish appropriate care for separated children.
- Advocate for the establishment of child-friendly spaces.
- Make sure all staff and partners receive and sign the Secretary-General's Bulletin on 'Special measures for protection from sexual exploitation and abuse'.
- Ensure that the safety and needs of women and girls are considered by all partners engaged in the emergency response.
- Ensure that basic messages on landmine safety reach people who are displaced into mine-affected areas and that mine risk education is part of the emergency education response.

2. Rapid assessment

A rapid assessment should be developed and implemented as soon as possible in an emergency. A rapid assessment matrix has been developed and is available for reference on the *Emergency Field Handbook* CD-ROM. Additional rapid assessment tools are available on the Evaluation portal of the UNICEF Intranet.

For a list of questions to ask during the initial rapid assessment to be conducted in the first 48–72 hours, see 'The initial assessment' chapter.

For detailed guidance on implementing and managing a rapid assessment, see the 'Assessment and monitoring' chapter.

3. Child protection in emergencies: An overview

'Child protection' refers to protection from violence, exploitation, abuse and neglect. Emergencies, whether man-made or the result of natural disasters, can cause displacement, lack of access to basic humanitarian aid, breakdown of family and social structures, erosion of traditional value systems, violence, weak governance, absence of accountability and lack of access to basic social services, all of which lead to serious child protection failures.

Children may become separated from their families or orphaned, abducted, forced to work for armed groups, disabled as a result of combat, landmines or unexploded ordnance, sexually exploited during and after conflict, or trafficked for military purposes.

See the 'Child rights monitoring, reporting and advocacy' chapter for information on actions to take regarding monitoring, reporting and advocacy related to child rights violations.

What to remember

- Children caught up in an emergency have the same rights that all children have. The Convention on the Rights of the Child continues to fully apply, even during a state of emergency.
- Child protection failures can be difficult to detect and require a thorough knowledge of the political and cultural context, as well as a thorough dialogue with affected communities and families.

4. UNICEF's role and partners

One of UNICEF's key roles is monitoring, reporting and advocating for the purpose of upholding children's rights. Working with partners, UNICEF seeks to strengthen the web of elements that make up a protective environment for the child. Its partners include governments, other United Nations and international agencies, international and local non-governmental organizations (NGOs), professional associations, the media, and children and youth themselves.

Some of the key NGOs involved in child protection work include Save the Children (<http://www.savethechildren.org>), the International Rescue Committee (<http://www.theirc.org>), World Vision (<http://www.wvi.org>) and the Christian Children's Fund (<http://www.christianchildrensfund.org>).

While not usually active in the first few months of an emergency, another potential partner is the Committee on the Rights of the Child (www.ohchr.org/english/bodies/crc/index.htm). The committee is a body of the Office of the UN High Commissioner for Human Rights and monitors the implementation of the Convention on the Rights of the Child by its States parties.

5. Separated and unaccompanied children: An overview

Separated children, including those who are unaccompanied, form one of the most vulnerable groups, often deprived of care and protection. A separated child is one who is separated from both parents or from his or her previous legal or customary caregiver but not necessarily from other relatives, and may

be accompanied by another adult family member. An unaccompanied for child is separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for him or her.

Separation can be accidental (e.g., when fleeing from danger or during a large-scale organized evacuation) or it can be deliberate (e.g., when children are given over to the care of another individual or a centre in the belief that they will have a better chance of survival).

The principle of family unity states that all children have the right to a family, and all families have the right to care for their children. Separated children must be provided with services aimed at reuniting them with their parents or legal or customary caregivers as soon as possible.

The family tracing and reunification process for separated children has four phases, often referred to by the acronym IDTR, for identification, documentation, tracing and reunification.

What to remember

- Organizations must act in the best interest of the child in a way that does not inadvertently encourage family separations.
- All children are entitled to protection and care under a broad range of international, regional and national instruments. Of particular relevance to separated children are:
 - the right to a name, legal identity and birth registration.
 - the right to physical and legal protection.
 - the right not to be separated from their parents.
 - the right to provisions for their basic subsistence.
 - the right to care and assistance appropriate to their age and developmental needs.
 - the right to participate in decisions about their future.

See the 'Inter-agency guiding principles on unaccompanied and separated children', available at http://www.intranet.unicef.org/imu/libweb/hivaid/s/emergency_program.htm and on the Emergency Field Handbook CD-ROM.

See the Emergency Registration Handbook, available on the Emergency Field Handbook CD-ROM.

6. Preventing separation of children

It is possible to prevent children from being separated from their families, even in extreme emergencies. However, separations can be provoked when families entrust their children to organizations hoping that they will get better care and services from them, which means that organizations must act with a view toward protecting children both in the emergency phase and in the long term.

What to do

At the national and local levels at all times prior to and during an emergency situation

- Raise awareness of ways to prevent separation among the government, donors, staff of national and international aid agencies, religious groups and communities, and particularly women, who are often the primary caregivers in emergencies.

Before departure when people are on the move (for example, from camp to camp)

- Encourage partner organizations to make families aware of measures to take to minimize risk of separation. Encourage parents and schoolteachers to teach children their name, address and details of where they come from to facilitate tracing should they become separated. Young children can be taught two words: family name and town.

During movement

- Make sure megaphones are available for agencies and organizations directly involved with the move to encourage parents to keep children with them and to communicate immediately about any lost children.
- If megaphones are not available locally, order them through Supply Division, Copenhagen (Supply Catalogue number 1843000).
- Agencies and organizations directly involved with a population moving on foot should encourage parents to have their children walk in front of them and not behind, where they may get lost.
- Give parents rope or twine to place around their wrists and their children's wrists.
- Register children and parents before leaving or on the spot as they board vehicles; rosters of children and parents should be given to drivers, and staff should be in place at destination to cross-check and reunite children and parents.

To prevent deliberate separation

- Make sure that households have access to basic relief supplies and other services, including health and education.
- Encourage partner organizations to identify vulnerable families (such as single parents with large numbers of children or families with a child with disabilities), and ensure they have access to the support they need.

- Encourage partner organizations to address fears that adults and children might have regarding their safety. Advocate with the government and other partners to ensure appropriate security measures are in place.
- Make sure those who provide emergency care for children apply appropriate screening procedures.

7. Identification, registration and documentation of separated children

The activities in this area are closely related to each other and should be overseen by the government, where appropriate, and carried out by relevant agencies.

- Identification is the process of establishing which children have been separated from their families or other caregivers, and where they may be found.
- Registration is the compiling of key personal data, including full name, date and place of birth, father's and mother's name, former address and present location. This information is collected to establish the identity of the child, for protection and to facilitate tracing.
- Documentation is the process of recording additional information in order to meet the specific needs of the child, including tracing, and to make plans for his or her future. This is a continuation of the registration process and not a separate undertaking.

See the 'Registration form for unaccompanied and separated children' available on the Emergency Field Handbook CD-ROM.

What to do

- Help partner organizations and agencies come to agreement on which forms to use for registration and documentation of separated children. Existing inter-agency forms can be adapted in-country in collaboration with partners. Consistency in forms is extremely important so that valuable information is not lost due to errors, missing information, or confusion about different records.
- Provide forms and other equipment to partner organizations and agencies.
- Organize the immediate identification of all separated children, with particular attention to those who are unaccompanied.
 - Identify and train local interviewers.
 - Talk to people who can help find the children, such as community leaders, teachers, health workers, nurses, social workers, women in the market, etc.
 - Make a list of all possible places children might be found (including churches, hospitals, feeding stations, orphanages, and near market places, schools, temporary shelters, army barracks, prisons, border crossings, in streets or in the homes of family and neighbours).

- Begin looking in the unsafe places first.
- Make sure that all separations are genuine through interviews with the child and members of the community.
- Register separated children as soon as possible.
- If a child's identity is not known, contact the relevant authorities to try to ascertain it. A new identity should be established only as a last resort.
- Keep registration forms and all records of interviews with or near the child (as long as material can remain confidential). The reason for registration is to ensure that information about the child is available to parents and relatives, wherever they are. Yet it is important to ensure this information is not misused.
- In large-scale emergencies, interview younger children first, because they have less well-developed long-term memories and may forget important details over time.
- Register separated parents.

For detailed guidance on interviewing separated children, see [Save the Children, 'Separated Children: Care and Protection of Children in Emergencies'](#), appendices 5 and 6; for a list of basic information needed to document a separated or unaccompanied child, see appendix 4. The document is available on the Emergency Field Handbook CD-ROM or at www.savethechildren.org/publications/SEPARATED_CHILDREN_CONTENTS.pdf.

8. Tracing, identification and reunification

Tracing is the process of searching for family members or primary legal or customary caregivers. It also refers to the search for children whose parents are looking for them.

Once a child has been identified as separated and registered, both active and passive tracing methods should begin immediately. In passive tracing, the records of children and of parents searching for lost children are compared in order to find matches. Active tracing involves investigations to locate a child's family based on all available information.

Verification is the process of establishing the validity of relationships and confirming the willingness of the child and the family member to be reunited. Verification must be carried out for every child.

Reunification is the process of bringing together the child and family or previous caregiver for the purpose of establishing or re-establishing long-term care. Reunification programmes should be implemented in line with the policies of the government and within the legal framework of the country.

A central database should be established, usually by the International Committee of the Red Cross (ICRC), to receive and store data on both

children and parents who have lost children. The ICRC and the national Red Cross and Red Crescent societies have a mandate to trace children across international borders.

ICRC and other organizations working with children at the local level should cooperate in all tracing efforts and agree on common standards for verifying claims and assuring follow-up. UNICEF's role is likely to be one of support or coordination, particularly ensuring that sufficient resources (including experienced NGO personnel) are dedicated to active tracing. In some situations UNICEF may need to take a more active role.

What to do

- Make sure all those engaged in tracing use the same approach, with standardized forms and mutually compatible systems.
- Hang posters with pictures of separated children in common meeting places.
- Circulate information on separated children within their original community.
- Make inquiries in the child's original community: in local government and social institutions, as well as markets and other public places.

What to remember

- Protection of the child is the first priority. In insecure circumstances, if tracing or reunification might endanger the life of the child or family, it may have to be delayed.
- All tracing activities should protect the personal security of the child and family members concerned. When security is a concern, photos may be circulated with only an ID number.
- No action should be taken that may hinder eventual family reunion, such as adoption, name change, or movement of a child far from the likely family location. In most situations, tracing efforts should be allowed to continue for at least two years.
- Tracing efforts should include children who are living with relatives (therefore not 'unaccompanied') but would benefit from organized tracing activities to locate lost parents or others who were their customary or legal caregivers prior to separation.
- Understanding the 'close' relationships and familial responsibility towards children within the local culture is essential: There are marked differences between matrilineal and patrilineal societies. Clan, tribe and caste may be important, and there may also be more than one adult with whom a child could be reunited.
- The child should be kept informed of efforts and progress but should not generally take part in tracing.

- Even if both parents are dead, reunion with siblings, relatives, or family friends should be encouraged.
- All claims for children must be subject to strict verification.

9. Care and protection of separated children

In emergencies, interim care must be provided to separated children until they are reunited with their families, placed in foster care, or other long-term care arrangements have been made. Interim care should be consistent with the aim of family reunification, and should ensure children's protection and well-being.

See 'Inter-agency guiding principles on unaccompanied and separated children' for further guidance on general principles of care for unaccompanied and separated children. The document is available on the Emergency Field Handbook CD-ROM and at http://www.intranet.unicef.org/imu/libweb/hivaid/mergency_program.htm.

What to remember

Emergency care for separated children

- Care arrangements should be made in the best interest of the child.
- For separated children, community-based care, including fostering, is preferable to institutional care, because it provides continuity in socialization and development. Careful attention needs to be given to the selection of appropriate foster families, and the situation of the children in these families needs to be monitored.
- Children not in the care of their parents or customary caregivers may be at heightened risk of abuse and exploitation. The most appropriate caregivers may need extra assistance to assure children's protection and material needs are met. Provision must therefore be made for monitoring and supporting foster families.
- For those children for whom institutional care is the only solution, centres should be small, temporary and organized around the needs of the child. It should be made very clear that the objective of residential care is reunification or placement in the community, and rigorous screening procedures should be in place to ensure only appropriate admissions.
- Removing children from familiar surroundings will increase their distress and can hinder their recovery. Children should not be removed to other countries for any reason other than critical medical care. If this is the case, they should be as close as possible to their home and accompanied by a caregiver known to them. Siblings need to be kept together.
- Children must be informed of the plans being made for them and their views must be taken into consideration.

10. Psychosocial support

In addition to the losses, destruction and violence experienced by all children in emergencies, those separated from their families or those who are orphaned also suffer the sudden loss of their vital support system, often under brutal circumstances. Nearly all children and adolescents who have experienced catastrophic situations will initially display symptoms of psychological distress, including intrusive flashbacks of the stress event, nightmares, withdrawal and inability to concentrate. Child development professionals consider that the key element in promoting the child's recovery is building resilience as well as meeting basic needs. The following are only a few of the steps that can be taken to provide the right psychosocial support in an emergency setting.

What to do

- Reconnect children with family members, friends and neighbours where possible. Help children, family members, friends and neighbours find each other and find out what happened to those who are missing; let them know that efforts are under way. *(See topic 5 for more on separated and unaccompanied children.)*
- Foster social connections and interactions and normalize daily life where possible.
- Understand and respect the culture and religion of the affected population; give material and other support so that grieving and mourning practices can take place.
- Set up child-friendly spaces as soon as possible. *(See topic 12 for more on setting up child-friendly spaces.)*
- Re-establish educational activities, whether temporary or in established structures, as soon as possible.
See the 'Education' chapter for more on setting up temporary learning spaces.
- Assess the need for and provide support to adults caring for children. For example, provide day care or child-focused activities, which allow adults some time to recover and re-energize them so that they can provide the support children need.
- Provide training to those caring or responsible for children so they are comfortable dealing with children's natural distress and recognize children who may need more specialized support.
- Identify referral services for the small number of children and adults who will need professional medical assistance.

What to remember

- Most children and adolescents will regain normal functioning once basic survival needs are met, safety and security have returned and developmental opportunities are restored within the social, family and community context.
- Some children will require more specialized intervention to address their suffering. Immediately after traumatic events, activities such as physical and artistic expression, which allow children to talk about or otherwise express painful experiences can be beneficial if facilitated by people the children know and trust.
- Trauma counselling should never be the point of departure for psychosocial programming. Structured, normalizing, empowering activities within a safe environment will help the majority of children recover over time.
- Trauma counselling should never be provided unless an appropriate and sustained follow-up mechanism is guaranteed. Defence mechanisms exist for a reason, and breaking them down before the child is ready and in a safe physical and emotional environment leaves him/her open and vulnerable to a re-traumatization. There are serious risks associated with trauma counselling carried out by non-professionals.
- Caregivers may also need support. The psychosocial well-being of adults, particularly parents, has a direct impact on that of children, and should thus be addressed through parent-focused, psychosocial interventions.
- Adolescents are a group that is often overlooked. Adolescent participation in activities can usefully contribute to building their resilience and self-esteem and to the care they would in turn provide to younger siblings.

See 'Psychosocial care and protection of tsunami-affected children: Guiding principles', prepared by UNICEF's Child Protection Section. This document is available on the Emergency Field Handbook CD-ROM.

11. Sexual abuse and exploitation of women and children: An overview

Emergency environments increase the vulnerability of girls and women to sexual and gender-based violence (e.g., lack of privacy in refugee camps, poorly located latrines). The goal should be prevention of the abuse, immediate support for survivors and long-term care to promote integration and reduce stigmatization in the communities.

Sexual violence as a form of gender-based violence is not inevitable and must be prevented at all times, including conflict and post-conflict.

What to do

To be prepared

- Make preventing and responding to gender-based violence a priority.
- Advocate for the ratification of protective international law instruments, as required, and raise awareness of international obligations and their implications among the country's officials and UNICEF staff.
- Ensure implementation (including training and reporting mechanisms) of the Secretary-General's bulletin on protection from sexual abuse and exploitation at all levels. The following are the responsibility of each country office management team, particularly the representative; for the UN system at the country level, these are the responsibility of the resident coordinator and heads of agencies:
 - Appoint a focal point and an alternate for sexual exploitation and abuse.
 - Ensure that all staff and local communities are aware of the bulletin and of staff's obligation to report violations.
 - Ensure that clear reporting procedures are in place.
 - Be active in relevant country-level networks to help support a comprehensive UN response.
 - Post copies of the bulletin in a public place and in all UNICEF offices.

See the Secretary-General's Bulletin 'Special Measures for protection from sexual exploitation and abuse' (ST/SGB/2003/13), available on the Emergency Field Handbook CD-ROM and at <http://ochaonline.un.org/DocView.asp?DocID=1083>.

See the 'Human resources' chapter for additional information on training staff.

- Participate in training activities provided by partners such as the Office of the United Nations High Commissioner for Refugees (UNHCR) that address sexual abuse and exploitation and the links to HIV/AIDS.

When responding to people in crisis

- Work with partners, NGOs, local women's rights organizations and national authorities to implement a comprehensive strategic plan for preventing and responding to sexual violence in conflict and post-conflict settings, addressing such factors as:
 - The prevalent problem of women and girls turning to prostitution to survive. It might be necessary to partner with the World Food Programme (WFP) to ensure that women are participating in food-for-work programmes and that food distribution systems reduce the dependency of women toward men (e.g., by having women distribute food to women). Women heads of household should be given access to cash-for-work projects when these are implemented.

- The safety of women and children in camps for refugees and internally displaced persons. This may require support mechanisms for women, including alternative sources of firewood or fuel, and careful attention to camp layout. It also necessitates close collaboration with UNHCR.
- The provision of post-rape care health kits.
See the 'HIV/AIDS' chapter for more information on how to provide post-rape care kits.
- Coordinate with UN agencies and NGO partners to target assistance to the most vulnerable (including women and children involved in prostitution).
- Support national authorities to ensure effective security for women and children, including policing and deterrent measures.
- Promote the effective administration of justice to strengthen accountability by liaising with local women's groups, legal NGOs and national authorities to develop and enforce appropriate legislation.
- Speak out against gender-based violence in emergencies.
- Ensure priority is given to the promotion of gender equality and non-discrimination in humanitarian assistance programmes.

Advocacy

- Advocate with armed group leaders to secure their commitment to greater protection for civilians, including protection of women and children from sexual violence, and mechanisms to monitor and hold violators accountable.
See the 'Child rights monitoring, reporting and advocacy' and the 'Engaging non-state entities' chapters.
- Initiate discussions with peacekeeping forces to:
 - Monitor and report on sexual violence against women and children.
 - Follow the rules and regulations outlined in the Secretary-General's bulletin.
 - Hold accountable soldiers who sexually abuse or exploit children or women.
- Use the media to raise the profile of the issue both to raise funding and mobilize new actors to become involved.
- Local women's groups often have the relevant knowledge about how to best support survivors of rape and may already be reacting to the situation. Supporting the initiatives of these grass-roots organizations would provide the depth, stability and, in some cases, technical expertise necessary to fortify and expand their positive efforts.

12. Creating child-friendly spaces

A child-friendly space consists of a safe space where children can go a few hours a day, to attend pre-school, take part in youth activities, play sports or talk to trained social workers. These hours help children socialize and give relief to overwhelmed caregivers. They establish a routine that contributes to normalization. They can also make it easier to detect children with particular problems and provide assistance to them and their families.

Child-friendly spaces are a way to provide children, adolescents and mothers with a basic package of services, in a secure environment that is family-focused and community-based. Services may include:

- Facilitation of support services (medical, legal and psychosocial) for those who have suffered from sexual and gender-based violence.
- Access to non-formal and formal education and life skills-based education.
- Early childhood care.
- Recreation and participation activities.
- Basic health care, infant feeding and nutritional support.
- Hygiene, water and sanitation services and education activities.
- Mine-awareness activities.

What to do

- Identify a safe place that can be a 'child-friendly space', able to accommodate children, young people and mothers.
- Involve children and young people in the design of the space.
- Make sure people know that the space exists and is there for them.
- Ensure that basic hygiene and nutrition support is available for newborns.
- Within the space, establish registration points for separated children, thus starting the process of tracing their families.
- Establish HIV/AIDS prevention and awareness activities for young people, taking into consideration local culture.
- Encourage children and young people to participate in family and community activities. Consult the parents regularly and encourage them to acknowledge, and sometimes take part in, the activities of their children.
- If applicable, use the space as a base for mine-awareness information.

What to remember

- Child-friendly spaces help safeguard children from recruitment and family separation. However, be aware of the risk of youth activities being used for propaganda purposes.
- Child-friendly spaces can also allow children who have been victims of abuse and violence, including sexual abuse, to receive the care they need to help them overcome their traumatic experiences and regain trust in adults.
- Staff running child-friendly spaces should always seek to foster the creativity of the children and young people, and allow them to have an important say in the design of the space and the type of services provided.
- In the case of camps for internally displaced persons or refugees, it can be important to allow access to the child-friendly space by children from the local community in order to foster understanding and defuse tensions.

13. Children associated with armed forces and groups

The abduction, recruitment and use in any capacity of children under the age of 18 by armed forces and armed groups is unacceptable. According to the Rome Statute of the International Criminal Court, the conscription or enlistment of children under the age of 15 is a war crime. Children should be removed from hostilities at the earliest opportunity and immediately separated from adult soldiers.

It is important to keep in mind that preventing recruitment of children into armed forces and groups and working toward their demobilization depends on factors – many of them extremely sensitive – that vary from context to context.

What to do

- For assistance in approaching prevention of recruitment, negotiation with armed forces or groups and demobilization of children involved with armed forces or groups, or when faced with negotiating the release of specific children, contact the Child Protection Section, New York headquarters.
- Be aware of clues indicating the existence of child recruitment.
- Understand the patterns of recruitment and use of children. This can be achieved, for example, through field visits, exchange of information with partners and focus group discussions with parents. Find out who are the children being recruited, by whom, how, how are they being used and what pressure points can be used on the recruiting group.

Advocacy

- Urge the government to ratify, if it has not done so already, the Optional Protocol to the Convention on the Rights of the Child. The protocol proscribes the direct use in hostilities of anyone under 18 and gives an obligation to the States parties to assist in the reintegration of children who were recruited in violation of the protocol.
- Urge armed groups to make declarations of support for the Optional Protocol and to commit themselves to refrain from recruiting or using children under 18 in hostilities.
- Subject armed groups to continual pressure for the immediate release of all children associated with their forces. The disarmament and reintegration of these children must be an immediate priority.

Monitoring

- Establish monitoring to ensure that recruitment procedures include:
 - Proof of age.
 - Safeguards against violations.
 - Legal standards on minimum age recruitment.
- Use risk mapping to identify groups at risk. This includes identifying areas where fighting is concentrated, which children are most at risk of being recruited, the age of children being recruited and the type of risks they face, as well as the recruiting agents. This should be part of the situation analysis and rapid assessment.
- In natural disaster or other reconstruction settings, closely monitor the involvement of children, and particularly adolescents, in reconstruction efforts to avoid 'creeping recruitment'. Under no circumstances should reconstruction activities facilitate the recruitment or association of children with armed groups.

14. Disarmament, demobilization and reintegration

Children are uniquely vulnerable to military recruitment and manipulation into violence because they are innocent and impressionable. They can easily be forced or enticed to join armed groups. Regardless of how they are recruited, child soldiers are victims, whose participation in conflict bears serious implications for their physical and emotional well-being. They are commonly subject to abuse and most of them witness death, killing and sexual violence. Many participate in killings and most suffer serious long-term psychological consequences.

Although disarmament, demobilization and reintegration programmes are now an integral part of peacekeeping operations, the specific needs of child soldiers have not yet been sufficiently addressed within the overall planning and implementation of these programmes. There is no single model for disarmament, demobilization and reintegration programmes but the following considerations should inform future ones:

- The demobilization of child soldiers should be sought at all times during conflict and special measures should be taken to prevent re-recruitment or reprisal.
- Children who escape, are released or captured from any armed forces or groups, should not be considered or treated as enemy combatants.
- The protection and rehabilitation of children, including their disarmament, demobilization and reintegration, should be part of all peace negotiations and resulting peace agreements.
- Separate and child-specific programmes should be organized for demobilized children; children should not be required to hand in weapons to be eligible for the programme and benefits.
- All children associated with armed forces and groups should be included in programmes. From the start of the process, there should be a clear definition of who is a child and of the criteria for eligibility of children for the programme. Eligibility criteria should be broad enough to ensure that all children associated with fighting forces, including combatants, cooks, porters, messengers, concubines and camp-followers, have access to the programme.
- Reintegration programmes need to take an integrated community approach; interventions that single out former child soldiers may result in them being further stigmatized. In some situations, such as in Mozambique, traditional 'cleansing' ceremonies to facilitate reintegration have proved very effective.
- Monitoring and follow-up of demobilized children are important to ensure successful reintegration and delivery of benefits.
- Local civil society groups, such as elders and religious leaders, play a vital role in negotiations for the release of child soldiers from fighting groups as well in disarmament, demobilization and reintegration processes; they should be provided with more support and resources.
- In the interest of rebuilding a healthy society, the rehabilitation of children must involve the entire community. In post-conflict societies, social communities often lack the necessary social structures and services for the rehabilitation of child soldiers.

- Child protection and rehabilitation is a process that goes beyond disarmament, demobilization and reintegration. Donor support and commitment to longer-term community reintegration is required to prevent recruitment and re-recruitment. Progress for demobilized children must represent a viable alternative to military life.
- Particular attention must be given to the specific needs of girls and their stigmatization, including those heading households, who have been sexually exploited, who are combatants, and who have children. Particular attention must also be given to the special needs of children with disabilities.

15. Landmines: An overview

Within the UN, the UN Mine Action Service (UNMAS) is responsible for ensuring an effective, proactive and coordinated response to landmine contamination in humanitarian emergency situations and in support of peacekeeping operations. At the global level, UNICEF is actively involved in the Inter-Agency Coordination Group for Mine Action (IACG-MA) and is part of the UN Framework for Mine Action Planning and Rapid Response, which facilitates planning for, and the rapid deployment of, appropriate mine action resources in case of a humanitarian or a peacekeeping operation. In addition, UNICEF, together with the International Campaign to Ban Landmines, convenes the international Mine Risk Education Working Group, a global forum for mine risk education practitioners that meet twice a year. At the country level, UNICEF is actively involved in the Mine Action Coordination Centres (MACC). Consistent with the UN Framework for Mine Action and the UNICEF Mine Action Strategy, UNICEF focuses primarily on three mine action areas in emergencies:

- Mine risk education, which aims to make people aware of the threat posed by landmines and promotes the adoption of safer behaviours by at-risk groups.
- Advocacy to stigmatize the use of landmines and promote the ratification and application of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction and the advancement of humanitarian law as it relates to weapons and their effects.
- Assistance and support for children and others injured by landmines and other explosive remnants of war.

The Landmines and Small Arms Team, based in the Office of Emergency Programmes (EMOPS), coordinates and implements UNICEF's mine action strategy, global advocacy, policy guidance and programme support. The team leads in the development of mine risk education tools, standards and training, and works with headquarters divisions and regional and country offices to

incorporate relevant mine action objectives into their work plans. In an emergency, the Landmines and Small Arms Team assists country and regional offices with rapid assessment and threat monitoring, technical guidance and early response.

What to remember

Most mine casualties occur during or immediately following a conflict, when people return home or resume their normal activities. It is therefore crucial to act as quickly as possible in order to minimize the impact of landmines, unexploded ordnance and other explosive remnants of war.

16. Landmines: Coordination

Country offices in areas with significant landmine contamination typically have a landmine focal point. In areas with limited or localized landmine contamination (and at the regional level), the child protection officer (or, occasionally, the communication or emergency officer) typically is responsible for landmine action.

In the case of a UN Mine Action Rapid Response, the Landmines and Small Arms Team ensures that UNICEF second staff as appropriate. When the country office needs specialized staff to implement a more comprehensive mine action response, the team can deploy staff on short notice, either from the team itself or from a roster of consultants. UNICEF also has standby arrangements with other organizations that can provide technical staff on short notice.

For detailed guidance on activating standby arrangements or seconding staff, see the 'Human resources' chapter.

In emergencies, UNICEF may support UNMAS in the national coordination of mine risk education at the country level, including seconding staff to the UN Mine Action Coordination Centre (e.g., mine risk education coordinator, advisor or project manager). The staff usually sits at the UN-MACC or with the Mine Action National Authority. In some cases, the seconded staff also covers the function of project officer for UNICEF and therefore shares time between both functions. In the absence of UNMAS or the United Nations Development Programme (UNDP), UNICEF may accept responsibility as the UN focal point for mine action in any given country. Such arrangements are to be determined by the UN Country Team and coordinated with the IACG. However, experience shows that whenever resources permit it is better to separate the function of mine risk education officer in a MACC (who also acts as the technical adviser to the National Mine Action Authority) from the one of UNICEF project manager. The first one is in charge of national coordination for an entire sector and defends the interest of the national regulatory authority

while the second is more concerned with project development, representing UNICEF among other organizations. One is based in the UN-MACC and reports to the MACC programme manager, while the other is with UNICEF and reports to UNICEF management. The UN-MACC mine risk education officer requires technical skills in the specific field of mine risk education and institutional capacity-building, while the UNICEF project officer requires more management skills with some understanding of the specific sector of activity but also a good knowledge of the organization.

What to do

- When national authorities do not exist or are unable to respond, identify at-risk populations, carry out emergency mine risk education, and support other risk reduction activities.
- Monitor the humanitarian impact of mines and explosive remnants of war and carry out landmine and unexploded ordnance assessment in conjunction with other agencies.
- Develop landmine-injury surveys and surveillance systems (possibly integrated into or in conjunction with other health surveillance systems).
- Develop and implement public information campaigns, risk education and training projects (possibly integrated or mainstreamed into other education or life skills interventions), and community liaison projects.
- Integrate survivor assistance projects into public health and social services programmes.
- Support hazardous-area marking and, in exceptional circumstances, the implementation of quick-response mine clearance and explosive ordnance disposal activities.
- Monitor and evaluate any UN mine risk education programmes and projects.
- Identify landmine-related needs and advocate for them to be addressed in the planning and provision of humanitarian assistance.
- Advise governments of the option to request a UN Inter-Agency Mine Action Assessment, which is intended to establish the nature, extent and potential impact of the mine problem. The assessment is conducted by UNMAS, UNDP and UNICEF, usually in response to a formal request by a government or humanitarian coordinator.

See the IMAS 'Implementation of mine risk education programmes and projects', available at http://www.mineactionstandards.org/IMAS_archive/Amended/IMAS_1220_1.pdf.

17. Mine risk education

Mine risk education ensures that communities are not only aware of the risks from mines and unexploded ordnance, but are encouraged to behave in a way that reduces the risk to people, property and the environment.

Mine risk education also covers community liaison activities and helps communities to share information on the impact of mine and unexploded ordnance contamination. Mine risk education also provides a system which enables individuals and groups to inform mine-clearance authorities on the location and extent of contaminated areas. This can greatly assist activities such as technical survey, marking and fencing.

What to do

- Ensure that the rapid assessment covers the landmine and unexploded ordnance situation and its impact.
See the 'Assessment and monitoring' chapter.
- Ensure that the communication officer, with a little research or technical assistance, develops and tests information, education and communication material (posters, leaflets etc.) focusing on landmines and the danger they represent to civilian populations;
- Ensure that health personnel integrates injuries from landmines, unexploded ordnance and other war-related causes into any public health surveillance systems.
- Ensure that education staff immediately integrates mine risk education activities into the education responses such as the school-in-a-box and back-to-school campaigns.
- In emergencies characterized by conflict and large-scale population movements, focus on communicating basic mine safety messages by using mass-media techniques
- Collect data on the extent of mine and explosive remnants of war contamination and on the related risks and casualties created by the contamination. Data collection may be conducted by UNICEF or by whichever agency is best suited to do so. The information must be disseminated, providing basic safety messages and raising awareness, particularly for those groups most in danger such as refugees, internally displaced persons or civilians returning to areas of past conflict.
- In a post-conflict, transitional environment alter the focus of programming from a public information approach to one far more focused on community-level initiatives, seeking to establish who is most at risk and why, and developing risk reduction coping mechanisms.

- Where and when appropriate, integrate mine risk education activities into other protection and education responses (e.g., child-friendly spaces, primary education, life skills activities, etc.).
- Conduct systematic data collection and analysis, and develop a needs assessment, ideally in conjunction with other mine action implementing organizations.
- Identify, analyze and prioritize the local mine and unexploded ordnance risks in order to assess the capacities and vulnerabilities of the communities, and to evaluate the options for conducting mine risk education.
- Implement mine risk education through three key activities: public information dissemination, education and training, and community mine action liaison. In an emergency, mine risk education projects are likely to focus on the first of these, i.e., public information dissemination through the mass media and other appropriate communication channels.
- Develop a clear communication strategy.
- Develop a monitoring plan.
- Develop an evaluation plan.

What to remember

- A mine risk education programme seeks to ensure that children:
 - Know where they might encounter mines in areas where they live.
 - Avoid entering hazardous terrain.
 - Recognize clues that indicate the possible presence of mines.
 - Know what to do if a mine is spotted and who to inform about it.
 - Know how to behave if they suspect they have entered a minefield.
 - Know what to do if someone is injured by a mine.
 - Can distinguish between different types of mines likely to be found.
 - Never touch a mine or unexploded ordnance, or throw things at it.
 - Know ways of sharing mine information with others.
- The best mine education for children is organized and implemented with the community, including the participation of children themselves.

For detailed guidance on strategies and messages of effective mine education campaigns, see 'International Guidelines for Landmine and Unexploded Ordnance Awareness Education' (United Nations). This document is available on the Emergency Field Handbook CD-ROM and at http://www.unicef.org/emerg/files/Mine_Awareness_Guidelines_1999.pdf.

5.4 EDUCATION

This chapter of the *Emergency Field Handbook* is a guide on how to implement the education component of the Core Commitments for Children in Emergencies. The areas covered include guidance on emergency child development programmes for the youngest children as well as on creating temporary learning spaces, ensuring the continuation of schooling by rehabilitating schools, reintroducing curricula and training teachers and teachers' aides. There are outlines of the contents and use of education and recreation kits, information on assessing and ordering the quantities needed, and tips for organizing non-formal education and recreation and ensuring that children learn in child-friendly spaces with adequate facilities.

Core Commitments for Children in Emergencies: Education

To promote access to quality early learning and education for all children in affected communities, with a specific focus on girls, UNICEF, in collaboration with partners, will:

First six to eight weeks

1. Set up temporary learning spaces with minimal infrastructure.
See topics 7 and 21
2. Resume schooling by reopening schools and starting the reintegration of teachers and children by providing teaching and learning materials and organizing semi-structured recreational activities.
See topics 9–16

Beyond initial response

3. Re-establish and/or sustain primary education. Provide education and recreation kits and basic learning materials and teacher training.
See topics 9–16
4. Promote the resumption of quality educational activities in literacy, numeracy and life skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene.
See topics 19 and 20
5. Establish community services around schools (such as water supply and sanitation), where appropriate.
See topic 17

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1. Priority action checklist

What to do

- Carry out a rapid assessment of education facilities and personnel.
- If necessary, locate sites for schools for refugees or internally displaced persons and procure emergency construction materials.
 - Involve the community in clearing sites and construction, using cost-efficient and locally available materials as much as possible.
 - Consider adding temporary classrooms onto existing schools, including tents (two sizes) or even simple tarpaulins for weather protection. These can be obtained from the Office of the United Nations High Commissioner for Refugees (UNHCR) if not available elsewhere.
 - Assess stockpile capacity of tented schools.
- Set up a system to distribute textbooks, teachers' guides and other materials.
- Upgrade the supervisory and evaluation network at camp or community level.
- Reintroduce formal curricula as appropriate.
- For refugees who will be repatriated and for internally displaced persons, negotiate for studies undertaken while in asylum to be recognized in the country or area of origin or by the local authorities, so that they are taken into account when repatriation takes place. A similar effort should be undertaken for refugees who will be integrated into the host country (education for integration versus education for repatriation).

