



World Vision

World Vision International
CHILDREN IN MINISTRY

Children in Emergencies Manual

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ACKNOWLEDGEMENTS

We would like to thank the following for their help and support in creating this manual:

- Staff in World Vision programmes in Indonesia, Sri Lanka, Thailand, India and Pakistan, where much of the material was piloted
- Participants in World Vision's Children in Emergencies training who used the manual and gave feedback
- Tony Culnane, Mirriam Cepe (World Vision); Kirsty Thompson (Christian Blind Mission International); Sana Malik for their work on disability
- Frieda Mwebe (World Vision DRC) and Jeanet Sarsih (World Vision Liberia) for their feedback on disaster preparedness
- Colleagues in World Vision's Children in Ministry team, especially Michael Hegenauer and Paul Stephenson
- the Interagency Child Protection Group which met in Amman, Jordan in early 2003, and drew up initial versions of assessment tools and the associated training module.

Organisations which were part of this include:

- Enfants du Monde
- Christian Children's Fund
- Save the Children UK and US
- International Rescue Committee
- UNICEF
- past and present members of the Interagency Working Group on Separated Children whose work is reflected in the section on separated children and psycho-social principles in the Tsunami.

We have done our best to acknowledge the source of all quotations and extracts. We apologise for any inadvertent omissions; we will correct this with pleasure in the next edition if you notify us.

This manual was developed with support from the World Vision Asia Tsunami Response Office and we gratefully acknowledge their support.

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1. HOW TO USE THIS MANUAL

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Why the manual was written

This manual was written for staff who may be called upon to respond to the issues facing children in a humanitarian emergency. It provides practical tools and templates to plan responses, and which can be used for disaster preparedness. Some of the tools were developed or adapted from documents created by a number of child-focused NGOs and UN agencies.

The Asia tsunami in December 2004 provided an opportunity to test some of the tools in different religious and cultural settings. It also highlighted the need for new tools which are included in the document.

Using the manual

The manual is divided into sections, starting with the Convention on the Rights of the Child, the international humanitarian legal framework for protecting children. It then looks at the key issues for children in emergencies and disasters, how to assess the situation for children, how to design a response, standards for protecting children in a response, and training modules.

Each section can be taken out and used as a stand alone chapter. For example the assessment forms can be pulled out and used in focus group discussions. The manual is not designed to be read from start to finish.

World Vision has been facilitating a training programme using the manual as for reference.

Who should use the manual?

It can be used by people in many different roles in an emergency: programme officers who need to know the key elements to put in a grant proposal, Monitoring and Evaluation (M&E) staff who need to identify M&E points, specialist children's programme staff who need technical support, and managers needing to know what they should be doing to protect children at a management level.

The manual will be useful for local NGOs, faith based groups, communities, children's groups, local authorities and governments, as well as individuals who are interested in protecting children in emergencies.

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2. KEY CONCERNS FOR CHILDREN AFTER A NATURAL OR MAN MADE DISASTER



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Basic services not reaching the most vulnerable children:

Access to basic services can be an issue before a humanitarian emergency but there are additional factors during an emergency that can increase the vulnerability of some children and their families. This will vary with each disaster. Vulnerability factors can include remoteness from the main centres of distribution, loss of primary caregivers, injuries or illness due to the disaster or pre-existing, discrimination due to race, religion, culture, social status, political views and other factors.

What we do about this:

We ensure that humanitarian workers are well aware of the factors that impact upon vulnerability. We encourage preparedness planning that includes a solid analysis of the situation of children to identify these factors. During assessments we ask questions and observe situations which may increase vulnerability and design programmes to reduce vulnerability.

Abuse within the community or by aid workers:

Some children may have been abused before a humanitarian emergency and this may be ongoing. Family stress and disruption to the routine may lead to new cases of abuse. Communities will be coming into contact with many more strangers and foreigners than before the disaster. Some of the strangers and foreigners may not have good intentions towards children and their community. It is very important that communities know the standards of behaviour to expect from aid workers.

What we do about this:

We ensure that our staff know and understand our code of conduct and the behaviour protocols within the Child Protection Policy. We make sure all visitors read and sign the code of conduct. We tell the community about what is expected of aid workers. We encourage the community to report their concerns.

Recruitment into fighting forces:

Children (under 18) may be more vulnerable to recruitment into fighting forces as they might have more free time than before, and may be easily accessible in camps. All cases of suspected recruitment of under 18s are generally reported to UNICEF. Clarify locally from UNICEF the local policy on reporting.

What we do about this:

We try to provide and encourage use of leisure, educational, vocational and work opportunities so children have other options. We have advocate for stronger policies to prevent recruitment.

Trafficking/exploitation:

Children may be at additional risk of trafficking and exploitation as they get more used to strangers and foreigners visiting their camps. Traffickers may target poor families with inducements such as the promise of a job in the city.

What we do about this:

We inform children and communities of the dangers of trafficking. We try to identify vulnerable families so that preventative action can be taken. We have advocate for stronger policies to prevent trafficking.



Placement in orphanages:

Families who feel they cannot cope and meet the needs of their children [especially single parents, or families where there is no income] may feel that they should put their children into institutions. World Vision, along with the leading children's organisations, believes that family-based care in the community is the preferred option.

What we do about this:

We try to identify vulnerable families so that preventative action can be taken. We use community mobilisers to visit vulnerable families and identify options such as income-generating activities, referral to specialist support, educational and vocational options. Daycare for younger children may also provide some relief. We lobby governments to have policies that discourage institutionalisation.

School drop out:

Children may be at risk of dropping out of school for financial reasons, or because they are unable to cope with academic activities following the emergency.

What we do about this:

In the first scenario, we need to look for income-generating opportunities for the family, or provide essential school materials and supplies if this is a problem. Children who drop out as a result of emotional/social/psychological difficulties, will be encouraged to attend child-focused activities where they can receive support and be referred to specialist services if required.

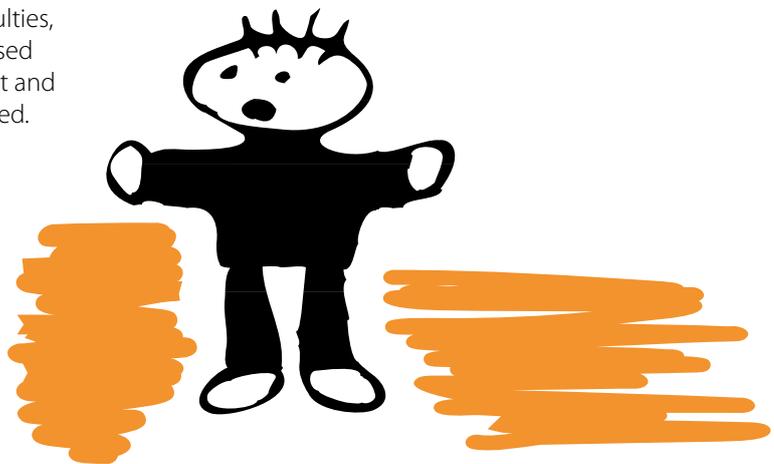
Lack of activities to keep children safe:

If children don't have opportunities to use their time constructively at school or at home, they can get into difficulties. They might play in the ruins of damaged buildings and hurt themselves, they might be tempted to take up traffickers' offers, or they may experiment with substances or other risky behaviours. In conflict affected areas this could mean children might play with unexploded ordinance or trigger landmines.

What we do about this:

We identify safe places for children. We work with children and design activities to suit their preferences. Child-friendly spaces, children's societies and children's playgrounds are all possibilities. In conflict affected areas, identifying safe places is critical as well as education about safety.

Watch out for these and if you identify problems, please ask for help. Identify referral mechanisms locally - social workers, UN, other organisations/agencies, as well as colleagues.





3. CONVENTION ON THE RIGHTS OF THE CHILD

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The Convention on the Rights of the Child (the CRC) is the primary international humanitarian legal framework which is used to protect children in emergencies.

The four key principles of the CRC, covered in the 54 articles, are:

- the right to survival and development
- respect for the best interests of the child as a primary consideration
- the right of all children to express their views freely on all matters affecting them
- the right of all children to enjoy all the rights of the Convention without discrimination of any kind.

Child Rights

Best interests of the child

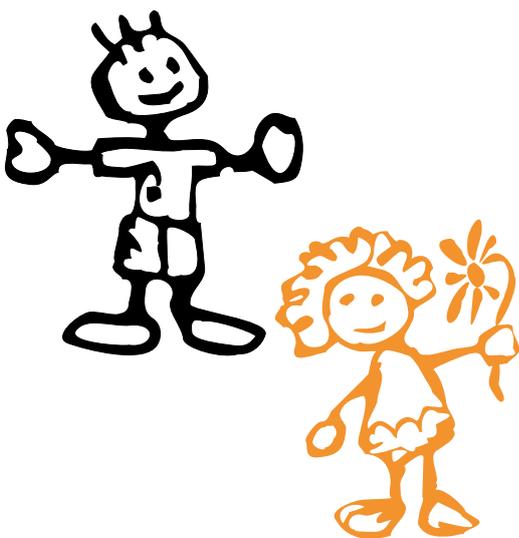
Non Discrimination

Survival

Protection

Development

Participation



Summary of the UN Convention on the Rights of the Child¹

Article 1

Everyone under 18 years of age has all the rights in this Convention.

Article 2

The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from.

Article 3

All organisations concerned with children should work towards what is best for you.

Article 4

Governments should make these rights available to you.

Article 5

Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.

Article 6

You have the right to life. Governments should ensure that children survive and develop healthily.

Article 7

You have the right to a legally registered name and nationality. Also the right to know and, as far as possible, to be cared for by your parents.

Article 8

Governments should respect children's right to a name, a nationality and family ties.

Article 9

You should not be separated from your parents unless it is for your own good, for example if a parent is mistreating or neglecting you. If your parents have separated, you have the right to stay in contact with both parents, unless this might harm you.

Article 10

Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact or get back together as a family.

¹ www.therightssite.org.uk/html/kyr.htm
Official text can be downloaded at www.unicef.org

Article 11

Governments should take steps to stop children being taken out of their own country illegally.

Article 12

You have the right to say what you think should happen when adults are making decisions that affect you, and to have your opinions taken into account.

Article 13

You have the right to get, and to share, information as long as the information is not damaging to yourself or others.

Article 14

You have the right to think and believe what you want and to practise your religion, as long as you are not stopping other people from enjoying their rights. Parents should guide children on these matters.

Article 15

You have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16

You have the right to privacy. The law should protect you from attacks against your way of life, your good name, your family and your home.

Article 17

You have the right to reliable information from the mass media. Television, radio, and newspapers should provide information that you can understand, and should not promote materials that could harm you.

Article 18

Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19

Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.

Article 20

If you cannot be looked after by your own family, you must be looked after properly, by people who respect your religion, culture and language.

Article 21

If you are adopted, the first concern must be what is best for you. The same rules should apply whether the adoption takes place in the country where you were born or if you are taken to live in another country.

Article 22

If you are a child who has come into a country as a refugee, you should have the same rights as children born in that country.

Article 23

If you have a disability, you should receive special care and support so that you can live a full and independent life.

Article 24

You have the right to good quality health care and to clean water, nutritious food and a clean environment so that you can stay healthy. Rich countries should help poorer countries achieve this.

Article 25

If you are looked after by your local authority rather than your parents, you should have your situation reviewed regularly.

Article 26

The government should provide extra money for the children of families in need.

Article 27

You have a right to a standard of living that is good enough to meet your physical and mental needs. The government should help families who cannot afford to provide this.

Article 28

You have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.

Article 29

Education should develop your personality and talents to the full. It should encourage you to respect your parents, your own and other cultures.

Article 30

You have a right to learn and use the language and customs of your family whether or not these are shared by the majority of the people in the country where you live.

Article 31

You have a right to relax and play and to join in a wide range of activities.

Article 32

The government should protect you from work that is dangerous or might harm your health or education.

Article 33

The government should provide ways of protecting you from dangerous drugs.

Article 34

The government should protect you from sexual abuse.

Article 35

The government should make sure that you are not abducted or sold.

Article 36

You should be protected from any activities that could harm your development.

Article 37

If you break the law, you should not be treated cruelly. You should not be put in a prison with adults and you should be able to keep in contact with your family.

Article 38

Governments should not allow children under 16 to join the army. In war zones, you should receive special protection.

Article 39

If you have been neglected or abused, you should receive special help to restore your self-respect.

Article 40

If you are accused of breaking the law, you should receive legal help. Prison sentences for children should only be used for the most serious offences.

Article 41

If the laws of a particular country protect you better than the articles of the Convention, then those laws should stay.

Article 42

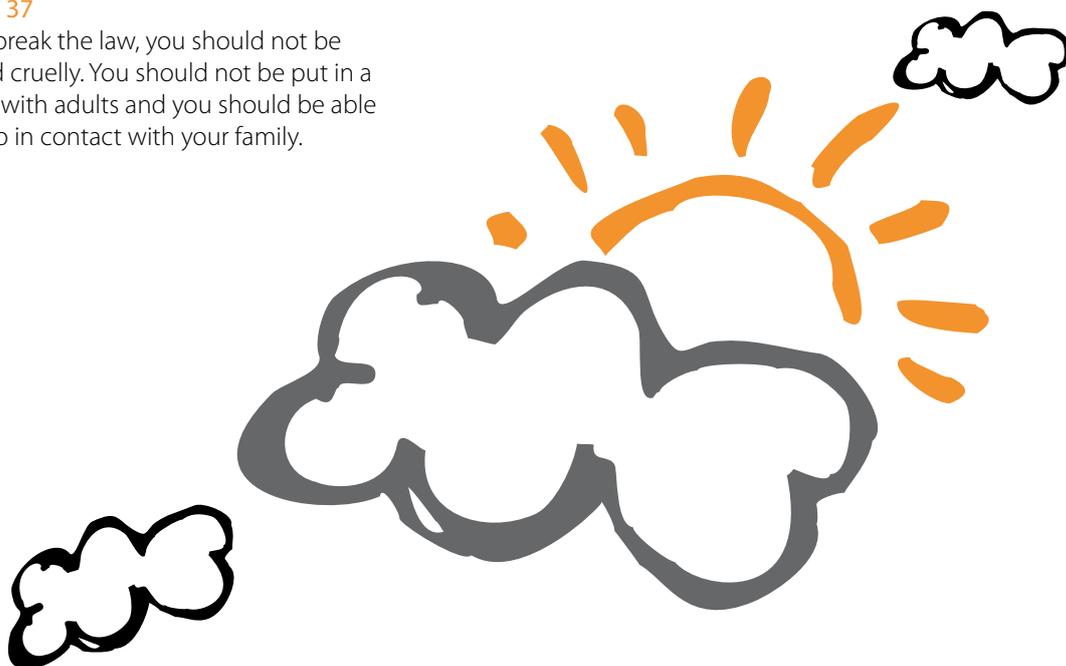
The government should make the Convention known to all parents and children.

Articles 43-54

are about how adults and governments should work together to make sure all children get all their rights.

Other legal instruments

There are many other national, regional and international conventions and instruments which apply to children in emergencies. We have chosen to highlight the Convention on the Rights of the Child because it is the single most widely ratified instrument globally.



4. ASSESSMENTS

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4.1 Differences Between a Rapid Assessment and an In Depth Assessment

In an emergency it helps to get as much information about the issues of children so you can plan an appropriate response. Gathering of information is called an assessment.

The demands of an emergency mean you can only send in limited numbers of people to assess a situation. Often there are only two or three people allocated to travel into a geographical area to clarify what is required for survival needs: food, shelter, water, health and so on. The time on the ground may be limited due to the weather, transport or the need for wide geographical coverage. So while you would like to conduct a detailed participatory assessment to gather more in-depth understanding of the issues facing children and their families in emergency settings, there is essential information which is urgently required.

Assessments and the results should be coordinated with other NGOs, UN and with local government. This is essential to prevent duplication of assessment. Communities become tired of answering the same questions and unless they experience a response that is meaningful to them, they may start refusing to answer questions, so co-ordination is critical.

Realistically a one page form completed by any relief person on the ground is all one can expect in the first few weeks. This is what can be called a rapid assessment tool. Once the immediate survival needs are addressed, the in-depth assessment can be completed. Here you see the difference between a rapid and an in-depth assessment:

Rapid assessment focuses on:

- gathering quickly information on groups at risk
- separated children
- children in institutions
- children with disabilities
- children of and on the streets
- general reactions and needs.

In-depth assessment focuses on:

- reactions, attitudes, key influencers, changes etc.
- listening to different perceptions
- girls, boys, men and women
- key leaders and influencers in particular communities.

4.2 Child-focused Emergency Assessments

Assessments enable agencies rapidly to collect information about the situation of children in a common standardised format, which can be adapted according to the situation: earthquake, flood or war etc.

- Rapid assessments can be carried out by staff who are not specialists, who can gather valuable information about key threats to children. These can be reviewed later for more detailed follow up, or for an immediate response where life-threatening situations are discovered.
- Children are amongst the most vulnerable in an emergency, and early identification of issues such as separation, lack of food or water and threats to life, can quickly ensure protection of children.
- Assessments are done in the context of the UN Convention on the Rights of the Child, and international humanitarian law. They are also based on the legal system in the country. Assessments consider a number of issues at a relatively superficial level.
- Assessments are not 'neutral' activities: they are by themselves interventions. Strangers asking questions can lead to expectations or suspicions. When assessments are carried out further into an emergency, assessment fatigue can set in. The beneficiary population may become reluctant to answer questions, as they do not see the point when many agencies have been before and have not delivered any tangible results.
- Good co-ordination between agencies, and sharing of data should minimise duplication. It will however still happen when different agencies look at different angles or do not accept the data of others.
- Suspicions can arise that the assessment will lead to targeting of the population. The respondents may not understand what an aid agency does, and fear that their responses could lead to problems. If sensitive issues are not handled tactfully (for example sex and gender-based violence), the community may not co-operate in other areas.
- Participatory assessments are more time-consuming and are generally used when any immediate crisis is over.
- It's important to explain to communities what the results are likely to be after an assessment and what the timescale may be. You should explain if you are applying for funding that it may take months to come through.

- If your funding mechanisms do not cover some sectors you are questioning people about, for example water and sanitation, you should explain that your agency cannot help with the situation but that the information will be passed on to others for their action.
- In a rapid onset emergency (natural disaster, sudden outbreak of conflict and subsequent rapid displacement) the process of rapid assessment can be carried out relatively quickly. With natural disasters, the situation is unlikely to change considerably unless there is a chain of events such as a succession of further floods or aftershocks.

Key Child Protection Issues:

- direct threats to life
- lack of access to essential services (especially for the most vulnerable)
- separated or missing children
- children associated with fighting forces
- children in detention
- children in institutions
- exploitation and abuse.

4.3 Guiding Principles for All Types of Assessment

- introduce yourself and your organisation
- explain purpose of you asking questions
- obtain consent
- don't endanger people
- avoid raising expectations
- information is for assistance purposes
- look for the positive such as assets and resources.

Gaining consent means making sure people know why you are asking questions and also what the information will be used for. Be aware of who is in charge. Ask permission to enter buildings or compounds. Let informants choose what information they want to share with you.

Be careful of endangering anyone because they have talked to you or because of the kind of information they may give you. If people do not appear to be comfortable answering questions, do not press the issue—leave it. Do not endanger yourself.

Avoid raising expectations by making it clear that although you will pass information on, you may not be the one following up or taking action on issues raised. You cannot promise or guarantee anything.

The purpose of collecting information is to help children and communities, not to lay blame, gather evidence or conduct an investigation. You are asking for facts which help identify and support the most vulnerable.

When identifying vulnerabilities of affected populations, look also for the resources to respond, including the capacities resources of children, families, communities, agencies and so on.

Focus on the information gathering not on the form when you are asking people questions and listening to their concerns. People can be intimidated by people filling in forms. If possible memorise the key points and fill in standardised form after the conversations.

This is not an exhaustive checklist, but represents some of the key issues you might encounter. The list conforms to the boxes on the rapid assessment form.

Lack of access can be for different reasons: services are lacking altogether; certain children are discriminated against or targeted, some have special needs which require attention, some have special needs which make it physically difficult to access services.

Exploitation and abuse can be physical and mental, including for example torture, rape, sexual exploitation, child labour and neglect.

You must be sensitive to the cultural context in the way you approach issues around exploitation and abuse and the involvement of children in fighting forces. At the same time, many people may say that issues of exploitation and abuse do not exist in the country because they may feel it is shameful to reveal such things to foreigners or strangers. The reality is that these issues exist in every society to some degree, whether or not it is acknowledged or openly talked about. In times of crisis these issues are exacerbated. Do not try to force the issue.

Other items which can be added in for agencies likely to make use of information and act on include:

- presence of basic services in the area: schools (number, type, age range, condition), health facilities (number, type, condition)
- child labour. Do children work in this area and what do they do?
- are there play facilities?
- what access to water and sanitation is there?

Rapid assessment:

Purposes of a rapid assessment:

- to identify emergency issues (threats to survival) for immediate follow up and action by agencies
- to collect information to inform protective programme development
- to understand the general situation of children
- to identify the presence of key vulnerable groups of children.

The one page rapid assessment forms are designed to identify key issues for children under the following headings:

- direct threats to life
- access to essential services
- separated/ missing children
- children in residential institutions
- other protection concerns.

Sources of information for rapid assessment:

The questions should be asked in each community of various sources, including parents, children, community leaders, and professionals who work for and with children. Different people are asked the same questions in order to triangulate the data. The number of people asked would depend on the time available.

Those asking the questions should be clear that there aren't any right or wrong answers. The questions are part of an assessment and may not necessarily lead to any direct interventions in the community. The people asking the questions should observe cultural and ethical principles, for example women questioning women [where this is appropriate] and asking for permission to ask questions and record answers.

Participatory assessment:

When the emergency has a slow onset, or the immediate crisis of a rapid onset emergency has passed, a participatory assessment will be feasible. A participatory assessment focuses more on the local coping mechanisms which protect children. They aim to find out more about them in order for use in programme design.

Purposes of a participatory assessment:

- to understand knowledge, attitudes and practices related to children
- to examine the push/ pull factors for vulnerable groups
- to understand the local coping mechanisms
- to listen to children's views about their situation
- to involve the community in assessing their situation.

There is some debate around the issue of vulnerable groups. Question banks highlight the questions and issues around what are generally perceived as vulnerable groups. However each community identifies itself, its own different vulnerable groups. When going into a community with a ready list of vulnerable groups, there is a danger that we are pushing communities to 'think in our boxes'. Assessors need to be careful to listen to communities' perceptions of vulnerability.

Both rapid and participatory assessments should take great care not to stigmatise groups, or result in their being negatively labelled as a result of assessments.

Strengths of the approach:

- gives local community opportunities to identify problems and vulnerable groups themselves
- ready made bank of questions
- questionnaires available for various situations (institutions, different community groups and so on)
- enables the agencies to identify responses to broader issues e.g. water and sanitation, health, NFIs, and gaps in coverage
- enables agencies to be consistent in the topics they cover
- gives other organisations (e.g. CBOs, INGOs, UN, embassies et al) reliable information
- provides the organisation with good background information for future funding applications
- establishes links with communities and key community figures as basis for future programming.

Weaknesses of the approach:

- ability to find sufficiently experienced staff to use them, and training time
- implementation of focus group approach in an uncertain security environment is very hard, and also in an environment where so many family members' lives have been lost
- cultural sensitivities especially over violence and gender-related questions. For example, it might be difficult to discuss relationships or SBGV with women and girls.
- how to differentiate between how things have changed since the event e.g. how many children don't go to school, but did go before the event. In some cases the questionnaires make the assumption that the event caused the current situation, when the link is not actually there
- crucial to triangulate (cross reference) data e.g.

- analysis can be difficult as they are quite informal and not designed for scientific (SPSS) analysis
- the agency carrying out the assessment may not be able to respond to all the needs (lack of funding, outside its remit, capacity, or technical skills). This poses ethical issues, and is very difficult for the population. There can be a need for advocacy with other agencies and authorities after an assessment. This can take considerable time.

Why do an assessment?

From an aid agency's perspective:

- with children and participation at the heart of our work, we need to take this seriously by integrating it into our emergency response
- children are amongst the most vulnerable in an emergency
- children's needs are often hidden e.g. they are with host families, or the issue is taboo (SGBV)
- to acquire a picture of the holistic needs of children
- data and information gathered rapidly, enables us to respond appropriately, develop specific programmes, and to integrate children's needs across sectors
- sets up strong partnerships with the community, government, CBOs and other NGOs- especially if carried out together with other agencies
- questions our assumptions about the problems and the reasons for problems.

From the donor's perspective:

- strong evidence provided for the case for supporting children
- unless you clearly know what the problem is then you can't try to solve it
- by undertaking a holistic rights-based assessment, all sectors of the community are helped and vulnerable groups identified.

Practicalities:

How long should a participatory assessment take?

- depends on the area covered. Iraq took eight weeks and was cut short because of evacuation. Angola (CCF) took one month.
- ideally 1-2 months for an in-depth survey it but depends on factors such as the amount of translation necessary, staff experience, existing presence and relationships.

Who should do it?

- ideally current staff should be trained to do it but lack of staff is an issue
- Sufficient funding for training is critical

How will it help our programmes?

- they will be based on solid data and information.

Top Tips:

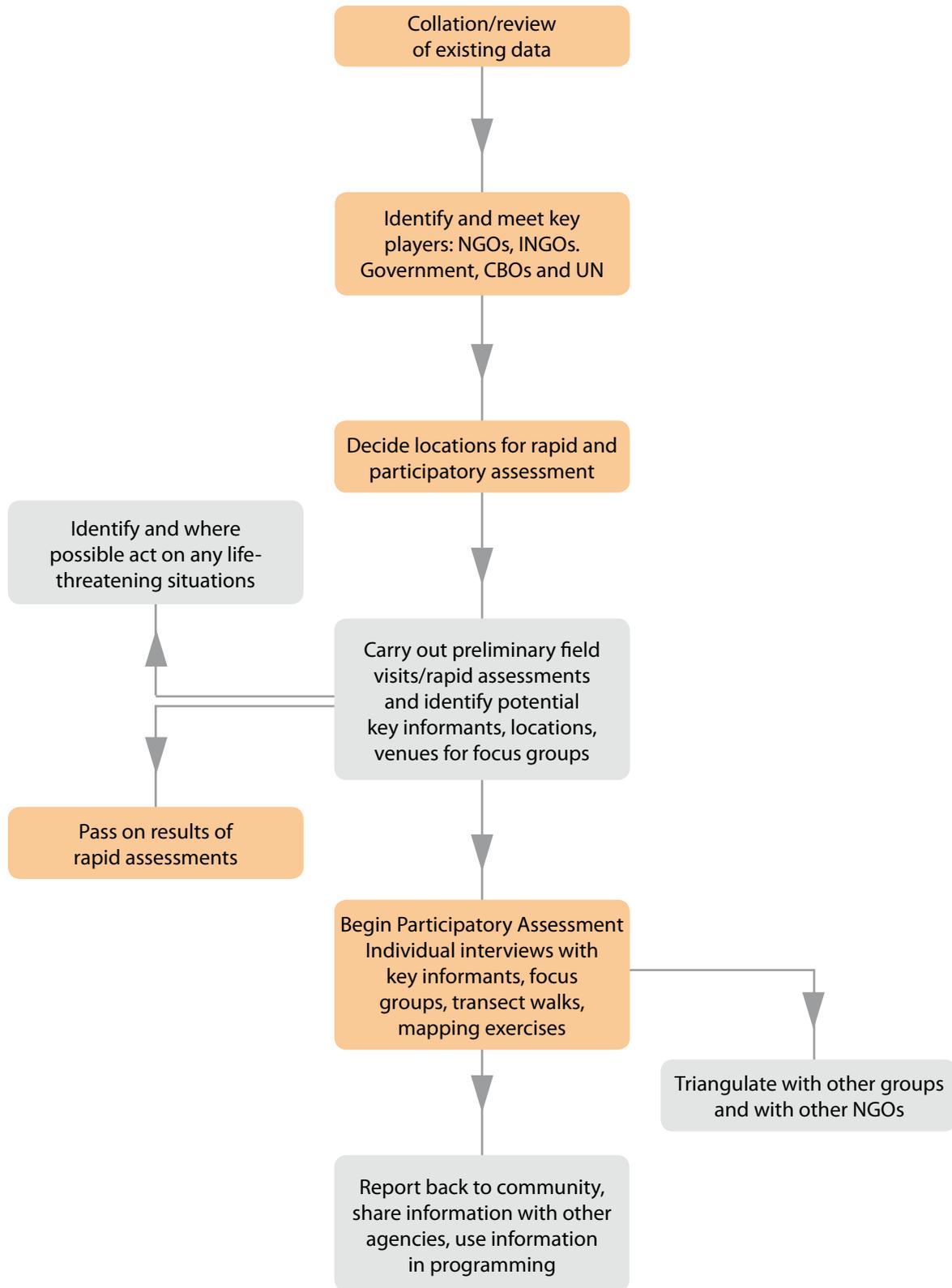
- include assessment activities in funding proposals right at the beginning
- ensure sufficient translators and staff are recruited and dedicated to the project
- arrange vehicles, maps, and GPS where necessary
- include a small fund to meet any emergency needs identified in rapid assessments.

CASE STUDIES

After the end of hostilities in the second Gulf War in Iraq, rapid assessments found that the primary concern of mothers was that birth registration had ceased in rural areas. This meant that their babies couldn't access food rations, and risked not being able to access health care or education in the future. Advocacy was undertaken with the occupying forces to resume birth registration as quickly as possible.

Rapid assessments in the second week after the earthquake in Iran found that women's primary concerns were a lack of water for washing, and a lack of toilets. In the fourth week, their concerns moved towards lack of clean clothes, especially underwear, and the consequent unpleasant effects.

4.4 Process for an Assessment



4.5 RAPID CHILD PROTECTION ASSESSMENT FORM

USE YOUR JUDGEMENT IN COMPLETING THIS FORM. DO NOT TRY TO FILL IN EVERY BOX. YOUR INFORMANTS MAY NOT FEEL SECURE OR COMFORTABLE GIVING INFORMATION ABOUT SOCIALLY OR POLITICALLY SENSITIVE ISSUES. ONLY SEEK INFORMATION ABOUT SENSITIVE ISSUES IF YOU FEEL YOUR INFORMANTS ARE COMFORTABLE AND SAFE, YOU SEE VISIBLE SIGNS NEEDING EXPLANATION, OR INFORMANTS SHOW SIGNS OF WANTING TO RAISE ISSUES THEMSELVES.

For the purposes of this assessment, a **child** means any person under the age of 18. Make this clear to informants.

PLEASE URGENTLY SEND A COPY OF THIS FORM TO YOUR NEAREST UNICEF CHILD PROTECTION OFFICER

Date of visit (dd/mm/yy) Assessor's Name

Organisation

Is this an area or a site? Area Site Is this location rural or urban? Rural Urban

Estimated Population Town/Village

P-Code District

Region Latitude Longitude

Source(s) of Information

Reliability: Low Med High

1. DIRECT THREATS TO LIFE

Are there any reported cases of children?

- killed in this conflict/disaster none some many
- injured in this conflict/disaster none some many
- missing none some many
- injured by landmines (as appropriate) none some many

Who is taking action about UXO/landmines?

2. ACCESS TO ESSENTIAL SERVICES

(Particularly vulnerable children may include, but are not limited to, separated children, street children, girls, disabled children, child-headed households, minority children and children in institutions.)

Are there groups of children without access to?

- food yes no who
- water yes no who
- shelter yes no who
- health care yes no who
- education yes no who

Have these cases been reported? yes no

To which organisation?

3. SEPARATED/MISSING CHILDREN

(Separated children are those without both parents or without their previous legal or customary primary care-giver, but not necessarily separated from other relatives. They may therefore include children accompanied by other adult family members.)

Are there any reported cases of:

- separated children? None Some Many
- families missing children? None Some Many
- children sent away to safe places? None Some Many

Have there been large population movements? Yes No

Have families generally moved together as a group? Yes No

Are there groups of children living together without adults? Yes No

Do they include children under 5 years of age? Yes No

3A. Are there individual adults who have assumed care responsibility for a large group of children? Yes No

Give details:

List any organisations taking care of separated children in this area

4. CHILDREN IN RESIDENTIAL INSTITUTIONS

Are there children here in any of the following types of institutions?

- for disabled children Yes No
- orphanages Yes No
- juvenile centres (children in conflict with the law) Yes No
- adult prisons Yes No
- other

What is the total estimated number of children in institutions here?

- 1 - 10 11 - 50 51 - 100 100+

Are staff present and caring for the children? Yes No

Do they have adequate food and water? Yes No

Please write name and location of institutions below:

5. CHILDREN ASSOCIATED WITH FIGHTING FORCES [if appropriate to context]

Are there reported cases of :

Boys taking part in this armed conflict? None Some Many

Girls taking part in this armed conflict? None Some Many

Where were these children during the conflict? Nearby Far Away

What has happened to these children?

Returned home Still absent Injured in the conflict Taken as prisoners of war

6. ADDITIONAL PROTECTION CONCERNS

Are there other serious protection concerns for girls not identified already above?

Are there other serious protection concerns for boys not identified already above?

Please write the names of any organisations working on child protection issues in the area:

PLEASE USE THE SPACE BELOW FOR ADDITIONAL COMMENTS

4.6 IN DEPTH ASSESSMENTS

4.6.1 NGOS : TEMPLATE OF FORM TO COMPLETE WHEN VISITING A NGO OR OTHER ORGANISATION

Name of Organisation

Date Person Interviewed Position Title

1. How long has the organisation been in country X?
2. What are the main sectors & activities the organisation is involved in country X?

3. Are you working in partnership or collaboration with local agencies, departments or groups? Yes No

If so who? Any contact names or locations? If so please record.

4. Any assessments carried out in any locations in country X? Yes No (If no, go to #5)

4.1. What locations? Region(s)

Municipality

- 4.2. What was the main purpose of the assessment (trying to find out what)?

- 4.3. Do you have any reports resulting from the assessment? Yes No If yes, ask for copy.

- 4.4. What were the main findings from the assessment? (key problems, needs etc.)

- 4.5. Was your assessment data desegregated by age & gender: Yes No

- 4.6. In your assessment did you identify any particular issues related to women or children? Yes No

- 4.6. Were there any identified threats to the safety and/or security of women or children? Yes No

If yes, what?

- 4.8. Were there any orphanages or other residential facilities for children in the area? Yes No

If yes, what and run by whom?

4.9. Were there any incidence of 'out-of-school' children and youth? Yes No

If yes, how did they tend to spend their time?

4.10. Are/were there any other agencies (national or international) or community groups working in the area where the assessment was carried out? Yes No

If so who, doing what?

Agency Activities

What activities, if any, is your organisation implementing in country X?

5.1 Where are these activities being carried out? Region(s)

Municipalities

5.2 What have been the main challenges or problems encountered with implementation?

Issues Affecting Women and Children

6. In your work area what are the main issues or problems women, youth & children face in the community?

Women:

Children:

Youth:

6.1 What, if any, are security or safety threats for:

Children?

Women?

6.2 How do children and adolescents spend most of their time during the day?

Children under the age of 12 years:

Girls

Boys

Adolescents between 12-18 years:

Girls

Boys

Do children in this location have time to play? Yes No

Is there a safe place to play? Yes No

6.3 Are children or adolescents involved in any high-risk behavior? Yes No

If yes, what? (examples: drug taking, unprotected sex, street gangs etc.)

6.2 Are there any landmines or UXOs in the areas where you work? Yes No

6.3 Have any children been injured or killed by landmines or UXOs in the last 3 months? Yes No

If yes, do you have any statistics (disaggregated by age & gender)

7. Are there any of the following groups/children in the places where you work?

Children separated from their parents	<input type="radio"/> Yes <input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>
Street Children	<input type="radio"/> Yes <input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>
Children involved in heavy labour	<input type="radio"/> Yes <input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>
Children in residential institutions (TYPE?)	<input type="radio"/> Yes <input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>
Disabled (physical and/or mental)	<input type="radio"/> Yes <input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>
Children/Youth in conflict with the law	<input type="radio"/> Yes <input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>
Child-headed households	<input type="radio"/> Yes <input type="radio"/> NO	# of	Girls	<input type="text"/>	Boys	<input type="text"/>

Other vulnerable groups of children or adolescents (please specify)

7.1 Have you heard of children/youth disappearing in the last six months? Yes No

If yes, how many and what age and gender?

What was the reason or cause of the disappearance?

Does anyone know where they are now? Yes No

7.2 In your work area have you identified any sexual related problems or issues (i.e. teen pregnancies, rape, exploitation)? Yes No

If yes, provide details

Education

Are there any schools in the area where you work? Yes No

How many & type? Primary Secondary Non-formal

What is the percentage of children in this location who attend school?

