



care[®]

EMERGENCY POCKETBOOK

2ND EDITION



HOW TO USE THIS POCKETBOOK

The pocketbook has been designed to provide easy reference to the key protocols, guidelines and tools CARE employs during an emergency response. All emergency managers and emergency team members should use it.

Each section has a detailed list of contents at the beginning and a side tab so that you can see immediately which section you are in. Throughout the pocketbook we have used extensive cross-referencing and some symbols to help you find what you need to quickly and easily:



This takes you to another section and/or page where you will find further information or a particular tool.



Tells you which part of Section 4 a particular tool or tools is located in, and what related tools are available.



Directs you to the full CARE Emergency Toolkit online at www.careemergencytoolkit.org, where detailed guidelines and tools for all of the topics covered in this pocketbook are available.



Directs you to the *Sphere Handbook* (see below).



Indicates something where you should take extra care, or note especially.

In addition, there is a glossary containing terms that you may be unfamiliar with

p. 255

and a list of abbreviations and acronyms.

p. iv

As well as the CARE Emergency Toolkit, the pocketbook makes frequent references to two other extremely useful sources of information: *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response*, 2011 (3rd edn), and the Emergency Capacity Building Project's *Impact Measurement and Accountability in Emergencies: The Good Enough Guide*, 2007, published by Oxfam GB. Both are available online.

This guide was updated in 2014 to reflect changes in the humanitarian system and the ways in which CARE works, especially our focus on reaching and empowering women and girls. Most of the ideas and principles haven't changed since the pocketbook was first written in 2009, but the humanitarian sector changes quickly and the updates ensure that it is still relevant to your work.

CONTENTS AT A GLANCE

1 WHAT TO DO WHEN AN EMERGENCY HITS **1**

Provides you with simple checklists explaining the steps you need to take in the first 24 and 72 hours of an emergency, as well as the overall steps needed to plan a response and manage the scaling up of emergency operations. It also answers commonly asked questions, and explains what help is available to support you during an emergency.

2 PRINCIPLES AND PROTOCOLS **23**

Sets out CARE's humanitarian mandate and code of conduct and outlines the key emergency management principles and protocols CARE uses when deciding whether to respond to an emergency and when launching a response. Follow these protocols during an emergency response to ensure effective coordination and to meet CARE's standards.

3 GUIDELINES **57**

Provides summary guidelines covering key humanitarian policies, programming (including strategy, sectors, cross-cutting issues and advocacy), programme management (including assessment, fundraising, monitoring and evaluation and others) and operations (safety and security, information management, media, human resources, finance, logistics and others).

Each set of guidelines provides an overview of the topic and gives you a checklist of the dos and don'ts to ensure a high-quality, effective response.

4 TOOLS AND FORMATS **167**

Provides quick access to the critical tools and formats CARE uses during an emergency. You can copy these and use them as needed.

GLOSSARY **255**

ACRONYMS AND ABBREVIATIONS

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
ARI	acute respiratory infections
CAP	consolidated appeals process
CCG	Crisis Coordination Group
CD	Country Director
CEG	CARE Emergency Group
CERF	Central Emergency Response Fund (UN)
CET	CARE Emergency Toolkit
CI	CARE International
CIGN	CARE International Gender Network
CI RED	CARE International Roster for Emergency Deployment
CISSU	CARE International Safety and Security Unit
CMR	crude mortality rate
CO	Country Office
COMWG	Communications Working Group
DRR	disaster risk reduction
EO	CARE International Emergency Officer
EPP	emergency preparedness planning/plan
ERAC	Emergency Response Advisory Committee
ERF	Emergency Response Fund
ERT	Emergency Response Team
ERWG	Emergency Response Working Group
EXCOM	Executive Committee of CARE International
FAO	Food and Agriculture Organization
FFW	food for work
GAP	gender action plan
GBV	gender-based violence
HAF	Humanitarian Accountability Framework
HD	Humanitarian Director
HEO	CARE International Head of Emergency Operations
HR	human resources
IASC	Inter-Agency Standing Committee

ICR	indirect cost recovery
IDP	internally displaced person
IFRC	International Federation of Red Cross and Red Crescent Societies
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization for Migration
IYCF-E	infant and young child feeding in emergencies
LM	Lead Member
LNGO	local non-governmental organization
M&E	monitoring and evaluation
MCC	Media and Communications Coordinator
MCH	maternal and child health
MISP	minimum initial service package
MUAC	mid-upper arm circumference
NFI	non-food relief item
NGO	non-governmental organization
OHCHR	Office of the High Commissioner for Human Rights
PLWHA	people living with HIV/AIDS
PSEA	prevention of sexual exploitation and abuse
PSO	Vereniging voor Personele Samenwerking met Ontwikkelingslanden (Netherlands)
R&R	rest and recuperation
RAR	rapid accountability review
RCRC	Red Cross and Red Crescent
REC	Regional Emergency Coordinator
RED	record of emergency data
RH	reproductive health
RMU	Regional Management Unit
RTE	real-time evaluation
SADD	sex- and age-disaggregated data
SAG	strategic advisory group
SEA	sexual exploitation and abuse
SGBV	sexual and gender-based violence
sitrep	situation report
SRH	sexual and reproductive health
SSFP	Safety and Security Focal Point

SSIMS	Safety and Security Incident Monitoring System
SSO	Safety and Security Officer
STI	sexually transmitted infection
Telecoms	telecommunications
TWIG	technical working group
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

1 What to do when an emergency hits

GET READY	2
1.1 Be prepared	2
1.2 What to do when the emergency is about to hit	3
GET THROUGH THE FIRST 72 HOURS	4
1.3 What to do when the emergency hits	4
1.4 What to do in the first 24 to 72 hours	5
SCALE UP	8
1.5 What to do after the first 72 hours	8
GET HELP	15
1.6 Who to get help from	15
1.7 Frequently asked questions	18

1.1 Be prepared

This book starts when a real emergency is on its way. You should already be well prepared for possible emergencies.

You should know CARE's humanitarian mandate and emergency management protocols.

[Section 2 p. 23](#)

Your CO should have:

- ▶ an ERT whose members all know what they have to do in an emergency
- ▶ an up-to-date capacity assessment [2.9 p. 46](#)
- ▶ a country-specific gender analysis [3.1 p. 59](#)
- ▶ emergency plans that include partners and stakeholders
- ▶ emergency procedures for safety and security, finance, HR, procurement and logistics—check your EPP.

See the preparedness section of the CET for details.



If you are not fully prepared, don't waste time worrying. This book will help you respond as quickly as you can. Seek the support of your Lead Member and CEG and refer to relevant chapters of this book.



[CO rapid capacity assessment questionnaire](#)

[4.2 p. 172](#)

1.2 What to do when the emergency is about to hit

As soon as you know an emergency is coming:

- ▶ send an emergency alert [2.8 & 4.1 pp. 44 & 169](#)
- ▶ start doing all the things listed at 1.3 [1.3 p. 4](#)
- ▶ get all the news you can—watch closely for emergency alerts from other agencies, early warnings, weather reports, political changes etc.
- ▶ do anything you can do to limit the damage from the emergency
- ▶ start getting people ready to act and supplies ready to send as soon as possible
- ▶ call an ERT meeting to make plans, decide who will do what and review your CO capacity assessment
- ▶ refer to your EPP
- ▶ check if the response strategies developed during the EPP process can be adopted and used in the actual emergency response.

TOOLS



[Emergency alert form](#)

[4.2 p. 169](#)

1.3 What to do when the emergency hits

Who does what?

The following actions are done by a team at CO level. Make sure you decide how to share these tasks. Don't overload any one person!

The CD needs to talk to their CO line manager (for CARE USA this is the regional director), the Lead Member emergency director, and CEG. The CD and the emergency coordinator work together to manage the response and lead the emergency response team to make sure everything gets done.

Immediately

- ▶ Make sure all CARE staff are safe.
- ▶ Start using the instructions in the emergency management protocols. **2.5–2.11 pp. 30–55**
- ▶ Send an emergency alert (if not already sent). CEG will then contact you. **2.8–4.1 pp. 44–169**
- ▶ Call an ERT meeting to make plans and decide who will do what.
- ▶ Set up an operations room for the ERT.
- ▶ Refer to your EPP and pay attention to any gender issues it raises.
- ▶ Start coordinating with disaster-affected communities, local authorities, donors, the UN, humanitarian clusters and NGOs. **3.5 p. 70**
- ▶ Keep finding out as much as you can about the emergency and any responses.

TOOLS



Emergency alert form

4.1 p. 169

1.4 What to do in the first 24 to 72 hours

Management

- ▶ The CD takes part in a CCG conference call (organized by CEG) to make the first key decisions about the response. This call has a fixed agenda, set out in protocol C5.

3.5 p. 47

- ▶ Activate your CO emergency policies and procedures.

In the field

- ▶ Send an assessment team to the field. The team should include men and women.
- ▶ If possible, make a joint assessment with other humanitarian agencies.
- ▶ Make sure CARE teams can communicate safely and reliably (by phone, radio, satellite phone, internet).
- ▶ Distribute vital relief supplies as soon as you can (see Sphere standards), if possible during the assessment—don't wait for the finished assessment before helping to save lives.



Resources

- ▶ Request funds from the CI ERF if needed. Submit a gender action plan (GAP) with your ERF request.

4.6 p. 193

- ▶ Contact donors and submit initial concept papers or funding proposals.
- ▶ Use the CO capacity assessment to decide what extra help to request from CI.
- ▶ Ask the CI HR coordinator for any extra staff you need. Key positions are emergency coordinator, information manager, media officer, proposal writer, finance officer, HR officer, logistician, M&E officer, gender advisor, safety and security officer.
- ▶ Update the organizational chart so that it clearly shows lines of authority and responsibility for the ERT. This may be different from the normal CO structure).

TOOLS



Gender Action Plan

4.6 p. 193

CI ERF quick reference guide

4.14 p. 217

CI ERF application checklist

4.15 p. 219

CO rapid capacity assessment questionnaire

4.2 p. 172

Media

- ▶ Decide who will be the media contact for interviews and dealing with other CI media officers. **3.34 p. 142**
- ▶ Send quotes, photos and information to CI for social media, media releases and stories.
- ▶ Suggest what to say about any complex advocacy issues.

Information

- ▶ Put information management systems in place to make sure all staff share information with each other. **3.33 p. 141**
- ▶ Send regular sitreps. How often you should do this will be discussed in the CCG call, but you may need to do it daily if things are changing quickly. **4.3 p. 180**

Information to send to CI

Immediately	Within 24–72 hours	As needed
<ul style="list-style-type: none">▶ Emergency alert	<ul style="list-style-type: none">▶ Capacity assessment▶ Regular sitreps▶ Request for ERF funds if needed▶ Quotes, photos and information for social media and media▶ Initial response strategy▶ Key messages on advocacy issues▶ Generic proposal for donors	<ul style="list-style-type: none">▶ Assessment report▶ Funding proposal▶ Human interest stories▶ Information for donors

Strategy

- ▶ Review the response strategy within your EPP, if applicable.
- ▶ Develop the first response strategy, taking into account the needs of men, women, girls and boys. Consider CARE's gender focus and core sectors' capacity and expertise. Look at how we fit in with the work of other humanitarian agencies and what value we can add to the overall response. Consider also what level of response is proportionate to the scale of the disaster and our global capacity.
- ▶ Use this strategy to write generic proposals to discuss with donors. 4.16 p. 220 ▶
- ▶ Assess possible risks from CARE's response and how to deal with them. This includes effects on your normal programmes.

TOOLS



- Emergency sitrep form 4.3 p. 180 ▶
- Generic proposal format 4.16 p. 220 ▶
- Emergency response strategy format 4.12 p. 212 ▶

1.5 What to do after the first 72 hours

It's time to quickly increase the CO's capacity and scale up the response. A CO's operations can become 10 times bigger in the first weeks of an emergency.

Accountability

- ▶ Check that the response complies with CARE's Humanitarian Accountability Framework.
- ▶ Pay close attention to communication with beneficiaries. Seek their views, share our plans with them in return, and accept their feedback.
- ▶ Set up complaint and other feedback mechanisms.
- ▶ Plan and budget from the start for a response review and evaluation.



Humanitarian policy

- ▶ Note any civil–military issues. 3.3 p. 66
- ▶ Note any threats to humanitarian space or principles like impartiality. 3.2 p. 65

Gender in emergencies

- ▶ Consider the different needs of women, men, boys and girls. 3.1 p. 59
- ▶ Ensure that your teams include women and men, especially the assessment team and field teams.
- ▶ Prepare a gender action plan and ensure it is implemented.
- ▶ Ask for a gender advisor to be deployed
- ▶ Ensure that your strategy and proposals reflect CARE's focus on gender equality and will be able to achieve a gender marker score of 2a or 2b.
- ▶ Act to prevent and respond to sexual exploitation and abuse. 3.4 p. 68



HAF benchmarks	4.4 p. 185
Complaints mechanism procedure	4.5 p. 192
Gender analysis tools	4.7 p. 196

Response programme

- ▶ Examine the main needs and any gaps in the response so far. Look at:
 - ▮ how men and women have been differently affected and what the specific needs of women and girls are
 - ▮ how you are responding in CARE's core sectors (food security, sexual and reproductive health, shelter, WASH) [3.8–3.11 pp. 80–95](#)
 - ▮ what sectors you should focus on
 - ▮ how to build on current CO expertise
 - ▮ how you are coordinating with clusters.
- ▶ Consider cross-cutting issues, especially:
 - ▮ needs and rights of women and girls and of other vulnerable groups [3.1–3.2 pp. 59–66](#)
 - ▮ disaster risk reduction [3.21 p. 115](#)
 - ▮ environment. [3.23 p. 120](#)
- ▶ Work out what extra funds and technical expertise you need. Ask for support from the sector specialists and the gender in emergencies team early on.
- ▶ Decide how the response will incorporate advocacy. What are the key advocacy issues, messages and strategies? [3.6 p. 74](#)
- ▶ Update the programme strategy based on the latest assessments. [3.25–3.26 pp. 124–8](#)
- ▶ Start planning early for the transition from emergency response to long-term recovery.

Scaling up programme management capacity

see 'Tips for scaling up', p. 11

- ▶ Fundraise from donors, the UN and the public. **3.27 p. 128**
- ▶ Have proposal writers in the CO so that you can get proposals reflecting the real situation on the ground to donors as soon as possible. **3.28 p. 130**
- ▶ Set up a system for managing contracts. Large contracts need their own project manager. **3.29 p. 132**
- ▶ Build good relationships with partners. This includes supporting their capacity. **3.30 p. 133**
- ▶ Start monitoring and collecting data as soon as possible—recording numbers of beneficiaries (broken down by gender and age), amounts distributed etc. **3.31 p. 135**
- ▶ Plan and budget for a response review to be done three months after the start of an emergency response. For a type 2 emergency you will need an independent evaluation (i.e. from outside CARE) as well as a response review. **2.7–3.7 pp. 39–76**
- ▶ Plan ahead for scaling down and closing the response or moving to longer-term development programming.

TOOLS



- Generic proposal format **4.16 p. 220**
- Partner capacity assessment quick guide **4.17 p. 221**
- Emergency response strategy format **4.12 p. 212**

Scaling up operations

Scale up all CO operational capacity at the same time as programme expansion. To avoid delays, you need more staff and faster/better systems for:

- ▶ media **3.34 p. 142**
- ▶ HR: **3.35 p. 145**
 - ▶ local and national recruitment
 - ▶ managing international deployment
- ▶ finance: **3.36 p. 149**
 - ▶ allocating and tracking emergency funds

- ▮ budgets and reports
- ▮ donor and audit rules
- ▮ making payments and managing transactions
- ▮ having enough cash and managing it appropriately
- ▶ logistics 3.37 p. 155
 - ▮ storage, inventory and transport
- ▶ distribution 3.38 p. 159
- ▶ procurement: 3.39 p. 161
 - ▮ relief supplies and equipment
 - ▮ donor rules
- ▶ administration: 3.40 p. 164
 - ▮ travel and transport
 - ▮ government regulations
 - ▮ office services and accommodation
- ▶ telecommunications: 3.41 p. 165
 - ▮ phone, radio, satellite and internet
 - ▮ assessment and threat analysis
 - ▮ emergency operating procedures.

TOOLS



- Safety and security 3.32 p. 138
- Rapid recruitment checklists 4.18–4.19 p. 228
- Distribution procedures 4.21–4.23 pp. 231 & 236
- Short safety and security plan for emergencies 4.28 p. 244

Tips for scaling up

- ▶ Scale up evenly—expand operations and support capacity at the same pace as programmes.
- ▶ Make sure the CD does not act as emergency coordinator. If you don't have anyone suitable, immediately ask CEG to send an experienced coordinator.
- ▶ Accept that the emergency has already affected your normal programme. Focus on managing the effects.

- ▶ Accept help—even if you worry that new people will cause problems. Just make sure you get the right person for the job and provide a clear job description.
- ▶ Expand your HR team as soon as possible to recruit all the other staff you need. 3.35 p. 145 ▶
- ▶ Don't leave weak links in any area. A problem in one area will affect all the others.
- ▶ Have senior managers visit as soon as possible. You need them to trust you to make decisions. It helps if they see at first hand how complex the situation is and how you are handling it.
- ▶ Make support systems faster (but still accountable). Ordinary systems (e.g. for recruitment, procurement and finance) are usually far too slow in an emergency. 3.36 & 3.39 pp. 149 & 161 ▶
- ▶ Expect four times more finance work than usual. If you raise extra money, take on extra finance staff. Otherwise you will lose track of your finances. 3.39 p. 149 ▶
- ▶ Make sure people doing complex emergency work have enough experience. Start new staff in less critical jobs where they can learn from experienced staff.
- ▶ Check your inventory systems. The amount of procurement and distribution in an emergency makes it harder to spot theft and fraud.
- ▶ Don't ignore the small stuff. The response will not work unless all staff have supplies and equipment, space to work in, transport, a phone, and a bed. 3.40 p. 161 ▶
- ▶ Build trust. Talk openly to all staff all the time—not just to emergency teams. Watch for tension between 'old' and 'new' staff and between emergency and non-emergency teams.
- ▶ Understand the stress on staff, including you. Watch for burnout. Make sure everyone can take time off and no one is overloaded.
- ▶ Don't ignore demands for information (from CARE Members, donors, other agencies, governments, media, the local community etc.). You need a system to manage information. 3.33 p. 141 ▶
- ▶ Understand that you need the media and they need you. The amount of media attention can seem overwhelming. But you need it to raise funds and achieve advocacy goals. In return, they need you to give them a story. Have a media officer in the CO to help journalists tell the real humanitarian story. 3.32 p. 142 ▶

- ▶ Plan for and manage visitors—they will come whether you like it or not. Have one person to look after them and deal with visas, invitations, airport pick-ups, hotel bookings etc. Have a briefing pack ready to send to visitors before they come.
- ▶ Actively analyse and manage new risks. Emergencies always bring more risk.
- ▶ Learn from the past. Look up evaluations and 'lessons learned' from past emergencies. Ask for help from people who have been through emergencies before.



- Emergency response strategy format [4.12 p. 212](#)
- Short safety and security plan for emergencies [4.28 p. 244](#)
- Rapid recruitment checklists [4.18 & 4.19 pp. 226 & 228](#)
- Orientation checklist for emergency staff [4.20 p. 229](#)

Communication

Communication can be confusing, as many different parts of CARE will give support and need information. Make sure you know who to communicate with on key matters.

- ▶ High-level decisions: CD talks to CCG (Lead Member line manager, Lead Member emergency director and CI HD and HEO) [2.10 p. 47](#)
- ▶ Information management (sitreps etc.): Lead Member emergency unit and CEG
- ▶ Media: Lead Member media manager (who will talk to CI media and communications coordinator)
- ▶ HR: CI HR coordinator (emergencyHR@careinternational.org)
- ▶ If you are in doubt about who to contact, your regional emergency coordinator or CI Head of Emergency Operations will refer you to the right person (emergencyoperations@careinternational.org).

You need a CO information manager to be the first contact for all communication from outside. Make sure CO staff share information with each other and with anyone else who needs it.

TOOLS



Emergency alert form	4.1 p. 169
CO rapid capacity assessment questionnaire	4.2 p. 172
Emergency sitrep form	4.3 p. 180
CI ERF application checklist	4.15 p. 219
Emergency response strategy format	4.12 p. 212
Generic proposal format	4.16 p. 220
Assessment report format	4.11 p. 210

1.6 Who to get help from

2.6 p. 31

Lead Member

Your Lead Member directly manages the CO and makes sure it gets the direction, support and resources it needs. The Lead Member emergency unit coordinates with the line manager and other Lead Member units (media, HR, fundraising, procurement, finance etc.) to help with:

- ▶ deployment of international emergency staff
- ▶ media strategy and media releases
- ▶ cash flow and other resources
- ▶ safety and security assessments, resources and advice
- ▶ crisis management and staff welfare.

Note

The RMU, through the regional director, is the line manager for CARE USA countries. The RMU also provides support (but not line management) in other countries if asked.

CARE Emergency Group

CEG (led by the CI HD) works closely with the Lead Member and the Country Office. It also:

- ▶ advises on
 - ▮ managing the response
 - ▮ using the emergency management protocols 2.5–2.11 pp. 30–55
 - ▮ policies, guidelines and tools
 - ▮ gender
 - ▮ HR
 - ▮ logistics
 - ▮ monitoring, evaluation and accountability
 - ▮ training and capacity needs
- ▶ chairs the CCG 2.10 p. 47

- ▶ receives, reviews and approves CI ERF requests (with the CCG)
- ▶ sends experienced staff to help manage the response
- ▶ coordinates CI in
 - ▮ gathering resources (e.g. fundraising)
 - ▮ sharing information
 - ▮ advocacy
 - ▮ working with the media
 - ▮ working with other agencies at a global level
- ▶ helps settle conflicts and explain policies and responsibilities.

Other CARE Members

Other CARE Members help with:

- ▶ fundraising through donors (governments) and the public
- ▶ technical advice and support for project implementation
- ▶ advocacy within their country
- ▶ emergency staff.

CI Safety and Security Unit

The CI Safety and Security Unit:

- ▶ oversees all safety and security measures
- ▶ tells CARE Members the security status of emergency operations
- ▶ makes sure a CO at risk can follow CI safety and security policies
- ▶ provides extra security expertise, information and tools.

Ask for help from your Lead Member first on safety and security matters.

Technical specialists

Technical specialists in CARE's core sectors:

- ▶ help with assessments, strategy and programme design
- ▶ ensure programme interventions meet technical standards
- ▶ provide technical tools and resources
- ▶ find other technical experts who can help

- ▶ ensure links are in place with global clusters
- ▶ advise on key issues.

For technical help with*	email
Gender	emergencygender@careinternational.org
WASH	emergencyWASH@careinternational.org
Shelter	emergencyshelter@careinternational.org
Food security	emergencyfoodsecurity@careinternational.org
Sexual and reproductive health, HIV/GBV	emergencySRH@careinternational.org
Psychosocial programming	emergencypsychosocial@careinternational.org
Conflict sensitivity	emergencyconflict@careinternational.org
DRR	emergencyDRR@careinternational.org
Humanitarian policy	emergencydirector@careinternational.org
Operations	emergencyoperations@careinternational.org
Safety and security	Csafetysecurity@careinternational.org
Quality and accountability	emergencyQA@careinternational.org
Advocacy	emergencyadvocacy@careinternational.org
Media	emergencycommunications@careinternational.org
HR	emergencyHR@careinternational.org
Finance	Your Lead Member
Logistics	emergencylogistics@careinternational.org

* If you don't know who to ask, email emergencyoperations@careinternational.org.



If you need technical specialists to join your team on the ground, ask the CI HR coordinator to find specialists from the CI RED to help you.

1.7 Frequently asked questions

What types of emergencies are there?

Emergencies can be classified:

- ▶ by cause—natural disaster, conflict or complex humanitarian
- ▶ by speed of onset—rapid or slow
- ▶ by CARE type (1, 2, 3 or 4), based on scale and impact. [2.7 p. 39](#)

This book usually refers to CARE types.

What difference does the CARE emergency type make to the response?

Follow the emergency management protocols for all types.

[2.5–2.11 pp. 30–55](#)

See 'How emergency type affects the way CARE manages the response' in protocol A2 for the differences between type 1, type 2, type 3 and type 4 responses. [2.7 p. 39](#)

Should we do an assessment?

Yes: any emergency response must start with some kind of assessment. [3.25 p. 124](#)

If it is immediately clear that CARE needs to respond, start the response at the same time as the assessment.

Which sectors should we respond in?

- ▶ Look at the sectors noted in your EPP.
- ▶ Look at assessments by CARE and other agencies. Where are the gaps between needs and response?
- ▶ Focus on CARE's core sectors (WASH, shelter, sexual and reproductive health, food security).
- ▶ Which sectors does the CO already have expertise in?

How do we do a gender analysis?

- ▶ Review development programming with women and girls. This can tell you a lot about the different issues that men, women, girls and boys may face in a disaster.
- ▶ Compare this with the findings of the assessment teams on the needs and capacities of men, women, girls and boys following the disaster.
- ▶ Work out how the response can best meet the different needs of men, women, girls and boys.
- ▶ Refer to the Explanatory Note on CARE's Gender Focus, which clarifies key concepts and strategies on gender. The aim is to ensure that all people working within CARE understand, practise and communicate about gender equality in the same way. The document provides the words and positions that all CARE staff should use when representing our humanitarian and development work internally and externally. It is available on the CARE gender wiki.

What form should the response take?

There are many options—e.g. direct response, direct response with a partner, and advocacy. Consider them all. Think about the CO's current capacity, possible partners, and how CARE can best use its CO and international resources to help.

Where should we respond?

The emergency area is usually too wide for CARE to respond everywhere. You need to make quick strategic decisions about where to respond. Consult with national authorities and the UN—their views are important. Consider:

Where is the most need?

- ▶ What areas are reported to be the worst affected?
- ▶ What areas are in most need (that you know of)?
- ▶ What areas are normally the most vulnerable?

Where can CARE help most?

- ▶ Where does CARE already have capacity (staff, partners, infrastructure etc.)?
- ▶ Where would CARE be able to start new operations?
- ▶ Where does CARE have an obligation to help?

Where is the biggest gap between needs and response?

- ▶ Where are other agencies (including government and non-government, international and local) assessing or responding?
- ▶ What areas have been left out?

How can we balance needs against capacity?

CARE has an obligation to respond on a scale that matches our global capacity. This means the CO has to think beyond its local capacity—the response must be based on needs and on our global mandate to scale up.

2.1 p. 24

At the same time the CO must be aware of the risk of becoming overstretched. Scaling up in a way that keeps the response effective and accountable takes careful management.

see *Tips for scaling up*; p. 11

What should we include in the initial response strategy?

Each response should be guided by a strategy, which takes into account the needs of the affected people. This should state who (populations), where (geographical areas) and which sectors the response will target. Base the strategy on your EPP, if possible, and your needs assessment.

The initial response strategy tells CI Members what the CO intends to do. This helps them raise funds. The strategy guides the CO in a clear direction and helps it put plans into practice and report on progress.

3.26 p. 126

Seek comments and approval for your response strategy from the CCG—especially for the funding target and beneficiary number. This process helps make sure that CARE's response matches the humanitarian need and that we have the capacity to deliver.

The strategy should be issued within one week of a rapid onset emergency and within a month for a slow onset emergency. Update it as often as you need to during the response.

Points to include in the response strategy

4.12 p. 212

Response strategy

- ▶ First assessment of humanitarian situation

- ▶ First government, local and international response
- ▶ CARE's capacity to respond
- ▶ First gender analysis
- ▶ Goals of CARE's response
- ▶ Possible programme interventions
- ▶ Possible populations to focus on
- ▶ Timing
- ▶ Analysis of cross-cutting issues
- ▶ Key issues affecting CARE's response
- ▶ Methods to ensure accountability
- ▶ Resource and support requirements
- ▶ Budget.

Should we prepare operational plans?

Once you have a strategy, you should develop an operational plan to help you implement the strategy. This is a practical action plan to help manage the overall response programme and operations to meet the strategy's goals.

Operational plans can take many formats and should be completed for each functional area of the response operation. They should identify:

- ▶ what extra resources you need, including people, equipment, funding and infrastructure (e.g. offices, warehouses, guest houses)
- ▶ key issues that need to be addressed
- ▶ how you will address them
- ▶ priority actions, including priority staffing needs
- ▶ a clear organizational chart describing lines of authority and responsibility for the emergency response team
- ▶ timing.

TOOLS



Emergency response initial strategy format

4.12 p. 212

Operational plan format

4.13 p. 215

What happens when everything changes?

You need to be able to adapt when the situation suddenly worsens, changes direction or even improves.

Senior managers should plan for possible changes, including:

- ▶ likely effects on the humanitarian situation
- ▶ likely effects on CARE's operations
- ▶ how CARE would respond
- ▶ how to prepare for such changes.

2 Principles and protocols

PRINCIPLES	24
2.1 CARE's Humanitarian Mandate	24
2.2 Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief	25
2.3 CARE Humanitarian and Emergency Strategy 2013–2020	26
2.4 CARE gender commitments	28
PROTOCOLS	30
2.5 CARE's emergency management protocols	30
2.6 Mandates, roles and responsibilities (protocol A1)	31
2.7 Emergency type (protocol A2)	39
2.8 Emergency alerts (protocol B3)	44
2.9 Capacity assessment (protocol C3)	46
2.10 Response decision-making (protocol C5)	47
2.11 Management team review (protocol C6)	50

2.1 CARE's Humanitarian Mandate

This statement articulates CARE's commitment to the humanitarian imperative in line with its vision, mission, and programme principles.

Goal

- 1 Responding to humanitarian emergencies is an essential part of CARE's work to fight poverty and injustice and we recognize that emergencies are a cause and effect of both. CARE helps men, women, boys and girls cope with crises through disaster risk reduction, emergency relief, preparedness and post-crisis recovery.

Objectives

- 2 The primary objective of humanitarian response is to meet immediate needs of affected populations in the poorest communities in the world. Recognizing that people have the fundamental right to life with dignity, CARE also strives to address the underlying causes of people's vulnerability.
- 3 CARE is a major force in humanitarian response and has a responsibility as a leader in the sector to demonstrate the highest standards of effectiveness and quality.

Principles

- 4 CARE is a signatory of and holds itself accountable to accepted international humanitarian principles, standards and codes of conduct, including the Red Cross/Crescent & NGO code of conduct, the Sphere standards, and the HAP principles and standards.
- 5 CARE adheres to the principle of impartiality so that we provide assistance on the basis of need regardless of race, creed or nationality. CARE is committed to addressing the rights of vulnerable groups, particularly women and children, in times of crisis.
- 6 CARE upholds the principle of working independently of political, commercial, military, or religious objectives and promotes the protection of humanitarian space.