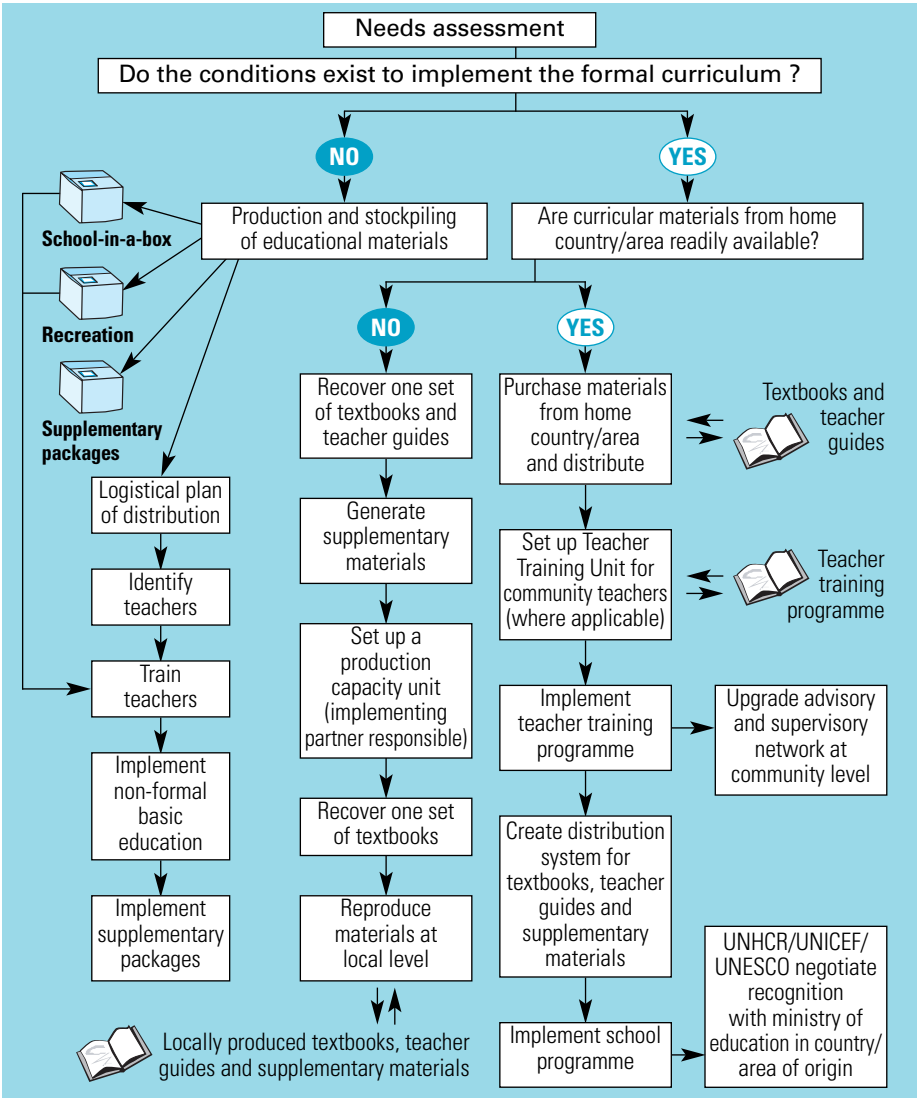
2. Rapid assessment

A rapid assessment should be made as soon as possible in an emergency. A rapid assessment matrix is available for reference on the *Emergency Field Handbook* CD-ROM. Additional tools can be found on the Evaluation and Emergencies portals of the UNICEF Intranet.

For a list of questions to ask during the rapid assessment to be conducted in the first 48–72 hours, see 'The initial assessment' chapter.

For detailed guidance on implementing and managing a rapid assessment, see the 'Assessment and monitoring' chapter.

Diagram 25: Overview of emergency education intervention



3. Education in emergencies: An overview

Schools can provide a safe and protective environment for children. In emergencies, schooling is a means of restoring a sense of normalcy to the lives of children and can help them overcome psychological and other forms of distress. In emergencies, UNICEF is committed to getting all children – with a special focus on girls – back to school.

Experience shows that providing education in emergencies should happen in three phases:

- First phase: recreational/preparatory.
- Second phase: non-formal schooling.
- Third phase: reintroduction of the curriculum.

The first and second phases are often combined. Emergency response in the first days and weeks emphasizes non-formal approaches, with a flexible use of space, time and materials suited to communities in unstable situations. UNICEF then focuses on reopening of schools or learning environments, getting children back to school and rehabilitating the collapsing infrastructure of the educational system. The third phase covers activities geared towards stabilizing educational performance.

Planning should provide for reintegration of emergency educational activities into the normal national education system and, in the case of refugees, establish links with the educational authorities in the country of origin.

What to remember

- UNICEF encourages instruction in children's own language if at all possible.
- Diagram 25 shows how decisions regarding education programmes might be made in emergency circumstances.

4. UNICEF's role and partners

UNICEF's contribution to emergency education work consists of:

- Providing basic educational equipment and materials.
- Mobilizing communities to establish basic education services.
- Promoting recreational and play opportunities and providing recreational materials.
- Providing technical assistance to government education departments.
- Negotiating with government partners to reach agreements on curricula, adding key life skills.
- Organizing communication campaigns and training sessions.
- Monitoring activities.

- Coordinating with national authorities, UN agencies, non-governmental organizations (NGOs) and community-based organizations.
- Coordinating the development of an overall strategy for the emergency response. Emergency education activities must, wherever possible, be conducted in partnership with local authorities.

In addition to local authorities, UNICEF works in close collaboration with a number of UN agencies and with non-governmental partners, community-based organizations or private contractors to help rehabilitate the educational system, schools and classrooms, mobilize communities and provide training opportunities for teachers, paraprofessionals and community members.

Major partners in emergency education work are children and young people themselves. They can sometimes be the best partners and provide direction and purpose.

5. Monitoring emergency education activities

UNICEF, in conjunction with the government, is typically responsible for monitoring educational activities being carried out by various government and NGO implementing partners.

What to do

- Work with partners to develop simple mechanisms for collecting and updating data on children in and out of school, teachers and other resources that can contribute to the re-establishment and further development of primary education. The rapid assessment for learning spaces could be used for monitoring activities, tracking such benchmarks as:
 - Institutions and organizations (including NGOs) that could contribute.
 - Educational programmes (both formal and non-formal) in place prior to the emergency.
 - Instructional material available.
 - Existing physical facilities that could be used for schooling.
 - Facilities to support staff training, curriculum and materials development.
 - Mass media, including radio and press, for use in non-formal approaches.
- Once activities have begun, use monitoring indicators such as:
 - Teacher-pupil ratio.
 - Number of schools or learning environments and spaces.
 - Number of teachers and paraprofessionals trained (by gender).
 - Number of children in a learning environment or school (by gender and age).
 - Number of school-in-a-box kits distributed.

- Number of recreation kits distributed.
 - Number of tents used as temporary learning spaces.
 - Number of schools or learning environments with school feeding.
 - An indicator to measure 'leading agency role'.
 - Classroom climate, to measure quality of educational activities in complex emergencies. This variable has been demonstrated to be far more relevant than such variables as the physical condition of the school, the type of classroom used (multi-classrooms or normal classrooms), etc.
- Soon after classes are up and running, work with partners to review how programme interventions are progressing and to identify areas for improvement.

See 'Rapid assessment for learning spaces' for comprehensive information. This document is available on the Emergency Field Handbook CD-ROM.

What to remember

- Normal criteria for monitoring progress may not apply in an emergency. Class sizes may be exceptionally large and lessons may not be given in a traditional school environment, but children will, in fact, learn.
- Monitoring is important for both the quality of education and for building community cohesion around the education process.
- Monitoring plans should take into consideration all programme components, including supply, rehabilitation and reconstruction of learning spaces, and teacher training. They should also involve and address all administrative levels (from the central ministry of education down through the provincial, district and local levels).
- Monitoring of emergency education activities should eventually become part of the overall country programme integrated monitoring and evaluation plan to:
 - Establish progress in the sector against set benchmarks and targets.
 - Help plan subsequent phases.
 - Identify unmet and additional requirements.
 - Rationalize use of resources.
 - Monitor progress in cross-sectoral issues.
 - Compile 'lessons learned' and make them available for subsequent projects.
- Monitoring should be conducted by national government or local authorities, UNICEF and partners (or a group selected by the wider partnership) to ensure the reliability of the data collected.

6. Early childhood development kits

Play activities can open the door to improved psychosocial well-being and a return to normalcy for children. UNICEF's early childhood development kit has been developed to help caregivers work with pre-school age children. The kit contains materials aimed at ages 0–3 and 3–6, and utilizes play, story telling and art activities to develop communication, motor skills, cooperation and social skills with an emphasis on helping children and their caregivers in crisis situations and in the transition to normalcy. This kit is based on UNICEF's experiences in the field and is being field-tested in 2005.

The kit is complemented by a guideline for caregivers, which outlines how play can form the foundation for learning. It suggests activities that can be adapted locally, with advice on how to make an environment suitable for playing in, how to create a daily routine, how to use locally available materials to make toys and how to work with children exposed to trauma.

What to do

- Ensure a suitable environment for learning activities. (*See topic 7 for information on what makes a suitable learning environment.*)
- Contact the Early Childhood Development Unit, Programme Division, New York headquarters, for information on obtaining the early childhood development kit.
- Assess the appropriateness of specific materials for the local context, including books, dolls and games.
- Plan how and where to use the early childhood development kit and ensure that it is used in a safe and child-friendly space.
- Estimate the number of kits needed. Some or all materials may be procured locally.
- Before supplying the kit, provide orientation to the facilitators, caregivers, childcare teachers and volunteers on how to use the early childhood development kit.
- Establish a routine to make early childhood development activities a normal part of life.
- Adapt activities to local customs.
- Supplement kits with locally produced toys, dolls, pictures, books, games and stories that can be used as a medium for children to share their experiences.

What to remember

- Be sensitive to the fact that children, parents and caregivers may be suffering from trauma. The concrete actions involved in developing and participating in an early childhood development programme may help establish normalcy and aid in the recovery of both children and caregivers.
- Use assessment, monitoring and evaluation forms drafted to assess the utility of the early childhood development kit for feedback.

See 'Parenting education toolkit: Working with families to support young children' for guidance on working with families affected by emergencies. It is available on the Emergency Field Handbook CD-ROM and also on the UNICEF Intranet at http://www.intranet.unicef.org/IMU/libweb/parenting_cd/index2.htm.

See the Technical notes, chapter 9, for additional information on early childhood development and protection. The Technical notes are available on the UNICEF Intranet at <http://www.intranet.unicef.org/technotes/>.

7. Temporary learning spaces

What to do

- Select safe, secure sites for the establishment of temporary classes. A site should have shade and protection against wind, rain and dust, and be located away from stagnant water, very loud areas, main roads and distribution points.
- Use prefabricated tents, poles and plastic sheeting if necessary. Tents should be available in stockpiles and will provide adequate temporary shelter against the weather when the improvisation of other shelters is not feasible.
- Promote alternative classroom models where classrooms are without desks and students sit in a circle.

What to remember

- Any space can be a learning space. Think out of the box when considering possible temporary learning spaces.
- Experience shows that only the minimum necessary time, effort and resources should be committed to temporary emergency learning spaces. Semi-permanent reconstruction should be promoted as soon as possible. Maximum use should be made of materials that can be rescued from damaged buildings.
- Site planning in camps for refugees and internally displaced persons is essential and should reflect a decentralized small-community approach, preserving past social arrangements as much as possible.

8. Rehabilitating schools

Although UNICEF does not usually become directly involved in large-scale construction, it often facilitates discussions with agencies and local contractors that undertake this type of support. UNICEF has a role in providing technical support in standard-setting to ensure that construction is child-friendly. In some cases UNICEF has taken on a major role (e.g., in Afghanistan and tsunami-affected countries) in reconstruction and rehabilitation. In such cases it is essential to partner with a solid organization that has the necessary skills (e.g., the UN Office for Project Services, private sector, etc.).

What to do

- Facilitate discussions between government agencies and local counterparts on ways to begin reconstruction.
- Provide materials and tools to enable essential preliminary repairs to school premises. Many items are typically available locally, such as hammers, wheelbarrows and sometimes generators, and UNICEF can provide funding to procure them.
- Focus on the replacement of furniture and basic equipment from local sources. Where local procurement is not possible, offshore procurement is an option.

What to remember

- Rehabilitation of learning spaces must be conducted with implementing partners, including members of the local community.
- UNICEF should advocate to encourage the supportive involvement of local authorities in rehabilitation efforts.

9. Reintegrating teachers: An overview

In emergencies, qualified teachers are often unavailable, unready, or themselves suffering from the physical and psychological effects of the crisis. Often, additional teachers need to be rapidly recruited among community members present at the emergency site.

What to do

- Estimate the number of teaching staff required.
 - Demographic statistics sources on which to base an estimate include the DevInfo geographic information system and the UN Statistics Division (<http://unstats.un.org/unsd/default.htm>). The 'Back-to-school guidelines' explain the estimate process in detail.
 - There is no formula for calculating the number of teachers required and much will depend on the extent of the crisis, but a rough ratio of 40 students a teacher is considered realistic.

- Work closely with the government to mobilize and reassign available teachers and paraprofessionals according to priority needs.
 - Make sure sufficient numbers of education staff and paraprofessionals, in adequate ethnic and gender balance when possible, are present in each school or learning space.
 - Work with partners to establish a consistent approach to qualifications, incentives, gender parity and selection criteria as they relate to teaching staff.
- In coordination with the ministry of education, determine whether the curriculum, syllabus and teachers' guides are available and appropriate for use.
 - If they are available, assess how to adapt them to the available teaching staff and whether materials on subjects like mine awareness, life skills and HIV/AIDS awareness should be added.
 - If materials are not available, identify teachers or other education professionals (from teacher training colleges, ministry of education, etc.) who could develop a temporary curriculum, syllabus and guides.
- Mobilize trained teachers as leaders of clusters of paraprofessional teachers, giving special attention to the selection and training of trainers.
- Identify and mobilize community members with previous teaching experience who can play a leading role in teacher preparation.
- If there are large numbers of paraprofessionals, begin with a simple literacy test to help place the right person in the right kind of job.
- Identify and mobilize older children or adolescents with leadership qualities and basic teaching capabilities to assist in teaching younger children.
- Offer monetary or in-kind support incentives to attract teachers to work in adverse conditions and to help recruits meet their own or their families' emergency needs so they can focus on the needs of the children. UNICEF pays daily subsistence allowance to teachers being trained and has an arrangement with the World Food Programme to provide teachers with food for work.
- Establish clear policies with other agencies and NGOs to ensure standardized remuneration rates for workers.

10. Training teachers

Teacher training activities must be organized to prepare professional teachers and new paraprofessionals.

What to do

- Provide funding where appropriate to government counterparts, NGOs or other implementing partners for the training of experienced teachers as well as paraprofessionals and for the production of training materials and refresher training for existing education workers.
- Reactivate or design an in-service training programme to support teachers in their work.
 - Conduct regular meetings so teachers can support each other.
 - Address such issues as conflict resolution, alternative classroom organization strategies (such as children working in groups, sitting in a circle rather than in rows, peer support activities), problem-solving approaches, classroom management and gender issues in the learning environment.
 - Work with experienced teachers to develop creative ways of learning in the new conditions.
 - Encourage them to begin searching for ways to involve parents, community members and interested paraprofessionals in children's learning activities.
 - Identify simple mechanisms for a few individuals to serve as 'pedagogical supports' to paraprofessionals. These people would observe classes, provide guidance to paraprofessionals and assist with quality assurance.
 - Because of the costs of institutional teacher training, explore options such as supervised apprenticeships and attachments to master teachers.
- Train community members to act as teachers or facilitators.
 - Design simple pre- and in-service training activities to equip these paraprofessionals with the minimum knowledge and skills required to provide basic education.
 - Use local and international specialists, including local teachers, to develop a teacher training programme and materials package for use with paraprofessionals.
 - Ensure training in the use of school-in-a-box kits if they are to be used.
- Train teachers and paraprofessionals in psychosocial support based on culture- and community-specific ways of dealing with stress and trauma.
 - If children and teachers have been subjected to conflict or other trauma, provide short-term training related to this.

What to remember

- The amount of teacher training required will depend on existing infrastructure and resources.

- The World Food Programme can often be a very supportive partner in providing in-kind food incentives to teachers for their services in an emergency, especially when salaries or funding are interrupted.
- It may be useful to divide paraprofessionals into groups according to levels of expertise. For example, secondary-school graduates may be better able to work with the content of curriculum designed for older children than those who only have a few years of primary education. Those who are not literate may still have a lot to offer in terms of facilities maintenance and management, enrolment records or as teachers' aides, especially if there are likely to be large classes or classes combining children of differing ages and abilities.
- If the emergency appears to be protracted, work with the teachers, particularly the paraprofessionals, and the education authorities to design a longer-term training programme that can have certification attached to it.
- It is important to acknowledge that teachers will have to recognize and address their own trauma and stresses before they are able to be supportive of children.
- Adult leadership and support is very important, especially in the early stages of an emergency, and those selected as teachers should also be mobilized and prepared to play a broader community leadership and support role.

See 'Guidelines for teacher training' in the Technical notes, available on the UNICEF Intranet at <http://www.intranet.unicef.org/technotes/ch03an02.html>.

11. Supplying teaching, learning and recreational materials: An overview

Learning equipment and materials are often destroyed during conflict and natural disasters, and their replacement can be a powerful catalyst to the re-establishment of educational activities. During crises, governments and families are often unable to cover the costs of education. In urgent cases, UNICEF school-in-a-box and recreational kits can be used to fill the gap during the first phase of an emergency, but after the initial response to the emergency they must be replaced or supplemented by locally procured materials relevant to the local curriculum and context.

What to do

- With the community, identify the key supplies essential to restart primary education.

- If supplies are not available locally, provide an initial supply of school-in-a-box and recreational kits, appropriate to the number of children who need them.
- Make sure that kits' instructions are issued in a locally understood language. Encourage translation of materials into the language used by the children who will use them.
- Involve communities, school personnel and local officials in determining how the basic kits should be adapted to local conditions.
- Move from imported or pre-assembled kits to local production or acquisition of learning materials and training guides wherever possible.
 - Involve the community in organizing and establishing learning materials, which can be based on existing textbooks or adapted from materials used in other countries.
 - Involve teachers and local officials in the identification and development of learning materials and guides.

What to remember

- Standards of materials and equipment should, as far as possible, be comparable to what the education system can acquire locally and afford to sustain as emergency assistance is phased out.
- Locally based supplies and materials are designed to be educationally sound and to foster a sense of community through student/family 'ownership'. Students, families and community members involved in the programme should be held responsible for taking care of the materials and ensuring that they are used for their intended purposes.

12. School-in-a-box kits

The school-in-a-box kit is made up of essential learning and teaching materials to be used in places where educational services have been disrupted due to sudden severe situations such as war, civil strife or natural disaster. School-in-a-box kits are standardized and contain the basic minimum materials that can be used in almost all contexts where it is not possible to utilize local curricula and materials.

The box caters to about 80 primary school-age children in a split-shift class situation. There is a teachers' guide that can be adapted or translated to suit the circumstances. The kit covers the literacy and numeracy skills that should be developed between the first and fourth grades (approximately) and is designed for a six-month span of learning that then phases into a formal textbook-based curriculum. Teacher training programmes are carried out by a team of national trainers identified by the ministry of education to provide training and orientation on the teachers' guide accompanying the kit, spanning literacy, numeracy and life skills.

Each kit also contains simple guidelines for the care and use of the kits. The replenishment kit contains the 18 consumable items in the school-in-a-box kit. *See the Supply Division portal of the UNICEF Intranet for the exact contents of the school-in-a-box kit.*

Table 26: School-in-a box kits

Description	Supply Catalogue number
School-in-a-box kit	9935020
School-in-a-box replenishment kit	9935021

What to do

- Adapt the content of the teachers' guide to the local context. This typically takes 7–10 days.
- Prepare a translation of the teachers' guide into the language used by the affected children, which can be reproduced and distributed should a crisis arise.

See 'Rapid educational response: Teachers' guide', issued in October 2003 by the Ministry of Education in Liberia and UNICEF, for an example of an English-language teachers' guide. This document is available on the Emergency Field Handbook CD-ROM and can be used as the base for adaptations and translations.

- Work with local education officials and partner organizations to organize a training for teachers and paraprofessional teachers who will use the teachers' guide and school-in-a-box kit. Training typically takes 3–5 days.
- In consultation with the local community, supplement kits with locally relevant materials adapted to suit the local curriculum and conditions as soon as possible.

What to remember

- School-in-a-box kits should be regarded only as a first response in places where local curricula are not available.
- In longer-term situations of instability, locally developed kits often replace those procured from the UNICEF Supply Division, Copenhagen. Locally procured kits should avoid items that cannot be replaced with locally obtainable materials.
- The teachers' guide has been translated into French, Arabic, Portuguese and some local languages.

See the UNICEF Intranet, Education portal, for the translated teachers' guides. Note that translations are not official and should be reviewed and adapted according to local language and circumstances.

- Before receiving the kit, teachers must be trained in its use.
- Budget for, and allow time to obtain, replacements for educational materials, books and locally supplemented materials and equipment, bearing in mind the kit's estimated span of use (average of 4–6 months).
- The site of the schools may be moved frequently in the middle of the school programme, so it is imperative to keep the materials safely in their box.

13. Recreation kits

Recreation kits help children and adolescents rebuild their world and community, providing them with semi-structured recreational activities, assisting them to recover their psychosocial well-being and encouraging self-expression. Children often make their own toys and equipment for games, and the kits should be used to supplement rather than replace these.

The basic kit consists of a resource box of sports and other recreational items for approximately 80–160 children. Two to four instructors usually work with a group of 40 children at a time. Kits contain 14 teachers' items and 10 students' items, packed in a metal box. These kits are designed for school-age children; for younger children, the early childhood development kit is more appropriate. (See *topic 6* for more information on the early childhood development kit.)

Description	Supply Catalogue number
Recreation kit	9935025

What to do

- Adapt the kit to local variations and customs (songs, folklore, dances, story telling, etc.) A standard kit, including an instructors' guide, can be adapted to the local culture in about four weeks. This is done at a local level by the education project officer and counterparts, such as the government and groups using the kit.
- Translate the instructors' guide into the agreed language. Note that as of publication of the *Emergency Field Handbook*, the instructors' guide is available only in French. UNICEF encourages translation of materials into the language commonly used by the affected children.

See the Education portal of the UNICEF Intranet or the Emergency Field Handbook CD-ROM for the instructors' guide.

What to remember

- Recreation kits were developed to ensure the quick delivery of basic learning materials in a rapid-response situation and should be regarded as a first response only.

- Before receiving the kit, teachers must be trained in its use. Training for the use of the kit is designed to be a practical presentation of the instructors' guide and is not exhaustive. Creativity and imagination are part of the training process. The duration of the training should be at least one day.

14. Ordering school-in-a-box and recreation kits

School-in-a-box and recreation kits are included in the emergency items that Supply Division has committed to provide within 48 hours of ordering.

What to do

- Estimate the number of kits needed. (See topics 12 and 13.)
- Place an order through Supply Division, Copenhagen.

See the 'Supply and logistics' chapter for details on fast-track ways for ordering emergency supplies.

15. Reintroducing the curriculum

In many emergencies, curriculum documentation and accompanying materials are lost. In conflict or post-conflict situations, the existing curriculum may have large sections that are no longer acceptable or relevant. This frequently creates the need for rapid development of new curriculum materials appropriate to local needs. In reintroducing the curriculum, UNICEF works with the local ministry of education and provides guidance in cases where a curriculum is seen to promote an attitude of conflict.

What to do

Before an emergency strikes

- Safeguard copies of school and teacher training curricula, identify alternative sources of learning materials and keep a set of textbooks.
- Develop an inventory of available stocks of educational materials, supplies and human resources.

In an emergency situation

- Working with the ministry of education, determine whether the curriculum, syllabus and teachers' guides are available and appropriate for use.
- Determine adaptations needed to meet the current circumstances. If necessary, simplify the curriculum to meet paraprofessionals' skills. Add new components to cover critical learning needs not covered in existing curricula: grief and psychosocial stress, mine awareness, health and

healthy lifestyles awareness (e.g., hygiene, HIV/AIDS prevention and protection), peace education and conflict resolution.

- If necessary, translate the curriculum.
- If curricular materials are not readily available, recover a set of textbooks and teachers' guides. If it is not possible to purchase them from the ministry of education, look within the local community, among teachers, parents or women's groups.
- If the original teacher training materials cannot be found, develop a temporary curriculum. Identify teachers and others (for example from teacher training colleges, universities, ministry of education) who could do the necessary professional work to develop a temporary curriculum, syllabus and teachers' guides.
- Where education facilities are provided by different organizations, make sure a standardized curriculum is in place, in line with the national recommendations of the country and adapted to the skills and knowledge of education staff.

What to remember

- There may be a need to revise the contents of textbooks and teachers' guides, leaving out politically sensitive contents or illustrations that may not be acceptable to the educational authorities in the country of asylum (e.g., maps) or to the refugees themselves. The same applies to internally displaced communities. Often refugees and other emergency-affected persons are excellent advisers on this.
- Curriculum development is a highly political and therefore consultative process. A guiding principle should be to build on what is available and familiar to teachers, students and communities.
- Efforts should be taken to ensure that the new curriculum does not play a role in entrenching attitudes and promoting conflict. This means that care should be taken with the tone of the translation of a curriculum.

16. Setting up a low-cost production unit for the reproduction of educational materials

In some circumstances, the reproduction of educational materials such as textbooks, brochures, leaflets and teacher training materials could be handled by a low-cost production unit. While this approach may not be cost-effective, it should be considered when local printing capacity is not available yet printed materials are essential for the implementation of the response, i.e., in camps for refugees and internally displaced persons. UNICEF will provide technical and financial support to partners.

What to do

- Procure the following equipment either locally or through offshore procurement, and identify the following personnel:
 - Copy-printer with a capacity of 120 pages per minute.
 - Computer, scanner and printer to handle desktop editing.
 - Paper, ink cartridges and other supplies for the above.
 - Small reliable photocopier.
 - Generator (5–8 kilo volt amps).
 - A production manager, a machine operator, a graphic designer and a secretary with appropriate language skills.

What to remember

- The production unit can also be used for the production of materials relating to health campaigns, nutrition, water and sanitation, and hygiene. All education programmes will require some materials production capacity of this kind.
- The firm that sells the equipment usually provides training for operating it.
- Supply Division, Copenhagen, can provide up-to-date equipment cost estimates.
- Those with special expertise in devising simple, cheap, 'home-made' teaching materials can be identified. Incredible things can be made with local know-how.

17. Establishing community services around schools

See the 'Water, sanitation and hygiene' chapter for information on water and sanitation supplies for community services.

See the 'Child protection' chapter for more information on child-friendly spaces.

18. Organizing semi-structured recreational activities and non-formal education

In many emergencies, around 45 per cent of the population are children and adolescents, and the majority have experienced trauma that severely affects their physical and psychosocial well-being. Helping children understand and express their traumatic experiences in the ways they feel most comfortable with is a fundamental principle of successful programmes for children in difficult circumstances. Recreational and educational activities are crucial in alleviating stress and raising self-esteem. The first stage is to organize semi-structured recreational activities. Recreational activities for pre-school-age

children require a format that allows more small group and individual play than team sports, which are not understood by younger children. The early childhood development kit provides guidance on how to organize activities for younger children.

What to do

- Encourage and provide recreational facilities. Musical groups, dance ensembles, art festivals, sports competitions, football games and group outings are immensely popular and can be organized by teachers and community workers.
- Encourage involvement of humanitarian agencies and other implementing partners in non-formal education, i.e., basic literacy, numeracy and life skills-based education not necessarily recognized by diplomas and certificates.

What to remember

- Recreation and play are part of the educational process and are necessary for effective learning. It is vital in emergency situations to establish safe play areas where children can interact with their peers.
- UNICEF should encourage partners to train teachers to convey cooperation, conflict resolution and reconciliation skills; as well as messages relating to health, the environment and the risks posed by mines and HIV/AIDS.

19. Resuming quality educational activities in literacy, numeracy and life skills

Education for literacy, numeracy and life skills-based learning can improve cognitive abilities and prevent the development of a cycle of destruction. Efforts focus on basic literacy and numeracy, together with drama, sports, recreation, music and art activities, and serve as a catalyst for psychosocial healing. Life skills-based education is focused on developing general competencies that help people make major decisions on issues such as health and sanitation, HIV/AIDS and conflict. UNICEF's work in this area typically involves partners including central and local government and NGOs. Some life skills areas are covered in the teachers' guide to the school-in-a-box kit.

What to do

- Centre activities around a protected space and a curriculum designed for psychosocial healing, emphasizing basic literacy and numeracy, sports and recreation, music and art activities.

- Ensure that supplies are traced from storage areas to the classroom and that school-in-a-box supplies are properly allocated. Carry out spot checks.
- Match the content of activities to local needs and conditions. For example, health promotion should consider the relevant health issues in a community, such as the leading causes of morbidity and mortality in children.
- Do not limit life skills based education to schoolchildren. Adolescents who are not in school – and who are often already married, facing recruitment and working – are also prime candidates.
- Use local languages in education activities. This enables full participation by learners.
- Arrange in-school feeding. Beyond its nutritional benefits, it is useful in enabling children to remain in the learning environment.

What to remember

- A caring and protective environment is essential. The learning environment must be gender-sensitive, healthy, safe and protective, and need not be a school building.
- Teachers must be prepared to work with learners who may be experiencing trauma.
- Facilitators for life skills-based education activities do not have to be teachers. Selection should be based on their meeting certain criteria: open-mindedness, sensitivity to gender and race issues, and the ability to interact well. Peer educators can make good facilitators.
- Life skills-based education facilitators can be identified through local youth groups and organizations.
- Life skills-based education can be activity-oriented, so learners do not have to be literate, and can involve role play and games, brainstorming and discussion.
- Traditional modes of conflict resolution can be usefully integrated.

A number of countries have developed kits to support educational activities in emergencies, including Liberia, Rwanda, Somalia, Sri Lanka and Sudan. See the Emergency Field Handbook CD-ROM for a copy of the UNICEF/Ministry of Education Liberia 'Rapid educational response: Teachers' guide', 2003, which provides practical guidance on teaching numeracy and literacy to beginners and non-beginners, notes on trauma healing, creative activities, peace education and mediation.

20. Educating for mine awareness

UNICEF is the UN focal point for coordinating mine risk education. UNICEF must therefore work in a dual capacity: Coordinate with the government and other actors at the national level and be responsible for specific mine risk education programmes led or sponsored by the organization itself. If assessments show mines and unexploded ordnance to be a risk in an emergency-affected area, UNICEF's emergency education programmes should include a mine risk component.

What to do

- With mine risk experts, such as the Mine Action Committee and the military, identify the key mine and unexploded ordnance threats to the population, especially children.
- Develop simple education and awareness materials.
- Assist partners in training teachers and paraprofessionals to teach children how to behave in order to avoid being killed or injured.

See the 'Child protection' chapter for more information on UNICEF's role in mine risk education in emergencies.

21. Child-friendly spaces

A child-friendly space is a place where children, mothers, caregivers and pregnant women caught up in instability can feel safe and protected. It is an integrated approach to guarantee children's rights to survival, development, participation and protection by providing basic social services in unstable situations. The approach is based on providing a safe space and caring environment where children can engage in structured recreational and educational activities and benefit from access to basic health and nutrition services.

Education is the core element in making child-friendly spaces work. Educational interventions include literacy, numeracy and life skills complemented by play, sport and socio-recreational activities to meet the needs of traumatized children. Pre-school-age children also benefit from opportunities to play and learn in a stable environment.

See the 'Child protection' chapter for practical guidelines for organizing child-friendly spaces.

5.5 HIV/AIDS

This chapter of the *Emergency Field Handbook* is a guide on how to implement the HIV/AIDS component of the Core Commitments for Children in Emergencies. The areas covered include practical guidance on the basic health services for post-rape care, as well as key initial steps for training health professionals expected to provide post-rape care and voluntary and confidential counselling and testing. Essential tips and action steps are provided on how to inform young people and adolescents in emergencies of the ABCs of prevention (Abstinence, Being faithful and using Condoms correctly and consistently) and help them obtain health and counselling services. Lists of key supplies and the process for ordering them are provided.

Core Commitments for Children in Emergencies: HIV/AIDS

Taking into account the increased risk of HIV/AIDS infection in humanitarian situations, UNICEF, in collaboration with partners, will:

First six to eight weeks

1. Provide post-rape care kits, including post-exposure prophylaxis for HIV where appropriate, to health centres.

See topics 7–17

Beyond initial response

To promote access to information and basic care on HIV/AIDS for affected communities, especially children, young people and women, UNICEF, in collaboration with all relevant partners, will:

2. Inform young people about HIV transmission and prevention using the three primary prevention methods: Abstinence, Being faithful and using Condoms correctly and consistently. Inform young people on where to access basic health and counselling services and collaborate with partners to facilitate young people's access to comprehensive HIV prevention services, including treatment for sexually transmitted infections.

See topics 18–22

3. Provide health-care workers with training on post-rape health and psychosocial care.

See topic 6

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1. Priority action checklist

- Do a rapid assessment.
- Refer to HIV/AIDS preparedness plan, which should have been developed as part of the country office's overall emergency preparedness response planning.
- Assess in-country capacity for coordination of HIV/AIDS emergency programme response.
- Check on status of existing health infrastructure and services; identify health facilities through which UNICEF and its partners can provide post-rape care kits and HIV post-exposure prophylaxis (PEP).
- Verify stock of post-rape care kits, PEP drugs and rapid HIV test kits and order if necessary.
- Set up training for health staff on post-rape care and PEP.
- Ensure that voluntary confidential counselling and testing are made available where post-rape care kits and PEP are provided.
- Identify key partners for reaching young people and adolescents and involve them in participatory discussions about HIV prevention.
- During these discussions and through other information methods, provide young people with information on where they can find treatment for sexually transmitted infections, post-rape care and comprehensive HIV/AIDS prevention services.

2. Rapid assessment

A rapid assessment should be done as soon as possible in an emergency. A rapid assessment matrix has been developed and is available for reference on the Emergency Field Handbook CD-ROM. Additional rapid assessment tools are available on the Evaluation and Emergencies portals of the UNICEF Intranet.

For a list of questions to ask during the initial rapid assessment to be conducted in the first 48–72 hours, see 'The initial assessment' chapter.

For detailed guidance on implementing and managing a rapid assessment, see 'Assessment and monitoring' chapter.

3. HIV/AIDS in emergencies: An overview

The link between emergencies and HIV/AIDS is complex. Emergency situations do not automatically lead to increased risk of HIV. In some circumstances, they may make people more vulnerable to HIV infection;

in others, they can 'protect' them from infection, for example by limiting mobility and hampering contact with high-risk groups. Factors to consider:

- Rape may be used as a weapon of war and can accelerate the transmission of HIV, particularly in areas with high levels of HIV infection.
- Stress resulting from conflict and displacement can lead to high-risk sexual behaviour.
- Severe impoverishment, powerlessness and starvation may drive women, girls and boys to exchange sex for survival.
- Access to health services can be interrupted by fighting, blocking or mining of roads, breaks in supplies, and evacuation or flight of health-care staff.
- In places where prevention of mother-to-child transmission of HIV (PMTCT) services are available, HIV-positive mothers may no longer be able to reach them. Primary caretakers of people with HIV/AIDS may be killed, injured or separated from the people they are caring for.

Whether the upheaval results in increased numbers of infections depends on such factors as populations with different levels of infection becoming mixed, or rape and sexual exploitation being superimposed on areas with already high levels of HIV transmission.

For more on the rationale for HIV/AIDS interventions during emergencies, see 'Guidelines for HIV/AIDS interventions in emergency settings' issued by the Inter-Agency Standing Committee (IASC), of which UNICEF is a member. The guidelines are available on the Emergency Field Handbook CD-ROM or at www.aidsandemergencies.org. IASC is also developing training modules for policy makers and humanitarian workers. Contact the UNICEF HIV/AIDS in emergencies focal point at New York headquarters for details.