Girls Primary Girls Secondary
Boys Primary Boys Secondary

For those children who don't attend school, what is the main reason they don't go?

Girls:
Boys:

Community Services

8. Are there a community committee in the areas where you work? Yes No

Who makes up the committee and how is it chosen?

Are there any women on the committee? Yes No

8.1 Are there any government services, community groups or other agencies in the area where you work providing services or support in the community? Yes No

If yes, who and doing what?

8.2 Do any provide any services on children's issues or for vulnerable groups of children? Yes No

If so who and what services are provided?

8.2 Do you have any information about community groups (esp women groups) or local agencies in country X?

If so please provide contact or location details

Health

9. In your work areas what are the most common illnesses that affect children?

9.1 What are the most common illnesses that affect women?

9.2 What, if any, health services are available or provided in the area where you work? Identify any problems.

9.3 Are there any medical or rehabilitation services available for disabled people? Yes No

If yes, what?

Other

Any other issues or concerns arising from activities or assessments your agency has undertaken? Yes No

Any specific to women or children? Yes No

If yes to either question, please provide details

4.6 IN DEPTH ASSESSMENTS

4.6.2 GENERAL CHILD PROTECTION ASSESSMENT TOOL

NOTE: THESE QUESTIONS ARE FOR COMMUNITY/RELIGIOUS LEADERS OR GENERAL COMMUNITY GROUP DISCUSSIONS

1. Demographics

1.1 What is the total population in this location?

1.1.2 How many families are there in this location?

1.1.3 What is the average family or household size?

1.1.4 What is the average number of children in each family?

1.2 What ethnic groups and different religions are there among the people living in this location?

1.2.1 Have there been any ethnic or religious conflicts in the area? Yes No

1.2.2 If yes, please provide information explaining the conflict

1.3 Have there recently been families moving into or out of the area? Yes No

1.3.1 If yes, please provide details and reasons for movement

1.4 Are there any displaced families living in this area? Yes No

How many and where?

1.4.1 Where have most families come from?

1.4.2 Do most families plan to remain in this area? Yes No

1.4.3 If not, what are the main locations they plan to return to?

2. Community Structures

2.1 Is there a community committee in this location? Yes No

2.1.1 Who makes up the committee and how is it chosen?

2.1.2 Are there any women on the committee? Yes No If yes, how many?

2.1.3 Are there any youth or children on the committee? Yes No If yes, how many?

2.1.4 What is the committee's role and what do they do?

2.2 Are there any community groups (i.e. women's, youth etc. groups) or agencies providing support or services in the area?

Yes No

2.2.1 If yes, who are these groups and what services or support do they provide to whom?

2.3 Are there any functioning government services/departments/offices in the area?

Yes No

2.3.1 If yes, give details on what departments and what services they provide.

2.4 Are there key people (spiritual, traditional healers, etc.) that families turn to for help? (try to find out if there are more people than just a religious leader/person)

Yes No

2.4.1 If yes, give details on who these people are and what kind of help they provide to whom.

3. Safety and Security

3.1 Are there any security and/or safety threats or concerns in your community?

Yes No

3.1.1 If yes, please provide information on what and causes.

3.1.2 Is the security and safety situation in your community:

Better or worse since the recent war

Better Worse

Has it seemed better or worse over the past couple of weeks?

Better Worse

If answered worse to either question, please provide information on what way and causes.

3.1.3 Have any members of the community been killed as a result of crime, conflict or war in the past two months?

Yes No

3.1.4 If yes, please provide information on how many (by age and gender) and causes.

3.2 What, if any, are the particular security or safety concerns or threats for:

Women:

Children:

3.3 Are there armed men in your community: Foreign forces: Yes No

Local: Yes No

3.4 Are there any landmines and/or UXOs (bombs) in the area? Yes No

3.4.1 Have any children/youth been injured or killed by mines or UXOs in the past two months? Yes No

3.4.2 If so, how many? (provide ages as well if known)

Killed: Boys Girls Injured: Boys Girls

3.5 Have any children/youth been abducted (kidnapped or stolen) or disappeared from this area in the past 2 months? Yes No

3.5.1 If yes, please provide details of how many by age and gender and about the circumstances.

4. Vulnerable Groups

4.1 We recognise that all children may be facing difficulties but are there any special groups of children that require special care or additional support in this community? Yes No

(The aim of this question is to find out what groups of vulnerable children, if any, the community identifies (other than just poor) before moving on to our asking about particular vulnerable groups we specifically want to know about)

4.1.1 If yes, list the groups named.

4.1.2 Ask for details about why these groups need special care or are in especially difficult circumstances and who if anyone provides care and/or support to them.

4.2 Are there any of the following groups/children in this location

Children separated from their parents	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children living on the street	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children working in the street	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children involved in heavy forms of labour	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children in residential institutions (type)_____	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children/Youth conflict with the law	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>

4.2 Are there any of the following groups/children in this location [continued]

Children who have been associated with fighting forces Yes No # of Girls Boys

Child-headed households (family with adults) Yes No # of Girls Boys

Female headed households Yes No # of Girls Boys

4.2.1 Are there any groups or agencies that provide support, assistance or care to any of these groups of children? Yes No

4.2.2 If yes, provide details about who assists them and what kind of support is provided.

5. Coping

5.1 Have there been recent changes in the behaviour of children or youth that are of concern? Yes No

5.1.1 If yes, what and any information on causes.

5.2 Are children or youth in this area involved in any high-risk behaviour (drug taking, crime etc)? Yes No

5.2.1 If yes, provide information on kind of behaviour and who is mainly involved?

5.2.2 Has this become an increasing problem recently? Yes No

Why?

5.3 How do children and adolescents spend most of their time during the day?

Children under the age of ten years:

Boys

Girls

Adolescents between the ages of 12-18:

Boys

Girls

5.4 How do children and adolescents spend most of their time when they are not in school?

Children under the age of ten years:

Boys

Girls

Adolescents between the ages of 12-18:

Boys

Girls

5.5 Are there any services or people in the community who provide support or assistance to children who are having social or emotional problems?

Yes No

5.5.1 If yes, who and what kind of support is offered?

6. Education

6.1 Are there any schools in this location?

Yes No

6.1.1 If yes, how many and what type?

Primary Yes No How many?

Secondary Yes No How many?

Non-formal Yes No How many?

For who and teaching what?

6.1.2 Who runs or is in charge of the schools? (agency, community, government)

6.2 What percentage of children in this location that attend school?

Girls Primary Girls Secondary

Boys Primary Boys Secondary

6.2.1 For those children who don't attend school, what is the main reason they don't go?

Girls

Boys

6.2.2 Are there any other learning opportunities (other than formal school) for children?

Yes No

6.2.3 If yes, what and provided by whom?

6.3 Are there any children who are stopped or discouraged from attending school? (girls, disabled) Yes No

6.3.1 If yes, provide details

6.4 Are there fewer teachers in the local schools since the recent conflict?:

Yes No

6.4.1 If no, why or where did they go?

6.4.2 How many teachers are there?

Female teachers in primary

Female teachers in secondary

Male teachers in primary

Male teachers in secondary

6.5 What would you list as the top two problems or issues related to education that need priority attention?

1.

2.

7. Health

7.1 What, if any, health services are available in this community? (type and number)

7.1.1 Who runs the current health service? (Agency, government, community, private)

7.1.2 Where do families in this location usually go for:

- simple/general medical care
- emergency medical care
- operations
- for female specific medical care (ie maternity, female problems)
- for special child specific medical care

7.1.3 How far is the nearest hospital?

7.1.4 Has the quality or availability of health services changes since the recent conflict? Yes No

7.1.5 If yes, in what way?

7.2 What are the main health problems for children and women in this community?

Children

Women

7.3 What are the most common causes of death among children in this community?

7.4 What would you list as the top two problems or issues related to health services that need priority attention?

1.

2.

8. Water

What is the main source of water for homes in this community?

Is the water safe for drinking and food preparation? Yes No

Has the water supply recently changed? Yes No

If yes, provide details about changes and reason.

9. Food Distributions

Are there food distributions provided in this community? Yes No

If yes: How often?

What is distributed?

Do all families receive food distributions? Yes No

If not, what percentage does receive distributions?

How is it decided which families get food distributions?

Are women involved in distributing food? Yes No

Thank you for your patience and cooperation with answering our many questions. Before we go...

10. Is there ONE key message from your community you would like to send to the authorities?

4.6 IN DEPTH ASSESSMENTS

4.6.3 TEMPLATE FOR WOMEN'S FOCUS GROUP CP ASSESSMENT TOOL ADAPT AS REQUIRED

1. Demographics

1.1 What is the average number of children in each family?

1.2 What ethnic groups are there in this location?

1.2.1 Have there been any conflicts between different religious or ethnic groups in the area? Yes No

1.2.2 If yes, please provide information about the conflict (Between who, when, type etc.).

1.2.3 Who, if anyone, has helped to resolve these conflicts, and how?

1.3 Have there recently been any families moving in or out of this area? Yes No

1.3.1 If yes, provide details (numbers if known) and reasons.

1.4 Are there any displaced families living in this area? Yes No

1.4.1 If yes, where and how many?

2. Community Structures

2.1 Is there a community committee in this location? Yes No

2.1.1 Who makes up the committee and how is it chosen?

2.1.2 Are there any women on the committee? Yes No If yes, how many?

2.1.3 Are there any youth or children on the committee? Yes No If yes, how many?

2.1.4 What is the committee's role and what do they do?

2.1.5 What kinds of issues, if any, have you gone to the committee about?

2.1.6 Did the committee deal with these issues to your satisfaction? Yes No

If no, explain

2.2 Are there any community groups or agencies providing support or services in the community? Yes No

3. SAFETY & SECURITY

3.1 What, if any, are the particular security or safety concerns or threats in your community for:

Women

Children

3.2 Is the security and safety situation in your community:

Better or worse since the recent war Better Worse

Has it seemed better or worse over the past couple of weeks? Better Worse

If answered worse to either question, please provide information on what way and causes

3.3 Are there armed men in your community: Government / Rebel Yes No

Local: Yes No

3.4 Are there any landmines and/or UXOs (bombs) in the area? Yes No

3.4.1 Have any children/youth been injured or killed by mines or UXOs in the past two months? Yes No

3.4.2 If so, how many? (provide ages as well if known)

Killed: Boys Girls Injured: Boys Girls

4. Vulnerable Groups

4.1 We recognise that all children may be facing difficulties but are there any special groups of children that require special care or additional support in this community? Yes No

(The aim of this question is to find out what groups of vulnerable children, if any, the community identifies (other than just poor) before moving on to our asking about particular vulnerable groups we specifically want to know about.

4.1.1 If yes, list the groups named.

4.1.2 Ask for details about why these groups need special care or are in especially difficult circumstances and who if anyone provides care and/or support to them.

4.2 Are there any of the following groups/children in this location?

Children separated from their parents	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children living on the street	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children working in the street	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children involved in heavy forms of labour	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children in residential institutions (type) _____	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children/Youth conflict with the law	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Children who have been associated with fighting forces	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Child-headed households (family with adults)	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>
Female-headed households	<input type="radio"/> Yes	<input type="radio"/> No	# of Girls	<input type="text"/>	Boys	<input type="text"/>

4.2.1 Are there any groups or agencies that provide support, assistance or care to any of these groups of children? Yes No

4.2.2 If yes, provide details about who assists them and what kind of support is provided

5. Care and Development

5.1 What are your biggest problems or worries for your family in the present situation?

5.1.1 What are the things you are positive or hopeful (optimistic) about for the future?

5.1.2 What are your biggest concerns or worries for your family's longer-term future?

5.1.3 What do you think would help to reduce these concerns?

5.2 What are three important things parents can teach or do to raise good children? (morals, principles, not material things etc.)

1.

2.

3.

5.2.1 Are there other adults who help children learn good behaviour? Yes No

5.2.2 If yes, who?

5.3 If your children misbehave or do things you don't like what do you do to correct the behavior?
(If they say "punish," ask them for details. If they say "talk," ask what they say and what they do if talking does not work)

5.4 Are you caring for any children other than your own? Yes No

5.4.1 If yes, how and why did they come into your care?

5.5 How do children of different ages spend their time?

Children between the ages of 5-11:

Boys

Girls

Children between the ages of 12-17:

Boys

Girls

5.6 At what age do girls generally get married?

5.6.1 At what age do boys usually get married?

5.6.2 Has this age recently changed? Girls: Yes No Boys: Yes No

5.6.3 If yes, how (younger or older) and why?

Girls:

Boys:

5.7 What advice do mothers give their daughters before they get married?

5.7.1 Do women talk to or teach their daughters about sex and pregnancy? Yes No

5.7.2 If yes, at what age or when do you talk to them?

5.7.3 What are they told?

5.7.4 If no, how do they learn?

5.7.5 What advice do parents give their sons before they get married?

5.8 Have there been any recent changes in the relations between parents and children? Yes No

5.8.1 If yes, please provide details or examples

5.9 In the last 3 months, have any children from this community been:

Raped	<input type="radio"/> Yes	<input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>
Killed	<input type="radio"/> Yes	<input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>
Victims of sexual violence	<input type="radio"/> Yes	<input type="radio"/> No	# of	Girls	<input type="text"/>	Boys	<input type="text"/>

6. Cultural

6.1 When someone dies what are some of the local rituals or traditional mourning practices?

6.1.1 Have these recently changed? Yes No

6.1.2 If yes, in what way have they changed?

6.1.3 Do children participate in funerals or mourning? Yes No

6.1.4 If yes, how?

6.1.5 What do parents usually tell children when someone has died? (how do they explain death?)

6.1.6 What as parents do you usually do if your children are sad because of loss or bad news to make them feel better?

6.2 Are there any local ceremonies, practices, rituals or spiritual practices specific to children?
(i.e. to celebrate or mark them becoming adults, to help them be better when something bad happens, to deal with death etc.)

Please provide details about what, when they are carried out and by whom.

6.2.1 Are they still practised? Yes No

6.2.2 If no, why?

6.3 How do children become adults? (Are there any practices or stages they have to go through?)

6.4 When something bad happens in the community what are some things people do or what practices help people cope or get over the bad event?

6.5 What are some of the good things that have happened in the past that have been positive for the community?

7. Emotional-Social Well Being

7.1 Have there been any recent changes in the behaviour of children in your care? Yes No

7.1.1 If yes, what and any information on causes

7.1.2 What have you done in an attempt to deal or assist with these behaviour changes?

7.1.3 Are any of your children having any of the following problems

difficulty sleeping Yes No

nightmares Yes No

afraid to go outside Yes No

trouble leaving parent's constant company Yes No

any emotional changes that are of concern?

7.3 What kind of things make your children:

happy

comfortable/relaxed.

7.3.1 What kind of things make your children:

sad

angry.

7.3.2 When your children are sad or angry what do you do to try and make them feel better?

7.4 When times are difficult or when you're sad who do you talk to or go to for support or counsel?

7.5 Who, if anyone, do you turn to for help when you have problems or worries regarding your children?

7.6 What are children's and adolescents' most common worries?

7.7 What are the most common or highest risks for children or adolescents in this community?

7.8 Do children in this location have time to play?

Yes No

7.8.1 If no, why not?

7.8.2 If yes, what are the most common games children and youth play?

7.8.3 Are there safe places in the community for children to play?

Yes No

8. HEALTH

8.1 What, if any, health services are available in this community? (type and number)

8.1.1 Who runs the current health services? (agency, government, community, private)

8.1.2 Where do families in this location usually go for:

simple/general medical care

emergency medical care

operations

for female specific medical care (i.e. maternity, female problems)

for special child specific medical care

8.1.3 How far is the nearest hospital?

8.1.4 Has the quality or availability of health services changed since the recent conflict?

Yes No

8.1.5 If yes, in what way?

8.2 What are the main health problems for children and women in this community?

Children

Women

8.3 What are the most common causes of death among children in this community?

8.4 Are there traditional birth attendants or other people in this community who help with the delivery of babies (other than medical staff at the hospital)? Yes No

8.5 What, if any, are some of the local beliefs or traditional health practices related to children's health?

8.6 What are the local practices or traditional practices related to breast-feeding and pregnancy?

8.7 What would you list as the top two problems or issues related to health services that need priority attention?

9. FOOD DISTRIBUTION

9.1 Are there food distributions provided in this community? Yes No

9.1.1 If yes, how often? What is distributed?

9.1.2 Do all families receive food distributions? Yes No

9.1.3 If no, what percentage does receive distributions? %

9.1.4 How is it decided which families get food distributions?

9.1.5 Are women involved in distributing food? Yes No

Thank you for your patience and cooperation with answering our many questions. Before we go...

10. Is there ONE key message from your community you would like to send to authorities?

4.7 TEMPLATE FOR CHILDREN/YOUTH FOCUS GROUP DISCUSSIONS

ADAPT AS REQUIRED

1. GENERAL – For IDP/Refugee communities only

- 1.1 Where is your home area?
- 1.1.2 Where were you living before coming here?
- 1.1.3 How long have you been here?
- 1.1.4 Are youth still arriving here? Yes No
- 1.1.5 From where have they come?
- 1.1.6 Are youth leaving from here? Yes No
- 1.1.7 Where are they going to?
- 1.1.8 Are there any youth acting as household heads for their brothers and sisters? Yes No
- 1.1.9 Are there any adults or community groups providing support? Yes No
- 1.1.10 If yes, who and what kind of support?

2. Are there any youth represented on leadership or community committees? Yes No
- 2.1 If no, how do children or youth have their issues or concerns heard and addressed?

- 2.1.1 Are there any youth groups in this community? Yes No
- 2.1.2 If yes, how many and what do they do?

ASK ALL CHILDREN OR YOUTH GROUPS THE FOLLOWING QUESTIONS

3. EDUCATION & RECREATION

- 3.1 How many of you go to school? (Ask for a show of hands and count)
- 3.1.1 Are there schools nearby?
- Primary: Yes No How Many?
- Secondary: Yes No How Many?
- How long does it take to walk to the nearest school?
- 3.1.2 Are there any other places, other than formal schools, where children/adolescents go to learn things? Yes No
- 3.1.3 If yes, what kind places and what is learnt there?

3.1.4 How many of you don't go to school?
(Again ask for a show of hands)

3.1.5 For those of you not attending school why don't you go? (List some of the most common reasons)

3.1.6 For those who go to school, what are your favourite things at school?

3.1.7 If you could change or improve three things at school what would they be?

3.1.8 Have any of you had any particular problems with any of your teachers? Yes No

3.1.9 If yes, what kind of problems?

3.1.10 Have the girls had any different kinds of problems at school than the boys do? Yes No

3.1.11 If yes, give examples

3.2 Are there any recreational programmes or activities at the school? Yes No

3.2.1 If yes, what kind of activities?
For girls
For boys

7.9 Are there safe places in the community for children to play? Yes No

7.10 Do children in this community have time to play? Yes No

7.10.1 If no, why not?

7.10.2 If yes, what are the most common or favourite games children and youth play?
(List the most common answers)
Girls
Boys

7.10.3 Are there activities or play that you used to be able to do that you can't do now? Yes No

7.10.4 If yes, what things and why?

4. SECURITY *(These questions can either be asked or you can do mapping exercises with them)*4.1 Are there any places in the community that are unsafe for children to go? Yes No

4.1.1 If yes, where and why?

4.2 Are there any landmines and/or UXOs (bombs) in the area? Yes No

4.2.1 Where are they located?

4.2.2 Have any children been injured or killed by mines or UXOs in the past two months? Yes No

4.2.3 How many? Boys

Girls

4.2.4 What were the children doing (what activities) when they were hurt or killed?

4.3 Are there any other security or safety concerns for children and youth in this community? Yes No4.3.1 If yes, please provide details. *(Make sure you ask girls in particular)*4.3.2 Are there more security and safety concerns now since the conflict? Yes No

4.3.3 If yes, what is the reason?

5. VULNERABLE GROUPS5.1 We recognise that all children may be facing difficulties but are there any special groups of children that require special care or additional support in this community? Yes No*(The aim of this question is to find out what groups of vulnerable children, if any, the community identifies first before moving on to our asking about particular vulnerable groups we specifically want to know about)*

4.1.3 If yes, list the groups named.

4.1.4 Ask for details about why these groups need special care or are in especially difficult circumstances and who if anyone provides care and/or support to them.

5.2 Do you know if there are any of the following groups/children in this location?

Children separated from their parents Yes No # of Girls Boys Children living on the street Yes No # of Girls Boys Orphans living in the community Yes No # of Girls Boys Children who've been associated with fighting forces Yes No # of Girls Boys Child-headed households (family with no adults) Yes No # of Girls Boys

5.3 Are there any disabled children in this community? Yes No

5.3.1 If yes, any idea of how many and what kind of disability?

5.3.2 Do any of the disabled children go to your schools? Yes No

5.3.2 If no, do they get education somewhere else? Yes No

5.3.3 If yes, where?

5.3.4 Do any of the disabled children join in with when you're playing? Yes No

5.3.5 If no, why and how do they usually spend their time?

5.4 Are there any children/youth in this community who are involved in illegal behaviour or who have been arrested? Yes No

5.4.1 If yes, kind of things have they been involved in and about what age?

5.5 Do you know of any children/adolescents that are taking drugs? Yes No

5.5.1 If yes, about how many children? *(Try to get an idea if big problem, try at least for percentages)*

5.5.2 If yes, what kind of drugs and how do they get them?

5.6 How many of you work and earn money (does not include household chores/duties)?
(Ask for a show of hands and count)

5.6.1 What kind of work do you do and where? *(Record several of the examples provided)*

5.6.2 How much money do you earn? *(Get some examples of salaries)*

5.6.3 What do you do with the money you earn?

6. CARE AND DEVELOPMENT

5.10 What are the most common things that worry or trouble children/adolescents?

5.10.1 What are the things you are positive or optimistic about for the future?

5.10.2 What do you want to be in the future? *(List examples of future professions)*

5.10.3 What are your biggest concerns or worries for your future?

5.10.4 What do you think would help to reduce these concerns?

5.11 What do you think are the three most important things parents can teach you that will help you to become good adults? *(Refers to morals, principles, etc. not material things)*

1.

2.

3.

5.11.1 Are there other adults who help children learn good behaviour? Yes No

5.11.2 If yes, who?

5.12 If you misbehave or do things your parents don't like what do they do to correct the behaviour?
(If they say "punish," ask them for examples. If they say "talk," ask what they say and what parents do if talking does not work)

7. EMOTIONAL & SOCIAL WELL-BEING

7.1 What kind of things make you:

happy

comfortable/relaxed

7.1.1 What kind of things make you:

sad

angry

7.1.2 When you are sad or angry what do you do to feel better or who do you talk to?

7.1.3 When you are sad or angry what, if anything, do your parents do to try and make you feel better?

7.2 If you could have two magic wishes what would you wish for? *(List a number of the answers given)*

7.3 What do you dream about at night? *(List a number of the answers given)*

Thank you for your patience and help in answering our many questions.

We just have one last question....

8. Is there ONE key or special message you would like to send to the authorities from children?

Before we go is there a song you can sing for us.



5. CROSS CUTTING ISSUES AND INTEGRATION

5. CROSS CUTTING ISSUES AND INTEGRATION

5.1 Working with Vulnerable Children

Some of the children in the community may be particularly vulnerable; all children have strengths, and some have vulnerabilities. These may include:

- children who have lost one or both parents
- children who don't live with their parents (live with aunts, uncles, or extended family)
- children with disabilities
- children looking after sick parents
- children who are engaged in exploitative labour
- children living with HIV/AIDS
- children who live and/or work on the streets
- children who don't go to school
- children who misuse alcohol, drugs or other substances
- children who have left the fighting forces/armed groups
- children whose parents don't work.

After a disaster or emergency, family income may reduce, parents may move away for work reasons, shelter may be destroyed, and basic needs may not be met. This can mean children are even more vulnerable.

How to identify and support vulnerable children:

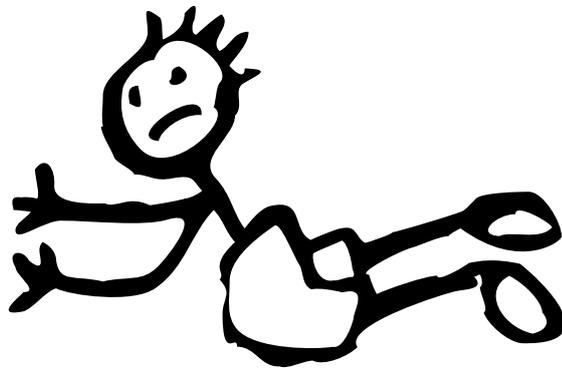
- find out who is not attending activities; ask children if there are children who don't attend and why they don't attend
- know the families of the children so that you can find out what the situation is for children
- talk to children, take an interest in their lives
- listen a lot to families
- know what the local resources are for support [doctors, traditional healers, advice centres, social workers and so on]
- don't be afraid to ask your co-ordinator for help or advice about vulnerable families
- don't gossip in the community; be someone who is trusted.

In your community, what are the reasons children might be vulnerable?

Some of the things children might be vulnerable to:

- recruitment to the fighting forces/ armed groups
- trafficking
- abduction
- child labour
- exploitation and abuse
- being placed in an institution (orphanage).

In your community, what are the things that children are vulnerable to?



5.2 Disability in an Emergency Situation

It is estimated that about 10% of the world's population live with some form of disability. Given most people with disabilities are less able to flee to safety from disaster, they are probably represented disproportionately in the death toll. It is to be expected that more than 10% of the death toll after an emergency will be people with disabilities.

The World Health Organisation estimates that, following a disaster, 5-7% of people in camps or temporary shelters have a disability.

Disability and emergency relief work:

Anecdotal evidence from acute emergencies, suggest that people with disabilities suffer particularly high rates of mortality and morbidity. This can be as the result of a range of factors including:

- People with disabilities tend to be invisible to emergency registration systems. They are frequently left unregistered which means that they fail to receive their basic entitlements to food, water, clothing and shelter. As a consequence, their individual needs may not be met.
- Exclusion from disaster response efforts due to problems of access. These problems may be increased by changes in terrain and loss of support people, loss of mobility and loss of access aids and supportive aids, such as wheelchairs and eyeglasses.

Disability and the post-crisis phase:

- Planners of reconstruction after an emergency often miss opportunities to improve access by failing to adapt the designs of built environments. It has been estimated that the cost of providing access for people with disabilities can be as low as 0.5-1% of the total cost of a project.
- By including disability considerations in reconstruction plans, disabilities can be prevented and the impact of impairments can be minimised. This can be done by the incorporation of occupational health and safety measures and adequate health and rehabilitation services.
- It follows from these comments that it is essential that future disaster preparedness planning include the needs of people with disabilities.

General guidelines:

1. **Registration:**
People with disabilities are frequently left unregistered which means that they fail to receive their basic entitlements. Consequently, awareness among program staff and special efforts to identify and locate people with disabilities are required to ensure registration.
2. **Human rights framework:**
Emergency responses must be set firmly within a human rights framework, demonstrating the commitment to equitable and inclusive delivery of services.
3. **The main needs of disabled people are the same as those of other people:**
Many of the needs of disabled people in emergencies are no different from other people's needs. It is important to understand that they might have specific needs such as increased need for warm clothing and blankets. Enabling aids should be provided. Ensuring that the rights and needs of people with disabilities are addressed may also improve access/services for other vulnerable groups such as people living with HIV/AIDS, the elderly, children and pregnant women.
4. **Cross-cutting issue, representation and inclusion:**
The participation of disaster-affected people in decision-making throughout the programme cycle helps to ensure the programmes are equitable and effective. This means that special effort should be made to ensure accessibility and participation of people with disabilities.
5. **Anti-discrimination:**
A significant amount of disability is not due to functional impairment but rather to environmental factors such as built-environment design and also negative attitudes in society towards people with disabilities. Consequently, it is important to raise awareness of programme staff and the community concerning the rights and needs of people with disabilities.

Specific guidelines:**Water, sanitation and hygiene:**

Additional measures may be needed to ensure that access to water is equitable. Toilets should be designed and built so that all members of the population, including people with disabilities can use them.

Food security, nutrition and food aid:

People with disabilities can face greater nutritional risks, which may be exacerbated by the living environment. Efforts must be made to identify and reduce these risks by ensuring access to food, developing mechanisms for feeding support and providing access to energy-dense foods.

Shelter and settlement:

Shelters must meet minimal accessibility levels so that all members of the community can find safety. People with disabilities are especially vulnerable to physical, sexual and emotional abuse. They may require additional protection considerations including proximity to facilities and also to care-giving and protective services. Clothing, bedding and personal hygiene items may need to be adapted or may be required in additional quantities for people with disabilities, for example, for those with incontinence problems. Cooking and eating utensils may need to be adapted for usage by people with disabilities.

Health services:

When analysing utilisation rates of health services, consideration should be given to people with disabilities to ensure that vulnerable groups are not under-represented. In addition, with early intervention, the severity of some functional impairment can be minimised. Supportive items such as crutches, prosthetics, hearing aids and eye glasses are essential to restore the functional ability of people with disabilities, for their rehabilitation and for their enhanced participation in the programme cycle.

All people including people with disabilities should have access to on-going, reliable, credible information on the emergency and the associated relief efforts. This is not only a basic human right but it also reduces unnecessary distress. Individuals with pre-existing psychiatric and psychological disorders should continue to receive appropriate treatment and the sudden discontinuation of medications should be avoided.

Community-based care:

It is important that care-givers be supported and not undermined. This includes the provision of adequate food, hygiene, health and psychosocial support and protection for them. Existing social networks can be used to provide training for selected community members to take on responsibilities in these areas: The ability of people with disabilities to cope and to survive may be completely dependent upon others and the capacity of any family to support its disabled members is tested, often to the limits, in a crisis. Anecdotal evidence from acute emergencies suggests that people with disabilities suffer very high rates of mortality and morbidity. This is particularly true in relation to children with disabilities. Within displaced and refugee populations, disabled people are frequently abandoned and left behind.

People with difficulty moving, who are able to escape from the effects of a crisis, may subsequently become more dependent because wheelchairs and other mobility aids may be left behind. Although the effects of an emergency are felt more strongly by disabled people and their families, the exclusion of people with disabilities in emergency situations, is usually more profound than in normal situations.

In addition to those people who were disabled before the onset of a crisis, many more become disabled as a result of many factors including poor medical and remedial care and also the interruption of preventative health care programmes. Often the breakdown of support structures within a population that is affected by a disaster worsens the situation of disabled people. They may lose their ability to function independently and with dignity.

It cannot be assumed that general distributions of goods and services to a population affected by an emergency will automatically reach the disabled members of that population, or that disabled people in a camp for displaced persons/ refugees will automatically have equitable access to whatever water is available.

Problems of access may be increased due to poor terrain or lack of mobility aids or assistance with orientation for people with sight, hearing and comprehension impairments. Disabled people and their families may not consider themselves as being capable of participating in micro-enterprise programmes. Emotional distress and/or mental illness which may have been caused by the effects of the emergency, may prevent some people from gaining access to relief distributions for themselves and their families.

Disability and the post-crisis phase:

Major reconstruction often follows emergency relief work but programme planners often miss opportunities to adapt the design of the built environment to meet the needs of people with disabilities.

This means, in effect, that the inequitable situation of people with disabilities is recreated. For example, if schools are not rebuilt in a way that allows disabled children to attend school, a damaging message is given to these children and limitations are placed on them, possibly affecting their entire life. The long-term costs are high, because a disabled child, who is prevented from going to school, is less likely to find employment and to be able to contribute to the local and/or national economy. She or he may require assistance throughout life from the government and/or her/his family.

It is far more cost-effective to modify the plans for a new building at the outset rather than to adapt an existing building to make it accessible. Studies have shown that, depending upon the type of building, providing full-access facilities from the outset adds only about 1.00% to the cost of the building.

Prioritisation of disability issues is also a responsibility of donors:

Donors may require a disability analysis in the same way that many now require the incorporation of a gender perspective, as a condition for contracts. There is a strong case for this to happen in the reconstruction phase because there is an opportunity for equal access facilities to be integrated from the very beginning.

Participation/representation:

The participation of people affected by disasters in decision-making throughout the programme cycle helps to ensure that programmes are equitable and effective. Special effort should be made to ensure balanced representation, including from disabled people.

Communication and transparency:

The sharing of information and knowledge among all those involved is fundamental to achieving a better understanding of the issues and to ensure a co-ordinated response. The results of assessments should be actively communicated to all concerned. Special outreach programmes may be required for those who are housebound or disabled.

Train volunteers and agencies ahead of time:

Often in post-emergency situations, volunteers dispense many services; therefore it is important to train volunteers ahead of time, in the basics of dealing with people with disabilities.

CASE STUDIES

A programme in Pakistan after the earthquake used participatory techniques to identify children with disabilities who were not coming to activities. Children from the 17 children's councils conducted research in the area and identified 512 children with injuries who were not currently receiving assistance and who weren't able to participate in activities.

5.3 Working with Children with Disabilities

In disasters and (post) conflict situations, there will be children who had disabilities before the emergency, and there may well be children with new disabilities as a result of the emergency.

New disabilities might include:

- children with amputations because of landmine/ UXO incidents
- children with amputations as a result of falling buildings in an earthquake
- children with damaged limbs as a result of the emergency
- children with visual impairments as a result of shrapnel
- children with hearing impairments from explosions
- children with head injuries- their communication and learning skills may be affected.

Children with other disabilities may include those with learning disabilities, and children with congenital (birth) defects.

Issues for children with disabilities:

- parents may need extra support after an emergency to care for the child. If they don't get extra support they may put the child into institutional care
- families with children with new disabilities may be unsure how they can cope
- children may be uncertain and worried about their future
- children who are not disabled themselves, but whose parents, brothers or sister are, may need additional support.

What to do:

- include the numbers of disabled children in assessments so that you know how many children there are
- encourage the families of children with disabilities to register them in any registration process
- ask parents and children what the extra needs of disabled children are and try to provide for them
- find out about local services and advocacy groups for children with disabilities (before the emergency)
- find out about local attitudes to disability and if any Information, Education and Communication (IEC) campaigns are likely to be needed
- prioritise the families of children with disabilities for shelter and water and sanitation support (children and their clothes may need more washing)
- consider providing extra blankets to children who are immobile or who have reduced movement

- provide referral to services which replace lost or damaged aids such as crutches, hearing aids, spectacles, wheelchairs after an emergency
- include children with disabilities into activities for children. If this is done quickly, even if it didn't happen before the emergency, there is a chance that children with disabilities will return to education later on
- encourage families of children with disabilities (especially those with new disabilities) to meet other families for mutual support.

How to include children with disabilities in activities:

- visit the families and children with disabilities
- find out what barriers there are to children's attendance and work to overcome them
- match each child with a buddy who goes to a child focused programme with them and keeps an eye on them during activities
- talk to parents of children without disabilities and promote the idea of inclusion
- have discussions with children about inclusion
- focus on what children can do rather than what they can't do
- modify activities where necessary
- if there are great barriers to children's attendance at activities, consider bringing the activities to the children through a toy box, or games played at the children's tent/ home with a small number of other children
- train volunteers and community mobilisers about inclusive activities and approaches.

Later on:

- promote access to education for all children including those with disabilities
- promote building design which is disability sensitive
- promote housing design which takes into account individual needs
- encourage teacher training in disability issues.

See the ability in disability.

5.4 A Gender Perspective of Children in Emergencies

It is very important to understand the society's/culture's perception of both children and gender before trying to design or implement programmes.

QUESTION	IMPACT ON PROGRAMMING
In the society/culture, what age is a child considered to be? Does this differ by gender?	<p>Children of a certain age may be expected to be in work or carrying out household tasks, rather than taking part in what the community perceives as activities for younger children (play, sports, education).</p> <p>Design programmes which incorporate socially useful tasks for all children, especially older ones, so that the community can see the benefit of all children being involved.</p> <p>Offer activities at different times so that children who work can still take part.</p> <p>Encourage small groups of girls to meet together in each other's tents/homes if this is the only way they can meet. Provide resources for this.</p>
Do boys and girls attend school together?	If separate education is the norm, talk to parents and children to find out if separate activities for boys and girls should be arranged.
Up to what age can children play together?	<p>If younger children normally play together, their activities can be mixed.</p> <p>It's important to find out at what age this no longer becomes appropriate for both genders.</p>
What are boys' and girls' traditional pastimes and activities?	<p>Incorporate these into programmes.</p> <p>Don't assume that all boys play football and all girls sew.</p> <p>Are there local traditional games which need little or no equipment and which can be incorporated?</p>
What is the role of the parent? Which parent is considered the disciplinarian?	<p>This is important to know when having contact with parents.</p> <p>Do parents share responsibility equally?</p> <p>Who makes decisions such as letting the child participate in activities?</p>
Where do girls/boys feel safe? Where do they not feel safe?	<p>Help them communicate this to camp managers, and take appropriate action.</p> <p>Work with children to look at making the environment safer, and what to do if you feel unsafe.</p>
What hygiene supplies are used by girls (disposable or washable)?	Provide appropriate materials and discreet washing facilities if necessary.
Who normally explains puberty to children? mother, aunt, teacher.	Watch out for girls whose mothers have died and help them identify positive females for relationships.