Approach

- 7 CARE believes that local capacity can provide the most effective response to emergencies. However, by their very nature, emergencies often overwhelm local capacities, and in such situations CARE will respond in an appropriate, timely and effective way.
- 8 CARE will respond wherever we can add value by:
 - ▮ Providing additional resources
 - ▮ Enhancing the quality of response
 - ▮ Committing to longer-term solutions
 - ▮ Building local capacities.
- 9 We have a range of response options:
 - ▮ Providing direct relief
 - ▮ Working with and through partners
 - ▮ Advocating with national and international bodies
 - ▮ Keeping the general public informed.
- 10 CARE develops focused expertise both operationally and at the global policy level in certain specific humanitarian areas.
- 11 In keeping with our programming principles, CARE develops both local and international partnerships to strengthen local capacities and to add value through collaborative approaches.
- 12 CARE brings a longer-term view to its humanitarian work, including supporting people to be less vulnerable to disasters in the first place. Where appropriate, our programmes link emergency relief, recovery, and long-term development, and include measures for disaster preparedness and risk reduction.

2.2 Code of Conduct for the International

Red Cross and Red Crescent Movement and NGOs in Disaster Relief

- 1 The humanitarian imperative comes first.
- 2 Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
- 3 Aid will not be used to further a particular political or religious standpoint.

- 4 We shall endeavour not to act as instruments of government foreign policy.
- 5 We shall respect culture and custom.
- 6 We shall attempt to build disaster response on local capacities.
- 7 Ways shall be found to involve programme beneficiaries in the management of relief aid.
- 8 Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
- 9 We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
- 10 In our information, publicity and advertising activities, we shall recognize disaster victims as dignified humans, not hopeless objects.

2.3 CARE Humanitarian and Emergency Strategy 2013–2020

Our goal

Our goal for 2020 is to be a leading humanitarian agency having lasting impacts on the needs of poor women, men, boys and girls affected by humanitarian crisis and known for our particular ability to reach and empower women and girls in emergencies.

Our objective

CARE's Humanitarian and Emergency Strategy 2013–2020 emphasizes our focus on understanding and responding to the different needs of those affected by natural disasters and conflict.

Our objective is to position CARE as a leader in effective, high-quality humanitarian response that places the needs and rights of vulnerable women and girls at the forefront of our efforts.

Driven by strong leadership and organization-wide commitment to our humanitarian mandate, our work will enable positive and transformational changes in the lives of women, men, boys and girls affected by crisis. We will consistently apply gender equality approaches to our work with poor communities and to our programming.

Our responses will uphold and defend humanitarian principles, including non-discrimination and the targeting of assistance based on need alone. Our understanding of need will be based on sound gender analysis to help us better meet the specific needs of men, women, girls and boys. Our focus on women and girls reflects CARE's experience that empowering women and girls is a critical pathway to reducing vulnerability and poverty for the whole community as well as making sure women, men, girls and boys are all able to access their rights.

To achieve these results, we need two things. We must have the technical capacity, expertise, partnerships and resources to deliver the right level of support to responses to a mega-emergency. And we need to expand our ability to support between six and ten type 2 emergencies a year over the life of the strategy.

Strategic priorities

Strategic priority 1: The focus of our response

We will recommit to humanitarian and emergency response as core to CARE's global identity in fighting poverty. We will do this by:

- ▶ integrating our humanitarian mandate in all our work and programme approaches
- ▶ basing our advocacy on evidence built on effective knowledge management
- ▶ strengthening programme quality in our core sectors
- ▶ expanding and strengthening our capacity for women- and girls-focused programming.

Strategic priority 2: Leadership, accountability and authority

We will build and sustain a culture of humanitarian leadership and accountability at all levels—from operational to senior leadership and governance—through:

- ▶ humanitarian mindset and modelling in CARE's leadership
- ▶ improved decision-making and management models for emergency response
- ▶ ensuring clarity and compliance, with accountabilities at all levels.

Strategic priority 3: Our operating models

We will increase the impact of our humanitarian response by forging new operating models and strategic partnerships at the local, national, regional and global levels.

Strategic priority 4: Talent, capacity and capabilities

We will strengthen our talent, capacity and capabilities by:

- ▶ investing in effective global surge capacity
- ▶ building humanitarian competencies
- ▶ establishing a preparedness platform in our countries of operation that ensures the readiness of our staff, partners and organizational systems.

Strategic priority 5: Our funding model

We will implement a sustainable business model that increases funding and allows more effective use of resources through:

- ▶ a humanitarian fundraising strategy and investment plan that focuses on women and girls
- ▶ enhanced emergency communications and media
- ▶ better use of available funding and improved pooled funding.

2.4 CARE gender commitments

CARE commits to promoting equality, dignity and human rights for girls, women, boys and men, and the elimination of poverty and social injustice. These commitments are set out in the CARE International Gender Policy 2009.

Specifically, CARE International commits to:

- a promote gender equality as an explicit internationally recognized human right
- b address systemic and structural practices that create barriers to the realization of women's rights and gender equality, including gender-based violence and sexual exploitation and abuse
- c support the empowerment of women and girls as a key strategy towards ending poverty, conflict, human suffering and gender inequality
- d actively involve men and boys as allies in promoting gender equality

- e** analyse and implement strategies to manage potential risks and harms to women, girls, boys and men
- f** engage and coordinate with partners, governments, funders and civil society organizations to promote and support effective ways to promote gender equality
- g** monitor, evaluate and institutionalize organizational learning on specific gender equality results
- h** actively hold ourselves and others accountable to gender equality standards
- i** ensure that all organizational policies, systems and practices—including budgeting, human resource recruitment, training and management, and decision-making—support women's rights and gender equality
- j** ensure that there is adequate funding to realize our commitments
- k** apply these commitments within CARE and across all programme areas using integrated planning approaches and recognized gender-sensitive tools and techniques such as gender analysis frameworks, collection of sex- and age-disaggregated data, and results-focused design and evaluation.

2.5 CARE's emergency management protocols

What the protocols are

CARE's emergency management protocols state CARE policy and instructions and clarify roles and responsibilities for managing responses to humanitarian emergencies.


How to use the protocols

Use the protocols during each phase of the emergency response as a step-by-step guide to what you and others should be doing.

Protocols in this pocketbook

These are the main protocols you will need to refer to in an emergency.

- A1 Mandates, roles and responsibilities 2.6 p. 31 
- A2 Emergency type 2.7 p. 39 
- B3 Emergency alerts 2.8 p. 44 
- C3 Capacity assessment 2.9 p. 46 
- C5 Response decision-making 2.10 p. 47 
- C6 Management review 2.11 p. 50 

For information on topics not covered here, see the CET. 

2.6 Mandates, roles and responsibilities (protocol A1)

This protocol outlines which parts of CARE are responsible for what in dealing with humanitarian emergencies.

Process leader

CI Humanitarian Director

Contact for help

CI Humanitarian Director (CEG)
+ 41 22 795 1021
emergencydirector@careinternational.org

Policy

Emergency work is a key part of what CARE does.

COs, CI Members, CEG and others work together to respond to emergencies as called for by CARE's humanitarian mandate, policies, procedures and standards.

2.1 p. 24

The CO usually carries out the response. The Lead Member manages and supports the CO in this. CEG oversees, coordinates and supports the response. CARE often responds together with partners—and sometimes through a partner rather than directly.

Tell the CI HD if you have any problems following this protocol during an emergency.

Who does what

Country Office

The CO is responsible for carrying out emergency responses that follow CARE policies, procedures and standards.

Before an emergency, the CO:

- ▶ keeps emergency plans, gender analysis, systems and procedures up to date
- ▶ works on its capacity to respond to emergencies
- ▶ watches closely for signs of possible disasters (e.g. emergency alerts, early warning systems, weather reports, political events)
- ▶ alerts CI and any other stakeholders to coming emergencies.

When an emergency hits, the CO:

- ▶ assesses the humanitarian impacts on men, women, boys and girls, how CARE can help and what other groups are doing
- ▶ recommends how CARE should respond
- ▶ does all it can to keep CARE staff safe
- ▶ starts delivering relief on the ground as soon as possible
- ▶ honestly assesses its own capacity and asks for any support and advice it needs to respond effectively
- ▶ takes part in the CCG decision-making process
- ▶ manages the response following CARE policies and procedures (supported by the Lead Member, CEG and others)
- ▶ follows CARE's humanitarian accountability standards
- ▶ assesses possible risks from CARE's response and how to deal with them (including the effects of the emergency on existing programmes)
- ▶ develops a response strategy including at least one of CARE's core sectors 3.8–3.11 pp. 80–95 ▶
- ▶ scales up the response to meet humanitarian needs, drawing on CARE's global capacity
- ▶ manages emergency funds and programmes correctly
- ▶ liaises with donors in country and prepares funding proposals
- ▶ prepares and implements a gender action plan
- ▶ gives CI Members information, updates and reports promptly and as needed
- ▶ works out key advocacy messages (with the Lead Member and CI)
- ▶ represents all interested CI Members in the response on the ground.

Lead CARE International Member

The Lead Member acts for CARE as the CO's line manager. It is responsible for making sure the emergency response meets CARE standards.

Lead Member line manager

The Lead Member line manager (regional director for CARE USA; head of operations for CARE Australia and CARE Canada):

- ▶ makes sure the CO plans and prepares for emergencies
- ▶ provides line management and direction to the CO including ensuring course corrections are made if the CCG requires it
- ▶ ensures the response is adequately resourced
- ▶ is part of the CCG and helps with decision-making and advocacy messages
- ▶ makes sure other Lead Member units help the CO
- ▶ keeps CEG and other parts of CARE informed and asks them for help when needed.

Note

The RMU plays a Lead Member line management role for CARE USA COs. It also provides support (but not line management) for other COs.

Lead Member emergency unit

- ▶ Coordinates emergency activities of all Lead Member units.
- ▶ Takes part in the CCG and other decision-making.
- ▶ Helps the CO and Lead Member line management with emergency preparedness and response.
- ▶ Works with the Lead Member HR unit to get the right people in place and help the CO and Lead Member build capacity.
- ▶ Represents the Lead Member in the ERWG and helps strengthen CARE-wide emergency capacity.

Lead Member fundraising, communications and external relations

- ▶ Makes sure CARE raises enough funds from private donors to support the response.
- ▶ Handles communications outside CARE and fundraising appeals to the public.
- ▶ Helps put together key advocacy messages.
- ▶ Raises the profile of the humanitarian needs identified by the CO.
- ▶ Is the CO's first line of support on media and information issues (with the COMWG and CEG Communications).

Lead Member human resources

- ▶ Works with the CI HR coordinator to keep the CI Roster for Emergency Deployment (CI RED) up to date.

- ▶ Engages international emergency staff to support the response (with the CI HR coordinator). This includes proper orientation and debriefing.
- ▶ Works with emergency teams to help build capacity in the CO and Lead Member.

Lead Member safety and security

- ▶ Helps assess safety and security in emergency operations.
- ▶ Takes part in all key decisions involving security. The Lead Member security may be part of the CCG.
- ▶ Gives technical help to the CO and regional offices. Identifies safety/security staff who can provide advice on the ground where needed.

Lead Member programme management

- ▶ Provides technical support for CO programmes, especially for programme quality, management of programmes and contracts, and relations with key donors.
- ▶ Supports fundraising through bilateral (individual governments) or multilateral (multinational, e.g. EU, UN) donors.

Lead Member finance and administration

- ▶ Helps the CO with budgets, cash flow and contract management.
- ▶ Helps the CO with international emergency procurement when needed.
- ▶ Makes sure the CO has the right financial and administration systems (with the line management and emergency units). Provides technical advice and other help with effective and accountable management.

Other CARE International Members

Other CI Members support emergency operations by helping with things like:

- ▶ submitting proposals to donors, lobbying for funding and managing project funding
- ▶ talking to the media, promoting advocacy issues and making fundraising appeals to the public (with the Lead Member and COMWG)
- ▶ finding emergency staff and technical advisors for the CO
- ▶ participating in ERWG and COMWG.

p. 39 ▶

CARE Emergency Group

CEG coordinates and oversees the emergency response on behalf of CI Members. CEG is part of the CI secretariat, and has RECs in each region. Its staff can provide remote support or deploy to help directly with operations in the field.

CEG's role in an emergency includes:

- ▶ coordinating decision-making about the response
- ▶ advising the Lead Member and the CO on managing response operations, logistics, gender in emergencies, quality and accountability, HR, media and information, advocacy and fundraising
- ▶ helping CARE Members coordinate their contributions
- ▶ ensuring the highest levels of quality and accountability.

Between emergencies, CEG:

- ▶ helps Lead Members and COs with emergency preparedness
- ▶ helps CARE as a whole develop its capacity to deal with emergencies.

CEG is led by the CI HD, whose role is to coordinate and oversee the emergency response during its acute phase. The HD:

- ▶ chairs the Crisis Coordination Group
- ▶ manages allocation of funds from the CI ERF
- ▶ can call on all member resources
- ▶ is a key part of all operational and strategic decision-making
- ▶ monitors the quality of the response and takes part in evaluation
- ▶ can raise disputes or issues related to the emergency response for the CI Secretary General to resolve
- ▶ coordinates a management review in a type 4 emergency [2.9 p. 39](#)
- ▶ can coordinate assessments and start programmes where CARE does not have a CO.

The CCG decides when CEG should stop being directly involved in the emergency response. CEG is not usually involved in chronic emergencies except at crisis points or in contingency planning.

At a glance

This table summarizes what the different parts of CARE are responsible for in an emergency.

	Country Office	Lead Member	Other members	CEG
Strategic planning	Responsible	Manages and supports CO	Participate	Monitors, oversees and supports
Preparedness	Responsible	Manages and supports CO	Participate	Monitors, oversees and supports
Early warning and alert	Responsible	Manages and supports CO	n/a	Monitors and oversees Coordinates
Response decisions	Recommends decisions Participates in the CCG	Decides Participates in the CCG	State their interests through CEG	Oversees and approves decisions Coordinates the CCG
Response management	Responsible	Manages and supports CO	Participate and support	Oversees, coordinates and supports
CI coordination	Participates and supports	Participates Manages and supports CO	Participate and support	Manages
Fundraising	Prepares programme strategy Responsible for CO fundraising and in-country donor liaison Prepares proposals for CI Member fundraising	Responsible for Lead Member fundraising Supports CO fundraising Sets fundraising target with CO	Responsible for CI Member fundraising Support CO fundraising	Oversees, coordinates and supports (with CI Head of Fundraising) Agrees fundraising target with the CCG members Coordinates information on funds raised
Monitoring, evaluation	Responsible Organizes monitoring mechanisms, sets up complaints mechanisms; organizes RARs and response reviews	Manages and supports COs Ensures response reviews are conducted Conducts RTEs and evaluations Manages complaints	Participate in contribute to and support learning processes Undertake project-level monitoring for member donor funded projects Advise on donor rules	Monitors, oversees and supports Ensures standards for M&E are met

	Country Office	Lead Member	Other members	CEG
Information and reports	Responsible	Manages and supports CO	Participate	Monitors, oversees and supports
Media	Appoints media focal point Provides information, photos and interviews for global media work Approves materials	Supports CO Provides communication materials to CI offices	Raise awareness through media channels Provide support for production of communication materials	Ensures support is provided to CO Backstop for LM as needed Coordinates COMWIG
Staff and technical support to CO (in all functional areas)	Updates capacity assessment Recruits local staff Identifies other staff needs	Responsible for staffing from the CI RED and elsewhere	Support in specialized areas if needed	Responsible for ensuring staffing Coordinates the CI RED
Start-up funding	Prepares funding request Manages and reports on use of funds	Contributes to CI ERF Provides additional start-up funds if possible	Contribute to CI ERF	Approves CI ERF allocations
Procurement of supplies	Responsible for local supplies Requests international supplies	Manages and supports CO in establishing supply chain Responsible for international procurement	Support specialized procurement if needed	Oversees and ensures support Advises on international logistics and procurement
Emergency management tools (manuals, systems, kits etc.)	Identifies needs and requests tools Uses and applies tools	Ensures CO compliance Helps CO get tools Contributes to development	Support in specialized areas if needed Contribute to development	Oversees Ensures tools are provided Coordinates development
CARE policies, procedures, standards etc.	Complies with policies and procedures Contributes to development Provides feedback	Contributes to development Responsible for specific areas	Contribute to development Responsible for specific areas	Responsible Coordinates development

CARE International Safety and Security Unit

CISSU is responsible for staff safety and security policy and standards for CARE as a whole. It oversees, monitors and supports CI Members and COs in carrying out policies and meeting standards. It also provides training and technical advice and helps during crises.

CISSU is part of the CI secretariat in Geneva. The CISSU director can raise any issues or decisions with the CI Secretary General.

Crisis Coordination Group

The CCG is a small group of senior managers that forms at the start of an emergency to make decisions and manage the emergency response at a high level. Its members are usually the:

- ▶ CI HD (as chair)
- ▶ CD
- ▶ Lead Member line manager of the CD
- ▶ head of the Lead Member emergency unit
- ▶ Lead Member safety and security director, when needed
- ▶ CISSU director, when needed
- ▶ CI Head of Emergency Operations.

The CCG reviews the type and scale of the emergency and the security situation. It agrees on the CARE emergency type and decides whether and how CARE will respond and what support the CO needs. During the response the CO and Lead Member should refer any other critical decisions to the CCG. If CCG members cannot agree on something, the CI HD can make the decision or refer it to the CI Secretary General.

2.11 p. 50

See p. 39 for descriptions of ERWG and COMWG.

Emergency Response Working Group

ERWG is CARE's global humanitarian policy group. It is responsible for setting CARE's humanitarian policies, strategies and standards. It monitors our accountability to policies and standards and to disaster-affected communities, donors, partners etc. It does not manage actual emergency response operations. ERWG usually has conference calls to share information during emergencies.

ERWG includes representatives of all CI Members who are involved in emergency work, plus field (CO) representatives and the CI HD. The ERWG representative is their CI Members' first point of contact on emergency responses.

Communications Working Group

The Communications Working Group (COMWG) is a network of all communications and media experts in offices across CI. Responsibilities of COMWG members during an emergency include:

- ▶ raise awareness of CARE's emergency responses and ongoing emergencies through all available media channels
- ▶ provide support as needed for the production of media and communications materials
- ▶ in coordination with the Emergency Communications Officer, prepare media materials for their own national market.

During an emergency, CEG Communications coordinates COMWG and ensures all media and communication materials are shared through COMWG. Some members of COMWG are on the CI RED and can be called on to deploy to a CO in an emergency.

All requests for media support should go through the Lead Member's COMWG representative or CEG Communications.

2.7 Emergency type (protocol A2)

This protocol helps you decide what CARE type the current emergency fits into. This will affect CARE's decisions (see protocol C5) about the likely scale of the emergency and the resources needed to respond.

2.10 p. 47 ▶

Process leader

CI Humanitarian Director

Contact for help

CI Humanitarian Director (CEG)

+ 41 22 795 1021

emergencydirector@careinternational.org

Policy

CARE monitors all emergencies in countries where we have a CO. We respond to:

- ▶ all emergencies in areas where the CO operates
- ▶ all major emergencies in the country.

In countries where CARE has little or no presence, we consider responding to all major emergencies. We normally respond only in countries with limited local capacity (developing countries).

Guided by CARE's humanitarian mandate we base decisions about emergency type on:

- ▶ humanitarian need: total number of people affected, number of people severely affected and amount of physical damage
- ▶ humanitarian response service gap: the gap between needs and local capacities (outside CARE) to respond.

CARE emergency types

There are four types of emergencies that CARE may respond to:

- ▶ Type 1. Small to medium emergency in a country where CARE has a CO. The service gap is manageable, so the CO will need little support from CI.
- ▶ Type 2. Major emergency in a country where CARE has a CO. There are major service gaps where CARE could add value. CI would need to provide a lot of support.
- ▶ Type 3. Major emergency in a country where CARE does not have a CO.
- ▶ Type 4. Major (corporate) emergency in a country where CARE has a CO or where CARE does not currently have a presence but where the impact is devastating and the need for humanitarian support is extensive. Very large numbers of people are significantly affected; there has been substantial damage to infrastructure with radical implications for the nature of CARE's programming in the country; and local (non-CARE) capacity to respond is significantly overwhelmed.

Note on type 3 and type 4 emergencies

CARE needs a Lead Member/coordinator for the country before it can start responding. The CI Secretary General appoints this coordinator as soon as possible (in consultation with the CI HD and CI Executive Committee). CEG and the Lead Member/coordinator manage the first steps in a type 3 response.

A type 4 emergency will be declared by the CI Secretary General and EXCOM following a recommendation from the HD. This decision will be made within 24 hours maximum of the request. A type 4 (corporate emergency) will be an exceptional situation (e.g. the Asian tsunami (2004) or Haiti earthquake (2010)).

Type 4 emergencies are likely to be rapid-onset mega-emergencies, often creating significant and sustained media coverage. They require a response from the whole organization.

The CCG determines the emergency type in a conference call. (If the impact of the emergency is limited and a service gap is unlikely, the CCG may not assign an emergency type or consider responding.) The CCG should let all interested parts of CARE know its decision and reasons. The emergency type can be revised if the situation changes.

Protocol C5 deals with the decision whether to respond.

2.10 p. 47



The CO must not wait for these decisions before it starts assessing needs or takes action to save lives.

What determines the emergency type?

This table shows the factors the CCG usually considers when it determines the emergency type.

	Type 1	Type 2	Type 3	Type 4
Total number of people affected	Typically 1,000 to 100,000	Typically more than 100,000	Typically more than 500,000	Typically more than 1,000,000
Weight this number based on severity of effects				

	Type 1	Type 2	Type 3	Type 4
Number of people severely affected	Typically 1,000 to 30,000	Typically more than 30,000	Typically more than 100,000	Typically more than 250,000
Dead, at immediate life-threatening risk or displaced				
Estimated scale of physical damage	Limited	Significant	Significant	Extensive
To housing and critical infrastructure				
Humanitarian response service gap	Some gaps.	Significant gaps.	Significant gaps.	Critical and extensive gaps.
Local non-CARE capacity to respond	Local capacity may become overwhelmed.	Local capacity is overwhelmed.	Local capacity is overwhelmed.	Local capacity is overwhelmed.

How emergency type affects the way CARE manages the response

Type 1: CEG will help as needed. The CO can still expect priority support from CI—especially for fundraising.

Type 2: The CO needs to scale up its operations. It can expect a lot of support and resources from CI. Senior managers will be closely involved—including the CI HD. These emergencies need a response review and an independent evaluation. The CO still leads the response—CEG will not rush in and take over, but will provide close monitoring and support.

Type 3: The regional EPP will be quickly reviewed, together with CI's global capacity to respond at that time. As well as the scale of the emergency and the humanitarian service gaps, the review will consider current commitments, the availability of deployable staff, funding potential and resource requirements. It will also confirm that there is a CARE Member available to take on the Lead Member or temporary presence coordination function for the country.

Type 4: The CO and/or affiliate member manages the emergency response and will need to significantly scale up emergency operations with support from all parts of the CI confederation, led by the Lead Member (where applicable) and CEG. An organization-wide commitment and collective engagement will be necessary to ensure that the response is adequately resourced and staffed, and is timely, of high quality and sustained.

Once a corporate emergency has been declared:

- ▶ ‘All hands are on deck’ and there is an organization-wide commitment to support the response.
- ▶ All CI Members will launch fundraising appeals, post on websites and reach out to media outlets.
- ▶ The HD has the power to access staff on the RED roster without discussion; they will be deployed within 48 hours.
- ▶ A review of CO management structure and appropriate decisions will take place. 2.11 p. 50
- ▶ A CI Emergency Response Advisory Committee (ERAC) mechanism will be put in place.
- ▶ An RTE, response review and external evaluation will occur.

You must follow CARE’s emergency management protocols in all types of emergencies.

Instructions

When and what	Responsible	Involved
Immediately or in advance		
CO sends an emergency alert with early information about disaster	CD (if CARE has a CO) Regional Director (if no CO)	REC HEO EO
As soon as possible after receiving the alert		
CEG contacts CO	HEO REC	EO
Within 24–48 hours		
CCG decides emergency type (in a conference call)	HD	CCG
The CCG tells CI the emergency type (usually through ERWG)	HD	HEO ERWG COMWG
Response decision-making begins (see protocol C5). 2.10 p. 47	HD	CCG
Note that a CO should not wait for these decisions before taking action to save lives.		

2.8 Emergency alerts (protocol B3)

This protocol tells you how to alert CI about a coming humanitarian emergency.

Process leader

Country Director

Contact for help

CI Head of Emergency Operations (CEG)
+41 22 795 10 23
emergencyoperations@careinternational.org

Policy

Why alerts are important

Emergency alerts are important to:

- ▶ alert the Lead Member and CEG to get ready to help with the response
- ▶ alert CI Members to get ready for fundraising and media activities to support the response.



Often the first agency to provide information to donors and the media is the most successful at raising funds.

Read the signs

Watch closely for emergency risks and triggers. These should be identified in the CO's EPP and early warning processes.

Immediately alert CEG and Lead Member managers

What 'immediately' means depends on how much warning you get before the emergency hits.

For emergencies that start slowly (like food shortages from drought) or with a little warning (like tropical storms), send an alert as soon as either the CO EPP triggers indicate a need to respond or national/international early warnings show that a humanitarian crisis is likely (e.g. the storm is about to hit).

For emergencies with no warning (like earthquakes), send an alert as soon as you know the event has happened.

Sometimes the REC, CEG in Geneva or CI Emergency Monitors are the first to know of a coming emergency. They will alert the CO. The CO must then immediately check what's happening and send a CI emergency alert if needed.

Sending an alert doesn't mean the CO or CI must respond.

See protocol C5 for how CARE decides whether to respond.




2.10 p. 47

Send an alert for any emergency where local response may not be enough.

This means any emergency likely to cause humanitarian needs that local groups may not be able to cope with. Ask CEG for advice if you're not sure.

2.7 p. 39

Instructions

When and what	Responsible	Involved
Always Watch early warning systems and CO EPP triggers (see protocol B2 on early warnings)	 CD CO ERT	CO ERT Lead Member line manager CI Emergency Monitors REC HEO
As soon as possible Check information about any likely emergency	CD CO ERT	Lead Member line manager REC HEO
Immediately If significant humanitarian impact is likely, tell REC and/or CI HEO. CEG will get ready to help	CD	CO ERT REC HEO
Fill in and email the CI alert form to those listed at the top of the form  4.1 p. 169 Send it even if you can't answer all the questions. You can send more details later.	CD	HD Lead Member line manager Lead Member emergency director HEO REC
Forward the alert to ERWG and others who need to know	HEO	ERWG HD
Within 24 hours Follow guidance in section 1 of this book and protocol C5 (decision-making) as needed.  2.10 p. 47	CD CO ERT HD	REC HEO HD Lead Member line manager Lead Member emergency director

2.9 Capacity assessment (protocol C3)

This protocol tells you how to quickly assess your CO's capacity to respond to an emergency. The capacity assessment shows what gaps CI needs to fill for CARE to respond effectively.

Process leader

Country Director

Contact for help

CI Head of Emergency Operations (CEG)
+41 22 795 10 23
emergencyoperations@careinternational.org

Policy

COs—with help from CI—must be able to meet CARE's standards for effective emergency response.

Find and deal with any gaps in this capacity

- ▶ at the start of a major emergency
- ▶ when you review your response to the emergency.

You can use CARE's capacity assessment form at any time to check your capacity to cope with an emergency. It's a quick way to find out what you are ready to deal with and where you have serious gaps.

4.2 p. 172

Capacity assessment tools with more detail (e.g. EPP guidelines) are in chapter 11 of the CET.



Fill in the capacity assessment form within 48 hours after the emergency alert

Email it to CCG members. With the CO, they use this form to decide what CARE needs to do to fill any gaps. The Lead Member or CEG may also do their own assessment of the CO's capacity. In line with CEG's oversight role, it can make decisions on filling capacity gaps if there is disagreement.

Instructions

When and what	Responsible	Involved
Within 48 hours after the emergency alert		
Fill in the capacity assessment form and email it to the Lead Member and CEG. 4.2 p. 150	CD	CO ERT Lead Member line manager Lead Member emergency director HEO REC
Within a day after the capacity assessment form arrives		
Agree on how to fill capacity gaps (including what extra support or resources the CO needs)	CCG	REC HR coordinator Other as needed

2.10 Response decision-making (protocol C5)

This protocol tells you how CARE makes key decisions about an emergency.

These are:

- ▶ what type of emergency it is (1, 2, 3 or 4—see protocol A2) [2.7 p. 39](#)
- ▶ whether we will respond (yes or no)
- ▶ how we will respond (see the box below)
- ▶ any major changes to our response.

How will CARE respond?

This includes:

- ▶ key interventions and overall strategy for men, women, girls and boys
- ▶ our fundraising target
- ▶ who will carry out the response on the ground (CARE directly, CARE directly with a partner, or a partner with support from CARE)
- ▶ key policy and advocacy issues

- ▶ people, equipment and funds the CO needs from CI
- ▶ how we will share information: frequency of sitreps, communication lines.

Process leader

CI Humanitarian Director

Contact for help

CI Humanitarian Director (CEG)

+ 41 22 795 1021

emergencydirector@careinternational.org

Policy

Who makes the decisions?

Everyone in the CCG should agree on decisions if possible. If the whole group cannot agree, the CI HD can decide. (This is because they are in charge of CARE's overall response to emergencies.)

Note on the CCG

See protocol A1 for details on who is in the CCG and what it does.

2.6 p. 31 ▶

How do we decide?

To decide whether and how to respond, CARE looks at:

- ▶ how serious the emergency is (see protocol A2 for how we decide this) 2.7 p. 39 ▶
- ▶ the humanitarian service gap—how well agencies other than CARE can look after the people who need help (see protocol A2 for how we decide this) 2.7 p. 39 ▶
- ▶ whether this is part of our humanitarian mandate 2.1 p. 24 ▶
- ▶ CARE's capability to deliver prompt and adequate relief—staffing, funds, logistics etc.

When do we decide?

A good response is one that helps people as soon as possible. So we must make our key decisions as quickly as possible. This means:

- ▶ Sudden emergency in a country where CARE has a CO: within 24 to 48 hours after the emergency begins.

- ▶ Emergency in a country where CARE does not operate: as soon as we have enough information to decide.
- ▶ Emergency that starts slowly: in response to early warnings or EPP triggers.
- ▶ Chronic emergency: in response to a spike in humanitarian needs or a critical event.