4. UNICEF's role and partners

UNICEF mainly provides HIV prevention and treatment services through a wide network of partners, including governments, other UN agencies and local and international non-governmental organizations (NGOs). At times, UNICEF provides certain services directly.

UNICEF's direct contribution to HIV/AIDS prevention often includes providing supplies, financial support and training, and collaborating with governments and partners to develop guidelines and protocols and assist in implementing them.

UNICEF's government or NGO partners typically provide post-rape care and PEP and carry out public health education activities.

5. Assisting health services

To provide post-rape care and PEP through health-care centres, it is necessary to have a health network in place. This could consist of existing public health facilities, if they are still running, or UNICEF- or NGO-supported clinics set up in camps or mobile clinics.

See the 'Health and nutrition' chapter for details on types and numbers of health centres that are typically needed for a given population, and how UNICEF assists health centres and the health system in emergencies.

What to do

- Verify whether health centres are operational and qualified staff available. This information should have been collected as part of the rapid assessment.
- Provide necessary support to existing services.
- If necessary, create temporary clinics or health services with relevant partners, national or local health departments, other UN agencies, or NGOs.

6. Training staff in post-rape care and post-exposure prophylaxis

Post-rape care and PEP must be provided by health workers who have been trained in care and counselling services. While most staff with international medical NGOs have already been trained, personnel in national clinics and anyone else who may need it can attend a five-day training course called 'Caring for Survivors'. The course is open to health-care personnel, NGOs and UN agencies, community-based organizations catering to women and young people, law enforcement officials and lawyers.

The programme covers administration of post-rape care, including PEP. It includes background information on sexual violence and covers techniques for interviewing and building a supportive environment for survivors of sexual violence, encouraging them to seek medical care and gathering forensic evidence for possible criminal prosecution. The training also helps develop skills in how to be 'youth friendly', how to ensure confidentiality and how to talk with adolescents about their sexual health. Participants gain a better understanding of many complex topics, including:

- The emotional, psychological and physical consequences of trauma on individuals and communities.
- How to interview survivors of sexual violence using therapeutic principles while gathering medically and legally relevant information about their assault.
- How to provide holistic support to survivors of sexual violence in the midst of ongoing war and chaos.

'UNICEF training of trainers on gender-based violence: Focusing on sexual exploitation and abuse' is another training module relevant to fulfilling the HIV/AIDS Core Commitments for Children in Emergencies. It covers integrating the prevention of sexual exploitation and abuse into programming as well as basic response to survivors.

See the 'Child protection' chapter of this handbook for more information on prevention of sexual abuse and violence.

What to do

To be prepared

- Before an emergency arises, train health workers on post-rape care, PEP and the provision of adolescent-friendly services. If there is a shortage of skilled health workers, UNICEF should coordinate with local partners to hold training sessions or provide funds for those already trained to provide on-the-job training to other health workers.

For staff training

- Identify any international or national staff who need to be trained in post-rape care and PEP.
- Contact government or NGO counterparts and inquire whether suitable training materials are available locally.
- If training materials are not readily available, obtain them from UNICEF headquarters in New York.
- Contact the Organizational Learning and Development Section in New York and ask that training materials be sent immediately.
- Arrange for a knowledgeable expert to provide one or several training sessions. The trainer could be someone in the area (with UNICEF, the local government, other UN agencies, or an NGO) who has experience in post-rape care and PEP.
- Ensure that relevant supplies are available in advance of training sessions to enable trained staff to practise their skills immediately.

What to remember

- Staff should not administer medications prior to training. Discretion must be used when delivering supplies to areas where staff have not been adequately trained.

7. Post-rape care kits

Post-rape care aims to prevent or mitigate the psychological and physical consequences of rape, such as pregnancy, sexually transmitted infections and tetanus and wound infections. It also seeks to provide counselling and collect forensic evidence.

8. Calculating the quantities of post-rape care kits needed

What to do

- Estimate the size of the emergency-affected population. If possible, use the most recent demographic data from the government, find the data on file in the UNICEF office, or use data from another reliable source. This information should have been collected as part of the rapid assessment.
- Estimate that 2 per cent of the emergency-affected population will access post-rape care in a year unless specific data are available or there is reason to believe that rape incidence is higher. For example, if the emergency-affected population numbers 10,000 people, about 200 people can be expected to access post-rape care over the course of a year. Since each post-rape care kit can treat 50 patients, at least four post-rape care kits are needed.
- Adjust calculations accordingly if rape incidence is higher, as evidenced by formal data, anecdotal evidence or other data emerging from health centres and other sources.
- Allow for about a three-month buffer stock.
- Monitor levels of consumption and use these as a basis for future orders.

9. Ordering post-rape care supplies

Post-rape care supplies can be ordered from Supply Division in Copenhagen as separate components or through the United Nations Population Fund (UNFPA) in kits.

What to do

- Order kit components separately from Copenhagen.
For any questions, contact:
Technical Officer (Pharmaceuticals)
UNICEF Supply Division
UNICEF Plads, Freeport
DK-2100, Denmark
Telephone: +45-3527-3098
Facsimile: +45-3526-9421

- Order the required number of post-rape care kits through the following UNFPA office:
UNFPA Procurement Services Section
220 East 42nd Street
New York, NY 10017, USA
Tel: +1-212-297-5392
Fax: +1-212-297-4916
E-mail: myint@unfpa.org

What to remember

- It is essential to stock supplies in advance in order to respond quickly to an emergency. As a rule of thumb, aim to stock up to three months' worth of supplies.
- PEP drugs are not included in post-rape care kits. They must be ordered separately, but can be ordered at the same time.
- Orders placed using UNFPA's emergency procedure are supposed to be expedited and delivered within seven days. In case of delay, the UNICEF office should follow up immediately and make alternative plans if necessary. Use of expedited ordering adds 30 per cent, for airfreight charges, to the total cost.
- Orders placed using UNFPA's standard procedure are delivered within 10 to 12 weeks and do not incur the additional airfreight costs.
- For orders of large numbers of post-rape care kits, it is important to check availability with both UNFPA and UNICEF.
- Procurement arrangements, especially for post-rape care kits and PEP, may change with time. Before placing an order, contact Supply Division in Copenhagen for updates.

10. Post-exposure prophylaxis for HIV

PEP is part of post-rape care, although it is not included in post-rape care kits. As a course of treatment with antiretrovirals that can prevent HIV infection after exposure, PEP should be provided to rape survivors in countries or displaced communities where the HIV prevalence rate is over 1 per cent, or when the rape survivor is known to have been attacked by a member of a high-risk group or an HIV-positive person. Final judgement of whether to make PEP available should be based on all available clinical, behavioural and environmental information.

Table 27: PEP treatment regimen for adolescents over 40 kg and adults, including pregnant and lactating women

Treatment	Prescribe	Amount needed for 28-day course of treatment
AZT (Zidovudine) 300 mg tablet (comes in boxes of 60 tablets) plus 3TC (Lamivudine) 150 mg tablet (comes in boxes of 60 tablets) or Combivir (AZT 300 mg + 3TC 150 mg) (comes in boxes of 60 tablets)	1 tablet twice a day plus 1 tablet twice a day or 1 tablet twice a day	56 tablets plus 56 tablets or 56 tablets

Table 28: PEP treatment regimen for children under 40kg

Weight/age	Treatment	Prescribe	Amount needed for 28-day course of treatment
Less than 2 years or 5–9 kg	AZT (Zidovudine) syrup* 10 mg/ml plus 3TC (Lamivudine) syrup* 10 mg/ml	160mg/m ² = 7.5 ml twice a day plus 4 mg/kg = 2.5 ml twice a day	= 420 ml (i.e., 5 bottles of 100 ml or 3 bottles of 200 ml) plus = 140 ml (i.e., 2 bottles of 100 ml or 1 bottle of 200 ml)
10–19 kg	AZT (Zidovudine) 100 mg capsule (comes in bottles of 100 capsules) plus 3TC (Lamivudine) 150 mg tablet	1 capsule three times a day plus 1/2 tablet twice a day	84 capsules plus 28 tablets
20–39 kg	AZT (Zidovudine) 100 mg capsule plus 3TC (Lamivudine) 150 mg tablet	2 capsules twice a day plus 1 tablet twice a day	112 capsules plus 56 tablets

* A bottle of syrup should be discarded if it has been open more than 15 days.

11. Distribution scenarios for post-exposure prophylaxis

When working with partner organizations on the logistics of providing PEP, it is important to have a basic sense of the different distribution scenarios.

Table 29: Distribution scenarios for post-exposure prophylaxis

Scenario	Strategy
Camp for refugees or internally displaced persons. Rape survivors live within the camp and have easy access to the clinic.	Patient is counselled and given PEP for one to seven days, and then asked to come again for medical and psychological follow-up and additional PEP. One week after first treatment and during further follow-up visits, patient could be offered voluntary confidential counselling and testing for HIV (if not already accepted).
Rape survivor lives far from the clinic, but mobility is secure.	Patient is counselled and given one week of PEP and then asked to come back for medical and psychological follow-up and additional PEP. One week after first treatment and during further follow-up visits, patient could be offered voluntary confidential counselling and testing for HIV (if not already accepted).
Rape survivor lives in very remote area, or mobility is critically insecure.	Patient is counselled and given full course of PEP (and if needed, extra counselling).
Rape survivor is being relocated or repatriated before end of treatment.	Remaining PEP medicines are given to the patient (and if needed, extra counselling).

12. Calculating quantities of post-exposure prophylactic drugs needed

What to do

- Estimate the likely number of users for the post-rape care kits. *(See topic 8.)*
- Estimate how many of these users are likely to be adults and how many are likely to be children under 40 kg.
 - As a very rough guide for the initial order, estimate that 25 per cent of potential users are likely to be children under 40 kg, when no data are available on their exact numbers.
- Use actual consumption data as the basis for future orders.

13. Ordering post-exposure prophylactic drugs

What to do

- Determine which antiretroviral protocols are in effect in the country.
- Check with Supply Division in Copenhagen on the registration status of the drugs included in the country's protocol, and find out whether there are generic equivalents also registered in the country.
- Order adult and paediatric doses of PEP drugs through Copenhagen. UNFPA also provides adult PEP drugs.
- Verify the qualifications and training of health personnel expected to administer the drugs.
- Contact the regional HIV/AIDS focal point, Supply Division in Copenhagen or the Emergency HIV/AIDS adviser in New York with any questions about antiretroviral procurement. These staff are there to help. Use them!

What to remember

- Recommended treatment protocols can change over time. Always check with Supply Division in Copenhagen and with the HIV/AIDS Section in New York before placing orders.
- PEP drugs are antiretrovirals; all antiretrovirals pre-qualified by the World Health Organization (WHO) can be provided by Copenhagen.
- PEP drugs should be ordered in sufficient quantities to cover three months' expected programme use.

14. Voluntary confidential counselling and testing services

Voluntary confidential counselling and testing should be made available as soon as possible as part of post-rape care and PEP services.

What to do

- Procure rapid HIV/AIDS testing kits from Copenhagen.
- Make sure staff and health-care workers are trained in voluntary confidential counselling and testing. Check whether training materials or national training guidelines are available. Voluntary confidential counselling and testing are also covered in UNICEF's five-day training in post-rape care. (*See topic 6.*)

What to remember

- Voluntary testing is not a prerequisite for receiving post-rape care or PEP. The establishment of voluntary confidential counselling and testing must, however, be a priority in every setting where PEP is also provided. A rape survivor must have access to PEP even if he or she does not want to take an HIV test, or if voluntary confidential counselling and testing are not available.
- Because of the ‘window period’ after exposure, a negative test result does not necessarily mean a person is seronegative.
- It is important to work with partner organizations for services available to people who test positive.

15. Rapid test kits for HIV

All people who accept testing need a screening test, and all those who test positive at screening need a second, confirmatory test. It is enough to use two tests from different suppliers to confirm a positive result. Several protocols for rapid HIV testing are used worldwide. As an example, two screening and confirmatory combinations are presented in the table below and can be adopted by the country office.

Table 30: Two possible protocols for rapid HIV testing

Phase	Test name (manufacturer)	Supply Catalogue number	Tests per kit	Sample type	Indicative price per test (US\$)*	Notes
Alternative 1						
Screening	DETERMINE™ HIV-1/2 (Abbott)	0003403	100	whole blood serum/plasma	<1.00	D, G
Confirmatory	CAPILLUS HIV-1/HIV-2 (Trinity Biotech plc)	0003400	100	whole blood serum/plasma	1.10	G
Alternative 2						
Screening	DETERMINE™ HIV-1/2 (Abbott)	0003403	100	whole blood serum/plasma	<1.00	D, G
Confirmatory	UNI-GOLD™HIV (Trinity Biotech plc)	0003406	20	whole blood serum/plasma	1.25	G

* Excluding freight and taxes.

Notes: D = Pipette. G = for small volume testing of 1–40 samples daily.

What to do

- Check which protocol, if any, is being used in the health centres of the target area.
- All UNICEF requests for test kits must go through Copenhagen, not through local procurement, whether for programme procurement or procurement services. If UNICEF country offices are providing cash that is used for procurement, this is considered as local procurement and would require Copenhagen's authorization in order to guarantee quality.

What to remember

- If health workers and laboratory technicians working at health centres are familiar with a specific protocol, they should continue to use it. A different testing protocol should be introduced only if it is impossible to use the first one (for example, if the usual protocol uses kits requiring refrigeration but electric power and fuel are now lacking or uncertain).
- The infrastructure and basic conditions where voluntary confidential counselling and testing services will be provided must be kept in mind when ordering test kits. Some test kits do not need to be refrigerated and may be highly recommended in situations where power or gas supplies are poor or erratic.

16. Calculating quantities and ordering supplies of HIV rapid tests

Both screening and confirmatory tests are required.

What to do

To estimate the number of screening tests needed

- Estimate the number of people who will accept voluntary confidential counselling and testing.
 - Estimate the number of people likely to come for post-rape care. (See topic 8.)
 - If there is a PMTCT programme in the area, find out what percentage of beneficiaries accept voluntary confidential counselling and testing in that programme, and use this as a guide for ordering supplies. For example, if in a nearby PMTCT programme 30 per cent of mothers typically accept counselling and testing services, assume that 30 per cent of those receiving post-rape care will accept these services.

- If there is no PMTCT figure available, assume that 100 per cent of those who come in for post-rape care will accept voluntary confidential counselling and testing.
- Plan for this number of screening tests.

To estimate the number of confirmatory tests

- Multiply the estimated number of people who will accept screening by the rate of HIV prevalence in the country or region to obtain the number of confirmatory tests needed.
- Order a three-month supply of kits as a buffer.
- Verify whether the kits need to be refrigerated. If so, ensure quick reception and clearance of kits at delivery and make sure there is adequate cold-chain capacity.

What to remember

- Check the expiry date on all kits received!

17. Storing and managing supplies

Post-rape care kits and PEP drugs do not require a cold chain, but they do need to be protected from extreme weather conditions. Some HIV rapid tests do require a cold chain.

What to do

- It is better to stock supplies in advance than to rush to obtain them in the event of an emergency.
- Keep post-rape care kits and PEP drugs away from extreme weather conditions.
- Verify whether HIV rapid testing kits require refrigeration (the cold chain).
- Upon reception of goods, check immediately that the remaining shelf life of the product matches what is stated in the purchase order; verify that the kits have not expired.
- For quality assurance, if goods have not been procured through UNICEF Supply Division, provide the Division with information regarding date of arrival at port, name and contents of each kit, manufacturer of each product (this should be on the label), date of manufacture and date of expiry.
- Make sure that good record-keeping practices are maintained at health centres and that consumption of kits is appropriately monitored. Use current consumption as well as consumption trends to place subsequent orders.

See the 'Supply and logistics' chapter for general information on storing and managing supplies and the 'Health and nutrition' chapter for information on the cold chain.

18. The ABCs of prevention

The three primary HIV prevention methods – also called the ‘ABCs of prevention’ – are Abstinence, Being faithful, and using Condoms correctly and consistently. UNICEF promotes the ABCs of prevention in its HIV/AIDS-related work with young people and adolescents.

What to remember

- Promoting the ABCs of prevention is part of a comprehensive strategy that also encourages a reduction in the number of sexual partners and delay in the onset of sexual activity.

19. Conducting participatory discussions on the ABCs of prevention

Reaching young people and adolescents effectively requires getting them involved in information and education efforts from the outset.

What to do

- Identify the best ways to interact with young people and adolescents in the affected area, the traditional means of transfer of knowledge and information, and specific topics that are embarrassing or difficult to discuss. This information should have been collected during the rapid assessment or in other, more comprehensive surveys.
- Identify key partners for reaching the target group (youth groups, community organizations, religious organizations, NGOs).
- Seek the partnership of local youth groups. This helps young people and adolescents feel ownership of the information campaign. It also makes the contents of the campaign more relevant and helps disperse information in the most effective way to the greatest number of people.
- Involve young people and adolescents in training workshops and use them as peer educators and peer counsellors. This approach equips them with such skills as communication, negotiation/refusal and advocacy, which can be protective factors against HIV/AIDS and will then be passed on to others.

What to remember

- Discussions about HIV, reproductive health and sexually transmitted infections have been shown to be much more effective than posters and pamphlets. Posters and pamphlets should be used in addition to – not instead of – discussions.
- Radio programmes (advertisements, talk shows, soap operas) are also effective ways to communicate about HIV/AIDS. This is especially true when young people and adolescents participate and when activities such as community drama and role playing are done in conjunction.

20. Helping young people access basic health and counselling services

It is important for young people and adolescents to know where they can access treatment for sexually transmitted infections, post-rape care and comprehensive HIV prevention services.

What to do

- While following the same steps for encouraging participatory discussions of the ABCs of prevention, provide information on available health and counselling services that young people and adolescents can access.
- Be sure to use local NGOs, youth groups and other avenues to disseminate information on location and availability of services.
- Collaborate with all relevant partners, including government agencies, WHO, UNFPA, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Office of the United Nations High Commissioner for Refugees (UNHCR), in order to provide universal precautions for HIV prevention such as blood screening, sterilized needles and protective clothing.
- If the rapid assessment shows that essential services are insufficient, urgently advocate for them to be set up.
- If financial constraints are hindering the above services, consider bridging the gap and providing funds.

What to remember

- Once basic services are guaranteed, it is necessary to concentrate on expanding the range of services, giving priority to voluntary confidential counselling and testing and PMTCT.

- If needed, UNICEF can provide health clinics with drugs and rapid test kits, as well as financial resources to temporarily support medical staff and counsellors and train health workers.
- Condom distribution by partners needs to be organized in consultation with youth, to make sure that condoms are distributed in places where young people and adolescents go and feel comfortable.

21. Integrating HIV prevention into demobilization programmes for children associated with armed forces or groups

What to do

- Hold discussion groups on HIV/AIDS with demobilized children associated with armed forces or groups in interim care centres. These discussions should include information about HIV transmission, provide guidance on living with the virus, and address issues related to sexual violence.
- Offer voluntary confidential counselling and testing for HIV and sexually transmitted infections and treatment for these infections as part of a standard package.
- Make sure that links, if not already existing, are established between interim care centres and health centres that can provide voluntary confidential counselling and testing services and screening and treatment for sexually transmitted infections. Facilitate links with service providers and support community networks or programmes in the children's areas of origin, for follow-up after demobilization.
- Assess whether it is possible for the demobilized children to access counselling and testing centres. Some may prefer to receive counselling and testing services at the transition centre. If necessary, provide financial resources to facilitate outreach to transition centres by counsellors and other health workers.

See the 'Child protection' chapter for more information about UNICEF's work with children affected by armed conflict.

22. HIV/AIDS life skills-based education

What to do

- Train teachers who will be involved in emergency education in basic skills for teaching about HIV/AIDS.
- Provide materials for teaching about HIV/AIDS together with school-in-a-box kits.

See the 'Education' chapter for more information on establishing emergency education programmes.

6.1 SECURITY

This chapter of the Emergency Field Handbook is a guide on how to implement the security components of the Core Commitments for Children in Emergencies. A 'priority action checklist' itemizes the essential elements of preparedness as well as actions to be taken at the first sign of a crisis or emergency. A basic introduction to the United Nations security management system is given, as well as practical information on reporting significant security incidents. Other guidance includes tips on security measures that staff should take on arrival at a duty station, at work and while travelling, as well as information on communicating whereabouts and providing first aid. It is important to note that the information in this chapter is a quick reference guide only and that all action concerning the safety and security of staff must be taken in strict compliance with the existing security policies, practices and procedures of the UN security management system and UNICEF. For definitive guidance, consult the relevant UNICEF or UN sources cited in this chapter.

Core Commitments for Children in Emergencies: Security

Within the inter-agency mechanism, address humanitarian needs while assuring safe access to affected populations and the safety and security of staff and assets.

First six to eight weeks

- 1.** Within the appropriate mechanisms, undertake a risk and threat assessment* to determine the exact nature of the crisis, potential developments and implications for programme delivery.
- 2.** Review the Minimum Operating Security Standards (MOSS) and update them if necessary.
See topic 8
- 3.** Drawing from the risk and threat assessment, identify implications for staff security and programme activities.
See topics 1, 6, 7
- 4.** Undertake a rapid review of security preparedness in country and field offices, and provide appropriate guidance, resources and training.
See topics 1, 3, 15
- 5.** Establish the exact whereabouts of all staff and determine whether they can operate safely in their present location or in proposed locations. Provide staff with the resources to do so or temporarily relocate them until the proper conditions can be put in place.
See topic 5
- 6.** Determine the security implications of deploying additional staff to the affected country/area.
See topics 1, 3, 15

* At the UN General Assembly in December 2004, the phrase 'risk and threat assessment' was replaced by 'security risk assessment'.

Beyond initial response

7. Continue to review security plans and MOSS requirements including relocation, evacuation and safe haven alternatives with country and regional offices.

See topic 8

8. Participate in inter-agency exercises to regularly update the risk and threat analysis, and establish appropriate analytical, long-term information requirements.

9. Provide additional resources, e.g., field security officers, financial support and training to staff, as required.

See topic 16

10. Regularly update the security plan based on risk and threat analysis and current and proposed programme activities.

See topic 3

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1. Priority action checklist

When faced with a sudden emergency the head of office should

- Immediately report the matter to the designated official, the UN Department of Safety and Security (DSS) field security coordination officer, the security officer where such a position exists, the regional office and UNICEF Operations Centre (OPSCEN).
- Determine the whereabouts and welfare of all UNICEF staff, their eligible dependants and official visitors, and inform the above offices accordingly.
- Try to obtain any additional information through established contacts and networks.
- As part of the Security Management Team and in support of the designated official, determine a plan of action in immediate response to the emergency.
- Maintain a chronological log of events as they occur. One typical format would be: Date/Time/Event/Action Taken/By Whom/Who Notified/By Whom/Date/Time.
- Consider providing assistance to staff to enable them to move safely between locations, including their residences.
- As required, and in accordance with the provisions of Minimum Operating Security Standards (MOSS), liaise directly with the designated official, the field security coordination officer and the UNICEF security officer to ensure the safe movement of staff into affected areas.
- Before any travel to the field or affected areas is commenced, ensure that all staff are fully briefed on the emergency situation and on all local security procedures, including MOSS. The head of office should also ensure that all vehicles used are fully MOSS compliant, incorporating the necessary communications equipment such as radios and satellite telephones, which staff must be capable of using effectively.
- Ensure that all staff inform someone, preferably a supervisor, before travel commences, at regular intervals during the journey and upon arrival. This should be done through the radio room if one is available.
- As required, ensure that a Significant Incident Report is completed and submitted to the designated official, the field security coordination officer, the regional office and OPSCEN for the information of the UNICEF security coordinator. Reports of a confidential or sensitive nature may be submitted to the latter direct and should be marked up accordingly.

2. Security in emergencies

With good planning, basic security procedures should not change during an emergency. However, it is important to keep in mind that resources that might be an integral part of security planning (such as water, electricity and supplies) may be scarce or unavailable. In addition, the stress and lack of resources that accompany emergency situations can put pressure on human assets, not only in the affected area but also at headquarters.

3. Preparedness

What to do

Prior to an emergency the head of office should

- Ensure that all staff, including consultants and those visiting the duty station on temporary assignment, have completed the 'Basic security in the field' CD-ROM.
- Ensure that all new staff, including consultants, and visitors attend a security briefing upon arrival at the duty station.
- Ensure that staff are provided with any necessary additional safety and security training and equipment.
- Provide support in the development and maintenance of the UN security plan, ensuring that it is updated and viable, with particular reference to any specific UNICEF responsibilities and requirements.
- Ensure that the country security risk assessment takes into account all factors that may impact the safety of UNICEF staff, assets and programme activity.
- As a member of the Security Management Team, participate in the development of all other security contingency plans ensuring that UNICEF's needs are taken into account.
- Assess the viability of the office emergency preparedness plan so that it caters for an immediate response to a crisis. This would include ensuring the instant availability of essential equipment and supplies such as sufficient funds, radios, fuel, water, canned food, medical supplies, housing, transportation, etc.
- Maintain and regularly test all safety and security equipment.
- Maintain an up-to-date and constantly available staff list that includes names, addresses, e-mail addresses, secondary and emergency telephone numbers of all staff and eligible dependants. Forward this list on a regular basis to the designated official, field security coordination officer, UNICEF security officer, regional office and OPSCEN.

- Provide all staff and visitors with appropriate emergency telephone numbers (representative, operations officer, UNICEF security officer/security focal point, warden, designated official, field security coordination officer, fire and emergency services, hospitals, health clinics and major embassies, etc.).
- Ensure that a standard package of up-to-date safety and security documentation is on standby.
- As part of the warden system, prepare and keep updated local maps identifying the locations of staff residences. (*See topic 6 for more on the warden system.*)
- Ensure that all staff and visitors know how to operate critical communications equipment and know radio procedures.
- Ensure that telecommunications equipment and vehicles are fully operational.
- Ensure that all essential information (information technology data and records) is backed up, stored off-site, and is accessible remotely as required.

For safety and security preparedness activities and appropriate responses to various emergency situations, see 'Basic security in the field: Staff safety, health and welfare' CD-ROM.

See also 'Advanced security in the field' CD-ROM. Check with the security focal point, staff security officer or the field security coordination officer for details.

4. First steps to take after arriving at an emergency duty station

UNICEF staff are responsible for their own safety by complying with all security procedures and instructions. Safety can be significantly enhanced by taking general precautions when arriving at a post. In addition, it is a good idea to research the local situation before arriving at a duty station.

What to do

- Familiarize yourself with the political, economic, environmental, cultural and social surroundings.
- Be proactive about personal security (e.g., know who the warden is, know how to use any safety and security equipment issued to you, keep updated on the security situation in the country).
- Be sure to receive a security briefing from either the field security coordination officer or the UNICEF security officer/security focal point regarding the security conditions and procedures particular to the duty station.
- Discuss security and evacuation plans with your field security coordination officer, warden, UNICEF security officer/security focal point.

- Maintain some local currency, US dollars or euros (smaller denominations are better), and traveller's cheques, in a safe place.
- As recommended in the country specific security plan, maintain an emergency supply of fuel for vehicles and generator, water, food, candles, torches, batteries and first-aid essentials.
- Check that vehicles are properly equipped and kept in good working order.
- Learn how to use assigned communications equipment. If you do not know how, seek advice from the field security coordination officer, UNICEF IT officer, security officer/security focal point.
- Provide the field security coordination officer or UNICEF security officer/security focal point with an inventory of personal effects, furniture, vehicles and valuables.
- Write down the names and telephone numbers of key personnel, including the UNICEF representative, section chief, field security coordination officer, UNICEF security officer/security focal point, warden, police, fire and health-care providers, etc.
- If you can only remember one number, it is recommended that you learn by heart the number for OPSCEN, New York: +1-212-326-7222.
- Be aware of stress levels and other factors that may impair the ability to recognize danger.

See 'Security in the field: Information for staff members of the United Nations system' for a description of each of the security phases. The booklet has been issued to all staff and is also available in all six official UN languages on the Emergency Field Handbook CD-ROM and the UN Extranet at <http://undss.un.org>.

5. Communicating your whereabouts

The designated official has the overall responsibility for the safety and security of all staff members and their eligible dependants in any duty station. As such, it is important that he or she knows the whereabouts of all staff, their eligible dependants and visitors during a crisis to facilitate notification, evacuation, relocation and provision of assistance. The UN system uses security clearance requests and travel authorizations to track staff movements when staff are travelling and away from the field office. A security clearance also ensures that the office giving the clearance has undertaken an assessment of the security environment in which an individual will be deployed and will provide guidance to the individual on how to move relatively safely given the security environment.

What to do

Before travelling

- Submit a travel request and obtain travel authorization from your office.
- Submit a security clearance request through the UNICEF country office to the designated official (via the field security coordination officer) at the duty station according to country office requirements. It should be noted that under normal circumstances the designated official's office often requires that security clearance requests be submitted 1–2 weeks in advance of travel.
- Immediately before commencing any travel, obtain the latest information on the security situation along the intended route and at the destination point. This gives a last-minute possibility to change travel plans in case the security situation has deteriorated since the time when the security clearance was granted.
- When you arrive at your duty station, ensure familiarity with the operation of portable telecommunications equipment and equipment installed in vehicles.
- Before starting out on a field mission, make a radio check with the base station and inform them of all details of the mission plan: call sign of the vehicle, call signs of staff on board (never names), location of departure, destination, intended route (via 'location') and intended frequency of reporting.

While travelling

- Report back to base regularly. The frequency of reports depends on the situation but is often once every hour. Check with the field security coordination officer's office or UNICEF security officer/security focal point for reporting requirements.
- Inform the appropriate offices of arrival details. Report arrival at destination and 'closing down', which means this trip is over.
- Keep a list of telephone numbers (official and private) of key staff.
- Alert base immediately if there is a change in travel plans.

What to remember

- Regular communication with the main office when travelling in a vehicle is an important safety precaution that should not be overlooked.
- Keep handy the emergency telephone numbers of official DSS staff as well as numbers for local contact persons.

- Check with security officer/security focal point or the field security coordination officer and see the UNICEF *Field Security Manual*, Chapter 1, Section 3, 'User's Guide to Resident Mission Radios' for how to use HF and VHF radios.

See 'User's guide to resident mission radios', available on the Emergency Field Handbook CD-ROM.

6. Country security plan and warden system

In every country where the UN operates there is a designated official who is accountable to the Secretary-General, through the DSS under-secretary-general, for the security of all UN staff, their eligible dependants and assets in country. The designated official is assisted in many countries by a DSS field security coordination officer and is responsible for forming a Security Management Team, which is comprised of the heads of all UN agencies in the country, to advise him or her on all security-related matters. In some countries UNICEF employs its own security officers who work for the UNICEF representatives and heads of office and in support of the designated official. The designated official and the Security Management Team review the security situation on a regular basis by means of a security risk assessment.

The field security coordination officer is responsible for preparing and coordinating the country security plan. Country security plans differ from country to country due to the environmental conditions and potential risks that each office faces. Because of the sensitive nature of plans for evacuation or relocation in the event of an emergency, many procedures are not disclosed until implemented. Staff receive instructions regarding the security plan implementation from the field security coordination officer, and the UNICEF security officer/security focal point.

In order to facilitate coordination of the security arrangements, information and instructions, the designated official, in consultation with the Security Management Team, will create a warden system. Wardens are appointed in writing and are trained by the field security coordination officer or UNICEF security officer. Wardens work off of a communication tree, which can be UN or agency-based, and are set up on a zone system that allows them to reach staff members and their eligible dependants on foot in the event of an emergency.

What to do

- Find out who your warden is and what your function is in the warden system (and how to accomplish that task).
- Stay updated on changes to the warden system and know how to operate necessary equipment.
- Participate in any test of the warden system.
- Keep the following items up to date and in a safe place:
 - Passports and visas.
 - Laissez-passer.
 - Identity cards.
 - Copies (not originals) of family certificates, if possible.
 - Copies (not originals) of health certificates, if possible.
 - Return transportation tickets (if issued).
- Have the ability to obtain cash. This can be done by credit, debit or bank card. Keep a sufficient number of traveller's cheques on hand, as well as enough cash to leave the emergency area if necessary.
- Follow instructions given by wardens in the event of staff relocation or evacuation.
- Submit to the UNICEF security officer/security focal point a record of all medical problems including the following information: ailment, type of medication, where to obtain drugs, doctor's name and address, blood type, allergies and other pertinent information.
- Compile and give to the security focal point/staff security officer inventories of vehicles, household goods and personal effects of themselves and their eligible dependants.

See 'Security for the children of United Nations staff' (April 2000) for advice for employees with children. A copy is available on the UNICEF Intranet.

See 'Security in the field: Information for staff members of the United Nations system' for a description of each of the security phases. The booklet has been issued to all staff and is also available, in all six official UN languages, on the Emergency Field Handbook CD-ROM and the UN Extranet at <http://undss.un.org>.

See 'Inter-organizational security measures: Framework for accountability for the United Nations field security management system' (23 July 2003) for a detailed description of the actors within the UN security management system and their responsibilities. It is available on the UN Extranet at <http://undss.un.org> and on the Emergency Field Handbook CD-ROM.

7. Security phases

The United Nations uses a worldwide five-phase security management system. Many countries around the world are not in a security phase.

For those that are, the five phases are:

- Phase One: Precautionary
- Phase Two: Restricted movement
- Phase Three: Relocation
- Phase Four: Emergency operations
- Phase Five: Evacuation

Following consultation with the Security Management Team, the designated official can implement measures under Security Phases One and Two at his or her own discretion, and notify the UN Secretary-General through the DSS under-secretary-general. Phases Three, Four and Five will only be declared by the Secretary-General following submission of a request by the designated official, through the DSS under-secretary-general.

See 'Security in the field: Information for staff members of the United Nations system' for a description of each of the security phases. The booklet has been issued to all staff and is also available, in all six official UN languages, on the Emergency Field Handbook CD-ROM and the UN Extranet at <http://undss.un.org>.

8. Minimum Operating Security Standards (MOSS)

MOSS establishes a set of minimum security criteria to ensure staff security, reduce risk and support field operations including programme delivery. The designated official, in consultation with the Security Management Team, is responsible for developing country-specific MOSS. Each individual agency is responsible for taking measures to comply with MOSS. All UNICEF offices must be MOSS-compliant in three broad categories: security plan and training, telecommunications and security equipment.

What to do

UNICEF staff must

- Complete the basic security training CD-ROM 'Basic security in the field: Staff safety, health and welfare' before beginning a duty assignment and before any travel is authorized.
- Become familiar with the relevant country MOSS immediately upon arrival at post.

- Become familiar and comply with all security rules and regulations applicable to the UN security management system, UNICEF and those particular to the duty station.
- Attend all security training organized for staff.

See 'Minimum Operating Security Standards', UNSECOORD, (19 November 2002) for complete MOSS guidelines and instructions for implementation.

See UNICEF Administrative Instruction on Minimum Operating Residential Security Standards (MORSS) (11 January 2005), available on the UNICEF Intranet.

9. Providing information to staff in case of an emergency

What to do

- Ensure that the warden system and communication tree are always up to date and that staff are aware of procedures in a crisis or emergency.
- Ensure that staff and visitors are informed of any changes in the security situation including movement restrictions and or curfews in their area of operation.
- Through the warden system communication tree, immediately notify all staff of the situation so that they can inform their families, and provide instruction as to what they should do. It is essential to maintain a log of who has been called.
- In the event that the emergency situation warrants a change in the UN security phase, be prepared to restrict and/or stop all travel into the area for staff members, eligible dependants and official visitors.
- Regardless of the nature of the incident, the designated official should be informed of field office actions and restrictions in field operations due to the security situation. It may also be advisable to inform government counterparts and implementing partners.

10. Significant incidents

Significant incidents are events that have a direct impact on UNICEF staff or their dependants and assets. Incidents can include assaults, abductions, carjackings, threats, arrests and detentions, vehicle accidents, sudden deaths, fires or major loss of UNICEF property.