5.5 Water and Sanitation for Children in Emergencies

The health of children is critical in an emergencies. Well designed Water and Sanitation programmes ensure children's needs are addressed.

EMERGENCY SITUATIONS:

	ACTION NEEDED	ACTION TAKEN
latrines/ toilets suitable for children nearby		
children taught how to use pit latrines (if necessary)		
bottom washing/wiping facility available (as culturally appropriate)		
hand washing (water and soap/ashes)		
children taught what water is safe to drink and what isn't		
children taught about not playing in water tanks		
children taught about dipping cups		

SUGGESTIONS:

	ACTION NEEDED	ACTION TAKEN
use a large water storage container on a stand (made of bricks or wooden pallets) for hand-washing		
tie the soap to a rope to stop it falling on the floor and getting dirty		
dig a drainage channel away from the large water storage container		
make someone responsible for ensuring the water container is filled when activities are running		

DRINKING WATER:

	ACTION NEEDED	ACTION TAKEN
drinking water is provided during sessions for children		

In non-emergency situations, the promotion of good hygiene practices prepares children for disaster situations.

NON- EMERGENCY SITUATION:

	ACTION NEEDED	ACTION TAKEN
latrines/ toilets as part of the facility or next to it		
separate facilities for boys and girls if possible		
children taught good toilet habits		
latrines/ toilets clean		
bottom washing/wiping facility available (as culturally appropriate)		
hand-washing (water and soap, drying if possible)		

DRINKING WATER:

	ACTION NEEDED	ACTION TAKEN
drinking water is provided during sessions for children		

[See Sphere standards for more details on type, quantity and other details on watsan shelter]

CASE STUDIES
 Toilets constructed after a disaster had doors which didn't fit properly. As a result, girls were reluctant to use them as they feared boys and men could see through the gap.



5.6 Food Aid for Children in Emergencies

Food aid is often used in emergencies. Used well, it can help protect children
Used poorly, it can endanger them.

1. What difference does child protection make to food aid programming?³

OBJECTIVE	DESIGN FEATURES WITHOUT CP LENS	DESIGN FEATURES WITH CP LENS
	Livelihood support	
Income generation and micro-credit	Targeted at business owners who want to expand	
Food for work	Self-targeting	Assets should be community-owned and or targeted at the most vulnerable (construction of homes for widow-headed households, Children Headed Households).
	Human capital development	Addresses child labour issues
		Provides day-care for carers wanting to participate.
Food for training	Often limited to training volunteers	For teachers, health workers and community volunteers
	Volunteering not seen as essential	Recognition of the key role in volunteers in many communities.
	Training in vocational skills	Skills training based on labour market analysis rather than analysis of existing skills Skills training targets the most economically vulnerable (Children Headed Households, children leaving public care, Orphans and Vulnerable Children).
Food for education	Extra take home ration given to girls	Especially vulnerable groups receive take home rations
	Vulnerable group support	This may be girls, OVC, CHHs.
Food for health (to reduce Mother to Child Transmission and improve women's health)	Supplementary feeding for pregnant and lactating mothers for nutrition	Supplementary feeding to improve nutrition and reduce MTCT Support to transition to replacement feeding post six months Antenatal care for women Promotion of breast-feeding in camps/ IDP centres through provision of quiet areas with baby supplies and possibly food.

OBJECTIVE	DESIGN FEATURES WITHOUT CP LENS	DESIGN FEATURES WITH CP LENS
Food for care	Emergency food response only (to HIV/ AIDS OVC for example)	<p>Food as incentive to carers and OVC home visitors</p> <p>Food to CHH</p> <p>Part of a holistic response to families and communities affected by HIV/AIDS including home visitors for vulnerable families.</p>
	Emergency response	
Food for life	<ul style="list-style-type: none"> • Limited to emergency relief distribution • Characterised by food response • Limited attention to children • Few partnerships with other organisations • No attention to watsan shelter or other issues. 	<p>Part of integrated response with other agencies to ensure the needs of the population are met in a holistic manner and advocacy activities are undertaken</p> <p>Specific assessment undertaken of the situation of children, focusing on resilience and key rights abuses</p> <p>Response includes specific elements of child focused programming and cross-sectoral inclusion of child protection</p> <p>Promotion of exclusive breast-feeding for first six months</p> <p>No supply of infant formula without consultation with UNICEF.</p>

³ Adapted from *What difference does HIV/AIDS make to food aid programming*, page 12

Non-School Feeding Programmes

3. Reviewing food aid programmes through a child protection lens.

QUESTIONS	YES/NO	COMMENTS
Does the proposal analyse the potential mobility created by a food distribution programme (which in turn could lead to greater separation of children, more sexual abuse/use of commercial sex workers, as men travel away from their families more)?		
Does the proposal contain action to address such migration issues?		
Does the proposal address potential child labour issues (esp. food for work)?		
Does the proposal address day care issues for carers who want to participate in FFW programmes?		
How do child-headed households access food?		
What steps does the programme take to address stigma and discrimination against child beneficiaries?		
How does the programme involve children?		
How does the programme address child gender disparity issues?		
What steps are taken to ensure that households with foster children receive sufficient food?		
Has a nutritional survey been carried out including disaggregation by age and gender, and including micronutrient deficiencies?		
Do families have safe access to the facilities to prepare food (fuel, stove, utensils)? If not, what steps are being taken to provide them before the programme starts?		
Is the food provided culturally appropriate and palatable?		
If meals are to be centrally provided (e.g. at schools or other institutions) what steps are being taken to ensure that local rituals and culture can be followed?		
If wet-feeding is a part of the programme, what steps will be taken to prevent abandonment of children at feeding centres?		
If mass food distributions are planned, what steps will be taken to prevent the separation of children from their parents at such distributions?		

School Feeding Programmes

3. Criteria for evaluating programme proposals for school feeding programmes¹

One of the most common programmes used is school feeding, where children or families receive food at school.

TARGETING:

	ACTION NEEDED	ACTION TAKEN
the programme targets areas with relatively low school enrolment and attendance rates		
the programme is targeted to areas/communities with relative low rates of literacy		
the programme is targeted to areas with significant gender differences in enrolment and attendance		
non-school attending children are targeted specifically		

LEARNING ENVIRONMENT:

	ACTION NEEDED	ACTION TAKEN
the proposal includes an assessment of current teacher numbers		
the programme includes provision for an increase in teacher numbers if student numbers/attendance are predicted to rise		
the programme includes an assessment of current school facilities (condition of building, furniture, and consumable supplies)		
the programme includes provision for an increase in supply of furniture and consumable supplies if necessary		
the programme assesses the current textbooks and teaching materials available		
the programme addresses any shortfalls in textbooks and teaching materials		
the programme assesses the quality of education currently provided and training opportunities available		
a teacher-training component addresses any quality education issues and promotes inclusive education		



¹ Adapted from US GOA's table in *Global Food for Education Initiative faces challenges for successful implementation*.
Table 1: Presence or Absence of Key Factors in USDA's Request for Proposals and in Written Criteria for Evaluating Proposals.

HEALTH AND NUTRITION:

	ACTION NEEDED	ACTION TAKEN
the proposal assesses the water and sanitation facilities		
the programme addresses any deficiencies in the water and sanitation facilities		
the proposal contains a nutritional assessment of the school age population, including the micronutrient status		
the programme contains activities to address micronutrient needs, if assessment indicates this is needed		
the proposal assesses the need for health and nutrition education		
the programme addresses any needs for health and nutrition education		
the programme describes the nutritional content of proposed food and how it meets the assessed nutritional needs of the school age population		

COMMUNITY PARTICIPATION:

	ACTION NEEDED	ACTION TAKEN
the proposal describes assessment activities undertaken with the community including parents, teachers and children		
the programme contains specific activities to involve parents and children ² in the programme		
the programme contains activities to involve the wider local community in the programme		

GOVERNMENT/LOCAL AUTHORITY COMMITMENT:

	ACTION NEEDED	ACTION TAKEN
the proposal discusses how this programme fits with government education and nutrition activities		
the proposal discusses how this programme is part of other school reform programmes and public policy initiatives		

² Involvement of children might include in the preparation, growing, or purchasing of the food. Parents might provide a financial contribution, fuel for cooking, and/or labour. The wider community might contribute cooking utensils.

SUSTAINABILITY:

	ACTION NEEDED	ACTION TAKEN
the proposal outlines the resources to be contributed by parents		
the proposal outlines the resources to be contributed by local communities		
the proposal outlines the resources to be contributed by national governments/ local authorities		
the proposal explains how the programme will either be phased out or become self-sustaining		

PROTECTION ISSUES:

	ACTION NEEDED	ACTION TAKEN
the proposal analyses current family meal consumption and how any proposed feeding programme will impact on this		
the programme addresses issues of potential stigmatisation of beneficiaries		
the proposal assesses the current state of hygiene education		
the programme includes a hygiene promotion element		
if assessment indicates this		
the programme, if it involves taking food home, addresses the protection risks for women and children carrying large quantities of food		
the proposal assesses the school uniform situation		
the programme ensures that families will be able to clothe their children appropriately for school. If neighbouring schools are not taking part in the SFP, the potential transfer of pupils from these schools to SFP schools has been analysed		
the programme contains action to ensure the continued quality and existence of neighbouring non-participating schools		

5.7 PROMOTING THE PROTECTION OF CHILDREN IN EMERGENCIES

Cross sectoral integration of children's issues

1. KEY POINTS

	VULNERABILITIES FOR CHILDREN	RISK FACTORS	REFERENCE MATERIALS WHICH WILL HELP WITH THIS:
EARLY WARNING AND PREPOSITIONING	planning for possible separation- making sure children know their names and addresses; find out local cultural considerations around clothing, toys etc; prepositioning of appropriate items for children; IDPPs include children's issues; get to know other key players (UNICEF, Save the Children, govt agencies)	If children know their names/ addresses it's quicker to trace their families after separation/ displacement; knowing all this info beforehand makes implementing the response easier; partnerships will be easier to develop	IDPP checklist; kit list
IN ASSESSMENT	separated & unaccompanied children; children of single parent households; children with disabilities; girls; boys; young mothers; children associated with armed forces/fighting groups; increased child labour; children in institutions; child headed households	pre-existing situations become worse in emergencies because of displacement; income loss forces families into poverty; risk of economic abandonment (placement in orphanages)	Rapid assessment forms
DESIGN	design needs to integrate children across all sectors, as well as provide separate programming where assessed	risk that children are only considered as a separate sector rather than integrated.	Cross sectoral checklists; Children in emergencies manual; quality standards in CFS and family visits
PROGRAMMING	children's issues to be integrated across all programmes	risk of separation occurring because of programming eg cash for work programmes when children are left at home as parents work; risk of child labour in cash for work programmes and our contracts	Cross sectoral checklists; Children in emergencies manual; quality standards in CFS and family visits

	VULNERABILITIES FOR CHILDREN	RISK FACTORS	REFERENCE MATERIALS WHICH WILL HELP WITH THIS:
NON-FOOD ITEMS (NFI)	young children get cold easily- include extra clothes and blankets; children can't carry big water carriers so use smaller ones; girls need sanitary protection; families of children with disabilities might need plastic sheeting (urinary incontinence)	risk of children's needs not being met if these issues not considered	Cross sectoral checklists; Children in emergencies manual
DISTRIBUTION	female headed households; families who have extra children staying with them because of emergency; child headed households	children get separated in large scale distributions; families need to have ration cards which cover all members of the household; child headed households might need special help to access distributions.	Cross sectoral checklists; Children in emergencies manual
HUMAN RESOURCES (HR)	Recruitment of people with backgrounds unsuitable for working with children; training for all staff in Child Protection; translation of local CP policy; behaviour protocols; support to recruit local staff with experience working with children as first criterion.	Unsuitable people get recruited leading to risk for children and the organisation; staff need training to understand CP and the documentation needs to be in place.	Cross sectoral checklists; Children in emergencies manual; CP in recruitment and screening CP orientation
MANAGEMENT	People focused programming needs attention. Quick recruitment of staff, adequate timing for training.	Risk of resources being pulled from children's programmes because they are people focused not quantifiable	Cross sectoral checklists; Children in emergencies manual

2. MANAGEMENT

	ISSUE	ACTION NEEDED	RESOURCES	KEY HELPERS
1	People focused programming needs attention. Quick recruitment of staff, adequate timing for training.	Risk of resources being pulled from children's programmes because they are people focused not quantifiable.	Cross sectoral checklists; JDs. Children in emergencies manual	HR
2	Child focused programming needs physical space	Support to access other departments	Strong arms to put up tents etc.	Engineers, construction, shelter
3	Time is needed for co-ordination meetings as well as assessment, programming, policy implementation	Ensure enough staff requested (at least 3 in a cat 3). Share information. Ensure that the right meetings are covered and documented.	Global register, regional advisors, WWI	WWI CiM
4	Awareness of CP Policy	translation into local language, produced on posters for display at distribution and at sites, training of all staff; need reporting mechanism and awareness within community of it	HR and CP. May already be translated. Training outlines, templates available.	WWI CiM; HR
5	Implementation of background checks	all staff have to have background checks/ references taken up. CP questions asked at interview.	HR and CP. Training outlines. templates available.	HR
6	CP policy for contractors	all contracts to include CP clauses and termination of contract if clauses infringed	Templates available	WWI CiM
7	Children are the focus of our work, not just a part of the programming.	ensure that staff designing programmes use the guides for each sector	Cross sectoral checklists; Children in emergencies manual	WWI CiM

3. DISTRIBUTION

	KEY VULNERABILITIES	REASONS	RESOURCES
DISTRIBUTION	female headed households; families who have extra children staying with them because of emergency; child headed households	children get separated in large scale distributions; families need to have ration cards which cover all members of the household; child headed households might need special help to access distributions.	Cross sectoral checklists; Children in emergencies manual; Sphere
		ACTION NEEDED	ACTION TAKEN
1	All members of household accounted for on ration card		
2	Members of household include those staying with the family		
3	Community monitoring mechanism includes monitoring for vulnerable groups		
4	All sectors of the community, including children, are involved in monitoring distributions		
5	Child headed households are visited to ensure that they are accessing aid and not being intimidated		
6	Distributions involve women both to plan and carry out		
7	Surveys are carried out before distribution to assess needs		
8	Female hygiene items are distributed directly to women and girls		
9	Ration cards are issued in the name of women		

		ACTION NEEDED	ACTION TAKEN
10	Child headed households are entitled to their own ration cards		
11	Reconstituted (non traditional) families or groups living together receive a fair allocation		
12	During distributions, children are not separated from their families.		
13	A megaphone is available to reunite families quickly		
14	A lost children point is established for large distributions		
15	Information about distributions is available in easy to read formats for child headed households and those with low literacy skills		
16	There is a procedure for the reunification of children who get separated during distributions		

4. HR

	HR	ISSUE	
SUMMARY	Recruitment of people with backgrounds unsuitable for working with children; training for all staff in Child Protection; translation of local CP policy; behaviour protocols; support to recruit local staff with experience working with children as first criterion.	Unsuitable people get recruited leading to risk for children and the organisation; staff need training to understand CP and the documentation needs to be in place.	
		ACTION TAKEN	ACTION NEEDED
1	There is a training plan for CP		
2	There are trainers for CP		
3	All staff are trained in CP		
4	Records are kept of attendance at CP training		
5	A clear statement is on all job adverts saying that we do not employ those whose background is unsuitable for working with vulnerable groups		
6	At interview, CP questions are asked and answers recorded		
7	JDs include responsibility to implement CP policy		
8	Contracts include CP compliance		
9	Contracts include non-compliance as reason for termination		
10	CP policy/ behaviour protocols is translated to local language		
11	Appropriate interactions form completed		
12	Every person into the area or country signs to say they have received CP policy and appropriate interactions		
13	Hiring of CP staff: priority is those with experience working with children, not language skills.		

5. ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH		ACTION NEEDED	ACTION TAKEN
1	Average family size has been surveyed and appropriate numbers of latrines and washing facilities planned		
2	Women's and children's views on design and safety aspects (where they do/ don't feel safe) have been sought and taken into account in design of latrines, washing facilities and waste disposal areas		
3	Community committee is functioning and represents the whole community including children and is consulted on environmental health issues		
4	Education programmes on environmental health is in place		
5	Any contracts have included WV's behaviour protocols and the IASC core principles		
6	The community knows how to report any infringements of BP/ IASC		
7	Posters promoting Code of Conduct are displayed in local language		
8	Sanitary provision takes into account women's and children's need for safety and privacy		
9	Any communal/ shared toilets have locks which can be opened from the outside		
10	Facilities for the washing/ disposal of female hygiene protection are in place and information has been given to women. The facilities provide a discrete place for washing and drying intimate items.		
11	Women have been consulted about female hygiene protection (disposable or washable) so that plans are appropriate		
12	Local bottom washing practices (washers or wipers) have been accounted for in planning		
13	In bottom washing communities, suitable receptacles are provided		
14	Arrangements have been made for trash/ rubbish collection with a local agency/ municipal authorities		

ENVIRONMENTAL HEALTH		ACTION NEEDED	ACTION TAKEN
15	Communities know if the water is safe to drink		
16	If the water is not safe to drink, there is an IEC programme to explain what must be done to the water (iodine/ boiling/ filtering)		
17	Where iodine or chemicals for water purification are provided, an IEC programme specifically targets children to avoid poisoning		
18	Where chemicals are provided they are clearly labelled in the local language and in pictorial form as poisonous, and the community knows what to do if they are ingested.		
19	Infants' diaper/ nappy situation has been researched and arrangements have been made for safe disposal of faecal matter		
20	Carers know where to dispose of faecal matter/ soiled nappies etc		
21	Responsibilities for cleaning of communal areas have been agreed with the community committee (and local authorities if applicable)		
22	There is an information point at the settlement and clear responsibility for looking after it and updating it		
23	Communal sanitation facilities are well lit		
24	There is a system for cleaning communal sanitation facilities		
25	There is a designated safe space for children to play, with equipment if possible		
26	Any playground equipment is well maintained and someone specifically checks it every day, reporting damage to a designated person		
27	The needs and wishes of vulnerable groups such as child headed households, households with disabled people, widows, and elderly people have been taken into account in planning and design of water and sanitation		

ENVIRONMENTAL HEALTH		ACTION NEEDED	ACTION TAKEN
28	The height of basins and water points takes into account the different sizes of people using them		
29	Where water has to be carried, suitable carriers which women and children can use are provided		
30	Floor plates in latrines, and latrines themselves, are appropriately sized for children		
31	Grab handles are placed in latrines for children who find it hard to balance, and also elderly/ disabled		
32	Chain flushes are long enough for children to reach		
33	In situations where previously running water was available, but now wells or tankers are used, an IEC campaign explains the hazards round dirty buckets being placed in tanks etc		
34	Showers/ baths have extra privacy (secondary enclosures if necessary) for women		
35	Men and women have separate shower and latrine facilities		
36	More latrines are provided for women as children also use them		
37	Laundry facilities are provided		
38	Latrine use is promoted, especially in communities where latrines are new		
39	area for collection of trash/ rubbish		
40	Soap is provided regularly, in dishes if necessary (because it's slippery when wet and if dropped gets dirty)		
41	Families have receptacles for household rubbish disposal and arrangements for collection of them		
42	Communal areas have garbage/ trash cans and arrangements are in place for emptying		
43	Where recycling is possible, separate receptacles are provided		
44	Plastic bags are not used to supply NFIs (risk of suffocation by small children)		
45	Water tanks are always covered		

6. WATER AND SANITATION

WATSAN		ACTION NEEDED	ACTION TAKEN
1	Average family size has been surveyed and appropriate numbers of latrines and washing facilities planned		
2	Women's and children's views on design and safety aspects (where they do/ don't feel safe) have been sought and taken into account in design of latrines and washing facilities		
3	Community committee is functioning and represents the whole community including children and is consulted on watsan issues		
4	Safety aspects such as fire risk have been planned into water and sanitation programmes		
5	Education programmes on water and sanitation issues is in place		
6	The community is involved in construction of water and sanitation facilities		
7	Steps have been taken to avoid exploitative child labour in watsan construction and site preparation		
8	Any contracts have included WV's behaviour protocols and the IASC core principles		
9	The community knows how to report any infringements of BP/ IASC		
10	Posters promoting Code of Conduct are displayed in local language		
11	Sanitary provision takes into account women's and children's need for safety and privacy		
12	Any communal/ shared toilets have locks which can be opened from the outside		
13	Facilities for the washing/ disposal of female hygiene protection are in place and information has been given to women. The facilities provide a discrete place for washing and drying intimate items.		
14	Women have been consulted about female hygiene protection (disposable or washable) so that plans are appropriate		
15	Local bottom washing practices (washers or wipers) have been accounted for in planning		

WATSAN		ACTION NEEDED	ACTION TAKEN
16	In bottom washing communities, suitable receptacles are provided		
17	Arrangements have been made for trash/ rubbish collection with a local agency/ municipal authorities		
18	Communities know if the water is safe to drink		
19	If the water is not safe to drink, there is an IEC programme to explain what must be done to the water (iodine/ boiling/ filtering)		
20	Where iodine or chemicals for water purification are provided, an IEC programme specifically targets children to avoid poisoning		
21	Where chemicals are provided they are clearly labelled in the local language and in pictorial form as poisonous, and the community knows what to do if they are ingested.		
22	Infants' diaper/ nappy situation has been researched and arrangements have been made for safe disposal of faecal matter		
23	Carers know where to dispose of faecal matter/ soiled nappies etc		
24	Responsibilities for cleaning of communal areas have been agreed with the community committee (and local authorities if applicable)		
25	There is an information point at the settlement and clear responsibility for looking after it and updating it		
26	Communal sanitation facilities are well lit		
27	There is a system for cleaning communal sanitation facilities		
28	The needs and wishes of vulnerable groups such as child headed households, households with disabled people, widows, and elderly people have been taken into account in planning and design of water and sanitation		
29	The height of basins and water points takes into account the different sizes of people using them		

WATSAN		ACTION NEEDED	ACTION TAKEN
30	Where water has to be carried, suitable carriers which women and children can use are provided		
31	Floor plates in latrines, and latrines themselves, are appropriately sized for children		
32	Grab handles are placed in latrines for children who find it hard to balance, and also elderly/ disabled		
33	Chain flushes are long enough for children to reach		
34	In situations where previously running water was available, but now wells or tankers are used, an IEC campaign explains the hazards round dirty buckets being placed in tanks etc		
35	Showers/ baths have extra privacy (secondary enclosures if necessary) for women		
36	Men and women have separate shower and latrine facilities		
37	More latrines are provided for women as children also use them		
38	Laundry facilities are provided		
39	Latrine use is promoted, especially in communities where latrines are new		
40	Children understand that water is a valuable resource. If there is water which can be used in play, this is clearly indicated		
41	Water carriers which children and women can carry are supplied		
42	Water tanks are covered all the time		

7. HEALTH

HEALTH		ACTION NEEDED	ACTION TAKEN
1	Minimal Initial Service Package (MISP) is in place		
2	An assessment of the health situation has looked at the specific needs of children		
3	Adolescents have access to reproductive health services		
4	Adolescents have access to outreach services for general health		
5	The situation of vaccinations in country is known about		
6	Cold chain storage is available where necessary (drugs and vaccines)		
7	Breastfeeding is promoted		
8	Infant milk formula is not provided except in partnership with UNICEF under the guidelines		
9	Local mental health coping mechanisms have been identified and planned into programmes		
10	Children who are admitted to clinics and hospitals are tagged with their name		
11	Children who are admitted to clinics and hospitals have a parent or carer with them		
12	Mental health programmes focus on integration and promotion of resilience rather than trauma		
13	Mental health referral services identified		
14	Local medical practices for children have been identified		
15	First kits and appropriate training are provided to groups and institutions		
16	Support groups for mothers are available		
17	Services for victims of gender based violence have been identified and referral mechanisms are in place		



8. NON-FOOD ITEMS (NFIS)

NFIS		ACTION NEEDED	ACTION TAKEN
1	Distributions involve women both to plan and carry out		
2	All sectors of the community, including children, are involved in monitoring distributions		
3	Surveys are carried out before distribution to assess needs		
4	The specific needs of women and children have been assessed		
5	Ration cards are issued in the name of women		
6	Child headed households are entitled to their own ration cards		
7	Reconstituted (non traditional) families or groups living together receive a fair allocation		
8	NFIs reflect the cultures and traditions of the local population		
9	Appropriate sanitary/ female hygiene protection is supplied		
10	Appropriate diaper/ nappy provision is made		
11	Soap is supplied regularly		
12	Laundry soap is supplied		
13	Buckets are provided for laundry soaking		
14	Materials for bottom washing/ wiping are provided		
15	Shawls/ head coverings are provided where appropriate		
16	Provision is made for support of material / spiritual needs, in partnership with other orgs if necessary (eg provision of bibles, rosaries, korans, prayer mats, incense)		
17	School attendance is supported through provision of uniforms (if necessary) to schools for further distribution (not to individuals)		
18	School materials are provided		
19	Water carriers which children and women can carry are supplied		
20	Extra blankets are provided in cooler climates for children and the elderly		
21	Culturally appropriate bedding (mats, mattresses) are provided		
22	Fire risks and child safety issues are taken into account in supplying stoves		
23	Protection issues are taken into account for fuel collection/ supply		
24	Infant bottles are not supplied- cups and feeding spoons are		

9. FOOD

FOOD		ACTION NEEDED	ACTION TAKEN
1	Infant milk formula is not provided except in partnership with UNICEF under the guidelines		
2	A nutritional survey has been undertaken before any food intervention is planned		
3	Local cultural practices have been identified		
4	Local food habits (staples, protein sources etc) have been identified		
5	School feeding programmes do not damage local cultural practices		
6	Community are involved in school feeding programmes		
7	Children are involved in school feeding programmes		
8	Children who cannot attend school for whatever reason are still able to access a balanced diet		
9	Children do not have to carry home large/ heavy food packages when food incentives are used		
10	Food supplied is nutritious		
11	Nutritional status of beneficiaries is monitored on an ongoing basis		
12	Breastfeeding is promoted		
13	Infant milk formula is not provided except in partnership with UNICEF under the guidelines		
14	Community knows when food distributions will take place and what will be supplied		
15	Dry feeding is the priority		
16	Food supplied takes into account the amount of fuel needed to cook it		
17	IEC programmes target primary carers for info on healthy nutritious meals		
18	Local cultural rituals (eg tea drinking) are reflected in supply of food		
19	Co-ordination with NFI staff to ensure supply of cooking utensils		
20	Feeding programmes have at least one social worker allocated to prevent separation		
21	Children in wet feeding programmes have name tags		

10. SHELTER

SHELTER		ACTION NEEDED	ACTION TAKEN
1	Average family size has been surveyed and appropriately sized housing planned		
2	Consultation with whole community, including separate groups by gender and for children has been held to plan settlement		
3	Women's and children's views on design and safety aspects (where they do/ don't feel safe) have been sought and taken into account		
4	Community committee is functioning and represents the whole community including children		
5	Safety aspects such as fire risk have been planned into shelter design		
6	Education programmes on reducing fire risk have been planned		
7	The community is involved in construction of shelter and site preparation		
8	Steps have been taken to avoid exploitative child labour in shelter construction and site preparation		
9	Any contracts have included WV's behaviour protocols and the IASC core principles		
10	The community knows how to report any infringements of BP/ IASC		
11	Posters promoting Code of Conduct are displayed in local language		
12	Sanitary provision takes into account women's and children's need for safety and privacy		
13	Any communal/ shared toilets have locks which can be opened from the outside		
14	Individual shelters are provided with cooking facilities		
15	Arrangements have been made for trash/ rubbish collection with a local agency/ municipal authorities		
16	Communities know if the water is safe to drink		

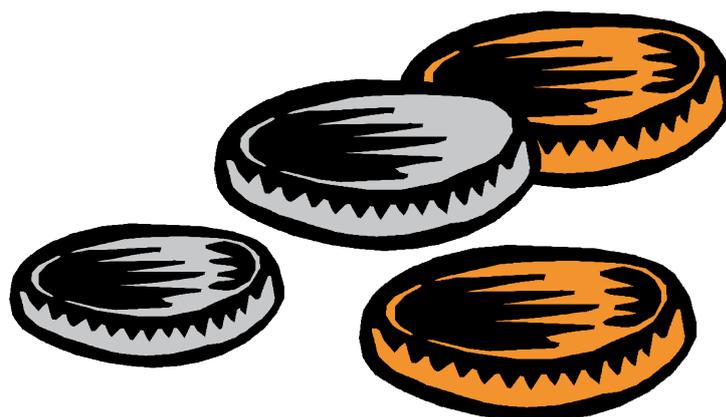
SHELTER		ACTION NEEDED	ACTION TAKEN
17	If the water is not safe to drink, there is an IEC programme to explain what must be done to the water (iodine/ boiling/ filtering)		
18	Responsibilities for cleaning of communal areas have been agreed with the community committee (and local authorities if applicable)		
19	There is an information point at the settlement and clear responsibility for looking after it and updating it		
20	Communal sanitation facilities are well lit		
21	There is a system for cleaning communal sanitation facilities		
22	There is a designated safe space for children to play, with equipment if possible		
23	Any playground equipment is well maintained and someone specifically checks it every day, reporting damage to a designated person		
24	The needs and wishes of vulnerable groups such as child headed households, households with disabled people, widows, and elderly people have been taken into account in planning and design of settlements		
25	Where tents are used, larger families can have 2 or larger tents		
26	Community committees develop a security system where that provided locally by authorities is inadequate		
27	Where possible, entrances to shelters face away from each other to allow for privacy		
28	Shelter design takes into account local preferences for cooking, sleeping and eating- number of separate spaces. Room dividers (eg curtains) are provided if necessary.		
29	Shelter design takes into account local environmental health issues (see separate sheet)		

11. SCHOOL CONSTRUCTION

SCHOOL CONSTRUCTION		ACTION NEEDED	ACTION TAKEN
1	The community are involved in design of school		
2	Children are involved in the design of the school		
3	School has place for parents to meet		
4	A library is accessible out of hours		
5	Classroom design supports good acoustics		
6	The needs of children with special needs are taken into account		
7	At least one male and one female toilet are wheelchair accessible		
8	Toilet doors have locks which can be opened from the outside		
9	A drinking water supply is available in the school		
10	Heights of basins are appropriate for the age of the children		
11	There is a play area which can be used out of hours		
12	If possible the play area has safety materials (rubberised floor)		
13	Any slides etc have a maintenance schedule		
14	Natural light and natural cooling systems are used as much as possible		
15	Provision for computers etc takes into account local electricity supply		
16	Construction of kitchens does not take away from local cultural practices eg of a family meal in late afternoon		
17	School is designed as a community resource as well as a place of learning		
18	Corridors are wide enough for wheelchair users		
19	Fire exits are clearly marked and not locked		
20	A community room is available- for use for example by pre-school group		
21	Any machinery/ tools are kept securely when not in use		
22	Water tanks are covered all the time		

12. ECONOMIC RECOVERY

ECONOMIC RECOVERY		ACTION NEEDED	ACTION TAKEN
1	An assessment has researched children's contributions to household economy and their views		
2	Cash for work programmes do not include children under the legal age for employment		
3	The age at which work is legal for children is known		
4	The impact on children of cash for work programmes is monitored regularly		
5	Micro credit staff have training in CP and know what to do if they have concerns when visiting a family		
6	IEC programmes attached to micro credit programmes promote children's education		
7	There is a clear definition in country of exploitative child labour		
8	Cash payments are conditional on education, health and other programmes		



6. SEPARATED AND UNACCOMPANIED CHILDREN - PREVENTION, TRACING AND REUNIFICATION

6. SEPARATED AND UNACCOMPANIED CHILDREN - PREVENTION, TRACING AND REUNIFICATION

6.1 Tracing/Prevention of Separation

This section looks at the immediate actions to take to prevent separation, to care for children who are separated, and immediate tracing steps. It does not cover the details of a full-scale tracing programme. For this, detailed manuals are available (see Bibliography).

Separated children are persons under the age of 18 who are separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. Separated Children include both unaccompanied and accompanied children (see below).

Unaccompanied children (also called unaccompanied minors) are children who have been separated from both parents and other relatives, and are not being cared for by any adult who, by law or custom, is responsible for doing so.

Accompanied children are children who have been separated from both parents but are being cared for by an adult who is either a close or distant relative, or who by law or custom is responsible for the child's care.

The Inter-Agency Guiding Principles on Unaccompanied and Separated Children

These were finally agreed in April 2003. Work by the ICRC, UNICEF, UNHCR, IRC, SCUUK and WWI on them began in 1995.

Children separated from parents and families are often among the most vulnerable to abuse, neglect and exploitation. Their very lives may be at risk.

The principles aim to ensure that all actions and decisions concerning separated children are anchored in a protection framework and respect the principles of family unity and the best interests of the child.

They lay out guidelines on:

- preserving family unity
- tracing and family reunification
- care arrangements
- durable arrangements where it is not possible to reunite children with their own families
- special issues relating to refugee children.

(www.agoodplacetostart.org).

There are simple steps which should be taken to prevent separation in times of emergency.

Separation can be accidental, forced or involuntary.

1. The priority in tracing family should be the youngest children with the least language skills.
2. Identification of separated children: public buildings (hospitals, schools, prisons, police stations), churches, mosques, monasteries.
3. People who can help identify separated children; professionals who work for/with children (social workers, nurses, teachers), professionals who come across children in their job (police, government officials, religious leaders), the wider community, e.g. market traders who notice the same children hanging round looking hungry and poorly clothed, camp managers, mothers, and other children.
4. Risks of identifying separated children and establishing care arrangements might cease as people assume the children will be better off in an institution. Carers might assume that they will get assistance once it is known they are fostering a child.
5. Children who are identified should be registered and their details documented.
6. World Vision's policy on children without parental care supports community-based programmes for the care of children, rather than institutionalisation.

¹ Much of this section is extracted from the IRC Manual on Tracing for Under 5s.

² Inter-agency Guiding Principles on Unaccompanied and Separated Children, Geneva, 2003, p. 7.

The Inter-Agency standard form can be adapted to local needs in partnership with other agencies (see p83-86 for form).

Steps to prevent separation and loss of identity:

1. Prevent separation and loss of identity before and during disasters (floods, earthquakes, mass population movements)
2. Prevent abandonment to institutions and support those at risk of placing children in institutions
3. Train communities and CBO/ NGO staff in prevention of separation as part of emergency preparedness.

Prevent separation and loss of identity before and during disasters (floods, earthquakes, mass population movements):

1. Recent experience has shown that institutions, including hospitals may be the deliberate targets of attacks and thus children in residential settings may be more vulnerable than if they were with their families. Institutions may also evacuate the children to distant locations, including across borders, without proper documentation, making family reunification in the future problematic or impossible.
2. Conduct mass information campaign through the media, community, refugee camps, gatherings, churches, and so on, about ways to prepare a stock of items needed in an emergency (see section on emergency preparedness planning) and store these in accessible places.
3. Hold rehearsals or drills for emergencies so that everyone knows what to do. If there is warning that displacement may occur, give parents identity tags to attach on clothes, wear as bracelets or necklaces and then rehearse with them when and how to put them on their children.
4. Encourage parents to teach their children their family name and address [of origin]. Even small children can learn two words: family name and the name of their village or town. This can be taught in a simple song or verse to a young child and repeated daily. If a long walk is anticipated, give parents light ropes to place around their wrists and the wrists of their small children.
5. Encourage parents to take home their institutionalised children to prevent separation and loss of identity.
6. Educate families and communities about the importance of immediately registering a child found alone with the ICRC, UNHCR/UNICEF or the relevant NGO, depending on which of these organisations are on the scene.
7. Inform adults on the move about ways to prevent family separation and whom to notify if they lose their child (use loudspeakers and flyers).
8. Instruct staff loading buses/lorries/convoys not to separate families into different vehicles or groups.
9. Instruct transportation/movement staff to be prepared to register young children on the spot as they board the trucks if this has not been done ahead of time. (Give staff loudspeakers and registration forms, or at a minimum, paper and pens).
10. Tell all emergency staff that unless there is imminent danger, they should never move a baby or young child found alone away from where the child is before first inquiring of the people in the vicinity whether they know the child or the group the child was with.
11. This may be the only chance for the child to regain his/her identity, making family reunification possible later on. This may be particularly distressing following a natural disaster such as an earthquake, but the immediate distress of the child remaining where s/he is will be less than the distress of being separated from family long term.
12. Make sure that hospital staff are trained in and take down full documentation, names and addresses, with maps of parents' location if the family is in a settlement or camp for displaced or refugee population. Provide hospitals with ID tags.