The CO should respond as soon as possible when a response is clearly needed. Do not wait for CCG decisions before you act to save lives.

Response decisions need to be based on good judgement and the information you can get at the time. They do not have to wait for detailed information.

Instructions

These are the actions to take when deciding about an emergency response.

When and what	Responsible	Involved
Immediately		
Prepare an emergency alert and email it to the Lead Member and CEG See protocol B3. 2.8 p. 44 ▶	CD	ERT Lead Member line manager Lead Member emergency director HEO REC HD
Within 24 to 48 hours		
Gather as much information as possible to help make key decisions. Be ready to make recommendations about these. Prepare an initial gender analysis of the situation.	ERT CD	Lead Member line manager Lead Member emergency director HEO REC
Start initial response. Do not wait to complete other steps before doing this if it is clearly needed.	CD	ERT Lead Member line manager Lead Member emergency director HEO REC HD

When and what	Responsible	Involved
Organize a CCG conference call (see standard agenda in box below) to make key decisions.	HD	CD Lead Member line manager Lead Member emergency director HEO CI security director
Tell CI what the CCG has decided	HD	HEO CI media/information coordinator
When needed		
Organize follow-up CCG calls to make any further decisions.	HD	CD Lead Member regional manager Lead Member emergency coordinator HEO

Agenda for CCG meeting (conference call)

- ▶ Latest information about the emergency.
- ▶ What type of emergency it is.
- ▶ Whether CARE will respond.
- ▶ How CARE will respond at first and on what scale.
- ▶ How CARE will ensure its focus on gender equality and the needs of women and girls is put into practice.
- ▶ What help the CO needs from the Lead Member and CI—management and technical advice, staffing, funding (including whether to request funds from the CI ERF) etc.
- ▶ Which policy/advocacy issues to take up.
- ▶ Frequency of sitreps and CCG calls.

2.11 Management team review (protocol C6)

This protocol helps to determine if there is a need to strengthen the CO management team during a major emergency and, if so, to assess what additional support or different management skills are required to manage it effectively.

Process leader

CI Humanitarian Director

Contact for help

CI Humanitarian Director (CEG)

+ 41 22 795 1021

emergencydirector@careinternational.org

Policy

A type 4 corporate emergency requires a high level of emergency support, and immediate deployment of an experienced team of emergency professionals is crucial. The HD and the CD's line manager will quickly assess the capacity, skills and experience of the CO senior management team to ensure that the organization has the right team in place. (Please note that this policy may occasionally also be used in large, complex type 2 emergencies if the Lead Member and/or CEG identifies concerns about the CO capacity.)

If the management review finds that the leadership team needs additional support, the CD's line manager, the Lead Member HR Director and the HD will agree on the necessary changes to the in-country management team. They will consider the following options:

- a) **Supplement the existing management team:** Additional senior managers at CD, Assistant CD, Finance or HR level could be brought in to support the existing leadership team. In most cases, the incoming senior managers would manage the emergency response. The incumbent CD would focus on ongoing operational responsibilities, manage the existing non-emergency programmes and provide support to the emergency programme as requested.
- b) **Split the responsibilities:** An alternative could be for the incumbent CD to manage the emergency programmes and the incoming director to be given responsibility for all non-emergency programmes. The Lead Member and the HD will make these decisions based on their best judgement of the management requirements and with input from the overall in-country review team.
- c) **Change the leadership:** The management review may conclude that the extensive scale and impact of the emergency (including the impact on our staff) will require significantly different skills and leadership than had been in place, to ensure that a rapid and significant scale-up of the CO can take place. In a type 4 emergency, the expansion and changes to the country programme will probably need to be sustained for some time (two to five years) and will significantly alter the strategy and portfolio of the country programme.

In this option, a senior emergency expert with strong development experience would be deployed to replace the existing CD. CARE senior leadership needs to ensure that we follow our humanitarian mandate, so any decision to bring in an expert leader to replace the CD should be seen in this light. The CD's line manager and the CI Humanitarian Director should take this decision jointly and in a timely—and supportive—way.

The line management of the incoming senior leadership will be within the existing structure (with a dotted line for a new CD to the HD) to ensure that adequate oversight and corporate attention is provided.

Who makes the decision?

The decision is made jointly by the CD's line manager and the HD, based on agreed criteria. They will consider:

- ▶ Scale, complexity and risk of the emergency response
- ▶ Scale, complexity and risk of pre-emergency programmes
- ▶ Previous experience and performance of the senior management team in managing large-scale emergency response
- ▶ Emergency management and leadership competencies demonstrated by the existing leadership team
- ▶ Impact of the emergency on the existing team including any personal trauma and critical or cumulative stress
- ▶ Availability of deployable Country Director-level personnel with the appropriate experience and competencies.

They will consult with other key stakeholders as appropriate.

Based on their joint assessment, the CD's line manager and the HD will decide what the appropriate configuration of the in-country management team should be and whether to supplement it or reassign existing staff.

If they cannot reach a consensus, the HD will refer the decision to the Secretary General for resolution by EXCOM.

How reassignment of staff is managed

If a decision is made to reassign staff from the CO, the CD's line manager will be in close and immediate contact with the concerned staff as soon as possible to discuss and explain the decision and to make arrangements and plans for their transition, including:

- ▶ communicating with existing staff and the leadership team

- ▶ communicating with key stakeholders—government and donors
- ▶ managing the transition and handover with incoming staff
- ▶ assisting in the departure of staff and dependants from the country
- ▶ providing any psychosocial or other practical support
- ▶ providing appropriate leave
- ▶ discussing temporary and long-term assignment options.

The CARE Lead Member commits to finding appropriate placements for affected staff as quickly as possible and to ensure that the future career opportunities of these staff are not affected.

How deployment of new staff is managed

The CI HD and the CD's line manager will identify an appropriate candidate from the CI RED roster who can be available to assume the role required for a minimum of six months. The Lead Member and the HD will agree on the final candidate to be deployed.

The hiring member will then deploy that person into the CO following standard procedures for CI RED deployments. They should be in country within 10 to 15 days of the declaration of the emergency

At the same time, the Lead Member will be responsible for recruiting/ selecting an appropriate candidate for the longer term, up to 2–3 years, to replace the six-month emergency deployment.

Instructions

When and what	Responsible	Involved
Immediately or in advance		
Decision made that the situation is a type 4 (corporate) emergency	CI SG and EXCOM	CCG
OR		
In a type 2 emergency, this protocol is triggered when discussions on the CCG indicate additional support may be required by the CO to manage the response.	CCG	
Within 12 hours of the decision to bring in additional support		
HD convenes call with CD's line manager to review the management requirements of the response and the capacity of the existing team to determine what changes or support may be required.	HD	Country Director's line manager
Further information about support requirements gathered as needed		
	HD	CCG CI REC Deployed emergency team
Within 72 hours		
HD and Lead Member decide on the future management and leadership arrangements.	HD CD's line manager	CI SG
If no consensus is reached, HD refers the matter to the CI Secretary General for a prompt decision by EXCOM.		

When and what	Responsible	Involved
<p>If the decision is to change the CD or supplement the team the next critical step is for the CD's line manager to speak immediately to the CD to discuss the situation and plan communication with staff, partners, and other key stakeholders. The discussion will also focus on the next steps for the CD if they will be leaving the position.</p>	<p>CD's line manager</p>	<p>HD</p>
<p>If the decision is taken to supplement or change the in-country leadership team, and the CD has been informed, the CI HR Coordinator, the Lead Member HR unit and the CD's line manager will work together to implement the decision.</p> <p>These include:</p> <ul style="list-style-type: none"> deploying the incoming staff supporting transition and handover providing support and identifying new assignment to the outgoing staff. 	<p>Lead Member line manager</p>	<p>Lead Member HR unit CI HR coordinator HD</p>
<p>Within 10–15 days</p> <p>Where a new director is deployed, they should be in country and able to assume responsibilities within 10–15 days of the declaration of the emergency, or of the decision where it occurs later in the response.</p>	<p>LM line manager Incoming CD</p>	<p>HD Lead Member HR unit</p>

3 Guidelines

KEY ISSUES	59
3.1 Gender	59
3.2 Humanitarian space	65
3.3 Civil–military relations	66
3.4 Sexual exploitation and abuse	68
3.5 Coordination	70
3.6 Advocacy	74
3.7 Quality and accountability	76
CORE SECTORS	80
3.8 Water, sanitation and hygiene	80
3.9 Shelter and settlements	83
3.10 Food security and nutrition	86
3.11 Sexual and reproductive health	93
OTHER SECTORS	96
3.12 Health	96
3.13 Psychosocial programming	97
3.14 Cash transfer programmes	99
3.15 Economic recovery	101
3.16 Education	103

CROSS-CUTTING ISSUES	105
3.17 Gender-based violence	105
3.18 Participation	109
3.19 Conflict sensitivity	111
3.20 HIV/AIDS	114
3.21 Disaster risk reduction	115
3.22 Protection	118
3.23 Environment	120
3.24 Breastfeeding, complementary feeding, infant and young child feeding	122
PROGRAMME MANAGEMENT	124
3.25 Assessment	124
3.26 Programme strategy	126
3.27 Fundraising	128
3.28 Proposal writing	130
3.29 Donor contract management	132
3.30 Partnership	133
3.31 Monitoring and evaluation	135
OPERATIONS	138
3.32 Safety and security	138
3.33 Information management	141
3.34 Media management	142
3.35 Human resources	145
3.36 Finance	149
3.37 Logistics	155
3.38 Distribution	159
3.39 Procurement	161
3.40 Administration	164
3.41 Telecommunications and information technology	165

3.1 Gender

For help, email emergencygender@careinternational.org

In the rush to respond to disaster or conflict, the appeal to ‘pay attention to gender issues’ often falls on deaf ears and may seem irrelevant. It is not. Paying attention to gender issues or ‘using a gender lens’ quite simply means recognizing the different needs, capacities and contributions of women, girls, boys and men. Ignoring or being blind to these ... can have serious implications for the protection and survival of people involved in humanitarian crises.

—Inter-Agency Standing Committee

What is gender integration?

Women and men, girls and boys have different needs, capacities and risks in an emergency.

Our activities during a humanitarian response can increase and reinforce, or reduce, existing inequalities. You need to understand CARE’s approach to meeting the different needs of women, men, girls and boys—reducing existing inequalities is a core part of our work.

‘Gender integration’ means taking account of differences and inequalities between men and women, boys and girls in everything we do. This supports more effective programming and also contributes to greater social equality. Many of our responses may already be integrating gender, but how well are they addressing the gender and power inequalities that influence our work?

Think about gender from the very start of an emergency response—and even before—as part of preparedness. Make sure that you are getting data that is disaggregated for sex and age. Then carry out a gender analysis—which you will revise and improve as you get more information—and adapt your responses based on that analysis. You will need to complete a gender action plan, which is a requirement to access the ERF and some donors.

The gender continuum

The gender continuum is a good place to start thinking about how women, men, boys and girls experience a crisis in different ways and how they may

have different needs. The continuum moves along the arrow based on how much the approach makes a contribution to achieving gender equality:



Source: Adapted from CIGN 2012, *Explanatory Note on CARE's Gender Focus*.

All our programmes should strive towards gender-transformative programming—we should never be implementing gender-neutral programming. Gender-transformative programming also helps us to have programmes with bigger positive impacts from a technical perspective.

Below are definitions, examples, and explanations of gender-sensitive and gender-transformative integration.

	Definition	Programme example	Explanation
<p>Gender-sensitive</p> <p><i>This approach is the minimum we want to see across all responses.</i></p>	<p>Acknowledges that different groups:</p> <ul style="list-style-type: none"> ▶ have different vulnerabilities and needs ▶ face different risks ▶ develop coping mechanisms in different ways to resist shocks, survive and support their families. <p>A gender-sensitive approach is one that takes these issues into account and encourages positive coping mechanisms.</p>	<p>In a livelihood project, staff do a gender analysis and realize that men tend to undertake livelihoods that are linked to markets and public spaces but women do more home-based activities. Accessing public spaces such as markets is not traditionally acceptable for women.</p> <p>Staff realize these gender differences exist and make sure that the project plans to have not just one type of activity. They have separate producer groups for men and women—one for men (marketplace activities) and a separate one for women (with home-based activities).</p>	<p><i>To be transformative, livelihood projects will question why certain spaces are usually controlled by men, and work to change that so that everyone has equal access.</i></p>

	Definition	Programme example	Explanation
<p>Gender-transformative</p> <p><i>This approach is what we aspire to in all our programming—these programmes help to create conditions for gender equality to emerge.</i></p>	<p>Actively strives to examine, question, and change rigid gender norms and imbalance of power as a means of reaching outcomes (in a particular sector), as well as gender equality objectives.</p>	<p>In a camp management group, staff observe that men are more literate and acknowledged as leaders than women.</p> <p>The staff work with men and women to understand why this is so. They identify skills to increase women's agency and leadership, and hold community dialogues (with men and women) that challenge the assumption that women cannot be leaders.</p>	<p><i>This example is transformative because of its explicit focus on addressing the community norms and assumptions about who can and cannot be a leader.</i></p>

Top tips for integrating gender

1. Analyse sex- and age-disaggregated data: We need to understand what the different needs of women, men, boys and girls are. Aim to get sex- and age-disaggregated data as soon as you can, as well as data on other relevant factors such as ethnicity, religion and people with a disability, and use this as a basis for your gender analysis.

If you can't get quantitative information in the first hours of a response, record the sex and age of key informants who are providing you with information on the situation, and aim for a broad spread of informants. Other sources could include available programming information, census data, health statistics and household survey data. The result would be a broad snapshot of differences.

2. Update gender analysis: You may have a preconception that gender analysis is difficult—a one-off piece of work produced by gender specialists. Not so.

In an emergency, a gender analysis is likely to be built up progressively over time. To understand the issues, staff, partners and communities collect, identify, examine and analyse information about how gender is affecting people's needs and capacities, including how the realities, expectations, rights and choices for women differ from those for men. Without this understanding, we cannot be sure that our assumptions about interventions are correct, or

that our interventions will be accessible, appropriate and acceptable to our intended groups.

Ideally, gender analysis is integrated into the EPP process as part of CARE's commitment to understanding the different needs of the communities we work with. But if the analysis has not been done before an emergency response begins, use the rapid gender analysis tool to assess the impact of the humanitarian crisis on women, girls, boys and men, and to inform programming.

4.7 p. 196

The tool will guide teams to start building a picture of gender roles, norms and issues that can be updated over time. Draw on sources such as:

- ▶ country gender analysis or gender analysis produced for long-term programming relevant to the affected population
- ▶ gender analysis (or information) in project designs
- ▶ baselines and evaluations related to other sectors working in the same geographic area
- ▶ analysis done by other agencies including the UN
- ▶ gender-sensitive information collected in assessments.

If you have more time and need to do a more detailed gender analysis, refer to CARE's Good Practices Framework for Gender Analysis. This is a good starting point for teams to identify and explore key gender questions in light of programming priorities, available resources and time. The framework sets out eight core areas of inquiry that examine the key characteristics and dynamics of gender and power relations.

4.7 p. 196

3. Adapt your strategy and project design based on what you learn from your gender analysis. At the start of your emergency response, the gender analysis will not be perfect, so you may need to adapt your strategy and project design as your analysis improves.

4. Monitor for gender-specific impacts: It's particularly important to remember that our projects can have unintended consequences—we need to check for these. For example, a project to help older women increase their income may mean that child care falls to school-age girls, which creates a barrier to their education. We need to keep checking on how the situation is changing for all the different sex and age groups—not just for our targets. Build these checks into general monitoring.

5. Prepare a gender action plan: You will need to complete a gender action plan or GAP, which is a requirement to access the ERF. Some donors now also

require a GAP. The GAP is a tool to help you prepare and plan for a gender-sensitive response, and ideally would include a wide range of people in its development. You will also need to use assessment information and your gender analysis to design your response so that you address identified issues and make sure that different groups are getting the support they need. The GAP helps you to work through that process. The gender action plan user guide gives more details on how to use the GAP at various points, including during the EPP, at the beginning of a response and during a response review. **4.6 p. 193**

6. Use the Gender Marker: You can use the CARE Gender Marker as a tool that grades, on a scale of 0–2, whether or not humanitarian relief work is prepared for, designed, and implemented to equally benefit women, men, boys and girls and support gender equality. Like the IASC Gender Marker launched in 2010, the CARE Gender Marker looks at the project design stage but goes further to also assess implementation, preparedness and strategy development. **4.8 p. 200**

The IASC Gender Marker is mandatory for all project proposals submitted under the consolidated appeals process (CAP) and the gender marker scores are publicly available. To support our focus on gender in emergencies, we encourage teams to use the CARE Gender Marker at any of these stages:

- ▶ emergency preparedness
- ▶ strategy development (including gender action plans)
- ▶ project proposals
- ▶ project implementation (real-time evaluations and response reviews).

DO

- ✓ Target actions based on the gender analysis. Design services to meet the needs of women, men, boys and girls.
- ✓ Make sure that women, men, boys and girls have equal access to services.
- ✓ Make sure that they can participate equally in response activities.
- ✓ Train women and men equally.
- ✓ Use programmes to help prevent SGBV.
- ✓ When you collect, analyse and report on information, break down the data by sex and age.
- ✓ Coordinate actions with all partners.

Critical indicators checklist

- ✓ CARE teams are gender balanced and each emergency team has someone focusing on gender.
- ✓ You analyse how the crisis affects women, men, boys and girls differently.
- ✓ You collect data from women, men, boys and girls.
- ✓ The data from women is collected by women.
- ✓ The data you use to measure effectiveness is broken down by sex and age.
- ✓ You monitor intended and unintended effects of the response on women and men.
- ✓ Women and men participate equally in decision-making.
- ✓ Proposals and reports include specific gender plans, goals, indicators and progress.
- ✓ You consider women's and men's different needs and capacities in project plans and resources.
- ✓ Staff and partners are accountable to gender equality goals.
- ✓ You work to prevent sexual exploitation and abuse and provide medical, legal and economic support to survivors.
- ✓ You have an SGBV referrals system that integrates SGBV issues into the entire response.

X DON'T


- X Forget that women, men, boys and girls are all at risk of rape and SEA. Men and boys are often victims of SGBV in conflicts.
- X Favour men in livelihood programmes. This could further impoverish women.
- X Fail to consider gender in all sectors of the response—e.g. poor camp design can increase the risks of SGBV, and distribution programmes can create opportunities for SEA.

TOOLS



Gender analysis tools	4.7 p. 196
Gender action plan	4.6 p. 193
Gender Marker	4.8 p. 200
List of GBV tools	4.9 p. 206

See also

- ▶ IASC provides a free online course at www.iasc-elearning.org called 'Different Needs, Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men'. This course is compulsory for all CARE emergency staff.
- ▶ You can also refer to CARE's 'Good Practices Framework for Gender Analysis' which provides guidance for conducting a gender analysis in the CARE Gender Toolkit (gendertoolkit.care.org).
- ▶ CARE Emergency Toolkit 

IASC Gender Handbook in Humanitarian Action on gender mainstreaming in emergencies in the CET

3.2 Humanitarian space

For help, email emergencyoperations@careinternational.org

'Humanitarian space' means safe conditions for relief workers and supplies, and respect for humanitarian principles of independence and impartiality. It refers to both geographical and political freedom to operate and to make choices based on humanitarian need. This is a vital policy issue in the field and internationally.

✓ DO

- ✓ Follow CARE's guiding principles of the humanitarian imperative, independence and impartiality.
- ✓ Make it clear that CARE's work is in no way involved with or influenced by conflicting forces or politics. Stress that CARE is independent and impartial.
- ✓ Take a 'coordination with' rather than 'coordination of' approach to civil–military relations. 3.3 p. 66

- ✓ Use high-level advocacy if needed to secure humanitarian space. Work with the humanitarian coordination mechanisms and other key stakeholders. 3.6 p. 74 ▶
- ✓ Make sure senior staff have the capacity and expertise needed for advocacy and negotiation with government when humanitarian space is a problem.

X DON'T

- X Forget to follow CARE's humanitarian principles. This can undermine CARE's operations and risk the lives of staff and beneficiaries.

3.3 Civil–military relations

For help, email Csafetysecurity@careinternational.org

Aid agencies often have to work with or near military and other armed forces. Humanitarian and military groups have different roles, aims and ways of thinking and behaving.

'Civil–military relations' means the interactions between civilian and military groups in emergencies. This is needed to protect humanitarian principles and clarify each group's aims and responsibilities.

CARE's civil–military policy is based on five principles: distinction; humanitarian imperative; safety and security of staff; impartiality; and consultation.

✓ DO

- ✓ Remember that the safety and security of CARE staff is the most important thing.
- ✓ Make sure CARE and its activities are (and are seen as) clearly separate from military aims and operations.
- ✓ Strictly enforce a no-weapons policy. Display stickers stating that CARE vehicles do not carry weapons.
- ✓ Protect the absolute right of disaster-affected people to get help. Make it clear that aid agencies must respond to humanitarian need whenever they can.
- ✓ Keep in contact with the military as needed for humanitarian reasons.

- ✓ Make it clear that CARE is independent, impartial, transparent and accountable.
- ✓ Only work with military forces if you have exhausted all non-military options. In such cases you may cooperate with, or seek help from, them to:
 - ▮ solve logistical problems
 - ▮ get access to beneficiaries
 - ▮ evacuate and protect staff or beneficiaries.
- ✓ Carefully analyse how working with military forces could affect CARE's humanitarian obligations. You must:
 - ▮ be sure that military support is vital to carry out CARE's mission
 - ▮ carefully assess short-term and long-term effects on local views and humanitarian access
 - ▮ consider possible effects on safety and security of staff, partners and beneficiaries
 - ▮ be sure of the scale and urgency of humanitarian needs
 - ▮ be sure that CARE will not be linked with violations of international humanitarian or human rights law
 - ▮ protect CARE's commitment to independence, humanitarian space and separation from military operations. 3.2 p. 65 ▶
- ✓ Consider how any dealings with the military could affect staff safety and security if the political situation changes.
- ✓ Make it clear to everyone that any dealings with the military have nothing to do with collaboration or cooperation.
- ✓ If you accept military help, take care that this is not mixed up with military activities (e.g. check that trucks carrying aid supplies don't also carry arms).
- ✓ Tell all stakeholders clearly and openly your reasons for accepting any military help.
- ✓ Monitor compliance by CARE and other stakeholders with civil–military principles. Take action against any serious breaches or threats to the independence of NGOs.

X DON'T

- X Let anyone blur the lines between military and aid operations. This happens when you act in a way that makes communities doubt your independence. It can threaten humanitarian space and lead to the idea that you are involved with military actions or aims.

- ✗ Accept help from the defence ministry or from military forces in the field without carefully considering CARE's image and security, and then only in consultation with the LM and CI Secretariat.
- ✗ Share roles with the military or work together in any way that does not advance CARE's core humanitarian mission.
- ✗ Look, communicate or act in a military way. This includes the look of staff, vehicles and offices, the style of reports, working methods, security measures and media relations.
- ✗ Travel with or give lifts to military personnel.


3.4 Sexual exploitation and abuse

For help, email emergencyQA@careinternational.org

CARE does not tolerate sexual exploitation and abuse. All staff are responsible for acting to prevent it, reporting any incidents and ensuring that communities we work with are aware of our policy. This is important in emergencies, where normal protections often break down and the risks to vulnerable people are greater.

DO

Minimum requirements

- ✓ All staff have a copy of the CARE Code of Conduct and are made aware of the procedures to report any incidents of sexual exploitation and abuse.
- ✓ Each staff member signs an agreement stating that they have read and understood and will obey the CARE Code of Conduct and policy on sexual exploitation and abuse. 
- ✓ The job descriptions of team leaders, HR managers and regional emergency advisors explicitly state that they are responsible for preventing and responding to sexual exploitation and abuse by staff.
- ✓ The emergency team leader works to inform partners, vendors and beneficiaries (especially women and children) of CARE's zero-tolerance policy on and procedures for reporting sexual exploitation and abuse.
- ✓ CARE's Code of Conduct and sexual exploitation and abuse policy are included in all agreements with partners. (Encourage partners to get all their staff to review and sign a similar code.)

- ✓ COs have resources to implement the sexual exploitation and abuse policy. This includes a budget for training and a clear mechanism to report on, investigate and impose penalties for sexual abuse.
- ✓ CARE has an effective feedback mechanism in each community we work in. 3.7 p. 76
- ✓ Response reviews and other evaluations review measures to prevent sexual exploitation and abuse and the response to any such incidents that may occur. Evaluation teams include staff with expertise on gender and sexual exploitation and abuse.

HR actions

- ✓ Check references before hiring any new staff. Directly ask referees about sexual exploitation and abuse.
- ✓ Try to keep the staff well balanced between genders.
- ✓ Explain CARE's Code of Conduct and policy on sexual exploitation and abuse to each new employee.
- ✓ Organize orientation sessions on sexual exploitation and abuse for all new staff and their supervisors.
- ✓ Organize skill-building sessions for CARE and partner staff responsible for receiving, investigating or responding to reports of incidents of sexual exploitation and abuse.
- ✓ Inform staff of the process if they want to report sexual abuse.

Programme management actions

- ✓ Assess specific protection needs and potential for exploitation.
- ✓ Make sure assessment teams include staff with expertise on gender, child protection, psychosocial care etc.
- ✓ Work with other agencies to improve advocacy about sexual exploitation and abuse, reporting and feedback methods.
- ✓ Work with suitable non-CARE people and agencies to respond to psychosocial, medical and legal needs of survivors of sexual exploitation and abuse.
- ✓ Raise awareness of sexual exploitation and abuse, e.g. in all communities and prominent response points put up posters showing CARE's standards for staff behaviour and how to report sexual exploitation and abuse. Also display information on relief criteria and entitlements.

- ✓ Arrange for a gender equity and diversity coordinator to randomly survey staff from time to time to find out what they know and think about sexual exploitation and abuse, CARE policy and procedures and their own responsibility.

3.5 Coordination

For help, email emergencyoperations@careinternational.org

Government and UN agencies, local and international NGOs, and the RCRC may all respond to the same emergency. Coordination is about how we work with these other organizations to make the overall response effective. Good coordination helps avoid duplication of effort, promotes information sharing and constructive planning, and enables the most effective allocation of all available resources.

✓ DO

Start coordinating as early as possible, even before an emergency strikes.

- ✓ Map the existing coordination mechanisms in advance—UN, interagency, clusters, NGO consortium, government etc. and humanitarian networks (refer to your EPP on this).
- ✓ Work out who you need to coordinate with (based on priorities in the emergency strategy).
- ✓ Make key contacts.
- ✓ Represent CARE and ensure that CARE is well positioned among the humanitarian actors.
- ✓ Participate in interagency planning (preparedness, Consolidated Appeal Processes (CAP) and flash appeals if applicable, assessments, responses, etc.).
- ✓ Offer support to coordination mechanisms.

Participate in coordination mechanisms

- ✓ Be active in important clusters and government and UN/NGO coordination mechanisms.
- ✓ Be an advocate for gender equality and encourage clusters and other agencies to ensure a gender-sensitive response.

- ✓ Recognize that coordination is time consuming but important.
- ✓ Set up systems in the CO to make sure the right people are going to the right coordination meetings.
- ✓ Plan for your senior staff to have enough time to participate.
- ✓ Share and use internally the information as appropriate and include key issues in the sitrep.
- ✓ Connect CARE's information management to information sharing in the wider humanitarian world—using information available from others, and sharing the information that we have.

3.33 p. 141 

Coordinate with the host government

- ✓ Coordinate with all relevant authorities.
- ✓ Advocate having one coordination system that includes the host government and international actors.

Build partnerships

- ✓ Work with like-minded agencies where a joint effort will have more impact.
- ✓ Use CARE's global partnerships as much as you can to improve coordination, resource sharing and technical support.

Advocate for good coordination

- ✓ Make sure CARE is meeting standards set by the humanitarian community.
- ✓ Monitor the effectiveness of coordination between agencies.
- ✓ Contribute to possible improvements in coordination, both in the field and globally.

Use shared resources

- ✓ Use the standards and tools set by the clusters.
- ✓ Seek funding through the CAP, the CERF and pooled funds. Contact CEG for advice or see the coordination section in the CET.
- ✓ Use services offered by clusters (especially the logistics cluster) etc.



Use CARE's global coordination capacity

- ✓ Inform CEG/sector specialists about any major coordination issues and successes.
- ✓ Get advice on coordination from CEG and the Lead Member.
- ✓ Ask CEG and CI Members to raise any major issues in global meetings.

X DON'T

- ▶ Underestimate the importance of coordination.
- ▶ Forget to make sure people report back from coordination meetings and share their information.
- ▶ Send people to coordination meetings unless they are properly briefed and can answer questions from partners.
- ▶ Neglect national coordination mechanisms.
- ▶ Forget to share CARE's information and assessments.

Clusters

What are they?

International response to major emergencies is coordinated through the Inter-Agency Standing Committee (IASC), a forum that includes representatives of key humanitarian actors: UN agencies, NGOs including CARE, and the Red Cross and Red Crescent. Clusters, led and coordinated by cluster lead agencies, are IASC-designated groupings of humanitarian organizations in each of the main sectors of humanitarian action. They operate at both global and country level.

At the global level, clusters are responsible for strengthening system-wide preparedness and coordinating technical capacity to respond to humanitarian emergencies. At the country level, they ensure that activities of humanitarian organizations are coordinated; serve as a first point of call for government and the UN Resident Coordinator or Humanitarian Coordinator (RC or HC); and are a provider of last resort in their respective sector. Today, the cluster approach is the standard operating procedure for emergency response. Eleven clusters coordinate agencies within specific operational areas (e.g. shelters) or themes (e.g. protection) and are chaired by agencies with expertise in that area.

Why participate in them?

Each cluster provides a forum for stakeholders working in a particular area of response to share expertise, develop a common strategy, and as a result, strengthen the collective response. At the country level, clusters can better prioritize available resources by:

- ▶ providing a forum for national and local authorities, state institutions, local civil society and other relevant actors (e.g. peacekeeping forces)
- ▶ ensuring that appropriate coordination and information exchange take place
- ▶ putting adequate monitoring mechanisms in place to review the impact of sectoral working groups and progress against implementation plans.

In particular, they ensure that there is adequate reporting of and effective information sharing about age- and sex-disaggregated data.

- ✓ They can provide support in advocacy, resource mobilization, training and capacity building.
- ✓ Donors often make participation in clusters a condition of funding.
- ✓ They allow CARE to join in interagency assessments and use the results.
- ✓ They have useful tools that can help our programming.
- ✓ In the field they divide work between agencies and clarify who does what.
- ✓ They help prevent critical gaps in humanitarian response.
- ✓ They can supply technical support, stockpiles of emergency supplies and trained experts.
- ✓ They help engage NGOs in coordination and expand partnerships between the UN and NGOs.