The first point of contact for UNICEF staff and consultants for reporting significant incidents in the field is the UNICEF security officer (where one exists) or the security focal point, who is normally the operations officer.

Whenever a significant incident occurs, it must also be reported immediately to the representative, the UNICEF security coordinator, OPSCEN and the designated official through the field security coordination officer. A Significant

Incident Report (SIR) should then be completed at the first available opportunity and submitted to the same offices.

What to do

- Report the incident to the designated official, field security coordination officer, UNICEF representative, security officer/security focal point, UNICEF security coordinator, New York headquarters.
- Matters of a confidential or sensitive nature should be marked up accordingly and their circulation limited to the above-named officers only.
- See the Significant Incident Report form to report any significant incident.
The significant incident report form is available on the Emergency Field Handbook CD-ROM and on the UNICEF Intranet.

11. Establishing new work premises

Requests for the establishment of new office locations within a country need to be presented by UNICEF representatives to the Programme and Budget Review (PBR) for the approval of the relevant UNICEF regional director, following the guidelines issued under CF/DFAM/2002/01. Further, new offices and operations bases must conform with the country-specific MOSS.

Whenever the establishment of new offices or other work spaces is being considered, a security survey should be conducted by the field security coordination officer together with the UNICEF security officer (where one exists) to determine whether, from a security perspective, the new or proposed space is appropriate for UNICEF staff to occupy and operate from. With regard to the management of buildings, services and facilities, the Division of Finance and Administration (DFAM) should also be consulted through the local administration officer and all relevant administrative instructions and procedures should be followed.

See 'Security in the field: Information for staff members of the United Nations system', available on the Emergency Field Handbook CD-ROM.

What to do

- Ensure that a structural survey is conducted, especially in areas prone to earthquakes or flooding.
- Ensure that the building is equipped with necessary fire escapes and fire-fighting equipment.
- Develop and maintain a fire and emergency evacuation plan. Plans should be tested at least twice a year.

- Ensure the provision of fire extinguishers, blankets, buckets and first-aid kits, and keep them in a visible and accessible place. These should be inspected at least twice a year and replaced or replenished after use.
- Conduct a safety inspection of all gas and electrical appliances. Repeat inspection at least once a year.
- In accordance with the security risk assessment and MOSS, implement the necessary security measures to include parking and access control systems and, as necessary, screening of visitors and their possessions.
- Ensure that private security guards employed by UNICEF are carefully chosen, vetted and contracted, in strict accordance with policy guidelines and administrative instructions.
- In accordance with the training provided by a security professional, implement a procedure to screen suspicious letters and packages.

12. What to do at work

When appropriate offices or premises have been identified, risks can be reduced by following basic security management guidelines. (For more detailed advice and recommendations, consult with the field security coordination officer or the UNICEF security officer/security focal point).

What to do

- All visitors should be signed in and out, and escorted at all times while on the premises.
- Security passes should be issued to all staff and visitors and should be worn visibly at all times. Visitor passes must be relinquished upon exiting the building.
- Objects that could be used as weapons (e.g., scissors, letter opener, heavy paperweight, etc.) should be removed from public areas.
- All confidential documents and valuables should be locked away even during short absences from workspaces.
- Never leave office keys or spare keys lying around or in locks. Where appropriate, spare keys or keys to valuables should be secured in a safe or key cabinet that is accessible only to authorized persons.
- Avoid working alone late at night or when no other staff are present.
- Always lock the door and windows when leaving the office and alert guards that the office is empty.
- Turn off all appliances.

13. What to do at home

Being safe at home and after work hours requires as much awareness of security conditions and vigilance in using proactive security preparedness measures as is needed when travelling or working in an office. The following actions are meant to give an indication of key things to consider. For further guidelines and recommendations, consult with your field security coordination officer or UNICEF security officer/security focal point.

See 'Security in the field: Information for staff members of the United Nations system', available on the Emergency Field Handbook CD-ROM.

What to do

To choose a safe neighbourhood and residence

- Prior to signing a lease for any residence, the field security coordination officer or UNICEF security officer, where such exist, should conduct a security assessment of any prospective residences and staff should follow the advice given.

See the residence security self-evaluation form available in the UN Security Operations Manual, Annex II, and on the Emergency Field Handbook CD-ROM.

- Check with the field security coordination officer and UNICEF security officer/security focal point, for the approved Minimum Operating Residential Security Standards (MORSS) for your duty station.
- Pay attention to the condition of the streets and surrounding areas.
- Visit your prospective residence and its surrounding area both during daylight and after dark.
- Look at the quantity and the quality of the lighting at night. Choose an area that is well lit.
- Try to avoid areas where the condition of the streets would create dense pedestrian and vehicular traffic.
- Note the overall safety precautions being taken in the neighbourhood. Visible precautions, such as barred windows, security fences, extensive lighting, large dogs and security dogs, may indicate a high-crime area.

What to remember

- The field security coordination officer, UNICEF security officer/security focal point and other colleagues such as the operations officer have valuable knowledge of local conditions and security concerns, and should be consulted when selecting a residence.

14. What to do when travelling

Travelling exposes staff, who become vulnerable as a result of being in a new place and unfamiliar with the safety of their surroundings. Staff must always be alert. The following are meant to give an indication of key things to consider. For further guidelines and recommendations, consult with the field security coordination officer or UNICEF security officer/security focal point.

See 'Security in the field: Information for staff members of the United Nations system', available on the Emergency Field Handbook CD-ROM.

What to do

At an airport

- Do not leave luggage unattended. Keep passports, laissez-passer, airline tickets and money on your person.
- Schedule direct flights as much as possible to minimize exposure to insecure public areas at airports and during transit from one airport to another.
- When being met at the airport, verify the identification of the contact person.

At a hotel

- Stay in larger hotels with more security.
- Book a room between the second and seventh floors to minimize possible break-ins and risk of being trapped in the event of a fire.
- Check emergency exits immediately after having moved into a room.
- Choose a room close to the lift to avoid walking down a long, empty hallway.
- Keep doors and windows in hotel rooms locked at all times using deadbolts and chains.
- Jam the door with rubber or wooden doorstops and/or a chair.
- Know colleagues' room numbers.
- Do not share a hotel room number with strangers.
- Inform housekeeping directly instead of using a 'Please Clean Room' sign.
- Use a hotel safe for valuables whenever possible.

When travelling in a vehicle

- Always obtain security clearance and travel authorizations from the designated official through the field security coordination officer as required.
- Determine alternative routes and know breakdown procedures before departing.

- Check vehicles for the appropriate communications (VHF/UHF and HF radios, satellite telephones) and safety equipment (e.g., spare tyres, breakdown equipment, maps, torch, batteries, spare fuses, etc.).
- When required by MOSS or other local security instructions, wear approved body armour (fragmentation jackets and ballistic helmets) and other protective equipment.
- Keep doors and windows closed and locked while travelling. Keep a safe distance between vehicles.
- Avoid areas susceptible to ambush or combat.
- Avoid travelling during hours of darkness.
- Stick to well-travelled routes and stay in the travelled zone of the road.
- Always wear seatbelts in the front as well as the back seat of the vehicle, and make sure that others in the vehicle wear them as well.
- Unless instructed to do so by the appropriate authorities, never drive around roadblocks or former military positions.
- Never drive over anything in the road.
- Avoid potholes.
- Do not take risks. If in any doubt, call for help.
- If instructed to get out of a vehicle at a checkpoint, unbuckle seatbelt slowly (any sudden motion could be misinterpreted as reaching for a weapon).

See 'Security in the field: Information for staff members of the United Nations system' for a description of each of the security phases. The booklet has been issued to all staff and is also available, in all six official UN languages, on the Emergency Field Handbook CD-ROM and the UN Extranet at <http://undss.un.org>.

15. First aid and emergency response procedures

Staff assigned to field posts or missions are exposed to a variety of health risks when they work in unfamiliar environments. Most risks can be minimized by taking precautions before, during and after travel.

What to do

- Keep a stocked basic first-aid kit at home and carry one when travelling. Include the following items in the kit:
 - Adhesive tape.
 - Antiseptic wound cleaner.

- Bandages.
 - Clinical thermometer.
 - Eye drops.
 - Insect bite treatment.
 - Insect repellent.
 - Nasal decongestant.
 - Oral rehydration salts.
 - Scissors and safety pins.
 - Simple analgesic (e.g., paracetamol).
 - Sterile dressing.
- Before departure, check the environmental conditions and common illnesses in the destination area. Prepare additional items for the first-aid kit according to destination and personal needs.
- Antidiarrhoeal medication.
 - Antifungal powder.
 - Malaria prophylaxis.
 - Condoms.
 - Medication for any pre-existing medical condition.
 - Aspirin or other approved tablets for headaches and pain relief.
 - Syringes (different sizes) and needles. Remember to bring an official letter from your medical services stating that you have the permission of the UN to carry the syringes with you.
 - Water disinfectant and water filter.
 - Other items, depending on the destination and duration of the visit.

What to remember

- The responsibility for health and well-being during an assignment and on return from an assignment lies with individual staff.
- Post-exposure prophylaxis (PEP) kits are an emergency medical response for individuals exposed to HIV because of assault or accident. Treatment must be initiated ideally within two hours and no later than 72 hours after potential HIV exposure.

See the 'Human resources' chapter for information, instructions and key references regarding PEP kits. See also <http://undss.un.org>.

16. Security training and resources

All emergency training should include a security component. Basic security training equips staff to play a proactive role in ensuring their own safety and the safety of others while in the field. The field security coordination officer and other security personnel at post should organize training on basic security procedures for new staff as soon as possible after they arrive at the duty station. Important safety information covered by basic security training includes the UN security system, safety precautions to use while travelling, general safety guidelines to follow while at a UN office and at home, and advice on personal health, welfare and safety.

What to do

- All new staff are trained on basic security in the field using the interactive security training awareness CD-ROM 'Basic security in the field: Staff safety, health and welfare'. Review the information in this CD-ROM as needed and retake the course at least once every three years.

What to remember

- The field security coordination officer at each post is supplied with a training package from the UN DSS that contains training information on such security and preparedness topics as security orientation, dealing with threats, office security, residential security, MOSS, guard force guidelines, transportation planning, personal security awareness, travel and vehicle security, anti-hijacking guidelines, driver training, security clearances, security reporting, crowds and demonstrations, natural and nuclear disasters, hostage survival, landmine and unexploded ordnance safety, PEP kits, security operating procedures, the UN security management system, the security plan and other topics.
- DSS desk officers can also coordinate and recommend specialized training programmes for country office staff, depending on the existing security situation and the potential risks facing staff in a duty location.
- DSS Training Unit will also provide security training in-country to designated officials, Security Management Teams, wardens and all staff. Attendance at such training is mandatory.
- Principal resources on staff safety and security are:
 - *Field Security Handbook*, 1995 (UN).
 - *Field Security Manual*, 1996, with selected updates in June 2000 and October 2001 (UNICEF).

- 'Security in the field: Information for staff members of the United Nations system', 1998 (UN)
- Training CD-ROM 'Basic security in the field: Staff safety, health and welfare', 2003 (UN).
- Training CD-ROM 'Advanced security in the field', 2005 (expected) (UN).
- 'International Travel and Health', 2004 (WHO), (only available on WHO website).
- 'UN security awareness: An aide-mémoire', 1995 (UNHCR).
- 'Managing the Stress of Humanitarian Emergencies', July 2001 (UNHCR).
- *UN Security Operations Manual*, 1995 (UNSECOORD).
- 'Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response', May 2003 (UNHCR).
- 'Caring for us: Stress in our workplace', 2004/2005 (UNICEF)
- 'UN Stress Management' booklet, 1995 (UN Department of Peacekeeping Operations).
- 'Mission Readiness and Stress Management', 1998 (UN Office of Human Resources Management).
- Department of Safety and Security website at <http://undss.un.org>.

6.2 FUND-RAISING AND COMMUNICATION

This chapter of the *Emergency Field Handbook* is a guide on how to implement the fund-raising and communication components of the Core Commitments for Children in Emergencies. The fund-raising topics covered include reprogramming funds, using emergency funding mechanisms, issuing appeals and following up with donors. Practical guidance on getting UNICEF's message out covers creating a 'pitch document', communicating in the first 48 hours on the needs of children and speaking to the media. Also covered are practical aspects of communicating in an emergency: essential communication equipment to use in the field, how to post stories, still images and video on the UNICEF website and tips on what makes a good human interest story.

Core Commitments for Children in Emergencies: Fund-raising and Communication

To communicate on the situation and needs of children, and within the inter-agency framework, to fund-raise for UNICEF programmes, UNICEF will:

First six to eight weeks

1. Within 24–72 hours of an emergency, UNICEF will prepare a ‘pitch document’ on issues, action and impact, for sharing with government and National Committee donors. The document will later be revised based on assessments and participation in an inter-agency appeal process.
See topic 10
2. Communicate on the situation and needs of children through local and international media within the first 72 hours, as appropriate.
See topics 12–21
3. Prepare an emergency appeal in coordination with other UN agencies and another document, to be shared with donors, outlining UNICEF’s portion of the inter-agency appeal.
See topics 22–25
4. Issue regular emergency donor updates.
See topic 27

Beyond initial response

5. Based on a fund-raising and communication strategy, UNICEF will proactively engage with donors and media, both locally and at headquarters, providing regular updates and visibility to UNICEF and its donors and partners.
See topics 10–21
6. Regularly communicate human interest stories for use by UNICEF National Committees.
See topic 18
7. Manage funds and report on contributions according to specified conditions and time frames.
See topics 28–29

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1. Priority action checklist

- Reprogramme regular resources and other resources, if necessary.
- Apply for additional emergency funds from the UNICEF Emergency Programme Fund or the UN Central Emergency Revolving Fund, if necessary.
- Identify the key message on the problems and needs of children affected by the emergency.
- Create a 'pitch document'.
- Consider the potential for private-sector fund-raising in the country or region; contact the regional Private Sector Division support centre (as of March 2005, in Bangkok, Geneva or Panama City).
- Within 12 hours communicate the first message on the needs of children via the media, the UNICEF website or other avenues.
- Begin the process of preparing UNICEF's portion of any inter-agency appeal, if necessary.
- Identify, in coordination with the Division of Communication (DOC), still, video and text media professionals to produce and deliver compelling human interest stories.
- Send photographs of affected children and video footage of essential scenes to the Photo and Web Units in New York as soon as possible.

2. Fund-raising and communication in emergencies: An overview

Rapid action in the country office is critical in order to jump-start funding for emergency programmes and bring the plight of children to the attention of the global media. Fund-raising and communication in emergencies are closely linked.

Media coverage of a crisis boosts UNICEF's profile, establishing it as a 'voice of authority', and motivates its donors. Speed is key to the success of fund-raising efforts in emergencies, and maintaining good media relations and communicating emergency-related information are top priorities. For many National Committees, media attention determines whether they can raise money for the emergency response.

To ensure that a country office is adequately prepared to mobilize resources during a crisis, emergency fund-raising should be covered in the office fund-raising strategy and in the emergency preparedness plan.

3. Reprogramming country programme funds: An overview

Country offices have the primary responsibility for funding their emergency programmes. When responding to an emergency situation, the first action should be to immediately reprogramme funds and supplies from regular programmes.

4. Reprogramming country programme funds: Regular resources

Where the country programme's annual regular resources allotment is \$2 million or more, the country representative is authorized to reprogramme up to \$200,000 worth of supplies and funds. Where the country programme's annual regular resources allotment is less than \$2 million, the country representative is authorized to reprogramme up to \$150,000 worth of supplies and funds.

What to do

- Determine the amount that needs to be reprogrammed.
- Contact the government to obtain approval for diversion of funds from existing programmes.
- Report the diversion of funds to the regional office and to the directors of the Office of Emergency Programmes (EMOPS) and Programme Division.

What to remember

- Set up separate activities or sub-projects in the Programme Manager System (ProMS) for reprogrammed funds. Use Programme Information Database coding to reflect the emergency use of the funds.
- Report the diversion of funds in the country office Annual Report.

5. Reprogramming regular resources beyond the ceiling

What to do

- Obtain approval from the government for a diversion of funds from regular programmes. Try to obtain a letter from the government requesting or agreeing to the reprogramming.
- Prepare a request for reprogramming including a brief situation assessment, a brief description of the government's response to the crisis, an action plan, the amounts to be reprogrammed (by programme) and an assessment of how the reprogramming will affect the regular programme.
- Obtain the approval of the regional director.

What to remember

- In ProMS, set up separate activities or sub-projects for funds reprogrammed for emergency work. Use Programme Information Database coding to reflect the emergency use of the funds.
- Remember to report this diversion of funds in the country office Annual Report.

6. Reprogramming country programme funds: Other resources

What to do

- Determine the amount required.
- Obtain the government's agreement.
- Inform the regional director.
- Contact the Programme Funding Office (PFO) in New York, which must approve any request to reprogramme other resources. PFO (or, depending on where the original donation was negotiated, the country representative) will contact the donor who must also approve the diversion of funds.

What to remember

- Set up separate activities or sub-projects in ProMS for funds reprogrammed for emergency work. Use Programme Information Database codes to reflect the emergency use of the funds.
- Report the diversion in the country office Annual Report and, if applicable, the 'Consolidated emergency donor report'.
- Donors may be more likely to agree to a reprogramming of funds if the proposed emergency programme is similar to the work for which the funds were originally given.

7. Reprogramming funds allocated to joint programmes

Joint programmes are set up when UNICEF has a shared annual work plan with other UN agencies in a particular country. In the case of joint programmes, sometimes each agency manages its own funds; in other cases one agency is the 'managing agent' for the joint programme funds. In either situation, any change in use of the joint programme funds (i.e. diversion for emergency response) necessitates consultation with and agreement of all UN agencies involved. The government also has to agree.

What to do

If UNICEF is managing its own joint programme funds

- Consult with and obtain agreement from the government and from other participating UN agencies for any reprogramming of activities and funds previously agreed to in the annual work plan.

If UNICEF is the ‘managing agent’ for joint programme funds

- Consult with and obtain agreement from the government and from other participating UN agencies for any reprogramming of activities and funds previously agreed to in the annual work plan.

If another agency is the ‘managing agent’ for joint programme funds that UNICEF would like to use for emergency response

- Consult with and obtain agreement from the government for any reprogramming of activities and funds previously agreed to in the annual work plan. Also consult with other agencies. Request the ‘managing agent’ to use those funds for the emergency response.

8. The Emergency Programme Fund

Additional resources may be available from the Emergency Programme Fund, a reimbursable fund managed by EMOPS and Programme Division.

The Emergency Programme Fund can be used when no inter-agency or UNICEF appeal has been launched, or when an appeal has been launched but no donor contributions have been received. This money can also be used to finance UNICEF participation in assessment missions when the country office is unable to pay for it, or to support special joint UN operations.

See the Programme Funding Office web pages on the UNICEF Intranet (Programme Funding/PFO Information Database/Emergency Fund-raising) for complete details on using the Emergency Programme Fund.

What to do

- Prepare a proposal, linking the proposed activity directly to UNICEF’s Core Commitments for Children in Emergencies. Include a brief situation assessment, a brief description of the government’s response to the crisis, an action plan linking the funds to specific objectives and inputs, and a budget. *See the Emergency Field Handbook CD ROM for an example of a good Emergency Programme Fund proposal.*
- Submit the proposal to the regional director before its review by a technical group at headquarters. Each allocation of money from the fund is approved

by the directors of EMOPS, PFO and Programme Division and by the Deputy Executive Director for Operations.

- Once the proposal is approved, the Division of Financial and Administrative Management (DFAM) will issue a Programme Budget Allotment (PBA).

What to remember

- Allocations from the Emergency Programme Fund must be replenished by the country office. The representative must ensure that allocations are replenished within nine months and no later than the end of the biennium.
- Funds received through the Emergency Programme Fund must be committed within three months, when any remaining balance will be cancelled.
- Report the status of replenishment and utilization six months after the release of funds to the Humanitarian Response Unit in EMOPS, copying the Budget Section, PFO and the regional director.
- Outline activities funded by the Emergency Programme Fund in the country office Annual Report and the 'Consolidated emergency donor report', stating whether the money was replenished through the Consolidated Appeal Process or other funds.

9. The UN Central Emergency Revolving Fund

Requests for advances from the Central Emergency Revolving Fund are made for funding requirements of \$1 million or more, and allocations are considered an advance against the Consolidated Appeal Process ceiling.

See the Programme Funding Office web pages on the UNICEF Intranet (Programme Funding/PFO Information Database/Emergency Fund-raising) for complete details on using the Central Emergency Revolving Fund.

What to do

- Prepare a concise proposal, linking the proposed activity directly to UNICEF's Core Commitments for Children in Emergencies. Include a brief situation assessment, a brief description of the government's response to the crisis, an action plan linking the funds to specific objectives and inputs, and a budget.
See the Emergency Field Handbook CD ROM for an example of a good Central Emergency Revolving Fund proposal.
- Submit the proposal to the regional office and EMOPS simultaneously. The regional office will review and endorse it. The EMOPS director gives clearance for forwarding to the Executive Director for consideration.

What to remember

- The Executive Director submits the formal request to the UN Office for the Coordination of Humanitarian Affairs (OCHA). A letter of understanding covering the repayment schedule and reporting requirements is signed and exchanged between the Executive Director and the Under-Secretary-General for Humanitarian Affairs.
- On receipt of the advance, DFAM issues a Programme Budget Allotment against the Consolidated Appeal Process ceiling.
- DFAM should provide a 'Financial status and expenditure report' to OCHA every six months and at the time of reimbursement of a Central Emergency Revolving Fund loan.
- The receipt and use of allocations from the Central Emergency Revolving Fund should be reported in the country office Annual Report and in the 'Consolidated emergency donor report'.

10. The 'pitch document'

Where the crisis dictates funding in excess of the fund reprogramming limits, a brief 'pitch document' should be issued within 24–72 hours. The document is designed to jump-start the fund-raising process by providing governments and National Committees with background information on the impact of the crisis on children and the action UNICEF is taking to deal with it. The country office (the representative, the senior programme officer and possibly the communication officer) is responsible for drafting it.

The 'pitch document' should be produced quickly, without waiting for the completion of the full UN assessment, but should indicate the coordination of effort in the UN assessment and first response. It requires approval from the regional office and EMOPS, which coordinates feedback from PFO, Programme Division and DOC. It is designed to be shared with governments and UNICEF National Committee donors, and should also be shared with the deputy director of fund-raising in the Private Sector Division in Geneva, which assists National Committees and provides funds for them to maximize their fund-raising activities. The document is followed by a more detailed plan as part of a Consolidated or stand-alone Appeal. See the *Emergency Field Handbook* CD-ROM for an example of a 'pitch document'.

What to do

- Provide background information outlining:
 - The areas to focus on and why.
 - The cause of the crisis.
 - The situation of the local population.

- Evidence of violence, deprivation, psychosocial distress or any lack of rights affecting children, with examples.
- Outline UNICEF's emergency response in terms of 'issues, action and impact' where:
 - 'Issues' are the risks facing children in the emergency.
 - 'Action' is what UNICEF does in emergencies (e.g., distribution of health kits). Citing examples of action in the 'pitch document' makes the situation more realistic and understandable to the reader.
 - 'Impact' is the change UNICEF's activities are expected to produce.
- Add a simple map of the country or emergency area if possible. If none is available, EMOPS will provide one.
- Include a budget with realistic estimates based on anticipated implementation levels. Provide a list showing some of the specific costs of the plan and give a range from a few cents to several thousand dollars so National Committees can tailor a request to each type of donor. Highlight the positive potential impact of early donor funding with concrete examples. Be sure to include costs arising from the emergency response operation for staff security, telecommunications, information technology (IT) infrastructure and logistics, and additional staff for input and output monitoring, real-time evaluation, telecommunications, IT, media, advocacy, etc. Explain the possibility of sharing such services and costs with other agencies. Be sure to add the recovery cost to the budget.
- Have the document endorsed by the regional office and cleared by the Humanitarian Response Unit, EMOPS. PFO and the Geneva office will then circulate the document to governments and National Committees.

What to remember

- Use brief, bold, action-oriented and dynamic language.
- Include names and telephone, fax and e-mail contact information for key personnel at country level, in New York (PFO) and in Geneva (Emergency Operations).
- If a Consolidated or stand-alone appeal is introduced, the 'pitch document' is subsumed into it.
- The document cover should include a relevant image and, if possible, a map of the crisis area.

11. Private-sector fund-raising

When UNICEF is active in emergencies that have a high profile in the media, there may be special opportunities for raising private-sector funds and for

building new supporter constituencies. A key resource for raising funds from the private sector in such situations is the 'GIFT [Global Initiative for Fund-raising Techniques] Manual', designed for National Committees and country offices. The 'GIFT Manual' provides step-by-step guidance to effective fund-raising from individuals, corporations and non-governmental organizations (NGOs).

The manual contains examples of emergency fund-raising and communication, outlines available support and sources of information and how to access them, shows how to maximize fund-raising tools to increase income, recruit more donors and upgrade donors during an emergency, and suggests ways to enhance communication tools.

See the 'GIFT [Global Initiative for Fund-raising Techniques] Manual', issued by the Private Sector Division and available on the Emergency Field Handbook CD-ROM. The manual was prepared for National Committees but contains information that is relevant to country offices.

What to remember

- During any contact with the media, do not forget to mention what the needs are as well as what has already been done, and remind the audience that they can get involved by making donations through the appropriate channels.

See 'You can help boost private sector support', available on the Emergency Field Handbook CD-ROM, for guidance on how to use media opportunities to encourage people to donate.

12. Communicating early on the needs of children: An overview

Within 72 hours – or earlier if possible – of an emergency arising, the country office must comment on the situation and needs of children, providing video and still imagery whenever possible, via local and international media.

The first step should be to estimate the damage and the threat to life-support services and the size and situation of the affected mother and child population.

See 'The initial assessment' and 'Assessment and monitoring' chapters.

The country office must determine whether a communication officer should be given additional support to handle the work of media liaison, National Committee visits, situation reports and other related tasks.

What to do

- Before a crisis arises, prepare basic facts concerning the numbers of children in a country and the kind of items that are needed in different emergency situations. When an emergency strikes, these notes can be used to put out a basic press release and to talk to journalists about how many children could be affected and what UNICEF needs to assess.

13. The first 48 hours

A number of communication tasks must be carried out at the onset of an emergency.

What to do

- Release some basic information to the media within the first 12–24 hours and maintain a steady flow of information.
- Determine the priority messages within the first 12 hours after an initial rough assessment of the emergency.
See 'The initial assessment' chapter.
- Establish contact with the UNICEF Operations Centre (OPSCEN), EMOPS Geneva and the emergency communication officer in New York. Remain available to them at all times and establish regular times to exchange information.
- Establish communication with sources at the emergency scene and with other UN agencies, government offices and participating NGOs.
- Develop a basic fact sheet on the emergency and UNICEF's response.
- Share information as soon as possible with the regional communication officer and DOC in New York and Geneva so that communication staff can answer questions from the media, National Committees and others.
- Facilitate clearance and access to the emergency site for key communication staff including a writer/coordinator, a photographer and a videographer, within the first 48 hours.
- The representative (or officer-in-charge) decides which UNICEF staff will be authorized to speak to the media and under what conditions and determines the roles that he/she and the communication officer should each assume in responding to media inquiries.
- Arrange a system for rapid clearance of press releases or advisories, making sure that the representative or the officers responsible for clearance are always available so that communications are not delayed.
- Arrange field visits for journalists and interviews with people affected by the emergency where appropriate, as well as with UNICEF staff involved in the emergency response.
- If additional support is required, DOC has a roster of experienced communication officers around the world who can be directed to an emergency within days.

What to remember

- Those charged with speaking to the media should always be reachable.
- OPSCEN can be reached 24 hours a day at 212-326-7222, fax 212-303-7924 (emergency telephone: 212-888-7468), and by e-mail at opscen@unicef.org.
- Being the first to provide journalists with information means that they will come back to UNICEF as a source.

14. Preparing and issuing a press release

The primary function of a press release is to serve as news copy. UNICEF press releases are issued in one of two ways: Country offices prepare and issue their own national press releases as they see fit, or New York headquarters prepares and issues global press releases, in consultation with the country office and typically in coordination with UNICEF's Geneva office. Global press releases are designed to attract donor attention, affirm UNICEF policy and priorities and influence other actors.

What to remember

- Press releases should be issued as soon as possible, and no later than 72 hours after the start of a rapid-onset emergency.
- Press releases issued by country offices do not need clearance from New York headquarters. However, in some sensitive situations, a country office may be asked to pass every press release through the Media Section in New York.
- National press releases that quote the Executive Director must be cleared in New York.
- Timeliness is extremely important. Press releases regarding emergency events are typically hard-news releases and must get out quickly.
- Good news stories are based on real news backed up with facts. They are clear, timely and relevant, use quotes and provide context and colour.

For detailed guidance on preparing a press release see the powerpoint 'Writing Press Releases', available on the Emergency Field Handbook CD-ROM or on the UNICEF Intranet at www.intranet.unicef.org/docny/commtoolkit.

For examples of emergency-related press releases, go to the UNICEF Internet at http://www.unicef.org/media/media_pr_emergencies.html.

15. Speaking to the media

The Executive Director is the spokesperson for the organization when an emergency calls for specific action at the global level. The representative must be prepared to speak out on issues related to the rights and needs of children

and on UNICEF activities. The representative can and should authorize project staff to speak to the media, especially when journalists are seeking to interview nationals of their own country or staff with local language skills.

What to do

Tips for interacting with the media

- Don't be intimidated.
- Don't be afraid to say "I don't know."
- Be factual; do not provide figures unless they can be verified.
- Be clear; do not dwell on ambiguities.
- Don't assume the world knows the story; UNICEF must get it out.
- Be positive; do not criticize others.
- When faced with a contentious question, use a 'bridging statement' to introduce a message or make a point. For example:
 - "I understand your concern, but the real issue here is..."
 - "That's one way to look at the issue, but let me ask you to consider this..."

What to remember

- Statements from representatives and other UNICEF staff should be relayed immediately to New York, Geneva and the regional office.

For additional points to be considered when speaking to the media, see 'You can help boost private sector support', available on the Emergency Field Handbook CD-ROM.

16. Getting the story out and being available

What to do

- Put in effect a rota list of communication officers to ensure 24-hour coverage.
- Get out of the office as much as possible to visit emergency sites and confer with members of the media; go to hotels and meet journalists who are located there.
- Apprise the representative and country office staff of anything useful heard from the media.
- Establish UNICEF as a source of information. If there is no UNICEF story immediately available, use specialist knowledge of the situation to establish relations with the media.
- Distribute the names and contact numbers of UNICEF officials involved in the emergency.

- Be ready to offer a place on an aircraft or truck carrying supplies to journalists who are eager to reach affected areas. Give places to journalists representing the most influential or development-oriented media outlets, but do not imply or expect that this will 'buy' coverage favourable to UNICEF.
- Maintain a list of 'baseline' facts on children and women prior to the emergency – population, malnutrition rates and so on. These can help to frame an understanding of the emergency and measures to cope with it and serve as the basis of an early press release, especially in the first few hours of an emergency when extensive information from the affected area is not available.
- Keep up-to-date estimates of the affected population and the proportion of women and children, the number of people served by UNICEF supplies, and a description of those supplies, their value, where they come from and how they are distributed.
- Prepare a short briefing paper, based on the basic fact sheet on the emergency developed in the first 24–48 hours, with essential background facts about the country, the area affected by the emergency and UNICEF's role there.
- Immediately start filing stories, including video footage and photographs, to the regional office, Geneva and New York headquarters. If the international press is not on hand, information must be provided by UNICEF until journalists arrive.
- Maintain relationships with communication officers of other UN organizations (including peacekeepers if relevant), NGO partners and the government press office.
- Be ready to respond with the facts in case UNICEF is wrongly criticized.
- Convey warning of controversial issues that may arise to New York headquarters and Geneva.

What to remember

- The media work to deadlines, and speed is critical. Always return calls as soon as possible. Contact colleagues and other information sources as early as possible each morning to be ready to brief the press and respond to inquiries.
- When there is only one communication officer available, be sure to make use of other staff to perform basic tasks like taking messages from the media and ensuring a fast response.
- Only provide figures if they are known to be accurate, and always cite their source.
- Evaluations, comparisons and predictions should not be made by communication officers. If they are to be included, they should be in quotes from identified expert sources.

- Ensure that UNICEF-branded materials (caps, T-shirts) are visible.
- Be firm in setting ground rules for journalists to prevent possible interference with emergency operations and to protect children and UNICEF colleagues.
See 'Checklist for communication officers in emergencies', available on the UNICEF Intranet at www.intranet.unicef.org/docny/commtoolkit.

17. Basic equipment for communication purposes

The following items are essential tools for conveying UNICEF's message on children and women.

What to remember

- Mobile and satellite phones (e.g., Thuraya hand-held satphone).
- Digital video camera and stock of video cassettes – contact the Internet, Television, Radio and Interactive Section (ITRIS) in DOC for exact specifications.
- DVD and CD-ROM burner.
- Digital still camera with extra memory cards for storing photographs.
- Digital audio recorder with microphone and extra storage media.
- Extra camera batteries.
- Minidiscs and microphones.
- Laptop with e-mail and word-processing software, video and photo-editing software, and video file-compression software.
- Fax machine.
- Colour printer.

18. Gathering human interest stories

What to do

- Contact local authorities and partners to brief them on the objectives of the stories and obtain relevant permissions.
- Get as much concrete information as possible, using a checklist of the most important basic questions – name, age, place of birth, education level, family situation, exposure to violence, etc.
- Relate questions to human rights, noting how these rights are affected.
A quick guide to provisions on children's rights in key international treaties is available on the Emergency Field Handbook CD-ROM.
For more on UNICEF's monitoring, reporting and advocacy role in emergency situations, see the 'Child rights monitoring, reporting and advocacy' chapter.

- Detail the way UNICEF's work is helping relieve the emergency; note how specific UNICEF activities are having an impact on lives.
- Always try to secure some photographs of the principal people – children or others – who are the focus of the story, including both portrait and action shots.
- Take an even mix of portrait and activity pictures.

What to remember

- Written permission to photograph children or adults in a public situation is usually not needed (though the wishes of those who indicate that they do not want to be photographed should be respected).
- The visual identity of children needing special protection – such as victims of exploitation, child soldiers carrying weapons or any child at risk of reprisal if identified – should be hidden, either by photographing them from the back or in silhouette, or by photographing a hand or other detail. Their names should also be changed.
- Captions are key for appropriate use and distribution to the media. Each image should include the name and function of all the principals in an image, what is happening and where (in a village, district, etc.), and whether it includes any UNICEF intervention.
- Be sensitive to common practices in the country.
- Take landscape pictures to put the portrait and activity pictures in context.
- Include UNICEF materials in photographs where natural and appropriate; do not 'stage' pictures.
- Keep authorities informed of activities at every step.

19. Posting stories on the UNICEF website

The UNICEF global website is particularly interested in stories about events, crises or situations that have attracted international media attention, or eyewitness accounts by staff describing what is happening and underlining the need for support and contributions from UNICEF. There is also a strong interest in stories about events or initiatives that affect multiple countries.

What to do

To provide stories

- For placement on the global UNICEF website, send stories to webemergency@unicef.org, maintained by the ITRIS newsdesk. This address is checked frequently; material will be picked up by assignment editors.
- At the same time, send stories to mkc@unicef.org for posting on the Marketing Knowledge Centre (MKC Online) part of the UNICEF Intranet, which is dedicated to fund-raising.

- Keep news stories for the web quite short (i.e., 250–500 words). Feature stories should be up to 750 words. In exceptional cases, where a story requires additional detail, these limits may be exceeded.
- Put the most important information first, with less important or background information later.

To provide photographs

- E-mail photographs, related captions and background information to webemergency@unicef.org and to the Photo Unit at photo@unicef.org (maximum of one image per e-mail message with maximum total attachments size of 5 MB).
- Use JPEG format only, with no additional compression. Do not embed photos in Word or PDF files.
- If there are a large number of images, contact the Photo Unit to request a photo FTP address.
- Each photo should have a caption including:
 - Name or function of all principals in the image.
 - What is happening in the picture.
 - Exactly where it is happening – name of village, district, etc.
 - Whether the people shown have benefited from any UNICEF intervention.
 - Date of photograph.
 - Photo credit.