Prevent abandonment to institutions and support those at risk of placing children in institutions:

Separation may also occur intentionally when families take their children to orphanages, abandon them in a hospital or a feeding centre or give them to others for care because:

1. They are anxious about the future and worry that they cannot protect their children.
2. Parents are either too old, too ill, or in poor emotional health to continue caring for their children without any outside help.

3. A mother head of household does not have enough food, water, shelter, fuel and other basic amenities for her children.
4. They have one or more sick or handicapped children whose special needs drain the family's resources.
5. A father who lost his wife does not know how to care for his children or where to find milk for an infant child.

Action:

Identify vulnerable families, for example by:

1. Interviewing new arrivals at a registration site, border crossing, feeding station or hospital.
2. Asking women, community leaders and other local organisations to identify families at risk.
3. Conducting house-to-house surveys or adding a question to other surveys done by others.
4. Working with hospitals to identify new vulnerable mothers at risk of abandoning their infants.

Find ways to provide support to those identified as being at risk. For example:

1. Work with UN and other relief agencies to ensure that families receive their entitled rations.
2. Ensure that separated children in foster families are registered and receiving their food and other entitlements.
3. Refer vulnerable families to agencies or associations providing additional services for such people, or if needed, begin relevant assistance programmes: for example mothers' support groups, drop-in care for toddlers to relieve mothers a few hours a day, enrolling youth in community projects building shelters for women-headed households, and so on.
4. Find wet nurses for motherless infants and give other childcare support to single father headed household.

Train communities and CBO/NGO staff in prevention of separation as part of emergency preparedness:

Training of NGO and community leaders should include if possible, measures that can be taken before the population moves to prevent family separation and safeguard children's identity (see above)

Measures that can be taken when people are on the move or after an attack:

1. Position team members at specific places along the road where separations are likely to occur.
2. Distribute identification tags or bracelets for small children if they don't have any and help families write the necessary information on them.
3. Look out for potential separations and identify and immediately register newly separated children. Separated children who are immediately identified can often be reunified with their families very quickly.
4. Set up a lost children booth where children and parents can go for emergency care registration and tracing.
5. Take photos of lost children to display along the road.
6. Use a megaphone to announce lost children.
7. Give out messages reminding adults to keep the family together. These messages should be agreed within the team and with other agencies. It is important that everyone is given the same messages, as otherwise there might be misunderstanding that could result in more separations. Messages should not be delivered in a way that might encourage families or carers to give up their children, such as messages which give the impression that separated children may get special services. The messages can be given by megaphone, either by team members at specific sites or by mobile teams. If possible, they should also be broadcast over the radio.

Action by drivers transporting affected people:

1. Make sure families are together in the trucks and wait for missing children.
2. Distribute identification tags and help parents write young children their identity if necessary.
3. Refer separated children to agencies working with separated children.

Action by medical personnel:

1. Ensure that pre-printed registration forms are available at all health/nutrition stations.
2. Make sure that health personnel are sensitised in the importance of taking down full documentation as soon as child is admitted, as well as current address complete with a map of location if no formal addresses exist.

Immediate tracing:

1. In the case of babies and young children, registration and beginning tracing exercises are actually done simultaneously.
2. Talk to surrounding community members as soon as the child is identified to find out where the child may be from and what may have happened to his/her people. Did fighting occur in one area that forced people to flee in a certain direction or location? Did a village or group of people move from one location to another and if so, where were they going?
3. Show the child to people in the immediate area before more movements occur to see if anyone recognises or remembers anything about the child or with whom s/he was. Show the child to other children and in other locations where children or adults have gathered.
4. Do not throw away the clothing of the child or any other possessions. It can be washed and placed in a bag. This is needed for subsequent verification of family ties and successful family reunification.
5. Photograph the child's clothing and other possessions or write down a description of everything that is with the child (clothes, bracelets, necklaces, toys, etc.).
6. If at all possible, do not move children from the area where they are found.
7. If the child is not with the person who found him/her at the time of separation, it is necessary to try to find that person. You may have to keep trying and go from caregiver to caregiver until the one who first took the child in or cared for the child in a children's centre is found. Ideally this person should have valuable information.
8. Help parents quickly search for lost children in the immediate area.

Registering and documenting a separated child:

1. Give each child a registration number.
2. Use the agreed interagency form.
3. Children should be both registered individually on their own Registration Forms and entered one by one in a registration book.

Photographing children:

1. Taking a photograph of children is also part of the registration process. Babies and very young separated children must be photographed as a matter of priority over older separated children. Early on a photograph is often their only identity and the proof of their existence. Babies and young children grow up and change physically but if photographs are taken soon after separation, they have a chance of being recognised later by parents, other family members or friends of the family.
2. Any camera will do, but plan carefully how you will reproduce the photographs in sufficient numbers for tracing purposes.
3. Use a Polaroid camera for immediate use. Staple a photo onto the child's Registration Form for immediate tracing in cases when people are on the move and able to view photographs as they go.
4. It is best to use a digital camera because it enables a large number of reproductions of all sizes and at very little cost.
5. Obtain a printer. Colour reproductions are better but expensive; black and white prints are fine if large enough.
6. Prepare a small board (white board or large cardboard) and write the child's registration number on it in big letters. Under the number, write the location of the child in a code* and any other information you think is necessary.
7. If possible, do a trial run before photographing a large number of children to be sure the registration number is enlarged and dark enough to be visible on the printed photos.
8. The number must correspond to the registration number of the child on his/her registration form.
9. Sit the child on a chair and have him/her hold the signboard with the registration number in front at the level of the chest. The child's caregivers or foster parents should hold infants and signboards (see photo below).
10. Place a plain background behind the child such as a light-coloured cloth or a blank wall. If there are patterns in back of the child, such as a window or leaves of a tree, it will be more difficult to recognize the child in the photo.

11. Always take the photo with a flash even if photographing takes place outside.
12. If you photograph outside, eliminate shadows and bright light by making a small tent over the child with a white sheet or thin cloth (see photo below). If this is not possible, take the photo in a shady place.
13. Photograph the child only from the chest up to ensure the face is visible. Make sure the whole face and the number are included.
14. Place the camera on a tripod about 1 metre (3 feet) from the child.
15. Ask the child to look straight at you. Do what you can with babies.
16. Write the name of the child on the back of the photo (if it is instantly developed) or keep a careful record of this information to match each negative.
17. Take two photographs so that you have one to place immediately in the registration book and one to use for tracing, either immediately or at a later stage (see tracing with photographs, below).

** Code of location may be needed to protect the child. Use a letter or number code that only you or your agency recognise.*

Group care of children:

World Vision does not support placing separated or unaccompanied children in institutions (orphanages). Community-based alternatives such as extended family care and fostering should be used wherever possible. Older children may be able to live in small groups with adult support.

Emergency preparedness:

In an emergency preparedness planning, decide whether a digital camera will be feasible in an emergency of the type which may be available locally. Issues to consider include availability of electricity, laptop, printer, cartridges and paper, and suitably IT confident staff. Consider using Polaroids if in doubt.

Translate the Inter Agency Guiding Principles registration form to a local language as part of Emergency Preparedness Plan.

Activities:

1. Design a 15-minute awareness raising presentation for 35 staff who are food monitors and staff at a supplementary feeding centre.
2. Role play a group of children being found and photographed.
3. Design a poster to promote prevention of separation.
4. Make up a song with actions to teach children about the prevention of separation.

CASE STUDIES/EXAMPLES:

Adults and children rescued from collapsed buildings following an earthquake were moved immediately to hospitals and subsequently transferred round the country without record of their names or locations. This led to difficulties identifying them and tracing families.

Finding children by the side of the road- preventing separation

A team of NGO staff were returning to their base at the end of the day. A group of IDPs on the roadside stopped the car. They explained there was a very sick child with them. The staff agreed to transport the child but didn't have room for the family, so they went to the hospital only with the children. They told the IDPs where they would take the child. No family ever came to the hospital to be re-united with the child. Lesson learnt: don't move the child without its family. Use the radio to call for backup, or send another team on return to the base.

An NGO worker was walking through a large refugee camp of 300,000 people. Many people were dying from dysentery. The NGO worker looked down and saw a small baby all alone on the ground. She picked it up and looked round for someone near who might be looking after him. She didn't immediately see anyone, so she took the baby to the transit centre for separated children. As the camp was so large she could not show transit centre staff where she had found the baby, and as a result the family could not be traced. Lesson learnt: don't move children from their place of origin without a record. Use GPS to mark the place, or stay with the child and call for help on the radio.

6.2 REGISTRATION FORM FOR UNACCOMPANIED AND SEPARATED CHILDREN

ICRC ID No. Other ID No.

(Please specify organisation)

Unaccompanied child

Separated child

Please Note:

- A separated child is any person under the age of 18, separated from both parents, or from his/her previous legal or customary primary care giver, but not necessarily from other relatives. An unaccompanied child is any person who is under the age of 18, separated from both parents, or from his/her previous legal or customary primary care giver and also his/her relatives.
- If the child does not remember his/her address, please note other relevant information, such as descriptions of mosques, churches, schools and other landmarks.

Please fill out this form with a ballpoint pen. (One form per child except for siblings under point 2.)

1. Identity of the Child

Personal ID document type and no. Sex Male Female

Full name (as expressed locally)

Also known as (nickname)

Name(s) given to the child by others after separation from parents? Yes No

Date of birth/age Place of birth

Nationality Country

Ethnic group Language(s) spoken

Distinguishing physical characteristics

Father's full name Alive Dead Unknown

Mother's full name Alive Dead Unknown

If father and/or mother believed dead, please give details

Other persons familiar to the child

Address of the child before separation (i.e. where the child grew up)

 Tel. no.

Person(s) with whom child lived

2. Siblings (brothers/sisters) Accompanying the Child

Full name (Sibling A)

Date of birth/age Place of Birth

Country

Current address

 Tel. no.

Full name (*Sibling B*)

Date of birth/age Place of Birth

Country

Current address

Tel. no.

3. Current Care Arrangement of the Child

- Children's centre
- Foster family (please specify nationality)
- Other (please specify)

Full name of institution/person(s) responsible

Current address

Tel. no.

Date this care arrangement commenced

Place foster family intends or is likely to return to or resettle in:

Address

Country

4. History of Separation

Date of separation Place of separation

Country

Circumstances of separation

List additional movements between place of initial separation and current location

5. In Case the Child has been Evacuated

By whom/ through which organisation? Date

Reason(s) for evacuation

From where To where

6. Additional Protection Concerns

- Has the child been associated with an armed force or armed group? Yes No
- Child-headed household Yes No
- Disabled child Yes No
- Medical Yes No

Street child Yes No

Girl mother Yes No

Abuse situation Yes No

Other (please specify)

Further information

Immediate action required ? Yes No

7. Wishes of the Child

Person/s child wishes to find

Father Mother Brother Sister

Other (please specify)

A. Full name and relationship

Last known address

Country Tel. no.

B. Full Name and relationship

Last known address

Country Tel. no.

C. Full Name and relationship

Last known address

Country Tel. no.

Is the child in contact with/has heard from any relative(s). Please give details

Does the child want family reunification? Yes, as soon as possible Yes, later No

8. Interview by other Organisation involved in Tracing

Has the child been interviewed by any other organisation(s) Yes No

Name of organisation(s)

Place of interview Date

Country Reference no. given to the child by other organisation

9. List of Documents Carried by the Child

Additional information which could help trace the child's family. Please ask the child where he/she thinks his/her relatives, including siblings might be or whether the child is in contact with any family friend.

11. Disclosure of Information

Does the child/guardian agree to the public disclosure (on radio, Internet, etc.) of his/her name and the names of relatives for the purpose of tracing his/her family?

Yes No

12. Place and Date of Interview**13. Information obtained from:**

The Child Guardian Other (please specify)

14. Name of Interviewer and Organisation**15. Organisation in Charge of Tracing the Child's Family**

Please specify name, address and contact numbers

16. Signature of the child (if old enough)

6.3 Prevention of Abandonment into Institutions - Support for those at Risk of Placing Children in Institutions and Prevention of Child Trafficking for Economic Reasons

Separation or child trafficking may occur intentionally when families take their children to orphanages, abandon them in a hospital or a feeding centre or give them to others for care because:

1. they are anxious about the future and worry that they cannot protect their children
2. parents are either too old, too ill, or in poor emotional health to continue caring for their children without any outside help
3. a female head of household does not have enough food, water, shelter, fuel and other basic amenities for her children
4. they have one or more sick or handicapped children whose special needs drain the family's resources
5. a father who lost his wife and does not know how to care for his children nor where to find milk for an infant child.
2. ensuring that families where there are many injured can still get rations (can the primary carer leave them to collect the rations - or can the rations be delivered?)
3. ensuring that those being discharged from hospital have a way to register for rations
4. ensure that separated children in foster families are registered and receiving their food and other entitlements
5. referring vulnerable families to agencies or associations providing additional services for these people, or if needed, begin relevant assistance programmes: for example mothers' support groups, daycare for toddlers to relieve mothers a few hours a day, enrolling youth in community projects building shelters for women headed households, and so on
6. finding wet nurses for motherless infants and give other childcare support to male single head of household.

What can you do?

A) Identify vulnerable families, for example by:

1. interviewing new arrivals at a registration site, camp, feeding station or hospital
2. asking women, community leaders and other local organisations to identify families at risk
3. conducting house-to-house surveys or adding a question to other surveys done by others
4. working with hospitals to identify new vulnerable mothers at risk of abandoning their infants
5. ensuring that you are not responsible for separating children from their parents when transporting ill patients to health centres without bringing children who are with that patient and have no one else.

B) Support to those identified as being at risk, for example by:

1. working with government, UN and other relief agencies to ensure that families receive their entitled rations (both food and NFI)

C) Do:

1. work with communities to place separated children in temporary foster care in the community, and monitor placements
2. if there is no alternative, transit care programmes can be considered as a last resort. Contact CP colleagues for support to set up. There are guidelines for these to ensure they provide
3. support the provision of daycare and activities for children during the emergency phase to reduce pressure on vulnerable families
4. promote stranger danger messages and make sure children learn not to go with strangers.

D) Don't:

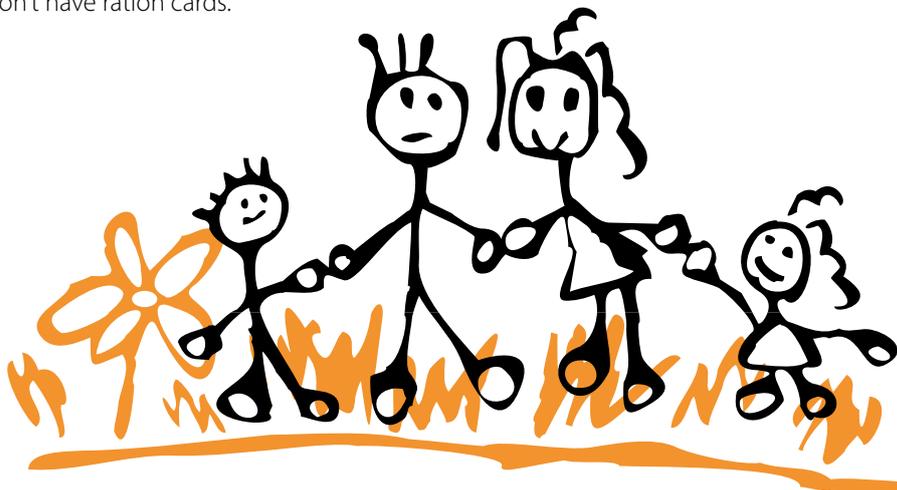
1. establish new orphanages. Focus on prevention of abandonment and trafficking and if necessary survival support to children in temporary shelters with a focus on tracing and reunification
2. place children in existing orphanages; tracing and reunifying or fostering children from existing orphanages is in nearly every case, extremely difficult
3. give infant formula without consultation. with government and UNICEF.

6.4 Health Staff - Keeping Children with their Families

Why health? Children are often injured following emergencies and use health services such as clinics and hospitals. As the weeks pass, children may get sick from water-borne diseases and acute respiratory infections, so they may need hospitals for different reasons. It is easy for children to be separated from their families or to lose their identity in accessing health services.

Keeping children with their families:

1. To avoid family separation, inform military personnel and humanitarian workers (including local NGOs) not to take children to hospital/clinic without ensuring that families are informed and children have a caregiver to accompany them. Ensure that there is still a responsible adult taking care of children remaining at home.
2. Take full documentation of name and family details for any child or parent admitted to hospital/ clinic. Use ID tags for all children admitted.
3. Provide space for a carer to sleep at the hospital; a bed mat on the floor is better than separation.
4. When adults and children are waiting for treatment, allow families to stay together even though this may be inconvenient.
5. Provide toys for children to amuse themselves with whilst they are waiting with a family member for treatment.
6. If a child has to be moved from one hospital to another, ensure documents travel with the child, and if at all possible, that a member of the family travels with the child.
7. Breastfeeding women must be encouraged to continue breastfeeding; the shock of what has happened will not harm her milk.
8. For babies whose mothers are dead or missing, if possible use wet nurses (where HIV status is known), if not then use formula in consultation with the authorities and UNICEF.
9. For children whose identities are not known, keep the clothes they arrived in. Take their photo as soon as you can, if possible in their original clothes. Write down things that they say. Complete the Registration Form with as many details as possible.
10. Check parents' identities before handing children over at clinics and hospitals.
11. Do not hand children over to orphanages or institutions without consultation with relevant authorities.
12. Find out how children who are being discharged from hospital later on will access rations (once there is a ration card system in place). Otherwise families may be reluctant to take children who don't have ration cards.



6.5 Logistics & Commodities Staff - Keeping Children with their Families

Why logistics and commodities staff? Moving NFIs, shelter and food round gives staff access to families and therefore to children. Logistics and commodities staff can organise distributions so may be able to prevent separation.

Keeping children with their families:

1. To avoid family separation, inform military personnel and humanitarian workers (including local NGOs) not to take a child to hospital without ensuring that families are informed and children have a caregiver to accompany them. Ensure that there is still a responsible adult taking care of children remaining at home. Take full documentation of name and address for any child or parent admitted to hospital.
2. When organising distributions, don't separate children from their families (e.g. don't make all the heads of households wait separately). They should all wait together.
3. If the numbers at distributions become a problem, give out ID tags for wrists or to be pinned to shirts.
4. If children ask for NFI/rations in a distribution, find out why they are getting them, not an adult. Follow up answers with your child protection point person. Don't refuse rations just because they are children, the carers may be sick and the children may be the only members of the family able to get out.
5. If you identify a child who says he or she can't find their parents/carers e.g. in a large crowd at a distribution, keep the child with you. Ask the child his/ her name, and that of the family: brothers, sisters and parents. Use a megaphone to try to identify the carers. Get colleagues to stop people who are leaving to check they have all their children. If you still do not find the parents, document the child and the situation and contact the child protection point person. Take a photo of the child, and if the parents have still not been found by the next distribution in that location, show the photos at the distribution
6. **If you find separated children on a journey, do not take them away from the place where they approach you. Their families/parents may be nearby, but sick or injured. If it is imperative to continue the journey, call colleagues to come and take over either with the distribution or to decide what to do with the children. Follow up with child protection point person. Do not take the children to an institution.**





7. EDUCATION IN EMERGENCIES

7. EDUCATION IN EMERGENCIES

7.1 Education in Emergencies

Education in emergencies includes:

- advocacy
- school reconstruction
- supply of school materials (consumables and fixed items)
- teacher training
- school meals supply.

Education can contribute to the protection of children in emergencies.

1. The Role of Education in Protecting Children and Adolescents¹:

- assessing the needs of children and monitoring their situation
- providing a daily structure, purpose and meaning for children
- promoting literacy
- developing options
- enhancing children's understanding of events
- providing avenues for the expression of feelings and opportunities for more personal support
- providing a broader education for children and others in the community
- developing education as a vehicle for community mobilisation and development
- promoting reconciliation
- restoring playfulness.

Advocacy can be with donors, to ensure funds are allocated to education, or with UN agencies or government structures to draw attention to the lack of opportunities for a certain group of children, or the lack of teachers' pay.

School reconstruction provides an opportunity to build child-friendly schools, using local materials and local labour (which in turn protects children as family incomes are boosted through local employment in the construction and supply of materials), participation through children's involvement in the design of the new school, enhanced protection as facilities such as running water and latrines are included in new buildings. Temporary facilities such as tents and tarpaulins can be used whilst schools are being reconstructed.

Supply of school materials can restart education quickly and easily where shelter or buildings, and

teachers, are readily available. Stationery, and simple materials such as skipping ropes and balls, can help teachers start the routine of school again. Small incentives such as pencil cases or school bags can encourage children and teachers to return to school. If most text books have been destroyed or damaged (for example in a flood), photocopying one remaining one for distribution is possible.

Teacher training can train existing teachers in new methodologies or new subjects needed (for example mines awareness, listening skills, or games to improve coping skills). Where there is a lack of teachers, but where youth or adults are willing to work with children, training can provide them with basic skills in working with children in semi-formal education.

Supplying school meals is one way to promote attendance at school as well as improving children's nutritional status. It can encourage the poorest families to send their children to school. However work needs to be done at the same time to ensure that schools will accept and welcome all the children who come, otherwise the new pupils could be alienated.

Education meets children's immediate needs for stability, routine, and intellectual development, and longer term lays the foundations for prevention of exposure to danger through reducing children's and communities' vulnerability to life-changing incidents.

Education is a right enshrined in many international legal instruments², including the UN Convention on the Rights of the Child.

Education can protect children; directly through provision of a safe space and structured learning activities, acquisition of knowledge to protect from dangers such as mines, and promote inclusion by attendance of marginalised groups (e.g. girls, those from minority groups, children with disabilities). Education can be a barrier to exploitation through trafficking or recruitment to armed forces/ fighting groups.

Education in emergencies should provide continuity from learning before the emergency. New systems should not be set up.

Education can contribute to further divisions in a community if not appropriately supported: for example glorification of war, justification of war crimes through nationalism.

¹ Action for the Rights of Children (ARC) Education – Revision Version 01/01. Page 81 Education – Overhead 2.2

² For a full list see SC UK, Education in Emergencies, a toolkit, and ARC, critical issues, Education

7.2 The 5W Tool: Who? What? Where? When? Why?³

When journalists write a story, they use the five Ws to be sure they have considered every aspect of a story. In the same way, these key questions are addressed when planning an aid project. Below, the five Ws are answered in the general context of education in emergencies.

Think about your own work; how would you answer the five Ws?

WHY is education necessary in times of crisis?

Children who have experienced conflict or natural disasters have a **right** to education and a need for **protection**, and their communities **prioritise** schooling. Because emergencies impact on children or the education system in a certain way, the 'why' will produce different answers in different contexts.

WHAT is education in emergencies?

It is a set of linked project activities that enable structured learning to continue in times of acute crisis or long-term instability. These might include support for the existing school system, special measures to return children to school, co-ordinating out-of-school alternatives, or arranging education for young children or adolescents.

WHO is the education response:

for? Internally displaced, refugee and repatriating children, as well as those who did not move or are part of host populations but were affected by the crisis.

by? Can be delivered by qualified teachers, trained volunteers, youth workers, or children's peers.

with? Partners can include governments, local NGOs or communities themselves.

WHEN does emergency education happen?

Structured learning can happen during regular school hours, as part of a shift system, as an after-school programme, in the evenings, twice a week, or at the weekends. Schedules should be based on the availability and the needs of the children.

WHERE does emergency education take place?

In schools, community buildings, homes, tents and the outdoors have all been sites for activities. Securing a space is one of the first steps in emergency education.



³ p 17 SC UK Education in Emergencies, a toolkit

7.3 Problems and Possible Responses

PROBLEM	POSSIBLE RESPONSE
School buildings remain but there are no materials	Provision of material assistance (books, furniture) School in a Box (UNICEF).
The curriculum is out-of-date or unusable (due to bias perhaps)	Support for the government to establish new curriculum, temporary life-skills based curriculum used meanwhile.
All school buildings were destroyed or it is a camp situation	Provide tents or tarps and stakes as a temporary measure whilst schools are built.
There is no curriculum	Work with the community and other agencies to design an immediate life-skills based curriculum whilst work is carried out at a governmental level to design a new curriculum.
The refugee children speak a different language from the host children	Use the same buildings where possible at the same time, but have different classes in different areas. If possible have some classes such as sport together to facilitate integration.
The refugee children use a different curriculum	As above
The teachers refuse to work without pay	Work with UNICEF and government towards an equitable solution which could include food for work or other incentives. Do not act unilaterally; one agency paying the teachers will create problems for the rest, as well as for other former government employees.
All the teachers are men and the girls don't want to go to school	Consider getting classroom assistants who are women, or supporting informal education for girls temporarily whilst work is done to find female teachers. Ensure there are safe latrines for girls.
There isn't enough space in school for all the children	Run shifts by age.
The education is very formal and isn't meeting the children's psychosocial needs	Work with the education authorities to look at ways of making it more child-centred. Pilot creative activities projects. Support teacher training.
Few girls go to school	Find out why not; is it safety, culture, family pressure, lack of uniform? Act accordingly. Consider using school meals' programmes as an incentive.
Children with special needs don't go to school	Find out why not; is it illegal, are teachers refusing to take the children? Are the children hidden from the community? Take small steps to include the children in the community; more support parents' groups, and activities where the children can be included (not separate groups). As the children become more visible, work towards their inclusion in school through advocacy and practical steps.

⁴ Janke C. SFPs and Education: Establishing the Context

Hints:

- Consider very carefully time implications before agreeing to supply school uniforms or shoes unless you can supply material for making the uniforms, or flip flops in a very limited range of sizes. The time that measuring and then the distribution of the appropriate sizes takes can be great.
- Work with other NGOs to supply stationery and school supplies. Print all the organisations' logos on items rather than just one. This way economies of scale will be achieved in printing, and local capacities for peace enhanced. Agree with other agencies what quantities and qualities of materials will be supplied so as to avoid competition and comparison between schools, children and teachers.

Best Practices to improve enrolment and attendance of girls and other vulnerable groups in education⁴:

- assure that the quantity and composition of meals and take-home rations have been determined with these populations particular opportunity costs in mind include complementary activities which address the other social and economic pressures confronting these groups.

Activities focused on for girls include:

- school refurbishments (or new schools) which address concerns of distance and gender privacy
- gender sensitive curriculum and teaching practices
- adjustments of school schedules to better accommodate the conflicting demands upon girls' time
- development of childcare services which allow girls to attend school
- the incorporation of literate and numerate girls into community income generation activities
- advocacy of girls' education through PTAs and other community vehicles

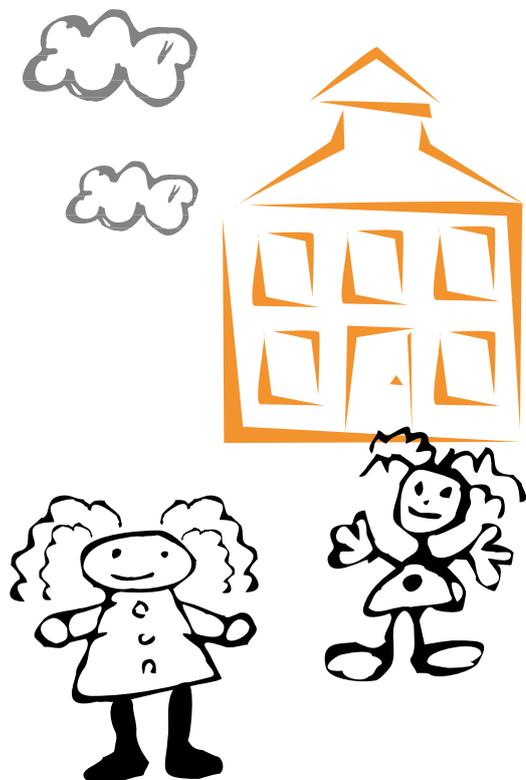
- other initiatives which highlight the potential contributions of educated women to the community.

Activities focused on marginalised groups include:

- adjustment of the curriculum and teaching practices to better meet the needs, histories or predicaments of special populations
- adjustment of school scheduling to adapt to the seasonal presence of nomadic populations; support for representatives of marginalised groups in PTA and other community gatherings.

Activities:

- What difficulties might there be in a community-based response to education in emergencies?
- Education isn't a priority, these children have no shelter or health care' role-play the discussion between a major donor and a programme manager.
- How would you choose where to site a school in a new settlement?
- A donor can be found to cover the costs of setting up schools in tents. The children want to learn. But all the teachers died or are away fighting in the war. How do you resolve the lack of teachers?





8. CHILD PROTECTION IN EMERGENCY PREPAREDNESS PLANNING

8. CHILD PROTECTION IN EMERGENCY PREPAREDNESS PLANNING

Key Issues

- most Initial Disaster Preparedness Planning (IDPP) / Emergency Preparedness Planning (EPP) cover the issues at a general level. This section highlights the specific information to include for the protection of children
- situation analysis in preparedness planning needs to include issues and laws related to children, and records of networks related to children, and psychosocial issues (including mental health)
- key items for children should be prepositioned
- EPP should form part of community activities.

Child protection in emergency planning means; taking into account children's protection needs from the earliest days of planning for what might happen in a country.

This includes a detailed situation analysis (see separate information) about the situation of children in the country, local cultural practices related to children, applicable local/national laws, organisations which work for/with children, government bodies with responsibility for children's issues, and networks related to children.

Categories of preparation:

Prepositioning of supplies for agencies which are able to pre-position items, child protection in EPP ensures that the appropriate items for children are pre-positioned and the agency is ready to distribute or use them in an emergency. Sometimes items are prepositioned in other countries. Any planning needs to take account of the time it may take for these to arrive, and any delays which may occur in-country such as customs delays, speed of delivery to places far from the airport, any possible disruption to ports (bombing or other destruction).

Prepositioned items could include:

- hygiene kits for families
- nappies/ diapers
- equipment for child friendly spaces
- tents
- blankets
- plastic sheeting
- stoves
- lamps.

Items for prevention of separation and family tracing should also be prepared and pre-positioned where possible (see below).

Prevention of separation:

Depending on the type of emergency, there may or may not be a large scale population movement. If there is, then prevention of separation of families and their children should be a key activity planned for, and family tracing may be a component of programmes after the emergency. Prevention of separation activities can be undertaken with vulnerable communities prior to an emergency: communities can be taught that parents and children should stay together in an emergency, name bracelets can be provided and stored in strategic points in the community- or in highly vulnerable communities can be given to parents and schools so that should a disaster occur, children can be tagged quickly.

Those who may be moving large numbers of people round should receive training not to separate families when loading trucks or buses.

Preparation activities include:

- training in crowd control with the aim of preventing separation at food distributions, places where people are moved from one location to another
- name bracelets/ tags stored strategically
- EPP for communities so that they know what to do if an emergency occurs.

Family tracing:

After an emergency, families may not be able to find all their members. Family tracing activities prioritise the youngest children in order to trace families. It is crucial to take photos of children as soon as possible after the event, and to ensure that where possible they are pictured wearing the clothes they were originally wearing. To protect children, their photos are taken with a number board, rather than their name, so that false parentage claims cannot be made. The documentation for family tracing can be prepared and translated before an emergency to save time afterwards; it also helps for training. The interagency guiding principles on unaccompanied and separated children govern our work with children in these contexts.

Preparation activities include:

- training for all staff in identifying separated children (this should include staff such as commodities staff who may be organising distributions or registering families)
- preparation of camera, facilities for printing or developing photos
- preparation of documentation (interagency form for the registration of unaccompanied or separated children) translation, adaptation to local context, photocopying.

Codes of conduct/ child protection policies:

In emergencies, there is an even greater need for staff to be briefed on appropriate behaviour with adults and children, and for communities to know what to expect of aid workers. To a community, one aid agency may be much the same as another, so it is important to work together to reinforce messages of zero tolerance of exploitation of beneficiaries. To help prepare for this, all communities need to know the expectations of aid workers, and the mechanism for reporting violations of codes of conduct is clear. Then when the emergency hits it will mean that these messages simply carry on being reinforced. If preparatory work is not done with communities, the messages still need to go out, but may be harder to get out.

The code of conduct can be displayed at key points in settlements- for example food distribution points. Posters can be prepared in pictorial format, and can be translated into local languages, ready for printing if the emergency arises. However these activities can also be undertaken without an emergency.

Preparation activities include:

- publicising codes of conduct/child protection policies with staff, communities, and government
- translating materials into local languages
- ensuring materials are available in non-literate forms.

HR:

Unless there is already a substantial children's programme in an affected area with trained and experienced staff, new staff may need to be recruited or other staff re-deployed. Before an emergency, the names, qualifications, experience, skills of the existing staff should be recorded, and updated regularly. Initial discussions should be held with the staff and their managers about the possibility of redeploying them in an emergency and outline agreement reached.

Preparation activities include:

- preparing sample contracts and JDs for key roles for children so that as soon as the emergency happens you can be amongst the first to recruit.
- recording existing staff's skills and interest in working with children.

Finance/ logistics:

Items will need to be purchased for a programme so it is important to know what is available in country. Some supplies might not be available in all places- for example remote or rural locations.

- How would the supplies get to these areas?
- If transport is likely to be disrupted what are the implications?
- There is a generic kit list for items for a child friendly space.
- Look at this and adapt it to your context.
- Does the organisation currently have experience with GIK?

Preparation activities include:

- knowing what items for children cost and who the suppliers are so that items can be ordered quickly.

Co-ordination with other agencies:

Agencies should plan how they will act together if an emergency happens. The lead agency for children or child protection should be allocated, and clear plans put in place for cross sectoral activities, such as dissemination of codes of conduct. Joint training on family tracing could be held as an EPP exercise. Who has what in their prepositioning in country and regionally should be identified.

Information resources:

Key resources such as manuals need to be widely available in hard or soft copy (bear in mind that electricity may not always be available in an emergency). They should be available in field offices as well as central locations. Key manuals include Sphere, IAGP, and child protection manuals. Emergencies may cut off satellite offices from other offices.

Preparation activities include:

- placing copies of manuals in field offices and in a central location.

Checklist:**Supply chain and logistics:**

- Have key items for children and families been identified and their possible quantities given various scenarios and times of year?
- Is there an in-country stock of non-perishable items for emergency use?
- What are the criteria for using these items?
- Have suppliers of key items and their turnaround time been identified?
- Have methods of delivering from the supplier to the field been ascertained?

Training:

Have staff received any training in child protection in emergencies? Which staff? When? Where are they based?
 Have staff been trained on family tracing?
 Have staff been trained in children's activities?

Participation of children in EPP:

- Have children in development programmes participated in EPP?
- Do they know simple steps to take in an emergency- a power cut, a landslide, a fire, an earthquake?
- Is EPP part of the school curriculum?
- What measures are taken to ensure children not in school learn about EPP?
- Have parents been told why they should teach young children their names and addresses?

Ensuring that children are protected in an emergency:

- Has the organisation participated in joint emergency planning with other NGOs in the country/ region?
- Have lead roles and/ or sectors been allocated in joint EPP? (e.g. WHO for children's mental health, UNICEF for education etc.)
- Has the Code of Conduct been translated into all local languages?
- Is the Code of Conduct available in pictorial form?

Family tracing:

- Are stocks of essential materials ready (bracelets/ tags, camera, laptop, Polaroid etc.)?
- Do staff know when to use them?
- Are posters printed and ready for use to warn against family separation?
- Have staff/community members who may be involved in moving people been trained to prevent separation on journeys?

CASE STUDY

Adults and children rescued from collapsed buildings following an earthquake were moved immediately to hospitals and subsequently transferred round the country without record of their names or locations. This led to difficulties in identifying them and to tracing families.

Customs procedures and bureaucracy from the government held up delivery of imported tents following a natural disaster. By the time the tents were delivered, those affected had already moved to wooden shelters.

Tips

- translate code of conduct/ child protection policy materials
- create posters for code of conduct/ child protection policy
- identify existing players for children in country and any potential local partners
- identify staff with interest/ skills in working for/ with children
- review kit list for CFS and adapt; find suppliers, have purchasing plans ready.

Activities:

- You are part of the EPP planning committee in the NGO and there is a small budget for prepositioning. What children's items would you preposition in order of priority, and why?
- A teacher from the local school has approached you to ask for help in planning a session on emergency preparedness for the younger primary school pupils (6-9). What sort of topics do you suggest she covers? (You can use different scenarios/ different countries and note the differences).
- What emergency preparedness measures are currently taken in your office? Write a list of things to find out such as location of first aid kits, insurance documents, emergency contact details for all staff and suppliers, how often computer files are backed up.
- Make up a song to teach young children their important information (name, address etc.)