Cluster working groups

In the field, clusters have strategic advisory groups and technical working groups. The SAG sets the strategy for the cluster response. The TWIG is a sub-group that works on key technical matters such as technical standards.

Global clusters and lead agencies*

Agriculture	FAO
Camp management and coordination—conflict	UNHCR
Camp management and coordination—natural disaster	IOM
Early recovery	UNDP
Education	UNICEF and Save the Children UK
Emergency shelter—conflict	UNHCR
Emergency shelter—natural disaster	IFRC
Emergency telecommunications	UNOCHA, UNICEF, WFP
Food security	WFP and FAO
Health	WHO
Logistics	WFP
Nutrition	UNICEF
Protection—conflict	UNHCR
Protection—Natural disaster	UNHCR, OHCHR, UNICEF
WASH	UNICEF

* Other sub-clusters and working groups may form at the country level to deal with SGBV, gender, HIV, environment etc.

3.6 Advocacy

For help, email emergencyadvocacy@careinternational.org

Advocacy is the deliberate process of influencing decision-makers about developing, changing and implementing policies.

Our advocacy aims to reduce poverty and human suffering by influencing policies that are causing or worsening humanitarian need or that can enhance our impact. In an emergency this usually means advocating that people are able to get life-saving help and protection. CARE advocates that the rights set out in international humanitarian and human rights standards and laws be respected and upheld. In particular, CARE's advocacy focuses on ensuring that the rights of women and girls are protected and their voices are heard.

DO

- ✓ Use advocacy to promote a rights-based response to the emergency.

- ✓ Understand the international laws that underpin rights-based humanitarian advocacy.
- ✓ Coordinate with CI on global advocacy and support for CO advocacy.
- ✓ Analyse whether advocacy is likely to be useful (weigh risks against benefits).
- ✓ Decide which issues are the most important to deal with through advocacy.
- ✓ Consider advocacy approaches that could help achieve programme goals.
- ✓ Develop an advocacy strategy. This may be simplified in an acute emergency or wide-ranging in a chronic emergency.
- ✓ Base the strategy on careful analysis of the problem and the external context.
- ✓ Be clear about the strategy's goals and the specific policy changes it seeks.
- ✓ Ensure that the rights and voices of women and girls are central to your advocacy strategy.
- ✓ Identify risks and include actions to manage them.
- ✓ Develop a reliable base of information to use as evidence to support our claims or policy arguments.
- ✓ Identify the key target audiences of CARE's advocacy.
- ✓ Identify allies and opponents.
- ✓ Decide on key messages, methods and action plans.
- ✓ Time your actions to take key opportunities to influence the target audience.
- ✓ Get the human and financial resources you need to carry out the strategy.
- ✓ Monitor and evaluate advocacy efforts—track progress and results.
- ✓ Once the strategy and messages are defined, ensure they get sign-off according to approved CI procedures. Sometimes special procedures are issued for particular emergencies, so check whether this has been done in your case.



X DON'T

- X Start advocacy without enough capacity.
- X Mix messages. Make sure your advocacy messages are in line with your other communications.





- ✗ Carry out advocacy activities which have messages that could have an adverse impact on the security of staff or on the CI presence in different parts of the world.

3.7 Quality and accountability

For help, email emergencyQA@careinternational.org

Humanitarian accountability means being directly responsible to disaster-affected women, men, boys and girls. Responding to emergencies can put us in a position of power over local partners and disaster-affected communities. By putting disaster-affected people at the centre of our accountability concerns, meeting their essential needs, and empowering them to claim their rights, we also improve the quality and the longer-term positive effects of our response.

DO

- ✓ Comply with CARE's Humanitarian Accountability Framework (HAF). This includes benchmarks, performance measures and a compliance system.  4.4 p. 185
- ✓ For the full HAF, see chapter 6 of the CET. 
- ✓ Make sure there is senior leadership (CO and LM) on accountability.
- ✓ Do a gender analysis—you need to be accountable to both women and men.  4.7 p. 196
- ✓ Give adequate and prompt information to communities. This includes clear communication about:
 - ▮ what aid people are entitled to
 - ▮ CARE's accountability systems.
- ✓ Train staff on accountability principles and approaches—especially field staff working directly with communities.
- ✓ Involve and support partners in all stages of implementing M&E and accountability mechanisms—especially for remote monitoring.
- ✓ Make sure disaster-affected communities can participate in decision-making, and that vulnerable groups can give feedback.  3.18 p. 109

- ✓ Make sure aid is based on impartial assessment, needs and equitable fulfilment of rights, and targets the most vulnerable. [3.25 p. 124](#)
- ✓ Incorporate risk management in all planning.
- ✓ Make sure you give enough resources to M&E, complaints and other accountability mechanisms. [3.31 & 4.5 pp. 135 & 192](#)
- ✓ Make sure you allocate enough resources to the operation overall to be able to meet quality and accountability standards, including evaluations and response reviews.
- ✓ Demonstrate compliance with the HAF by:
 - ▮ Planning for and holding both internal and external reviews
 - ▮ basing assessment and M&E methods on the HAF principles
 - ▮ sharing the results of M&E reports.
- ✓ Measure CARE's performance on key indicators:
 - ▮ how soon after the emergency we start responding
 - ▮ how we measure up to quality and accountability indicators
 - ▮ our competence in core sectors (WASH, shelter, food security)
 - ▮ our emergency revenues and emergency capacity.
 - ▮ sexual and reproductive health

X DON'T

- X Think you don't have enough time or capacity for affected communities to participate in the response. [3.18 p. 109](#)
- X Only measure simple outputs (e.g. quantities of food distributed) rather than using accepted standards for actual effects and whether needs are being met. See the HAF for these.
- X Train new staff only in technical matters. Their orientation must cover the HAF.
- X Fail to adapt M&E and accountability systems in rapidly changing emergency situations.

TOOLS



- Humanitarian Accountability Framework benchmarks [4.4 p. 185](#)
- Complaints mechanism procedure and checklist [4.5 p. 192](#)
- Gender analysis tools [4.7 p. 196](#)

Information and feedback

Disaster-affected communities should be able to participate directly in every part of the response—effective two-way communication is an essential aspect of our accountability to beneficiaries. [3.18 p. 109](#)

Sharing information

Directly involve communities in all aspects of the work (assessments, programme planning, distributions, monitoring etc.) and keep them informed about results.

- ▶ Consider the best way to get your message to the target audience (e.g. if many are illiterate, use pictures or discussions instead of text).
- ▶ Use a range of methods to deliver information. These may include:
 - showing aid entitlements and distribution plans on notice boards, posters or banners
 - providing a basic fact sheet about CARE
 - handing out leaflets about aid entitlements
 - using local radio and TV.
- ▶ Hold community meetings to explain what CARE is and what it does.
- ▶ Make sure the information gets to women as well as men, and to vulnerable groups.
- ▶ Have staff ready to answer questions at aid distributions. Make sure they have enough training to give accurate information.

Feedback and complaints

- ▶ Set up a formal feedback and complaints mechanism that everyone in the community can use.
- ▶ Plan and budget for this from the start of the emergency.
- ▶ Follow the procedure and checklist at 4.5. [4.5 p. 192](#)
- ▶ Make sure staff are aware of and committed to the system.
- ▶ Be clear about who is responsible for managing complaints, and provide those staff with adequate training and support. [4.5 p. 192](#)
- ▶ Clearly communicate the complaints mechanism to all key stakeholders. This includes what it is and isn't meant to be used for.

- ▶ Offer various ways to give feedback, complain or seek information, e.g.:
 - visiting hours for field or main offices
 - a free phone number to call
 - suggestion boxes
 - group discussions.
- ▶ Make sure trained staff are available and, e.g.:
 - ready to welcome people during visiting hours
 - ready to answer the phone during set hours and handle feedback and complaints.
- ▶ Make sure the complaints mechanism has procedures for dealing with complaints that involve serious allegations of fraud and abuse.
- ▶ Use complaints to improve performance and give feedback to communities.
- ▶ Monitor and evaluate the feedback and complaints mechanism.

Evaluations and reviews

- ▶ Plan for and coordinate your participation in and support of joint evaluations with clusters and CARE Members.
- ▶ Include budgets for M&E activities, accountability mechanisms, evaluations and reviews (including response reviews) in budget submissions to donors.
- ▶ Plan to conduct a review and an external evaluation from the outset of the response. Develop terms of reference for reviews and evaluations as soon as possible and in line with objectives formulated in the response strategy.
- ▶ Start early with search for facilitators and other support staff with adequate expertise for planned reviews and evaluations.

See also

Definitions and tools for accountability reviews, response reviews, evaluations etc. in the CET and *The Good Enough Guide*



Sphere Handbook



CORE SECTORS

CARE's core sectors are those areas of response where CARE has particular expertise. We know these areas are high priorities in many emergencies, and that they are essential to the women, girls, men and boys we are working to help.

CARE has decided that our emergency responses should focus on these sectors. We can easily provide technical advice when it is needed in them, as well as deploying staff to lead or guide programmes. In some cases, emergency supplies will be available to help kick-start a response. There is a senior sector specialist and team for each core sector.

Contact sector specialists when starting or scaling up a response to get more information about what help they can provide and to ensure CARE's response meets technical standards.

3.8 Water, sanitation and hygiene

For help, email emergencywash@careinternational.org

WASH is vital to survival. Adequate supplies of water, along with good sanitation and hygiene, are needed for good health and to prevent illness and death within vulnerable populations. CARE is committed to Sphere WASH standards and participates in the WASH cluster.



DO

Planning

- ✓ Contact the Emergency WASH team for support and advice.
- ✓ Participate in coordinating groups such as the WASH cluster.
- ✓ Use Sphere, national or WASH cluster standards to guide your planning figures.
- ✓ Provide adequate time to consult with men, women, boys and girls on their needs and preferences.
- ✓ Work out what you need to do and what resources you need, and set priorities.
- ✓ Assess likely medium- and long-term needs.

- ✓ Consider how the emergency WASH activities can contribute or link with existing WASH development projects.
- ✓ Consider areas of complementarity with other sectors.
- ✓ Include time for monitoring and adjust plans as the situation changes.
- ✓ Consider the dignity, comfort, security and health of the affected population.
- ✓ Base plans on sound gender analysis and the IASC handbook. Your plans must include protecting women and girls from violence and protection threats. This is important as they are often responsible for collecting and managing water.
- ✓ Consider women's participation and how this can be better achieved (this includes the timing of events).



Access to water

- ✓ Identify drinking water sources and supply systems (wells, tankers etc.) and secure them.
- ✓ Have enough safe water points for the affected population—ensure that women and girls have been consulted about where the water points are sited.
- ✓ Make sure people can store water safely (e.g. distribute containers).

Clean water

- ✓ Protect water sources and discourage use of unprotected sources.
- ✓ Treat drinking water supplies with a disinfectant to prevent post-collection contamination
- ✓ Provide means for purifying water to communities or households.
- ✓ Provide training on the use of disinfectants.
- ✓ Regularly check drinking water supplies for contamination
- ✓ Ensure that drinking water distribution points are safe and that the affected population can access them.
- ✓ Prevent contamination of water sources—e.g. control areas of defecation, use a sanitary survey.

Sanitation

- ✓ Have enough facilities to dispose of excreta (latrines etc.).

- ✓ Involve the affected population in the design and location of toilets.
- ✓ Make sure everyone can use the toilets safely. Arrange them by household or by sex, depending on cultural and gender norms, and ensure that there is lighting at night.
- ✓ Provide enough soap and water near toilets for washing hands.
- ✓ Support the community to use and look after sanitation facilities.
- ✓ Make sure sites drain properly. Remove standing water near dwellings, paths and water points.
- ✓ Provide containers and refuse pits to help the community dispose of solid waste.
- ✓ Provide facilities and set up systems to manage menstrual hygiene.

Hygiene

- ✓ Gather local knowledge about hygiene practices and vulnerable groups.
- ✓ Provide suitable education and promotion messages.
- ✓ Make sure households have the supplies (water, soap etc.) and sanitation facilities they need.
- ✓ Provide culturally suitable washing facilities for women, men, boys and girls.
- ✓ Ensure that women and girls have access to appropriate menstrual sanitary items by consulting them on the type and number to be distributed to each family.

X DON'T

- X Provide services that you wouldn't be prepared to use.
- X Overlook safety (especially for women and girls), dignity, comfort and health.
- X Assume you know the population's preferences.
- X Reinforce gender stereotypes—men and boys can be responsible for domestic activities too.
- X Ignore local gender and cultural norms for bathing, menstrual hygiene management and other practices.
- X Fail to check water sources regularly for quality and possible overuse.
- X Promote hygiene without providing enough water and soap.

- X Distribute commodities that produce a lot of solid waste.
- X Allow domestic waste water to mix with human waste.

TOOLS



Gender analysis tools

4.7 p. 196

3.9 Shelter and settlements

For help, email emergencysshelter@careinternational.org


CARE is committed to reducing human suffering and vulnerability following a disaster by effectively responding to the needs for shelter of those affected and respecting their right to adequate housing. We recognize that the affected population is both the first responder and the most important stakeholder, and that each emergency is unique and requires a unique solution. Shelter responses will have clear overlaps with other sectors—health, livelihoods, WASH, protection, DRR, and so on. Good shelter programming will draw on the development capacity of COs and partner with local NGOs and communities—and will always have a strong focus on women and girls.

Options to deliver emergency shelter range from NFIs, through cash transfer, advocacy, kits, training and repair programmes, to the construction of temporary housing.






General

- ✓ Always get advice from the CI Shelter Team on strategy, staffing, timing and funding before you commit to any shelter activity.
- ✓ Assess:
 - | who is coordinating the shelter response
 - | what the different needs, capacities and vulnerabilities of women, men, boys and girls are in relation to housing and shelter in the specific cultural context
 - | previous needs assessments (don't assume they are right)
 - | the size and capacity of the target group (collecting sex- and age-disaggregated data)

- ▮ the type of shelter issues: protection, IDPs, refugees, returnees, land tenure and ownership, rubble clearance, etc.
 - ▮ what the constraints and resources are, e.g. partners, donors, staff, communities capacity, authorities, materials, access, water, labour.
 - ▮ any local responses—what are the affected population doing? what could they do?
 - ▮ what other humanitarian agencies and government are doing, to ensure consistency
 - ▮ whether people can stay in their original location or at the site they are in.
- ✓ Do a gender analysis of the shelter needs and capacities of women, men, boys and girls. 4.7 p. 196 
 - ✓ Decide what kind of shelter strategy is required. This will vary based on whether people can remain in their original location or are displaced, what kinds of hazards they face, and what resources they need.
 - ✓ Make sure CARE's strategy complies with government requirements and/or the standards adopted by the wider humanitarian community.
 - ✓ Consider DRR from the beginning, linking the immediate response and early recovery to long-term risk reduction. Make sure the shelter options implemented by CARE reduce people's vulnerability to future hazards, e.g. through disaster-resistant housing, safe site location.
 - ✓ Ensure shelter programme design is culturally appropriate and considers local practice, privacy needs, access, security, gender, division of labour, self-reliance and other factors.

Immediate response

The immediate shelter response phase looks to provide rapid support to affected populations. It can include the distribution of NFIs, e.g. plastic sheeting, blankets, clothes, cooking pots and/or 'shelter kits', the material and tools needed for self-recovery.

- ✓ Consider which materials/tools/training are needed to facilitate self-recovery by the community
- ✓ Use pre-positioned stocks of materials for fast response 3.37 p. 155 
- ✓ Use standard specification for NFIs where possible  
- ✓ Accompany distributions with guidance, supervision, specifications and training in the use of materials and tools.

The CI Shelter Team can provide support on designing the contents of kits, the quality of shelter material, guidelines, supervision, training materials, etc.

Early recovery

Plan to start early recovery activities as quickly as possible to support self-recovery. There are plenty of options.

- ✓ Decide on appropriate management and implementation—either directly by CARE or through partners/contractors, or a combination of the two. Always keep the community central to decision-making and participation.
- ✓ Consider providing training in better building techniques, cash programmes, advocacy, transitional shelters, support to host families.
- ✓ Combine and overlap shelter support with other humanitarian and development sectors as one element of an integrated approach.
- ✓ Design CARE's programme to have maximum positive impacts on other factors such as community morale and empowerment, employment and vocational training opportunities, economic recovery, the environment, and redressing inequalities in land and property ownership.
- ✓ Always ensure that qualified technicians continuously monitor the quality of shelter programmes.
- ✓ Advocacy, real-time evaluation and shared learning are among the non-construction shelter responses for this phase. Where appropriate, advocate for land and property rights.
- ✓ Depending on strategy, needs and capacities, permanent housing and infrastructure construction could be an option. Permanent shelter construction needs highly qualified staff, good quality control and careful budgeting.

Settlements

All shelters sit within communities or settlements and must address the wider context.

- ✓ Make all decisions about location and design in consultation with the community, local authorities and land/building owners.
- ✓ Make sure the settlement is designed and managed to reduce the risk of SGBV.
- ✓ Involve men, women, boys and girls in any decisions, to make sure that shelters and settlements are safe and suitable for all.

- ✓ Assess the capacity of host communities to absorb displaced people and the likely effects on these communities. Develop strategies to reduce negative effects (on the do-no-harm principle).
- ✓ Evaluate access to schools, health care, markets, water, land and other local resources such as wood.

X DON'T

- X Promise things you don't have the capacity, expertise or secured funds to deliver.
- X Neglect the needs of people who are not displaced, of returnees or of host communities. This can cause tensions and conflicts between these groups and neighbouring communities.
- X Help people based only on the amount of damage to their houses.
- X Fail to consider other vulnerabilities as well.
- X Fail to consult women or to involve them in decision-making.
- X Forget about infrastructure and services such as water supply, sanitation and associated hygiene promotion.
- X Fail to consider how changes in weather affect shelter needs and building activities.
- X Underestimate how many staff you need.
- X Under-use staff with local expertise.
- X Fail to coordinate with stakeholders as soon as possible.

See also

Emergency shelter section in the CET.



3.10 Food security and nutrition

For help, email emergencyfoodsecurity@careinternational.org

The goal of CARE's food security interventions is to protect lives and livelihoods. Our response must be based on sound analysis, early intervention, coordination with other agencies, and links to longer-term programmes. It should include advocacy to deal with acute hunger and vulnerability. CARE is committed to Sphere standards for food security.




Nutrition is not just a matter of food security. Disease, especially when linked to water and sanitation, and poor maternal and child care practices also lead to malnutrition. Cause and effect can be hard to separate—e.g. malnutrition increases the risk of disease.

DO

Assessment

- ✓ Conduct food security and nutrition assessments at the start of and throughout the emergency to find out how widespread food insecurity and malnutrition are and what the underlying causes are. Use standardized assessment methods and involve qualified food security, health, and nutrition staff for survey design or more information (or consult the CARE USA health team).
- ✓ Types of assessments include:
 - ▮ Rapid assessment—use this to verify a nutritional emergency, estimate the number of people affected, establish immediate needs and identify local resources available and external resources needed.
 - ▮ Nutrition, mortality and food security survey—use this to establish how widespread malnutrition is, determine the mortality rate and examine the food security situation.
 - ▮ Surveillance—use this to identify trends in nutritional status, mortality, and food security.

Analysis

- ✓ Understand that analysis is vital to a suitable and effective response.
- ✓ Monitor the (usually slow) onset of food security emergencies and intervene to deal with the current situation rather than waiting for a crisis point.
- ✓ Use the Integrated Food Security Phase Classification to analyse the situation. 
- ✓ Use the (reduced) Coping Strategies Index to monitor immediate outcomes. 
- ✓ Use representative nutritional surveys and the UNICEF nutritional framework to assess the food and non-food causes of malnutrition. 



It is vital to analyse and monitor markets. Food security interventions such as providing cash/vouchers can cause harm. In places where markets are not working properly, these actions can push up prices, making it harder for poor people to buy enough food.

Choice of response

- ✓ Use the Markets Information for Food Insecurity Response Analysis (MIFIRA) decision tree to decide on the type of intervention under the broad food assistance tool box. Assess efficiency on the choice of response based on local context and implement response. This is available online.

Early response

- ✓ Respond early to reduce the overall severity of a food emergency. These are often slow onset or chronic, so early response is possible.
- ✓ Focus on:
 - ▮ market-based action (providing cash/vouchers)
 - ▮ support for livelihoods
 - ▮ public health intervention.
- ✓ Provide food directly to the most vulnerable households, if appropriate, in combination with the above interventions (see below).

Direct food intervention

- ✓ Use this approach when food is not available locally and markets are not functioning well.
- ✓ It is more appropriate when a food emergency worsens and for acute malnutrition.
- ✓ Consider continuing to provide cash/vouchers as well as distributing food directly.
- ✓ Consider the benefits of buying local/regional food for distribution.

Livelihood-based recovery

- ✓ Base actions on a sound understanding of existing household livelihood strategies and coping mechanisms. This will support households' own recovery activities and reduce vulnerability.
- ✓ Focus on market-based interventions rather than direct food distribution.

- ✓ Analyse the impacts of different market-based interventions and choose an appropriate response (cash transfer (conditional/unconditional), vouchers (commodity/other service)).

Infant and young child feeding

- ✓ Follow the guidelines at [3.24 p. 122](#)

Treatment of malnutrition

- ✓ Decide on responses based on analysis of the results. Responses can be curative and preventative, food and non-food. Examples are general ration distribution, FFW, micronutrient fortification and supplementation, supplementary feeding, therapeutic care, livelihood support, IYCF-E support and health support.
- ✓ Make sure the staff carrying out the response have enough nutrition expertise.
- ✓ Look out for chronic malnutrition in long-term emergencies.

X DON'T

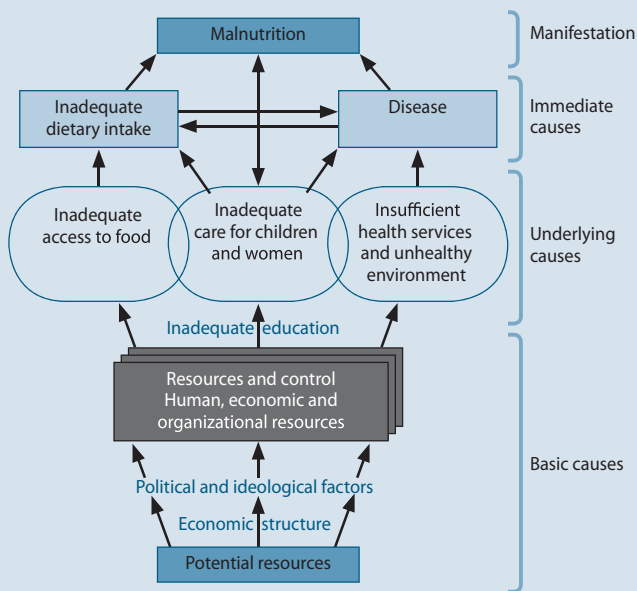
- X Use 'off-the-shelf' interventions that ignore local priorities and particular nutrient needs of the population. Design each intervention to suit the local context.
- X Assume that food security is the only solution to malnutrition.
- X Assume that a need for food also means a need for seeds.
- X Provide cash/vouchers without analysing the market.
- X Fail to include strong accountability mechanisms in the response—particularly on gender and protection. A lot of sexual exploitation and abuse occurs around food distribution. [3.4 p. 68](#)
- X Assume there is malnutrition unless your evidence for it is based on the nutritional status of the local population (and the host population where people are displaced).
- X Rely only on MUAC to measure nutritional status.
- X Forget to provide food suitable for vulnerable groups and infants and young children.
- X Allow poor monitoring to prevent adequate follow-up of malnutrition cases.
- X Neglect the underlying causes of malnutrition.
- X Use old growth standards—check for recent updates.

Understanding malnutrition

Malnutrition in an emergency often results from:

- ✓ a sudden significant reduction in availability of food
- ✓ an inadequate diet, resulting from inadequate food security or care for women and children
- ✓ disease, resulting from a poor health environment, including inadequate health services and care, which can increase the prevalence of diarrhoeal diseases, ARI, malaria and measles.

The UNICEF diagram below shows the basic, underlying and immediate causes. It is important for understanding the risk factors and designing an effective response.



Source: UNICEF 1990, *Strategy for Improved Nutrition of Children and Women in Developing Countries*, New York, UNICEF.

Types of malnutrition

The main types of malnutrition relevant in emergencies are acute malnutrition, maternal under-nutrition, micronutrient deficiencies and (in repeated or protracted emergencies) chronic malnutrition.

Acute malnutrition (wasting)

- ▶ Acute malnutrition or wasting (low weight-for-height) is characterized by extreme weight loss within a short time. Wasting is more common among children under five, but can affect older children and adults, especially pregnant women. Severe wasting can lead to death. It can be reversed quickly with appropriate management or treatment.
- ▶ Acute malnutrition results from severe nutritional restrictions, recent illness, inappropriate child-care practices, or a combination of these factors.
- ▶ Acute malnutrition is divided into two main categories: severe acute malnutrition (SAM, characterized by severe wasting and/or nutritional oedema) and moderate acute malnutrition (MAM, characterized by moderate wasting). The term global acute malnutrition (GAM) includes both SAM and MAM.
- ▶ Marasmus and kwashiorkor are two types of acute protein energy malnutrition. The main signs are:
 - ▮ marasmus: moderate or severe wasting of fat and muscle—leading to a very thin appearance
 - ▮ kwashiorkor: swelling or fluid retention under the skin (oedema). Bilateral oedema affects both sides of the body and is indicative of severe acute malnutrition. In its harshest form, kwashiorkor results in extremely tight shiny skin, skin lesions and discolored hair.
- ▶ Wasting is measured by:
 - ▮ weight-for-height
 - ▮ mid-upper arm circumference (MUAC), which shows recent weight loss or gain and is a quick way of assessing wasting. MUAC is increasingly recommended as the indicator of choice for screening and admission to Community-based Management of Acute Malnutrition (CMAM) programmes.

Micronutrient deficiency

- ▶ Micronutrients are vitamins and minerals that are needed in very small quantities in a healthy diet. Micronutrient deficiencies result in poor child growth as well as about 11% of deaths of children under five. Failure

to meet the international standards for dietary requirements can lead to outbreaks of diseases related to micronutrient malnutrition. Diets lacking dietary diversity are strong predictors of micronutrient deficiency disease; food aid rations should meet Sphere standards for micronutrient adequacy. Surveillance should include monitoring for the presence of diseases caused by deficiencies of iron, vitamin A, iodine, vitamin C, the B vitamins niacin, thiamin and riboflavin, and vitamin D.

Chronic malnutrition (stunting)

- ▶ Chronic malnutrition or stunting (low height-for-age) results from the same underlying causes as acute malnutrition but occurs gradually over a longer time.
- ▶ It has long-term effects and is difficult to reverse.
- ▶ Stunting is measured by height for age. You can use this measure to assess long-term nutritional status (especially in children two to three years old). It reflects skeletal growth and past nutritional status.
- ▶ Chronic malnutrition is most critical during childhood when it inhibits growth and cognitive development. Children appear 'short' but proportional and are often accepted as 'normal' in areas where stunting is prevalent. Stunting is easier to prevent than to treat. Thus, actions taken in emergencies are critical to preventing shocks to child growth that can eventually result in chronic malnutrition. These include providing access to food of good quantity and quality, micronutrient supplements, timely and effective treatment of acute malnutrition, safe water and health care.
- ▶ In protracted emergencies, chronic malnutrition may be as important a nutritional indicator as acute malnutrition.

Malnutrition indicators

- ▶ See 4.29 for indicators of acute malnutrition in individuals and severity of malnutrition in a population. **4.29 p. 251**
- ▶ Cut-off points for acute malnutrition in children (6–59 months) are based on statistical comparison with the WHO 2006 growth standards. Nutritional status is expressed as either a percentage of the reference median or as a z-score (or standard deviation) from the normal distribution curve.
- ▶ The severity of an acute emergency can be shown by the amount of wasting in the population.
- ▶ The severity of a long-term emergency can be shown by the amount of stunting in the population.

**See also**

<http://emergency.care2share.wikispaces.net/food+security>

3.11 Sexual and reproductive health

For help, email emergencySRH@careinternational.org

As one of CARE's four core sectors, the inclusion of SRH programmes for women and girls addresses the increased need and demand for:

- ▶ access to contraceptives
- ▶ safe delivery practices
- ▶ treatment and prevention of sexually transmitted infections, and prevention and awareness of HIV
- ▶ prevention of gender-based violence and protection of survivors.

Using internationally developed standards, CARE staff can establish and provide basic reproductive health services for this vulnerable population.

**DO****Planning**

The minimum initial service package (MISP) for reproductive health is a set of activities and services to decrease SRH mortality and morbidity during an emergency and can be implemented immediately.

- ✓ Contact the Emergency SRH team for support and advice.
- ✓ Liaise with coordinating platforms such as the health cluster and the SRH sub-cluster working groups to identify a lead RH agency to facilitate the coordination and implementation of the MISP.
- ✓ Use Sphere, IAWG, or health cluster standards to guide your planning figures.

- ✓ Identify both formal (primary health-care facilities) and informal (community-based groups) ways to integrate SRH services.
- ✓ Coordinate your work with the other core sectors (WASH, shelter, and food security).

Prevent maternal and newborn death, disease, and injury

- ✓ Identify or establish a 24-hour referral system, including communication and transportation for women with birth complications (emergency obstetric care).
- ✓ Distribute clean delivery kits (UNICEF) to all visibly pregnant women, birth attendants and midwives to use at home or in health facilities.

Provide family planning and emergency contraception

- ✓ Train health-care workers on how to counsel and provide various family planning methods.
- ✓ Ensure that family planning and emergency contraception commodities are available.

Prevent and manage the consequences of sexual violence

- ✓ Identify medical services, including psychosocial support, which are available for survivors of sexual violence.
- ✓ Inform populations about the availability of clinical services for survivors of sexual violence.
- ✓ Ensure staff are trained (or retrained) in sexual violence prevention and response systems.
- ✓ Implement measures to reduce the risk of sexual violence, in coordination with other relevant sectors or clusters.

Prevent and treat sexually transmitted infections and reduce HIV/AIDS transmission

- ✓ Provide information and advice on HIV/AIDS prevention and care.
- ✓ Establish universal precautions, including safe disposal of medical waste.
- ✓ Include HIV mainstreaming in water/sanitation, shelter, and camp management planning.
- ✓ Make sure the blood supply is safe.
- ✓ Provide treatment for STIs based on the syndromic approach.
- ✓ Provide post-exposure prophylaxis (PEP) for humanitarian staff and survivors of sexual violence.