To provide video/audio

- Send an e-mail message (do not include video or audio material) to webemergency@unicef.org:
 - To inform the Web Unit of the material.
 - To find out how to transfer video files. This is worked out on a case-by-case basis.
 - To transfer audio material in a digital format directly to ITRIS (maximum of 5 MB of files per message).
- Use a tripod and a supplemental microphone when shooting video. Interviews against a simple, uncluttered background produce the best results.
- Include a shotlist and script with all videos.
- Provide the names of the people featured and explain who they are.

What to remember

- Specific sources for information should be cited in parentheses to aid web managers with fact checking.
- Be careful to spell names correctly as website managers have no way of checking them.
- Stories do not have to be perfect. They will be edited in New York.
- Stories should be accessible to the reader and should not contain UNICEF jargon. 'Diary' formats – where UNICEF staff members talk about what they have seen and done each day – work well.
- In the case of a filmed interview, indicate what language it has been conducted in.
- Adherence to the technical requirements for photo images is very important and prevents unnecessary follow-up work.

20. Situation reports

The emergency situation report (sitrep) is intended to give a general overview of the developing situation and UNICEF activities in an emergency. Sitreps are critical for informing senior management in New York about the situation on the ground and UNICEF's actions. They are invaluable to DOC for use in press releases, briefings and fund-raising outreach. At the beginning of an emergency, sitreps are issued on a daily basis, then weekly or biweekly as circumstances change. They explain what is happening in the affected area, what UNICEF is doing about it, the expected impact, the obstacles faced and what support is needed.

In offices with ongoing emergencies, sitreps are typically the responsibility of the reports officer, who also takes care of donor reports, etc. Where there is no reports officer present, the sitrep is the responsibility of the communication officer, though it might be possible to identify local consultants to prepare them.

A template and several examples of good sitreps can be found on the Emergency Field Handbook CD-ROM.

What to do

- Include the following information in the report, using the format 'issues, action and impact' when addressing the first three points:
 - The humanitarian situation: the nature of the crisis (refugee influx, internally displaced population, loss of shelter, suspension of basic services); the location and estimated number of affected populations; the number of affected children (if possible broken down into wounded, separated, etc.).

- UNICEF's role and actions: the main areas of intervention by sector (including geographic coverage and number of beneficiaries); the number of people UNICEF is supporting; a description of supplies UNICEF delivered, including quantities, value, source, means of transportation.
 - The impact of the emergency on children.
 - Security: the general situation; the location and welfare of staff; security incidents; the presence and number of field security officers.
 - Updates on political developments: important statements; updates from peacekeepers; local press reports; etc.
 - Funding status.
 - Challenges.
 - Supply and logistics factors such as planned supply inputs, details of supplies required in the first 72 hours, local procurement options and anticipated transport and storage requirements.
 - Partner information.
 - Support required from the region and/or headquarters.
 - Contact names and numbers in the country office.
- Send the sitrep to OPSCEN, the director of EMOPS and the regional director. OPSCEN will circulate it to all divisions in headquarters, the regional office and the Geneva office.

What to remember

- Sitreps are internal documents.
- The first weeks of an emergency are usually the most critical, and sitreps must be released on a daily basis. As the situation develops this may become weekly or biweekly.
- The need for a reports officer or related staff should be assessed early on in an emergency situation.

See the 'Human resources' chapter for information on how to obtain additional staff.

21. National Committee visits

In emergency situations a country office may receive a field visit request from a National Committee. In deciding whether to authorize a visit, the country office must balance the need for publicity and rapid funding in an emergency with the prevailing situation and the material and human resources that the visit will take up.

The decision to authorize a National Committee visit during an emergency lies with the country representative. Country offices facing an emergency should

always inform the Geneva office of their position on field visits. This position may change as the crisis enters different stages.

What to do

- Provide the Geneva office with a clear time frame and parameters for National Committee visits, citing:
 - The reasons for setting the limit.
 - When visits will be authorized. For example, no visits may be made for seven days, after which the time frame can be reconsidered.
 - The number of visitors to be authorized, including accompanying journalists.

What to remember

- If National Committees are able to obtain ample, reliable information through Geneva, they are less likely to submit requests for information directly to field offices or to see a field visit as urgent.
- When authorizing a visit, consider:
 - Whether funding is required from National Committees or whether it can be redirected from current funding.
 - Logistical capacity.
 - Staff availability.
 - Political sensitivity. Some governments may not welcome the presence of foreign agencies or journalists.

22. Appeals: An overview

Appeals are any request for money to fund programmes. They can be made to private or government donors through UN-wide mechanisms or independently, according to the circumstances. In line with UNICEF's Core Commitments for Children in Emergencies, country offices must, within one month, prepare an emergency appeal in coordination with PFO and other UN agencies, and be ready to provide proposals geared to specific donors.

The appeals covered here include Flash Appeals, the Consolidated Appeal Process, stand-alone appeals and donor proposals in general. Flash Appeals centre on a specific crisis. In an emergency a Flash Appeal is typically launched to help with immediate needs and, if necessary, is followed by a Consolidated Appeal, which covers an extended time period. Both are inter-agency appeals. In some circumstances, when no inter-agency appeal is planned, UNICEF may issue a stand-alone appeal.

Examples of actual appeal documents can be found on the *Emergency Field Handbook* CD-ROM.

What to remember

- Monies received through a Consolidated Appeal, Flash Appeal or stand-alone appeal are counted against the appeal target (i.e., the ceiling).
- In the case of risk-prone countries, it is important to think about and prepare for potential appeals in advance. These standby proposals should be reviewed and updated regularly.

23. Flash Appeal

The Flash Appeal is a tool for coordinating fund-raising and humanitarian response among participating UN Inter-Agency Standing Committee (IASC) organizations. It is normally issued to respond to smaller emergencies, especially natural disasters, and is triggered by the UN humanitarian coordinator, in consultation with the IASC Country Team and following endorsement by the UN emergency relief coordinator and the IASC. The government of the affected country is also consulted as required. The Flash Appeal is issued between the second and fourth weeks of the onset of an emergency and covers needs for the first 3–6 months.

What to do

- Country offices submit projects developed in collaboration with partners to OCHA for inclusion in the Flash Appeal.

What to remember

- UNICEF's portion of the Flash Appeal should reflect the Core Commitments for Children in Emergencies.
- UNICEF's portion of the Flash Appeal should be endorsed by the regional office and shared with EMOPS before being finalized and submitted to OCHA. EMOPS will circulate the draft to Programme Division, PFO and other relevant headquarters divisions for their technical review and will provide feedback to the country office.
- Where a Consolidated Appeal has already been issued, there should be no Flash Appeal. If new emergencies break out or circumstances deteriorate in countries that already have a Consolidated Appeal, a 'revision' of the Consolidated Appeal will be put out.

24. The Consolidated Appeal Process

The Consolidated Appeal Process is the most important fund-raising tool for the UN in emergencies. The General Assembly created the Consolidated Appeal Process as a way for all UN agencies and partners to identify common goals and priorities and to develop, implement and monitor strategic plans of action. It is launched annually, in agreement with the government. If an emergency continues beyond the time frame of a Flash Appeal (3–6 months), the UN emergency relief coordinator and IASC, in consultation with the UN humanitarian coordinator and the IASC Country Team, may determine that the emergency is either ‘complex’ or ‘major’, necessitating a Consolidated Appeal. The Consolidated Appeal is prepared according to specific technical guidelines.

The Consolidated Appeal Process is coordinated and governed by OCHA. It provides an opportunity for the humanitarian aid community to combine strategy, clarify the roles of all humanitarian actors and prioritize emergency activities. It ensures common analysis, strategic planning, resource mobilization, coordinated implementation and joint monitoring and evaluation.

See the PFO web pages on the UNICEF Intranet (Programme Funding/PFO Information Database/Emergency Fund-raising) for complete details on the Consolidated Appeal Process.

What to do

When preparing a Consolidated Appeal

- Find the IASC technical guidelines on the Programme Funding Office portal of the UNICEF Intranet.
- Contact Programme Division and the Humanitarian Response Unit in EMOPS for additional technical guidelines regarding UNICEF country office contributions to the Consolidated Appeal Process.
- Participate in the process with other UN agencies and other organizations: Assess the crisis, identify beneficiaries and their needs, develop strategies and prioritize actions.
- Ensure that the Core Commitments for Children in Emergencies are adequately reflected.
- Design sector-specific project proposals with clear objectives and indicators.
- Include realistic budget targets based on implementation levels and capacity. Project submissions should include line items for:
 - Programme costs.
 - Programme support costs. These should be fully justified in the narrative, including emergency-derived costs for staff security, telecommunications, logistics, media, advocacy and monitoring and evaluation, and should explain the possibility of sharing such services and costs with other agencies.

- Recovery costs.

What to remember

- The government must be in agreement with appeals made through the Consolidated Appeals Process, or the UN cannot accept the money.
- If possible, have an internal retreat of key country office, regional office and headquarters staff. This can strengthen UNICEF's portion of the appeal.

25. Stand-alone UNICEF emergency appeals

UNICEF may feel that the needs of children and women necessitate an emergency response that cannot wait for the finalization of a Consolidated Appeal, or when no inter-agency response is contemplated. The organization may then launch a stand-alone appeal, informing OCHA.

What to do

- Within 24–72 hours, prepare a donor proposal outlining:
 - Children and women's rights and priority needs within the Core Commitments for Children in Emergencies.
 - UNICEF activities, linking them to efforts of other key humanitarian actors and existing country programme strategic results.
 - The anticipated impact of the proposed action on the affected population.
 - Clear objectives and indicators.
 - Indirect programme costs, including costs arising from the emergency response operation for staff security, telecommunications, IT infrastructure, logistics and staff for input and output monitoring, real-time evaluation, telecommunications, IT, media and advocacy.
 - The recovery cost should be included in the budget.
- Submit the proposal to the regional office for endorsement, and to EMOPS, which will coordinate feedback from PFO, Programme Division and EMOPS.

What to remember

- Because it might be incorporated into a Consolidated Appeal, a stand-alone appeal should cover activities that could form part of a Consolidated Appeal and refer to the fact that it is an 'interim' measure.
- Budgets should be realistic.
- Concrete examples should show how early donor funding has a positive impact.

26. Donor proposals

Donor proposals are often coordinated with the UN and IASC Country Team from the very beginning of an emergency. UNICEF can circulate them immediately without waiting for a coordinated effort. These proposals would be incorporated into any Flash Appeal or Consolidated Appeal Process that would follow.

Some donors require a specific format for their proposals. The PFO donor profiles listed on the UNICEF Intranet provide information on format requirements and give examples of proposals (click on Programme Funding/PFO Information Database/Donor Profiles). The PFO cluster responsible for relations with government donors advises the country office of the best practice for particular donors. For proposals of the European Commission Humanitarian Aid Office, an extremely important partner in emergencies, visit the UNICEF Intranet at: www.intranet.unicef.org/brussels/handbook/ECHO%20projects/ECHOproject.htm.

What to do

- Contact PFO or the Brussels office for further guidance.
- Inform the Geneva office of any proposals sent directly to National Committees.

27. Donor updates

Donor updates are short reports giving a precise overview of an emergency, recent developments, UNICEF's response in terms of activities, achievements and constraints, the latest information on overall donor response, and the likely impact of underfunding, with priority requirements. They outline money received, expenditure, what is still needed and why.

Donor updates differ from donor reports, which are more lengthy and comprehensive annual accounts.

Donor updates can be prepared by the reports officer if there is one. They are distributed electronically among donor missions in New York, Geneva and National Committees, posted on UNICEF's website and circulated at donor briefings and press briefings.

What to do

- Use the annex to 'UNICEF humanitarian action: Donor updates: A writer's guide' as a template for donor updates. This document is available on the *Emergency Field Handbook* CD-ROM.
- Include the following information, using the format 'issues, action and impact':
 - An overview of the emergency and recent developments.
 - UNICEF's response: activities, achievements and constraints.
 - Appeal requirements and money received to date.

- The impact of underfunding and current priorities.
- Use headlines to emphasize the most important points in each paragraph.
- Include tables and graphics where possible, or send raw data to EMOPS Geneva for inclusion in the update.
- Add a simple map of the country or emergency area if possible. If none is available, EMOPS will provide one.
- Paste photographs into the text or send them separately, bearing in mind that large photographic files may hinder e-mailing. (*See topic 19 for technical guidelines for digital images.*)
- Give numbers and titles to maps, photographs and graphics.
- Quote the exact gross donor contributions received (incorporating all indirect costs).
- Send draft updates to EMOPS Geneva where they will be reviewed and given clearance before being circulated.

What to remember

- Updates should be no longer than three pages.
- Be careful with UN or country-specific acronyms, which may not be familiar to non-specialists.
- Draft editions of updates should not be circulated outside the country office.

28. Donor reporting

An annual consolidated emergency report should be prepared for each Consolidated Appeal or emergency appeal.

What to do

- The consolidated report should include the narrative emergency report (22–25 pages maximum), together with a one-page description of the implementation as it relates to the individual Programme Budget Allotments under the Consolidated Appeal Process, and the related funds-utilization reports (printed from rover reports 'pbautil20.imr' or 'pbautil30.imr').
- Submit the report to the PFO director by 1 April of every year.
- Share the report with local embassies (PFO officially transmits the report to government).
- Ensure recording of 'report sent' in ProMS for each contribution. Otherwise, Cognos management reports will show them as overdue.
- Send the report to the National Committees that have provided contributions, copying the Geneva office.

What to remember

- Country offices should link reports to donors with the original proposal and any negotiated agreement.
- For guidance on format, refer to parts 1–3 of the country office Annual Report.
- PFO sends updated guidelines and lists of countries that require emergency reports annually.
- A reports officer can assist with donor reporting.

What to remember

- Thematic reporting has a specific procedure.

See 'Thematic Contributions' (CF/AI/2003-35) for current guidelines. This document is available on the Emergency Field Handbook CD-ROM. The guidelines for thematic reporting are updated annually and are posted on the UNICEF Intranet.

29. In-kind assistance**What to do**

- The country office should inform PFO, Private Sector Division and the Geneva office if it receives an offer of in-kind assistance that meets its emergency requirements.
- The fund-raising units will forward all offers for supplies to the deputy director of Supply Division in New York for processing. In-kind assistance will then be recorded as contributions against the budget or Consolidated Appeal Process ceiling.
- The fund-raising units will also forward all offers of in-kind staff secondments to the Division of Human Resources.

What to remember

- Supplies provided 'in kind' should be delivered by the donor to the first point of entry into the country with all transport, insurance and distribution costs paid.
- Donated drugs should meet the specifications of the World Health Organization, have appropriate packaging and labelling, and have at least two thirds of the manufacturer's shelf life remaining.

See CF/EXD/2004-12 (7 July 2004) for the latest guidance on in-kind assistance. This document is available on the Emergency Field Handbook CD-ROM.

6.3 HUMAN RESOURCES

This chapter of the *Emergency Field Handbook* is a guide on how to implement the human resources components of the Core Commitments for Children in Emergencies. It describes what country offices need to do to get assistance from the Emergency Response Team, how to rapidly identify and recruit or redeploy staff and how to obtain support from New York headquarters and the regional office in an emergency. Also covered are descriptions of many of the emergency training and learning programmes that have been developed by UNICEF and how to access them. In addition, the chapter outlines the safety and security measures and procedures that are in place to ensure that UNICEF staff can carry out their duties with confidence during an emergency, and it provides tips on protecting against HIV/AIDS exposure, handling critical incidents and managing stress. This chapter further highlights standards of behaviour under the UN Staff Rules, specifically focusing on the prevention of sexual exploitation and sexual abuse, and the obligation by all staff to report concerns or suspicions of abuse.

Core Commitments for Children in Emergencies:

Human resources

To ensure the timely deployment of experienced staff, UNICEF will:

First six to eight weeks

1. Identify and deploy experienced staff through internal deployment, external recruitment and standby arrangements with partners.

See topics 4–10

- Country offices to identify staffing needs drawing from the preparedness plan and management plan; regional offices and headquarters to provide support when required.

See topics 3–9

Beyond initial response

2. Provide all staff with basic information and training on emergency preparedness and response, supported by pre-deployment orientation, ongoing training and learning initiatives, and post-deployment debriefings.

See topics 12–15

3. Maintain and enhance UNICEF's policies for staff serving in emergency duty stations, while responding to operational needs and to the needs, safety and security of staff.

See topic 11

4. Provide all staff with information and support to address their well-being, including information on safety and security measures and procedures, HIV/AIDS, critical incidents and chronic work stress.

See topics 14–15

5. Ensure that staff conduct themselves at all times in a manner befitting their status as international civil servants and avoid any actions that may adversely reflect their integrity, independence and impartiality. In particular, provide staff members with the UN rules governing behaviour related to sexual exploitation and abuse contained in the Secretary-General's bulletin ST/SGB/2003/13 of 9 October 2003. In accordance with UN rules, implement a monitoring and complaints mechanism within the organization.

See topics 16–18

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1. Priority action checklist

What to do

- Assess staffing needs. Consult the emergency preparedness and response plan and contingency plans, as applicable.
- Redeploy existing in-country staff to the emergency location.
- Contact the regional office for assistance in the rapid assessment of emergency human resources needs. Update the staff mobilization plan in the emergency preparedness and response plan.
- If necessary, request deployment of one or more members of the Emergency Response Team based in New York headquarters.
- Use other options for quick staff deployment, including internal redeployment and external recruitment.
- Activate procedures for using standby partners through the focal point of the Office of Emergency Programmes (EMOPS) in Geneva.
- Make sure staff members are briefed on security risks and threats and related procedures.
- Make sure all staff members are aware of UNICEF's guidelines and resources for helping them deal with critical incidents.
- Make sure all staff have copies of the Secretary-General's bulletin 'Special measures for protection from sexual exploitation and abuse'.

2. Human resources in emergencies: An overview

Coping with an emergency requires an immediate and effective response and qualified staff to carry it out. Having a staff mobilization plan in place before the emergency occurs is an essential first step to identifying staff deployment needs in the event of an emergency. The plan is part of each office's annual emergency preparedness and response exercise.

In an emergency, offices should first redeploy and utilize existing staff in-country. The country office should request the immediate support of the regional office in emergency needs assessment and identifying staff that can be redeployed to the country concerned. Offices should also contact EMOPS, which can mobilize staff from the Emergency Response Team as needed in areas of emergency coordination, telecommunications, human resources and supply/logistics. EMOPS, Geneva office, is responsible for securing additional personnel through arrangements with UNICEF's standby partners. Communication staff can also be provided by the Division of Communication (DOC).

3. Being prepared: The staff mobilization plan

The staff mobilization plan is the central planning tool and relates directly to the preparedness phase, based on three main criteria:

- Current staff capacity in the office in each functional area and office staff structure.
- Scope of potential emergencies (natural disasters as well as complex emergencies), including cross-border effects from or support to neighbouring countries.
- Additional staff required to meet these projected challenges to the office.

4. Options for deploying staff: An overview

There are internal and external deployment options. In an emergency, the first response of a country office is to redeploy existing in-country staff to work in the emergency area. Other internal options include deployment from other UNICEF offices in the region or the regional office, from the Emergency Response Team (in the areas of emergency coordination, telecommunications, human resources and supply/logistics), and through DOC (in the area of communication). External deployment can be secured through global standby arrangements with UNICEF partners and through recruitment of staff from outside UNICEF on individual contracts.

What to do

- Prepare terms of reference for required additional staff using sources on the Intranet. Generic profiles of many emergency-related positions are expected to be available on the Intranet in 2005.
- Prepare funding source for additional needs: cash requisition (CRQ) number, programme budget allotment (PBA) number and programme and project codes.
- Review profiles of candidates for internal redeployment using available systems, i.e., the Global Web Roster and Human Resources Information System on the Human Resources portal of the UNICEF Intranet. Consult the Selection Advisory Panel/HR, Talent Pool, when the system becomes available in the field during 2005/2006. Contact the human resources emergency focal point at New York headquarters to activate internal redeployment. The relevant geographic cluster should be copied from the outset.

What to remember

- Provide regular feedback and progress reports on internally redeployed staff to the emergency focal point, Division of Human Resources (DHR), and the regional human resources adviser.

5. Deployment from the regional office and other UNICEF offices

Offices may request the regional office to deploy the regional emergency officer to assist in conducting a rapid assessment of needs, including the need for more staff. The regional office should be able to deploy staff within the first 48 hours of the onset of an emergency. DHR and the regional office can also pre-identify staff from other offices in the region for immediate redeployment to the country office facing the emergency. Staff may be redeployed on short-term mission or inter-office transfer. A short-term mission could last from three months to one year and must be coordinated by DHR.

What to do

- Contact the regional emergency officer to request his or her support to work with the office on a rapid needs assessment.
- Contact the regional human resources officer to request the immediate redeployment of staff from other offices within the region.

6. Deployment from the Emergency Response Team

At the onset of a large-scale emergency, EMOPS can mobilize one or more members of the Emergency Response Team, which is currently made up of five UNICEF staff members in the areas of emergency coordination, telecommunications, human resources and supply/logistics. The team is deployed to the affected country at the request of the director of EMOPS, and country offices are responsible for covering the costs of using its members.

Examples of Terms of Reference for all Emergency Response Team positions are available on the Emergency Field Handbook CD-ROM.

What to do

- Contact the emergency focal point in DHR and the director or deputy director of EMOPS to consider mobilizing staff from the Emergency Response Team. Make a formal request directly to the director of EMOPS.
- Contact the regional communication adviser and copy the director of DOC to consider mobilization of communication staff.

7. External recruitment

External candidates listed on the Global Web Roster can be recruited to carry out various functions in an emergency; they can be recruited to fill short-, medium- and long-term posts, including posts vacated by staff members who accept emergency assignments. Depending on the level of preparedness of the country office, external recruitment in emergencies can generally take 2–3 weeks.

The country office undertakes the contracting process related to consultants and independent contractors, i.e., special service agreements (SSAs).

DHR processes and services temporary fixed-term (TFT) and fixed-term appointments for international professionals. However, identification and sourcing for these consultants, contractors and TFT candidates should be undertaken by the country office.

What to do

- Prepare Terms of Reference for required additional staff using sources on the Intranet. Generic profiles of many emergency-related positions are expected to be available on the Intranet in 2005.
- Prepare funding source for additional needs, including CRQ number, PBA number, and programme and project codes.
- Contact the emergency focal point in DHR, New York headquarters, to process the recruitment.
- Review external recruitment candidates on the Global Web Roster as well as from other available sources, such as referrals from staff members, local non-governmental organizations (NGOs) and other UN agencies.
- Contact potential candidates and find out whether they are interested and available. Notify the emergency focal point in DHR and the regional human resources adviser about candidates under review.
- For temporary fixed-term contracts, send a request to the emergency focal point in DHR to initiate recruitment of the external candidate(s), in coordination with the relevant geographic cluster in DHR. The request should include the following documents:
 - Request for appointment of temporary personnel on fixed-term contract (CF/AI/1991-09). The funding source should be included in the form.
 - Terms of Reference.
 - P-11 form.
- Contact the candidate to ensure that he or she has completed the CD-ROM interactive course 'Basic security in the field: Staff safety, health, and welfare', which is required of new contracts. A copy of the certificate needs to be sent to the travel office prior to deployment.

- Coordinate the process for obtaining the candidate's visa for travel to the emergency country if travel is not out of New York (travel out of New York is coordinated by DHR). DHR also coordinates medical clearance of all candidates.

What to remember

- It is generally preferable to recruit external candidates on temporary fixed-term contracts and not consultant contracts (former SSA). Temporary fixed-term contracts provide staff with benefits to which UN staff members are entitled, such as the UN laissez-passer, coverage under malicious acts insurance and relocation costs. Consultants are not entitled to these benefits.
- New staff should complete the 'Welcome to UNICEF: An orientation' CD-ROM course.

8. Standby arrangements

Standby arrangements with UNICEF partners allow for rapid deployment of non-UNICEF staff in an emergency. Standby partners maintain rosters of qualified and experienced professionals who are trained to support emergency humanitarian actions. In acute situations, standby personnel can be deployed within 72 hours. Consultants engaged via standby arrangements are provided by donor government agencies, and there are usually no costs for UNICEF. UNICEF's current standby partners are the Danish Refugee Council, the Norwegian Refugee Council, Registered Engineers Australia and the Swedish Rescue Service Agency. Guidelines on how to request standby personnel will be distributed in 2005.

What to do

- Prepare terms of reference for required additional staff using templates on the Intranet. Generic profiles of many emergency-related positions are expected to be available on the Intranet in 2005.
- In the event that UNICEF funds are required, identify a funding source for additional needs: CRQ number, PBA number, and programme and project codes.
- Contact the EMOPS focal point in Geneva to request support through partner standby arrangements and for related guidelines.

What to remember

- It can be extremely important to act quickly when considering use of standby personnel. In large emergencies, many organizations make use of the same general pool of standby personnel.

- Country offices that have deployed personnel under standby arrangements need to initiate contract renewals one month prior to the expiration of the present contract. Send requests to extend deployed standby personnel to EMOPS Geneva.
- Provide feedback on personnel deployed through standby arrangements to the EMOPS focal point in Geneva immediately after the assignment ends.

9. Country office responsibilities in the deployment process

Country offices are responsible for the practical arrangements involved in deploying staff to the emergency area.

What to do

- Obtain necessary security clearances; arrange for UNICEF or UN identification cards to be issued; facilitate entry visas and other travel documents; and make local travel and lodging arrangements for staff members.
- New staff members should be assigned a supervisor and included in the office organization chart, in staff lists and matrices, and in the office security plan.
- Supervisors should review terms of reference with new staff on arrival.
- Provide an orientation briefing for all new staff on their arrival (or when they take up their post) on programmes, operations, security, entitlements, standard rules, etc. Explore the possibility of providing a half day of training on emergency-related issues for all staff.
- Provide necessary equipment such as a laptop computer, VHF radio and mobile phone.

10. Covering the costs of staff redeployment

When UNICEF staff (international and national) are redeployed on mission status to an emergency, the country office is responsible for the following costs:

- Round-trip transportation from the staff member's duty station to the emergency location.
- Daily subsistence allowance for the full duration of the redeployment. If the country office provides accommodation, the daily assistance allowance may be reduced by 50 per cent.
- Air terminal expenses and excess baggage.
- Hiring a replacement (back-filling), if needed, in the post being vacated while the staff member is on mission.
- Hazard pay, if applicable.

For national staff, if the redeployment is for more than three months, the country office also has to pay the difference between the staff member's local salary and the international salary commensurate with the level of duties being carried out.

See 'Emergency response loans of staff administrative instructions' (CF/AI/2001-004), available on the Emergency Field Handbook CD-ROM and the UNICEF Intranet, for more information.

What to remember

- Costs of additional staff deployment should be included in budget estimates for the emergency programme (i.e., through the requests from emergency funding mechanisms and in any inter-agency appeals).
- As part of emergency preparedness planning, country offices are encouraged to set aside 5 per cent of regular resources for emergency purposes in order to expedite UNICEF response in an actual emergency. This reserve funding is especially important in countries prone to emergencies or natural disasters.

11. Roles and functions of human resources officers in emergencies

The following checklist covers the roles and functions of human resources officers in conjunction with other critical staff in the office. It also provides an overview of key actions to be taken on staff deployment, security and well-being in emergencies, as well as contractual and payment procedures.

What to do

Assessment and monitoring

- Ascertain immediately the safety, location and needs of staff and their family members, consultants and visitors.
- Set up the appropriate mechanisms to closely monitor the threats to and needs of staff in the period following the incident or emergency.
- Identify the functioning and available local emergency services (such as medical services, hospitals, stress counsellors and fire services) and provide staff with details of these services.
- Review preparedness and response plans with a special focus on additional staff requirements that may be outlined in the plan.
- In consultation with programme sections, undertake a review of the preparedness plan to facilitate the early identification of staffing needs and enhance readiness.

Staff mobilization and recruitment

- Utilize the appropriate options for rapid deployment of staff: redeployment from within the country; redeployment of staff from the regional and/or other UNICEF offices; deployment from the Emergency Response Team; external recruitment (from country, regional or global rosters); and recruitment through standby arrangements with bilateral organizations and NGOs.
- Recruit additional local staff based on needs.
- Provide an orientation briefing for all new staff on their arrival (or assumption of responsibility) on programmes, operations, security, entitlements, standard rules, etc. Explore the possibility of providing a half day of training on emergency-related issues for all staff.
- Brief staff on issues relating to HIV/AIDS. For further guidance, consult the 'Tool kit for office managers on HIV/AIDS in our workplace', which lays out step-by-step checklists for attainment of UNICEF minimum standards on HIV/AIDS in the workplace.
- Facilitate rapid issuance of ID cards for new staff and check validity of ID cards of all staff, especially those required to travel to affected areas.
- If setting up operations in a new office, ensure that a competent, knowledgeable and experienced operations or finance officer is part of both the team that will carry out initial assessment of the situation and the team that will be entrusted with the task of organizing systems and procedures.
- Minimize the occurrence of quick staff turnover in key positions, as this is detrimental to efficiency and continuity.
- Ensure proper handover and sufficient overlaps of staff during the transfer or reassignment of key staff.
- Make sure that all contracts are accompanied with structured and clear terms of reference denoting the requirements of staff, as well as their qualifications and the support provided to them by UNICEF.
- Ensure that all staff members and consultants hold a valid contract at all times as well as valid travel authorizations for personnel required to travel.
- Ensure that each staff member has completed the mandatory safety and security training course 'Basic security in the field: Staff safety, health, and welfare' before deployment to a duty station.

Coordination

- Maintain close collaboration and contact with UN agencies to ensure up-to-date information on the status of other agency staffing and human resource developments.

- Establish and maintain an up-to-date list of staff and dependants, consultants, official visitors, etc., that includes contact information, nationality and other relevant information.
- Maintain regular contact with UN field security coordination officers at all times and attend internal coordination meetings on security.
- Encourage staff to familiarize themselves with security evacuation plans as outlined in the country security plan and Minimum Operating Security Standards.
- Provide daily headcounts of international, national and general services staff and consultants; where relevant, communicate movements to UNICEF's Operations Centre (OPSCEN) and DHR.

Staff support

- Maintain a regularly updated list of staff contact details, including details on dependants and information on nationality.
- Maintain weekly communication checks with staff and regular calls to those outposted or in secondary locations.
- Review the special requirements (medical or otherwise) of staff and dependants in the event of an organized evacuation.
- Monitor staff for symptoms of stress and create a supportive work environment.
- Identify and mobilize specialized professionals to assist staff with incident defusing, stress and trauma, based on a review of special requirements and in liaison with the headquarters stress counsellor.
- Expedite action to ensure that the appropriate administrative and logistics arrangements related to relocation or evacuation of staff are implemented.
- Be sure that senior staff, human resources staff and emergency coordination staff are familiar with entitlements for staff working in emergency situations. A full set of the policies and procedures, particularly those on a special operations approach, rest and recuperation, hazard pay, malicious acts insurance policy and security evacuation allowances, should be made available by DHR to senior staff at the onset of the emergency. Check the Human Resources portal on the UNICEF Intranet for updates.
- Be sure that conditions of service are consistent and fully explained to all staff.
- Monitor the leave or rest and recuperation schedules of emergency staff and encourage them to observe the agreed-upon schedules.
- Ensure staff data related to beneficiaries is updated and current.

Hazard pay

- The Human Resources Services Section sends, on a quarterly basis, an updated list of hazard pay locations approved by the International Civil Service Commission. Make sure that human resources and operations officers are fully knowledgeable about hazard pay guidelines and brief staff accordingly.

See CF/AI/1999-015, 23 December 1999.

- Human resources and operations officers in countries where hazard pay is payable are required to provide the chief, Human Resources Services Section, with information on the recipients of hazard pay by 31 January of every year.

See CF/AI/1999-015, 23 December 1999.

Malicious acts insurance policy

- Make sure that human resources and operations officers are fully knowledgeable about the malicious acts insurance policy.

See CF/AI/2000-001, 16 February 2000, and CF/AI/2000-001, Amendment 1, 19 March 2003.

- Ensure that all staff have completed or updated the P-2 form 'Designation, change or revocation of beneficiary'.
- Adhere to security rules and guidelines (UN and UNICEF).
- Submit an updated list of all staff present in the area (including secondments) to the local UN designated official on a regular basis.
- Encourage staff familiarity with the 'UN handbook for action in cases of death in service', appendix D to UN Staff Rules.

12. Staff learning and development

UNICEF has developed training and learning programmes on many aspects of emergencies.

What to do

- Familiarize yourself with the training programmes available to staff, specifically the 'Emergency preparedness and response' (EPR) available on the Emergency portal of the Learning Web (<http://www.intranet.unicef.org/dhr/learning.nsf>) and 'A principled approach to humanitarian action' (<http://www.unicef.org/path/>).
- Complete the e-learning version of 'A principled approach to humanitarian action', which is available on CD-ROM. This is an interactive, self-directed course.

- See the 'Programming in emergencies' portion of the revised 'Programme process' CD-ROM e-learning course.
- Use the Emergencies portal of the UNICEF Learning Web to find links to training programmes and workshops, a humanitarian policy kit and other valuable information for those working in emergencies. For staff new to UNICEF and emergencies, use the Orientation portal of the Learning Web.
- Use the *Pocketbook of emergency resources* (on the Emergencies portal of the UNICEF Learning Web) for information on emergency structures and staffing, emergency resource material, emergency learning, staff safety, human resources, staff well-being and emergency supplies.
- Contact the Organizational Learning and Development Section, DHR, at spider@unicef.org for further information.

What to remember

- The Organizational Learning and Development Section and regional emergency officers can provide references for available trainers.

13. Protection against HIV/AIDS

According to UNICEF standards, all UNICEF staff have the right to:

- Information about UN policies, staff rights, and entitlements and benefits regarding HIV/AIDS and the workplace.
- Information on the facts about HIV/AIDS and how to prevent it, including discussion on stigma and discrimination related to the epidemic.
- Interactive learning and training activities conducted annually.
- Free access to male and female condoms.
- Access to voluntary and confidential counselling and testing.
- Confidentiality in the management of information regarding HIV status, including processing of the medical insurance plan and other health insurance claims.
- Good-quality, confidential medical care, including antiretroviral drugs and therapy for prevention of mother-to-child transmission, if HIV-infected.
- First-aid assistance using universal precautions.
- Information on HIV post-exposure prophylaxis (PEP) treatment, PEP starter kits and the treatment protocol.
- A supportive and caring office environment.

What to do

After possible exposure to HIV

- Obtain a PEP starter kit from the operations officer at the duty station. It contains medication required for the first three days of PEP treatment, guidelines for the patient and the attending physician, and a required consent form. Country offices should always have three PEP starter kits but can request more. Send an e-mail to the Staff Well-Being Unit or the human resources officer for HIV/AIDS in the workplace, or contact the World Health Organization Joint Medical Service in Geneva (tel: +41-22-791-4120).

What to remember

- It is always better to avoid infection if at all possible, so always be prepared.
- PEP treatment should ideally be initiated within two hours and no later than 72 hours of possible HIV exposure and must continue for a period of approximately four weeks.
- PEP starter kits are not made available for individuals who are infected with the HIV virus already or who are exposed to the HIV virus in ways other than sexual assault or occupational accident.
- In the field, the primary contact person from whom to obtain information on HIV/AIDS prevention and counselling is _____ (insert contact name for relevant person at duty station).

See 'HIV/AIDS in the workplace' (CF/EXD/2000-004), which describes UNICEF's commitment to staff who are affected by HIV/AIDS and sets minimum standards for HIV/AIDS awareness and preparedness for all UNICEF offices. This document can be found on the UNICEF Intranet and on the Emergency Field Handbook CD-ROM.