8.1 Child Protection - What is Abuse?

There are many types of abuse in our world:

- **physical abuse** – hitting, burning, or caning children, or punishing by denying food/nutrition, abduction, and kidnapping
- **sexual abuse** – inappropriate touching to rape, and non-contact sexual abuse, which is forcing a child to observe sexual acts, and showing pornography to a child
- **emotional abuse** – humiliation, uncaring attitudes, absence of praise, ridiculing, bullying, compulsive teasing, denying time to play, demoralizing the child rather than focusing on behaviour changes. Stigmatising children with disabilities and withholding affection
- **neglect** – when a child's parents or carers deliberately fail to meet the child's basic needs, such as food, clothes, warmth and shelter, hygiene and medical care.
- **harmful cultural practices** deny children their rights. These include female genital mutilation, female infanticide, and early marriage
- **early marriage**, which often leads to pregnancy at a young age, and being unable to finish schooling
- **exploitative child labour** involves giving a child tasks for which she or he is not developmentally ready, expecting children to do work that does not allow time for their education, rest, and play. Examples include bonded or forced labour, persuading children to sell drugs, recruiting children into fighting forces, domestic workers, and trafficking.

For more information about child abuse refer to: "Love our Children-Prevent Child Abuse" produced by the Family and Child protection Welfare Branch, Ministry of Community Development, Youth and Sports, Singapore WVI Child Protection Brochure (available in Spanish, French and English and some local languages).

Who are the key groups involved in the protection of children?

Children:

1. Children can develop skills for protection.
2. Some children are more resilient than other children.
3. Children who may seem to be safe may not be.

Protectors:

1. Protectors are people who take action to prevent abuse and to respond when they see abuse happening. In all communities there are people who take on the role as protectors.
2. Protectors are more effective when they work together.
3. Protectors are also government and organisations that have policies and laws to protect children. It is not only having the laws but also implementing the laws.

Abusers:

1. There are many different reasons people abuse.
2. Abusers come from all social groups in society.
3. Abusers may be men or women.
4. Abusers often start abusing as adolescents.
5. Many abusers were themselves abused

Observers:

1. People often do not get involved because of cultural and social pressure.
2. People may not get involved because they don't know what to do.
3. People may not get involved because they are afraid of consequences.
4. People may not get involved because it reminds them of their own experience of abuse.
5. People may not want to know because if they know and do nothing they will feel guilty.

8.2 A Poster Giving Information for Children about Protection

World Vision

Information for children

You have a right ¹to

- Be safe
- Be listened to and believed
- Be respected
- Privacy
- Be protected from abuse
- To ask for help

World Vision takes children seriously.
Your safety and happiness are important to us.
We want you to be safe when you are with World Vision staff, in a World Vision building, or taking part in activities with World Vision.

When you receive food, blankets, tents or other things from World Vision and other agencies you should not have to give anything in return.

What you can do if you do not feel safe or comfortable

- say no to taking part in an activity.
- try not to be on your own with someone who makes you feel uncomfortable.
- talk to someone you trust- perhaps someone in your family, your teacher, or a member of World Vision's staff. If you want you can talk to _____ who is based in _____

What we will do if you talk to us about not feeling safe:

- We will listen to you and take you seriously.
- We will act in your best interests.
- We will do our best to help you to feel safe.

What we will not do:

- Tell you it is your fault
- Tell lots of people how you feel or what happened

¹ In the Convention on the Rights of the Child

8.3 A Poster Giving Information for the Community about Protection



Information for the Community

You have a right to:

- Be safe
- Be listened to and believed
- Be respected
- Be protected from abuse- humanitarian workers should not exploit you sexually or otherwise
- Humanitarian workers must not have sexual or exploitative relationships with children under 18
- When you receive food, blankets, tents or other things from World Vision and other agencies you should not have to give anything in return.

What you can do if you are worried about abuse or exploitation by humanitarian workers

- try not to be on your own with someone who makes you feel uncomfortable
- talk to someone you trust-a family member or friend
- report it to a member of World Vision's staff, or a member of staff from another aid agency or the UN or a women's group or the police.

What we will do if you talk to us about abuse or exploitation by humanitarian workers

- We will listen to you and take you seriously.
- We will act in your best interests
- We will do our best to help you to feel safe

What we will not do:

- Tell you it is your fault
- Tell lots of people how you feel or what happened?

World Vision is a Christian relief and development partnership with a mission to end suffering, poverty and injustice so that children and poor communities can realise their God-given potential. World Vision's humanitarian efforts are community-based, child-focused and available to those in need, regardless of race, gender, ethnic background or religious belief.

World Vision is committed to the holistic development of all children and the realisation of their rights. Children have a right to survival, development, protection, and participation as stated in the UN Convention on the Rights of the child (CRC).

8.4 World Vision Code of Conduct

While it is not possible to list all the forms of behaviour that are considered acceptable or unacceptable, the following is a partial list of the kinds of behaviour or conduct that are expected:

- treating others with respect, dignity and impartiality
- behaving in an honest and trustworthy manner
- maintaining appropriate office etiquette (this includes timeliness and adequate preparation for meetings)
- adhering to WVI policies
- adhering to safety, security and health rules
- wearing appropriate attire that respects local custom and policy
- properly managing WVI assets, funds or other property, etc.

Some forms of behaviour that are considered unacceptable, such as the partial list indicated below, may result in corrective action, up to and including termination of employment:

- sexual or other unlawful harassment
- sexual conduct that is inappropriate or potentially harmful to World Vision's reputation (this includes sexual activity and/or life style which is contrary to the Christian ethos and values of WV and/or harmful to the image of WVI and has a negative impact upon how the organisation is perceived by others, including donors)
- threatening violence or engaging in violent behaviour in the workplace
- theft, misappropriation or inappropriate removal or possession of any assets, funds or other property belonging to World Vision, a co-worker, or a vendor
- showing favouritism
- hiring relatives, friends, members of one's ethnic group to the exclusion of other qualified persons and/or without following established HR protocol
- falsification of records
- being on World Vision premises or at a World Vision project or activity under the influence of substances such as alcohol, drugs, etc. such that it impairs one's ability to function, puts the employee or others at risk, and/or has the potential to negatively impact WV as an organisation
- use and/or possession of any illegal substances
- negligence or improper conduct leading to damage of employer-owned or customer-owned property
- disrespectful conduct
- possession of dangerous or unauthorised materials such as explosives or firearms in the workplace

- excessive absenteeism or any absence without notice
- unauthorised use of telecommunications, including but not limited to telephones, mobile phones, fax machines, internet, video systems, mail system, WVI letterhead stationery or other employer-owned equipment.

The following principles of sexual behavior outline international standards for child protection and are considered an integral part of this policy:

- sexual exploitation and abuse by any WVI or humanitarian worker of any beneficiaries (adult or child) constitute acts of gross misconduct and are therefore grounds for termination of employment
- sexual activity between any WVI or humanitarian worker and a child (person under the age of 18) is strictly prohibited regardless of the age of majority or age of consent locally. In such case, mistaken belief by any WVI or humanitarian worker regarding the age of a child is not a defence against corrective action or termination of employment
- exchange of money, employment, goods, or services for sex (including sexual favors or other forms of humiliating, degrading, or exploitative behavior) is strictly prohibited and is grounds for termination of employment. This includes exchange of assistance that is already due to beneficiaries
- sexual relationships between any WVI or humanitarian workers and beneficiaries are not acceptable and will not be tolerated since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of WVI's humanitarian aid work
- where a WVI or humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, s/he must report such concerns via WVI's established WVI reporting mechanisms
- all WVI workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of WVI's Code of Conduct. WVI Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

Extracted from World Vision International Corporate Code of Conduct, January 1, 2003

8.5 IASC Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises

The Six Core Principles of a Code of Conduct:

Humanitarian agencies have a duty of care to beneficiaries. They have a responsibility to ensure that beneficiaries are treated with dignity and respect and that certain minimum standards of behavior are observed. In order to prevent sexual exploitation and abuse, the following core principles must be incorporated into agency codes of conduct:¹

- sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment
- sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defence
- exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behavior is prohibited. This includes exchange of assistance that is due to beneficiaries
- sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work
- where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, s/he must report such concerns via established agency reporting mechanisms
- humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

¹ Different considerations will arise regarding the enforcement of some of these principles for humanitarian workers hired from the beneficiary community. While sexual exploitation and abuse and the misuse of humanitarian assistance will always be prohibited, discretion should be used in the application of the principles regarding sexual relationships for these humanitarian workers.



9. PROGRAMME RESPONSE

9. PROGRAMME RESPONSE

9.1 Psychosocial Responses, Psychosocial Care and Protection of Tsunami Affected Children - Guiding Principles

These principles were developed by a multi agency (IRC, SCUK, Unicef, UNHCR, WV) team in response to issues raised by the tsunami, and were subsequently endorsed by WHO. Although they were originally written for the tsunami, they are widely applicable.

Introduction:

Exposure to natural disasters has a devastating impact on the psychological and social well-being of children, adolescents and adults. It is now widely accepted that early psychosocial interventions that help to mitigate the effect of trauma, alleviating psychological distress, and strengthen resiliency, must be an integral part of humanitarian assistance. In the case of children and adolescents, psychosocial interventions also aim to maintain or re-establish their normal development process. The broad framework for planning and implementing psychosocial programs is provided by a) the relevant Articles of the Convention on the Rights of the Child, and b) UNHCR Guidelines on Protection and Care of Refugee Children.

What do we mean by psychosocial?

For the purpose of this statement, psychosocial refers to the dynamic relationship that exists between psychological and social effects, each continually interacting with and influencing the other.

Psychological effects are those which affect different levels of functioning, including cognitive (perceptions and memory as a basis for thoughts and learning), affective (emotions), and behavioural. Social effects pertain to altered relationships, family and community networks, and economic status.

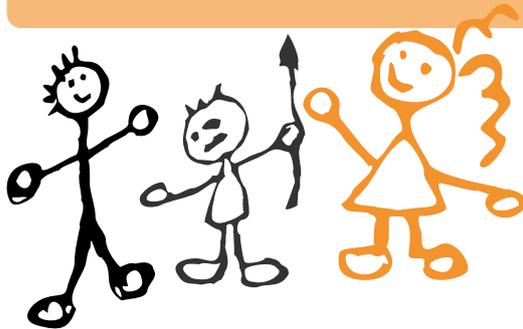
The following principles based on a body of evidence should guide psychosocial programming:

- 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, inability to concentrate, and others
- 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 specialised interventions to address their suffering and help restore their flow of development. Immediately after traumatic events, activities and opportunities which allow children to talk about or otherwise express painful experiences and feelings, such as physical and artistic expression, are most beneficial if facilitated by people the children know and trust, and have continued contact with
- However, “trauma counselling” should be the point of departure for psychosocial programming, because structured, normalising, empowering activities within a safe environment will help the majority of the 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-traumatisation. There are serious risks associated with trauma counselling carried out by non-professionals
- dramatic consequences for a child’s life pathway can have more damaging consequences for the individual’s well-being than the traumatic event itself (an example would be a child’s loss of parents and having to grow up as an orphan, or the destruction of school system leaving children without education)
- the psychosocial well-being of adults, particularly parents and caregivers, has a direct impact on that of children, and should thus be addressed through concurrent parent-focused psychosocial interventions
- children’s and adults’ participation in decisions which affect their lives, has a positive impact on their mental health, empowers them, and helps them to regain control over their own lives

¹ Developed by IRC,WV, SC, UNHCR, UNICEF and also agreed by WHO following the 2004 Tsunami.

- grounding all psychosocial interventions in the culture, unless it is not in the best interests of the child, is both ethical and more likely to produce a sustained recovery.

- reconnect children with family members, friends and neighbours
- foster social connections and interactions
- normalise daily life
- promote a sense of competence and restore a person's control over one's life
- allow for expressions of grief within a trusted environment, when the child is ready and follow-up is guaranteed.



Psychosocial interventions based on the above principles:

- listen to children and adults before acting
- understand and respect the culture and religion of the affected population; give material and other support so that grieving and mourning practices and rites can take place
- help children, family members, friends and neighbours find out what happened to those who are missing, and find each other, and let them know that efforts are underway
- set up child-friendly spaces as soon as possible and activities that normalise the lives of children, give them a sense of safety, structure and predictability through drawing, puppet-making and playing, drama and songs, story-telling, sports, non-formal education, and so on. These activities also allow for the release of any stored distress
- restore normal schooling as soon as possible
- encourage children to ask as many questions as they want, and be ready to answer them truthfully
- focus and build on interventions that strengthen the population's resiliency and resources, and current and traditional ways of coping when they are in the best interests of the child
- involve youth in organising activities for younger children: undertakings that give an affected person a sense of accomplishment has a healing effect
- involve children, their families and communities in the psychosocial recovery process, discussing with them their perceptions, and how they see their needs
- set up support group discussions, as much as possible accompanied by involvement in concrete and meaningful activities that give a sense of accomplishment and control over one's life: recreational and non-formal education for children, common interest activities for young people, sewing, gardening, building, leading children's activities and so on
- promote and support interventions which preserve and reinforce the cohesion of the family, and discourage any which risks separating children from their families
- promote activities and opportunities to allow children to express their experiences and feelings so that they may make meaning from and integrate them into their lives, as much as possible within a familiar environment and only if:
 - the child is ready for this expression; eliciting emotional material too early can cause more distress and potential harm to the child.
 - we can ensure further, on-going comfort and help.
- identify referral services for the small number of children and adults who will need professional, medical assistance (some of these people may have had pre-existing psychiatric illnesses)
- assess the need and provide support to adults caring for children for example provision of crèches or child-focused activities (e.g. child friendly spaces) which allow adults some time to recover and re-energise them so that they can provide the support children need.
- provide training to those caring or responsible for children so that they are comfortable dealing with children's natural distress and recognise children who may need more specialised support.

9.2 Psychosocial Support Triangle

Who provides the services?

What services?

Psychiatrist

Level 4 pre existing and new psychiatric disorders - drugs and therapy

Mental health professionals, Traditional practitioners

Level 3

Individual and group therapy

Trained volunteers or professionals

Level 2

Peer or Group support

Community volunteers

Level 1

Food and shelter addressed

Healthy Coping mechanisms encouraged

Normal Reaction to grief and loss

Mourning expressed

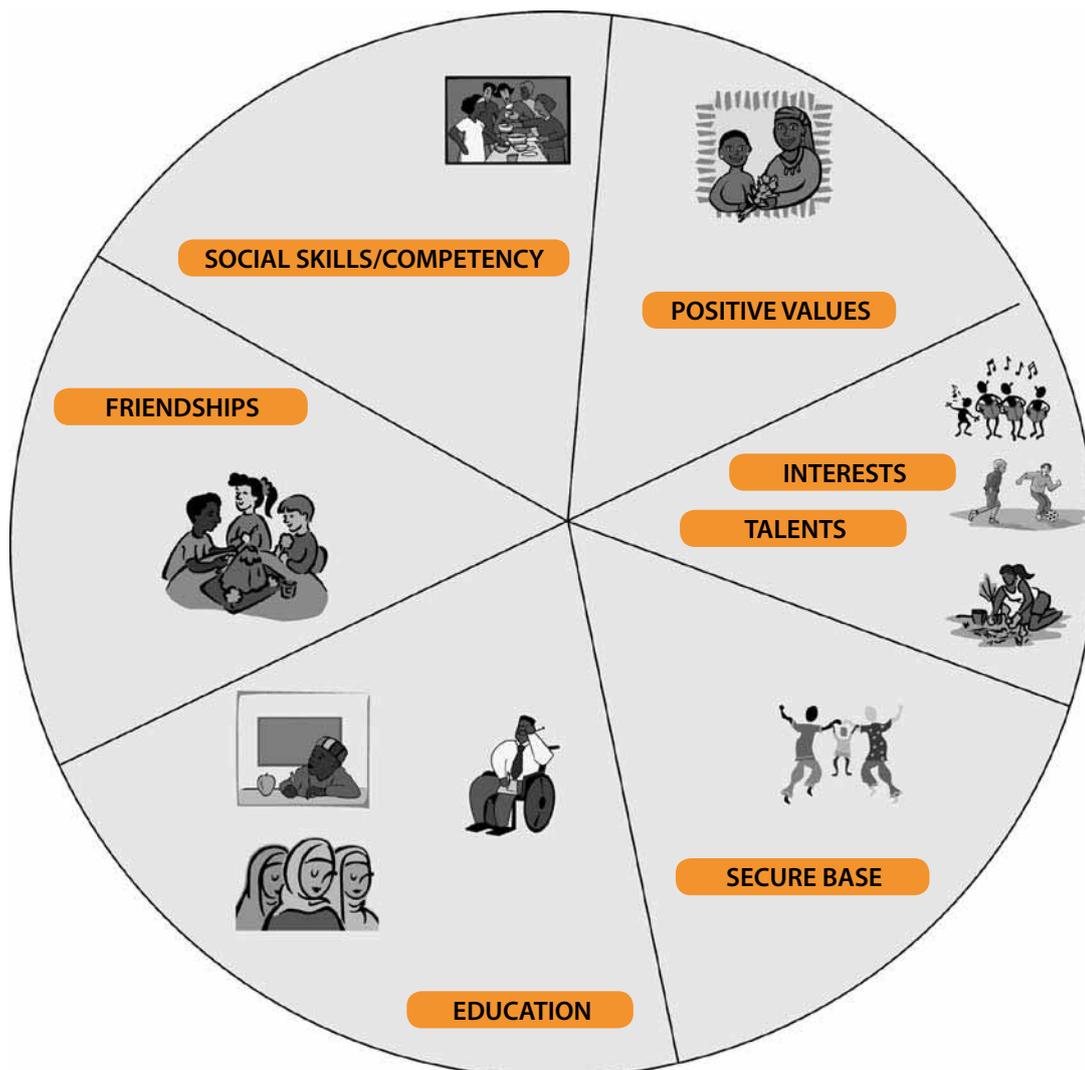
Economic recovery

Routine created

CASE STUDIES - WRONG ASSUMPTIONS

A Kosovo- Albanian refugee girl of 14 was examined by non-Albanian speaking psychologists in a camp. They diagnosed her as suffering from trauma and prescribed a tranquilizer. The following day, a member of staff talked to the girl and asked how she was feeling. The girl described herself as feeling miserable, headaches and having stomach pains- which she then clarified as happening every month. The girl was in need of painkillers for menstrual cramps rather than tranquilizers.

Reports from an earthquake affected area described how the male population was so badly traumatized they sat round in groups by the side of the road not doing or saying anything. The same situation was observed in non-earthquake affected areas. Although it was correct to describe the men as sitting around in groups, it was incorrect to assume this was a result of the earthquake- it is a local custom.



FRIENDSHIPS

- Opportunity to spend time with peers
- Friends are supportive

SOCIAL SKILLS/COMPETENCY

- Children develop problem-solving skills
- Children feel that they have control over much of their lives
- Learn to communicate with adults
- Appropriate behaviour in different circumstances
- Sense of humour
- Can take decisions

POSITIVE VALUES

- Children have the opportunity to develop their world view, to ask questions
- Bad behaviour is dealt with, rather than the child
- Positive values are modelled in society
- Adults explain how their faith/ values relate to what has happened

INTERESTS / TALENTS

- Opportunity to develop their own skills- sports, arts, drama, music, play
- Children gain a sense of achievement and success

SECURE BASE

- Attachment to a caring adult
- Shelter
- Water and Sanitation
- Physical health and access to health services
- Considered part of community

EDUCATION

- Access to formal and informal learning opportunities
- Support for education from society
- Education includes vocational learning
- Equal access for both girls and boys
- Access for children with special needs

Adapted from Brigid Daniel's and Sally Wassell's work on Assessing and Promoting Resilience in Vulnerable Children. The concept was tested in the UK with looked after children, however our experience in various international contexts has shown it is culturally transferable. For more information, see: *The Early Years/ The School Years/ Adolescence* (three titles) Brigid Daniel and Sally Wassell Jessica Kingsley Publishers, London and Philadelphia, 2002, ISBN 1 843 10 045 2

9.3 Resilience

Children have inner strengths and abilities to cope with difficult situations they face. Some cope better than others. Those who seem to cope better are often described as 'resilient' children. Our programmes aim to help strengthen children's ability to cope i.e. build their resilience.

In the adjacent circle you can see how some people have described the key elements of a child being resilient.

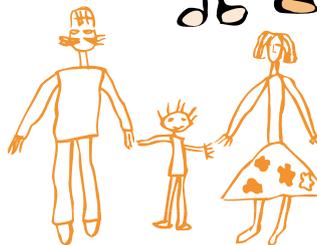
Social competence/social skills:

In your community, what sort of thing does a child have to do to be considered socially competent at different ages? For example, what age do they learn to communicate appropriately with different adults?



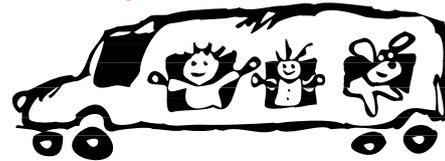
Secure base:

What might a secure base be for children in your community? It could be a secure family, extended family, safe place to go to play, consistent adult support; who are these adults?



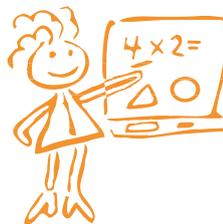
Education:

Do all children (boys, girls, children with disabilities) go to school? What do they think of school? How are they treated by the education system? Do they hope to go to secondary/tertiary education?



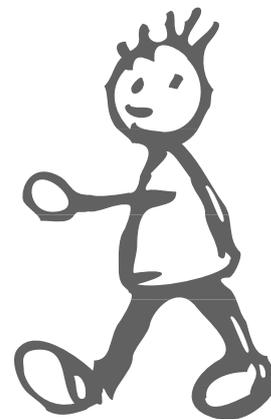
Talents and interests:

What talents and interests are usual in the community? How are these normally encouraged? Are there any children with unusual talents and interests? What facilities are available at present to help them develop talents and interests?



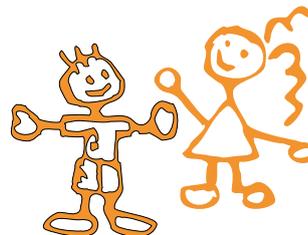
Positive values:

What positive values are expected in the community? What does a child/adult with positive values look like (for example, kind to others, shares, doesn't steal and so on).



Friendships:

Whom do children normally form friendships with (family, schoolmates, neighbours)? Has anything happened in the community recently, which changed, friendship patterns e.g. a displacement, natural disaster, community dispute, war or conflict? Can boys and girls be friends? Does this change with age?



9.4 What to Watch Out For

Characteristics to look out for in children who are not coping:

Children whose behaviour has changed considerably since the event such as:

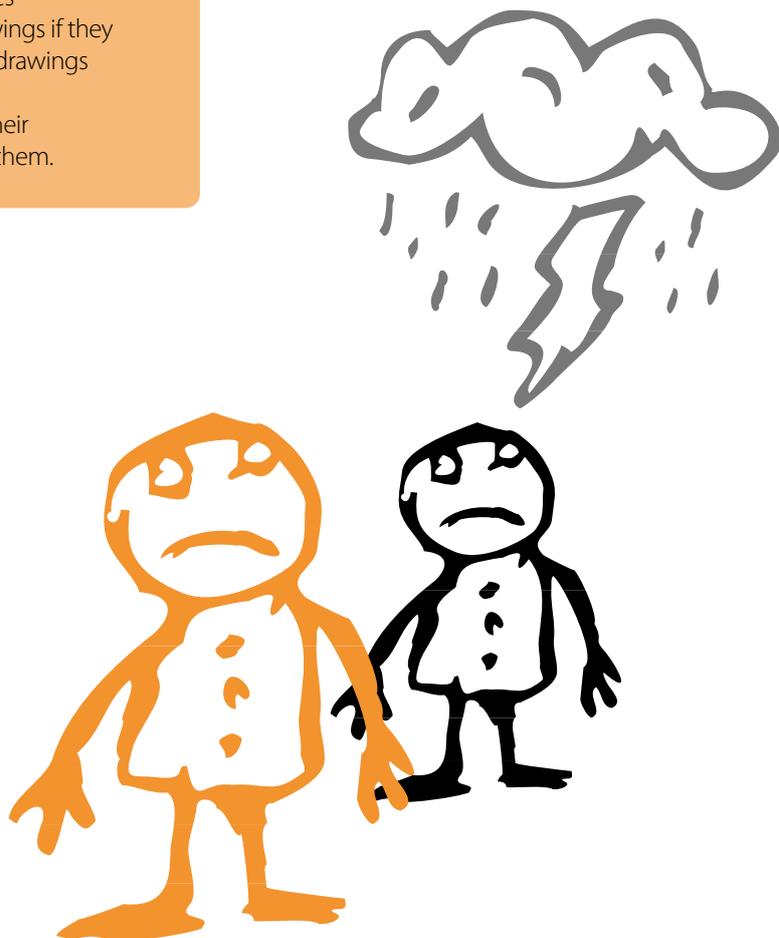
- children who are aggressive
- children who are withdrawn
- children who regress (e.g. bedwetting, thumb sucking)
- children who do not want to take part in activities and who previously participated in activities
- children who cry a lot.

Tips for who work with children directly to support children such as:

- give age appropriate information which is accurate and factual
- be willing to talk about the incident if the children want to
- not asking children to talk about the incident if they don't want to
- find out what cultural norms for talking about emotions; not all cultures value open expression of emotions
- encourage creative activities including arts, drama and music to allow children to express themselves
- let children explain their drawings if they want to but do not interpret drawings
- explain to children that what happened isn't normal, but their feelings are normal: reassure them.

Top tips to give to parents such as:

- reassure your child that you love him/her
- ensure your child's physical needs are met (food, water, shelter, sanitation)
- explain to him/ her what happened at an age appropriate level
- explain your faith/value system's way of contextualising what happened
- set up a routine for children as soon as possible
- involve children in decisions about the family
- explain what will happen (when you know) e.g. the family will get a new tent next week and will move to a permanent camp.



9.5 Encouraging Good Behaviour in Children

Community mobilisers and parents are key partners in supporting children's development. The questions in italics are for you to think about the situation for children in your community. Every community and culture has slightly different expectations of children so it's really important to look at the local context.

You can build positive relationships with children by²:

- showing an interest in each child and their interests
- greeting children by name
- noticing when they seem disturbed, upset, worried or concerned
- giving encouragement for trying
- finding something positive to say about each child each day
- expecting that children will behave well
- trusting them with responsibilities.

Examples of how you can do this:

- chat to children and parents as they are arriving/ leaving the CFS
- visiting the areas where children play when they are not at the CFS and being there for them to talk to
- if children in the CFS are arguing, help them to resolve it
- if you see a child doing something good tell them they are doing well
- praising children directly
- praising children to their parents
- find tasks for children to be responsible for e.g. putting out equipment, opening up the tent, recording attendance and so on.

Self esteem:

Self esteem is the view or judgement we hold about ourselves. It's based on our experiences in life. Children who have high self esteem find it easier to ignore things that they are not good at, but children with low self esteem are more affected by difficulties. Children with low esteem take negative comments to reinforce their own poor view of themselves, then can have behaviour problems because they don't believe they are good people.

Children get a view of themselves from the people around them. If the child gets negative messages or ones which are critical, he or she can develop a negative view of himself.

Parents, community members and other children can help each other develop better self-esteem by:

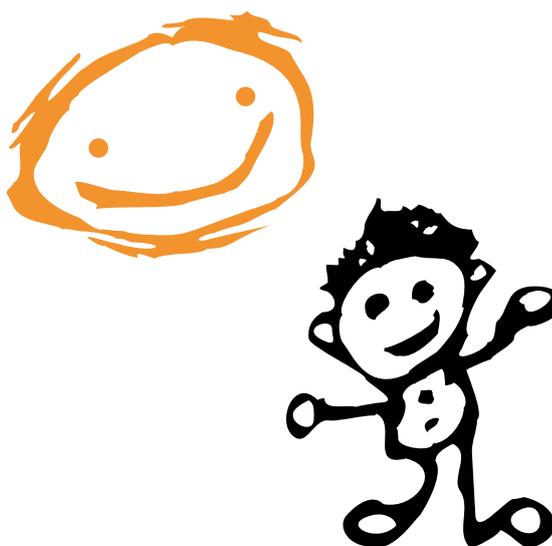
- encouraging children to try new things
- encouraging children to praise each other's successes
- encouraging adults to praise children's successes
- giving positive instructions (see below)
- having activities which specifically focus on raising self esteem
- criticise actions rather than children or people e.g. it is bad to smoke, not, "you are bad for smoking".

Comments which don't help self esteem:

- you're not clever enough to do that
- you are twice as bad as your brother at this age
- you can't play with us.

Positive instructions

POSITIVE	NEGATIVE
Come and try this instead	Don't do that
Please clear up the mess	You're so untidy
Please walk	Don't run
You can play with those later	You can't play with that now
Tell me why you're pushing each other	Don't fight



² Page 3-4 Supporting Children with Behaviour Difficulties (See bibliography)

Write down the negative instructions you have heard children being given. In a separate column (as above) write some positive ones which could be used instead.

In some contexts it is not customary to praise children because it is believed they will become big headed or get the wrong idea about their own importance.

Why is self-esteem important?

Children who feel in control of their lives are more resilient in difficult times. Children with higher self esteem feel they can say no to inappropriate behaviour either by other children e.g. temptations to drugs, illegal activities and so on, or by adults e.g. abuse or crime.

Children with poor self esteem need support to change their behaviour because they don't feel they can succeed.

What sort of negative messages have you heard in your community about children?

What sort of positive messages have you heard given to children in your community?

Giving instructions:

- it's really important to give children clear instructions when you want them to do something
- children need short, clear, instructions- not a long chain of, 'do this, do that, then wait and you can do that'.

Rewarding children:

Praise children³:

- get the child's attention; call their name and wait for a response
- show approval; smile; look happy, make appropriate signs
- describe the behaviour; 'I like how you are boiling the water for the rice'
- give a challenge and express your confidence; 'you're doing so well; 'I'm sure you can do this later when your father comes home'
- give a reward; 'you can play after you've finished cooking it'.

What other rewards can you think of in your community?

Consequences of bad behaviour:

Sometimes children do things we would rather they didn't.

- does the child know what is expected of him or her?
- does he or she know that he/she shouldn't chase the neighbour's chickens/climb on the roof/ play in the water tank/ how polite to be to adults/ how to behave when someone has died?
- do adults model these rules?
- if he/she doesn't know the rules, then it is much harder to deal with bad behaviour. When you move to a new place; perhaps a new camp or a permanent house, make sure children know the rules for behaviour.

When a child breaks the rules, sanctions and punishments are used. However these are not as effective as praising good behaviour.

First steps:

- ignore the behaviour. Sometimes the behaviour is low level and doesn't disrupt enough to make the effort worthwhile
- use body language to show this is not acceptable behaviour
- simple instructions such as 'put the crayons away and pick up your paper'. Don't shout
- praise the children who are doing what you asked them to do 'well done, the group here is tidying away nicely'
- simple warning; 'if you don't put the crayons away you cannot play with the bricks'
- remind them of rules; 'remember our rule about tidying up'
- tell the child what they are doing wrong; 'you are not picking up the crayons nicely'
- explain your feelings about the behaviour; 'I am disappointed you are not helping tidy up like the others'
- repeat the instruction; 'put the crayons away, you know the rule'
- take the child away from the situation to cool off and explain why the behaviour is not acceptable.

³ Page 42.

Punishments/sanctions have to be consistent and followed through. Children have a clear sense of justice and they see when punishments are not applied fairly.

- punishments should be immediate. Children have short memories when linking task to result. A warning is the first step
- punishments have to be explained; the rule which has been broken has to be explained
- punishments should fit the crime; cleaning up the playground if the child was being messy or littering.
- punishments have to be fair; don't punish a group for one person's misdeed
- physical punishment is not appropriate in settings where World Vision has responsibility for children.

Involving children in setting rules:

In a CFS or children's club context, in group and family settings, you can involve children in negotiating rules, rewards and sanctions. If the children have helped set the rules they will also help monitor them, which helps the adults and promotes children's participation and sense of responsibility for their own, and others' actions.

Rules need to be⁴:

- clear
- positive (see above)
- brief
- few
- enforceable
- applicable to everyone.

A routine supports rules. For example children arriving at a children's club know that when they arrive:

- they take off their shoes
- place shoes tidily outside the tent
- go to the trays and pick out their attendance sheet
- pick up a pen or pencil
- sit in a space and complete their attendance sheet as the others arrive
- when the children are all there the leader claps five times.

What routines exist in the situation you work in with children? What routines could you develop? What routines do children have at home?

What is 'good behaviour' in your community? What does a good child do? Is this different for girls and boys?

What is 'bad behaviour' in your community? What does a bad child do? How is this punished? Are there different punishments for different things? Is bad behaviour for boys different from bad behaviour for girls?

Listening to children:

Sometimes it's not easy to know how to make a child feel comfortable enough to talk. You might be able to tell something is bothering them, but not know how to approach him/her so:

- make the child feel that you are there to support them
- say 'I'd like to try to help you. I can see you're a bit upset. Is there anything in particular bothering you?'
- say 'can you tell me more about it?'
- check your understanding of what the child said is the same as the child's
- say 'you've told me that you're feeling sad because your mum...!'
- encourage the child
- say 'thank you for telling me that. I'm sure it wasn't easy to tell me'
- help the child look at solutions
- ask 'what can we think of to make things easier/ better'
- ask are there times when the problem isn't there? Are there other people round the child who could provide extra support? Could a change in patterns help?
- ask the child if there is anything specific that could be done to help?

Anger management:

Children, young people and adults all get angry from time to time. Different people show anger in different ways. Children can be taught to recognise their feelings, including anger, and learn to manage their anger.

⁴ Page 47.

⁵ Page 73.

Children need to know⁵:

- violent and/or aggressive behaviour is not acceptable, no matter what they see around them in the community or in the media
- all feelings are OK but how you express them is what matters.

Working with children- questions for children:

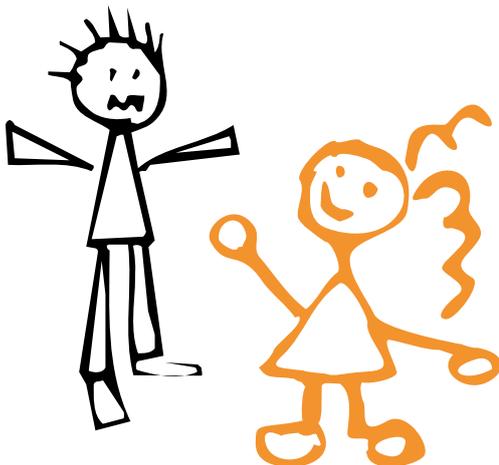
- what makes them angry?
- how do we know when we are angry? i.e. physical signs such as red face, stomach pains, sweaty
- what are the different ways children deal with anger?

Different ways of dealing with anger:

- identify how you are feeling
- calm down. What different ways do children have to calm down? i.e. count to 10, think of something different, move to a different place, or tell themselves to calm down
- identify the problem. Why are you angry? what happened?
- what are the solutions, and what are the good and bad things which will happen with each solution?
- choose a positive, safe solution
- when things are calmer, evaluate the choice, and decide what you will do if the same thing happens again.

Scenario:

Samara and Katinda are arguing about whose turn it is to play with the hoop. Katinda is pulling Samara's hair. Samara screams and Katinda lets go, the hoop snaps. Katinda starts crying and Samara shouts at her.

**Social skills:**

In every community, children and adults are expected to behave in certain ways in different situations. For example, children might be expected to greet elderly relatives every morning by a polite bow and an enquiry after their health. Different cultures have different rules for social situations, such as eating together. Children need to acquire these skills.

What skills does a child need in your community? What skills do children normally acquire at what age? What activities can you do to help them acquire these skills?

For example, by the age of five, children might be expected to eat with their family, using their fingers without making a mess. They would be expected to prepare the place where the family eats and to help clear up.

To help children learn these skills, adults can point out to younger children what they (or other children) are doing:

- 'Look, Rita is carrying the dish to the eating place.'
- 'Dani is putting the rice in his mouth with the spoon.'
- 'Karen is washing his hands before he eats.'

This way, the children see and hear what is expected. They can help with simple tasks such as choosing the right pan from an early age. In informal education settings children can learn social skills through play activities. In the case of eating, old cooking utensils can be used for a play kitchen.

For the children whose behaviour is really difficult try:

- providing immediate feedback on good behaviour
- encouraging the child to be with good role models
- giving instructions one at a time i.e. 'clean the floor with the cloth', then, 'wash the cloth' and then, 'empty the bucket'
- hard not to make negative comments.