X DON'T

- X** Provide services that are culturally unacceptable to beneficiaries.
- X** Withhold treatment until patients bring their partner. Advise them to tell their partner(s) to come for treatment.

See <http://iawg.net/resources/misp-implementation/>

TOOLS



Gender analysis tools

4.7 p. 196 

MISP checklist. <http://www.iawg.net/resources/misp.html>

OTHER SECTORS

Often the nature of the emergency (or the particular skills of the CO) means that CARE responds in other sectors as well as the core sectors—or it may make sense to combine programming from another sector with core sector programming (e.g. education with food security, SRH with general health).

Sections 3.12 to 3.15 provide information about responses in other sectors, but remember that it is important to focus our response to deliver the maximum effect—and normally that focus would be on one or two of the core sectors.

3.12 Health

For help, email emergencyhealth@careinternational.org

Health care is a basic human right, and one of the most important issues for survival during the emergency response. Crude mortality rate (CMR), i.e. the total number of deaths per year per 1000 people, is the most useful indicator to monitor a population's health. Respond immediately when the CMR doubles. Base any health intervention on the fact that 50% to 95% of deaths will be caused by diarrhoea, ARI, measles and malaria. Malnutrition makes health problems worse.

DO

CO management

- ✓ Be aware of what others are doing, especially local health authorities.
- ✓ Assess health issues as part of assessment planning. [4.10 p. 207](#)
- ✓ Coordinate with others, especially the health cluster. [3.5 p. 70](#)
- ✓ Make sure the CO has staff trained in health issues. All staff should know how to prevent major diseases and understand safe sanitation practices.

Communicable diseases

- ✓ Provide adequate and accessible safe water, sanitation systems (e.g. excreta disposal) and hygiene items such as soap.
- ✓ Monitor bloody and non-bloody diarrhoeal disease and respond to disease outbreaks. Provide oral rehydration therapy.
- ✓ Provide adequate food rations that meet the needs of vulnerable groups.

- ✓ Promote breastfeeding for babies and young children.
- ✓ Provide vital vaccines and micronutrient supplements (e.g. measles and vitamin A).
- ✓ Provide adequate shelter to prevent acute respiratory infections.

Non-communicable diseases

- ✓ Make sure the health system can deal with injuries and physical trauma.
- ✓ Treat mental and psychosocial health needs. 3.13 p. 97

X DON'T

- X Set up separate new systems. You should support existing systems.
- X Take local health workers away from their existing workload.
- X Create systems with new indicators to monitor. Fit in with existing monitoring.
- X Forget local people when you attend to the needs of the displaced people.
- X Plan a health response separately from site planning, water and sanitation, food distribution, shelter, and safety and security. Communication between teams is important.
- X Commit to responses that staff are not qualified to deliver.

3.13 Psychosocial programming

For help, email emergencypsychosocial@careinternational.org


Emergencies affect everyone differently. Some people cope; others develop severe mental health problems. CARE aims to restore and improve psychological, social and mental well-being. Our psychosocial programmes can focus on individuals, households and/or communities.

In this sector you need strong networks and close coordination with other agencies, including those that specialize in treating severe mental health problems. CARE complies with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.




DO

General

- ✓ Coordinate mental health and psychosocial support with health services, community organizations and other NGOs.
- ✓ Assess mental health and psychosocial needs.
- ✓ Involve the community in monitoring and evaluation systems.
- ✓ Consider which approach will be more effective: separate psychosocial intervention or psychosocial intervention as part of responses in other sectors.
- ✓ Monitor, respond to and act to prevent protection threats, failures and abuses. [3.22 p. 118](#) 
- ✓ Recruit staff and volunteers who understand local culture.
- ✓ Organize orientation and training for aid workers.
- ✓ Combine training with follow-up support for any complex interventions.
- ✓ Manage mental health and psychosocial problems among staff and volunteers.

Mental health and psychosocial support

- ✓ Make sure the community can participate in and feel in control of the emergency response.
- ✓ Encourage community self-help and social support. This includes cultural, spiritual and religious healing practices. Learn about and work with traditional local support systems.
- ✓ Provide support for young children and the people who look after them.
- ✓ Respond to the needs of vulnerable groups.
- ✓ Respond to psychosocial needs as part of general health care, especially for rape survivors.
- ✓ Provide access to care and protection for people with severe mental illnesses and mental and neurological disabilities.
- ✓ Act to reduce harm resulting from alcohol and other substance abuse.
- ✓ Follow the guidelines on education. [3.16 p. 103](#) 
- ✓ Provide information about the emergency response and people's legal rights.
- ✓ Provide information about coping methods.

- ✓ Consider psychosocial needs—safety, dignity, social and cultural acceptability—in each sector response (water, shelter etc.).

X DON'T

- X Assume that everyone in an emergency is traumatized.
- X Assume that people who seem strong don't need support.
- X Single out survivors of SGBV in any way. Never ask someone directly if they have been raped or force them to answer. Other demands (e.g. data collection) are less important than survivors' safety and well-being.
- X Question survivors more than you need to—e.g. by including them in more than one assessment.
- X Ask distressing questions when the person has no one there to support them.
- X Assume that non-local methods are better or ignore local practices and beliefs.
- X Assume that all local practices are helpful.

See also

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings in the CET.



TOOLS



Assessment planning checklists

4.10 p. 207

3.14 Cash transfer programmes

For help, email emergencyoperations@careinternational.org.

Providing cash or vouchers to affected people is an approach that can be used to achieve aims in a number of different sectors.

Cash is an alternative to providing goods or services directly. Most of the time it gives access to a wider range of products, depending on what is available locally. Cash empowers and respects the dignity of beneficiaries – cash allows beneficiaries to purchase according to their own needs. Additionally, cash

can support local economic recovery. However, it is essential to make sure the conditions exist to provide cash without causing harm.

Cash transfer programmes are appropriate if essential goods or services are available in the market but the targeted populations do not have the income/means to purchase them.

DO

- ✓ Make sure the conditions are in place for successful cash transfer programmes (see Section 4.24—checklists for cash programming).
- ✓ Conduct a rapid market assessment. Look at the supply chain to local markets as well, to determine whether the activities are likely to cause speculation and an increase in prices.
- ✓ Conduct a gender analysis.
- ✓ Decide whether to make the cash conditional (restricting its use) or unconditional (allowing it to be spent on any need).
- ✓ Provide training, supervision and technical advice on how to use the items available on the market (e.g. contraceptives, seeds, water purification tablets, construction materials), if people don't know how to use them.
- ✓ Use microfinance systems as a preference for providing cash.
- ✓ Consider using bank transfers, bank cards, phone transfers or vouchers instead of physical cash. If providing physical cash, make sure procedures are in place to ensure security and safety of the staff transporting and distributing cash.
- ✓ Hold public meetings with the whole community to explain the project.
- ✓ Develop selection criteria for targeting those in need within the community. Get community representatives to prepare beneficiary lists based on the selection criteria.
- ✓ Verify beneficiary lists—including checking of inclusion of vulnerable groups and ensuring beneficiaries meet selection criteria. This should be done by both project staff and communities.
- ✓ Consider conditional staged payments to achieve longer-term projects, e.g. payments once stages of construction have been completed and inspected for quality.
- ✓ Monitor the situation after cash distributions to understand how the money has been used, and to know if the conditions have been met to release follow-up or second round payments.

- ✓ Monitor market prices and product availability.
- ✓ Include accountability mechanisms such as a complaints procedure.
- ✓ Adjust the value of the transfers to reflect local conditions (see Section 4.24—checklists for cash programming).

X DON'T

- X Use cash when essential goods are not available in the market and need to be brought in from outside the project area.
- X Use cash when the community doesn't know how to use the items available.
- X Use cash where providing cash would make the communities less safe.

Visit www.cashlearning.org for more resources.

3.15 Economic recovery

For help, email economicrecovery@careinternational.org

Economic recovery is an important part of an emergency response. Economic opportunity improves people's morale and dignity and gives them more power. You should aim to provide lasting economic opportunities that help people become self-sufficient again. This is also part of a good exit strategy for aid agencies.

✓ DO

Timing

- ✓ Start planning as early as possible.
- ✓ Make sure the population and the market are ready before you start economic recovery activities.

Analysis

- ✓ Understand how affected people made a living before the emergency.
- ✓ Assess their current capabilities and readiness.
- ✓ Assess current conditions—local economy, government policy, inflation, opportunities, risks etc.

Negotiation

- ✓ Make sure local regulations allow your economic recovery activities.
- ✓ Get your interventions approved by government authorities.
- ✓ Coordinate closely with UNHCR in refugee situations.

Design

- ✓ Involve the affected community in designing programmes.
- ✓ Target equal numbers of women and men.
- ✓ Give special consideration to vulnerable groups.
- ✓ Consider the broad range of possible interventions. These include cash transfers, training, savings and loan schemes and links to the mainstream financial sector.

In-kind versus cash

- ✓ Consider whether it's better to transfer in-kind resources or cash resources.
- ✓ Decide which will enable people to recover quickly without disrupting the local economy.
- ✓ Consider security factors.

Long-term and systemic interventions

- ✓ Aim to provide the skills to be self-sufficient in the long term.
- ✓ Take a market-based approach if possible. You may need other methods to reach the poorest people.
- ✓ Aim to integrate the affected people into the local, national and international economy.

X DON'T

- X Fail to consider economic recovery as part of planning for the overall response. There is a risk of putting more strain on people's livelihoods and coping mechanisms.
- X Run economic interventions separately from other emergency relief programmes.
- X Ignore social, structural and political issues.
- X Start economic recovery programmes without assessing existing market forces.

- X Intervene in ways that disturb the local economy rather than strengthening it.
- X Focus on individuals instead of activities that strengthen social bonds and capacities.
- X Allow programmes to be gender biased. Base them on sound gender analysis.

3.16 Education

For help, email emergencyeducation@careinternational.org

Education is as much a need and a right as food, health and shelter. In emergencies schools, books and supplies can be damaged, lost or destroyed. Teachers and children are affected in many different ways and their homes and lives are disrupted. CARE is committed to providing schooling as soon as possible after an emergency.

DO

- ✓ Restart schooling as soon as possible by:
 - I making space in temporary shelters
 - I providing learning and play supplies to schools and children
 - I helping to repair and rebuild schools.
- ✓ Encourage community leadership on education by:
 - I ensuring community participation at all stages
 - I planning programmes that build capacity, especially for children and youths
 - I supporting community-based schools and learning centres
 - I helping communities negotiate with the local government about education services.
- ✓ Help restore access to education by:
 - I repairing school buildings, equipment and facilities
 - I making sure students can get to school safely and the school itself is safe
 - I providing food if hunger is a problem
 - I removing barriers to equal participation of boys and girls, people with disabilities, different ethnic and social groups, and other vulnerable children.

- ✓ Provide:
 - ▮ landmine and HIV/AIDS education
 - ▮ psychosocial counselling services
 - ▮ education for peace programmes
 - ▮ health and hygiene training.
- ✓ Improve teaching and learning by:
 - ▮ helping to develop the curriculum
 - ▮ providing teacher training
 - ▮ providing teaching and learning materials (books etc.).
- ✓ Advocate for:
 - ▮ effective coordination of education recovery
 - ▮ effective selection of, supervision of and support for teachers
 - ▮ better education policy and programmes
 - ▮ adequate resources for education.

X DON'T

- X Fail to coordinate your education response with other stakeholders.
- X Consider only the short-term effects of your response.
- X Focus only on primary school children and leave out older students.
- X Fail to set up a certification process for refugee students early in an emergency response.
- X Choose teachers without properly assessing their ability to work with children. This can cause problems such as risk of abuse.
- X Use school buildings that are unsafe—e.g. poorly constructed.
- X Fail to provide suitable girls' and boys' toilets.
- X Teach hygiene in schools without providing water and soap.
- X Let schools become more about food than about education. This can happen if you provide food through schools and not to the general population.

See also

See INEE Minimum Standards for Education in Emergencies in the CET.

3.17 Gender-based violence

For help, email emergencygender@careinternational.org or emergencySRH@careinternational.org.

Women and girls experience conflicts and natural disasters differently than men and boys do. In particular, they are at increased risk of sexual exploitation and gender-based violence. Recognizing this, CARE is committed to integrating gender into our emergency response.

Gender-based violence (GBV) is one of the most widespread but least recognized human rights abuses in the world today. Globally, one in three women will be beaten, coerced into sex or otherwise abused in her lifetime. Men and boys can also be subjected to GBV. Survivors face long-term physical and social problems and are highly likely to show symptoms of mental illness following the abuse.

What is gender-based violence?

GBV refers to any harm perpetrated against a person's will on the basis of gender—the socially constructed set of norms and expectations assigned to people based on their sex (male, female and intersex). Women and girls are often the targets of GBV because of social norms and beliefs that reinforce their subordinate social status.

Principles

Four principles guide CARE's focus on GBV:

- 1 **Safety**—ensure that the survivor/s and their family feel physically safe at all times. Remember that the survivor may be frightened and need assurance of safety, so don't ask questions or do anything that could threaten their safety, or the safety of others helping them.
- 2 **Confidentiality**—store all information gathered from survivors securely to protect confidentiality and don't share it without the individual's consent (or that of the parent or guardian, in the case of a child).
- 3 **Respect**—the wishes, rights, dignity of the survivor/s and consider the best interests of the child when making decisions about preventing or responding to GBV.
- 4 **Non-discrimination**—give each adult or child equal care and support regardless of race, religion, nationality, ethnicity, gender or sexual orientation.

Minimum standards for prevention and response

Coordination

- ✓ Establish coordination mechanisms and orient partners.
- ✓ Advocate and raise funds.
- ✓ Ensure that Sphere standards are disseminated and adhered to.

Assessment and monitoring

- ✓ Conduct a coordinated situational analysis.
- ✓ Monitor and evaluate activities.

Protection

- ✓ Monitor security and define protection strategy.
- ✓ Provide security in accordance with needs.
- ✓ Advocate for implementation of international instruments and compliance with them.

Human resources

- ✓ Recruit staff in a manner that will discourage SEA.
- ✓ Disseminate and inform all partners on codes of conduct.
- ✓ Implement confidential complaints mechanisms.
- ✓ Put an SEA focal group network into place.

Water and sanitation

- ✓ Implement safe water and sanitation programmes.

Food security and nutrition

- ✓ Implement safe food security and nutrition programmes.

Shelter and site planning and non-food items

- ✓ Implement safe site planning and shelter programmes.
- ✓ Ensure that survivors/victims have safe shelter.
- ✓ Implement safe fuel collection strategies.
- ✓ Provide sanitary materials to women and girls.

Health and community services

- ✓ Ensure women's access to basic health services.
- ✓ Provide sexual violence-related health services.
- ✓ Provide community-based psychological and social support.

Education

- ✓ Ensure girls' and boys' access to safe education.

Information, education, communication

- ✓ Inform community about sexual violence and the availability of services.
- ✓ Disseminate information on international humanitarian law to armed groups.

What to bear in mind when dealing with survivors

- ✓ Always be aware of the security risks a survivor might be exposed to after sexual violence. Hold all conversations, assessments and interviews in a safe setting.
- ✓ Show that you believe the survivor, that you don't question their story or blame them, and that you respect their privacy.
- ✓ The wishes, needs and capacities of the survivor should guide every action you take.
- ✓ Try to assess the safety of the survivor and do everything you can to ensure it.
- ✓ Make sure that you are across all the options for referral (medical, psychosocial, economic, judicial, security) and available services, along with their quality and safety.
- ✓ Give the survivor all the information they need about these options, rather than giving advice—they then have the right to make the choices they want.
- ✓ Be aware that when a survivor discloses their story to you, they trust you and might have high expectations about what you can do to help.
- ✓ Always be clear about your role and the support and assistance you can offer to a survivor.
- ✓ If the survivor is a child, their best interests should be your primary consideration—children should be able to participate in decisions relating to their lives. However, you should give due consideration to the child's age and capacities.

- ✓ Consider the possibility that a trusted person who is informed about the process might accompany the survivor to the different services involved in it.
- ✓ Be aware of your own prejudices and opinions about sexual violence.
- ✓ Treat all survivors equally.

X DON'T

- X Ignore GBV in your response. Determine how best to address GBV in sectoral programming and draw on the IASC Guidelines to do so.
- X Share the story of the survivor with others. If you need to share information, for instance to organize a referral, you can only do so if the survivor understands what this implies and has given their written consent beforehand.
- X Identify people as survivors just because they come to a particular place or you distribute something specific to them—this qualifies as stigmatization.
- X Make promises that you can't keep.
- X Let your own prejudices and opinions about sexual violence influence the way you treat a survivor.

See also

- ▶ IASC's 'Guidelines for GBV Interventions in Humanitarian Settings', which looks at functions and sectors in preparedness, minimum prevention and response and comprehensive prevention and response. Action sheets that provide detailed key actions for each of the minimum standards above are available at http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv
- ▶ Global Protection Cluster's 'Handbook for Coordinating GBV in Humanitarian Settings', available at <http://gbvaor.net/wp-content/uploads/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> (Note large file size (6.1 MB).)
- ▶ WHO's 'Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies', available at <http://gbvaor.net/wp-content/uploads/2012/10/Ethical-and-safety-recommendations-for-researching-documenting-and-monitoring-sexual-violence-in-emergencies-WHO-2007-ENGLISH.pdf>

- ▶ Reproductive Health Response in Conflict Consortium's 'Gender Based Violence Tools Manual' (consortium included CARE) available at http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html

3.18 Participation

For help, email emergencyQA@careinternational.org

Real participation by affected communities—women, men, boys and girls—in emergency responses is a vital part of our humanitarian accountability. You should be guided by the priorities of affected communities at each stage of the response.

4.4 p. 185

✓ DO*

*Adapted from *The Good Enough Guide*.


Before assessment

- ✓ Decide and clearly state the aims of the assessment.
- ✓ Tell the local community and authorities about the assessment well before it starts. Be sure to include both women and men.
- ✓ List vulnerable groups to identify and to interview.
- ✓ Check what other NGOs have done in the community. Do joint assessments with other agencies if possible.

Assessment

- ✓ Introduce your team members, say what their roles are and explain how long the assessment will take.
- ✓ Invite everyone to speak openly. This includes women's groups.
- ✓ Meet separately with different groups. Talk to women and men separately.
- ✓ Ask each group their views on needs, priorities, vulnerabilities and capacities.
- ✓ Make it clear which groups you haven't yet talked to and ensure you meet them as soon as possible.
- ✓ Record the assessment's findings and anything it hasn't been able to cover.

Project design

- ✓ Give the community and local authorities the findings of the assessment.
- ✓ Present these in ways people can understand—consider language, literacy etc.
- ✓ Invite local people representing their community to participate in project design.
- ✓ Enable local committees that represent different sections of the community to participate in project budgeting and design.
- ✓ Set up a complaints and response mechanism. 4.5 p. 192 

Project implementation (including distribution activities)

- ✓ Invite the community, local committees and local authorities to help develop the criteria for who should receive what aid. Make sure you include women leaders.
- ✓ Validate participants' lists through random checking and targeted visits.
- ✓ Establish a helpdesk (or ombudsman/woman) to handle local conflicts and specific complaints.
- ✓ Form a distribution committee made up of the participants, government official(s) and NGO staff. Make sure there are women on the committee.
- ✓ List items for distribution and what they cost, and display this in advance.
- ✓ Make sure relief and distribution activities reach vulnerable people and people living a long way from the village.

Monitoring

- ✓ Invite the local committee (including women) to help with monitoring.
- ✓ Share and validate findings from monitoring with the community.

X DON'T

- X Forget that different people and cultures react differently to emergencies.
- X Overlook the possibility that information and feedback you see as harmless may stir hostilities against your source and yourself.
- X Forget that involvement with NGOs can change local power structures, especially in conflicts.
- X Focus so much on vulnerabilities that you overlook capacities.

- X Overburden communities by expecting too much participation.
- X Expect participation without providing help in return.
- X Assume that women will be able to participate—you may need to take action to ensure that they can.



Complaints mechanism procedure

4.5 p. 192 

Instructions for running a distribution

4.21 p. 231 

See also

The Good Enough Guide



3.19 Conflict sensitivity

For help, email emergencyconflict@careinternational.org

Emergency responses are often in complex conflict settings. Without meaning to, aid agencies can contribute to prolonged or increased violence and suffering. Bringing emergency supplies in can change power dynamics. Mishandling aid can cause divisions, tensions and violence. CARE is committed to conflict sensitivity. This means we must understand the links between emergency response and conflict, and avoid the harm that can result from bringing aid into a conflict area.

DO

- ✓ Understand how conflicts work and how aid can worsen conflicts. Look at past examples.
- ✓ Do a 'good enough' conflict analysis (see box below) first and include a more detailed analysis in a long-term emergency response plan that is regularly updated.
- ✓ Set up flexible systems and programme options so that you can respond rapidly to changing circumstances.
- ✓ Coordinate closely with other agencies. Analyse partnership strategies (i.e. selection, identity and spread) in relation to potential conflict risks and to mitigating risks.

- ✓ Find out what local people think of emergency project staff—both local and international—in relation to the conflict. Recruit staff from a wide range of groups in the community.
- ✓ Train all new staff about CARE's mandate. They especially need to understand and be able to explain CARE's principle of impartiality and independence. 2.1 p. 24 ▶
- ✓ Look carefully at how selection of aid beneficiaries works in the conflict setting. See *Quick Guide* p. 91
- ✓ Foster community participation in selection, distribution and monitoring. 3.18 p. 109 ▶
- ✓ Consider the geographical area of the response in relation to lines of division in the conflict (see box below).
- ✓ Consider how aid resources could end up as part of the conflict (see box below).
- ✓ Work out the timing of the conflict cycle and what that means for the timing of aid activities (see box below).
- ✓ Include conflict benchmarks within real-time evaluations and response reviews.
- ✓ Train senior and operational staff and partners, where possible, in conflict sensitivity. Include information on the conflict context and basics on conflict sensitivity in orientation sessions for international and local staff.

X DON'T

- X Forget that stolen, taxed or diverted aid resources may directly fund violence.
- X Forget that bringing in new resources can increase existing rivalry and competition.
- X Allow any side in the conflict to control transport or allocation of aid. This can increase their power, legitimacy and ability to manipulate civilians.
- X Provide aid resources in ways that could distort the local economy and make it harder to return to normal when the conflict ends.
- X Distribute aid in ways that are (or may be perceived as) biased. Stay impartial and give aid on the basis of need alone.
- X Forget the risk of sending unintended messages that may reinforce violence, e.g.:
 - ▮ using armed security services says that you accept weapons

- ▮ negotiating with armed forces or local warlords says you accept their right to have power
- ▮ competing with other aid agencies suggests you accept intolerance of other groups.
- ✗ Use stories of brutality and suffering to raise funds. Making one side look evil can worsen the conflict.
- ✗ Allow humanitarian staff to abuse their power—e.g. through sexual exploitation and abuse.

Quick guide to good enough conflict analysis

Who

- ▶ How does selection of aid beneficiaries relate to community/country divisions? Are processes for assessing needs and selecting beneficiaries open and known throughout the community? Is the community involved in selection?
- ▶ Are emergency staff impartial? Does the community see them as impartial?
- ▶ Are any partners involved (or seen to be) in the conflict?
- ▶ Are any potential or current donors seen as being involved? If so, how can you make it clear that CARE is impartial and independent?

Where

- ▶ What is the pattern/status of land ownership in the area? Are land titles disputed?
- ▶ What are the geographical lines of division in the conflict? Does the response area border or cross these lines? Does it match any specific ethnic, economic or political groupings?
- ▶ Do you need to negotiate access to any area? Is there any opportunity to set ground rules? Could a force or leader in the conflict get more legitimacy by negotiating with you? Can you get help with negotiations, e.g. from UNOCHA?
- ▶ Does the location of CARE offices, beneficiaries or construction/service/distribution sites send messages about stronger relations with one group or another?

What

- ▶ What aid resources are being brought in (e.g. financial resources, staff, and infrastructure)?
- ▶ Could these resources be diverted or stolen or otherwise become part of a war economy? Could beneficiary groups be manipulated?

When

- ▶ Does conflict restart or become more intense at particular times— e.g. when the season changes, on key dates or at certain points in the political process? What does this mean for the timing of aid activities? When are the windows of opportunity? When are people more vulnerable?
- ▶ When will you run distributions? The season, day or even time of day can affect the risk of violence to beneficiaries, staff or partners.

See also

The Overseas Development Institute has many resources on conflict sensitivity at www.odihpn.org

3.20 HIV/AIDS

For help, email emergencySRH@careinternational.org

Emergency conditions increase the risk of getting HIV. Information and services (condoms, health care etc.) are often limited or unavailable. People living with HIV/AIDS (PLWHA) are more prone to illness and death after an emergency and need special care. CARE's emergency responses must reduce vulnerability to HIV infection and meet the needs of PLWHA.

DO

- ✓ Assess pre-crisis data on HIV.
- ✓ Provide information and advice on HIV/AIDS prevention and care.
- ✓ Prevent HIV transmission in health-care settings by establishing universal precautions, including safe disposal of medical waste.
- ✓ Protect orphans and children separated from their parents.

- ✓ Provide male and female condoms to peacekeeping, military and humanitarian staff as well as to the disaster affected community.
- ✓ Include HIV mainstreaming in water/sanitation, shelter and camp management planning.
- ✓ Provide nutritional support to PLWHA and their families.
- ✓ Make sure the most vulnerable people can get basic health care.
- ✓ Make sure the blood supply is safe.
- ✓ Provide antiretroviral therapy to those in need.
- ✓ Provide suitable care for injecting drug users.
- ✓ Manage sexual violence through prevention strategies and clinical care for survivors.
- ✓ Ensure clean and safe deliveries. (This will help prevent mother-to-child transmission of infection.)
- ✓ Prevent discrimination among staff based on HIV status.
- ✓ Provide post-exposure prophylaxis (PEP) for humanitarian staff and survivors of sexual violence.

X DON'T

- X Exclude children whose parents are still alive from interventions aimed primarily at improving the welfare of orphans.
- X Compromise on condom quality.
- X Provide services that are culturally unacceptable to beneficiaries.
- X Withhold treatment until patients bring their partner. Advise them to tell their partner(s) to come for treatment.
- X Exclude drug users from treatment. There is no justification for this.

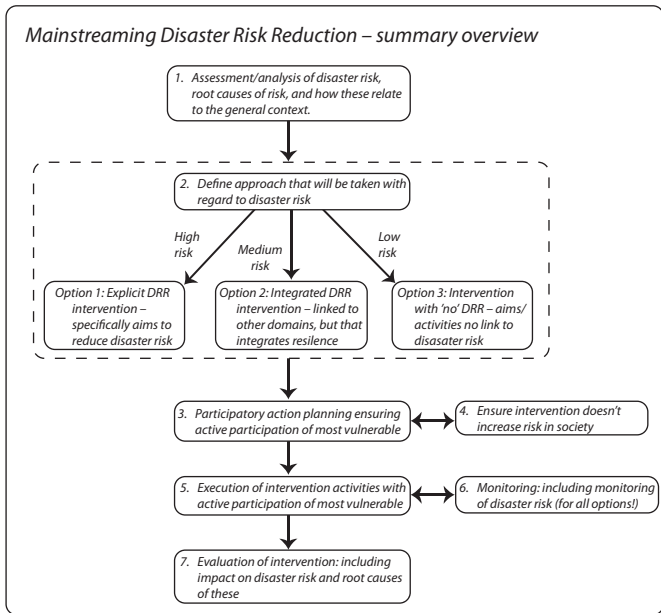
3.21 Disaster risk reduction

For help, email DRR@careinternational.org

CARE uses a disaster risk reduction (DRR) approach in both development programmes and emergency and response. Disasters and climate-induced hazards cause major harm to society. They often hit the people who are already the most vulnerable—financially, physically or politically—the hardest and destroy achievements in development.

The DRR approach consists of identifying risks to individuals, households, communities and society, and of taking measures to reduce these risks through prevention, mitigation and preparedness. It also means making programming itself more resilient in the face of potential shocks and negative trends.

DRR is relevant to all types of programming, including those with a sector focus. The diagram gives an overview of how to integrate DRR into mainstream programming and what this means for risk management.



With a changing climate, continuing population growth, increasing urbanization, continuing environmental degradation, and economic policies that sometimes have unintended harmful effects, the DRR approach is becoming more and more part of good practice programming.

It's not enough for emergency preparedness planning and response to just restore the conditions that were there before the disaster: we should also identify and address the underlying causes of vulnerability. We must also

make more explicit the sensitivities of particular vulnerable groups, such as girls and women, and other marginalized groups. We should also look at—and reduce—the potential harm our programmes may introduce so that we're not introducing new risks.

DO

- ✓ Systematically assess and analyse disaster risk by looking at hazards, exposure, vulnerability, and capacity (such as could be done in an EPP).
- ✓ Involve the community and representatives of vulnerable groups in the assessment and analysis, and combine this with other available knowledge and understanding.
- ✓ Analyse the risks of specific groups within the community who may have particular vulnerabilities (social, cultural, economic, political, and/or physical).
- ✓ Analyse their capacities to deal with these risks. Work to strengthen these capacities as part of the emergency response.
- ✓ Include specific risk reduction aims and indicators in programme design.
- ✓ Monitor (disaster) risks throughout programming.
- ✓ Identify potential risks that could be introduced or heightened by our programming and minimize these.
- ✓ Evaluate the effects of emergency interventions on (disaster) risks in and outside affected communities.

DON'T

- ✗ Just restore systems to what they were before without addressing the vulnerability that led to breakdown in the first place.
- ✗ Go overboard on analysing risk. A good enough approach must be used; keep actions practical and manageable.
- ✗ Underestimate the value and potential of local agency, capacity, knowledge and expertise.
- ✗ Overlook the underlying causes of disaster risk. These probably can't be addressed in the emergency response, but you can prepare to address them later.



Towards Resilience: A Guide to DRR and CCA—Emergency Capacity Building Project

Participatory Disaster Risk Assessment (PDRA): training pack and assessment tools

CARE Emergency Toolkit



3.22 Protection

For help, email emergencyprotection@careinternational.org

Protection is concerned with the safety, dignity and rights of people affected by disaster or conflict. In an emergency, people often face increased risks. At the same time, normal protection mechanisms often break down, making people more vulnerable. Protection risks—and coping strategies—vary by sex, age, ability, and other factors of identity.

All humanitarian agencies have a responsibility to protect the members of the communities they work with as much as possible. CARE is committed to ensuring that our responses improve people's security and do not expose them to further risks.