Guidelines on the use of PEP kits can be found on the UNICEF Intranet in the Documents Repository under Administrative Instructions. Also see 'Post-preventative treatment starter kits guidelines' (DHR, February 2001) for information about how to use a PEP starter kit. These guidelines are also available on the Emergency Field Handbook CD-ROM.

See 'HIV/AIDS – Information for UNICEF staff and their families' for an overview of UNICEF personnel policy regarding HIV/AIDS-infected staff. This is available on the Emergency Field Handbook CD-ROM.

See the 'HIV/AIDS' chapter for more on UNICEF's HIV/AIDS emergency programmes.

14. Critical incidents

A critical or traumatic incident is any event that, whether personally experienced or simply witnessed, involves death or threat of death, serious injury or threat to one's personal security, leading to reactions of intense fear, helplessness or horror and overwhelming an individual's usual coping mechanisms.

Consider taking the following actions to mitigate the effect a critical incident can have on overall well-being:

What to do

During the incident

- Recognize the signs of critical incident stress while they are occurring. Refer to the *UN pocket guide on stress management* for a list of symptoms.
- Maintain a positive attitude and focus.
- Talk and work as a team to help one another get through the situation.
- Care for yourself and others. Eat and drink regularly and nutritiously, exercise and get plenty of rest.
- If the incident is prolonged, take breaks and rotate tasks.

After the incident

- Defuse what happened by holding a group meeting of staff members who experienced or witnessed the critical incident. Discuss the experience together and consider the group's ensuing reactions and feelings. Limit any outpouring of negative or angry emotions and ensure that the meeting is supportive.
- If a critical incident was severe and many staff members were affected, provide support and debriefing by a professional trained in traumatic stress to all affected staff immediately after the event in a safe, quiet environment. Access a specialized support team through the regional office or the UNICEF stress counsellor in New York (e-mail: stresscounsellor@unicef.org). All shared information will be kept confidential.
- Report all critical incidents to OPSCEN: +1-212-326-7222.
- Complete a significant incident report. (A template for the significant incident report form is available on the *Emergency Field Handbook* CD-ROM.)

See the Field Security Manual, Chapter 4, Section 5 on 'Stress management' for a quick overview of information on the importance of stress management and recognizing and dealing with critical incident stress (available on the Human Resources portal of the UNICEF intranet).

15. Managing stress

When an emergency arises in the field, UNICEF staff will be subjected to higher levels of stress. Stress becomes a problem when it occurs too often (frequency), lasts too long (duration), or is too severe (intensity). Common physical symptoms can include high blood pressure, headaches, nausea, fatigue, ulcers and back pain; emotional effects can include irritability, depression and anxiety. People undergoing stress can experience cognitive symptoms such as loss of memory and lack of concentration. Behavioural changes may include increased drinking or smoking, changes in eating patterns and verbal outbursts. All of the above can impact negatively on both work and personal relationships.

What to do

- Make a deliberate effort to manage your stress:
 - First, identify the sources of stress in your life. For example, are your relationships with colleagues a source of stress? Do you feel under pressure to perform or meet deadlines, or feel overloaded by work demands? Do you have enough time to do the things you enjoy and that help you relax?
 - Identify the things that you can change to eliminate or avoid stress. Know your own limits in the workplace and make it clear what you can reasonably accomplish in a given time.
 - Develop and implement reliable strategies for coping in difficult situations, such as exercise, 'time-out' breaks, eating regularly and nutritiously, nurturing positive social interactions with colleagues and getting sufficient rest.
- Seek and accept confidential support when you are affected by unmanageable stress or trauma.
- Use UNICEF's stress management programme to locate the resources and support to manage your stress:
 - Psychosocial support, short-term counselling, trauma interventions, follow-up and referrals are available to UNICEF staff and their eligible family members who are in need of such support.
 - Stress management materials are available on the UNICEF Intranet, in booklet format and through stress management workshops.
 - The peer support programme selects and trains staff members to serve as peer support volunteers so they can provide confidential support and local resource referrals for colleagues and their families.

- Identify the peer support volunteers at your post who can share stress management programme resources with you and offer referrals to locally available counselling resources.
- Consult the UNICEF Learning Web on the Intranet for additional information on stress management tips and techniques. Visit the topic Staff Well-Being/Caring for Us in the Learning Web for more information.
- Contact the DHR stress counsellor at stresscounsellor@unicef.org to access resources and support either through local channels or through other UN agencies.

What to remember

- Reactions to stress are normal. Getting support from both your colleagues and professional counsellors is the first step to managing stress.

Refer to the UN pocket guide on stress management to learn about ways to lessen feelings of stress and anxiety that may occur when working in an emergency environment. This booklet has been distributed to all staff members and is available on the Emergency Field Handbook CD-ROM. Copies can also be obtained from the UNICEF stress counsellor.

See 'Caring for us: Stress in our workplace' for information on coping with stress, tips for creating a supportive workplace, preparing for your mission and coming home, and finding support resources for staff. This booklet has been distributed to all staff members and is available on the Emergency Field Handbook CD-ROM. Copies are also available from the UNICEF stress counsellor.

See the Human Resources Manual, Book I, Volume II, Chapter 17, Section 10 on 'Stress management and support to staff' for more on UNICEF's stress management policy. This part of the manual is also available on the Emergency Field Handbook CD-ROM.

16. UN rules against sexual exploitation and abuse: An overview

Sexual exploitation and sexual abuse violate universally recognized international legal norms and standards and are unacceptable behaviour. Such conduct is prohibited by the UN Staff Rules.

17. The Secretary-General's bulletin 'Special measures for protection from sexual exploitation and sexual abuse'

The Secretary-General's bulletin 'Special measures for protection from sexual exploitation and sexual abuse' (ST/SGB/2003/13, 9 October 2003), also called the 'Code of Conduct', reiterates specific standards and existing general obligations under the UN Staff Rules for protecting vulnerable populations from sexual exploitation and abuse. Sexual exploitation by UN staff and partners, whether national or international, will not be tolerated and could result in immediate termination. No exceptions will be made and measures will be enforced across the board. The bulletin applies to all UN staff.

See the full text of the bulletin, available on the Emergency Field Handbook CD-ROM and on the UNICEF Intranet.

What to do

Managers need to

- Make sure all staff (national and international) receive and sign copies of the Secretary-General's bulletin.
- Inform any non-UN entities or individuals (including consultants) of the standards of conduct contained in the Secretary-General's bulletin and receive written confirmation that these standards are accepted.
- Take appropriate action where there is reason to believe any of the standards of conduct listed in the bulletin have been violated, or that other sexually exploitive or abusive behaviour has occurred.
- Ensure that a focal point is appointed. Each field office or sub-office has a focal point and an alternate focal point, one of whom must be a woman, who receives complaints and reports.
- Ensure that reporting mechanisms are available for both staff and the community.

Staff need to

- Report any concerns or suspicions regarding sexual exploitation or abuse by a fellow worker, whether in the same agency or not, via established reporting mechanisms.

18. How to report violations of the Secretary-General's bulletin

What to do

- Report complaints of sexual exploitation and abuse to the field-level focal point for sexual exploitation and abuse. A sample complaint form is available on the *Emergency Field Handbook* CD-ROM.
- The head of office or division, country office representative, human resources officer or a responsible official will take the steps necessary to begin a preliminary investigation.
- If the investigation indicates that misconduct has occurred, the head of office or division, or a responsible official should immediately report the matter to the director of DHR, giving a full account of the facts and attaching documentary evidence relevant to the alleged misconduct. The director of DHR, on behalf of the Executive Director, will then decide whether the matter should be pursued on the basis of the evidence presented.
- If the matter is pursued, the head of office or division, or a responsible official, should inform the staff member of the allegations and of his or her due-process rights (e.g., right to seek assistance of counsel at his or her own expense and to respond to the allegations within a reasonable period of time). In light of comments provided by the staff member, the director of DHR will take one of the following actions: Withdraw the charges and close the matter, summarily dismiss the staff member from the organization for serious misconduct, or refer the case to a joint disciplinary committee. The committee will review the case and make a recommendation to the Executive Director through the director of DHR, with a copy to the head of office on the disciplinary action to be taken, if any.

What to remember

- In some instances, during the preliminary investigation and before any formal charges are filed against the staff member who allegedly committed misconduct, the Executive Director may decide, in the interest of the organization, to place that staff member on suspension with full pay while further inquiries are made.
- Reports or concerns of sexual abuse or sexual exploitation filed against a UNICEF staff member are subject to standard UNICEF disciplinary procedures.
- At all times, protocols of confidentiality and sensitivity toward a victim's age and gender must be respected.

See CF/EXD/2004-002 on the Emergency Field Handbook CD-ROM for further guidance on the implementation of the Secretary-General's bulletin.

See 'UNICEF training of trainers on gender-based violence: Focusing on sexual exploitation and abuse', a training module that covers the integration of prevention of sexual exploitation and abuse into programming as well as basic response to survivors. This training module is available through the Organizational Learning and Development Section.

Refer to the 'Emergency preparedness and response' training programme, session 5.2, 'A principled approach to humanitarian action' training programme, session 3, and 'Protection from sexual abuse and exploitation' for a training module on how to raise awareness and train staff on issues relating to sexual exploitation and abuse. This is available on the Emergencies portal of the Learning Web.

6.4 INFORMATION TECHNOLOGY AND TELECOMMUNICATIONS

This chapter of the *Emergency Field Handbook* is a guide on how to implement the information technology (IT) and telecommunications components of the Core Commitments for Children in Emergencies. The chapter includes practical guidance on determining IT and telecommunications needs. There are essential lists of key types of equipment for telecommunications and data connectivity, along with information on ordering equipment and obtaining frequencies and licenses. The basic telecommunications requirements of the Minimum Operating Security Standards (MOSS) are outlined, and there is a quick reference to requirements for setting up a radio room. Basic steps to establishing such systems as Lotus Notes and the Programme Manager System (ProMS) in new offices are covered, with tips regarding use of these systems in emergency situations. The chapter also outlines the basic structures of inter-agency emergency telecommunications coordination.

Core Commitments for Children in Emergencies: Information technology and telecommunications

To ensure the rapid establishment of appropriate information technology and telecommunications services in emergency areas, UNICEF will:

First six to eight weeks

- 1.** Provide security and telecommunications equipment and services required for programme implementation, in compliance with the Minimum Operating Security Standards.
See topics 4–10
- 2.** Provide telecommunications support, such as fly-away very small aperture terminal (VSAT) and inter-agency shared connectivity, and maintain immediate response capacity through stockpile arrangements with equipment suppliers.
See topics 6, 7, 17
- 3.** Implement core UNICEF information systems (e.g., the Programme Manager System (ProMS), Lotus Notes) with associated infrastructure in a timely manner.
See topics 4–8, 11–16
- 4.** Work within inter-agency forums to ensure opportunities are given for promoting the use of common systems.
See topic 17

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1. Priority action checklist

- Assess whether the office's telecommunications system is MOSS compliant.
- Apply the IT and telecommunications aspects of the emergency preparedness plan.
- Assess telecommunications and IT requirements: Connectivity, applications, supplies, equipment and staff.
- Obtain any necessary frequencies or licences.
- Order required IT and telecommunications equipment.
- Liaise with New York headquarters to make sure basic data requirements are in place, including office codes, staff, posts and funding for projects.
- Take steps to recruit IT and telecommunications staff (and staff with experience in running ProMS), as required.
- Set up a radio room, if necessary.
- Determine if a ProMS database is needed at the emergency site or if ProMS can be accessed via remote control.
- Establish data connectivity in new office locations if necessary.
- Set up office profile with Global Help Desk.
- Request the installation programme for ProMS on CD, if the office does not already have it.
- Install Lotus Notes, file and print, and ProMS servers.
- Install ProMS and configure server.

2. IT and telecommunications in emergencies: An overview

In the first days and weeks after the onset of an emergency, the aim is to make sure that staff have access to IT and telecommunications services for information flow and reliable performance of corporate applications. In emergency situations, offices often require new or expanded IT and telecommunications capabilities in order to address staff security, e-mail communication through Lotus Notes, and programme planning and financial transactions through ProMS. Critical steps are required for the provision and setup of equipment and services, as outlined in the priority action checklist and covered in more detail in this chapter.

All current UNICEF standards (e.g., hardware and software), guidelines and procedures for IT and telecommunications are available on the UNICEF Intranet/IT Explorer.

What to remember

- The IT and telecommunications requirements vary in different emergency situations. Country offices need to establish their programme and security requirements in order to assess related IT and telecommunications needs.
- Inter-agency collaboration is essential, especially in the area of telecommunications, to assure frequency coordination and sharing of networks and resources (in the preparedness phase or at the onset of the emergency).

3. IT and telecommunications in emergencies: Who does what

In the field, IT and telecommunications staff are responsible for ensuring services for programme implementation and MOSS compliance. This may include maintaining, establishing and/or expanding the IT infrastructure, ensuring that the required standard applications (such as Lotus Notes or Word) are available to all staff, and addressing questions and problems brought by users.

Regional IT and telecommunications officers provide technical assistance to ensure the implementation of services in country offices. They provide advice and support to field offices and assist as emergency situations escalate.

Headquarters provides IT and telecommunications strategy, standards, guidelines and technical architecture in close consultation with the regional and country offices.

What to remember

- It is important for the country office to assign a single point of contact to coordinate and manage IT and telecommunications issues in an emergency.
- Each UN agency, including UNICEF, is responsible for securing its own telecommunications and information technology support, working within the framework of inter-agency cooperation.
- In the event that the country office, regional office or headquarters is unable to identify additional IT and telecommunications staff that may be necessary, UNICEF has standby arrangements with several organizations that can provide skilled personnel for emergencies. A country office can activate such arrangements via the Information Technology Division (ITD), Global Telecommunications Section (GTS), which contacts the standby partner and alerts the Office of Emergency Programmes (EMOPS) Geneva. Act quickly when considering calling on standby arrangements for support staff. In large emergencies, many organizations needing assistance call on these standby arrangements; often the most experienced or sought-after experts are taken very quickly.

See the 'Human resources' chapter for information on how to engage standby personnel.

4. Determining IT and telecommunications needs

It is essential that an office in an emergency identify its telecommunications and IT status and requirements during overall emergency preparedness and response planning. Experience shows that if this area is not adequately addressed it can have serious consequences. To properly evaluate, plan and execute IT and telecommunications support, offices may require the additional help of a trained expert. Possible resources are the regional IT or telecommunications officer, the Emergency Response Team telecommunications and IT officer, or an expert from another UNICEF country office or UN agency.

It is important that the office perform a rapid assessment as soon as possible and forward this information to the regional office. This will ensure timely support in the initial emergency response. Below are some suggestions for steps to include in a rapid assessment.

What to do

- Verify that the telecommunications and IT sections of the office's emergency preparedness and response plan are relevant to the current emergency situation.
- Put together a frequency list showing all VHF (or UHF) and HF radio channels in use by the office and, if possible, other UN agencies.
- Create an inventory of all radio and satellite equipment in use by the office.
- Carry out tests of all radio and satellite communications equipment.
- Analyse whether available telecommunications and IT staffing is adequate.
- Create call-sign listings for office staff, using UN call-sign standards.
- Implement regular radio checks and vehicle tracking. Frequency of checks will depend on security phase and risk factors, but should be at least once a day early in the emergency.
- Find out if there is a local inter-agency working group on emergency telecommunications in the country. If not, consider proposing to the UN country team that such a group be implemented.
- Determine if staff are able to connect to ProMS to carry out business transactions.
- Consider the following questions regarding voice communications:
 - Is the office MOSS compliant? Can every staff member 'call for help from anywhere, anytime'?
 - Does the office have a radio room with required communications equipment and power back-up? Are radio room staff properly trained?

- Does the current telecommunications infrastructure offer appropriate operational support, or are there blind spots in the operational areas that need to be addressed?
 - Will existing telecommunications capacity be able to respond to an influx of external support staff?
 - Is the office's telephone exchange adequate for the expected number of users or will it require an upgrade? Is it equipped with battery back-up? Is there in-country support available for the telephone exchange?
 - Does all radio equipment have battery back-up?
- Ask the following questions regarding data connectivity:
- Does current data connectivity meet the operational requirements of an influx of support staff?
 - Within the country, what other forms of data connectivity for information exchange are usable, subject to the appropriate security controls and IT approval (e.g., webmail)?
 - Are there back-up connectivity options available, such as those provided by SITA dial-up or an Inmarsat terminal (e.g., M4)?
 - Does the office need Wintertms to connect to ProMS?
 - Can UNICEF's data connectivity services be shared with other agencies?

What to remember

- MOSS stipulates the minimum telecommunications requirements for each security phase. However, operational needs as well as local risk factors may require an office to implement even more elaborate services.
- For an additional tool to identify telecommunications needs, see 'A risk-based telecommunications planning matrix' on the Emergency Field Handbook CD-ROM.*

5. Equipment for telecommunications and data connectivity

UNICEF standards for IT and telecommunications equipment have been chosen based on technical capacity, inter-agency compatibility and availability of global technical support. These standards can be found in the UNICEF Supply Catalogue and on the UNICEF Intranet (Information Technology/IT Explorer).

What to remember

- Key telecommunications and data connectivity equipment for field use are:
- VHF (and UHF) radio networks provide short-range (less than 70 km), high-quality, reliable communications, allowing staff members with walkie-talkies to communicate efficiently with a mobile station or a radio room. These networks are often shared among agencies, facilitating common security,

logistics and programme activities. VHF and UHF networks typically consist of portable (hand-held) radios, base stations, mobile sets (installed in vehicles) and repeater stations. VHF and UHF radio networks offer nearly the same equipment sizes and operational benefits. What type to use in each instance is typically determined by local authorities and what is already in use by other agencies.

- HF (short-wave) radio provides long-distance communications, from a few to several thousand kilometres, such as between remote offices or between a vehicle on a field mission and the home office. HF radio is an essential security and emergency communications tool. HF networks often utilize shared channels between agencies. Necessary equipment includes a base station (installed in the radio room) and mobile stations (installed in vehicles).
- Companies such as Inmarsat, Iridium and Thuraya offer portable satellite communications equipment that allows for global, high-quality communications, independent of local infrastructure. High airtime costs necessitate careful user monitoring and billing arrangements.
 - Inmarsat's mini-M and the Thuraya and Iridium line of satellite telephones offer highly portable voice communication with limited data transmission capability. Thuraya's data connectivity allows for limited use of Lotus Notes, with data transmission rates up to 9.6 kbps, which is suitable for e-mail exchange for a single field user. Thuraya is a regional service and does not cover the Far East and the Americas.
 - The Inmarsat high-speed M4 terminal allows Lotus Notes and other applications to be run from a remote office/mission. Cost is high and does not allow for long-term operation.
- The UNICEF VSAT system provides voice, fax and data services. The voice service is provided using Voice over IP and can also be used for data connectivity. VSAT is a complex system and requires technical assistance to assess specific needs and to install and maintain. UNICEF's global VSAT network is managed by the Global Telecommunications Section, ITD, which staff should contact via the Global Help Desk when considering implementing this service. VSAT installation requires a site survey and, in most cases, local government licensing and approval. Average time delay between order and delivery at the point of origin (i.e., Canada or the United States) is approximately eight weeks.
- Fly-away VSAT. (*See topic 7*)
- Workstations, servers.

To keep in mind

- Public telephone networks are vulnerable to mechanical failure, natural disasters, human intervention and congestion. MOSS allow for only limited dependence on public telephony.
- Before an emergency situation arises, it is imperative that all key office staff receive training on the operation of essential telecommunications equipment. This ensures that they are familiar with standard operating procedures and the use of equipment.

6. Ordering IT and telecommunications equipment**What to do**

- Consult with the regional IT/telecommunications officer for any special requirements.
- Check the UNICEF Supply Catalogue (www.supply.unicef.dk/catalogue) and the Intranet IT Explorer (www.intranet.unicef.org/IRM/ITSupp.nsf) for standards and available models of each type of equipment. The Supply Catalogue contains descriptions and pricing (login required) of all standard UNICEF products.
- Verify that desired equipment can be imported into the country and obtain any necessary frequencies and licenses.

What to remember

- UNICEF telecommunications standards are in most cases identical to those of other UN agencies.
- UNICEF maintains long-term agreements with selected suppliers that include requirements for immediate availability of key telecommunications equipment. This includes VHF and HF radio, satellite and power equipment, and standard IT equipment. Some regional offices also maintain limited stocks. In an emergency, the country office should contact the regional office to inquire for availability of such equipment.

For emergency supply order procedures, including direct orders, see the 'Supply and logistics' chapter.

7. How to get and use a fly-away VSAT

In locations where other connectivity services are poor or non-existent, VSAT services can provide the communications capacity required to support core UNICEF information technology activities. In order to assure the rapid deployment of these services, a fly-away VSAT kit has been developed. Fly-away VSATs are available through ITD in New York headquarters and some regional offices. They can be installed by specialists in a few hours and can provide full office connectivity, including voice and video services.

What to do

- Determine whether a fly-away VSAT is the most suitable option, in consultation with the regional telecommunications officer and the Global Telecommunications Section, ITD.
- Identify the satellite and frequency band to be used.
- Apply for a licence.
- Order equipment.
- Arrange for a specialist to be available to set up the system.

What to remember

- The approval process for using VSAT can be complicated because the equipment needs to be licensed. Identify early on any licensing and regulatory requirements.
- Because of the fly-away VSAT's small size and rapid-deployment capability, its monthly running costs are slightly higher than fixed VSATs. However, it is more economical in comparison to the Inmarsat or satellite telephones.

8. Obtaining frequencies and licences

The Tampere Convention on the Provision of Telecommunication Resources for Disaster Mitigation and Relief Operations (Tampere, Finland, 1998) has 67 signatories (2004) and ensures that in case of a humanitarian catastrophe UN agencies will be allowed unhindered importation and use of essential telecommunications equipment. In negotiations and/or agreements, reference should also be made to resolution 98 of the 1998 Plenipotentiary Conference of the International Telecommunication Union, which urges "that humanitarian personnel have unhindered and uninterrupted use of telecommunication resources as relates to their safety and security."

Most host-country governments have legislation regulating the import and use of transmitting equipment, typically covering everything from small walkie-talkies to large-scale VSAT systems. Before importing telecommunications material, it is the country office's responsibility to ensure that this equipment

is allowed in the host country. The country office must also get approval for the frequencies on which equipment will be allowed to operate. This information is essential when ordering equipment. In most countries, UNICEF and other UN agencies are exempt from taxes for equipment usage, but the host government may still request licensing fees.

What to do

- Verify with the local telecommunications authorities that planned equipment is legal in the host country. This information will typically be obtained from the local telecommunications authorities. Other agencies' telecommunications staff or the regional telecommunications officer can be helpful in determining the need for licensing.
- Verify if the host country is a signatory of the Tampere Convention (www.reliefweb.int/telecommunications/tampere/signatories.html).
- In a major emergency situation in a country that is a Tampere signatory, the convention can be used to speed up the importation of equipment.
- For HF and VHF (or UHF) radio equipment, it is essential that the UNICEF office obtains dedicated frequencies from the host government. Note that HF radio systems can require 2–20 channels or more, depending on the type and scale of the operation, as well as the geographical coverage required. VHF (or UHF) networks typically require one to three channels per agency, depending on the number of users and type of operation. For example, a large operation may require one VHF channel for logistics, one for security and one for general calling.
- For VSAT equipment, special licensing requirements apply, dependent on the location, etc. Contact the regional telecommunications officer or ITD for information.
- The regional office and/or New York headquarters can share experiences of different countries and provide suggestions in getting clearance for the import and use of equipment, in addition to contacting the respective UN mission, if required.

What to remember

- It is unlawful, and a potential security risk for the operator, to import and use equipment that is not duly licensed and authorized by the local authorities.
- Equipment imported without the required pre-authorization will typically be returned or held in customs.
- Requests for licences and clearance must be followed up carefully.

9. Telecommunications aspects of MOSS

MOSS is a global UN standard that determines the minimum requirements to be implemented by UN country teams in the six security phases. Some requirements apply more to one situation than to another.

It is important to note that each UN country team is responsible for making sure that it is able to quickly respond to increased security levels. Based on risk analysis and considering equipment delivery lead times, etc., many offices therefore find it necessary to be ready for Security Phase Three.

A fundamental part of MOSS is the emergency communications system (ECS). When there is no Security Phase, the ECS can be achieved through the distribution of satellite telephones (mini-M, Thuraya, Iridium), but from Security Phase One onward, the ECS must be an independent (non-public) two-way radio network.

See 'Minimum operating security standards' for the minimum telecommunications requirements developed by the UN Security Coordinator (UNSECOORD) for each of the Security Phases. This document is available on the Security portal of the UNICEF Intranet and on the Emergency Field Handbook CD-ROM.

See 'Security in the field: Information for staff members of the United Nations system' for further security guidance. This document is available on the Security portal of the UNICEF Intranet and on the Emergency Field Handbook CD-ROM, in all six official UN languages.

What to do

- Determine what emergency communications system is required for the security phase the office is in.
- Determine whether the office's telecommunications are MOSS compliant. Any gaps should be addressed immediately. This may require additional equipment, implementation of standard radio procedures and additional staff.

What to remember

- Basic MOSS telecommunications requirements
 - No phase: Establish an emergency communications system. When there is no Security Phase, mobile phones can be considered MOSS compliant but should be reinforced with portable satellite telephones. Offices should implement a contingency plan for moving to Phase One.
 - Phase One: Emergency communications system to be strengthened with two-way VHF (or UHF) radio network independent of public infrastructure. Implement continuous monitoring of UN security communications. Implement common UN security radio room.
 - Phase Two: Same as Phase One. Operate 24/7 common-system security radio room.

- Phase Three: Same as Phase Two. Each agency to assure back-up power; GPS for individual agencies. All international staff, selected national staff and drivers to be provided with hand-held radios.
 - Phase Four: Same as Phase Three.
 - Phase Five: Same as Phase Four. Special security clearance procedures and resource requirements as directed by UNSECOORD.
- Where multiple UN agencies are operating, the UN country team may decide to implement common UN security telecommunications services. This can include the selection of a telecommunications Coordinating Agency tasked with establishing a common UN security communications backbone. Responsibility for each individual agency's MOSS compliance or operational telecommunications capacity still rests with the individual agencies. (*See topic 17 for more details on inter-agency coordination of telecommunications in emergency situations.*)

10. The UNICEF radio room

For UNICEF operations with significant logistic and operational requirements, an in-house radio room may be required. The UNICEF radio room would typically not be tasked with security communications. These reside with the common UN radio room.

What to do

- Locate the radio room close to antenna installation sites (to minimize antenna cable lengths) and provide grounding and lightning protection for the radio equipment. Access to radio room should be limited to official business to assure proper work environment. It is recommended that a trained telecommunications technician be involved in decisions about the location of the radio room.
- Staff the radio room with operators who are experienced in all areas of radio and satellite operation and network monitoring. The number of radio operators depends on the operating hours, the complexity of UNICEF operations, etc.
- UNICEF standard radio room operating procedures must be implemented, including radio log, vehicle tracking and daily radio checks. Procedures can be found on the IT Explorer on the UNICEF Intranet.

What to remember

Typical radio room equipment

- HF (short-wave) base station(s). In larger operations two or more base stations may be required: one for constant monitoring of the security channel and one for regular communication. Battery back-up is essential.

- VHF (or UHF) radio base station(s) and portables. A radio room typically requires at least two VHF base stations to adequately monitor the security, logistics and operational radio channels. Battery back-up is required.
- Inmarsat mini-M portable satellite terminal. The satellite telephone can be connected to a fax machine or to a telephone exchange. To allow for billing of private calls, implement a logbook in which each caller records name, call time, destination number, duration and whether the call is private or business.
- Thuraya or Iridium portable satellite telephones offer additional flexibility to the mini-M.
- Fax machine: Standard analogue fax machine connected to stable international landline or satellite telephone.
- A small stock of spare radios and batteries for visitors.

Power

- To assure full operation in the event of a power failure, all critical communications equipment must have battery back-up (such as batteries rechargeable by solar power). Computers, fax machines and similar office equipment can be run from a standard uninterrupted power supply.
- Radio equipment should not be powered by uninterrupted power supply. Most radio equipment (HF, VHF, UHF) requires back-up directly from 12V batteries charged from the electric grid or from solar-powered chargers.
- Note: Use only sealed gel-cell batteries for indoor usage! Regular vehicle-type batteries must be avoided because these can emit harmful and explosive gases when charged.

11. Data connectivity: An overview

Data connectivity makes possible use of such information systems and services as Lotus Notes, ProMS, ProMS replication, Internet access, Voice-over IP, live streaming video from a field mission and videoconferencing.

What to remember

UNICEF field offices can currently obtain connection in the following ways

- Intranet Connect: Supplied by SITA, it provides data connectivity to more than half of UNICEF locations. It offers a guaranteed bandwidth and is fully managed and constantly monitored by SITA. UNICEF offices are connected to the SITA local centre via leased lines, radio modems or wireless local loops.

- VSAT: This satellite communications system offers high-quality connection to UNICEF's global data network, independent of the local infrastructure. VSAT is typically used where SITA is not available and local regulations permit the use of satellite earth stations.
- Local Internet service providers: This may be the only data connectivity option for some offices. Because this is outside UNICEF's 'private' network, it is not recommended and should be used only as a last resort.
- Various remote-access mechanisms for Lotus Notes: All of these should be pursued to find the most appropriate access mechanism.
- WinTerms: These are Windows 2003 servers with Terminal Services, and can be used for connectivity to the country database from remote locations.

12. Determining the best data connectivity option

When local infrastructure (for example SITA) is not available or stable, other means of communication should be reviewed with the regional office and New York headquarters.

Inmarsat high-speed data terminals (such as M4) or fly-away VSAT are typically deployed in the early stages of an emergency because they are quick to obtain and install. Which system to deploy depends on such factors as security, staff availability (VSAT requires skilled installers, but the Inmarsat M4 does not), licensing (VSAT requires a licence but Inmarsat M4 does not), and expected mission size (more staff requires more bandwidth). The Inmarsat M4 is expensive to operate and can rapidly run up thousands of dollars a month in airtime costs (charges are per minute), while the VSAT is operated at a fixed cost, typically less than \$2,000 per month.

What to remember

- Missions typically are jump-started using Inmarsat high-speed data terminals. These can be delivered quickly out of supplier-held stocks that are dedicated to UNICEF.
- As soon as possible, an office would want to migrate to VSAT or another form of low-cost connectivity, such as SITA.
- The migration from Inmarsat is typically first to fly-away VSAT and then, a few months later in most cases, to the lower-cost fixed VSAT.

13. Running information systems in a new office

The country office, the regional IT officer and headquarters staff must work together to enable staff in new emergency field offices to use such information systems as Lotus Notes or ProMS. Lotus Notes is UNICEF's messaging and collaboration system. Getting e-mail up and running in any new emergency office location is typically the first priority. ProMS applications include ProMS, ProMS Personnel Administration and Payroll Module (PnP), and ProMS Systems Administration module. Both Lotus Notes and ProMS can be accessed in an office or remotely.

What to do

- Determine if the new office needs a ProMS database or if the office needs to connect to an existing ProMS database via remote access. In either case, the Global Help Desk, ITD needs to be notified and the process needs to be well coordinated between the local office and headquarters.
- Liaise with headquarters business units to make sure that basic data requirements, including office codes, staff posts and funding for operations, are in place in ProMS and headquarters systems.
- Identify how many people will be working in the new field office or sub-office and what tasks they will need to carry out. Will staff be monitoring supply delivery? Will they carry out financial transactions? Do they have to place supply requisitions?
- Estimate how long the activities in the new office are likely to last. Will the office be temporary?
- Submit information on all users (accurately spelled names, previous duty stations) to the Global Help Desk as soon as possible. User IDs must be created in New York and sent back to the field before Lotus Notes accounts can be activated in a new location.
- Establish a means of data connectivity (for new offices) and determine what equipment is needed to establish either a remote access site or a full-fledged office. The following are typical scenarios:

For a remote access site

- SITA or VSAT connectivity.
- Minimal equipment (wireless LAN, one or more servers and work stations, preferably notebooks).
- Wintertems.

For a full-fledged office

- SITA or VSAT connectivity.
 - Wired LAN with security and performance monitoring/control devices.
 - Four servers.
 - Wired workstations (PCs).
 - Notebooks for mobile users.
- After equipment arrives at the destination location, it is not automatically ready to use. To save time and effort, someone with IT experience should set up Lotus Notes and ProMS in the new location. This person needs to have access to administration rights (head of office to designate). The following actions must be taken before staff can begin using applications (discuss how long this will take with the IT specialist or regional IT officer):
- Software must be installed and servers configured. This may take half a day.
 - For Lotus Notes, user IDs need to be sent to the field so that workstations can be configured and individual users can access their e-mail addresses. These IDs are created based on the list submitted to the Global Help Desk, so it is important that this be done as soon as possible.
 - For Lotus Notes, equipment must be tested and ITD, New York headquarters must remotely check and confirm installation and configuration.
- Data exchange between the new site, the country office and headquarters must take place to configure the systems and replicate basic data.

14. Special notes on Lotus Notes and ProMS

What to remember

About Lotus Notes

- The country office can speed up installation of Lotus Notes by providing an accurate list of the names of all users and their previous duty stations (if any) to the Global Help Desk as soon as possible.
- Users should be encouraged to back up e-mail and archives from their previous duty station on a CD or DVD and bring this with them to the new office location. This gives them a head start in establishing contacts and maintaining work flow.

About ProMS

- Authorizing, certifying and paying officers are needed for any office location undertaking direct activity in ProMS.
- Remote access to an existing ProMS database using Winterms is recommended for processing business transactions in ProMS. If this is not possible, transactions can be processed without ProMS or before ProMS is up and running. Documentation on all such transactions must be sent to an office that can process it in ProMS.

See the 'Finance and administration' chapter of the Emergency Field Handbook for more information on financial transactions.

See Financial Circular 34 for rules and regulations regarding authorizing, paying and certifying officers.

15. Special considerations: Remote access to the ProMS database

In an emergency situation, the ProMS database may be in a different location from staff. This can happen when international staff have relocated out of the country, with local staff remaining at work in the country office, or because a sub-office or field office is being set up and needs access to ProMS back in the country office. At such times, staff need remote access to the ProMS database.

To establish such remote access, the main office (the office where the ProMS server sits) needs a Windows Terminal Services. The remote site needs special software (called RDP Client) to run on its workstations, as well as SITA or VSAT data connectivity. For other connectivity options, please send a request to the Global Help Desk, New York headquarters.

What to do

- Consult with the regional IT officer and ITD, New York headquarters on the possibility of setting up remote access via a Winterms server.

What to remember

- Remote access via Winterms is currently only available for ProMS. Remote access to Lotus Notes does not require a special server.
See 'UNICEF field offices – Citrix to Winterms', available using ID and password at <ftp://ftp.unicef.org/Apps/Winterms>.

16. Real-life insight: Moving the Abidjan office

Sammy Njoe, IT officer, West and Central Africa Regional Office

November 2004

“UNICEF’s West and Central Africa Regional Office had been in Abidjan, Côte d’Ivoire, for about 17 years. In September 2002, there was an attempted coup which left the country divided in two. The UN system declared Security Phase Two in September 2002 and Security Phase Three in October 2002.

The need to keep the regional office in Côte d’Ivoire was questioned by both UNICEF headquarters and UNSECOORD. We worked with the resident coordinator and New York headquarters to determine who the essential staff were, and the others were relocated. We didn’t want to split up the team, because the regional office was also supporting other offices in the region – a number of which were in different emergencies – but we were in an emergency ourselves.

Ten staff members were moved to Accra, Ghana, and 14 others were moved to Dakar, Senegal. Staff were relocated, but we didn’t know for how long. We still needed to work as a team. We needed to run our business systems (ProMS, Lotus Notes, etc.), which were still in Côte d’Ivoire.

When we relocated staff to Accra, part of the challenge was to get teams operational and functional. Our team was housed in the Ghana Country Office. Staff were able to connect to e-mail through their laptops. But to work in the main systems, they had to e-mail requests to colleagues still in Abidjan so that the tasks could be ‘actioned’ in Abidjan.