9.6 Checklist for monitoring visits to schools and child friendly spaces

OBSERVATIONS AND DISCUSSIONS IN THE SPACE/ SCHOOL

		ACTION NEEDED	ACTION TAKEN
1	How many children are present? Numbers of girls/ boys?		
2	How many children are registered?		
3	If there are a lot of children absent, what reasons do the adults give (eg family holidays, sickness, funerals)?		
4	If possible, ask the children the reasons for absences.		
5	What equipment is being used during your visit (eg balls, books...)?		
6	Is there any equipment which is still in its packet (ie unused)- check the box?		
7	Which adults are there- names and jobs? What are they doing- eg playing with the children, sitting watching, chatting to each other?		
8	Are there are parents present? What are they doing? What do they say about the school/ CFS?		
9	How are the children from your observations- eg lively, quiet, active, scared, noisy, naughty?		
10	How are the children from the adults' observations?		
11	Do the adults notice any changes in individual or group behaviour since your last visit?		
12	How are the adults feeling?		
13	What are the physical conditions like in the school/ CFS- eg all children sitting at desks, in classrooms, plenty of space, clean, good equipment.		
14	visit the school latrines- this will give you an idea of how well cared for the school is. Are they clean and safe places?		
15	Is the school receiving supplies from the education authorities eg milk, biscuits, stationery? Observe and ask.		
16	Is the school/ CFS being supported by any other organisations (look for signs of school bags with logos on, exercise books with "Unicef" printed on).		
17	Have the children received distributions which World Vision gave to the school?		

OBSERVATIONS IN THE COMMUNITY

		ACTION NEEDED	ACTION TAKEN
18	In the community do you see children (of the right age) who aren't attending the school or CFS?		
19	If yes, talk to them and their parents or carers and find out (tactfully and sensitively) why they aren't in the school or CFS.		

GENERAL

		ACTION NEEDED	ACTION TAKEN
20	What are the support needs of the school and the community this week- eg needs a visit to meet parents, hygiene kits, advocacy with other agencies over distributions...		

Summarise your findings in a bullet point report.



9.7 Children's Programmes: Quality Standards for Family Visits

Family visits are likely to be a part of many programmes in emergencies and other situations. Involving the family in programming supports the child's involvement, and can provide a vital link to the community.

Some families may require extra support and personal visits to them are the best way to meet them.

Families should not be stigmatized for their need or request for extra support. Agencies must be careful not to attach labels or judgements to those needing extra support. Conversely, the situation where every family rushes to register as vulnerable in order to gain extra support must be avoided.

In some countries, social work and public health are known professions. Their training in family visits is more detailed and sophisticated. These simple standards help guide staff to providing quality service to families.

QUALITY STANDARDS: FAMILY VISITS		YES	NO	NOTES
1	COMMUNITY OWNERSHIP			
	Community helps identify vulnerable families			
2	INFORMATION AND RECORDS			
	Family gives permission for information to be recorded			
	Family gives permission for information to be passed to other agencies			
	Basic information is recorded about the family			
	Information is kept secure			
	Information is kept confidential			
	Staff know who has access to information			
	Families are informed of processes/next steps			
3	VISITS			
	The female members of the household are visited by a female member of staff			
	The male members of the household are visited by a male member of staff			
	Children are encouraged to identify the support they would like			
	The family identifies the key issues related to their child/children			
	Staff explain World Vision's role and limitations			
	Staff do not set unrealistic expectations			
	Initial visit is within 3 days of identification			

QUALITY STANDARDS: FAMILY VISITS		YES	NO	NOTES
	Follow up visits are at regular intervals (1 week, 2 weeks, one month)			
	Information is used to make an assessment			
	Staff are non-judgemental in their approach			
	Staff listen			
	Staff make notes after every visit recording facts not assumptions			
	Staff build trust - making only promises they can keep			
4	SHARING INFO AND WORKING WITH OTHERS			
	Staff understand WV's other programmes and how referrals can be made			
	Information is shared with other agencies where necessary			
	Staff know the other agencies/ actors in the community			
	Staff know the functions/roles of other agencies/ actors			
	There are clear referral criteria for other agencies			
	When a referral is made, it is followed up after 1 week			
	If no action is made by the agency to which the referral was made, further follow up is made after 2 weeks.			
	If no action, then referral to co-ordinating body			
	WV does not provide support where it is another agency's role			
	Decisions are made in consultation with the family, and with the best interests of children paramount			
	Staff provide information about benefits and entitlements to the community			
	Staff assist families and communities to access entitlements			

9.8 Working with Local Partners

Children's programmes don't take place in isolation. There are many different people who, and organisations, and institutions which, impact upon a child.

Think of a child in your community. Which people, organisations and institutions impact upon him/her?

- health services
- education
- water and sanitation
- banking/finance
- shops
- state welfare
- contractors
- extended family
- neighbours.

How is your programme going to work with these other people, organisations and institutions?

First of all you have to identify who they are in the community in which you want to work.

Who are the other players in the community?

Draw a map of the community and mark where the essential services are, and when a child comes in to contact with them.

Who are the key people who work for these services? For example a nurse might work at the health centre. Do you know her name, what her role is with children, how she can help you, and what days she is in the community?

If there is a school, what do the teachers think are the issues affecting children? What do they think of existing support for children in the community?

- are there other local community-based organisations, or non-governmental organisations, or welfare organisations?
- what programmes do they have for children?
- how could you work with them?
- what specialisations do they have?
- who are their key staff?
- what age groups do they work with?
- what days do they have activities?
- is there already a children's programme?

- how could you add value to this? For example an LNGO already runs an ECD programme but there isn't a programme for youth. The same room the ECD programme uses in the morning can be used for youth in the evening. Another NGO specialises in arts and will come to your facility to run activities twice a week.

In some places all the organisations which work for/with children meet regularly to discuss common interests and to plan joint activities. It's very important to attend these meetings and to take an active part in them, for example, chairing meetings or volunteering for extra tasks. If you don't feel confident about going to meetings on your own, ask your supervisor or a colleague to go with you for the first few times.

Key players for children often include:

- state bodies such as Social Welfare/Social Protection
- child protection authorities
- police/youth justice/ probation
- health services
- education
- UN bodies: UNICEF, sometimes UNHCR in refugee situations
- faith-based groups (churches, mosques)
- welfare organisations
- INGOs (Save the Children, IRC, Mercy Corps)
- LNGOs
- community-based organisations.

It's very important that you can explain what World Vision is doing for children, and what its plans are. Some people might not know World Vision or might have a wrong idea about what it is doing. Often it is useful to have a leaflet produced explaining your programme.

10. CHILD FRIENDLY SPACES IN EMERGENCY SITUATIONS

10. CHILD FRIENDLY SPACES IN EMERGENCY SITUATIONS

Child Friendly Spaces In Emergency Situations

A Child Friendly Space is not only a playground with play equipment in it!

The term Child Friendly Space [CFS] is a new term in development and relief settings that seeks to address psychosocial, spiritual and physical needs of the children in crisis in a broader and deeper way.

1. What is a CFS?

A CFS is a structure and safe place where children and youth meet other children to play, learn competencies to deal with the risks they face, be involved in some educational activities and relax in a safe place. It gives the children the sense of safety, structure and continuity that provides support amidst their overwhelming experiences.

2. Where do you find a CFS?

It can be a school, a community centre, a tent or an open space in a camp or in a community. It must be a place where the children feel safe. Therefore it is important to find out from the children where this safe place is. You can do this using participative mapping exercises. Remember to include a diverse group of boys and girls from different ages and areas. It is also important to include the community leaders and caregivers as a way of uniting the community in caring for the children.

3. Why do you need a CFS?

- Play; a fun place with sports, team and cultural activities to allow the children to switch off from their worries and concerns.
- Formal and informal education that is more holistic and perhaps less academic. For example:
 - a) literacy and numeracy
 - b) life skills
 - c) health education in new environments
 - d) psycho-education; appreciating each child is having a normal reaction to an abnormal situation.

It is a transition time and place to prepare the children before they re-engage into their formal education system.

A CFS is a place:

- to express and voice their feelings to help them realise that they are not alone through role-plays, dances, talking and traditional coping activities. Connecting these with local culture is important as it gives rise to and restores positive cultural identity

- to learn important information about what is happening around them to help them regain a sense of control in their lives
- to allow parents/caregivers to attend to their daily activities without worrying for their children's safety. It is also a place for parents to meet and support one another
- to identify separated children by registering them and for parents/children to enquire about missing children/siblings
- to identify other vulnerable children who do not attend the CFS, who are orphans, who have been abused, who have family members who are missing, injured or killed or children with disabilities or have other vulnerabilities.

3. Who comes to a CFS?

A CFS must be accessible and culturally sensitive to all children, for example girls, street children, school dropouts, disabled, children under five and so on. In some cultures, boys and girls may require separate spaces. Different age groups require different activities.

4. Who works in a CFS?

Generally, they are local volunteers who have been recruited using child protection practices. For example teachers/community workers, adults who work well with children or with some basic psychosocial or childcare development training. Payment and material incentives may need to be discussed in each setting and agreed on an interagency basis.

5. What is the role that CFS play in helping children profoundly affected by a crisis?

The CFS plays an important role in identifying these children. Staff are able to refer these children to specialised services if they are available. If they are not available, then a plan of action must be developed.

6. Why this approach?

It is a pragmatic approach as it reaches a large number of children and allows for the integration of local social and cultural practices. It aims at building capacities for coping with grief and loss. It focuses on wellness rather than on ill health. It is important to involve community and religious leaders and local service providers. It is important not to romanticise local practices and to keep an objective attitude to promote the best interests of the child.

Choosing a location for the CFS

The site has to be:

- easily accessible to children and the communities. Ideally it should be near other places where parents/ children gather such as the market or a community space
- safe from natural and man-made problems. There shouldn't be any big holes, or the community should agree to fill them in. There should be no UXO, not near barracks, and away from collapsing buildings
- not be damp or muddy, unless the whole environment is damp and muddy.
- on enough flat land to put up a tent (or construct a building) and to have a play area which is flat
- equipped with latrines/ toilets and water but this is unlikely in many situations early on
- near a standpipe, tanker or other source of water
- a place where children and communities must feel it's a safe location; use PRA techniques to establish this.

ACTIVITIES TO DO IN THE TENTS

Suggestions from Sri Lanka

Creative work:

- pasting pictures using dhal/seeds, sand, other grains and coconut
- use dried leaves, hay, and dried flowers - bookmarks, greeting cards
- leaf printing, hand and foot printing
- collage, weaving a mat
- egg shell face, eggshell doll
- role plays and drama
- posters about animals, birds and reptiles.

Health and Environment Information
child to child health lessons

- singing session
- story time.

Children can learn about their rights and responsibilities. Conversation time; let the child talk about a something he likes such as:

- talk about good habits, the importance of cleanliness
- talk about the environment e.g. trees, animals, colours and so on.
- form small groups and ask children to make a poster about good habits, healthy and hygienic habits or make a poster about environmental pollution.

What to do

1. Talk to community leaders and members about the plans. Don't forget to talk to children.
2. Start to find out who has experience in working with children within the community and see if they might be suitable community mobilisers/ volunteers.
3. Find out if any other organisations have already been to this location and made promises about children's programmes.
4. Decide whether a tent or temporary shelter would be appropriate, or if there are rooms (for example in a partially damaged building) which could be renovated for use. Consider whether a tent is better than a temporary shelter using local materials. The tents last about 2-3 months depending on conditions. They are easy to move if a site is changed. A temporary shelter can be repaired more easily but might not be as rain proof.
5. Find out who will give permission to use the land or building and get the permission.
6. In an emergency people might not be so concerned about where you put a tent- but putting up a semi- permanent building might be different.
7. Mark out the area where you want to put the tent as soon as you know. This will stop other people putting up other facilities there.
8. Get community volunteers to help put up the tent, build the shelter or repair the building.
9. If the ground is very wet or muddy you may need to put a raised floor into the tent for drainage.

CASE STUDIES

Colleagues or the community can easily assume that the child friendly space is simply a place for children to play. However, it has a deeper level beyond that which is obvious- it serves as a visible place for the community to connect on issues affecting children. It can be the base for outreach work, for parents' committees, for education- especially when schools are destroyed or being used for other purposes.

10.1 Supplies for a CFS for up to 500 Children over a Three Month Period

ITEM	NUMBER OF ITEMS	ADDITIONAL NEEDS FOR 2ND AND 3RD MONTHS	COST PER ITEM
tent (or local made construction with wood supports etc)	1		
tarpaulin/plastic sheeting	4		
blankets (depending on climate)/mats for the floor	100		
water carriers (jerry cans)	20	60	
soap	50	50	
sanitary towels	1000		
nail clippers	10		
first aid kit	2		
combs (cultural)	100		
skipping rope (sisal rope cut to appropriate lengths)	25		
appropriate/traditional musical instruments			
tape recorders and tapes of traditional music			
footballs	10		
volleyballs	10		
notice boards	5		
loudhailer (preferable but not absolutely necessary)	2		
documents [see below]			
pens (blue and red)	500	125	
pencils	1000	240	
chalk (boxes)	10	10	
exercise books	500	75	
rulers	100	50	
erasers	1000	200	

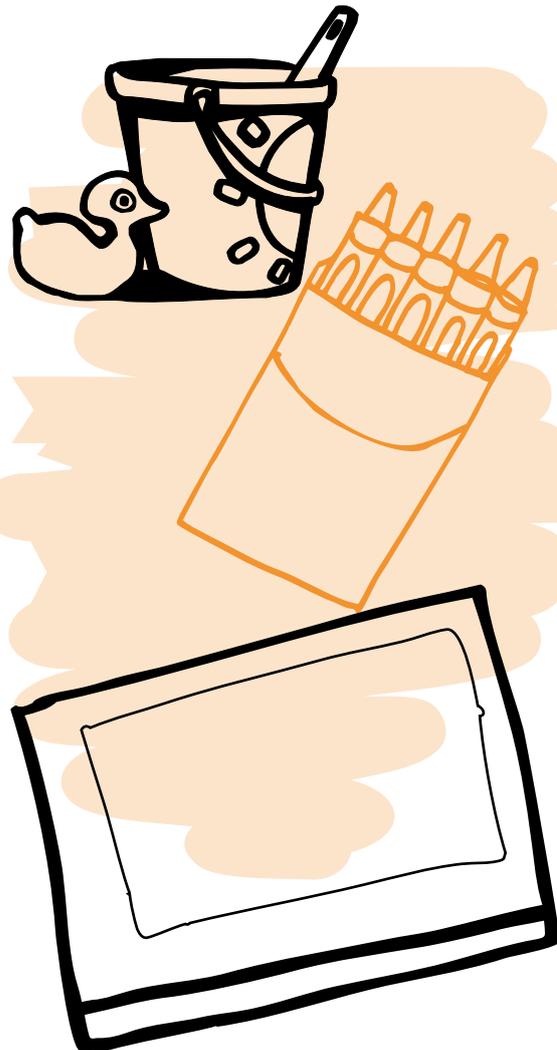
ITEMS CONTINUED	NUMBER OF ITEMS	ADDITIONAL NEEDS FOR 2ND AND 3RD MONTHS	COST PER ITEM
blackboard (or plywood and blackboard paint)	4		
box (foot locker)	depends on size		
whistle	4		
crayons (if hot environment substitute for more coloured pencils)	50	50	
felt pens	50	100	
colouring pencils	50	100	
scissors	50	100	
A4 paper	100	500	
balls (varying sizes)	25	30	
flip chart paper	4		
bricks/blocks (these could be off-cuts of wood. If so sandpaper may be needed to smooth the edges)			
toys (cars, dolls) these must be able to be cleaned easily. 30 items of toys per camp. (for girls and boys)	5		
hypochloride/bleach for cleaning toys etc			
play clock (depending on culture)	1		
pump for blowing up balls	2		
abacus (if relevant in the culture)	1		
glue for paper etc	100	50	
blutack (is in paper supply shops in the west. It has the consistency of chewing gum that allows you to stick paper to the wall - but this not essential)	2	4	

ITEMS CONTINUED	NUMBER OF ITEMS	ADDITIONAL NEEDS FOR 2ND AND 3RD MONTHS	COST PER ITEM
sellotape/scotch-tape	25	25	
gaffer tape/duck tape (very strong tape that is about 5cm wide)	1	3	
tin tacs/drawing pins	2	2	
stapler and staples	2		
fire extinguishers (buckets of sand)	2		
hammer			
nails for wood - small			
Documents			
separated children registration forms			
code of conduct translated			
child protection brochure translated			
acknowledgement of receipt of COC, CP brochure and appropriate interactions			

10.2 GIK Standards for Donations to Children

1. Items should meet international safety standards: ISO, CE, AS et al- for example children cannot choke on small parts, they cannot cut themselves or be suffocated. This applies to clothes, bedding, and toys, amongst other things.
2. Clothes should be culturally and climatically sensitive e.g no gloves and hats for Somali children or fine toothed combs for African children. Any insignia should be culturally appropriate and non-offensive (no FCUK!). No flags should be displayed on clothing. Shoes are difficult because if there aren't enough to go round, some children are disappointed.
3. Dolls should be dressed appropriately and conservatively according to the recipient countries' norms- for example Barbies in bikinis would be inappropriate in many countries.
4. Toys which are plastic and/ or washable are preferable. Toys should not have removable or detachable small parts which could be swallowed by the younger siblings of recipients. Toys should not be made of glass or brittle plastic (could break and injure the child). Toys should not be military or violence-based i.e. no dolls in army uniform, no toy guns, knives or catapults.
5. Stuffed toys can be difficult to keep clean and should not be given to institutions where children share items. In situations where there is a lot of dust such as following an earthquake, they should not be given.
6. Educational materials are very useful: chalk, boards, books, crayons, paints, books (especially blank notebooks), school bags, pens, pencils, erasers, sharpeners.
7. Play equipment: goal posts, basket ball hoops, markers, balls are useful. Also marking paint for pitches and bibs of different colours for team games.
8. Board games and card games need to be checked for language appropriateness: will the recipients have sufficient language and reading skills (literacy levels) to be able to enjoy them? Are they in the language which children speak at home?
9. Latex balloons are a choking hazard for young children- foil balloons are an alternative.

**GIVE ITEMS TO PARENTS
TO REINFORCE PARENTS as
carers rather than NGOs**



10.4 REGISTRATION FORM

(see also child friendly version)

Child Friendly Space/Children's Clubs

Child's name

Child's date of birth Child's age at registration

Boy/ Girl Parent's name

Parent's contact address

Parent's phone number (if practical) Date of registration

Medical conditions

Special needs (including disabilities)

Number of other children in family home (under 18) Adults at home (e.g. father, aunt, grandmother)

Parent's signature Date

Confidentiality Statement (to be checked with lawyer in country)

The data on this form will be used by staff at the child friendly space to support the implementation of the programme. Data that ensures information is kept anonymous may be collected from the forms to support ongoing research and development of children's programmes. No information will be given to outside organisations without your consent.

Note to NGOs:

You will need to develop the following:

- procedures for safe storage of information
- procedures for regular updating of the information
- version of this for children.

10.4 REGISTRATION FORM



My name is

I am a (boy / girl)



My birthday is

I am now years old

I live here:

.....

.....

.....



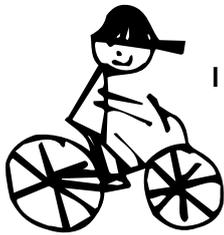

I live with these people:

.....

.....

I feel happy when





I am good at these things

.....
.....

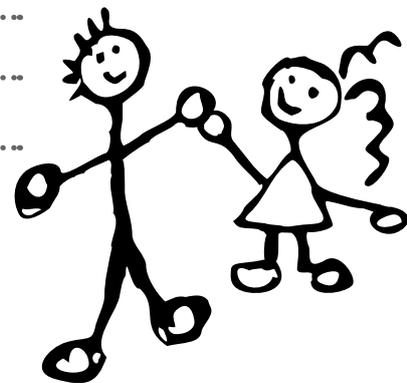
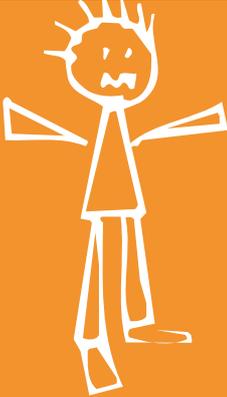


.....
.....



This person will come to pick me up after the activities:

.....
.....
.....

Sometimes i need extra help because

.....
.....
.....
.....

I agree to my child participating in activities at the child friendly space.
I will tell you if any of the above details change.

Signature

Name

Date

10.5 Example of an Activity Schedule which can be Altered to Meet the Cultural, Climatic and Social Situations

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Morning	All children	Younger children (under school age)			
9am - 10am	Getting to know each other activities Recording details Sorting out groups Meeting parents Expectations from community Community support	Getting to know each other games (30 mins) Music (30 mins)	Designing record sheet and completing (30 mins) Hygiene activities (30 mins)	Completion of attendance sheet (15 mins) and settling activities	Name games (15 mins) Songs (30 mins) Local customs-drawing and talking
10am - 11am		Outside games (30 mins)	Outside games (30 mins)	Outside games (30 mins)	Outside games (30 mins)
11am - 12noon		Puppets and feelings Story time (30 mins)	Story time and circle time	Puppets and feelings	Story time and circle time
Evening	Youth				
5pm - 6pm	Getting to know each other-games inside	Sports- girls' volley	Sports- boys' rugby	Sports-mixed rounders/ cricket	Running games
6pm - 7pm	Discussion of what activities to organise and what resources needed	Talking about feelings, games/a activities	Feeling safe in the camp- where do I feel safe and why	Hygiene activities Hopes for the future-games	What's my day like? Boys and girls PRA ¹
Ongoing	Study support	Study support	Study support	Study support	Study support
7pm - 8pm		Arts and crafts, including sewing-choosing materials	Reading group – choosing books for library box	Woodwork-finding out what skill level what purchases to be made	Music group

¹ Participatory Rural Appraisal PRA is a method of involving the community in understanding their community and in the designing of a project. There are many other similar participatory methods. PRA has an exercise where the community (in this case girls and boys) analyse the many activities in their day.

DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12
Younger children (under school age)						
Completion of attendance sheet (15 mins) and settling activities Free play, bricks, drawing, dolls	Completion of attendance sheet (15 mins) and settling activities Songs/ music	Completion of attendance sheet (15 mins) and settling activities Clay/ plasticine activities	Completion of attendance sheet (15 mins) and settling activities Drawing/ painting	Completion of attendance sheet (15 mins) and settling activities Local customs- drawing and talking	Completion of attendance sheet (15 mins) and settling activities Free play, bricks, drawing, dolls	Completion of attendance sheet (15 mins) and settling activities Songs/ music
Outside games (30 mins)	Outside games (30 mins)	Outside games (30 mins)	Outside games (30 mins)	Outside games (30 mins)	Outside games (30 mins)	Outside games (30 mins)
Puppets and feelings	Story time and circle time	Puppets and feelings	Story time and circle time	Puppets and feelings	Story time and circle time	Puppets
Sports- girls' volley	Sports- boys' rugby	Sports- mixed rounders/ cricket	Running games	Sports- girls' volley	Sports- boys' rugby	Sports- mixed rounders/ cricket
Review of programme so far- what would the children like to change?	Hopes for the future- jobs I'd like to do	Hygiene activities	Gender awareness session	Children choose	Children choose	Children choose
Study support	Study support	Study support	Study support	Study support	Study support	Study support
Arts and crafts, including sewing	Reading group	Woodwork	Music group	Arts and crafts, including sewing	Reading group	Woodwork

10.6 Types of Play to Include

Family and dramatic play

FOR THE CHILD	WHAT WE CAN PROVIDE	WHAT WE CAN DO
<ul style="list-style-type: none"> acting out experiences helps them make sense of what happens in their lives development of creative and problem solving skills development of social skills learning about sharing and co-operation 	<ul style="list-style-type: none"> puppets dolls toy tool sets/ medical sets (support for pretend play) plasticine/clay/playdough drama 	<ul style="list-style-type: none"> encourage free play- let the children choose how to use the toys start off a puppet show and let the children continue the story

Creative play

FOR THE CHILD	WHAT WE CAN PROVIDE	WHAT WE CAN DO
<ul style="list-style-type: none"> expressing feeling and ideas development of fine motor skills experimentation 	<ul style="list-style-type: none"> painting and drawing activities (paper, crayons, pens) plasticine/clay/playdough collages (from waste materials) bricks dolls small toys like cars 	<ul style="list-style-type: none"> guide children with a theme i.e. the weather, the sea, their family relate the expression to a story read previously, or a song sung together

Communication

FOR THE CHILD	WHAT WE CAN PROVIDE	WHAT WE CAN DO
<ul style="list-style-type: none"> expressing feeling and ideas in words appreciating local culture, music, language development of speaking and listening skills development of imagination learning social conventions 	<ul style="list-style-type: none"> books oral stories from local culture songs and dance from local culture puppets 	<ul style="list-style-type: none"> read stories encourage children to make up stories start off a story with one sentence. Next child continues with one sentence and so on get local groups to perform traditional dances and songs and to teach them to the children

Physical play

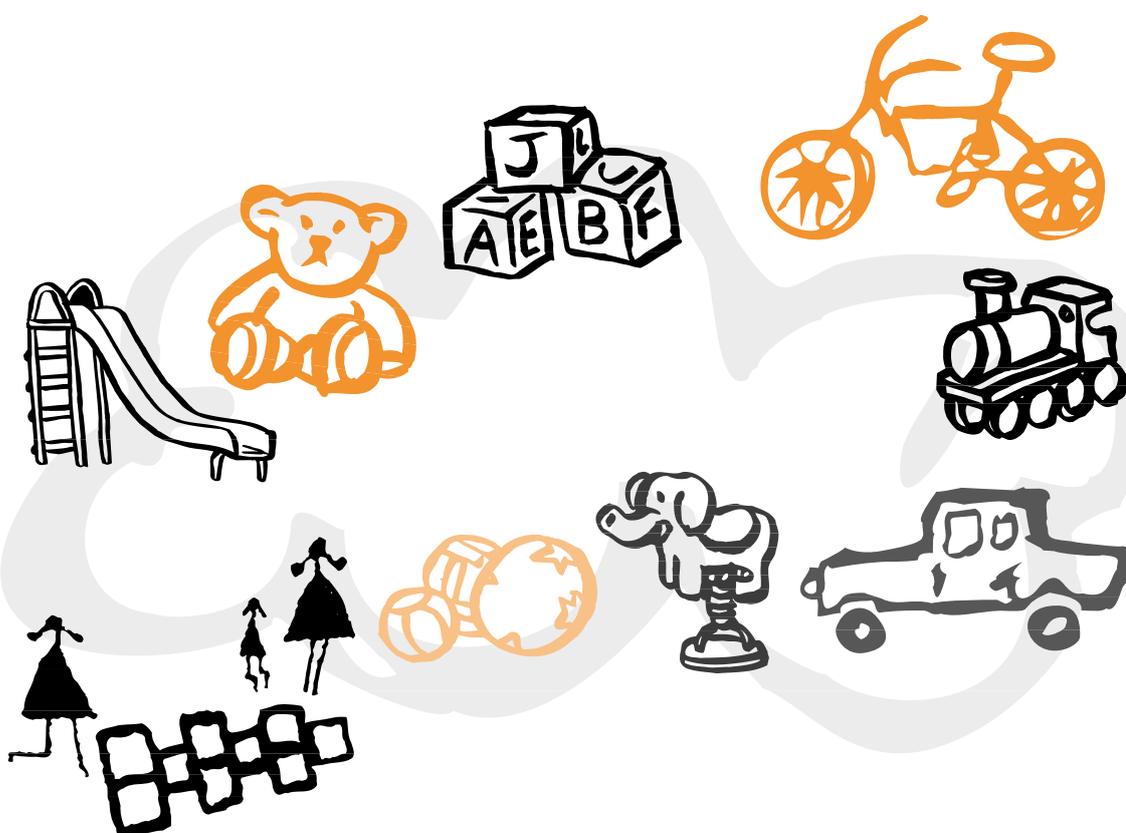
FOR THE CHILD	WHAT WE CAN PROVIDE	WHAT WE CAN DO
<ul style="list-style-type: none"> development of motor skills, muscles, co-ordination development of self confidence building relationships and teams 	<ul style="list-style-type: none"> skipping ropes balls cricket and other sports equipment 	<ul style="list-style-type: none"> organise games allow free play with the equipment

Constructive play

FOR THE CHILD	WHAT WE CAN PROVIDE	WHAT WE CAN DO
<ul style="list-style-type: none"> expressing feeling and ideas development of fine motor skills experimentation 	<ul style="list-style-type: none"> plasticine/clay/playdough collages (from waste materials) bricks glue and scissors sand 	<ul style="list-style-type: none"> guide children with a theme i.e. the weather, the sea, their family children can play alone or in small groups

Manipulative play

FOR THE CHILD	WHAT WE CAN PROVIDE	WHAT WE CAN DO
<ul style="list-style-type: none"> fine motor skills, muscle development problem-solving skills build self esteem and co-operation skills 	<ul style="list-style-type: none"> puzzles bricks 	<ul style="list-style-type: none"> children can work alone or in groups



10.7 Supporting Children to Develop Responsibility and Leadership

Children who participate in their community are developing a sense of responsibility.

In your community, what activities are carried out by different age children? Is this different by gender?

Activities you can do in a child friendly space to help develop leadership and responsibility:

- children welcome each other
- children design their own attendance sheets and complete them every time they arrive
- children are responsible for getting out and putting away equipment
- completing inventories and checklists
- proposing and designing activities
- children checking the condition of the tent and equipment, and record any problems (by colouring in a drawing if they can't write)
- children preparing snacks and drinks for each other
- children monitoring the amount of drinking water available and request fill ups
- children cleaning and tidying the facility
- children choosing which toys and equipment to order.

10.8 Sample Charter for Child Friendly Spaces/Children's Clubs

We aim to:

- welcome everyone: whatever their age, culture, faith, ethnic background, gender or disability
- be excellent: have high standards for supporting children and providing a quality programme
- provide a safe and happy environment: for our team to work with children, parents and the community
- care for our team: value, encourage and care for every member of the team
- involve parents and the community: encourage parents and the community to assist and participate in activities with the children.



10.9 Role of Mobilisers and Community Volunteers

Taking care of the materials, toys and sports items:

1. Make a list of the equipment in the box: the children can do this or can help. If the children can't read you can get pictures of the equipment for them to check off.
2. Paste/stick it on the box.
3. Check the contents of the box: you can get children to do this to encourage development of responsibility.
4. At the end of the day pack everything properly inside the box (the children can help).
5. Check the missing pieces of the jigsaw puzzles and bricks (the children can help).
6. Lock the boxes properly and take the key with you.

Important facts for community mobilisers/volunteers are:

- be on time
- mobilisers must dress neatly and be clean
- activities start at 9.00 a.m. end at 11.30 a.m.
- mobilisers always should come half an hour before the starting time and should welcome the children
- talk to the children's parent and ask about the child
- give their snack time at 10.15a.m. to 10.45a.m.
- mobilisers should wait until all the children leave the tent
- maintain a daily record of the children who are attending the CFS
- maintain a record book
- mobilisers should observe and encourage check the children for cleanliness. e.g. nails, hair, teeth and dress
- create and find out about new games, activities, songs and hand work
- never let a child go out from the location without mobiliser's permission
- mobilisers should send a weekly report to the area co-ordinator based on daily activities
- should prepare a monthly report and submit it in a monthly meeting
- all mobilisers should meet end of the month for the discussion.(problems faced, how it handled and what are the new things we can do)
- have a logbook in every CFS tent with entries for each person who visits the tent including your own organisation's staff
- record accidents
- administer basic first aid
- check the inventory every month
- make purchase requests as necessary
- check the condition of the tent and the playground equipment
- arrange for repairs as quickly as possible
- stop any dangerous equipment from being used.

10.10 Selecting and Training Community Volunteers/Mobilisers

In some places, there may be existing community volunteers (also known as community mobilisers) who are used to working with children. In other places there aren't any.

1. Visit the community; talk to mothers, children, leaders, and fathers. Explain the project to them. Work out how many children of what age there are in the community, and therefore how many volunteers you will need.
2. Identify existing community volunteers.
3. Identify people with interest or skills in working with children. Look for people whose (former) jobs involved working with children, or mothers, or teenagers (youth) interested in helping. Gender issues must be considered. Emphasise that the CFS is the community's space for children, not the organisation's. Therefore they should choose the people who will work with the children, not the organisation.
4. Find out the organisation's policy on paying community volunteers. Will it work in this situation? If not, propose alternatives.
5. If there are too many potential volunteers, think how this can be organised. Would it be better to run a number of different sessions at once for different age groups and use more volunteers, or have a roster for different people on different days? What does the community think?
6. If there are too few volunteers try to find out why. Are there other, better paid alternatives? Has no one got the right skills? Discuss the problem with your colleagues and try to come up with solutions.
7. Record the details of each volunteer and ensure the community supports that person. We don't carry out police checks of community mobilisers so it is crucial that the community trusts the people who look after its children.

Paying volunteers/mobilisers:

In many cases being a volunteer in a CFS means that people aren't able to do something else which might bring in income. However employing staff brings various issues under labour law so organisations often don't want to employ staff. But they can give them incentives and rewards such as cash for work, or food for work programmes.

It is very important to think about the long term. The CFS is a community programme and if the volunteers start off with very high payments, what will happen in the long term when there is less money available? Also coordinate with other NGOs offering similar services and try and reach agreement about incentives to reduce tensions.

Some of the possibilities are:

- volunteering in the CFS is treated as part of Cash for Work or Food for Work programmes
- parents of children attending the CFS contribute in kind or in cash and funds are used to pay the volunteers
- volunteers who are genuinely volunteers because there is enough income in their family or they really don't want payment
- volunteers who receive incentives such as extra NFI.

10.11 Principles and Quality Standards for Implementation of a CFS Programme

The Programme:

- The best interest of the child shall be the prime concern in all programme activities.
- Children's Programme staff are responsible for identifying and following up vulnerable families.
- Playground equipment should be regularly inspected. Damaged items are to be repaired immediately or removed. The equipment shall not be used until repaired.
- Ensure maximum participation of parents.
- Adhere to the international standards for implementing project objectives: (Sphere, IASC, Interagency guiding principles on unaccompanied and separated children, Inter agency guiding principles on psychosocial well being for children affected by the disaster.)
- Every CFS to be visited by the NGO staff at least once in three days. During these visits, the children's programme staff should check the attendance register of children, record notes of volunteers, observe the general conditions of the children and families, discuss issues at the CFS with the volunteers and spend time with children. The programme staff shall make specific notes on his/her visit to the CFS.
- Child protection is a corporate and an individual responsibility. All staff are expected to be familiar with the need for behaviour and programmes which protect children. This set of standards applies to the development of children's programmes and activities including child friendly spaces in emergencies- both natural disasters and conflicts/ wars. They can also be used in development contexts
- Age groups: after assessment, staff may decide either to prioritise a particular age group, or that other agencies are offering provision for some age groups, and therefore World Vision shouldn't overlap.

Partnering:

- There should be collaboration with other sectors of your organisation.
- Children's programme staff should attend all relevant coordination meetings and inter-agency meetings to ensure effective networking at the local area.

Community Volunteers/Mobilisers:

- There should be a minimum of one community volunteer/mobiliser for every 30 children who attend the CFS regularly.
- Children's programme staff are responsible for the selection of Community Volunteers and Incentives to be discussed by NGOs involved in programmes to reach some consensus and avoid tensions. The children's programme staff shall meet with the community volunteers/mobilisers as a group, every 2-3 weeks. Records should be maintained of these meetings.

Staff:

- Staff recruitment: Where there is only one member of staff, a female is preferred. Where there is more than one staff member, a minimum of 50% should be females.
- The children's programme staff should undergo regular orientation and training.
- Some explanations of terms: mobilisers are young people and adults who run activities in child friendly spaces. They can also be called animateurs (animatrices), volunteers, or staff.

Project Management:

- Complete a work plan and provide explanation for any changes that occur.
- Standards in planning and reporting are to be determined by senior management.
- We recognize that in the difficult circumstances of an emergency, it will not be possible to meet all standards immediately. Therefore the table gives deadlines from the start of the programme as to when the standards must be met. The child friendly space model is very flexible and is adapted to the local context- both culturally and the type of emergency. However there are certain minimum standards which must be met in order to be able to call the programme a child friendly space programme.
- If the following standards are met, World Vision usually calls the programme a child friendly space programme.
- The standards apply to all programmes focused on children's activities, not just those called "Child Friendly Space Programmes".
- Good emergency and disaster preparedness planning will mean that it is easier to implement programmes and activities for children in emergencies.