Humanitarian agencies can and should help to protect disaster- and conflict-affected populations. But we must always bear in mind that the roles and responsibilities of agencies in this context are generally secondary to those of the state or other relevant authorities (such as non-state parties to a conflict). Such authorities hold formal, legal responsibility for the welfare of people within their territory of control and, more generally, for the safety of civilians in armed conflict.



DO

- ✓ Focus on keeping people physically safe and protecting their personal dignity at all times.
- ✓ Make sure that women, men, boys and girls can get help when and as they need it and without discrimination.
- ✓ Protect people from physical and psychological harm arising from violence and coercion, both within and outside the home.

- ✓ Help people to claim their rights, get assistance and recover from the effects of abuse in ways that don't expose them to further risk or harm.
- ✓ Think about the law, rights and responsibilities. Violations of international and/or domestic laws impose clear humanitarian responsibilities on governments, non-state actors and individuals. Be aware that social norms that condone the use of violence may be sanctioned by domestic laws, even if they contravene international human rights law.
- ✓ Promote respect for human rights and humanitarian principles. 2.1 & 2.2 pp. 24 & 25
- ✓ Consult all the affected population groups on the consequences of the overall response and activities. At a minimum, disaggregate for age and sex when you're talking to people and recording the data.
- ✓ Acknowledge people's capacity, build on it and try to understand how different population groups try to protect themselves.
- ✓ Work with other agencies where possible. Find out about their mandates, protection priorities and expertise. Certain agencies (e.g. ICRC and UNHCR) have a mandate to take the lead on protection, and CARE should support them and should help beneficiaries access their services.
- ✓ Make sure that all CARE staff know how to respond if they become aware of abuse.
- ✓ Handle any information about protection carefully and confidentially. Put in place and implement reporting and information management systems that follow protection principles.
- ✓ Consider whether the form or type of assistance we are providing may cause people to be more vulnerable to attack.
- ✓ Try to mitigate the risks faced by different populations through interventions/activities that are disaggregated by sex, age and ability and are sensitive to protection issues.
- ✓ Be aware that international advocacy can sometimes produce a backlash against staff and programmes in the field.

X DON'T

- X Expose people to further harm as a result of your actions.
- X Start relief programmes without analysing the protection needs of different population groups. This can create protection risks and harm beneficiaries, especially if data is not disaggregated by age and sex, at a minimum.

- X Forget to assess protection risks in both the public and private spheres. Activities in the public sphere can increase risks faced by vulnerable groups in their homes.
- X Fail to plan and manage protection and rights promotion cautiously. Carefully consider the risks and make sure that, as far as possible, you don't expose people to more harm.
- X Become complicit in the abuse of rights.
- X Require people to travel through unsafe areas, or in unsafe ways, in order to access basic assistance. Don't forget that the definition of 'safe' or 'unsafe' can change for different population groups—men, women, boys, girls, the elderly, the disabled, etc.
- X Put people at risk by naming individuals in records of rights abuses or by keeping documentation in ways that are not confidential.
- X Put CARE's presence in the country at risk through poorly targeted or clumsy advocacy.
- X Implement activities that contravene international humanitarian, refugee or human rights law.
- X Raise expectations we can't meet. In conflict emergencies CARE often lacks the mandate or means to protect people.

See also

Minimum standards for protection, ALNAP protection handbook and CARE's witnessing guidelines in the CET.



3.23 Environment

For help, email emergencyQA@careinternational.org

Environmental conditions during and after an emergency are closely linked to livelihoods. Many communities rely on local environmental resources to meet daily needs. By failing to consider long-term effects, emergency responses can worsen pre-disaster environmental conditions. CARE aims for emergency interventions that improve these conditions.

DO

- ✓ Include environmental factors in your analysis of the impacts of the disaster as part of a rapid assessment.

- ✓ Conduct specific, detailed environmental assessments as soon as possible.
- ✓ Communicate the results of environmental assessment to key stakeholders—communities, donors, peer agencies, and government.
- ✓ Review all emergency activities for environmental harm.
- ✓ Talk with the community about the environmental effects of the disaster and what sustainable recovery measures are possible.
- ✓ Remove debris correctly to avoid future environmental problems. Use landfill and burning as little as possible and encourage recycling, recovery and reuse.
- ✓ Consider the resources needed for reconstruction and how to get them without causing negative environmental impacts.
- ✓ Involve environmental NGOs and authorities in advising on environmental factors in the response.
- ✓ Have someone in the emergency team to act as environmental advocate.
- ✓ Have a programme to limit the environmental effects of using extra transport, electricity, water, paper and other resources for the emergency response.
- ✓ Calculate carbon offsets for transport and office/living space and include them in funding proposals.

X DON'T

- X Rush to meet immediate emergency needs without considering long-term effects. Could our response make the community and environment more vulnerable?
- X Allow improper waste disposal. Debris from a disaster can cause environmental problems and more harm to survivors if not properly dealt with.
- X Fail to consider environmental factors in protection, gender, livelihood and camp management activities.
- X Ignore the possible environmental harm from shelter, WASH and food security activities. You can prevent most damage through proper assessment and planning.

3.24 Breastfeeding, complementary feeding, infant and young child feeding


For help, email emergencyhealth@careinternational.org

The most important way to prevent death, malnutrition and disease among infants is to encourage and protect breastfeeding. This means helping mothers who have been through an emergency to overcome physical and emotional problems with breastfeeding.

CARE is committed to encouraging breastfeeding and suitable complementary feeding. We actively discourage using breastmilk substitutes and formula. They provide much less nutrition than breastmilk and can introduce harmful bacteria to infants' immune systems. Using substitutes can lead to severe illness and death.

DO

- ✓ Encourage breastfeeding.
- ✓ Refuse any donations of breastmilk substitutes (formula, powdered milk).
- ✓ Refuse any donations of bottles and teats and do not distribute bottles and teats. Feeding bottles and teats are easily contaminated – it is better to use a clean cup.
- ✓ Consult CARE USA's health and emergency units before you make any decision to use infant formula or powdered milk. Orphans and babies who have never been breastfed may need formula, but you should still seek guidance before giving it to them.
- ✓ Support and care for mothers—feed the mother and let her feed the baby.
- ✓ Make sure breastfeeding mothers have enough clean water.
- ✓ Help to improve the feeding of infants who are not breastfed. Follow approved international guidelines and standards, with advice from CARE USA's health unit.
- ✓ Make sure any food ration includes suitable complementary foods and families know how to prepare them.
- ✓ Make sure malnourished children under 24 months in rehabilitative care are breastfed.
- ✓ Encourage mothers of children under 24 months to start breastfeeding again if they have stopped.

- ✓ Find health workers and community volunteers who can help with support and education activities for mothers and families.
- ✓ Comply with accepted guidelines on the needs of infants and young children.
- ✓ Make sure staff are trained in Infant and Young Child Feeding in Emergencies (IYCF-E).
- ✓ Include key information on IYCF-E in rapid assessments. 4.10 p. 207 
- ✓ Include breastfeeding and IYCF-E support in other services for mothers, infants and young children.
- ✓ Ensure the availability of foods suitable for complementary feeding of children 6–23 months in the general ration and in targeted feeding programmes.

X DON'T

- X Give breastmilk substitute or powdered milk in a blanket distribution. If you want to use powdered milk, you must mix it into another food item, such as cereal, before distributing.
- X Give breastfeeding mothers infant formula—always encourage breastfeeding mothers to continue breastfeeding and provide support for this. Contact CARE USA Emergency Unit for more ways to support and encourage breastfeeding in emergencies.
- X Call items ‘baby food’. Food for young children should be called ‘complementary food’ because we only want children over the age of six months to eat it.
- X Discourage breastfeeding for any reason. Breastfeeding saves lives in an emergency.
- X Encourage women with HIV to ‘mix feed’ (combine breastfeeding with substitutes for breastmilk). This carries the highest risk of infection.
- X Encourage bottle feeding or breastmilk substitutes. Both dramatically increase health risks. Cups are safer than bottles or teats.
- X Accept sample breastmilk substitutes unless the sample is part of a certain continuous supply and meets international standards.

See also

WHO and UNICEF guidelines on infant and young child feeding in emergencies in the CET.



3.25 Assessment

For help, email emergencyoperations@careinternational.org

Assessment is the process of identifying what is needed in order to decide whether, where and how to respond.

DO

- ✓ Start the assessment as quickly as possible.
- ✓ Take a 'good enough' approach and be accountable.
- ✓ Work closely with the affected community.
- ✓ Coordinate with government, community representatives and NGOs.
- ✓ Give preference to a joint assessment with other agencies.
- ✓ Start providing aid while assessment is going on if possible.

Preparation

- ✓ Set clear aims and methods in terms of reference.
- ✓ Use methods that allow quick analysis of results.
- ✓ Choose geographic areas to assess based on likely needs and reported impact of the disaster, as well as CARE's capacity.
- ✓ Form a team with a good balance of skills, knowledge, gender and language.
- ✓ Give team members clear roles and responsibilities and make it clear who the team leader is.
- ✓ Analyse security risks and take steps to keep the assessment team safe.
- ✓ Organize logistics and administrative support, e.g. travel permits, means of communication (phones, radios, satellite phones etc.), transport, cash, and equipment.
- ✓ Brief the team on CO capacity and strategic issues before they start work in the field.

In the field

- ✓ Get vital information about humanitarian needs, responses so far and operating conditions.
- ✓ Involve disaster-affected people in the assessment.
- ✓ Get information from as many sources as possible. Compare information from these different sources to build up a comprehensive picture.
- ✓ Use suitable collection methods for the information you are trying to get—interviews, focus groups, observation etc.
- ✓ Use checklists and assessment formats to focus information. [4.10 p. 207](#)
- ✓ Take an approach which will allow for gender considerations.
- ✓ Talk to men, women, boys and girls separately.

Analysis and reporting

- ✓ Analyse the data you collect!
- ✓ Consider 'do no harm', conflict sensitivity and gender analysis approaches. [3.19, 3.22 & 4.7 pp. 111, 118, & 196](#)
- ✓ Recommend what CARE's response should be and how to put it into practice.
- ✓ Make a written report of your findings.
- ✓ Share the report with stakeholders—disaster-affected communities, donors, CARE Members, partners, clusters, UNOCHA and peer agencies.

X DON'T

- X Focus so much on assessment that you delay providing urgent relief.
- X Duplicate the work of other agencies and overburden communities with assessment.
- X Collect information you don't need and won't analyse.
- X Fail to do enough analysis to make the best recommendations.



Gender analysis tools [4.7 p. 196](#)

Assessment planning checklist [4.10 p. 207](#)

Sample assessment report format [4.11 p. 210](#)

See also

The Good Enough Guide.



3.26 Programme strategy

For help, email emergencyQA@careinternational.org


CARE's emergency response must be based on a clear programme strategy that focuses on priority unmet needs. A good strategy helps us meet quality standards and avoid the harm that can result from poor programming. The strategy is also a key part of fundraising and developing proposals.



Strategy design

- ✓ Get a programme strategy in place quickly. This can help the CO stay focused while adapting to the rapid changes that happen in emergencies.
- ✓ Start with your EPP and build on the possible interventions it identifies.
- ✓ Do a first draft as soon as possible. Add to it as you get more information.
- ✓ Base the strategy on a good assessment of needs, response gaps and CARE's capacities. [3.25 p. 124](#)
- ✓ Consider CARE's capabilities (in the area and globally) and where we can do the most good as part of the overall humanitarian response.
- ✓ Build the strategy on the strengths of your existing long-term programmes.
- ✓ Make sure the strategy targets the critical response gaps you identified.
- ✓ Remember our obligation to respond to critical humanitarian needs and to provide a response that is proportionate with our global capacity
- ✓ Ensure CARE's commitment to put the needs of women and girls at the centre of our response is reflected in your strategy.
- ✓ Identify the special challenges facing the response. Adapt general policies and approaches to this specific situation.
- ✓ Coordinate closely with disaster-affected communities and other humanitarian agencies.
- ✓ Ensure that CARE core sectors are integrated.

What to include

- ✓ Clear goals and a description of key interventions (sectors, objectives, activities and indicators).
- ✓ How the strategy targets people with the greatest needs—especially those of vulnerable groups.
- ✓ How the strategy aims to address the different needs of women, men, boys and girls and how it specifically ensures the needs of women and girls are met.
- ✓ CARE's core sectors (WASH, shelter, SRH and food security).
- ✓ How the strategy fits with CARE's programming principles and international humanitarian principles and standards. 2.1 p. 24 
- ✓ Key policy issues, cross-cutting issues and programming approaches.
- ✓ Scenarios that may develop as the situation changes.
- ✓ Likely phases of the response.
- ✓ Transition to recovery and how the response is integrated with CARE's long-term programmes in the country.
- ✓ Geographic focus.
- ✓ Useful partnerships and coordination mechanisms.
- ✓ How the affected people will be included and how CARE will be accountable to them.
- ✓ Possible exit and transition options for when the emergency response ends.

How to make it happen

- ✓ Clearly state the resources you need to carry out the strategy.
- ✓ Plan for scaling up support to the level needed to achieve strategy goals.
- ✓ Analyse risks and make plans to minimize those risks.
- ✓ Analyse security threats to staff and partners. The analysis may show that CARE cannot work safely in an area of need.
- ✓ Set up programme monitoring and evaluation systems.

X DON'T

- X Forget to match your fundraising to the strategy. Otherwise you may end up with contracts for programmes that aren't suitable.

- X Be overwhelmed by the task of writing a strategy. Start with something short and simple and revise it over time. Even the most basic strategy is better than none at all.
- X Fail to analyse your strategy for possible risks to the community. CARE must avoid doing harm.
- X Compromise on quality. Find or ask for the resources you need to deliver quality programmes on a large scale.

TOOLS



Assessment planning checklists

4.10 p. 207

Emergency response initial strategy format

4.12 p. 212

See also

The Sphere Handbook



3.27 Fundraising

For help, email emergencyoperations@careinternational.org

CARE's ability to respond to an emergency is directly linked to our ability to raise funds. Usually the amount of funds available will not meet the level of humanitarian need. This means CARE should seek funding from all possible sources. Sometimes there is an oversupply of funds. In these cases we need to be careful to accept only an amount that allows us to respond in a way that matches the scale of the disaster, our global capacities and humanitarian needs. Appeals should be flexible enough to let us use the funds for different relief and rehabilitation activities if the situation changes.

✓ DO

- ✓ Start CI fundraising efforts within the first 24 hours after the emergency. Do this by sending the emergency alert to the Lead Member and CEG. 4.1 p. 169
- ✓ Request CI ERF funds quickly so that you can start rapid assessment and response. 4.14 & 4.15 pp. 217 & 219
- ✓ Devise a response strategy as soon as possible to raise funds from CARE Members and donors.

- ✓ Send out an initial request to raise funds to CARE Members and donors and devise a response strategy.
- ✓ Set fundraising targets to match the level of need and capacity of CARE. Remember that they need to be approved by the CCG.
- ✓ Provide details to CI for private fundraising as soon as possible (within 48 hours). This includes dollar handles (see box below), photos, human interest stories and proposals.
- ✓ Start completing the funding matrix and track progress.
- ✓ Keep in close touch with CI Member head offices about funding opportunities.
- ✓ Keep good relationships with donors in the field.
- ✓ Seek funding from new donors who are active in country.
- ✓ Participate in clusters and other UN coordination and funding mechanisms (CAP, CERF, ERF). This will enable you to access some UN funding mechanisms and gather some information about donor interest. Donors will want to see what CARE is doing to coordinate with other stakeholders.
- ✓ Include all relevant costs in budgets and make sure donors let you backdate costs to the start of emergency. This will help you repay CI ERF funds. Pay attention to support costs and ensure they are included.
- ✓ Make sure you have good donor contract management and financial systems. 3.29 & 3.36 pp. 132 & 149

X DON'T

- X Be slow to get fundraising mechanisms going. Speed is key!
- X Delay sending dollar handles (see box below), photos and human interest stories to CI Member fundraising units.
- X Apply for funding from the government of a CI Member country without coordinating with the CI Member.

What is a dollar handle?

A dollar handle is how much basic relief items cost in the country, e.g.

- ▶ a bag of rice for a family for a week costs \$10
- ▶ a kit of household items for a family to cook with costs \$20
- ▶ providing safe water for a family for a week costs \$30.



CI ERF quick reference guide

4.14 p. 217

CI ERF application form

4.15 p. 219

Generic proposal format

4.16 p. 220

3.28 Proposal writing

For help, email emergencyoperations@careinternational.org

Proposal writing is a critical function during emergencies to raise funds and to provide a clear document to implement activities and report against. Emergencies require a very high number of proposals to be written within a short amount of time. Failure to meet proposal writing demands will limit CARE's ability to raise funds to meet the needs of the response and could damage CARE's reputation with key donors.

When an emergency strikes, the CO should make sure it dedicates skilled staff to writing proposals, and requests support from CEG when necessary.

✓ DO

- ✓ Make sure you have the staff and skills to produce a large number of good proposals within a very short time (especially at first).
- ✓ Match all proposals to the programme strategy. This will make sure funding goes to the highest priorities.
- ✓ Send out brief concept papers as soon as possible before you write full proposals. 4.13 p. 215
- ✓ Work with other emergency team members and CO staff to get technical and budget details in order to size up needs adequately and ensure the project is deliverable.
- ✓ Consult with CI core sector teams to make sure that proposals meet technical standards.
- ✓ Get inputs from your gender focal point or a gender advisor to ensure the proposal meets gender marker ratings of 2a or 2b. 4.8 p. 200
- ✓ Incorporate (or attach) the GAP to proposals.
- ✓ Consult programme support staff when developing proposals and budgets.

- ✓ Consult the donors' matrix (see CET) and/or ask the relevant CI Member for advice on donor rules.
- ✓ With the relevant CI Member, communicate clearly with the donor about their expectations and requirements before sending a proposal. Present CARE's project positively.
- ✓ Make the proposal flexible in case of delays in approval or changes in the emergency.
- ✓ Use the correct donor formats for proposals. Follow their instructions.
- ✓ Present proposals that are neat, clear and well edited.
- ✓ Make sure that the proposal meets with CARE standards (Sphere, HAF) and integrates cross-cutting issues (gender, protection ...).
- ✓ Include budgets and budget notes. Check they are accurate and cover all programme support and administrative costs. This includes M&E, logistics, security and head office costs (ICR/ADRET [Administrative Retention]).
- ✓ Follow the relevant CI Member's review and approval processes for submitting proposals.
- ✓ Track proposals using the project pipeline matrix.
- ✓ Make sure that all important information is properly filed.
- ✓ Make sure that the final versions sent to the CI member and donor are clearly identified. Ensure also that the CI Member provides a copy of the version sent to the donor (they may have made some changes).



X DON'T

- X Try to go without a separate proposal writer in a large emergency. You will lose funding if you do.
- X Accept funding for unsuitable or low-priority activities.
- X Send proposals for activities that are not in the programme strategy (unless you have gained specific approval).
- X Make claims about what CARE will do unless you are sure we can deliver.
- X Waste time on extra formatting etc. The proposal should be neat, complete, simple, clear and logical. It doesn't need glossy layout or artwork.
- X Submit budgets before the CO finance manager and the CI Member review them.

- X Send proposals directly to a donor without first coordinating with the relevant CI Member.

TOOLS



Generic proposal format [4.16 p. 220](#)

CI ERF application form [4.14 p. 217](#)

Donors' matrix

Gender marker overview [4.8 p. 200](#)

Gender Marker

The CARE Gender Marker is a tool that codes, on a 0–2 scale, whether or not humanitarian relief work is prepared for, designed, and implemented in a way that ensures that women, men, boys and girls of all ages benefit equally; and if it will contribute to increasing gender equality. See 4.8 for more information.

See also

Donor formats from the relevant CI Member or in the CET.



3.29 Donor contract management

For help, email the contracts unit at the relevant (donor country) CI Member.

Careful management of donor contracts is needed to avoid financial liabilities and damage to CARE's reputation and relationships with donors and to ensure that we reach the projects' goals and objectives. To comply properly with donor and CI Member contract regulations and guidelines, you must increase contract management capacity during an emergency.

✓ DO

- ✓ Have a separate staff member for donor contract management in any very large emergency.
- ✓ Ensure that large contracts have their own project manager, and for smaller budgets make sure that clear responsibility is assigned for management and oversight.
- ✓ Coordinate fully with the relevant CI Member and the local representative of the donor at all stages.

- ✓ Inform key CO staff and partners about donor compliance obligations.
- ✓ Find out whether donors have different guidelines for emergencies.
- ✓ Use the correct donor formats and guidelines.
- ✓ Review contracts carefully. Look at possible financial and other concerns before signing. The CI Member and the CO must review contracts.
- ✓ Have a tracking mechanism for all proposals and contracts.
- ✓ Set up project core files with final versions of proposals and a copy of the donor contract. Get the final contract version from the CI Member.
- ✓ Brief the project implementation team fully and give them copies of the relevant documents.
- ✓ Get approvals for any changes to the contract. Keep clear written records.
- ✓ Track donor reporting requirements and make sure narrative and financial reports are submitted on time.
- ✓ Keep open communication lines with the donors to inform them of any changes and challenges that may lead to changes in the implementation.

X DON'T

- X Assume everyone understands CI Member or donor policies, procedures, roles and responsibilities.
- X Throw away or lose any core files, even after the project is over.

3.30 Partnership

For help, email emergencyQA@careinternational.org

Partnerships are based on shared vision, values, objectives, risk, benefit, control, and learning as well as joint contribution of resources. Partnering can play an important role in emergencies—local partners often have the community acceptance, ready access to remote and vulnerable communities and the language and cultural sensitivities that are required for an effective response. Partnerships to implement relief activities in emergencies are often contract-based relationships with local agencies, known as ‘sub-granting’. But effective partnerships for emergency response start well in advance of an emergency and should go beyond sub-granting.

✓ DO

- 3
- ✓ Map possible partners for emergency response before an emergency strikes. Avoid starting a new partnership in an emergency—this can be risky.
 - ✓ Build on existing relationships wherever possible.
 - ✓ Undertake capacity assessments and pre-qualification of emergency partners in advance of an emergency.
 - ✓ Include partners in the emergency preparedness planning process and in the development of emergency response strategies and operational planning.
 - ✓ Identify partner strengths and weaknesses and undertake capacity building and coaching in advance and during an emergency response.
 - ✓ Develop a shared understanding with your partner on the benefits and risks of partnering and base any decision to partner on sound analysis of these risks and benefits for both CARE and the partner.
 - ✓ Consult both programme and support staff about these decisions.
 - ✓ Understand that a good partnership is about the relationship, not the structure.
 - ✓ Consider identifying a partnership focal point within CARE to accompany the partner through the partnership process.
 - ✓ Apply good partnership principles and practices.
 - ✓ Explore ways to support partners in security and risk assessments in order to avoid simply transferring risks to partners in insecure environments.
 - ✓ Establish contracts with partners quickly to avoid delays in implementation. Make sure partners understand the dispute resolution and contract termination processes and the feedback mechanism for any issues encountered during the partnership.
 - ✓ Support partners to undertake good programme management. This includes meeting programme standards, monitoring, reporting, and donor branding and acknowledgments.
 - ✓ Make sure partners are aware of and can comply with CARE's accountability principles and Code of Conduct. [2.2, 3.7 & 4. pp. 25, 76, 185](#)
 - ✓ Ensure that partners have a basic understanding of gender equality programming and have a gender balance in their staff composition.
 - ✓ Help partners with operations management. This includes finance, procurement, logistics, administration, information and media, and safety and security.

- ✓ Include partners in evaluations and response reviews to ensure shared learning and improvement.

X DON'T

- X Promise partners more resources and support than can be offered.
- X Ignore problems with relationship management and coordination. Manage any disputes rather than trying to avoid or silence them.
- X Transfer risks to partners. Where risks are being shared, ensure that the partner understands those risks and has the capacity to manage them. Support partners to manage risks.
- X Present contracts or project proposals without discussing them with the partner. Meet regularly with partners and engage them throughout the entire emergency response.
- X Forget that partnership takes time!

TOOLS



Partner capacity assessment guide

4.17 p. 221

3.31 Monitoring and evaluation

For help, email emergencyQA@careinternational.org


M&E helps you understand the effects of CARE's work on the disaster-affected community. It helps make CARE accountable. Monitoring is a process of regularly assessing progress while projects are running. Evaluation looks at the impacts at the end of projects and judges their value. You must monitor CARE's overall response as well as individual projects. Use the HAF as a reference for this.

4.4 p. 185

✓ DO

Set up an M&E system

- ✓ Assess M&E capacity and increase it to meet emergency needs.
- ✓ Design an M&E system suitable for the response. It should cover all aspects of response management.

- ✓ Establish remote monitoring systems, if necessary involving local people of trust designated by participants.
- ✓ Set operational indicators and precise targets at the start of the response. 
- ✓ Always use Sphere minimum standards for disaster response in your M&E.
- ✓ Choose a range of suitable data collection methods. Involve the community in collecting information.
- ✓ Decide who will do what, including data collection, analysis and review.
- ✓ Plan for reporting, feedback and using results in decision-making.
- ✓ Include appropriate resources for M&E in project budgets.


Monitor

- ✓ Coordinate M&E activities and findings of all team members.
- ✓ Collect disaggregated data (by sex and age (SADD)) and other critical criteria regarding particular vulnerabilities) from the start.
- ✓ Consider achievements, progress, management, strengths and weaknesses, effectiveness, accountability, cost-effectiveness and sharing of learning.
- ✓ Collect and analyse data at the time events are occurring.
- ✓ Make sure managers promptly review monitoring activities and results and deal with any problems.

Evaluate

- ✓ Follow CARE's learning policy.
- ✓ Do an after-action review two or three months after the start of the emergency response.
- ✓ For type 2 emergencies organize an independent (from outside CARE) evaluation.
- ✓ Time evaluations to contribute to the CO's long-term planning.
- ✓ Consider joint evaluations with other agencies.

X DON'T

- ✗ Forget to feed monitoring findings back to beneficiaries. Make sure they can get this information easily (use the right language, suitable formats etc.). 

3.7 p. 76

- ✘ Collect information that won't give a realistic view of what is actually happening—make sure you seek information from a range of reliable sources and cross-check it.
- ✘ Neglect informal feedback and daily observations—encourage field staff to document and report their impressions systematically.
- ✘ Take lightly any indication of abuse or fraud—report immediately through the appropriate complaint mechanism.



Humanitarian Accountability Framework benchmarks

4.4 p. 185

Complaints mechanism procedure

4.5 p. 192

Examples of quantitative indicators

4.29 p. 249

See also

Guidelines and tools for response reviews and evaluations



Sphere minimum standards for disaster response.



3.32 Safety and security

CARE safety and security principles and standards

Safety and security principles

- 1 All CARE International Confederation Members will hold themselves accountable for maintaining and respecting the CARE International Safety and Security Principles through their policies, protocols and procedures.
- 2 Safety and security is everyone's responsibility within CARE International through full compliance and accountability.
- 3 Programme and programme support decisions must be informed by appropriate safety and security considerations at all levels.
- 4 There must be clear lines of authority and decision-making mechanisms that underpin safety and security.
- 5 All CARE International Confederation Members will comply with the minimum operating security standards (MOSS).
- 6 CARE staff will be equipped, trained and supported in the area of safety and security, appropriate for the safety and security conditions of their assignment.

Minimum operating security standards

- 1 **Organizational security policy and plans:** CARE shall have policies addressing key security issues and formal plans at both field and headquarters levels to address these issues.
- 2 **Resources to address security:** CARE shall make available appropriate resources to meet these minimum operating security standards.
- 3 **Human resource management:** CARE shall implement reasonable hiring policies and personnel procedures to prepare staff to cope with the security issues at their posts of assignment, support them during their service, and address post assignment issues.
- 4 **Accountability:** CARE shall incorporate accountability for security into our management systems at both field and headquarters levels.
- 5 **Sense of community:** CARE shall work in a collaborative manner with other members of the humanitarian and development community to advance common security interests.



Always put the safety and security of CARE staff first

For help, email Clsafetysecurity@careinternational.org

CARE's policy is that the safety and security of staff is our highest priority. All staff and operations must comply at all times with our safety and security policies and procedures. You must balance the humanitarian aims of an emergency response with the safety and security of CARE staff members, contractors, beneficiaries and partners.



DO

First steps

- ✓ Choose an appropriately qualified person to be the safety and security officer, or request that one be deployed. Decide on other roles and responsibilities.
- ✓ Set up a critical incident management team and follow critical incident management protocols in relation to safety and security, including decision-making and reporting lines.
- ✓ Adapt procedures and policies to the emergency situation. Let all staff know what they are.
- ✓ Set simple communications procedures for the emergency team.


Assessment and planning

- ✓ Assess the safety and security situation and risks.
- ✓ Attend security briefings with UN and other organizations.
- ✓ Include safety and security in all phases of programming from design to implementation.
- ✓ Ensure safety and security is planned and budgeted for.
- ✓ Use the 'Short safety and security plan for emergencies tool' to plan your safety and security procedures.



4.28 p. 244

Implementation and monitoring

- ✓ Meet CARE's minimum standards for accommodation, office sites and facilities and field operations.
- ✓ Continually monitor and record events and changes to security conditions.

- ✓ Report and analyse safety and security incidents. Use the checklist. 4.27 p. 243 
- ✓ Share security information with other agencies. Set up a communications 'tree' system to keep all agencies informed.
- ✓ Quickly inform teams in the field of changes that affect their safety. Regularly update all staff on security conditions.

HR

- ✓ Provide compulsory safety and security training to all staff. Everyone must understand their own responsibility for safety and security.
- ✓ Get all staff to fill in a record of emergency data (RED) form. 4.25 p. 239 
- ✓ Give everyone up-to-date 'Constant companion' lists of key contact details. 4.26 p. 242 
- ✓ Consider safety and security when recruiting, training and sending staff into the field.
- ✓ Monitor stress. Make sure everyone has access to support systems.
- ✓ Take prompt disciplinary action on any breach of security policies.

X DON'T

- X View safety and security separately from programme and operations. It should be part of all areas of the response.
- X Stop monitoring safety and security after the first assessment.
- X Fail to clearly identify who is in charge of what.
- X Ignore your own stress. It makes you much more vulnerable to risks.


TOOLS



Record of emergency data (RED) 4.25 p. 239 

Constant companion format 4.26 p. 242 

Incident report checklist 4.27 p. 243 

Short safety and security plan format for emergencies 4.28 p. 244 

See also

CARE Safety and Security Handbook, CARE Security Management Planning Manual.



3.33 Information management

For help, email emergencycommunications@careinternational.org

Information management means making sure everyone within and outside CARE gets the up-to-date information they need. This includes sitreps, donor reports, assessment reports, response strategy, disaggregated data and tables of beneficiaries, and targeted information bulletins. Information management is vital in an emergency. It allows sharing of information and coordination between different parts of CARE. It also ensures essential information is shared as appropriate with the media, the public, donors, UN agencies, local government and other humanitarian organizations.