In Dakar, we were in a temporary location, a guest house adapted to accommodate the relocated staff. The challenge was to get e-mail connectivity. It was difficult to establish a connection for 14 staff who were in a separate location from the country office, as the goal was to use the link into the UNICEF Intranet from the UNICEF Senegal Country Office. We finally got connected through the local phone company.

Côte d’Ivoire remained in Security Phase Three from October 2002 through January 2003. In February 2003, Security Phase Four was declared for Abidjan, and the rest of the international staff left. Only the national staff remained, and only the essential staff continued to work.

We were fortunate that we had the time to try and figure out what would happen if Phase Four was declared. Staff had already been looking for premises in Dakar. With our colleagues in ITD, New York headquarters, we had already started the process of separating the systems [of the regional and country office, which had shared many common systems]. We were ready to go if and when the whistle was blown.

Seven staff members stayed in Abidjan into March to shut down the systems and arrange for an orderly transfer to Dakar.

One of the things that was quite difficult was the people factor. Many of the people running the systems, such as ProMS, were to remain in Abidjan. We needed to be able to provide for staff in Abidjan while facilitating business functionality in Dakar. Arrangements were made for some of the Abidjan staff to travel to Dakar on mission to assist with getting the operations functional as well as recruiting temporary staff.

In March 2003, we were finally able to move the systems, get servers in place and establish connectivity in Dakar. We negotiated with UN Development Programme and the UNICEF country office to use their VSAT, but we needed to get additional equipment to establish our independent link to the UNICEF Intranet. We were assisted by the Bangui Office, which gave us some equipment that they had not yet put into use while we waited for our order to be delivered. At the end of March, we finally got our connection to the UNDP/UNICEF VSAT using a leased line link that was installed by the local telephone service provider.

Connectivity was quite a challenge. We pre-positioned a few fly-away VSATs for immediate deployment in our region, because people needed to get connected to the UNICEF Intranet to get the basic operational systems functional (including Lotus Notes and ProMS). With a VSAT system, we were also able to have at least one voice channel.

When faced with moving an office or opening a new one, it is important to know which systems need to be operational. E-mail is in very high demand – Lotus Notes is key. ProMS is also very important and needs to be operational quite quickly. But for us, it took a while to get the hardware ordered and delivered. It is therefore crucial to ensure that a plan is in place to provide for the quick delivery and deployment of the connectivity element (which is why we have stockpiled a few fly-away VSATs) as well as servers that can be accessed for re-establishment of business systems.

Human resources is always the part we don't address well enough. What systems do we need to have and what people do we need to run them? Who are the key national staff who might have to come and run the systems?"

17. Inter-agency telecommunications cooperation

UNICEF is an active partner in inter-agency collaboration in the area of telecommunications. The main forum for this collaboration is the Working Group on Emergency Telecommunications, a sub-group of the Inter-Agency Standing Committee chaired by the UN Office for the Coordination of Humanitarian Affairs (OCHA). In a major emergency situation, the group works toward coordinating the inter-agency telecommunications response. This may include the identification of a telecommunications coordinating agency tasked with the implementation of common security telecommunications services. Typically this will be the agency with the strongest pre-emergency telecommunications capacity in the emergency location.

What to do

- Office senior management should consult with the regional IT officer and ITD, New York headquarters, on the potential benefits and drawbacks of UNICEF taking on the role of telecommunications coordinating agency.

What to remember

- The telecommunications coordination agency does not have any responsibility for meeting individual agencies' telecommunications requirements. It only sets up and administers the inter-agency component. Each agency is still expected to equip its own staff, offices and vehicles with communications capacity to meet operational and MOSS requirements.

Refer to the Working Group on Emergency Telecommunications core group meeting, 12–14 January 2003, Palais des Nations, Geneva. This document is available on the Emergency Field Handbook CD-ROM.

6.5 SUPPLY AND LOGISTICS

This chapter of the *Emergency Field Handbook* is a guide for UNICEF staff on steps to take in the supply and logistics area in order to implement the Core Commitments for Children in Emergencies. The chapter contains essential information on key contacts for emergency supply and logistics support in the UNICEF Supply Division, Copenhagen. There is a guide to ordering emergency supplies through Copenhagen and tips on methods of shipping and freight budgets, clearing customs and receiving full air charters. Key considerations for local procurement are covered. Basic points of in-country logistics provide non-specialists with an overview of what needs to be considered when arranging storage and in-country transport of supplies.

Core Commitments for Children in Emergencies: Supply and logistics

To ensure the availability of supplies and logistics for effective and timely fulfilment of the programme Core Commitments, and to strengthen existing supply and logistics capacities, UNICEF will:

First six to eight weeks

- 1.** Mobilize emergency supplies within 24–48 hours of an emergency and assist in the development of a country plan.
See topics 5–23
- 2.** Put in place procedures and directives for inter-country transfer and movement of supplies.
See topics 24–34
- 3.** Maintain an operational supply network (i.e., the major procurement offices in UNICEF) with the authority to provide cross-border procurement.
See topic 2
- 4.** Deploy staff for inter-agency rapid emergency assessment missions, as required, and actively participate in common logistics efforts, e.g., United Nations Joint Logistics Centre and others.
- 5.** Deploy experienced in-country logistics staff, as required.

Beyond initial response

- 6.** Maintain regional supply hubs to ensure continuous capacity to address the needs of a population of 420,000 at the onset of an emergency.
See topic 2
- 7.** Institute long-term arrangements with suppliers for rapid replenishment of emergency supplies stored at the Copenhagen warehouse and at the regional emergency hubs.
- 8.** Regularly update the cost estimate by population size of the 25 standard emergency items needed (including transportation costs) for the initial emergency response.

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1. Priority action checklist

- Open dialogue with the Emergency Coordination Unit, Supply Division.
- Decide on immediate supply needs.
- Ensure that adequate financing is available for supply requisitions, including money for freight. Be aware of cost implications of potential decisions. Discuss freight options with Supply Division before finalizing freight budgets.
- Initiate requests for extra supply/logistics personnel, if needed, by contacting the Division of Human Resources, the Office of Emergency Programmes (EMOPS) and the Emergency Coordination Unit.
- Check on status of local contracts for logistics services (clearing, warehousing and transport). Open or renew contracts if necessary.
- Assess actual logistics requirements in terms of the above logistics services, taking into account prospective volumes and destinations.
- Check status of local suppliers and market. Initiate agreements for commonly procured local emergency items. Update supplier database.
- Make contact with logistics personnel from other UN agencies. Gather information. Seek potential for combined operations. If the UN joint logistics cell is activated, make contact.
- Establish basic logistics monitoring systems before large-volume supplies begin arriving. Install paper-based systems initially, as a minimum. Seek guidance from the Emergency Coordination Unit for possible database assistance.
- Open quick and regular communications with various programme heads and country office emergency coordinators. Ensure that requirements and programme plans are known before supply requisitions are raised. Ensure that supply status information is circulated as regularly as possible to all concerned.

2. Supply and logistics in emergencies: An overview

In emergencies, UNICEF uses three approaches simultaneously: supply hubs, a global procurement network and long-term agreements.

Supply hubs are strategic stocks and delivery points in Copenhagen, Johannesburg, Dubai, Bangkok and Panama (Colon Free Zone). Each supply hub holds emergency stocks for 100,000 people (Panama's stock is for 20,000 people). Items held at the hubs include bulky and emergency items, such as blankets, cooking sets, tarpaulins, jerrycans and insecticide-treated mosquito nets.

The global procurement network is a group of country offices that can assist Supply Division in procuring and dispatching items at short notice.

Long-term agreements allow standard items to be ordered directly through certain suppliers and stipulate a minimum level of stock availability in case of emergency requirement.

The supply process in emergencies is the same as in other situations. The following steps are mandatory:

- Supply planning (identifying needs).
- Logistics planning (storage and distribution network).
- Supply procurement (budget provision, bidding, contracts, requisitions through the Programme Manager System (ProMS) and liaison with Supply Division.)
- Shipment (establishing timelines, transportation choices, customs clearance and receipt).
- Storage and handling (warehousing).
- In-country distribution (establishing network, transportation choices and monitoring delivery).

What to remember

- During emergencies, normal UNICEF procedures and documentation remain applicable, but special arrangements can be made to speed up delivery of supplies.

3. The Emergency Coordination Unit and the Customer Services and Field Support Centre

The Copenhagen-based Emergency Coordination Unit assists country offices facing an emergency. In coordination with EMOPS, it can also deploy emergency logistics officers through UNICEF redeployment, external consultants and standing agreements. Up-to-date contact numbers can be found on the Supply portal of the UNICEF Intranet under 'Emergency supplies and contacts'.

The Customer Services and Field Support Centre is also in Copenhagen and ensures the timely processing of emergency requisitions; coordinates with the Supply Division emergency coordinator to approve requisitions; answers queries posed by country offices and advises on the various options related to stock availability, budget, mode of shipment, etc.; coordinates with Supply Division to expedite orders and updates the country office on the status of orders; tracks shipments; and prepares status reports for the country office and Supply Division management (in cases of ongoing emergencies). To contact the Customer Services and Field Support Centre go through the emergency coordinator and the centre will follow up.

4. Preparedness and contingency stocks

All UNICEF country offices should have a contingency plan set up for emergencies.

What to do

To be prepared

- Assess potential needs.
- Identify best sources and methods of procurement.
- List shipping and distribution options.
- List reputable local and regional suppliers and service providers, items required and stock capacity.
- Update information on reputable transport and distribution services, routes and capacities.
- Create an emergency task force and back-up team led by the head of office to be on standby at all times to assess the stock situation.

When an emergency develops

- Refer to your office's contingency and emergency preparedness and response plan.

What to remember

- Supply Division discourages in-country stockpiling of perishable items. If no emergency occurs, unused items may become unusable. To avoid wastage, buffer stocks must form part of regular programme demand.
- Country offices should establish standby agreements with local suppliers for emergency items such as jerrycans, blankets, plastic buckets, cooking utensils and plastic mats – items that are relatively common and bulky.
- Supply Division is developing an 'Emergency supply toolbox for emergency preparedness'; check with Supply Division for details.

5. Immediate actions at the onset of an emergency

What to do

Senior staff (representative, senior programme officer, emergency officer or supply officer) should

- Alert Supply Division by contacting the emergency coordinator. (See *'Emergency supplies and contacts' on the Supply portal of the UNICEF Intranet for up-to-date contact information.*)

- Ensure experienced supply/logistics staff are on the ground where they are required. If they are not, consult with the Emergency Coordination Unit in Copenhagen.
- Include supply and logistics concerns and requirements in programme response planning from the outset.
- Assess the likely scale of operations and request any necessary special authorizations (for local procurement and contingency requisitions).

Supply and logistics personnel on the ground (or if there are none present, the emergency officer) should

- Check import facilities and arrangements. Which seaports and airports are functioning? Which direct road and rail links are open from neighbouring countries? Which government departments will be responsible for receipt and clearance of emergency supplies? If the government is unable to function, what other arrangements can be made?
- Check status of existing clearing, warehousing and heavy-goods transport contracts. If none are in place, set them up.
- Check the availability of warehousing in key areas of operation. What is available in the projected programme area, at the port and near major transport routes?

What to remember

- It is important to be early. If a government is incapacitated, and UNICEF undertakes in-country logistics, contracting quickly for warehousing and transport is crucial. The larger the emergency, the more organizations are involved, and the higher the pressure on transport and warehousing. Prices are likely to go up dramatically and quickly. Having too much space and capacity early on is better and cheaper than having too little later. Check with other UN agencies to see whether a joint approach to the market is possible. It keeps prices down. A joint approach should also be made as early as possible, before agencies go their own way.
- It is critical to ascertain the capacity of other UN agencies, such as the World Food Programme, to support in-country logistics in situations where UNICEF capacity and expertise are limited. However, in larger emergencies UNICEF must attempt early on to establish its own in-house capacity in accordance with its programme priorities since some aspects of its supply chain differ greatly from those of other agencies.

6. Identifying sources of supplies

After identifying priority needs through the rough initial assessment and subsequent rapid assessment, it is necessary to identify sources of supplies as soon as possible.

What to do

- Look at existing stocks from the regular country programme that could be diverted to respond to the emergency. The representative or senior programme officer must approve any diversion of the stock in consultation with the Programme Funding Office.
- Contact partner agencies, non-governmental organizations (NGOs) and government counterparts to identify existing stock and determine whether it is possible to borrow from it. This avoids unnecessary duplication of effort and prevents depletion of supplies from local sources.
- Call neighbouring UNICEF offices to find out if stocks there can be used. Arrange with the relevant representative or senior programme officer for the immediate transfer of supplies, as well as repayment.
- Look at locally available supplies and begin local procurement if necessary. *(See topic 17 for details on local procurement.)*

For items not available locally or regionally

- Contact Supply Division, Copenhagen, with a list of necessary items. In the initial phase of a crisis, request only standard, pre-packed set supplies – avoid any product that is not part of the UNICEF stock.

What to remember

- At the onset of an emergency, it is very important to try to request only warehouse items, if possible. This will ensure a speedier response.
- An emergency logistics plan should be set up in coordination with other UN agencies and NGOs outlining the role of each participant. It should address all aspects of supply management, from procurement to distribution.

See the 'Fund-raising and communication' chapter for guidance on reprogramming funds and supplies for emergency response.

7. Offshore procurement: An overview

Offshore procurement means importing supplies through Supply Division, Copenhagen. During emergencies, it should be considered only when non-standard products of suitable quality and sufficient quantity are not available on the local market. Offshore procurement of non-standard items will cause

delays. In addition, the following products need to be quality-assured and can only be procured through Copenhagen:

- Human vaccines
- Antitoxins/globulins
- Anti-venom
- Tuberculin/sensitins
- Auto-disable syringes
- Safety boxes
- Pharmaceuticals
- Micronutrients
- Therapeutic foods with high mineral and vitamin content, e.g., F-75 and F-100 milk
- High-protein biscuits
- HIV diagnostics
- Hepatitis B diagnostics
- Hepatitis C diagnostics

Exceptions to the above may be granted on a case-by-case basis, negotiated with Supply Division.

What to do

- Contact the chief, Contracting Centre, Copenhagen, to request an exception. Updated contact information can be found on the Supply portal of the UNICEF Intranet.

8. Ordering supplies via Copenhagen

In emergency situations, ordering supplies via Copenhagen can be done on a 'Rapid response emergency' or 'Other emergency' basis. 'Rapid response emergency' requests are for goods that must be received within 48 hours. 'Other emergency' requests are for goods not required as quickly but that should nevertheless take priority over other requests. These items will go through fast-track processing.

What to do

To create an emergency supply requisition (the order)

- Set the 'Disaster relief' field in the supply requisition (called the PGM in ProMS) to either 'Rapid response emergency' or 'Other emergency'.
- Input requested information, being as specific as possible.

- Specify on the supply requisition whether it is possible to ‘accept alternate products’ (this allows Supply Division to send something similar); ‘accept partial shipments’ (this allows Supply Division to send what is available without waiting for the full order); or ‘accept adjusted quantity’ (this allows Supply Division to modify the size of an order when packing units do not allow for an exact match; for example, it might send three sets of 30 blankets even though the order was for 100 blankets).

For ‘Rapid response emergency’ requests, do as above and

- Send requests to EMOPS, New York, and a scanned or faxed copy to the Supply Division emergency coordinator, Copenhagen.
- Include the following information to enable a quick decision on action:
 - Programme budget allotment (PBA), programme code, project code reference and available budget.
 - Catalogue codes and short item description.
 - Background information on intended use (particularly important for non-standard items for which complete specifications may not be readily available).
 - Port of entry.
 - Target arrival date at final destination.
 - Consignee code reflecting preferred mode of shipment. If existing consignee codes cannot be applied, give full address, including e-mail address and telephone and fax numbers.
 - Any special packing instructions.
 - Special markings, if required.

For ‘Other emergency’ requests

- Follow the usual ProMS procedure.
- Attach a justification, which is necessary for all ‘Other emergency’ requests except those for countries where a ‘corporate emergency’ has been declared. ‘Other emergency’ requests are prioritized by the emergency coordinator. Justification can be a note explaining why the items are needed rapidly.
- Follow up with the country focal point in Supply Division’s Customer Services and Field Support Centre to ensure that the supply requisition has been received and properly registered.

What to remember

- All UNICEF financial rules and regulations concerning the control and commitment of funds for supply requisitions in regular programmes apply in emergency situations.
- For urgently required supplies, it is important to establish a direct dialogue – by phone if necessary – with the Supply Division emergency coordinator (or the regional supply officer for regional procurement) to discuss item specifications and delivery possibilities.
- If ProMS is not available because of a lack of power or computer access, contact the emergency coordinator to agree on an alternative ordering procedure. If the online version of the Supply Catalogue is not available, item numbers can be found in the hard copy. If no hard copy is available, it is sufficient to provide detailed item descriptions.

9. Approved emergency items

Supply Division has made a commitment to provide certain standard 'approved emergency items' within 48 hours. Other items may also be delivered within 48 hours.

The current list of standard emergency items can be found on the Supply portal of the UNICEF Intranet at:
http://www.supply.unicef.dk/catalogue/Emergency_Items.pdf.

10. Kits

UNICEF has a number of kits that are particularly useful in emergencies:

- New emergency health kit: It contains medicines, medical supplies and basic medical equipment for a population of 10,000 people for three months.
- Obstetric, surgical kit: It contains supplies and equipment, including surgical instruments, and basic sterilization and resuscitation equipment, to enable health facilities to handle an average of 100 deliveries, including 50 with complications and surgery, with an average of 25 Caesarean sections.
- Midwifery kit: It contains basic medicines, renewable medical supplies, equipment and basic sterilization and resuscitation equipment for an average of 50 normal deliveries.
- First-aid kit: It can be used to treat or dress a range of minor injuries or ailments.
- Family water kit: It includes water containers, buckets, soap and water purification tablets to meet the needs of 10 families for one month.
- School-in-a-box kit: It contains supplies for a teacher and 80 students, if taught in double-shift classes of 40, for about six months. The kit can be adapted to the local culture.

- Recreation-in-a-box kit: It contains games and equipment for 40 children.
 - Early childhood development kit: It contains materials aimed at children 0–3 and 3–6 years old. The kit utilizes play, storytelling and art activities to develop communication, motor skills, cooperation and social skills, with an emphasis on helping children in crisis situations.
- See the 'Health and nutrition', 'Water, sanitation and hygiene' and 'Education' chapters for more information on the above kits.*

11. Methods of shipping and freight budgets

Goods ordered through Copenhagen or via direct order can be shipped by air, water and surface (road or rail). Shipment by air is the quickest but most expensive method. Shipment by water and surface is less expensive but much slower.

Shipment of supplies ordered through Supply Division is arranged in Copenhagen. When requisitions for emergency supplies are submitted, the emergency coordinator can advise on feasible options for immediate action and delivery and provide freight cost estimates according to the agreed mode of transportation. If the freight estimate is above that already on the supply requisition, the Customer Services and Field Support Centre focal point will request written acceptance of the freight budget or ask the country office to include sufficient funds in the supply requisition.

What to do

To obtain an accurate budget and shipping time estimate from Copenhagen:

- Input into ProMS the requested target arrival date at port of entry or final destination.
- Use the freight calculator available at the Supply Division portal of the Intranet (<http://www.intranet.unicef.org/Denmark/DanHomepage.nsf>) or obtain an estimate from Copenhagen.

To send goods from one country office to another, the office sending the goods should

- Make arrangements, either directly or through a reputable forwarding agent, to cover freight rates and fees for forwarding and brokerage services, including booking, customs clearance, forwarding to loading points and preparation of documentation.

What to remember

- The cost of shipping is borne by the country office and must be included in budget planning for the emergency intervention.
- The total lead time is the time it takes for supplies to be available for use at the project site measured from the day the supply requisition is authorized. It is essential to plan realistic lead times for shipping, customs clearance and in-country logistics. Lead times should be input into ProMS.
- Port congestion is a common problem, especially in emergencies. During delays, losses can occur from theft, spoilage or poor handling. Consider alternatives.
- Staggering shipments can ease congestion problems and the strain on a limited logistics infrastructure. Time your shipments accurately.
- In an emergency, try to order standard items earmarked for emergencies by Supply Division. Ordering non-standard items may delay assembly, dispatch and, subsequently, delivery dates.
- Specify on the supply requisition whether you will accept partial shipment and adjusted quantity. Partial shipment allows Supply Division to send supplies that are available without waiting for one or two items that are missing. Flexibility with the quantity required allows it to make small adjustments for packing and handling.

12. Weight and size limits

Some ports and trans-shipment points have weight or size limits for items that must be moved manually.

What to do

- Find out if there are any weight and size limits at planned ports or other trans-shipment points.
- In supply requisitions, specify any limits on the weight or size of individual packages to facilitate local handling, including a message such as 'No packages over 50 kg'.

13. Special markings and colour-coding

All packages containing emergency supplies should bear the UNICEF logo and may also be colour-coded according to type of good if necessary.

What to do

- Decide, in coordination with partners, whether such colour-coding is necessary in the current operation.

- Adopt the following colour-coding system, unless the representative feels there are compelling reasons for a different system:
 - Red: weaning and other children's foods.
 - Green: supplies for health services and programmes.
 - Blue: household supplies, e.g., shelter materials, clothing, cooking utensils.
 - Black: supplies for water supply and sanitation programmes.
 - Brown: supplies for schools and education programmes.
- Fax or e-mail Supply Division (copying EMOPS) with requests for specific colour markings and include reminders of the appropriate colour code in each individual requisition.

14. Clearing customs

Under UN conventions, all items imported by UNICEF for programme or office use are exempt from customs duties. However, goods must still go through customs clearance procedures. Contingency plans developed as part of each country office's emergency preparedness planning should be in place to deal with customs clearance during emergencies. Depending on the system that has been arranged, UNICEF will have a blanket, partial or individual shipment exemption. A blanket exemption allows duty-free importation of any type and quantity of goods for the immediate relief operation and is issued by the ministry of finance on an exceptional basis. A partial exemption is for a list of specific goods drawn up during the annual planning process. When there is neither a blanket nor partial exemption in place, each shipment must be cleared through customs with an individual exemption. This is the least favourable option (though it is the most common). In this case UNICEF must obtain an exemption protocol, and a freight forwarder then handles the consignment release from the port of entry.

Documents required for customs clearance typically include the packing list; original bill of lading (for maritime shipments) or air waybill (for air shipments); an invoice (showing the value of the goods); and document(s) showing the origin of the shipment, the mode of transport and the date of arrival in the country.

What to do

- Verify which type of exemption protocol is in place.
- Verify existing arrangements with the government or UNICEF's clearing and freight forwarding agent in the country, making sure to check that the agent is functioning and able to carry out the arrangements in the existing conditions.

- Provide the appropriate documentation to the clearing agent prior to the arrival of the shipment. Required documents vary from country to country and may change from time to time. Keep up to date.

To obtain an individual exemption where there is a functioning procedure

- Write a letter requesting exemption, attaching shipping documents. The freight forwarder will then get the ministry of foreign affairs to endorse the letter and send it directly to customs, or get the letter subsequently endorsed by the ministry of finance and then handed to customs.

To obtain pre-clearance

- In an emergency, goods are usually pre-cleared before the shipment arrives at the port. Pre-clearance can be arranged by submitting faxed or electronically transmitted copies of air waybills, invoices and packing lists to the local customs officials before the shipment arrives.

15. At port of entry after customs clearance

Once supplies clear customs, UNICEF must prove ownership before the goods can be collected.

What to do

- The freight forwarder (or UNICEF in some cases) provides the original bill of lading made out to, or endorsed by, UNICEF.
- The freight forwarder (or UNICEF in some cases) inspects the shipment for damage or loss at the unloading point on the day of discharge of the shipment. This step is also required for shipments in transit.
- Transfer ownership of UNICEF supplies to the assisted government at the point of discharge, wherever possible:
 - Have an appropriate government official sign a receipt of goods as formal evidence that UNICEF has delivered supplies and equipment as previously agreed with the government (or procurement services customer).
 - File the signed receipt of goods in the country and regional offices.

If it is not possible to transfer ownership of the goods to the government, and UNICEF takes care of in-country logistics

- Make sure supplies are tracked and that a good audit trail is kept. Use tracking documentation to obtain a signed government receipt later.

If expected supplies are not received

- Follow up immediately.
- Search the port, in cooperation with the authorities, if items are lost or short-landed (not unloaded from the vessel).
- Report any lost or short-landed cargo and any damage to goods immediately to the agents of the carrier. Use a notice of loss or damage form for this purpose.

What to remember

- If the necessary documentation has not been received before the shipment arrives, a letter of guarantee or letter of indemnity may be acceptable to the authorities for clearance purposes. This letter promises to deliver the original bill of lading to the carrier when it is received and agrees to absolve the carrier from the consequences of any misuse of the bill of lading.

16. Receiving full air charters

What to do

- Arrange with airport authorities to get UNICEF personnel inside to meet the aircraft.
- Pre-clear using scanned pre-advice. This should come 48 hours before the flight and saves a lot of time. The process involves clearing customs using electronic documents before goods arrive, rather than waiting for them to arrive and then clearing customs using original documents. Request timely pre-advice from Shipping Unit, Supply Division.
- Check the country office's current freight clearing contract very carefully. Meet with forwarder representatives and go through all charges to be incurred by the charter flight.
- Find out from the aircrew exactly what charges they are being billed for. Aircrews have to pay landing fees and navigation fees directly in most cases. Check that this is so. Avoid double payments. In some cases, invoices may be presented for local payment after the operation and after the aircrew has already been paid.
- Map airport activities. Who unloads? Where does it go from there, what happens after that? If it is stored at customs, who unloads there? Is it stored at a forwarder's premises? Who loads and transports it after it clears customs? Forwarder charges should accurately reflect services provided.

- The aim is for a consignment to leave the airport directly after arrival. Try to pre-clear customs. The longer items linger in customs, the greater the risk that delays will multiply.
- Make arrangements with multinational forces if they control the airport. In many cases they can unload, but UNICEF may have to arrange for its own labour and forklifts and then load directly into UNICEF -hired trucks.
- If the UN Joint Logistics Centre has been activated, check what airport activities they are involved in. They may be in a position to negotiate on a common UN basis.

What to remember

- Contact the Shipping Unit for more details on UNICEF indemnities and waiver of royalties and non-objection fees when receiving airlifts. It is typically the responsibility of the country office to negotiate these with civil aviation authorities.

17. Local procurement: An overview

Every UNICEF country office has blanket authorization for local procurement up to \$50,000 (this limit does not apply to direct orders). When necessary and justified, an increase in the level of local procurement authorization can be approved.

What to do

To apply for an increase in local procurement authorization

- Send a written proposal, citing justification, to the chief, Contracting Centre, Supply Division, with copies to the director, Supply Division.

18. Local procurement: Choosing a supplier

If additional suppliers are needed at the time of an emergency, consider the following when choosing local suppliers and service providers:

- How long has the supplier done business?
- How much business does the supplier do?
- Have other humanitarian organizations used this supplier?
- Is the supplier registered with the host government?
- Who owns the supplier? Who are the major shareholders?
- Is the supplier a trader, importer or manufacturer? UNICEF prefers dealing with manufacturers.
- Where is the supplier located? Does this location have cost implications in terms of transport?

- What items is UNICEF planning to procure? How will they be packed? Will UNICEF need to do anything special in terms of transport arrangements?
- How did UNICEF find out about the supplier, and how was the supplier initially approached?
- What other businesses is the supplier involved in?

19. Bidding in emergencies

Competitive bidding is the preferred route for all purchases. In emergencies, however, it can be waived by the Executive Director or, depending on where the purchase occurs, by other officials. In the case of local procurement, competitive bidding can be waived by the representative, and in the case of a Supply Division order, by the chief, Contracting Centre, Supply Division. However, authorization should still be sought from the chief, Contracting Centre, if the local procurement goes over the local procurement authorization (LPA) limit.

What to do

To obtain a waiver

- Justify the decision and ensure it is not taken in isolation. Record e-mails and document the process.
- Create a signed 'Note for the record' that includes the justification for the waiver and all relevant information.
- Have the authorized official sign this document.
- The note should go into the order file (and also in the Contracts Review Committee file if valued at more than \$20,000).

See Manual G, Chapter 7, Section 4, for details on carrying out a normal bidding process. This document is available on the UNICEF Intranet.

20. Approving commitments of UNICEF funds

A Contracts Review Committee at the local, regional or headquarters level must review and approve all commitments of UNICEF funds, by contract or purchase order, above the following amounts: \$20,000 if contracted by a country office; \$40,000 if contracted by a regional office, Tokyo headquarters or the India Country Office; \$70,000 if contracted by Copenhagen headquarters, Geneva office or New York headquarters. Local procurement over \$50,000 must be approved by Supply Division in the form of a local procurement authorization, which must be submitted to the committee. Exceptions have been made for such commodities as fuel, construction materials, printed materials, information technology supplies and equipment for which a direct order agreement exists.

What to do

- Call a meeting of the local review committee to discuss and approve the proposed commitment of funds.

If the Contracts Review Committee cannot meet

- Poll each committee member (or alternate) separately.
- Each member must sign the emergency request, which must be noted at the next meeting.

What to remember

- Contracts Review Committee meetings and approval after funds have been committed are highly discouraged.
- It is possible to obtain a blanket local procurement authorization from Copenhagen for specific emergency supplies above \$50,000, for use within a specific time frame.

21. Purchase orders

Once a supply requisition has been made and signed, written purchase orders (or contracts) must be placed and signed for every purchase made through local procurement or direct order. Purchase orders and contracts commit UNICEF funds. Direct orders are international purchase orders that can be raised directly by a country office with suppliers who have negotiated long-term agreements with Supply Division. Exceptionally, items can be purchased without a purchase order.

What to do***To place and sign a purchase order***

- Place a purchase order in ProMS. UNICEF general terms and conditions must be part of all purchase orders issued.
- The authorizing officer signs a hard copy of the purchase order, which is placed in the appropriate file.
- Send the purchase order to the supplier.

To make a direct order

- Place a purchase order in ProMS and designate it a direct order.
- The authorizing officer signs a hard copy of the purchase order, which is placed in the appropriate file.
- Send a copy of the purchase order or direct order to the long-term agreement supplier. Copies should also be sent to the forwarding agent and to the invoice certification department of Supply Division.

To procure items without a purchase order (in exceptional circumstances)

- Obtain written authorization from the head of office.
- Make sure the procurement is authorized and the rationale and steps clearly documented.
- Always place and sign a purchase order, even when supplies have already been received.

What to remember

- Purchase orders can be created manually when there is no computer access. They must be documented and filed, and contain UNICEF general terms and conditions, signed by the authorizing officer.
- If a purchase made without a purchase order is found to be unauthorized or inappropriate, the staff member who made the purchase may be held responsible for payment.

22. Contracts

Contracts are made out with service providers.

What to remember

- Special service agreements follow a process similar to that of purchase orders. However, instead of being raised by the authorized supply officer, they are raised via the human resources or operations officer. These agreements are subject to the same process as purchase orders in that prospective institutions and consultants need to be found using principles of competitiveness and transparency. Contracts are subject to review by the Contracts Review Committee and to other financial thresholds.
- Payment conditions must be clearly indicated in the contract. Conditions of payment include: on delivery (usually used in procurement of goods); by performance milestone (usually used in turnkey and lump sum contracts); through progress payments (usually where payment is made periodically against exact performance); and advance payment (on signature of contract in advance of work).
- Payment in advance should be made only in exceptional circumstances and requires the approval of the comptroller in New York headquarters.
- It may be convenient to raise a \$1 special service agreement contract against which direct costs can be allocated to different programmes using the service. An example of this is transport contracting where an office does not know the full value of a prospective service. Country offices then provide funding against receipts of service utilized.

23. Financial control

UNICEF's normal financial control procedures apply in emergency situations. For more information about financial procedures in emergencies, including how to handle payments when there are no banks, see the 'Finance and administration' chapter of this handbook.

24. In-country logistics: An overview

In-country logistics include the storage, transport and distribution of supplies. Assisted governments typically take on this responsibility for goods provided to them by UNICEF. During emergencies, however, a government may be unable or unwilling to take care of in-country logistics, and UNICEF may have to take on this responsibility.

What to do

- Ask implementing partners or others who will receive UNICEF supplies:
 - What is needed right now?
 - What can be delivered later?
- Stagger the flow of supplies when possible to decrease stress on the logistics infrastructure.
- Contact a UN joint logistics cell as soon as possible for help with coordinating logistics. *(See topic 25 for more on joint logistics cells.)*

What to remember

- The volume of supplies requested should be taken into consideration when planning logistics. For example: 100,000 standard UNICEF blankets would fill a pickup truck, a 40-foot container, a Boeing 707 and a Boeing 747 – with some blankets left over.
- It is important to assess true delivery needs during emergencies. In the example above, are all 100,000 blankets needed at the same time? Or are 20,000 needed now and an additional 80,000 later (to replace stock borrowed from existing in-country sources)? If some supplies are needed for replacement only, it can be more cost-efficient and easier to space out their arrival.
- Supply Division can provide advice on instances where UNICEF will not be best placed to handle logistics, and where Memoranda of Understanding with other UN agencies, such as the World Food Programme, may be the best channels for this.

25. UN joint logistics cells

Joint logistics cells are not permanent entities and are activated by the Inter-Agency Standing Committee (IASC), upon request from the humanitarian coordinator, for the duration of an emergency. They are staffed from various agencies, including UNICEF. While they do not handle logistics on behalf of other agencies, they can be very helpful with coordination, especially when it comes to cargo prioritization of joint air assets. In the past, UNICEF has obtained substantial volumes of emergency air cargo in this way, including by helicopter.

What joint logistics cells do

- Facilitate coordination meetings and reports.
- Collect, consolidate and disseminate information.
- Prioritize and schedule air cargo shipments via common air assets (UN or government).
- Interface with the military on issues of security, access and logistics deconflicting.
- Present a united front when negotiating with governments and various other entities, including the UN Department of Peacekeeping Operations.

What joint logistics cells do NOT do

- Run storage facilities or inland transport operations.
- Facilitate customs clearing or cross border movement.
- Handle the logistics needs of individual agencies.
- Get involved with implementation.

What to do

- Ensure that the logistics focal point makes contact with a joint logistics cell as soon as possible following deployment.
- Ensure that the logistics focal point attends all air cargo user group meetings and makes the case for UNICEF when cargo prioritization is discussed.
- Make contact with the Emergency Coordination Unit, Supply Division, for guidance on working within the joint logistics cell framework, which changes from emergency to emergency.

26. Logistics reporting systems

Supply Division is currently developing a standardized logistics reporting system. Until the system is finalized, offices should put a paper system in place that includes the following reports:

- Arrival report: It describes the state of goods upon their arrival.
- Stock report: It describes the state of goods in stock.
- Dispatch report: It describes the status of goods leaving the warehouse.
- Distribution report: It describes the status of goods at the beneficiary level.
- Waybill: It accompanies any transport of goods and is signed by the recipient.
- Dispatch authorization: It instructs supply/logistics to release goods to a certain destination and is signed by the programme responsible for the goods.

What to remember

The Emergency Coordination Unit can provide standard forms and advice, where needed, and/or deploy experts to establish systems and train staff to use them.

Supply Division logistics toolkit CD (2005).

27. Warehousing: An overview

Generally, warehousing and distribution of UNICEF supplies is the responsibility of governments. However, UNICEF may need to assist with customs clearance, warehousing and in-country distribution. Research on storage spaces should be part of every office's contingency planning. It is possible that supplies will have to be stored during emergencies in buildings that are less than ideal.

What to do

- Identify a suitable space in an appropriate location.
- Put in place a basic management system for the space.

What to remember

- Storage requirements are closely linked to transportation and these must be considered together in planning.
- Storage requirements will depend on the following:
 - Type of supplies and materials to be stored.
 - Type of storage facilities and services needed.
 - Average time for which supplies are to be stored.
 - Speed and pattern in which supplies will move in and out.
 - Fluctuation of supply and distribution.
 - Existing transport infrastructure.
 - Type and foreseeable length of the emergency operation.
 - Opportunity to share premises with other UN agencies.