QUALITY STANDARDS: CHILDREN'S ACTIVITIES AND CFS PROGRAMMES		WHEN THIS STANDARD MUST BE MET			
		WEEK 1	WEEK 2	WEEK 3	WEEK 4
1	GENERAL				
	Girls and boys participate equally				✓
	Separate activities are arranged for boys and girls if necessary				✓
	Children with disabilities participate in activities with other children		✓		
	Activities are adapted for children with disabilities where possible		✓		
	Children's work is displayed in the space if possible	✓			
	Equipment (toys etc) is in good condition	✓			
	Appropriate equipment is available for activities			✓	
	Equipment is age appropriate			✓	
	Educational/ information posters appropriate for children are displayed			✓	
	There are no toy guns or military type toys	✓			
	Children who are separated or unaccompanied are referred to the agency responsible for tracing and registration (this may be WV)	✓			
2	AWARENESS OF PROTECTION ISSUES				
	The code of conduct is on display in word form	✓			
	The code of conduct is on display in picture form				✓
	Children know whom to talk to about child protection concerns	✓			
	Child protection messages (eg related to recruitment, abandonment, UXO) are integrated to activities	✓			

QUALITY STANDARDS: CHILDREN'S ACTIVITIES AND CFS PROGRAMMES		WHEN THIS STANDARD MUST BE MET			
		WEEK 1	WEEK 2	WEEK 3	WEEK 4
3	CURRICULUM/ ACTIVITIES CONTENT				
	Children's rights awareness activities take place				✓
	A variety of activities appropriate to age and ability are on offer				✓
	There are activities for pre-school children	✓			
	There are activities for children of primary school age	✓			
	There are activities for children of high school age	✓			
	Health education is offered (in partnership with other INGOs/ NGOs/ local authorities) as contextually appropriate				✓
	Activities are available at each location for a minimum of 2 hours a day, 3 times a week				✓
	Any TV/ DVD/ Videos are used for a maximum of 25% of daily session time up to twice a week.	✓			
	Any programmes shown are age, development and culture appropriate and are non-violent.	✓			
	Adults in the CFS model good behaviour	✓			
	Positive behaviour by children is praised and re-inforced	✓			
	Inappropriate behaviour is corrected and managed appropriately	✓			
	Corporal punishment is not used	✓			
4	PLAYGROUND EQUIPMENT (IF SUPPLIED)				
	There are no sharp edges on equipment	✓			
	Children cannot fall off the top of slides (safety rail)	✓			
	One person is responsible for daily inspection of equipment and keeps records	✓			
	Children are stopped from using broken or damaged equipment the same day it is broken or damaged	✓			
	A regular maintenance programme is created			✓	

CASE STUDIES

Maintaining playgrounds

Playgrounds installed in Sri Lanka were constructed by local manufacturers in order to support the local economy. However the makers were not used to making the quality necessary for the heavy use in a camp situation. The playground equipment quickly deteriorated and became dangerous. It had to be removed until a new design could be made. The lesson learnt was to involve engineers in the design of playground equipment at the beginning.

QUALITY STANDARDS: CHILDREN'S ACTIVITIES AND CFS PROGRAMMES		WHEN THIS STANDARD MUST BE MET			
		WEEK 1	WEEK 2	WEEK 3	WEEK 4
5	RECORD KEEPING AND PLANNING				
	A record is kept of children's attendance, preferably by children themselves	✓			
	The activities are planned a week in advance	✓			
	A record is made of the activities held	✓			
	Records of personal (staff and children) information are kept secure	✓			
6	STAFFING (IN COLLABORATION WITH HR)				
	A minimum of half the staff are female				✓
	Community mobilisers know the children's names		✓		
	Community mobilisers know the children's family background		✓		
	Community mobilisers come from the communities where they work	✓			
	Community mobilisers have written agreements stating the hours they work and the salary/ incentive they receive				✓
	Community mobilisers are selected with community representatives, including women	✓			
	Community mobilisers sign the CP policy and Code of Conduct	✓			
	There is a minimum of one supervisor for 30 children	✓			
7	INCENTIVES/ SALARIES (IF APPLICABLE)				
	Salaries are paid on time				✓
	Incentives are at the same level as other NGOs				✓
8	REPORTS				
	Community mobilisers prepare regular reports on activities	✓			
9	SUPERVISION/ MANAGEMENT				
	The manager of the community mobilisers visits each space twice a week	✓			
	One manager supervises no more than 8 spaces	✓			
	Community mobilisers know how to contact their manager	✓			

QUALITY STANDARDS: CHILDREN'S ACTIVITIES AND CFS PROGRAMMES		WHEN THIS STANDARD MUST BE MET			
		WEEK 1	WEEK 2	WEEK 3	WEEK 4
10	FACILITY/ ENVIRONMENT				
	There is enough indoor and outdoor space for the children and activities				✓
	The environment is safe, free from hazards, clean and tidy	✓			
	Rubbish/ trash bins are provided		✓		
	Latrines and handwashing facilities are accessible near by				✓
	Drinking water is available		✓		
11	TRAINING FOR MOBILISERS				
	Initial training includes briefing on relevant WV and other policies including children deprived of parental care; interagency guidelines on unaccompanied and separated children; child protection policy; Christian witness policy.	✓			
	Training is held regularly and is documented				✓
12	PARENTAL INVOLVEMENT				
	Parents' meeting is held before programme starts	✓			
	Parents' meetings are held every month				✓
	Any concerns about children are brought to parents within 2 days		✓		
	Parents are invited to participate with their children	✓			
	Parents receive feedback on their children's development				✓
13	CHILDREN'S PARTICIPATION				
	Children participate in the choice of activities				✓
	Children (help) set up and clear away for activities	✓			
	Children (help) choose which equipment to order	✓			

QUALITY STANDARDS: CHILDREN'S ACTIVITIES AND CFS PROGRAMMES		WHEN THIS STANDARD MUST BE MET			
		WEEK 1	WEEK 2	WEEK 3	WEEK 4
14	INTEGRATION OF OTHER SECTORS' ACTIVITIES				
	WV's work in other sectors (health, watsan, NFI etc) is integrated with CFS programmes	✓			
15	VISITORS TO CFS				
	Best interests of the child to be the guiding principle for all visits. All visitors sign the child protection policy	✓			
	A record is kept of all visitors	✓			
	There is a strict limit on the number of visits per week	✓			
	Media visits are strictly monitored	✓			
	Media visits do not interfere with planned activities	✓			
	Children are asked for consent before they are interviewed or have the photo taken, or filming takes place • No child to be interviewed multiple times	✓			
16	PARTNERSHIPS				
	Activities involve other NGOs and CBOs	✓			
	Activities do not duplicate those provided by other NGOs		✓		
	CFS managers attend NGO co-ordination meetings regularly	✓			
17	PSYCHOSOCIAL				
	Key psychosocial messages are disseminated in the programme: • Normal reactions to abnormal situations • Importance of daily routine, being with friends, playing, talking about concerns	✓			
	Criteria for referral for further support for children who are not progressing with their peers are agreed, and processes for referral				✓

10.12 Moving On: A Child Friendly Space after the Emergency Phase

A CFS could last for months or years depending on the needs of children in the community. It can be one space or a series of spaces in a community but with very clear goals of providing a safe space for children and activities that are designed for children, with the children and their family members. A CFS can be the central point for supporting a child friendly community.

Activities in a CFS can keep changing; they are not fixed. They need to be responsive to changes in children's behaviour, for example, in situations where children move to live in very cramped conditions, more time might be needed for outdoor activities involving running around and letting off steam. Or when children go back to school, time might be needed for catch up classes.

A group of children might have a particular interest and want to develop this through extra meetings, practice, coaching or lessons such as a choir, or a sports team. Another group might be interested in forming a children's rights group, or an environment awareness group. A further group might want to be a part of an uniformed organisation e.g. guides and scouts.

The children who are participating in the CFS, and those who aren't, should discuss their desires and interests with facilitation from older children, community members and staff from your organisation. Regular meetings, clear actions plans, and links with other NGOs and potential resources should be helpful in this.

Follow on activities in a CFS:

- music group
- choir
- sports teams (competitive and non-competitive)
- sewing/knitting
- art
- crafts
- woodwork/metalwork
- environment
- debating groups
- language lessons
- study support
- book boxes/library
- IT
- discussion group
- health promotion (child-to child)
- mines awareness activities
- peace building group
- youth/children's committee
- volunteer group
- children's rights groups/clubs.



10.13 Health and Safety in a CFS

Every children's programme needs to ensure that the health and safety of children is addressed. This involves the provision of a first aid kit and staff trained in basic first aid. Basic first aid training is usually available through the local branch of the Red Cross / Red Crescent.

First Aid Kit List:

- 1 packet of 25 individually wrapped adhesive strips (plasters)
- 2 sterile eye pads
- 1 triangular bandages
- 12 safety pins
- 1m gauze
- 1 roll adhesive tape, 1.25cm wide (preferably micropore tape)
- 2 crepe bandages
- 1 pair scissors
- 3 pairs disposable gloves
- 1 pair tweezers
- 2 small bottles of sterile eyewash solution
- Alcohol swabs
- Dettol/antiseptic solution (small bottle)
- cotton wool (one packet)
- first aid manual in local language and with pictures.



All packed in small box or bag. Medication is not included in the first aid kit.

If a child is unwell and needs medication then he/she needs to be treated at a local health facility and be accompanied by parents/caregiver.



10.14 First Aid Instructions

How to help an unconscious person



First Aid:

- 1 Call or instruct someone to call the emergency services if possible.
- 2 Check the person's airway, breathing, and circulation frequently. If necessary, begin rescue breathing and CPR.
- 3 If the person is breathing, and a spinal injury is NOT suspected, and he is lying on his back, carefully roll him toward you onto his side. Bend the top leg so both hip and knee are at right angles. Gently tilt the head back to keep the airway open. If breathing or circulation stops at any time, roll the person on to his back and begin CPR.
- 4 If a spinal injury is suspected, leave the person as he was found (as long as he is breathing freely). If spinal injury is suspected and the person vomits, "log roll" the person to his side. Support the neck and back to keep head and body in the same position while you roll.
- 5 Keep the person warm until medical help arrives.
- 6 If you witness a person fainting, try to prevent him or her from falling. Lie the person flat on the floor and elevate the feet about 12 inches.
- 7 If fainting is likely due to low blood sugar, have the person eat or drink something sweet when he or she fully regains consciousness.

How to stop severe external bleeding



First Aid:

- 1 Raise the injured limb and stop the bleeding by applying direct pressure over the wound with fingers or with hand.
- 2 Lay the severely bleeding casualty immediately down.
- 3 If bandages are at hand, apply a pressure bandage over the wound.
- 4 Raise and support injured part above the level of the casualty's heart. If direct pressure and elevation is ineffective, apply indirect pressure to a "pressure point", where a main artery runs close to a bone. Press firmly with your hand at these points. If severe external bleeding from the limb still continues, apply a tourniquet above the bleeding wound. Do not release the tourniquet.
- 5 Severe bleeding may lead to shock, a critical condition, caused by disturbances in the circulation.



10.15 Health and Safety Checklist⁴

CFS:

Date:

AREA		YES	NOTES/ACTION
1	HEALTH		
	No smoking policy	no smoking signs or policy displayed	
	Sunsafe	shady area available for adults and children	
	Food hygiene and safety	children wash hands before eating	most CFS do not offer food : children are encouraged to eat with their families
		adults wash hands before handling food	
		food table/ area clean or covered	
		children have individual eating/drinking utensils; remove cups etc as soon as children have finished to prevent accidental sharing and cross infection	
		drinking water provided throughout session	
		use plastic containers	
	First aid kit	inaccessible to children	
		regularly checked and updated	
		Someone in group has first aid training	
	Emergency procedures	group has guidelines in event of an emergency	
	Cleaning procedures	equipment used cleaned regularly	
		dough/plasticine replaced minimum once a fortnight	
		floors/ surfaces cleaned regularly	
		any towels washed each day	
		cleaning agents stored out of children's reach	
	Toilets/latrines	clean	
		facility for breast feeding	
2	OUTDOOR SAFETY		
	General	no poisonous plants in play area	
		grounds safe; no animal faeces, broken glass and so on	
	Fencing (if any)	secure	
		height minimum of 1.2m	
		child-proof gate/s	

⁴ Adapted from <http://www.ecd.govt.nz/playgroups/stepdocs/playgroupadminkit.doc>

AREA		YES	NOTES/ACTION
Safety surfaces⁵	under all swings, slides and climbing equipment		
Water	all tanks covered		
	no standing water (mosquito breeding)		
Sandpit	sand clean		
	sand covered		
	shade		
	good drainage		
Outdoor storage	storage safe and secure		
	equipment stored safely		
3 PLAY SAFETY			
Equipment	safe		
	clean		
	no dangerous broken pieces		
	non-poisonous		
Furniture	adequate child appropriate		
	adequate adult appropriate		
	good and safe condition		
	clean		
Supervision	children supervised at all times		
4 BUILDING SAFETY			
Play area	safe		
	clean		
	entrances secure		
	safe area for babies		
	glass doors and low windows have safety glass /barriers		
Storage	safe and secure		
	storage lockable		
	accessible		
	chemicals and toxic materials kept secure		
Fans/ heaters	out of reach of children / childproof guards		
Information	family contact information and roll kept up to date and available for emergencies		
Other Issues			

⁵ Sand or soft surface preferable.

11. MANAGEMENT AND HUMAN RESOURCES

11. MANAGEMENT AND HUMAN RESOURCES

11.1 Management Standards for Child Protection in Emergencies

Standard 1: Disaster preparedness and planning

Disaster preparedness and planning takes the issues facing children into account.

CHECKLIST FOR CHILD FOCUSED/ CHILD SENSITIVE IDPPS		YES	NO	NOTES
1	Basic sectors of response include CP cross sectorally			
2	Programme includes children's programming (eg CFS), prevention of separation (see standard 4)			
3	Dollar projection or budgets includes child protection policy implementation, children's programming			
4	The Background section of the IDPP includes situation for children. In addition if there is a separate situation analysis then this looks at the issues for children both now and in potential scenarios			
5	Background and capacity of NO identifies child protection expertise, experience, and interest in children's issues			
6	Scenarios describe impact on children			
7	Explanation given if a sector for children's programming is not planned in emergency			
8	Reference made to Sphere, IAGP on Separated Children, WVI CPP, WHO /IA Guiding Principles on Psycho-social Care and Protection (see standard 6)			
9	Communications plan mentions who will work on CP briefing for visitors/ whose responsibility			
10	Policy and advocacy: what might the key issues for children be? What will WV advocate on? Which issues might need extra support? eg. HIV/AIDS, Children associated with Fighting Forces and Armed Groups, Institutionalisation of children, land rights, war crimes against children			
11	Overall senior relief leadership needs: how will children's issues be represented?			
12	Complete HR plan mentions the staffing needs for CPP and children's programming, jds for child related staff and CP Policy compliance. (see standard 2)			

CHECKLIST FOR CHILD FOCUSED/ CHILD SENSITIVE IDPPS		YES	NO	NOTES
13	Logistics plan includes: a. kit list locally adapted for CFS b. suppliers for CFS identified c. list of what is not available in country d. culturally appropriate protection items			
14	Child Protection is integrated into other sectors eg. One pagers on child protection			
15	Goods In Kind / Global Positioning Unit- which children's items might be needed			
16	Strategic partnerships identified and basis of any current relationships, joint working eg UNICEF, SC, Plan			
17	Current ADPs and other programmes, CIP numbers indicated together with geographical coverage			
18	Appropriate interactions with children forms completed			
19	Training conducted a. evidence b. number of participants			
20	Key documents translated- a. rapid assessment b. CP brochure c. kit lists etc d. Code of Conduct including core principles/IASC e. Posters for community members on CP and COC			

Standard 2: HR

Trained, skilled staff are deployed in emergency response in programmes for children. World Vision Child Protection in recruitment and screening standards are followed:

<p>Key indicators</p>	<p>ALL STAFF</p> <ul style="list-style-type: none"> • Staff are screened for child protection compliance. • Staff are asked to declare that they do not have convictions relating to women, children, or drugs prior to employment. • References are taken up. • Specific child protection questions are asked of job candidates. • Specific child protection questions are asked of referees. • Police/ criminal record checks are carried out where legally possible. • Job advertisements contain a statement about the organization not employing people whose backgrounds are not suitable for working with children and vulnerable groups. • The organization has a code of conduct which includes the IASC Core Principles, and specific prohibitions of misconduct with children. • Induction on child protection is provided and documented • Ongoing training on child protection is provided and documented <p>Staffing for child protection in World Vision’s responses:</p> <ul style="list-style-type: none"> • one person to focus on child protection policy, including briefing visitors and new staff, contextualizing appropriate interactions ¹ • one person to focus on child protection integration across sectors • at least two people to focus on assessment and discrete programme implementation (tracing, child friendly spaces) <p>Children’s programme staff/ field</p> <ul style="list-style-type: none"> • Staff are selected for their experience in working with children, their interest and motivation- above formal qualifications • Terms and conditions for staff are agreed with other NGOs (see standard 10) to avoid competition • Community based staff work in the areas where they live • There is an appropriate gender balance of staff • A training programme for field staff ensures they are appropriately skilled
<p>Guidance notes</p>	<p>The following tools are available:</p> <ul style="list-style-type: none"> • sample JDs for children’s programme staff • examples of job advertisements • sample of statement for contract or MOU • sample training for child protection • sample questions for candidate and referee • sample declaration form for convictions <p>English language skills are not necessary for field based staff</p>

¹ This person may be for a relatively short period

Standard 3: Assessments

Assessments in an emergency look at the specific situation facing children

Key indicators	<ul style="list-style-type: none"> • A rapid assessment, using the interagency format (modified if necessary) is carried out within x hours of a rapid onset disaster. • Key issues affecting protection of children are examined in the rapid assessment • Information is sought from key informants in the community • Information is sought directly from children in the community • Meetings are held with key players for children • Information is shared with key players for children • Joint assessments with other agencies/ key players are carried out where possible (see standard 10)
Guidance notes	<ul style="list-style-type: none"> • Key issues usually include: protection of children; separation; children in institutions; children killed or injured as a result of the situation; key risks to children's health, well being, protection; recruitment to the fighting forces/ armed groups; specific risks to one gender • A rapid assessment form is available, together with a training module. • Key informants include: community leaders, parents, health workers, education workers, elders, faith based leaders • Key players for children include: local and regional government authorities and bodies; child protection authorities; NGOs; FBOs; CBOs; INGOs
Resources	<p>Rapid assessment form Rapid assessment training module</p>

Standard 4: Programme DIME

Key indicators	<p>All programmes take child protection issues into account in DIME. Programme design across all sectors incorporates child protection Discrete programmes for children are implemented where the assessment indicates this is necessary Appropriate technical support (tools and advice) is available to ensure that the standards are met</p>
Resources	<p>See cross sectoral section See quality standards section for children's programmes Logframes Assessment tools</p>

Standard 5: Technical support

Appropriate technical support (tools and advice) is available to ensure that the standards are met

Key indicators	<ul style="list-style-type: none"> • a range of tools is available • the tools are being used • the tools are adapted where necessary • advisors review project design and provide feedback
Guidance notes	<p>Appropriate technical support:</p> <ul style="list-style-type: none"> • NO staff who have received CIE training provide support where they can • Regional CP advisor contacts NO • Regional CP advisor visits within 1 week • WWI CiC officer contacts Regional CP advisor and HEA team <p>Support that the regional advisor and CiC officer can provide:</p> <ul style="list-style-type: none"> • Provide generic tools (job descriptions, programme designs, checklists, assessment forms) • Draft initial project proposal for funding • Review logframe and funding proposals • Provide specialist advice on issues affecting children (eg on child soldiers, alternatives to institutional care) • Co-ordinate with regional or international coalitions/ interagency • Liaise with HEA and SOs as necessary (3 months) • Represent WV at regional/ international meetings (phone conferences) • Review candidate cvs (3 months) • Participate in phone interviews • Mentor staff in need of support (weekly phone calls) (up to 3 months) • Review weekly programme reports (3 months) • Monitoring/ technical support visit in the first 3 months <p>The CiC officer backs up the regional advisor as necessary, especially in the first 3 months of a cat III.</p>

Standard 6: Discrete programmes for children

Programmes follow the relevant standards

Key indicators	<ul style="list-style-type: none"> • Programmes follow the relevant standards: • Interagency guiding principles on unaccompanied and separated children • Psychosocial guiding principles for children • INEE Minimum standards for Education in Emergencies, Chronic Crises and Early Reconstruction • Convention on the Rights of the Child • Psychosocial framework (WV)
Guidance notes	<p>Programme design may need to be loose initially: the situation may change rapidly, and decisions may be affected by the organisation's other programmes, including food aid. Community based activities (child friendly spaces) may need a detailed timetable of activities for the first few weeks whilst staff are learning to plan their own resources.</p>
Resources	<p>See quality standards for children's programmes Standard operating procedures (SOPs) CIE manual Creative activities manual Logframes</p>

Standard 7: child protection policy

The organization has a child protection policy and mechanisms for reporting infringements.

Key indicators	<ul style="list-style-type: none"> • The organization has a child protection policy • The organization has a mechanism for reporting infringements of the child protection policy • All staff, volunteers, board members and visitors sign the child protection policy • Training is provided for all staff and documented • There is a designated person for CP in each location • A child friendly version of the CP policy is on display in each location where there are children's programmes • A child friendly version of the CP policy is on display in each location where there are distributions
Guidance notes	<p>The CP policy includes a code of conduct describing (un)acceptable behaviour There is a procedure for disseminating the CP policy</p>
Resources	<p>Setting the standards IASC Core Principles Posters/ code of conduct Keeping Children Safe</p>

Standard 8: Partners

The organization partners only with agencies and contractors which use their child protection policy or which have their own of an equal or higher standard.

<p>Key indicators</p>	<ul style="list-style-type: none"> • All partnership agreements/ MOUs have a clause ensuring application of the CP policy • All partnership agreements/ MOUs have a clause which states that the partnership can be broken if there are infringements of the CPP • All contracts have as a minimum a set of behaviour standards incorporated in them • All contracts have a clause which states that the contract will be void if the behaviour standards are infringed
<p>Guidance notes</p>	<p>Documents may need to be translated to local languages A mechanism for contractors/ beneficiaries to report will be needed Local legal opinion must be sought</p>
<p>Resources</p>	<p>Sample clauses Behaviour standards IASC Core Principles</p>

Standard 9: Community participation

The community, including children themselves, are active participants in protecting children

<p>Key indicators</p>	<ul style="list-style-type: none"> • Communities identify the key protection issues facing children • Children and the community participate in activity design • Children and the community participate in assessment • Children and the community participate in programme DME • The community feels it owns any discrete children’s programmes • Parents participate in activities with children
<p>Guidance notes</p>	<p>Community participation in child protection ensures that the community develops ownership of CP issues, rather than seeing the issues as ones from outside. In the early phase of emergency response, the standards are harder to implement, but pay off ultimately.</p>

Standard 10: interagency co-operation

Agencies with discrete children's programmes co-operate rather than compete

Key indicators	<ul style="list-style-type: none"> • Agencies do not establish programmes in areas where other agencies already operate • Agencies work together to ensure that there are not gaps in service provision (eg missing out one age group) (see standard 4) • Agencies collaborate to establish common terms and conditions for children's programme staff (see standard 2) • Regular interagency meetings are held and documented • Joint assessments are carried out where possible (see standard 3) • Information from assessments is shared with other agencies • Interagency training is held where possible
Guidance notes	<p>In order to succeed in implementing this standard, good relationships with government, UN, LNGOs, CBOs, FBOs, other INGOs are essential before the crisis (see standard 1: disaster planning)</p> <p>Staff time needs to be allocated for attending meetings and networking</p> <p>Interagency co-operation is important at all levels: in the field, at NO level, regionally, and internationally.</p>

11.2 Job Descriptions

Offices will often need to recruit staff to manage programmes and to work directly with children and families. Here are some examples of job descriptions.

Children's programme co-ordinators:

Job purpose:

To co-ordinate the organisation's programmes for children in the area, to promote the protection of vulnerable children, and to ensure co-ordination of the organisation's work with other agencies at a local level.

Background:

XXXX NGO has worked in the disaster affected areas for several years in child-focused development programmes. As a result of the disaster we wish to ensure that specific support is provided to children's societies/clubs which were working before the disaster to re-establish their programmes and provide extra support where necessary.

Activities also need to be undertaken to prevent separation of children from families (either forced or voluntary), and to identify children who need extra support. The co-ordinator will be supported by a team of community assistants/ mobilisers who will work with the communities to run activities with children, and who will be responsible for identifying vulnerable children and families, and recommending follow up actions.

Main tasks:

- manage community mobilisers
- link mobilisers to existing child societies
- ensure co-ordination at a local level for activities with authorities
- identify locations for CFS with communities and community mobilisers
- identify community assistants, and with them identify community volunteers
- attend training on set up of CFS
- manage implementation of CFS
- link to existing systems
- prepare for transition to formal education
- ensure sustainability of activities in the next year and longer term
- promote the protection of children in all activities.

Experience:

- keen interest and enthusiasm in working for and with children
- experience in working for and with children
- awareness of children's rights
- strong team player
- comply with the organisation's child protection policy and code of conduct.

Critical Knowledge, Skills and Abilities

- cross-cultural sensitivity, flexible worldview, emotional maturity and physical stamina
- strong interpersonal skills
- proficient English communication skills (both oral and written)
- able and willing to travel
- knowledge of MS Office, Lotus Notes, and other applications
- knowledge of and adherence to the Child Protection, Red Cross and NGO Code of Conduct
- ability to work in and contribute to team building environment.

Management responsibilities

Community assistants/mobilisers x 2

Project officer: children's programmes:**Job location:****Job purpose:**

To provide support to ensure the smooth implementation of the children's programme by co-ordinating the work of the development programme children's co-ordinators, translating for any international staff, reporting on activities, providing monitoring and evaluation support, and liaising with other agencies.

Background:

XXXX NGO has worked in the disaster-affected areas for several years in child-focused development programmes. As a result of the disaster we wish to ensure that specific support is provided to children's societies/clubs which were working before the disaster to re-establish their programmes and provide extra support where necessary.

Activities also need to be undertaken to prevent separation of children from families (either forced or voluntary), and to identify children who need extra support. The programme manager requires support to ensure that donor reports are submitted in a timely fashion, and that co-ordination with the development programme functions is supported.

Main tasks:

- make arrangements for training workshops and translate if necessary
- translate documents as requested by international expert
- procure supplies as requested
- co-ordinate coverage of Development Programmes
- report on children's activities (both emergency and development)
- monitor (record) expenditure on the project under the direction of the project co-ordinator
- liaise with other agencies to promote XXX NGO's work, disseminate further information, and find out required information.
- support monitoring and evaluation of the project.

Requirements:

- keen interest and enthusiasm in working for and with children (although this post will not involve direct work with children)
- report-writing skills
- experience in working with NGOs and UN
- fluency in all official languages
- initiative and ability to work without close supervision
- strong team player
- comply with the organisation's child protection policy and code of conduct
- willingness to travel to the field
- monitoring and evaluation skills.

Management responsibilities:

- one purchasing/logistics assistant.

11.3 Template of Budget

World Vision : Child Friendly Spaces : Dates : Budget notes

	COST PER UNIT	NR UNITS REQD	PER MONTH	NR MONTHS	TOTAL
PERSONNEL COSTS					
Children's Programme Personnel					
Child Protection Manager					
Translators					
Community assistants					
Driver					
Admin Assistant					
Relief Programme Personnel (est % time and cost for supporting Children's Programme)					
Relief Manager					
Finance Manager					
Programme Officer					
Logistics Officer					
Human Resource Officer					
Communications					
Commodities Manager					
IT Officer					
Total Salaries and Benefits					
Supplies					
Field Office Expenses					
Utilities/fuel					
Staff Field Quarters					
Warehouse/Storage					
Bank charges/fees					
Total Other Direct Costs					
Capital Equipment (>\$5,000)					
Total Capital Equipment					
Subtotal Direct Costs					
Indirect Direct Costs					
GRAND TOTALS					

11.4 EMERGENCY WEEKLY REPORT

Date Area

Activities this week

Problems this week

Child Protection Issues

Any reports of children recruited to the fighting forces/ armed groups? Yes No

Any reports of child trafficking, abuse or exploitation? Yes No

If yes, action taken:

Any reports of early (under 18) marriage? Yes No

Any children placed in institutions (orphanages) from project area? Yes No

Other Issues for Children?

NUMBER OF CHILD FRIENDLY SPACES RUNNING	LOCATION	NUMBER OF CHILDREN ATTENDING (AVERAGE)

Number of vulnerable families supported/ visited

NUMBER OF VULNERABLE FAMILIES VISITED	LOCATION	SUPPORT PROVIDED OR NEEDED (e.g. VISIT ONLY, MATERIAL ASSISTANCE, REFERRAL)	NUMBER OF CHILDREN

Children without parents

NUMBER OF CHILDREN IDENTIFIED	LOCATION	SUPPORT PROVIDED OR NEEDED (e.g. VISIT ONLY, MATERIAL ASSISTANCE, REFERRAL). HAVE THE DETAILS BEEN RECORDED BY ICRC OR GOVERNMENT?

Equipment /support needed from Head Office:

Expenditure this week

Please note on a separate page.

Other information

Please use a separate sheet.

12. TRAINING MODULES

12. TRAINING MODULES

12.1 Module One : Introduction to Child Protection

Key concepts	Children are different from adults and have unique needs Children have the right to protection and care
Definitions	CP: child protection
Session objective	By the end of the session participants will be able to : Explain the key actors/groups in child protection Describe the four main types of abuse Give reasons for child protection
Learning outcomes	Participants will increase their understanding about why individuals and organisations should be committed to child protection
Feeling outcomes	Participants may relate to children's feelings of powerlessness, being small, and having few resources and choices. Participants may also relate to how we can learn important messages/information by playing games
Time	30 minutes
Methods	Time for learning: because this activity very explicitly engages the emotions as well as the intellect, ensure that there is plenty of time for discussion so that participants don't feel rushed. Often the learning deepens as the discussion and implications "sink in". Internalization: the activity is a good way for participants to internalize more cerebral information they're dealing with, particularly information that's difficult to understand. Note: You can also use child protection materials from your organization or perhaps the "Keeping Children Safe" materials but we have found this balloon game to be a great introduction to the issue.
Materials	-Inflated balloons tied with 1 foot strings (or rubberbands) - enough for 1/4 of the participants. -Balloon game debriefing questions.
Handouts	WV CP brochure/information on types of abuse
Logistics	For the first part - the Balloon Game - you'll need the space cleared of chairs. Ask participants to each take their chairs and stack them against the wall. In discussions have the group sit on the floor. Re-arranging the chairs can distract from the flow of discussion.

Step by step

1. Balloon game: Explain to the participants that we are going to play a game. Divide participants into 4 groups. Give each group instructions separately, out of hearing of the other groups.

Group 1: Tie balloons to their ankles. They will have no instructions.

Group 2: Stand by a person with a balloon. Protect that one person only. No talking allowed.

Group 3: Pop all the balloons as quickly as possible, and strategize however they like in order to do that.

Group 4: Simply observe.

Note: do not inform groups 1,2 or 4 about the aim of the game (to pop the balloons). Only group 3 should know.

Start the game with the blow of a whistle or calling out "the game will now start". Allow just one or two minutes (this is usually enough time for most of the balloons to be popped).

2. Debrief the game: Ask groups 1 - 3, in turn, how they felt, and group 4, what they observed.

Typical responses might be:

Group 1: Felt frightened; didn't know what was going on; felt attacked; felt frustrated; felt confused.

Group 2: Frustrated because I didn't know what was going on; didn't have time to prepare; couldn't protect the person because the attackers seemed to have a plan; the person I was protecting ran away from me; thought I could protect in the beginning, but had no chance.

Group 3: Great; easy to squish the balloons; once we got into the game it was easy; had a lot of control.

Group 4: Why didn't group 2 organize? Why didn't you intervene?

3. Discuss what was needed by each group to prevent the balloons being popped:

Group 1: Children in our protection.

Group 2: Adults who are doing their best to protect certain children and laws that protect children

Group 3: Adults who have no regard for child rights; they take advantage of opportunities to abuse children. They have time to plan. They look live everyone else. There is no visible profile for an abuser.

Group 4: Adults and children who stand by and do nothing

4. Ask participants to think about child protection and discuss what the 4 groups could represent:

Group 1: They needed to know what was going on; they needed to have a strategy and skills to stop people attacking.

Group 2: They needed to know what was going on; they needed to combine forces and protect as a group, not just as individuals; they needed to know the likely tactics of Group 3.

Group 3: They needed to know that it wasn't as easy as they first thought.

Group 4: Needed to feel they could get involved and do something

5. Ask participants to think of this game in the context of child protection and what actions are required in the four groups to protect children. Put into a box the following:

Children : Need to have skills to protect themselves, need to have adults to listen to them, need to be able to communicate with adults

Protectors: Need to work together for more impact eg. Child protection networks, know and advocate for laws to be implemented, communicate well with children, know what types of abuse are common and risk factors for children, need to know the nature of abusers

Abusers: Need to know that their behaviour is unacceptable, need to be able to access services to prevent further abuse, need to know they are responsible for their interaction with children - the child is not.

Observers: Need to know about child abuse and what they can do about it. They need to know the laws that protect children and the services available to help children, their families and the abusers and their families.

6. Ask participants what reasons they can think of for child protection. Write them on a flipchart.

7. Explain that we can talk about them in three different categories: children's rights, ethical and faith based .

Children's rights - the right to protection is clearly outlined and linked to the right to survival, development and participation.

Ethical - children are nearly half the population affected by humanitarian crises so we cannot ignore them. Humanitarian organizations often refer to children in their marketing messages and so it is legal/ethical to respond to their needs.

Faith based - all major religious traditions, have a tradition of respect and care for children.

8. Explain abuse is usually categorized into four main types.

- a. Physical
- b. Emotional
- c. Sexual
- d. Neglect

Use the handout on types of abuse to discuss. There are also many materials available on this topic including DVD/VCD on incest. See bibliography for details.

What are the implications for child protection? Let participants discuss in groups the key child protection issues in their context and some specific actions that they can take referring to the four groups involved in the protection of children.

Summary of Session

Review objectives with the participants and outline key points

Handout on Types of Abuse

FORMS OF ABUSE

There are four main categories of abuse to be aware of:

Physical:

This can include any direct acts of physical injury upon a child or young person, which are not the result of an accident. This can also include tasks and errands, which clearly exceed the capacity of the child to manage safely.

Sexual:

This includes all forms of sexual acts perpetrated upon a child by another person. This issue is more complex when between older children of similar age groups. The essential issue is one of exploitation, which is considered to have occurred if an adult perpetrated the activity on a child and/or involved a misuse of power, services, age or authority. This can also include exposure or failure to prevent the exposure of children to all forms of pornography and sexual acts.

Neglect:

This relates to the persistent failure to prevent the exposure of a child to danger, or the extreme failure to carry out important aspects of care, medical or physical which results in the significant impairment of the child's health or development. This can occur when a worker fails to adequately supervise the safety of children or exposes any child to extreme conditions or preventable risk of serious injury.

Emotional:

This is persistent and psychological ill treatment, which results in a severe impact upon a child's behaviour and development. It will involve a denial of normal respect and may take the form of persistent personal criticism, humiliation or discrimination in the absence of any positive interest or concern. This can happen in situations when children are subject to a persistent level discrimination due to being unaccompanied, low status, gender, religion, disability, ethnic background and/or bullying as a result of the unrealistic expectations of others.