DO

- ✓ Immediately choose someone to be the information manager. They will manage the information flow and write sitreps etc.
- ✓ Send an emergency alert to the Lead Member and CEG as soon as the emergency hits. Follow protocol B3 and use the alert form. 2.8 & 4.1 pp. 44 & 169
- ✓ With CEG's assistance, identify who in the CO and CI needs what information. Set up systems (e.g. email lists, regular meetings) for sharing this information. Share vital information about the response with all CARE Members through CEG.
- ✓ Set up a system for regular sitreps. Agree with the CCG how often you will provide sitreps. Use the sitrep form and send it to CEG and the Lead Member on the agreed dates. CEG will send it on to CI Members. 4.3 p. 180
- ✓ Hire a translator if you need to.
- ✓ Keep all CO staff up to date about the emergency and CARE's response. Make sure someone goes to all key meetings and lets other team members know what happened. 3.5 p. 70
- ✓ Set up a system for clearly tracking sex- and age-disaggregated data on distributions to beneficiaries. Track by donor and by location.
- ✓ Provide CI media staff with programme data, 'dollar handles', human interest stories, photos etc. 3.34 p. 142
- ✓ Set up a system for responding to enquiries from CI Members, donors, the public and the media.

- ✓ Share information with disaster-affected communities and the host government.
- ✓ Exchange information with other agencies, clusters, UNOCHA and others.
- ✓ Keep donors informed about the situation and CARE's response.
- ✓ File documents.

X DON'T

- X Underestimate the need for information management or under-resource it.
- X Make information public unless it has been cleared for public use by the Country Director or Emergency Coordinator. Be careful with sensitive information.



Emergency alert form

4.1 p. 169

Emergency sitrep form

4.3 p. 180

3.34 Media management


For help, email emergencycommunications@careinternational.org

The media shapes public understanding of an emergency, so media relations is an integral part of CARE's emergency response. We want as much positive media attention about the emergency response as possible, and we need to manage negative media coverage. 'Media' includes television, radio, print, online and social media. CARE's media goals are to help raise funds, mobilize public support, raise awareness of the emergency and CARE's work in it, and support our advocacy objectives.

✓ DO

At the start

- ✓ Contact the Lead Member media unit or CI Communications to discuss whether you need extra media support, such as the deployment of an emergency media officer or photographer. Develop a media strategy and clarify approval procedures for communications materials.

- ✓ Send the first media release and suggested social media posts or direct quotes from CO staff within the first few hours of any rapid-onset emergency.
- ✓ Choose someone in the CO to be the contact for media enquiries. Give their details to COMWG. Tell all CO staff to direct all media enquiries to them.
- ✓ Provide the emergency media officer with any equipment they need. Their job may include arranging and giving interviews, training spokespeople, and writing press releases, human interest stories etc.
- ✓ Decide who in the CO is best qualified to talk to the media. Send a list of spokespeople (note languages and nationalities) to COMWG, with their photos. Tell all CO staff that only approved spokespeople may give interviews.
- ✓ Send key messages, background information, dollar handles and questions and answers to COMWG as soon as possible. [3.27 p. 128](#) 
- ✓ Notify COMWG of any media angles such as upcoming funding conferences that could be used to get media coverage.

Throughout the response

- ✓ Keep a media contact list and a media log.
- ✓ Build relationships with media people in the field.
- ✓ Focus on women and girls in all communications and media work.
- ✓ Continue to gather/prepare human interest stories, blog entries and photos.
- ✓ Accompany journalists at CARE sites at all times.
- ✓ Be aware of how the local media is reacting to CARE's presence.
- ✓ Protect against distorted reporting about CARE's activities.
- ✓ Update social media channels and share suggested social media posts with COMWG.
- ✓ Make sure staff are aware that personal social media accounts speak for CARE too, and that they shouldn't share sensitive information.
- ✓ Use photos in press releases and news stories.
- ✓ Prepare joint statements with other humanitarian NGOs on sensitive issues.

- ✓ Use the CARE logo and branding in pictures, reports and media, and consider donor branding requirements.
- ✓ Follow Lead Member approval policies for public information e.g. media releases.

X DON'T

- X Forget to protect the dignity and safety of staff and beneficiaries.
- X Criticize other agencies or the media.
- X Comment on security, military or government issues. Direct such enquiries to the CD.

Quick tips for media interviews

Beforehand

- ▶ Know what is new and important about CARE's activities and the general situation. Know what organization the interviewer is from.
- ▶ Know your message. Think of three main points you want to stress. Prepare stories, statistics and examples to back up your message. Rehearse.

During the interview

- ▶ Stick to your message and state it often.
- ▶ Stay focused on CARE. Do not comment on what other NGOs are doing.
- ▶ Stick to what you know. Briefly summarize what CARE is doing.
- ▶ Use a story or specific description to explain the situation.
- ▶ Speak in clear, short sentences. The reporter will probably use only one or two quotes. Choose your words carefully.
- ▶ On television, keep your eyes focused and steady. Otherwise you may look distracted or untrustworthy. Remember to take your sunglasses off.
- ▶ Remember you are representing CARE.
- ▶ Understand there is no such thing as 'off the record'.

Common mistakes to avoid

- ▶ Don't say 'no comment'. It suggests you're hiding something.
- ▶ Don't mumble, fidget, be defensive or use jargon.
- ▶ Don't be forced to fill silences.

See also

Press release and media strategy templates and other tools in CET.



3.35 Human resources

For help, email emergencyHR@careinternational.org




The success of any emergency response strongly depends on having the right staff in place when they are needed. HR management, policies and support are essential for this. The CO will usually need to recruit many extra staff in a short time.

DO

General




- ✓ Protect staff safety and security above all else.
- ✓ Include equal numbers of men and women in emergency teams, particularly in the field.
- ✓ Develop a clear staffing structure for the emergency response.
- ✓ Make sure there is sufficient HR capacity and that the HR officer participates in planning the response.
- ✓ Budget adequately for short-term deployments as well as for long-term staff.
- ✓ In a very large emergency, you may need to request temporary deployment of an experienced emergency HR manager.

Recruitment

- ✓ Identify staffing gaps and decide on the best way to fill them.
 - | Bring in CI emergency response staff if needed.
 - | Use rapid recruitment procedures for international staff. [4.19 p. 228](#) 
 - | Use rapid recruitment procedures for national staff. Allow recruitment to be managed locally at field offices as appropriate [4.18 p. 226](#) 
- ✓ Use the staffing matrix to track and communicate staffing needs. 
- ✓ In countries where CARE does not have an office:

- ▮ set up HR infrastructure as soon as possible—including basic salary scale and HR policy manual
- ▮ set employee benefits for national staff suitable to the country. Comply with local labour laws.

New staff

- ✓ Give all new staff a job description or terms of reference. 
- ✓ Complete all CO pre-deployment responsibilities.
- ✓ Arrange insurance and check war risk insurance if needed.
- ✓ Arrange accommodation, office space and equipment.
- ✓ Send details of new staff to the finance and payroll units.
- ✓ Make sure they complete entry and administration forms when they arrive.
- ✓ Provide ID cards, equipment, per diems etc. 
- ✓ Arrange orientation. This must cover the issues of sexual abuse and exploitation. **3.4 & 4.20 pp. 68 & 229** 
- ✓ Monitor contract expiry dates. Make sure all staff complete clearance procedures at the end of their assignment.

Support

- ✓ Manage work hours to prevent burnout. Have an R&R/compulsory time off policy.
- ✓ Review policies related to accommodation, per diem and time off to make sure they are appropriate for the emergency conditions.
- ✓ Make sure incoming staff understand guidelines on safety and security.
- ✓ Deal with concerns about emergency staff having different conditions from regular staff. Make sure everyone has fair conditions, considering extra hardships.
- ✓ Provide access to psychological support services.
- ✓ Make sure team leaders manage and evaluate performance of emergency staff.
- ✓ Build trust and teamwork between all staff.

X DON'T

- X** Overlook the need for extra HR staff. This can delay emergency staff recruitment.

- X Pay for accommodation through subsidies or cash allowances. The CO must pay directly.
- X Let anyone work without contracts and job descriptions.
- X Let anyone except the person nominated by the CD access personal files.
- X Delay paying staff.

Practical tips for gender balance

DO

- ✓ Consider ways to overcome cultural barriers to women working—e.g. employ brother/sister teams.
- ✓ Train all staff on gender and cultural diversity.
- ✓ Provide separate toilets and sleeping quarters for women and men.
- ✓ Offer child care if possible.
- ✓ Keep all staffing data disaggregated by sex for easy monitoring.
- ✓ Advertise job vacancies widely to get a diverse range of applicants.
- ✓ Add 'qualified [women/men] are encouraged to apply' to job advertisements if you need to make up for an imbalance.
- ✓ Include both women and men on interview panels.
- ✓ Evaluate all applicants against the same criteria.

DON'T

- X Assume that some jobs are too difficult or dangerous for women.
- X Define experience and education requirements too narrowly.

Adapted from IASC 2006, *Women, girls, boys and men: Different needs—equal opportunities. Gender handbook for humanitarian action*, New York.



Rapid recruitment checklists

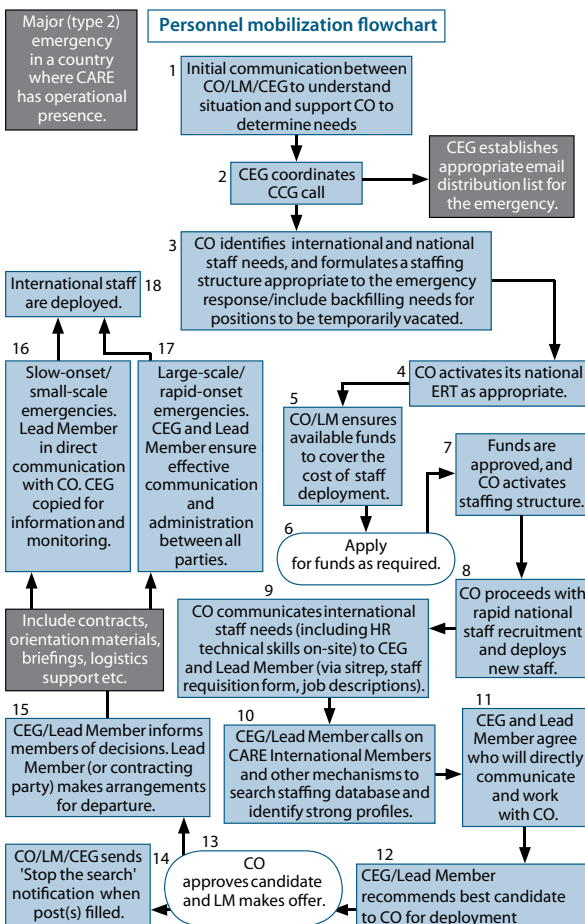
4.18 & 4.19 pp. 226 & 228

Orientation checklist

4.20 p. 229

See also

Key HR forms and 'Building Trust in Diverse Teams: The Toolkit for Emergency Response' in the CET Personnel mobilization flowchart.



3.36 Finance

For help, contact your Lead Member finance unit directly.

Good financial management lets you implement emergency programmes smoothly. Prompt and effective management of cash and budgets is key. You also need controls and procedures that can guarantee accountability and accurate reporting.



Basic accounting and internal controls

- ✓ Understand that CARE's internal controls help safeguard funds, allow accurate accounting and protect us from loss or misuse of assets.

Finance: roles and responsibilities

Task	Responsible	Approver	Authoriser/ reviewer
Control of cash floats	Finance officer	Senior finance officer	Team leader
Recording cash disbursements/receipts	Finance officer	Senior finance officer	Team leader
Custody of cash and issuing and receiving cash	Cashier	Senior finance officer / team leader	CO finance manager
Physical cash counts	Senior finance officer	Team leader	
Commodity / non-food CIK accounting	Commodity / non-food CIK accountant	Senior finance officer	Team leader
Financial reporting to consolidation office	Senior finance officer	Team leader	CO finance manager
Document filing and safekeeping	Senior finance officer	Team leader	CO finance manager

Preventative controls

- ✓ Separate (i.e. make sure the same person doesn't do both):
 - ▮ custody of assets from accounting
 - ▮ data entry from posting/reconciliation
 - ▮ other responsibilities as suggested in the table above.

- ✓ Always use official CARE pre-numbered receipts, vouchers, payment notices etc., which need to be kept in a safe.
- ✓ Keep all CARE pre-numbered accounting forms and blank cheques safe.
- ✓ Prepare an authorized signatory list with signatures of everyone who is authorized to sign on cash and non-cash assets. Get this approved by the CD and send a copy to the CO internal audit unit.
- ✓ Do frequent surprise counts of cash and other assets. Record and report all misuses or losses.
- ✓ Review payroll reports before staff are paid.
- ✓ Get two authorized people to sign off payments above US\$5,000 (or local equivalent) where there are no existing limits set by existing CO emergency finance procedures.
- ✓ Properly file (hard and soft copy) all accounting and commodity-related records for cash, food and non-food item programmes in locked cabinets.

Detective controls

- ✓ Require staff to report all instances of fraud and corruption to the CD.
- ✓ Do surprise checks of disbursement vouchers. Expenses must be properly justified and supported by documentation.
- ✓ Have the transaction ledger reviewed frequently by someone independent of receiving and cash processing activities.
- ✓ Review payroll reports after staff are paid.
- ✓ Review cash reconciliations and cash float settlements.
- ✓ Review expense authorizations against the authorized signatory list.
- ✓ Review account statements, invoices and payments for transport and distribution. Check that balances, invoices and settlements agree with the signed contracts. **3.39 p. 161**

Cash management

- ✓ Focus on providing cash and other financial resources faster than usual to allow for emergency activities when and where needed.
- ✓ Be able to demonstrate how financial resources have been used.
- ✓ Keep all cash and cash equivalents in a locked box in a safe or cabinet.
- ✓ Keep petty cash floats in a safe or cabinet overnight. Always use pre-numbered receipts and keep receipt books locked up.




- ✓ Use cash facilitation services where CARE cannot open a bank account.
- ✓ Set cash limits low enough to keep staff safe but high enough to be efficient. Use existing CO policies and finance procedures where they exist, or use the table below as a guide.

Purpose	Maximum (US\$ equivalent)
Cash float—outstanding balance for staff	5,000
Cash hand-carried by staff	20,000
Petty cash float held	5,000
Cash kept in a safe in a secure location	2 x local payroll amount
Cash transferred between sub-offices	20,000

- ✓ Limit the number of people authorized to sign cheques and cash payments. Keep their signatures on file.
- ✓ Keep cash budgets to calculate how much is available at emergency sites.
- ✓ When you calculate cash requests, consider programme needs, operating costs and the need to replenish cash floats. Base requests on an approved cash budget.
- ✓ Use an approved cash disbursement voucher for all payments. This includes payments to vendors, cash and petty cash floats, and travel expenses.
- ✓ Include donor line item codes (where applicable) in the account code string for each transaction.
- ✓ Stamp all invoices, purchase orders, purchase request forms etc. to make sure they are not mistakenly processed again. The stamp should give the cash disbursement voucher or cheque number.
- ✓ Never give cash advances until any previous advance is settled.
- ✓ Track advances from petty cash and cash floats using a transaction register.
- ✓ Replenish floats when they are 80–90% spent.
- ✓ Insist on receipts for lodging and other travel expenses. Pay per diems at approved rates. Staff can only claim the incidentals part of the per diem if they have to stay overnight away from the normal project base.
- ✓ Immediately record cash or cheques received. Always issue a pre-numbered official receipt.
- ✓ Use petty cash only for incidental payments.

- ✓ Carry out weekly (or as often as needed) surprise cash counts.
- ✓ Reconcile the cash box against the cash book daily.

Donor financial reporting and budget control

- ✓ Follow the terms and conditions in the contract when you process transactions.
- ✓ Carry out donor budget control and reporting in the format provided by the donor.
- ✓ Take on extra staff to cope with the additional workload created by the emergency. Provide orientation and finance training.
- ✓ Update the funding portfolio matrix and tell CO leaders of changes that affect existing cash budgets (e.g. new grants, grants closing). 
- ✓ Get official CARE-to-donor transaction coding sheets from the CO finance manager or Lead Member. Use them for all relevant grants and contracts.
- ✓ Keep a cash budget detailing payments to be made at the emergency site.
- ✓ Review cost allocations and shared costs ratios to include new funding and stop spending under expired or fully used grants.
- ✓ Make sure you are clear about what the start and end dates for project expenses are according to the project contract.  3.29 p. 132
- ✓ Promptly report budget gaps or surpluses resulting from changing conditions.
- ✓ Make sure regular up-to-date expense reports are provided to budget managers to enable the rapid decision-making required in an emergency to take place.
- ✓ Deactivate fund codes for expired grants in your financial system.
- ✓ Be aware of any special donor restrictions (e.g. disallowed costs) or conditions (e.g. donor participation in bidding processes). The CO finance unit should give team leaders' and emergency managers' summaries for each fund allocation, grant and contract.
- ✓ Make sure the donor line item code (see the CARE to donor transaction coding sheet) is part of the account code string for cash disbursements when the voucher is prepared and before it is authorized and approved. 
- ✓ Review transaction codes at least once a week. Check that they use donor codes. Correct transactions that do not meet donor reporting criteria.

- ✓ Continually monitor spending rates against the budget.
- ✓ Upload the transaction registers at emergency sites to CARE accounting systems (Pamodzi/Sun/Scala) weekly, or as often as possible.

X DON'T

Cash management

- X Keep using cash when banking facilities are available and continue to use cash floats when administration set-up is complete.
- X Fail to set transaction authorization limits.
- X Fail to properly identify funds chargeable, funds availability and required accounting information including donor specific line item(s) at the time the expense is committed.
- X Ignore donor expense restrictions.
- X Forget about safety—a safe for every office, precautions for staff carrying cash to/in the field, etc.

Donor financial reporting and budget control

- X Add donor codes to transaction records later instead of at the time. Reprocessing makes donor reporting slower and more expensive.
- X Wait till the end of the month to review accounting records. This will not give you enough time to do it properly.
- X Check for mistakes in meeting donor requirements only after the expenses have been committed or paid.
- X Delay correcting cost allocations for direct and shared costs.

Budget development tips

Budget development is a team process

No one person in a CO knows (or should be expected to know) everything about project costing and budgeting. The team as a whole needs the skills and experience to develop and manage budgets successfully.

Don't make up your own budget systems and formats

If the donor does not provide a budget format, use CARE's.



Prepare all budgets in CARE's chart of accounts first, and then transfer them to donor formats.

Record and report gaps

Highlight any gaps (or surpluses) resulting from donor restrictions being applied to project budgets. Note how you can correct these (e.g. by adding a different fund code).

Consider how much detail to provide

Usually the budget will be more flexible if the version you send to the donor has fewer line items and broader descriptions. Keep a more detailed working budget in the working files. In other words, prepare the budget with as much detail as you need, then simplify it for the donor.

Make project cost allocations flexible

For projects funded by a number of donors, allocate donor contributions by percentage of the total project budget if possible. If this isn't possible, put a single donor against each line item for each activity rather than split them between donors. If many donors are contributing to one overall budget (e.g. pooled funds), inform the donor that their funds will contribute to a share of the project budget.

Make cost projections flexible

Allow for price increases in fuel, labour and other major costs.

Prepare the budget in US dollars

Then convert amounts to local and/or donor currencies.

See also

Finance chapter in the CET.



3.37 Logistics


For help, email emergencylogistics@careinternational.org

In the humanitarian context, logistics refers to the processes and systems involved in mobilizing people and resources to deliver assistance—to the right place, at the right time, in good condition and in the quantities requested.


There is no standard model for logistics operations. But it is essential to 'get it right' in the early stages of an emergency response to avoid problems later on.

DO

Assessment and planning


- ✓ Include logistics in the first rapid assessment. Develop a logistics plan based on that assessment. 4.10 p. 207 
- ✓ Set up logistics systems quickly and adapt them as needed during the response.
- ✓ Participate in the logistics cluster. Find out what systems and resources are available (free transport options, storage facilities etc.).

Transport

- ✓ Find out what supplies and people need to be moved, and where.
- ✓ Find suitable transport options. Work out routes, find out legal/permit requirements (for crossing borders) and plan schedules.
- ✓ Arrange contracts with transport providers. This should include insurance terms.
- ✓ Include 'Incoterms' for international transport during the purchasing and supply stage and follow customs procedures. 3.39 p. 161 
- ✓ Check that all necessary transport documents are being used. This includes waybills, store release forms and reception slips.
- ✓ Put appropriate controls in place for sending and receiving supplies.

Storage

- ✓ Decide how much stock you will need to store. This depends on:
 - ▮ estimated monthly consumption of items
 - ▮ frequency of orders to replenish stock


- ▮ standard delivery time for orders
- ▮ amount of back-up stock to keep.
- ✓ Set up good stock management systems. This includes piling and stacking practices and a system for stock coming in and going out.
- ✓ Find a warehouse with enough space and which meets the following criteria:
 - ▮ Easy access for cars and trucks in all weathers.
 - ▮ Adequate facilities—office space for the storekeeper, garbage disposal, lighting inside and outside, fencing and facilities for security staff.
 - ▮ Good location, in an area that is as safe as possible, with good access to ports, airports, main roads etc.
 - ▮ Dry, well-ventilated, well-maintained structure.
 - ▮ Fridges, room temperature etc. that meet the requirements to store drugs and other pharmaceutical items.
- ✓ If you can't find a suitable warehouse, consider other solutions, e.g. Rubb halls.
- ✓ Consider sharing warehouse space with other NGOs to save on costs. You will need adequate separate security and record-keeping for CARE stock if you do this.
- ✓ Supply pallets, scales, fumigation equipment, fire extinguishers, cleaning supplies etc.
- ✓ Staff the warehouse adequately.
- ✓ Make sure the storekeeper inspects goods on delivery.
- ✓ Put safety measures in place to protect the warehouse and stocks.
- ✓ Meet minimum standards for warehouse inventory management. 
- ✓ Make sure food storage complies with a food safety checklist—e.g. don't store food with non-food items that may contaminate it.

X DON'T

- X Underestimate the importance of getting procedures right from the start. Early mistakes can cause long-term damage to programmes.
- X Import when you could buy equivalent supplies locally.

Logistics activities by programme phase

	Assessment	Start-up	Implementation	Closing
Tracking assets	Identify assets available.	Set up databases. Register assets as they arrive. Track asset movements.	Track asset movements.	Plan for disposal of assets. Follow donor and CARE policies on this.
Warehouse and inventory management	Determine needs. Identify facilities and services available. Identify possible new sites. Provide budget estimates.	Select sites. Negotiate contracts. Carry out essential works. Get handling and storage supplies. Set control and reporting procedures. Set stock-keeping recording process and codes.	Maintain buildings. Deal with any problems under contract terms. Follow control and reporting procedures. Report any oversupplies to users. Regularly review and audit stock. Prepare and approve physical count reports properly.	Plan for disposal of items in storage. Follow donor and CARE policies on this. Give notice under contract terms. Do exit inspection with owner. Make repairs as needed for release.
Transport and distribution	Determine needs. Identify resources available. Identify any constraints on transport use. Develop distribution plan. Provide budget estimates.	Identify transporters and evaluate their capacity. Identify potential distribution partners. Start transport and distribution activities. Set up control and documentation procedures.	Monitor performance of transporters and distribution partners Follow control and documentation procedures.	Give notice and make final payments under contract terms. Let transporters know project is over.

	Assessment	Start-up	Implementation	Closing
Purchasing and supply 3.39 p. 161 	Identify local suppliers and assess their capability. Check import procedures. Develop purchasing plan identifying supply needs and system.	Set up order management system. Train relevant staff to use it. Make purchases.	Follow systems and donor guidelines. Monitor performance of vendors and systems. Deal with any problems.	Close all orders and pay suppliers. File records for possible audit or evaluation.
Vehicle management	Determine needs. Identify existing and locally available vehicles. Decide whether to hire or buy. Provide budget estimates.	Hire or buy vehicles. Set up maintenance systems. Set up usage and fuel monitoring systems.	Follow systems. Monitor vehicle use (mileage, fuel, and repair). Check anything unusual e.g. unexpected fuel consumption.	Dispose of or reallocate vehicles. Follow CARE and donor policies on this. End rental contracts and make final payments under contract terms.
Reporting	Set performance measures. Contribute to proposal process.	Keep customers informed about their orders. Provide actual costs to budget holders.	Follow reporting processes and update if needed.	Provide final logistics report. Contribute to final reports on donor compliance.

See also

Full set of tools and formats in logistics section in the CET.




3.38 Distribution

For help, email emergencyfoodsecurity@careinternational.org

Distribution is the process of delivering relief items (food, non-food relief items and cash) to communities. CARE's distributions should be safe, fair, accountable and effective. Community members, especially women, should be closely involved at all stages—from planning to post-distribution monitoring.

DO

- ✓ Make sure you have enough staff for all activities, including distribution management and stock management.
- ✓ Inform all staff and community members involved in distributions about measures to prevent and respond to sexual exploitation and abuse.
- ✓ Always involve local community leaders. This is important for transparency, to resolve problems and to prevent claims of unfairness.
- ✓ Include women in community distribution committees and in managing the distribution.
- ✓ Consult the community about the need for and suitability of items to be distributed.
- ✓ Put a complaints mechanism in place. [4.5 p. 192](#) 
- ✓ Decide on the most effective distribution system—e.g. direct to households or individuals; or through special committees, local government or traditional leaders.
- ✓ Decide how often to hold distributions and how many distribution points you need. Select suitable sites.
- ✓ Make a written distribution plan. Include supply chain and logistics.
- ✓ Work out a strategy to identify eligible recipients.
- ✓ As soon as possible, run a recipient registration exercise. This includes making a master recipient list and issuing ration cards (or numbered tickets if you don't yet have ration cards).
- ✓ If registration is not possible, use the best estimates you can to calculate population numbers and distribute bulk rations.
- ✓ Consider different types of family groupings in registrations and calculating rations.

- ✓ Have inventory control and site storage accounting procedures for all items at all stages in the supply chain, including at distribution points.
- ✓ Let the whole community know in advance when distributions will happen, how they work, who is eligible and what they are entitled to. Make sure this information reaches women and vulnerable groups. Make it clear to everyone, including illiterate people.
- ✓ Follow the step-by-step instructions for running a distribution. This includes verifying recipients and items/amounts received. [4.21 p. 231](#)
- ✓ Where possible, make the process easier by pre-packing items into kits.
- ✓ Prepare a distribution site report every month for each project number.
- ✓ Monitor the distribution process properly. [4.22 & 4.23 pp. 234 & 236](#)

X DON'T

- X Neglect gender analysis. The distribution process can make people vulnerable, especially to SGBV, exploitation and abuse.
- X Forget to provide shelter, access to drinking water and toilets for people who have to queue for a long time in difficult conditions. You must also provide help for people who are unwell, have a disability or cannot come to the distribution.
- X Underestimate the need for crowd control.
- X Forget to consider how people will carry their rations home. People may lose much of their ration if they have to pay to get it home.
- X Fail to plan for loading and unloading trucks. This may include paying these workers on the spot.
- X Forget to provide a way to clearly identify staff during the distribution.

TOOLS



Complaints mechanism [4.5 p. 192](#)

Instructions for running a distribution [4.21 p. 231](#)

Distribution process monitoring checklist [4.22 p. 234](#)

Post-distribution monitoring checklist [4.23 p. 236](#)

See also

Full set of tools and formats in the CET.



3.39 Procurement

For help, email emergencylogistics@careinternational.org



The procurement unit is responsible for getting the right amounts of the right products at the right place and time. In emergencies the right time is usually as quickly as possible. Procurement is absolutely vital to the whole emergency response. If it is slow or ineffective it can prevent CARE from achieving its mission of assisting disaster-affected people. As funds to buy supplies come from donors, even rapid procurement must be accountable and comply with audit standards and donor guidelines.



First steps


- ✓ Increase procurement staffing capacity to meet emergency demands. Train new staff.
- ✓ Where CARE does not have an office in the country, make sure the assessment adequately covers procurement. Recruit and train staff and get systems in place as soon as possible.
- ✓ Comply with all donor requirements and obtain any necessary waivers.
- ✓ Start using simplified, well-documented emergency procedures to speed up procurement.
- ✓ Coordinate closely with the programme, logistics, finance and administration units.

Planning

- ✓ Identify procurement needs from the assessment process and response plans. Prepare a procurement plan that guards against any interruptions to supplies.  3.25 p. 124
- ✓ Check all donor requirements.
- ✓ Get the emergency team to list the items and services they need as quickly possible. This includes both relief for beneficiaries and support for the team—e.g. for logistics, security, telecommunications and IT.
- ✓ Confirm product specifications with requesting staff and technical specialists. They must meet Sphere and other technical standards. 
- ✓ Estimate the volume/quantity of all items to be procured.

- ✓ Work with the logistics unit to assess transport and delivery needs. Find out or estimate:
 - ▮ how many places need deliveries—field offices, distribution centres etc.
 - ▮ the distances from the warehouse to these delivery sites
 - ▮ how long light vehicles and trucks will take to do the round trip.
- ✓ Start any tender processes as soon as possible. You can do this while waiting for the donor contract to be signed.

Sourcing and buying supplies

- ✓ Do a market survey for relief items. Check pricing and availability with partner agencies.
- ✓ Identify sources from local, national and international markets and choose the source that can deliver the best outcome considering timing, quality and price.
- ✓ Consider the potential for positive and negative impacts on local markets.
- ✓ Use streamlined processes to choose and screen vendors.
- ✓ Manage contracts to meet accountability standards and avoid liabilities.
- ✓ Properly inspect and record goods received. 
- ✓ Clearly document all steps in the procurement process. Use the correct forms and file them for auditing.
- ✓ Provide regular procurement status reports to the emergency team.

Importing

- ✓ Get a duty-free clearance authorization from the government if possible.
- ✓ Check whether items being imported will incur customs duty, tax or other levies. If they will, check whether:
 - ▮ there are specific rates for specific items
 - ▮ you can get a temporary waiver or special provision for importing emergency relief items
 - ▮ the donor will accept these charges or provide a waiver.
- ✓ Consider delays for customs clearance and any approvals needed for restricted items, e.g. satphones and HF/VHF radios. These items may be impounded or incur heavy penalties if this step is not cleared.
- ✓ If the CO does not have enough expertise to deal with import clearances, arrange for a competent clearing and forwarding agent to handle this.

- ✓ Arrange transport from the entry point to the final destination.
- ✓ Consider whether items need to be stored. If so, budget for storage costs.