28. Identifying a suitable warehouse

Selecting a warehouse space requires an accurate estimate of the size required and an evaluation of criteria that include:

- Site access and security.
- Electricity and water supply.
- Usable storage area.
- Maximum floor loading.
- Ancillary facilities (offices, cold rooms, etc.).
- Fire protection.
- Available handling equipment.

The following are potential options for securing a warehouse space

- Use government warehouses. In many cases they may be operated by UNICEF staff.
- Negotiate to borrow or share warehouse space being used by other UN agencies or NGOs.
- Rent a warehouse (often suitable for short-term storage).
- Contract with a warehouse service provider.
- If no suitable buildings are available, use temporary or improvised storage. If necessary, a supply requisition can be raised for prefabricated 'rubb' or 'wiik' halls, which should be ordered without delay. Contact the Emergency Coordination Unit for guidance.

What to do

- Calculate the storage space required for a known quantity of supplies. Supply Division can assist in estimating this.

Table 31: Determining storage capacity requirements

Need to know	Examples
Population to be served	Expected arrival of 30,000 people
Intended distribution of supplies	One tent per family (average 6 people per family)
Frequency of distribution	Once
Time required for the supply to last or remain functional	Three months
Weight/volume of the goods	1 metric ton = 25 tents = 5 m ³ per ton
Reserve supplies	10%

Calculations based on above example

- Quantity of tents to store = $30,000/6 = 5,000 + 10$ per cent = 5,500 tents
- Volume of the tents = $5,500/25 \times 5 \text{ m}^3 = 1,100 \text{ m}^3$
- For a height of 2 metres, floor area required = $1,100 \text{ m}^3/2 \text{ m} = 550 \text{ m}^2$
- Load on the ground = $5,500 \text{ tents}/25 \text{ tents per metric ton} = 220 \text{ metric tons}$
- $220 \text{ metric tons}/550 \text{ m}^2 = 0.4 \text{ metric tons/ m}^2$ or 400 kg/m^2 (acceptable)
- Estimate $550 \text{ m}^2 + 20$ per cent for access and ventilation = 660 m^2 of ground

What to remember

- Ensure that conditions are suited to the supplies stored.
- The country office carries responsibility for losses that occur while commodities are in UNICEF-operated warehouses.
- Incoming emergency supplies should be stored in safe and secure conditions. Drawing on local knowledge, warehouse managers should select warehousing that is secure from natural disaster, animals and theft.
- Always ensure that proper storage and accounting procedures are implemented. (*See topic 35.*)
- Warehouse space should be obtained free of charge whenever possible.

29. Managing a warehouse

Where the country office establishes its own warehouse(s), a standard management system should be put in place to cover inventory control, monitoring, reporting and storage facilities. A warehouse can be managed electronically with the help of an inventory software programme or manually with the help of stock cards. It is essential that management and handling are properly documented.

What to remember

- Ensure that stock is stored so that it is safe and easily retrieved for distribution.
- For assistance and guidance on all storage safety and warehouse management systems, contact the chief, Warehouse and Logistics Centre, Supply Division.
- Store high-value items securely.
- Proper management and supervision of handling personnel is essential to prevent petty theft and pilfering or unintentional loss or damage to goods.

30. Transport: An overview

In emergency situations, the reliability of inland transport may be affected by poor physical infrastructure, unstable security conditions and the lack of fuel or spare parts.

What to do

- Take into account:
 - Estimated travel times and deadlines.
 - The terrain between port of entry (or the origin of supplies) and destination.
 - Expected weather conditions during transportation.
 - Weight/volume ratio of supplies: For example, are they light and bulky or heavy and small?
 - Quantity and packaging of supplies.
 - Frequency of deliveries.
 - Available transport options.
 - The prospect of combining transport to as many locations as possible.
 - The transport capacities of other UN agencies, NGOs and government entities, and the prospects of using existing transport services on a cost-sharing basis.
 - Local availability of fuel and spare parts.

What to remember

- In non-emergency countries, it is standard practice for the host government to take the supplies directly from customs, without UNICEF's involvement. In such cases, UNICEF is not responsible for losses of supplies and equipment, however incurred, after discharge from the end of a ship's tackle or after passing an entry point in the assisted country, irrespective of whether formal title to the supplies has been transferred to the government.
- UNICEF is responsible for supplies and equipment when it is providing and managing warehousing, in which case Supply Division insures warehouses where more than \$200,000 worth of supplies are held.
- In cases where other UN agencies or contractors are handling supplies, actual responsibilities will vary on a case-by-case basis. For example, a contractor's responsibilities are more exhaustive than those of a UN partner. Responsibilities of UN partners depend on negotiations and context.
- Seek advice on responsibilities and insurance matters from Supply Division, Copenhagen.

31. Methods of transportation

The volume of supplies that can be transported, the speed of transportation and the cost are all interrelated. Each should be considered when selecting transport modes.

Table 32: Transportation characteristics

Transport type	Characteristics	Advantages	Disadvantages
Air (aeroplanes)	Usually used when supplies are urgently needed or access is otherwise impossible	Quick and reliable Can reach distant areas Make it possible to get close to operations	High cost Cargo capacity may be small Dependent on weather conditions Require special fuel
Air (helicopters)	More versatile than aeroplanes	Can land in difficult areas	Have limited cargo capacity
Land (motor vehicles)	Dependent on terrain and safety conditions	Highly flexible Inexpensive and readily available	Routes may be impassable or non-existent Travel on land may be dangerous
Land (railroad)	Usefulness depends on its route and condition	Great cargo capacity Low operating costs	Loading and offloading may be difficult Requires further transport between train and storage
Maritime	Mostly used when transporting imported supplies	Great cargo capacity Economical	Slow Other transport needed to take supplies to warehouses Offloading and customs processing can be time-consuming
River	Suited to supplying riverside communities or moving refugees/ supplies during floods	Low cost Accesses hard-to-reach areas	Small capacity, depending on vessel Dependent on size and condition of waterways

32. Road transport: An overview

In emergency operations, UNICEF most frequently utilizes road transport. Country offices should have up-to-date information on road infrastructure, including distances and road conditions at different times of year and under different circumstances.

What to do

When considering ground transport for emergency goods, country offices have several options.

- Use existing government trucks wherever feasible, ensuring adequate fuel, tarpaulins, maintenance facilities and administrative controls. In practice, this can be assured by using a logistics capacity assessment. A toolkit for doing such an assessment is under development. Check with Supply Division for details.
- Use non-commercial transport offered by other agencies, organizations or volunteer groups. UNICEF and the World Food Programme have signed a technical agreement whereby the latter commits to providing in-country logistics services – including warehousing and transportation – for UNICEF supplies on a cost-recovery basis.
- Use reliable private sector contractors.
- Use a leased fleet. Where a fleet's operations cross national borders within a region, the regional office may provide assistance.
- Buy vehicles (only in exceptional cases).

What to remember

- If transport is provided free of charge, the owners normally do not assume responsibility for the safety of the cargo. There are benefits to using such transport, but it should be used only if security measures to protect the load are ensured.
- Even if using government or UN agency trucks, always establish pre-contracts with commercial providers for back-up.

33. Road transport: Security

Applying basic, standardized security measures can guarantee that the goods will arrive at their destination safely.

What to remember

- Vehicles should never be loaded beyond their capacity and, in difficult terrain, should carry less than the maximum load.
- In an open vehicle, the load must be secured under plastic or canvas.
- When carrying items that are longer than the vehicle's tray, the protruding segment should be marked with a red handkerchief or flag that can be seen clearly by other drivers.

- When transportation vehicles have no doors, or if vehicles remain loaded overnight, it is essential to establish security measures and the drivers' responsibility before the journey begins.

34. Planning transport routes

When planning transportation, be aware of

- Weight restrictions on roads and bridges; routes that are impassable at certain times of the year; routes that may have been closed or destroyed.
- The capacity of available rail links and the time delays usually involved.
- The possibility of water transport at different times of the year, including depth restrictions.
- Fuel depots, stock availability, type of fuel and fuel dispensing equipment.
- The possibility of using helicopters belonging to the government, other UN agencies and NGOs.

What to do

- Plan primary and alternate routes.
- Find out in advance the handling capacity of all trans-shipment points. In planning for delivery, determine the maximum number of planes, trucks or ships that can be received and offloaded per day at each location.
- Take into account the following:
 - The availability of bonded warehousing to store supplies prior to customs clearance and onward transport.
 - Space in a docking area for the handling of supplies.
 - Labour to load and offload supplies.
 - Personnel to carry out customs formalities or other requirements.
 - Equipment such as forklifts and cranes in good working condition.

What to remember

- UNICEF drivers are subject to Minimum Operating Security Standards, as are UNICEF vehicles.
- Non-UNICEF trucks are the best security option in the majority of cases.
- Security permitting, convoys should be avoided unless absolutely necessary. More supplies will be moved in less time if trucks move individually – or only in very small groups.
- If convoys are unavoidable, appoint leaders who are able to enforce discipline and resolve problems and breakdowns.

- Never underestimate the time and cost involved in loading and unloading supplies. Reduce the number of times supplies are handled to a minimum.

35. Monitoring, quality assurance and accountability

Monitoring is extremely important through the whole supply process. The primary tools for monitoring are the following forwarding documents:

- Delivery note: It is issued by the warehouse indicating release of items, with quantities for the specific consignee, and providing evidence of receipt by the carrier or recipient.
- Waybill: It is issued to certify that the carrier is transporting cargo belonging to UNICEF and is bound for a specific destination and an authorized consignee.

Delivery notes and waybills serve as evidence of delivery to the carrier and the consignee. The warehouse release action is considered complete upon receipt and posting of delivery notes and waybills duly certified by the consignee. One copy of each is filed in the supply requisition or purchase order file before closure of action.

Effective quality assurance can only be achieved through a structured pre-purchase supplier or product evaluation followed by post-purchase inspection. Critical to any effective inspection is an adequate understanding of the product being inspected.

What to do

- Obtain reference samples to check against.
- If concerned about being qualified to inspect more specialized items (medicines or information technology (IT) equipment), check packing materials for pilferage and damages. Packages themselves should not be opened until a qualified person is available.

For commodity tracking

- Ensure that supply and delivery details are available to monitors.
- Perform checks of government and NGO warehouses to investigate supply throughout warehousing systems and inventory UNICEF-supplied items.
- Ensure the accuracy of distribution reports.

What to remember

- A product-specific system of arrival reporting must be in place for vaccines, which are temperature-sensitive. This means that a vaccine arrival report (VAR) must always be filled out by the receiving entity and then sent to the Immunization Section, Supply Division.

- When in doubt, obtain advice from the Quality Assurance Centre, Copenhagen.
- In order to ensure that suppliers are aware of quality assurance, all purchase orders for goods should include the clause: "The supplier must allow UNICEF representatives full access at all reasonable times to the company's premises and, if required, their sub-contractor/vendor for the purpose of carrying out inspection and/or operational tests regarding the manufacture and quality of the items on order."

36. Monitoring use of supplies

Monitoring the use of supplies is a critical part of programme monitoring. Even in emergencies, monitoring the use of supplies is part of the responsibility of country office programme teams and goes hand-in-hand with an accurate logistics reporting system. Programme teams can only monitor effectively if they know the final destination of UNICEF supplies and who was responsible for receiving the goods at the final destination.

Supply/logistics can assist by using distribution reports to evaluate the following when it comes to NGOs and counterparts:

- Warehousing systems: Do they meet UNICEF standards in security, goods management and adequate reporting systems?
- Dispatches: Are they authorized appropriately and then recorded accurately?
- Inventory management: Is the stock moving? Are any goods close to expiration? Is the principle of 'first in, first out' being used? Are pharmaceuticals being stored correctly?
- Accountability: Are goods being signed for by the end-user? Is it possible to track where everything went?

6.6 FINANCE AND ADMINISTRATION

This chapter of the *Emergency Field Handbook* is a guide on how to implement the finance and administration components of the Core Commitments for Children in Emergencies. The chapter covers what to do if the banking system is no longer functioning, including cash management and disbursement in emergency situations and how to deal with exceptional circumstances such as demands for cash to ensure passage of goods or persons. In addition, there are guidelines for administrative steps to take when opening, relocating or closing an office.

Core Commitments for Children in Emergencies: Finance and administration

To ensure the establishment of an efficient financial and administrative management structure, with regional office and headquarters support, for effective implementation of the programme and operational Core Commitments, within an environment of sound financial accountability, UNICEF will:

First six to eight weeks

- 1.** Assess financial and administrative capacity in country, including sources of cash, banking and financial systems, available funds disbursement methods and security of assets.
See topics 4–6
- 2.** Through the use of standard checklists for funds management provide guidance on funds management and disbursement modalities at the onset of the crisis.
See topics 7–14
- 3.** Put in place internal oversight and control systems while preserving the safety of staff members, partners and assets.
See topics 15–17
- 4.** Respond rapidly to queries regarding finance and administration from field offices.

Beyond initial response

- 5.** Timely consultation with country offices, regional offices, the Division of Human Resources and other stakeholders to deploy finance and administration staff to emergency duty stations, as required.

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1. Priority action checklist

- Assess office finance and administrative capacity.
- Assess whether it is necessary to work with cash in the crisis-affected area.
- Identify options for obtaining and transporting cash, assess risk and recommend the best option(s) and related procedures to the head of office.
- If the office operates in an unofficial currency market, identify options for converting and obtaining bank notes and get advance approval from Finance Section, Division of Finance and Administrative Management (DFAM).
- Make sure measures are in place to ensure security of staff, cash and financial assets.
- Undertake an evaluation of internal controls to see whether financial management systems are working.
- If an office is to be opened, closed or relocated, use the organizational change questionnaire as a basis for discussion and decisions and follow up accordingly.

2. Finance in emergencies: An overview

Financial regulations and procedures remain unchanged in emergency circumstances. Contingency planning and flexibility can enable a country office to speed up existing procedures and meet the challenges of a crisis situation.

What to remember

- Security is the primary concern. Do not jeopardize staff security by entering into intermediary arrangements without a proper assessment of risk.
- Keep options open for when the formal financial sector resumes operations.
- Wherever possible, it is best to eliminate the need for UNICEF to keep cash overnight or to handle or transport cash.
- Wherever possible, consult with other UN agencies or international non-governmental organizations to identify solutions for working with cash in emergency circumstances.
- It is important to maintain a constant flow of communication with the regional office and New York headquarters.
- The regional office is responsible for supporting and advising country offices and should always be kept informed of cash-related issues and solutions.

3. Checklists and tools: An overview

DFAM has several checklists that provide guidance on funds management and disbursement in crisis situations, and that were developed recently as part of Financial Circular 40.

Checklists and tools that can be of assistance include the following:

- 'Self-evaluation checklist: Internal control measures': It helps managers evaluate their office accountability and control mechanisms and can be used to assess the adequacy and performance of financial management and supporting services.
- 'Cash operations: Dos and don'ts': It outlines precautions that offices must take when supplying, transporting and safekeeping cash.
- 'Fundamentals of financial emergency preparedness': It aids in contingency planning and can help offices speed up procedures and meet the challenges of an emergency situation.
- 'Organizational change questionnaire': It can assist managers in identifying actions to take to open, relocate or close an office and can help guide discussions with the regional office and New York headquarters. *(See topic 19 for a copy of the questionnaire.)*

See the Emergency Field Handbook CD-ROM for the complete text of all checklists mentioned.

4. Assessing office finance and administrative capacity

What to do

- Evaluate the capacity of current staff to handle the anticipated larger workload associated with accelerating financial and administrative management procedures in an emergency.
- Approach the regional office or the Division of Human Resources as early as possible to request the temporary deployment of experienced UNICEF staff to carry out the assessment.

5. When the banking system is still functioning

When the banking system is still functioning, standard procedures apply. However, the needs of a country office may necessitate the establishment of additional 'cash' accounts depending upon local requirements (e.g., petty cash, special cash and cash-on-hand accounts).

What to remember

- In emergencies, cash flow forecast may require frequent adjustments due to accelerated programmatic implementation and may require a change in the source and frequency of replenishments.

6. Assessing the need for cash

An assessment of whether new or expanded cash operations are necessary is a key component of planning for emergency response. The need for banknotes depends on programme requirements and whether banking systems are functioning.

What to do

- Review available banking facilities at base of operations and other sub-locations. The quickest and best way to obtain funds is money transfer to a local bank account.
- Where possible, use banks where banking relationships are already established.
- If no banks are operational, or if for some reason they are unreliable, it will be necessary to establish or expand cash accounts.

7. Cash accounts: An overview

A cash account is a stock of banknotes to which UNICEF country offices have access. Country offices and field locations can use three types of cash accounts to manage UNICEF funds in the field:

- Petty cash account: Normally, the maximum ceiling for petty cash accounts is \$1,000 but the head of office may submit a recommendation to Finance Section to increase this ceiling. Most offices, regardless of whether they are faced with an emergency or unstable situation, already have petty cash accounts. Petty cash is always kept in an office. Once this type of account is authorized, the head of office can approve additional custodians to hold \$1,000 each, up to a maximum of \$10,000 per country office.

- Special cash account: The minimum and maximum ceilings for this account are \$1,001 and \$10,000. A special cash account is primarily used on a temporary basis for specific purposes that go beyond the limits of the petty cash account, or for situations such as a sub-office functioning in a remote location where there are no banking facilities. It may also be authorized when banking facilities break down for a relatively short period of time, for example during a strike. Special cash can be kept in an office.
- Cash-on-hand account: This account is used under special circumstances where there is no bank and a need to maintain cash funds or make cash payments beyond \$10,000 for an extended period of time. Requests for cash-on-hand accounts should be sent to the senior finance officer in Finance Section. Cash-on-hand can be kept in an office.

What to remember

- In situations where there are no banking facilities, cash accounts must be continually replenished with banknotes brought in from another area (another UNICEF country office in the region or from other sources, i.e., a service provider).
- It is important to do periodic as well as ad hoc counts of all cash accounts.
- It is important to follow all administrative procedures related to cash accounts. These are outlined in Annex 1 of Financial Circular 9, available on Finance and Administration portal of the UNICEF Intranet or on the *Emergency Field Handbook* CD-ROM.

For complete rules and instructions regarding the use of cash accounts, see Financial Circular 9, Revision 3, available on the UNICEF Intranet or the Emergency Field Handbook CD-ROM.

8. Setting up a cash account and identifying sources of cash

What to do

- Prepare a cash flow of monthly requirements based on approved budget and anticipated activities. The amount of cash that is needed depends on how much money must be paid out on what basis. In general, a 12-month cash forecast is recommended with adjustments for monthly, bi-monthly or weekly replenishment, depending on the gravity of the emergency and the local risk assessment. Requests for cash are typically made monthly; this cash is then disbursed to the country office in weekly, bi-weekly or other instalments.

A complete 12-month spreadsheet, which can be used as a template for projecting cash flow needs, is available on the Emergency Field Handbook CD-ROM.

- Estimate funds required in different locations and types of payments to be made. Also assess the need for different currencies.
- Decide, depending on the amount involved, which type of cash account (petty cash, special cash or cash-on-hand) is best for the situation.
- Identify sources of cash. Survey all the options for obtaining, transporting and disbursing cash locally (e.g., UN inter-agency initiatives, money dealers or money merchants, commercial businesses, cross-border facilities).
- Present a risk assessment of the best options available to the head of office for review. The risk assessment should cover ethics, safety, security and added value or benefit of the proposed options. The head of office makes the decision in consultation with the regional office.
- Establish security and staff protection procedures to be followed when transporting and holding cash as well as the necessary procedures for securing the regular flow of accounting documents.

What to remember

- The head of office is accountable and, when in doubt, should never act alone. He or she must share documentation with the regional office and seek clearance from Finance Section.
- The survey of options for obtaining cash and the risk assessment must be well documented. Documentation can include items like written lists of various options and associated costs, benefits and risks.
- The actual cash ceiling is authorized on a case-by-case basis and is based on projected expenses.
- Cash balances must be kept to a minimum at the point of delivery.
- Replenishments should be requested in installments that can be readily spent.

See 'Model – Third Party Service Agreement', available on the Emergency Field Handbook CD-ROM, for a template agreement that can be used between a UNICEF office and a money service provider (money dealer or other provider of cash and cash handling services). This agreement is available in Annex B of Financial Guidelines 2005-001.

Real-life insight

“Until early 2004, Afghanistan did not have a banking structure of any sort. Transactions in the country were made strictly on a cash basis. As a result, the Afghanistan Country Office operated a total of 12 cash-on-hand accounts both in US dollars and in local currency, in Kabul and five other locations in the country. Given the security conditions, the office employed the services of a money merchant identified through competitive bidding to provide cash to Kabul and the other locations for an agreed service charge which UNICEF wired into his bank account in Pakistan. Eventually, due to the high volume of cash and the elevated security risk, the office renegotiated an exceptional arrangement for services in Kabul only, whereby the money merchant would physically bring cash to the office, sit in a designated part of the office and make payments to payees directly, against payment vouchers issued by UNICEF. At the end of the day, he would leave with any unspent cash and submit the vouchers as proof of payment in order to be reimbursed. This arrangement enabled the office to get away from physically holding cash overnight in the office, which improved the security of both office and staff. When the banking system became operational at the beginning of 2004, the level of cash-on-hand accounts was reduced, and eventually the money merchant was no longer needed in Kabul, although his service continued to be used in parts of the country where no banks existed.”
Ziad Nabulsi, Finance Section

9. Managing cash accounts**What to do**

- Identify custodians, preferably with experience in handling cash, and forward their names, index numbers and contractual status to the senior finance officer or the assistant finance officer in Finance Section for their records.
- Appoint custodians in writing. Ensure that custodians are briefed on their responsibilities and accountabilities and sign the custodian form to accept personal responsibility for the funds entrusted to them.
- Ensure that only custodians who are designated by the head of office are the ones to receive, hold and pay out cash funds.
- When no UNICEF staff are in the area where cash is needed, designate consultants as custodians. They should be under the close supervision of a UNICEF staff member who will be held fully accountable for financial resources and the operation of the account.

- Establish security and staff safety and protection procedures to be followed for transporting and holding cash funds.
- Immediately document and report any loss (of funds, equipment or official documentation), fraud (presumptive or attempted) or special actions taken in the event of evacuation to the comptroller.

For details on reporting these types of situations, refer to Financial Circular 29 available on Finance and Administration portal of the UNICEF Intranet or the Emergency Field Handbook CD-ROM.

See 'Best practices for offices using banknotes' on the Emergency Field Handbook CD-ROM.

See 'Management of UNICEF local bank and cash accounts,' Financial Circular 9, Revision 3, Paragraph 34, for more information on custodians.

10. Converting currency when the banking system is no longer functioning

When banking systems are not operating, banknotes must be brought into the country or area. Once in the country, if not already in local currency, they must be converted at the best possible rate.

What to do

- Document the method for converting currency in collaboration with other local UN agencies to establish the exchange rate used in the office and the procedure to obtain banknotes (cash).
- Obtain advance approval for the plan from Finance Section.
- Go with a colleague from a sister UN agency to several money changers to determine what the prevailing or 'fair' rate currently is. Asking several money changers is a way to get several 'bids' for the service; doing it with another UN staff member ensures the rate can be considered equivalent to the UN rate and serves to document the process.

What to remember

- Currency conversion at the best rate could be part of an agreement with a money dealer or other service.

11. Cash safekeeping

Banknotes must be stored in a safe or vault specifically constructed for that purpose. For complete guidance on storage of cash, refer to Financial Guidelines 2005-001, Annex C 'Cash Operations: Dos and don'ts', and to 'Best practices for offices using banknotes'. Both documents are on the *Emergency Field Handbook* CD-ROM. Some key points to consider are restated below:

What to remember

- All normal cash management safeguards must be put in place.
- Cash must not be stored in locked filing cabinets or desks.
- The main safe should have dual access, either
 - A combination (known by person A) and a key (held by person B), or
 - A set of two keys, one given to person A and one to person B.
 - It is important to have backup for persons A and B (persons C and D).
- Cash-on-hand and special cash must not be mixed with petty cash, which should be kept by the petty cash custodian in a separate secure location away from the main safe, or locked in a box that can be stored in the main safe overnight.
- Awareness of the presence of cash must be minimized.

12. Transporting cash

Movement of banknotes must be planned carefully from start to finish, and information about it must be restricted to the minimum number of people. Knowledge of cash transportation should be on a need-to-know basis only. For their own security, UNICEF staff are not to transport cash.

See Security awareness: An aide-memoire (UNHCR, Geneva, 1995), Chapter 1, General Security 'Cash transfers', for the precautions to take when transporting cash.

Refer to the Field Security Manual, Chapter 1, Section 15 'Security of funds in emergencies' for detailed information about how to protect funds during transfer, storage and disbursement.

What to do

- If at all possible, hire a service provider for transportation, handling and disbursement of cash, especially when cash must be disbursed outside of the country office. Options might be money dealers, any traditional money service, a company, or even a bank.

See Financial Circular 40, paragraph 12, for further details.

What to remember

- UNICEF staff are not to transport cash.
- UNICEF offices are not permitted to transport cash in UN aircraft when UN staff members are passengers on the aircraft.

13. Making cash payments to suppliers and employees

What to do

- Cash payments to suppliers and employees require two UNICEF staff (the approving officer and the custodian of the cash account) to sign the payment voucher when it is issued.
- The payee must sign the payment voucher upon receipt of payment.
- Alternatively, keep a cash book where such payments are recorded and have both UNICEF staff members, as well as the payee, sign it.

14. Exceptional payments

Country offices may encounter demands for bribes or other illegitimate payments. UNICEF does not permit any such payment.

15. Safety of staff, cash and financial assets

The presence of funds in a UNICEF office, to the degree that it is known, makes the office a target for unwanted attention and puts staff who are involved in transferring or disbursing the money at risk.

Refer to the Field Security Manual, Chapter 1, Section 15 'Security of funds in emergencies' for detailed information about how to protect funds during transfer, storage, and disbursement.

See 'Best practices for offices using banknotes' for the actions identified by the UN security coordinator as being the most effective for ensuring the safety of staff members and avoiding the loss of funds. This document is available on the Emergency Field Handbook CD-ROM.

What to do

If cash funds must be transferred

- Minimize the number of people who know about the transfer or storage of the funds.
- Restrict discussion over the phone about such funds since the phone lines might be monitored by outsiders.
- Plan carefully all movements of the money – from start to finish – with contingency plans in case the plan agreed upon cannot be carried out due to unforeseen circumstances. Staff security must never be compromised or put at risk.

When storing and disbursing cash

- Control the environment around the cash rather than focusing exclusively on the container where the cash is to be kept. The following general guidelines for office security are an important starting point for securing the environment where the financial assets and cash are stored:
 - Create a series of barriers around the finance office to deny an opportunity for thieves to strike and to protect those who are receiving the money.
 - Instruct office guards to watch the office premises for any unusual activities.
 - Ensure that perimeter lighting allows guards to see effectively at night on all sides of the building.

16. Financial oversight and control in unstable situations

The need for risk assessment and strong internal controls is equally important in an emergency. The head of office is responsible for ensuring that risks are assessed and internal controls are in place to mitigate them. Safeguards exist in UNICEF's payment and accounting procedures to ensure that transactions are always covered by an approved budget allocation. Even before an emergency occurs, it is important to refer to the budget allocation in all expenditure documents. This will permit proper input of data into the Programme Manager System (ProMS) even if the input process is delayed because of the emergency.

See Financial Circular 34, available on the Finance and Administration portal of the UNICEF Intranet and on the Emergency Field Handbook CD-ROM, for complete rules and regulations regarding financial oversight and control.

Implement all of the following key oversight and control measures relating to expenditures, payments and accounting of funds:

What to do

- Document all expenditures and other financial transactions from the onset of the emergency. Ensure that accountable staff members are provided with the necessary stock of payment vouchers and other accounting documents. These should be made available together with the funds.
- Ensure that cash funds in all locations are authorized and operated within the ceilings approved by Finance Section and that replenishments are made only upon submission of proper expenditure documents.
- Ensure that all locations operating cash funds maintain logs for recording receipt of funds and that all accounting documents are sent to the country office for submission to headquarters. Actual cash-on-hand should never exceed the authorized ceiling.

- Keep accounting records up to date and update them daily, if possible. Where cash registers are maintained locally, ensure that they are regularly updated, sent periodically to the main country office and are supported by documentation. Prompt dispatch of records and supporting documents to the country office helps avoid loss of documentation in difficult circumstances.

What to remember

- The segregation of authority, responsibility and duties between authorizing, certifying, approving and paying officers is the foundation of UNICEF's system of financial controls. This system is in place in every UNICEF country office.

See Annexes 1–4 of Financial Circular 34 on the Emergency Field Handbook CD-ROM. These explain the roles and responsibilities of authorizing, certifying, approving and paying officers.

17. Administration: Internal control checklist

Senior managers are responsible for the financial management of their operations. It is essential, even in emergency situations, that a regular and systematic review of financial management practices, procedures and supporting systems takes place. This will help managers assess the adequacy and performance of financial management and supporting services.

What to do

- Use the 'Internal control measures: Self-evaluation checklist', annex D to Financial Guidelines 2005-001 available on the *Emergency Field Handbook* CD-ROM, early on after a large change in operations (such as that brought on by the onset of an emergency). This checklist could be used by the head of office, the operations officer or the emergency coordinator.

18. Changes in the organizational structure

Changes in the organizational structure of UNICEF are required for various reasons, such as the onset of emergencies, changes in programmatic needs, changes in the regular resources (RR) planning levels, or changes in the political environment that necessitate opening, moving, closing or reorganizing offices. In addition, a field office may need to post a staff outside of the main office location, thereby creating a "zone" or "project" office. These changes have to be carefully planned and reviewed and they require approvals through the Programme and Budget Review (PBR) process.

The changes might have important implications for UNICEF's three major administrative systems, all of which are integral to the financial and administrative management of UNICEF offices. These systems are:

- SAP-HR and payroll system.
- Financial and Logistics System.
- ProMS, which includes Personnel and Payroll (PnP) used by field offices.

What to do

- Use the organizational change questionnaire to review possible actions if the organizational structure of an office is to change.
- In considering the establishment or maintenance of zone offices, there must be consultation with the Division of Human Resources, Budget Section and the Information Technology Division for structural changes impacting upon ProMS configuration and information and communication technology support requirement. The consultation should take place well in advance of the Programme and Budget Review process.
- After approval through the Programme and Budget Review process by the regional director, changes in the organizational structure will be set up in the SAP-HR and payroll system, which will replicate to ProMS, the Financial and Logistics System and other systems in accordance with the effective date of the organizational change.

What to remember

- In the case of a major organizational change, such as the creation of a new regional, area, or country office or the relocation of an existing office, DFAM will assign a case manager to the project.

See 'Suggested accountabilities for organization change process' on the Emergency Field Handbook CD-ROM for details on which section of DFAM is responsible for which action.

19. Organizational change questionnaire

The following list of questions is meant to help managers identify actions to be taken in case they need to open, relocate or close an office. Although not exhaustive, the list can help guide discussions with the regional office and New York headquarters.

- Who is the assigned focal point in the country office responsible for operational issues regarding the office move or change?
- What type of organizational change is requested?
 - a. Creation of an entirely new office.
 - b. Closing of an office.
 - c. Creation of a new zone office.

- d. Change of office type.
 - e. Internal reorganization.
- What is the justification for this change?
 - What is the effective date of the move? When will the old system be switched off and the new system switched on (if applicable)?
- The following questions can help lead to discussions and decisions in several key areas:

Organizational and post changes

- Do we need to create new organizational units, budget account codes (BACs), duty station or posts? Which ones?
- What must be done during the transition period?

Funds management

- Do we need to establish new objects of assistance (OoA), fund centre or cost centre?
- Do we have to transfer budgets, support budget allotments (SBAs) or programme budget allotments (PBAs)?
- What should be done with outstanding cash assistance to governments (CAGs)?
- What should be done with outstanding budgetary obligations (OBOs)?

Finance management

- What is the banking situation in the new location?
- How will we operate in the absence of a functioning banking system?
- Is it necessary to establish, close or reconcile bank accounts? Which ones – currency and general ledger accounts?
- Are there outstanding cheques? Why? What should be done about them?
- Has the office closed local personal advances and recoveries (PAR) accounts and what should be done with any balances?

Administration

- How much space is required for the anticipated number of staff?
- How many workstations are needed (minimum and maximum)?
- Are common premises available?
- Is it possible to lease, buy or rent free premises from government?
- Is renovation necessary in the new premises?
- Should temporary arrangements be made?
- In case of office closure, how should documents be retained?

Human resources management

- Have all outstanding personnel actions (PAs) processed before the last payroll been run?
- Is there a procedure in place to maintain staff records?
- What are the entitlements for the new location (salary, allowances), relocation, installation, safety and security issues?
- Who will be affected by the abolishment of posts? List names, effective dates of termination and options available. Will all temporary fixed-term (TFTs) contracts and special service agreements (SSAs) be terminated?
- What should happen regarding staff moving prior to effective date?
- What should happen regarding staff continuing in old location after effective date?
- Are key staff in place to ensure a smooth set-up (operations, information technology and human resources)?
- Is there a recruitment, training and orientation plan, as applicable?
- Is outplacement service planned for staff whose posts have been abolished?

Payroll

- When is the last payroll run?
- When will all payroll-type cash requisitions be closed?

Information technology issues

- What is the ProMS set-up: Country office, zone office module or remote access?
- Is a new ProMS database needed?
- What is the current and planned telecommunications set-up?
- Define whether any changes are required for the controlling office.
- Are changes in routing of data required?
- What IT and telecommunications equipment is needed?
- Do we have to move existing equipment?
- Who will configure and install new equipment?

Cost implications

- What are the one-time costs resulting from the change of office? Consider costs related to abolishment of posts, outplacement services, shipment of equipment and archives, building renovation, furniture, computer equipment, transportation equipment and project management costs.

- Will there be savings from the possible sale of office property?
- What are the new recurring costs? How do they compare to the previously approved budgets?
- In case of any increase in the budget, how is the office expecting to manage such increases?

Inter-agency approach

- Are there other UN organizations or agencies moving to this location?
- If some are not, why not?
- Are there any services that can be shared in order to minimize costs and increase efficiency?
- Are the operations and administration officers from the other UN agencies regularly consulting and coordinating activities?

UNICEF presence after closure

- What type of presence will UNICEF have in the country after the office is closed?
- How do we ensure that issues affecting children and women will be addressed by the government and what type of support will we give?

20. Opening a new office: Checklist for UNICEF systems

See ‘Suggested accountabilities for UNICEF office structure changes’, available on the Emergency Field Handbook CD-ROM, for a detailed explanation of the purpose of the actions listed below, as well as details on who should carry them out and the changes that will occur in the business system as a result.

What to do

ProMS database architecture

- Determine if a ProMS database is needed. For a new zone office, it is preferable to create a link with the existing country office database to get access to ProMS.

Organizational management

- Create new office structure in the SAP-HR and payroll system with new duty station.
- Create payroll locations in Personnel and Payroll.
- Issue new office codes for the country office and zone office, and map to organization accordingly.

Post management

- Create new post authorization table (PAT) numbers with entitlements of the new duty station.

Human resource management

- Assign staff new post authorization table numbers.
- Set up initial appointments in order to begin human resources and Personnel and Payroll.

Payroll management

- Set up salary scales and entitlements for local staff.
- Set up payroll acquisitions for local staff.

Fund management

- Set up new objects of assistance, fund and post cost centres, programme budget allotments and support budget allotments if the new office controls and maintains the budget.

Finance management

- Open new bank account in the new location and issue new general ledger accounts.

Interface

- Set up new offices in the Financial and Logistics System and ProMS.
- Set up routing and mapping entries, office of issue, and 'xmit_ids' as needed.

Similar checklists for temporary relocation, permanent relocation and closing of an office are available on the Emergency Field Handbook CD-ROM.

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Published by UNICEF
Division of Communication
3 United Nations Plaza
New York, NY 10017 USA

Website: www.unicef.org
Email: pubdoc@unicef.org

\$30.00 (US\$)
ISBN: 92-806-3860-2
Sales number: E.05.XX.4

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July 2005