12.2 Module Two : Child Protection in Emergencies

Key Concepts	Child protection policy (CPP) Code of conduct (COC) IASC (Inter-Agency Standing Committee) Behaviour Protocols (BP)
Definitions	By the end of this module participants will be able to summarise and teach others the key components of the COC and CPP
Session objective	Participants will: <ul style="list-style-type: none"> • Understand the scope of a code of conduct and child protection policy • Understand the risks of not applying codes of conduct • Understand the various codes of conduct applicable in an emergency
Learning outcomes	Increased risk of abuse by humanitarian workers if there are no policies and systems in place. This is based on research on sexual exploitation in refugee camps that uncovered cases of sexual exploitation by humanitarian workers. Since then the same pattern has been validated in other humanitarian settings.
Feeling outcomes	The participants may feel inhibitions about talking about the content of the code of conduct- especially the parts about sexual behaviour. However it is really important for them to understand the need to be explicit in explaining that certain behaviour is completely inappropriate.
Time	1 1/2 hours
Methods	This module is information heavy because there is quite a lot to read. Some participants should already be familiar with the behaviour protocols but the rest may be new to them. It helps if there is time for the participants to read the material before the session. Depending on group size, the activities can take place in one group or the group can split up.
Materials	<ul style="list-style-type: none"> • IASC Core Principles • World Vision behaviour protocols (manual) • World Vision code of conduct- as an example of an HR policy (manual) • Appropriate interactions form (manual) • Information for children (manual) • Information for adults (manual) • WV's CP brochure (or other equivalent) • Red Cross Code of Conduct p317-321 (Sphere manual) (for reference only)
Handouts	Data projector or flip chart Flipcharts and markers to record group discussions
Logistics	

Step-by-step activities

1. Use the following powerpoint slides/ppt slides on flip chart as the foundation for discussion on child protection policies and Code of Conduct
2. Background on West Africa and how we got to the opinion that a code of conduct is necessary. (SLIDES 1-4)
3. Review IASC Core Principles. (SLIDES 5-12) . Explain that these core principles do not only refer to children therefore are often outlined in a corporate HR policy.
4. Emphasise that many organizations also have Child Protection Policies that build on the IASC Core Principles. As part of a child protection policy there are specific rules on how to behave with children (behaviour protocols) and these are then contextualized (appropriate interactions) (SLIDES 13-14)
5. Outline the need to give beneficiaries information about what is acceptable, what is not acceptable, and how to report infringements (refer to posters in manual) (SLIDE 15)
6. Activity or discussion: What are the risks of not applying a Code of Conduct? - risks to individuals of being abused; NGOs being exploited; aid being misused (SLIDE 16)
7. Activity or discussion: What are the challenges of Codes of Conduct- not widely understood or accepted outside the big NGOs and UN agencies; "freelancers"; military; government; culture (SLIDE 17)
8. Guided discussion in groups:
 - Questions about Code of Conduct
 - Challenges participants see in applying the Code of Conduct
 - What ways have they used to get information to people in various formats- what has worked and what hasn't worked
9. Sample activities:
 - Complete the "appropriate interactions" form for a culture you know (20mins)
 - You have to brief 10 daily hire food monitors on the Code of Conduct and Behaviour Protocols. Prepare the briefing. (20mins)
 - Design a poster to convey the Code of Conduct or the IASC Core Principles without words



Child protection policy and codes of conduct

Objectives

- By the end of the session, participants will:
- Understand the scope of a code of conduct and child protection policy
 - Understand the risks of not applying codes of conduct
 - Understand the various codes of conduct applicable in an emergency

West Africa

- In 2001, accusations were made of widespread sexual abuse of beneficiaries by UN peacekeepers and NGO staff.
- It was alleged that aid was exchanged for sex in refugee situations in West Africa.

- An investigation collected evidence for some of the claims. Various NGOs and UN bodies were implicated.
- As a result, the Inter Agency Standing Committee, a body representing UN heads of agency, the Red Cross/ Crescent, and NGOs, wrote core principles for a Code of Conduct.

IASC TASK FORCE ON PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE IN HUMANITARIAN CRISES

- The Six Core Principles of a Code of Conduct

Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment;

Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defence;

Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behavior is prohibited. This includes exchange of assistance that is due to beneficiaries;

Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work;

Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, s/he must report such concerns via established agency reporting mechanisms;

Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

Different considerations will arise regarding the enforcement of some of these principles for humanitarian workers hired from the beneficiary community. While sexual exploitation and abuse and the misuse of humanitarian assistance will always be prohibited, discretion should be used in the application of the principles regarding sexual relationships for these humanitarian workers.

World Vision Behaviour Protocols

- Describe what is acceptable and appropriate behaviour for visitors, staff, interns, donors and all others involved with children associated with World Vision.

Appropriate interactions form

- It is completed by staff following input from local people for example- cook, cleaner, driver, beneficiaries.

Giving beneficiaries information

- All the codes of conduct in the world are useless if they are not publicised. If you do not know that an offer to build your house quickly in return for sexual favours is wrong, it is hard to report anything.
- If you do not know that sponsorship does not mean that the sponsor can visit the child and abuse him/ her, how can the parent/ child report anything as wrong

Risks of not applying a code of conduct

- Risks to individuals of being abused
- NGOs being exploited
- Aid misdirected

Challenges of codes of conduct

- Not widely understood or accepted outside big INGOs and UN agencies
- "Freelancers"
- Military
- Governments
- How to give information to beneficiaries and how to reach the most vulnerable

Universal Child Protection Behaviour Protocols

- WV staff must follow the cultural acceptable behaviours as indicated in the table above. They must not fondle, hold, kiss, cuddle, or touch minors in an inappropriate or culturally insensitive way.
- Likewise WVI staff must avoid flirting, unwelcome flattering, or making suggestive comments to minors.
- Two or more adults must supervise all activities (including assessments) where children are involved. At least two adults must be present at all times
- WVI staff must not stay overnight alone with one or more non-related children or minors whether in the staff member's home or elsewhere.
- WVI staff should not hire minors as "house help" or provide shelter for project or sponsored minors in the staff member's home.
- Although it should be the exception rather than the rule, there may be some circumstances when it might be appropriate for WVI staff to spend time alone with a minor. Under such circumstances, WVI staff must obtain written permission from the child's parents or guardians and notify your supervisor before spending time alone with minors in an unsupervised situation.
- WVI staff must be entirely professional in their relationship with minors and children, while at the same time demonstrating Christian love, compassion, and caring in both word and deed.
- WVI staff must be concerned about perception and appearance in their relationships with minors and children. WVI staff should seek to live-up to the World Vision Mission Statement and Core Values in all relationships with others.

The following inappropriate conduct towards children will not be tolerated.

- Verbal conduct such as derogatory comments or sexual advances, invitations, or using power and authority to persuade a child to act in ways that may sexually gratify the adult.
- Visual conduct such as derogatory posters, pornography of any kind, cartoons, drawings or gestures, any form of written/verbal communication.
- Physical conduct such as uninvited or unwanted touching, hugging, blocking normal movement as well as taking a child off the project site unauthorized.
- Threats or demands to the child to submit to sexual requests in order to receive project benefits. With the exception of professionally and clinically trained counselors who work for World Vision, staff should avoid involvement with one-on-one counseling with minors and children concerning personal problems.

WORLD VISION INTERNATIONAL
APPROPRIATE INTERACTIONS WITH CHILDREN AND FAMILIES
CHILD PROTECTION
NAME OF COUNTRY

	Visitor/Staff member - Male	Visitor/Staff member - Female	Additional Comments
Developmental Ages			
0 - 6 years - boy			
0 - 8 years - girl			
7- 12 years - boy			
9- 12 years - girl			
Adolescents/youth - male			
Adolescent/youth -female			
Adult - Male			
Adult - Female			

12.2.1 International Human Rights Law:

The Convention on the Rights of the Child

Most international human rights laws contain provisions relevant for children. However, the most specific is the Convention on the Rights of the Child. This is the most widely ratified peace of international human rights legislation in existence (191 States), giving it the status of international customary law. It is a comprehensive document: it covers virtually all aspects of children's lives -- from health and education to the right to be heard.

The CRC defines a child as any person under the age of 18. While giving individual rights to children, it also emphasizes relationships - the child in the family and community.

12.2.1.1 The four over-arching, inter-dependent "umbrella" principles of the CRC:

- Non-discrimination (Article 2)

ALL children in ALL situations at ALL times -- including the most disadvantaged, displaced, refugees, minorities etc.
- Best Interests of the Child (Article 3)

How does each course of action affect children? The course to be followed is the one that is in the best interests of the child (which may not always be the same as in the interests of adults).
- Right to Life, Survival and Development (Article 6)

The right to life is the bottom line. To the maximum extent possible the survival and development of the child should be ensured.
- Right to Participation (Article 12)

The right of children capable of forming their own views to participate in decision-making on issues that affect them.
Message: when designing programmes or carrying out assessments consult children too. They usually have good insights.

12.2.1.2 The main contents of the CRC

Civil Rights and Freedoms

Several articles define civil rights and freedoms:

For example, the right to be registered at birth, the right to an identity, freedom of expression, freedom of thought and conscience, freedom of association, freedom from torture etc. These rights cannot be altered or removed.

(Articles 7, 8, 13, 14, 15, 16, 17 and 37)

Family environment and alternative care

Several articles define the rights and responsibilities of parents and families (for example, parents/legal guardians have the primary responsibility for the upbringing of the child), the right of children not to be separated from their parents except where a competent authority deems it in the child's best interests in a judicial review. Others place obligations on the State to develop institutions, facilities and services to support the care of children.

The main emphasis throughout is that the best place for a child is with his or her parents and family unless exceptional circumstances and the child's best interests dictate otherwise. Implications include: residential institutions for children should be the last resort - the state is obliged as far as possible to provide services to children in ways that keep families together.

This should also be the focus of humanitarian action. Services should keep families together. For example, well-meaning efforts to support children by removing them without their families to places where there may be better services (for example, some bodies and individuals have proposed flying children out of affected countries) should be actively discouraged.

(Articles 5, 9, 10, 11, 18.1, 18.2, 20, 21, 25, 27 and 39)

Health, education and welfare

A third cluster of rights relate to health, education and welfare. The CRC defines the rights of children to education, humane living standards and adequate health services.

Refer back to the principle of non-discrimination: All children All situations All the time. Implication: reaching the hard to reach is an obligation. They are often the most vulnerable.

(Articles 18.3, 23, 24, 26, 27 and 28)

Special protection measures

Finally, a fourth set of rights sometimes described as special protection measures. Various articles define protection from economic exploitation and establish the importance of the physical and psychological recovery and social reintegration of children who have been the victims of neglect, exploitation and abuse in an environment that fosters health, self-respect and dignity. Article 38 reinforces the provisions of international humanitarian law by obliging States to abide by its rules. It bans the recruitment of under-15 year olds.

The emphasis placed on psychological and physical recovery is recognition that children are growing social beings. Helping them return to some kind of normalcy is an important contribution to their future well-being as well as a necessary immediate intervention to reduce the impact of conflict (on families as well as children). This should be the focus of psychosocial activities.

12.2.1.3 The two Optional Protocols to the CRC.

There are now two Optional Protocols to the CRC that reinforce certain provisions in the CRC. The first is the involvement of children in armed conflict that obliges States to raise the age of recruitment to as close to 18 as possible. The second forbids the sale of children, child prostitution and child pornography.

12.2.2 International Humanitarian Law (IHL)

In times of conflict, international humanitarian law aims to protect people who do not, or no longer, take part in the hostilities. It aims to regulate or restrict the methods and means of warfare. The basic principle is that civilians and persons no longer taking part in hostilities are entitled to humane treatment.

Children are protected both as members of the non-combatant civilian population - most of the provisions that apply to adults also apply to them - and as a particularly vulnerable group in the civilian population.

In the context of countries at war, the most important piece of legislation is the 1949 Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War and the 1977 First Additional Protocol to the Geneva Conventions concerning the protection of victims of international armed conflict.

Between them the Fourth Geneva Convention and Protocol I contain 24 provisions that give special protection to children. Important provisions include:

- Children are objects of special respect and shall be protected against any form of indecent assault;
- Parties must provide children with the care and aid they require.

Like the CRC, humanitarian law places emphasis on keeping families together. Evacuation of children is only lawful in certain circumstances and if certain safeguards are implemented (for example, written consent from parents and only on grounds of serious health concern). Facilitating family reunification - whether of evacuated children or children who have become separated for other reasons -- is a legal obligation.

12.3 Module Three : Child Protection Rapid Assessments

Objective	By the end of this module participants will be able to: <ul style="list-style-type: none"> • understand the purpose and principles of rapid assessments for child protection; • complete rapid assessment for child protection using the pre-prepared form with competence.
Time	1 hr 30 minutes

1. What is a rapid assessment for child protection?

You can make these slides on a flipchart or using powerpoint.

Time	30 minutes
Slide One	Rapid assessment for child protection: <ul style="list-style-type: none"> • based on legal framework (CRC and IHL) • broad but shallow • flags issues for follow-up • multi-sectoral • co-ordinated/Shared information.
Notes	<ol style="list-style-type: none"> 1. Bridge to the earlier session by explaining that the general approaches and the specific issues covered in a child protection assessment. They are based on the principles of children's rights and international law previously discussed (examples include children first to receive relief in war, participatory approach, aim to address potential for discrimination, special attention to especially vulnerable like disabled, child soldiers and children separated from family). 2. Like any rapid assessment, a number of issues are considered but without depth. 3. Including child protection concerns in rapid assessment will allow specialists to follow-up on key issues as they are flagged. 4. Child protection is cross-cutting across other sectors (education, health, food aid), a protection lens through which to view relief activities. 5. Standard rapid assessment allows information to be collected on priority topics and shared amongst various actors involved.
Slide Two	Guiding Principles: <ul style="list-style-type: none"> • introduce yourself and who you represent and why you are asking questions. • get consent • don't endanger people • avoid raising expectations • information is for assistance purposes • look for the positive – for assets and resources.

* bibliography

1. What is a rapid assessment for child protection?

<p>Notes</p>	<ol style="list-style-type: none"> 1. A few guiding principles must be followed even when conducting a rapid assessment. 2. Gaining consent means making sure people know why you are asking questions and also what the information will be used for. Be aware of who is in charge. Ask permission to enter buildings or compounds. Let informants choose what information they want to share. 3. Be careful of endangering anyone because they have talked to you or because of the kind of information they may give you. If people do not appear to be comfortable answering questions, do not press the issue; leave it. Do not endanger yourself. 4. Avoid raising expectations by making it clear that although you will pass information on, you may not be the one following-up or taking action on issues raised. You cannot promise or guarantee anything. 5. The purpose of collecting information is to help children and communities, not to lay blame/gather evidence/conduct an investigation. You are asking for facts that help identify and support the most vulnerable. 6. When identifying vulnerabilities of affected populations, look also for the capacities to respond, including capacities/resources of children, families, communities, agencies, and so on.
<p>Slide Three</p>	<p>Key child protection Issues:</p> <ul style="list-style-type: none"> • direct threats to life • lack of access to essential services (especially for the most vulnerable) • separated or missing children • children associated with fighting forces • children in detention • children in institutions • exploitation and abuse.
<p>Notes</p>	<ol style="list-style-type: none"> 1. This is not an exhaustive checklist, but represents some of the key issues you might encounter. The list conforms to the boxes on the rapid assessment form. 2. Lack of access can be for different reasons: services are lacking altogether, certain children are discriminated against or targeted, some have special needs that require attention, some have special needs that make it physically difficult to access services. 3. Exploitation and abuse can be physical and mental, including for example torture, rape, sexual exploitation, child labour and neglect. 4. You must be sensitive to the cultural context in the country in the way you approach issues around exploitation and abuse and the involvement of children in fighting forces. But at the same time, many people may say that issues of exploitation and abuse do not exist in this country, perhaps because they may feel it is shameful to reveal such things to foreigners. The reality is that these issues exist in every society to some degree, whether or not it is acknowledged or talked about openly, and they are exacerbated in times of crisis. Do not, however, try to force the issue.

2. How to complete the rapid assessment form for child protection:

Time	45 minutes
Slide Four	<p>Slide Four:</p> <p>Overview of rapid assessment form:</p> <p>3.4 produced by inter-agency working group</p> <p>3.5 annex to standard HIC form</p> <p>3.6 one-page designed for generalists</p> <p>3.7 highlights specific issues</p> <p>3.8 room for additional observations.</p>
Notes	<ol style="list-style-type: none"> 1. Hand out the form and give background to the creation of the form by the inter-agency working group on child protection to supplement the standard general three page rapid assessment form. 2. The child protection form is one-page and designed for generalists. 3. You can see that a few key issues from the previous checklist are highlighted, with space to note any other concerns.
Slide Five	<p>Obtaining Information:</p> <ul style="list-style-type: none"> • use your judgement • direct observation • who to talk to • sample questions • keep your antennae up • triangulate where possible.
Notes	<ol style="list-style-type: none"> 1. Have someone read aloud the disclaimer at the top of the assessment form. Make the connection to the guiding principles discussed earlier. Use your judgement and a 'do no harm' approach when conducting assessment. 2. You can learn a lot by simple observation and casual conversation. 3. Sources of information can include: women, children (children's views differ from those of adults), teachers, religious leaders, local authorities, soldiers, prison authorities, orphanage staff, local and international NGOs, and UN staff. 4. Some open-ended questions you might try using include: <ul style="list-style-type: none"> • what are children doing now? • how are they spending their time? • what are you most concerned about in relation to your children right now? • how has this war impacted children/adolescents/girls/boys? • what has changed? • how are children/families managing? 5. Cross-refer information from different sources whenever possible. Do not take one person's word as representing the whole. 6. Protection issues are often hidden so be observant about signs of exploitation or abuse. But don't feel the need to push issues.

2. How to complete the rapid assessment form for child protection:

Slide Six	<p>Filling Out the Form:</p> <ul style="list-style-type: none"> • subjective answers • writing additional comments • other serious protection concerns?
Notes	<ol style="list-style-type: none"> 1. Go through the form section by section answering any questions about definitions, and so on. 2. Acknowledge that people will have to make their best judgement calls on subjective answers and that any additional comments, explanation or details should be written on the back of the form. 3. What do we mean by 'other serious protection concerns?' Ask the group to give examples and discuss some of the more sensitive issues around exploitation and abuse that were not included explicitly on the form.
Slide Seven	<p>Analysis of Information:</p> <ul style="list-style-type: none"> • forward form to UNICEF/CP group • include some findings in narrative report • report critical issues immediately.
Notes	<ol style="list-style-type: none"> 1. Completed forms should go to the nearest UNICEF child protection officer/structure. Please do this urgently. They will analyse with other child protection actors. 2. It may take some time to go through and analyse forms. It would be therefore helpful if findings were also included in the brief narrative write ups that usually come out within 1-2 days of the assessment trips, such as DART assessment reports, joint UN mission reports, and so on. However, please do this with a health warning; the aim of this form/assessment is to help identify glaring issues that need further investigation and follow up. There will be many things that you miss and there may be others that are incorrectly interpreted. Be careful, therefore, about making public reports on issues that seem shocking or on which you are uncertain. If in doubt, check with the child protection specialists. 3. Any particularly critical or timely concerns should be communicated directly by phone or email to contact persons within UNICEF and/or the child protection working group so that immediate action can be taken.

3. Review of key points/Questions:

Time	15 minutes
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12.4 Module Four : Child Friendly Spaces

Key concepts	<p>The approach of Child Friendly Spaces [CFS] focuses on the holistic needs of children in emergencies.</p> <p>CFS concept is adaptable to different contexts</p> <p>CFS enable smooth transition from relief to development and vice versa.</p> <p>CFS concept focuses on local structures and coping mechanisms.</p>
Definitions	<p>CFS: a place/area where children and youth can come from home and meet other children, develop age appropriate competencies and deal with the risks they face, be involved in expressive/ creative, and possibly educational activities.</p> <p>They can relax in a safe place which is focused on them.</p>
Session objective	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • design and prepare for a CFS programme.
Learning outcomes	<p>Participants will understand World Vision's approach to CFS</p> <p>Participants will be able to:</p> <ul style="list-style-type: none"> • design a CFS programme • work with partners to implement a CFS programme • identify the equipment needed for a CFS.
Feeling outcomes	<p>Participants will feel more comfortable with their ability to design a child-focused programme in emergencies</p>
Time	4 hours
Materials	<ul style="list-style-type: none"> • facilitator to prepare labels for Child Friendly Space • large sheets of paper • markers • handouts: equipment list for CFS, CFS principles, and questions for looking at equipment list.
Logistics	<ul style="list-style-type: none"> • 3 large sheets of paper are attached to the wall, preferably spread out in the room e.g. each one on a separate wall to allow room for participants to draw or write on. Write child, friendly, space: one word on each sheet of paper

Step-by-step

Session overview:

- ask participants to either write a word or a phrase or a picture that describes the three words: Child, Friendly, Space
- facilitator pulls out key points from each word which help explain what a CFS is from a WV point of view
- group activity; design a CFS, what would be the essential features of a CFS
- group safari; one person from the groups is nominated to explain the design, the rest walk round to view others (may need to limit this to a couple of stops depending on numbers)
- group activity; based on the pictures and designs, what supplies would you need? Distribute the CFS kit list. Go through it in country groups and discuss differences
- group activity; what type of activities might take place in a CFS? Ask people from countries which have had CFS to give examples. Brainstorm in small groups and sample groups (three or four feedback)
- how would you plan out two weeks in a CFS? What information would you need to do this? Allocate different age groups. Show a variety of activities, including creative activity, free play, games and sports, health promotion, relevant for children who are more vulnerable and a programme for children not attending school. How would you involve children's views in the development of a programme?
- group activity; which aspects of child development do these activities support?
- group activity; what are the skills and qualities to look for in mobilisers and/or community assistants? What training might they need?

12.5 Module Five : Children and Disaster/Emergency Preparedness Planning

Key concepts	Most Initial Disaster Preparedness Plans are general This module highlights specifics related to children for an IDPP.
Definitions	IDPP – Initial Disaster Preparedness Plan EPP – Emergency Preparedness Plans (term used by some NGOs)
Session objective	By the end of the session participants will know the key elements to be included in an IDPP/EPP in order to ensure the protection of children in an emergency.
Learning outcomes	Participants will understand the importance of including planning related to children in any preparedness plan.
Feeling outcomes	Participants could feel concerned that current level of preparation currently in their country is insufficient and therefore motivated to ensure children's issues are included as soon as they return to their home country.
Time	4 hours
Comments on methods	<ul style="list-style-type: none"> • brainstorming/shower powering • small group work • group safari/review.
Materials	<ul style="list-style-type: none"> • blank coloured cards • tape/blutac • coloured felt pens(chisel flip chart markers) sufficient at each table • heading cards (Prepositioning of supplies, Legal issues, HR, GIK, Prevention of Separation, Family Tracing, COC /CPP, Finance, Logistics, Co-ordination, Information Resources) • handouts • Country/region/Function Specific Assignment handouts.
Logistics	Large room with enough wall space for placing cards on the wall Break out rooms as appropriate for numbers

Step-by-step

Session overview:

1. put heading cards on wall around with paper covering them or facing towards the wall
 2. perform role-play where there is a relief situation that has just occurred and the team leader is issuing instructions to the team using an IDPP as a basis for the response. The IDPP has no focus on children and the role-play has everyone running around and the CP person is sitting with nothing to do until the phone rings and a fundraising office communications person office is asking what are we doing for the children?
 3. break into small groups brainstorm with the following questions:
 - a. What information do you need in an IDPP to enable a focus on children when an emergency arises?
 - b. What supplies do you need to enable a focus on children when an emergency arises?
you can have half the groups focusing on q. 1 & 2 and the other on q. 1 & 3 to increase time on each question)
 - c. Write each individual idea on a separate card
 - d. While the brainstorming is happening, the facilitators expose the heading cards
 - Groups are asked to stick idea cards under appropriate heading card.
 - Each group walks around noting the types of issues and ideas expressed (We call this a 'review safari')
 - Whole group discussion on gaps they noticed
 - Presenter gives overview.
- Assignment
- each participant is required to review their own country's IDPP and include/create an IDPP that enables a child protection response. Or when a participant has a specific function in an office e.g. Comms or HR then they write an IDPP to ensure their function incorporates CP.



13. BIBLIOGRAPHY

13. BIBLIOGRAPHY

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A common approach to Child Protection for INGOs

<http://www.peopleinaid.org/download/Setting%20The%20Standards.pdf>

Children in armed conflict

Reaching all

Core Principles for Working with Children Associated with Armed Groups and Forces

<http://www.savethechildren.org.uk/scuk/jsp/resources/details.jsp?id=2782&group=resources§ion=policy&subsection=details>

Support to former child soldiers: programming and proposal evaluation guide

[http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUIImages/Childprotection/\\$file/Child-Soldiers.pdf](http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUIImages/Childprotection/$file/Child-Soldiers.pdf)

Child Soldiers: care and protection of children in emergencies

Save the Children UK

<http://www.savethechildren.org/publications/ChildSoldiersFieldGuide.pdf>

Children's rights

Action for the Rights of Children

www.savethechildren.net/arc

Too Young to Wed: Education & Action

Toward Ending Child Marriage

http://www.icrw.org/docs/2006_cmtoolkit/cm_all.pdf

Children's participation guide

http://www.unicef.org/ceecis/Child_Youth_Resource_Guide.pdf

Child protection

Preventing Child Sex Tourism (ECPAT International)

http://www.ecpat.net/eng/Ecpat_inter/projects/sex_tourism/sex_tourism.asp

DVDs "daughter"; "Boy"

Stairway Foundation Inc

Brgy. Aninu an 5203 Puerto Galero

PO Box 30440 Oriental Mindoro

Philippines

National Society for the Prevention of Cruelty to Children

www.nspcc.org.uk

Community based children's programmes

The Good Practice Guide for

Parent and Toddler Groups

£5.00 The Mothers' Union, 24 Tufton Street, London, SW1P 3RB, Tel: 020 7222 5533 or

email enterprises@themothersunion.org

<http://www.ecd.govt.nz/playgroups/stepdocs/playgroupadminkit.doc>

Children with special needs

Supporting Children with Behaviour

Difficulties: a guide for assistants in Schools

David Fulton Publishers

Author Glenys Fox

UK

Disabilities : some websites

<http://www.newint.org/issue233/facts.htm>

<http://www.eenet.org.uk>

Approximately 750 million people worldwide

have a physical, sensory or cognitive disability. (World Health Organisation).

<http://www.blacksunimages.com>

Approximately six million have been injured or disabled because of armed conflict.

[Growing Up Alone, UNICEF, 2001].

http://www.disabilityworld.org/07-08_01/children/global.shtml

Source: www.hai.org.uk/disabledhelp.htm

Disasters

Sphere

www.sphereproject.org

Christian Aid has an online game

for disaster preparedness.

<http://www.globalgang.org.uk/disasterwatch/>

Education

www.inesite.org

Education in emergencies: a handbook for starting and managing education in emergencies

Nicolai, S

Save the Children UK

<http://www.inesite.org/core/EducationEmertoolkit.pdf>

Rapid education response in complex emergencies
UNESCO, UNHCR, UNICEF

<http://www.ibe.unesco.org/International/Publications/FreePublications/FreePublicationsPdf/Retamal.pdf>

The role of education in protecting children in conflict

Susan Nicolai and Carl Triplehorn

Humanitarian Practice Network

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Guiding principles for clinical management and programme development

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<http://www.who.int/reproductive-health/fgm/index.html>

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<http://www.maqweb.org/techbriefs/tb31fgc.shtml>

All Things Pass ? Flash Video

<http://www.allthingspass.com/fgm.html>

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CRS

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Interventions in Humanitarian Settings

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A Gender Handbook for Humanitarian

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<http://topics.developmentgateway.org/poverty/rc/ItemDetail.do?itemId=1068532>

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Infant feeding in emergencies- operational guidelines
<http://www.enonline.net/ife/ifeops.html>
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<http://www.unhcr.org/publ/PUBL/450e963f2.html>

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UNHCR's guide to participatory assessment.
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Children in crisis: good practice in evaluating psychosocial programming
 Save the Children
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The Refugee Experience (2 volumes): A psychosocial training module
<http://www.forcedmigration.org/psychosocial>

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 IFRC
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14. CHILDREN IN EMERGENCIES GLOSSARY OF TERMS

14. CHILDREN IN EMERGENCIES GLOSSARY OF TERMS

A

Abuse	misuse of power or position
Abducted	kidnapped or stolen
Accountable	to be held responsible for actions
Adequate	minimum requirement
Adolescent	a child aged 12 - 18 years
Adoption	generally understood as the permanent and legal or customary transfer of parental rights and responsibilities to the adopters
Advocacy	Supporting and arguing for a cause
Agencies	organisations. In the United Nations it refers to the different entities of the UN only and not Non Governmental Organisations
Animateurs/Animatrices	see mobilisers
Antenatal	care of a woman before giving birth

B

Beneficiary	person receiving assistance from a programme
Buddy	a person who provides support and help to another.

C

Capacity building	working to build up a base of skills
Caregiver	persons (usually adults) in charge of providing protection and basic care for a child.
Cheque	a bank printed document filled out as payment from a specified account
Child	person under 18 years
Child federations	groups or societies of children which meet regularly
Child	In accordance with article 1 of the Convention on the Rights of the Child: For the purpose of this present Convention, a child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier."
Code of conduct	formalised written document outlining rules of conduct
Commercial infant formula:	infant formula is infant formula manufactured for sale, branded by a manufacturer and may be available for purchase in local markets
Consent	verbal or written agreement
Convention	refers to an international agreement second only to a treaty in formality
Cross-sectoral	a theme which is common across different types of humanitarian responses/sectors eg. Child issues can be a theme for all of the following sectors - education, health, advocacy, food aid etc.
Culturally sensitive	a knowledge of cultural practices and observance of them [opposite is culturally inappropriate]

D

Demographics	statistical analysis of a population
Diaper	a piece of soft material wrapped around a baby in order to absorb its excrement.
Discrete	individually distinct, separate
Disabilities	physical or mental incapacity which can occur from birth or as a result of injury or disease.
Disaggregated	where data is divided up by age, gender and other details
Discretionary	dealing with something using your own judgement
Displaced	away from your normal territory i.e. a refugee
Diversity	variety

Dry-feeding Duplication	when food rations are given to take home to prepare, cook and eat. people or agencies undertaking the same activities in the same geographical area
E	
Empower Ethnic Exploit	to receive tools or techniques to attain power/control common characteristics i.e. national, social, religious take advantage of a person or resources
F	
Facilitator	a person who organises or helps support group activities In the context of this manual is this correct? In the jds for example?
Focus group	a meeting with a representative group to identify issues
Formula	See Infant formula/commercial infant formula
Functional limitations	check manual to see where it is used. ? Impact on learning resulting from the disability
G	
Gender	sex of a person, male or female
Generic infant formula	unbranded infant formula that is not available on the open market, thus requiring a separate supply chain.
H	
High risk	denoting a group or part etc that is particularly subject or exposed to danger
Holistic	looking at the well being of the whole person
Humanitarian	a person working with an agency focusing on helping people
Human capital	the value of a person in an economy
I	
Infant formula:	a breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards (developed by the joint FAO/WHO Food Standards Programme).
Institutionalisation	the placing of children (or adults) in institutions such as orphanages or hospitals rather than in family based care
Interim care centre	a place where children stay for a short while, until they are reunited with their families and communities.
Interventions	actions/activities
J	
Juvenile centre	facility for children in conflict with the law
K	
Koran	the sacred book of Islam, believed by Muslims to be the infallible word of God dictated to Mohammed.
L	
Lactating	breast feeding a baby
Latrines	toilets
Legal	established by or founded upon law.
Literacy	ability to functionally read and write
Logframe	a logical framework to plan programmes or projects
Logistics	organisation of services or supplies

M

Material things
Mapping

concrete items as opposed to spiritual/emotional values
spacial data-gathering tools which provide a visual representation of the community or part of the community

Megaphone
Mental trauma
Morals

hand held device to make a voice louder
a shocking event which impacts on a person's mind
personal values which comply with social norms or based on a sense of right and wrong according to conscience

Micro credit
Micronutrient

a small loan to start a small or home business
a substance, such as a vitamin or mineral, that is essential in minute amounts for the proper growth and metabolism of a living.

Mobiliser
Municipality

a community member who volunteers or works in a programme
town or province

N

Nappy
Natural disaster

same as diaper
an adverse event caused by situations occurring in nature such as a tsunami, an earthquake flood etc.

Numeracy

ability to use numbers in order to function as an adult in society
i.e. count coins, calculate a family budget

Nutritional status

the health of a person determined by their food intake

O

Observer
Opportunity cost

an appointed person who assesses a situation and reports back
the impact of a decision on other potential opportunities

P

Peri urban
Polaroid
Principles
Prioritisation
Prosthetics
Protectors
Protocols
Psychosocial

on the outer edge or near a town or city
a camera which instantly produces a photograph
agreed basic precepts to be kept by everyone
putting things in the order they need to be done
artificial parts of the body e.g. leg, arm, breast etc.
people who take action to prevent abuse
formal ratified agreements
the dynamic relationship that exists between psychological and social effects, each continually inter-acting with and influencing the other.

Push/pull factors

a push factor is a feature or event that pushes a person away from or encourages a person to leave his or her current residence (especially the parental home), city, state or country (especially of origin); organization, or religion (especially one's original religion). A pull factor is a feature or event that attracts a person to move to another area.

R

Rapid assessment
Ration cards
Rehabilitate
Residential Care

the first on the ground assessment after an adverse event
a card recording and entitling an individual or group to food resources to restore to, or as close as possible to, normal life
In this context it refers to care provided in a place where children live full time with a number of other children whom they are generally not related to. Includes orphanages, family group homes etc

Resilience
Respondent
Rosaries
Rural

the ability to withstand adverse events or abuse
the person replying or responding
beads used in prayer by people of Roman Catholic faith
people or land which is not in a city or town and usually involved with agriculture

S

Sanctions	can be punitive measures adopted by a country or group of countries against another nation for political reasons or formal social controls
Sanitation	facilities and services associated with hygiene
Scenario	outline of story or situation
Scoping	taking stock, assessing and measuring a situation
Separated child	separated from both parents or from their legal or customary primary caregiver, but not necessarily from other relatives. These may include children accompanied by other adult family members.
Sexual abuse	sexual interference or use without consent and outside the law
Shrapnel	fragments of an exploded bomb/bullet/ordnance
Sphere	usually refers to the Sphere handbook containing minimum standards for disaster response
Street children	children surviving on the streets without a permanent home
Sustainability	a process of balancing the needs of a population with the capacity of an environment to support it

T

Taboo	something forbidden
Template	a structure or pattern which can be overlaid
Trafficking	the moving of persons from one place to another illegally, for the profit of others.
Transect walks	walks which PRA teams take around the community in order to observe the people, surroundings and resources. Therefore transect walks are spatial data-gathering tools
Transparent	everything out in the open for all to see
Triangulate	cross-reference, check data by asking other sources

U

Unaccompanied child	a child who 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 doing so.
Urban	in a town or city

V

Visual impairment	varying degrees of blindness
Vulnerable	a person (including a child) who is likely to be harmed physically or psychologically.

W

War zone	a location experiencing war or its after effects
Watsan	water and sanitation
Water butt	storage container for water
Wet feeding	when prepared /cooked food is offered once or twice daily in the kitchen of a feeding center and consumed "on-site".



15. LIST OF ACRONYMS AND ABBREVIATIONS

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ADP	Area development programme . This is a term used in World Vision to describe long term development programmes that are focused in a geographical area
AIDS	Acquired Immune Deficiency Syndrome
ARC	Action on the Rights of the Child
BP	Behaviour Protocols
CBO	Community Based Organisation
CEDC	Children in especially difficult circumstances
CFS	Child Friendly Space
CHH	Child Headed Household
CiC	Children in Crisis
CIE	Children in emergencies
CiM	Children in Ministry (World Vision Department focusing on children issues)
CIP	Children in programme (World Vision for a sponsored child)
COC or C of C	Code of Conduct
CP	Child Protection
CPP	Child Protection Policy
CRC	Convention on the Rights of the Child
DART	Disaster Assistance Response Team. The emergency response team under the leadership of the United States Government
DIME	Design, Implementation, Monitoring and Evaluation
DME	Design, monitoring and evaluation
ECD	Early childhood development
EPP	Emergency Preparedness Plan
FBO	Faith Based Organisation

FFW	Food for work: where participants receive food as payment for work
GIK	Gifts in Kind
GPS	Global Positioning System
HEA	Humanitarian and Emergency Affairs (A World Vision term)
HIV	Human Immunodeficiency Virus
HR	Human Resources
IA	Inter Agency
IAGP	Inter Agency Guiding Principles
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross
ID	identification
IDPP	Initial Disaster Preparedness Plan
IEC	Information, Education and Communication
IHL	International Humanitarian Law
INEE	Inter agency Network on Emergency Education
INGO	International Non-Governmental Organisation
IRC	International Rescue Committee
ISO	International Organisation for Standardisation
IT	Information Technology
JD	Job Description
LNGO	Local Non-Governmental Organisation
MISP	Minimum Initial Service Package (See Sphere)
MOU	Memorandum Of Understanding
MTCT	mother to child transmission (usually refers to HIV)
NFI	Non Food Item (eg blankets, tarpaulins)

NGO	Non Governmental Organisation
NO	National Office (of World Vision)
OVC	Orphans and Vulnerable Children
PTA	Parent Teacher Association
PRA/PLA	Participatory Rural Appraisal/Participatory Learning and Action
SGBV	Sex and Gender Based Violence
SOP	Standard Operating Procedures
SPSS	Statistics package for social scientists
TST	Technical Services Team
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UXO	Unexploded ordinance (landmines, shells, rockets)
WHO	World Health Organisation
WV	World Vision
WVI	World Vision International
WVL	World Vision Sri Lanka



World Vision is a Christian humanitarian organisation dedicated to working with children, families and communities to overcome poverty and injustice.

Inspired by our Christian values, World Vision is dedicated to working with the world's most vulnerable people.

World Vision serves all people regardless of religion, race, ethnicity or gender.

MISSION STATEMENT

World Vision is an international partnership of Christians whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the kingdom of God.

VISION STATEMENT

Our vision for every child, life in all its fullness.
Our prayer for every heart, the will to make it so.

CORE VALUES

We are Christian
We value people
We are partners
We are committed to the poor
We are stewards
We are responsive