X DON'T

- X Keep using regular CO procurement procedures that cannot deal with urgent demands.
- X Sign contracts in a new country without having a local lawyer check that they comply with local legal requirements.
- X Choose items on price only without considering quality.

Tips for streamlining procedures

Before starting simplified emergency procedures

- ▶ Check donor requirements and restrictions for specific projects.
- ▶ Get written authorization from the CD and/or senior management team for any changes to speed up procurement.
- ▶ Clearly record and keep on file (with written authorization) what the changes are and what and how long they are valid for.
- ▶ Inform all procurement staff. Be clear that these changes are temporary.
- ▶ Set up a review process to decide when to end or extend emergency procedures. Recommended times are 30 days for type 1 emergencies, 60 days for type 2 and 90 days for type 3 or 4.

Recommended changes to streamline procurement

- ▶ Increase limits for approval and authorization of purchases.
- ▶ Increase cheque signatory limits.
- ▶ Suspend the requirement for multiple quotes (where the donor allows).
- ▶ Suspend sealed and public bidding procedures.
- ▶ Enable larger-scale procurement at field level.
- ▶ Immediately process payments to vendors so as not to delay delivery.
- ▶ Relax check-run dates for emergency purchases to help with immediate payments.

See also

Procurement section in the CET.



3.40 Administration

For help, email emergencylogistics@careinternational.org

The administration unit provides the basic conditions that enable the emergency team to do its work. It also helps manage assets and comply with legal and donor requirements.

DO

- ✓ Check CARE's authorization to operate in the emergency area. Start any formal registration process as soon as possible.
- ✓ Coordinate all travel arrangements for emergency staff. This includes flights, visas, vaccinations, airport pick-ups, briefing and travel within the country.
- ✓ Assign a point person to facilitate travel and provide information to incoming staff and visitors.
- ✓ Manage property and equipment. This includes:
 - | managing inventory
 - | controlling issuing, storing and transferring equipment
 - | ensuring regular maintenance and servicing
 - | insuring all valuable property
 - | disposing of property under CARE and donor policies.
- ✓ Organize office accommodation and equipment and supplies.
- ✓ Put office systems in place for correspondence and filing, including visitors' documentation and arrangements.
- ✓ Manage temporary staff accommodation selection, allocation, provisions, maintenance, etc. and make sure it is culturally appropriate and provides an acceptable standard of living.
- ✓ Set up vehicle and fuel management systems for safe use and clear tracking.
- ✓ Review and simplify procedures as much as possible to avoid delays in implementation.
- ✓ Update the CO safety and security briefing and ensure all incoming staff and visitors are properly briefed on the current situation.
- ✓ Review the CO travel advance policy and ensure that it is still appropriate. Any changes needed must be discussed with Finance and approved by the CD.

X DON'T

- X** Forget that poor administration and logistical support cause stress and inefficiency for everyone.
- X** Fail to manage assets properly. Equipment is easily lost in emergencies.
- X** Fail to keep files secure (or destroy them if necessary).

3. 41 Telecommunications and information technology


For help, email emergencylogistics@careinternational.org

Telecoms and IT systems provide safe and effective communications during an emergency. When local communications networks are disrupted, emergency telecoms and IT systems and equipment are needed to help keep staff safe and keep programmes going.

✓ DO

- ✓** Contact your IT and communications support, allowing as much notice as possible to ensure they are able to provide appropriate support.

Assessment

- ✓** Assess the impact of the emergency on telecoms and IT infrastructure.
- ✓** Make sure assessment teams have adequate telecoms and IT capacity. Check that all team members have the equipment and training they need.
- ✓** Have back-up communications systems in place for all staff. 
- ✓** Make sure staff understand and follow basic communications protocols.
- ✓** Talk to other agencies about the systems and resources they use.
- ✓** Find out about relevant government regulations, particularly regarding satphones and radios.
- ✓** Work out what equipment the CO needs—mobile phones, radio, satphones, internet access, computer hardware and software, power supply systems etc.
- ✓** Check what equipment the CO already has and what it can rapidly procure.
- ✓** Make sure new equipment works with the equipment you already have.

Planning and implementation

- ✓ Based on the assessment, develop a telecoms and IT plan. Include back-up options.
- ✓ Ensure that the plan meets organizational standards and can be supported.
- ✓ Ensure recommended solutions can be supported in remote locations.
- ✓ Review technical specifications with your IT support to ensure they meet CARE standards.
- ✓ Check what funds are available for telecoms and IT procurement.
- ✓ Inform proposal and budget writers of your requirements.
- ✓ Send purchase requests to procurement. Include precise technical specifications.
- ✓ Make sure the procurement unit deals with telecoms as a high priority.
- ✓ Provide staff with new equipment and training.
- ✓ Follow communications protocols.
- ✓ Make sure power supply systems are safe and effective. You will need back-up options.

Support and maintenance

- ✓ Identify who will support the different IT and communications components.
- ✓ Make sure you have enough equipment for new staff.
- ✓ Use an inventory system to keep track of assets.
- ✓ Manage risk by regularly backing up data.
- ✓ Keep all antivirus software up to date.
- ✓ Keep software patches up to date.

X DON'T

- X Assume staff know how to operate equipment. Provide training.
- X Send staff into the field without primary and secondary options for communicating.
- X Import new equipment without checking local regulations.
- X Try to cut costs by buying low-quality equipment.

See also

Telecommunications and computing systems sections in the CET.



4 Tools and formats

POLICY AND MANAGEMENT	169
4.1 CARE emergency alert format	169
4.2 Country Office rapid capacity assessment questionnaire	172
4.3 Emergency situation report format	180
4.4 Humanitarian Accountability Framework benchmarks	185
4.5 Complaints mechanism procedure	192
4.6 Gender action plan—user guide	193
4.7 Gender analysis tools	196
4.8 Gender marker tools	200
4.9 Gender-based violence tools	206
PROGRAMME MANAGEMENT	207
4.10 Assessment planning checklists	207
4.11 Assessment report format	210
4.12 Emergency response strategy format	212
4.13 Operational plan format	215
4.14 CARE International Emergency Response Fund quick reference guide	217
4.15 CARE International Emergency Response Fund application checklist	219

4.16 Generic proposal format	220
4.17 Partner capacity assessment guide	221

OPERATIONS MANAGEMENT **2 2 6**

4.18 Rapid recruitment checklist (national staff)	226
4.19 Rapid recruitment checklist (international staff)	228
4.20 Orientation checklist for emergency staff	229
4.21 Instructions for running a distribution	231
4.22 Distribution monitoring checklist	234
4.23 Post-distribution monitoring checklist	236
4.24 Checklists for cash transfer programmes	237
4.25 Record of emergency data	239
4.26 Constant companion format	242
4.27 Incident report checklist	243
4.28 Short safety and security plan format for emergencies	244

REFERENCES **2 4 9**

4.29 Examples of quantitative indicators	249
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For a comprehensive collection of tools and formats, visit
www.careemergencytoolkit.org



4.1 CARE emergency alert format

Please send to:

- ▶ CARE Emergency Group
CI-CEG@careinternational.org
- ▶ Emergency Monitors team
emergencymonitors@careinternational.org
- ▶ Lead Member line manager
- ▶ Lead Member emergency director.

Fill in and send this form as soon as you know an emergency has started or is about to start. Give as much information as you can. Attach any assessment reports you have from other agencies (e.g. UNOCHA). CEG will contact you as soon as possible after they get the alert. For immediate help, contact either:

- ▶ CEG HEO emergencyoperations@careinternational.org
Mobile: +41-79-623-79-52
- ▶ CEG HD emergencydirector@careinternational.org
Mobile: +41-79-622-56-19

Country:
Name of the emergency:
Date:
Time:
Likely emergency type (1, 2 or 3):

1. What happened and when?

2. Where is the emergency?

How large is (are) the affected area(s)?

How difficult is it to get to the area?

Does CARE already have people there?

If not, how close is the nearest CARE team?

Are there regional or cross-border impacts?

Attach a map if possible.

3. How much damage is there?

Number (or estimated number) of people killed, injured, displaced etc., amount of physical damage, total population of the affected area and source of the information. Please provide the sex- and age-disaggregated data (SADD) if available.

4. Where are the most affected population groups, disaggregated by sex and age if possible? What condition are they likely to be in?

5. What are the immediate main needs of those affected right now? Is there any special vulnerability? Who is vulnerable and why?

6. What is the government doing?

7. What are the UN and INGOs doing?

8. Which international agency/agencies is/are coordinating the response? Is there any interagency gender forum?

9. Are all CARE staff safe? How has the emergency affected them?

10. What is the CO's capacity to respond?

How has the emergency affected the CO's ability to respond? When, where and how is the CO able to respond? Please share the capacity assessment form. **Note: Check the CO's EPP and update the capacity assessment if required.**

11. Is this emergency one of the scenarios in your EPP? Which sectors are included and are these still relevant?

12. What help does the CO need right now?

Funding (include CI ERF request), staffing, supplies etc. Please refer to the Emergency Toolkit and/or contact your regional emergency coordinator for

support. **Note: State any likely problems with getting people and supplies into the country (e.g. visa and import restrictions).**

13. Please explain the security situation, noting any particular issues that CARE needs to consider.

14. Are there any possible donors?

Which possible donors has the CO talked to about this emergency? Are they interested in funding or working with CARE?

15. Which media reporters are in the area or have contacted the CO?

16. What is the CO doing now? What will it do next? What other actions are recommended?

17. CO contact details

Position	Name	Mobile	Landline	E-mail address(es)
CD				
ACD P				
ACD PS				
Emergency Coordinator				
Media/Communications				
Security				
Other				

If communication is difficult please add your satphone number.

4.2 Country Office rapid capacity assessment questionnaire

This questionnaire is to help a CO determine where it has strengths and gaps in staffing, skills and systems for an emergency response. It defines four levels of capacity, and for each one describes the outcomes that a CO with strong capacity in that area could achieve. The CO can then assess its abilities to achieve those outcomes.

You should review the questionnaire as part of the annual emergency preparedness planning process. This allows COs to identify in advance weaknesses that may affect their ability to respond in an emergency and plan accordingly. It also means that the assessment only requires review and updating in the aftermath of a disaster.

The questionnaire is an important means of communication with Lead Members and others about the strengths of a CO and what support is required. It can, for example, feed into sitreps to highlight staffing needs. When staffing and skills gaps are identified, the CO can request specialized staff deployments to address these gaps. Immediately after a large disaster, the questionnaire will help to identify the top priorities for recruitment and deployment. Additionally, it is compulsory for accessing ERF support.

The questionnaire is structured so that capacity to respond can be assessed for both type 1 and type 2 emergencies (2.7, p. 39). Whether you're using the tool just after an emergency has struck, or for preparedness, it will be difficult to know what size of response will be required. Thinking about the definitions of a type 1 and a type 2 emergency can help you gauge how much work might be involved—but remember that emergency responses often create even more work than you might think. In a type 4 emergency, a CO will almost always need support in a particular area, but completing the questionnaire will help identify relative strengths and priority areas.

Definition of capacity levels

There are four levels of capacity.

Level 4—Outstanding competence and capacity

The CO is easily able to achieve the programme and operational outcomes described. It has more than enough capacity to respond. It can consistently perform tasks at the required level and maintain its capability in the field.

Level 3—Strong competence and capacity

The CO can achieve all the required programme and operational outcomes described. It has enough capacity to respond. Some areas need some minor support, but this could be delivered remotely. It needs more support (mentoring, coaching, formal training, monitoring and evaluation) to keep the team's skills up to standard. Some systems and procedures may need to be revised, but the CO has the knowledge, skills and staff numbers to do this.

Level 2—Moderate competence and capacity

The CO is competent in some respects but not at the required level in others. It can meet some of the outcomes described but probably not all of them. Not all parts of the team are equally competent. It is not able to respond without overwhelming some team members or dropping some priorities.

Level 1—Low competence and capacity


The CO may not be able to meet several of the outcomes for the area of capacity. It has gaps in competence in several areas and/or is not able to respond.

These judgements may be a bit subjective. However, when considering staff knowledge and skills, look at the CARE Emergency Toolkit section on human resources. This contains sample terms of reference for staff with various specialities on the CARE Roster for Emergency Deployment. Do staff have skills equivalent to these? You will also need to consider the number of staff available. They may have great skills, but one person can only do so much work.

The CET also contains information about what is needed in all the areas of capacity (e.g. information management) during an emergency. Think about whether the CO can achieve this.

Completing the questionnaire

Please answer all questions (write N/A if the question is not relevant).

Return the completed questionnaire to the Lead Member (line manager, RMU and emergency director) and CEG within two days of the emergency alert. This should be before the first CCG call if possible. **2.5 p. 30** 

You should complete the questionnaire during an EPP workshop, and at regular intervals after a response has begun, if needed.

To complete the questionnaire, you should review the definitions of type 1 and 2 emergencies. For each line in the table, look at the descriptions of what a CO would be able to do if it had strong capacity in this area, and decide how well the

CO you're assessing could do these things in a type 1 and a type 2 emergency. Write the level of capacity (see definitions above) in the appropriate column and make any notes that you think are relevant.

Country Office: _____ **Date:** _____

Emergency name and type _____

Your name: _____

Area of capacity	Capacity level (1, 2, 3, 4)		Comments, gaps, needs
	Type 1	Type 2	
1. Preparedness: The CO has an emergency preparedness plan, updated within the last year, based on a thorough risk and CO capacity analysis			
2. Assessment: The CO can produce quick, high-quality, participatory and gender-balanced emergency assessments. It has access to both suitable staff and tools for conducting emergency assessments. The CO has links to coordination mechanisms that allow it to become involved in joint needs assessments.			
3. Response strategy: The CO can develop immediate emergency response strategies and plans based on CI priority response sectors.			
4. Programme implementation and management: The CO is able to complete the proposed programme activities on time, on budget and to the required quality standards.			
5. Core sectors—give separate responses for each sector: (NB—this section is to determine which sectors the CO has existing expertise in, not to say that it is compulsory to have expertise in all sectors.) WASH: The CO has sufficient numbers of trained staff to carry out the emergency response. These staff have experience with emergency operations in this sector. Shelter: The CO has sufficient numbers of trained staff to carry out the emergency response. These staff have experience with emergency operations in this sector.			

Area of capacity	Capacity level (1, 2, 3, 4)		Comments, gaps, needs
	Type 1	Type 2	
<p>Food security: The CO has sufficient numbers of trained staff to carry out the emergency response. These staff have experience with emergency operations in this sector.</p> <p>Sexual and reproductive health: The CO has sufficient numbers of trained staff to carry out the emergency response. These staff have experience with emergency operations in this sector.</p>			
<p>6. Coordination: The CO has skilled staff with time to participate in coordination mechanisms with local authorities, the UN, donors and other agencies</p>			
<p>7. Prevention of and response to sexual exploitation and abuse: Staff members are aware of the PSEA policy. Systems exist to respond to claims of SEA. Staff members sign a code of conduct upon recruitment that includes a section on PSEA, and this is covered in their orientation. Information on reporting mechanisms for claims of SEA is available in the CO and field offices.</p>			
<p>8. Humanitarian accountability: The CO is able to ensure programme quality and accountability. Senior management in the CO are aware of the obligations of the CO under the CARE Humanitarian Accountability Framework. The CO has sufficient staff with the knowledge of how to adapt accountability systems and implement them in emergency operations. Suggested accountability systems are appropriate for rapidly changing emergency conditions.</p>			
<p>9. Gender: The CO can develop and implement gender equality programming in emergencies. It can carry out appropriate gender analyses of a situation as required. It is able to create gender-balanced teams for assessment, implementation, monitoring and evaluation as required. The CO is able to draw up and implement a suitable gender action plan.</p>			

Area of capacity	Capacity level (1, 2, 3, 4)		Comments, gaps, needs
	Type 1	Type 2	
10. Advocacy: The CO has the skills and experience it needs to: analyse policy (including specific humanitarian policy); assess advocacy risks; develop suitable policy and advocacy positions and materials; develop necessary strategic alliances			
11. Monitoring and evaluation: The CO can put in place M&E systems suitable for emergency responses. The CO has specialist skills in M&E where required (e.g. remote monitoring, or particular donor requirements such as Household Economy Assessment).			
12. Project development and proposal writing: The CO is able to produce multiple high-quality project proposals for humanitarian funding streams as needed. The CO is able to prepare proposals which achieve a 2a or 2b gender marker rating.			
13. Funding and fundraising: The CO has some funding available for immediate relief supplies. Senior staff know how to access the CARE ERF. The CO is able to work with donors in country to raise or reallocate sufficient funds for the response (in collaboration with CI Members).			
14. Information management: The CO is able to produce multiple high-quality reports for humanitarian donors as needed. The CO's systems for information management can manage multiple requests for programme and programme support information from CI Members per day. The CO can promptly deliver high-quality programme reports, sitreps, and other information required to CI Members, donors and other stakeholders.			
15. Media and communications: The CO is able to provide: high-quality photos; press statements; responses to requests for interviews and information; human interest stories. State the languages these can be provided in.			

Area of capacity	Capacity level (1, 2, 3, 4)		Comments, gaps, needs
	Type 1	Type 2	
16. Transition and recovery: The CO is able to plan for transition and recovery adequately alongside emergency operation planning.			
17. Systems: The CO has set emergency procedures on procurement, HR management (including recruitment and stress management) and finance to apply in an emergency. The CO is able to quickly adapt other systems, policies and procedures to the emergency context.			
18. Safety and security: The CO has a safety and security plan. The plan is used and staff are aware of it. The CO has an updated risk assessment, including measures to mitigate identified risk. A security focal point exists and understands the responsibilities of that position. Standard operating procedures have been reviewed and are appropriate for the emergency situation. The CO can ensure that the risks to CARE staff and assets are acceptable.			
19. Staff well-being and support: HR policies and procedures take sufficient account of the particular needs of emergency staff (focal point, R&R etc.). The CO can quickly review and adapt existing procedures to meet the needs of an emergency response.			
20. HR recruitment and management: The CO can hire and orient sufficient numbers of staff in a short period of time. It is able to provide suitable orientation to all newly hired staff. The required number of staff in programme support functions is understood by the CO. Managers (including new managers) know their responsibilities as a manager and are able to cope with a team of the size planned for them. Systems are in place to move staff from ongoing projects to work on the emergency if required.			

Area of capacity	Capacity level (1, 2, 3, 4)		Comments, gaps, needs
	Type 1	Type 2	
21. Financial and contract management: The CO has the compliance systems it needs to be financially accountable in managing emergency contracts. It is able to manage a large increase in budget and in the quantity and urgency of finance work. It is able to handle large payments/cash provision in a timely manner.			
22. Logistics: The CO has access to emergency stockpiles. It has appropriate systems for procurement, transport, storage, distribution and reporting and these can handle a large volume of additional goods, relief items and assets moving through them. It has trained staff who can move quickly and effectively into managing emergency logistics. Programme staff understand the role of the logistics function and the demands upon it in an emergency response.			
23. Procurement: Systems for procurement are in place in the CO and widely understood. The system is adjusted to permit the rapid, efficient and transparent purchase of needed supplies and services. The CO has experience of international tenders and procurement. Emergency procurement procedures are in place and ready to be activated.			
24. Administrative support: The CO has enough administrative support for its emergency programme. It has staff to ensure the management of offices, transport, accommodation, visas, and required permits. There is sufficient office space for those working on the emergency response. Suitable accommodation can be provided to staff that require it.			

Area of capacity	Capacity level (1, 2, 3, 4)		Comments, gaps, needs
	Type 1	Type 2	
<p>25. Telecommunications: The CO has the equipment, staff, technical skills and funds to ensure effective voice and data communications. If the emergency is in a place where the CO does not normally work, the CO can quickly expand its systems into that area. The CO is aware of any government or technical restrictions on the types of communications technology that can be used in different areas, and can implement alternatives.</p>			
<p>26. IT: The CO has sufficient computers, laptops, printers, hubs, routers etc. for the emergency operations. The CO has sufficient server capacity. Existing networks are able to accommodate numerous new devices, and networks in new locations can be set up quickly. There are staff who can provide guidance on IT equipment and procedures, and undertake basic support.</p>			

Please attach an organizational chart showing the CO's normal staffing structure and the proposed emergency staffing structure.

You need an emergency coordinator (separate from the CD), information manager, media focal point, proposal writer, logistics specialist, HR manager and finance manager—and likely others too. If you don't have anyone for these jobs, discuss with CEG how to bring in extra people as soon as possible.

4.3 Emergency situation report format

THIS DOCUMENT IS FOR INTERNAL USE ONLY.

Please send to:

CARE Emergency Group (CEG) CI-CEG@careinternational.org
Lead Member emergency director
Regional director (if applicable).

You may use general information in this document, but not the document itself, externally at your discretion.

If in doubt about the sensitivity of the information, please contact emergencycommunications@careinternational.org.

Note

The Country Office must approve all public messages (media and advocacy).

Country name		Date	
Emergency name		Sitrep number	
Prepared by (email address)		Type (1, 2, 3, or 4)	
Access the CARE International Workspace and Key Documents on Minerva			

1. Situation summary

Briefly describe the emergency context and important events/issues since the last sitrep e.g. security, changes in humanitarian situation, focus on gender programming, etc. If available, attach UNOCHA sitrep or insert an internet link to it.

2. Population data

In the table below, estimate the number of people affected.

2. Population data (from UNOCHA, government or other relevant sources)		
	Sex- and age-disaggregated data	Source of information
Total number of people affected		
Number of dead		
Number of injured		

3. Provide an overview of:

- ▶ humanitarian needs, highlighting gender-specific needs
- ▶ response by the humanitarian community and government
- ▶ any gaps between needs and response.

4. CARE's emergency response

Complete the following four sub-sections.

4.1 Summary of CARE's Emergency Response Strategy.

Note: CARE aims to meet the needs of 15% of the affected population in at least one of our core sectors in type 1 and 2 disasters and 5% in a mega-emergency as per the Humanitarian & Emergency Strategy 2013–2015.

Sector	Location	Key activities	Partners	Target beneficiaries
Total target beneficiaries				

4.2 Describe what has been accomplished to date against the set objectives and response plan.

Please specify compliance with accountability standards (e.g., CARE's Humanitarian Accountability Framework, Sphere standards, and IASC gender and SGBV guidelines) and indicate mitigation mechanisms if remote monitoring is being used.

Sector	Key activities	Output to date	Key issues/Challenges
Total beneficiaries reached			

Describe briefly what has been accomplished to date against the gender action plan.

4.3 New activities by sector since last sitrep

For example, joint assessments, projects launched, relief distributed partnership negotiations etc.

4.4 Sex- and age-disaggregated data (SADD) of CARE's beneficiaries:

In the table below, give cumulative numbers of direct beneficiaries. Try to avoid counting people twice. If you only know how many households CARE has reached, indicate (below the table) the average number of people per household. If possible, give number of indirect beneficiaries. These are people who have not had direct help from CARE but could benefit from the response.

Direct beneficiaries by sector	Children under 5 years	Children 6–18 years	Women	Men	Total individuals	Total households*	Target beneficiaries by sector	% of target achieved by sector
Total number of beneficiaries/households.								
Please ensure no double counting								
Indirect beneficiaries/households								
(*) Specify average number of people living in a household								

4.5 Fundraising information

If applicable, specify 'dollar handles'—i.e. cost in US dollars of relief items (e.g. hygiene kits = US\$10 per kit) provided to each individual.

Items	Unit cost in US\$	15% distribution/administration cost	Notes

5. Coordination

Please provide update on CARE's involvement in the humanitarian coordination mechanism including the gender forum. Please share issues/challenges and successes (e.g. UN cluster set-up) and please comment on inclusion of gender in coordination mechanisms.

6. Safety and security

Please provide update on staff safety and security issues/incidents relevant to CARE's operation since last sitrep. Include: possible risks/threats; access to affected areas.

7. Advocacy

Please provide update on advocacy messages and any key meetings attended since the last sitrep

8. Funding

Please complete the table below and, as required, also attach a funding matrix

As per the relevant emergency response strategy	(a) Funding target	(b) Funding confirmed	(c) Funding in pipeline (not confirmed)	Funding gap: (a) minus (b)
Phase 1 (months 1–3)				
Phase 2 (months 4–12)				
Phase 3 (years 2–3)				
Total				

8.1 List of proposals developed and/or donors you are in contact with:

9. Human resources support required

Indicate international staff needs for which you require CI-wide support to help fill. Add rows as needed. For type 2 or larger, please attach a staffing matrix.

Position	Duration	Date of request	Required by what date	Funding confirmed (yes or no)

10. Current visitors

Please list all short-term CARE visitors.

Name	Position	Purpose of visit	Dates of visit

11. Other

List any relevant issues/concerns not covered above e.g., extra support needed from fundraising, logistics, CI ERF—also any other key issues to stress, sensitivities, gender, psychosocial, staff well-being etc.

12. Contact information

Add lines for other contacts as needed (e.g. cluster focal points). Please do not delete lines—write 'NA' if the position does not exist or is vacant.

Position	Name	Mobile	Landline	Email address(es)
CD				
ACD P				
ACD PS				
Financial coordinator				
Emergency coordinator				
Gender focal point				
Information management				
Media/ Communications				
Proposal writing				
Q&A focal point				
M&E focal point				
Human resources				
Security				
Logistics focal point				
Food security focal point				
Shelter/NFI focal point				
WASH focal point				

Position	Name	Mobile	Landline	Email address(es)
Sexual and reproductive health focal point				
Psychosocial focal point				
Advocacy focal point				
Other				

See the CET for the most up-to-date version of the form



4.4 Humanitarian Accountability Framework benchmarks

For the full Humanitarian Accountability Framework see Chapter 6 of the CET.



CARE International's Humanitarian Mandate is to meet the immediate needs of disaster-affected populations in the poorest communities in the world in a way that also addresses the underlying causes of people's vulnerability. Our mandate calls on CARE staff to demonstrate the highest standards of quality and accountability.

This Humanitarian Accountability Framework (HAF) is a statement of CARE's commitment to accountability at all stages of emergency preparedness and response.

CARE defines accountability as the means by which we fulfil our responsibilities to our stakeholders and the ways in which they may hold us to account for our decisions, actions and impacts. We commit to hold ourselves accountable to all of our stakeholders, but first and foremost we hold ourselves accountable to disaster-affected women, men, boys and girls.

Our framework draws together the existing internal and interagency standards and codes for humanitarian quality and accountability that CARE has committed to. This includes:

- ▶ CARE International's Program Framework
- ▶ CARE International's Humanitarian Mandate
- ▶ the Code of Conduct for the International Red Cross and Red Crescent movements and NGOs in Disaster Relief (RCRC Code of Conduct)
- ▶ the Sphere Humanitarian Charter and Minimum Standards for Disaster Relief

- ▶ the Humanitarian Accountability Partnership (HAP) Standards
- ▶ *The Good Enough Guide: 'Impact measurement and accountability in emergencies'*
- ▶ the People in Aid Code of Conduct.

We adopt a 'good enough' approach, which means we recognize that simple, practical measures to accountability are necessary in the first instance, which should be continuously improved over time.

All CARE staff are responsible for implementing our work in accordance with this accountability framework, including when we are working with and through partners. CARE managers have a specific responsibility to ensure that roles and responsibilities are clear within and between teams.

The HAF is designed for humanitarian contexts, but may also be useful in improving accountability for CARE's longer-term work.

Through this accountability framework we define our accountability commitments in three ways:

1. **Humanitarian benchmarks** that describe the steps we need to take for CARE to meet agreed internal and interagency standards for quality and accountability.

Each of the eight benchmarks has indicators, which are drawn from existing common standards and codes. The benchmarks are:

1. CARE leaders demonstrate their commitment to quality and accountability.
2. CARE bases emergency response on impartial assessment of needs, vulnerabilities and capacities.
3. CARE uses good design and monitoring to drive improvements in our work.
4. CARE involves the disaster-affected community throughout our response.
5. CARE puts formal mechanisms in place to gather and act on feedback and complaints.
6. CARE publicly communicates our mandate, projects and what stakeholders can expect from us.
7. CARE uses impartial reviews and evaluations to improve learning and demonstrate accountability.

8. CARE supports its staff, managers and partner agencies to improve quality and accountability.
2. We commit to consistently deliver effective and high-quality responses at a global level by setting and striving to achieve **response targets**.

The response targets are indicators we use to measure our performance on emergency response. The indicators measure:

- ▶ how quickly we respond
 - ▶ the quality and accountability of our response
 - ▶ our competency in CARE's core humanitarian areas (water and sanitation, food security, shelter, logistics)
 - ▶ fundraising by CARE Members for our response
 - ▶ financing of our global emergency capacities.
3. We monitor our **compliance** with these commitments by regularly and systematically reviewing how well we are meeting the benchmarks and response targets.

This helps us measure and demonstrate how well we are applying the HAF and to identify areas for improvement. We do this through monitoring, response reviews, peer reviews and evaluations.

Senior managers are responsible for acting on the recommendations of reviews and evaluations, and the CI executive committee has responsibility for regularly reviewing our organizational performance. We make the results of evaluations public so that our stakeholders may hold us to account.

Benchmark 1: Leadership

CARE leaders demonstrate their commitment to quality and accountability.

Indicators

- ▶ CARE COs and CI Members have made a public commitment to comply with the specific standards, principles and codes of conduct underpinning this framework.
- ▶ CARE leaders at all levels and in all functional areas know the standards CARE is committed to. They take responsibility for meeting the benchmarks and achieving response targets. They monitor the impacts of CARE's work and improve systems and procedures when needed.
- ▶ CARE senior managers allocate enough staff and funds to quality and accountability to be able to meet our commitments.

- ▶ CARE's decision-making mechanisms for rapid responses are clearly defined at a global and individual country level, with clear lines of authority and accountability.
- ▶ Performance assessments for senior managers include what they have done to raise awareness and oversee implementation of the quality and accountability principles.

Benchmark 2: Assessment

CARE bases emergency response on impartial assessment of needs, vulnerabilities and capacities.

Indicators

- ▶ CARE bases its targeting criteria on impartial assessments of priorities. It carries out these assessments with the disaster-affected population.
- ▶ The assessments consider local capacities and institutions, coping mechanisms, risk reduction, and responses by other agencies.
- ▶ Whenever possible, data is disaggregated by sex and age to ensure that women, girls, boys and men are targeted appropriately.
- ▶ CARE uses capacity assessments to work out the needs of the CO and possible partners. It tries to meet these needs locally before using resources from outside the country.
- ▶ CARE shares and validates its assessment findings with other stakeholders. It consults with other relevant agencies when determining its response.
- ▶ CARE has an appropriate emergency strategy to guide its response. This strategy is informed by assessments and updated regularly. It reflects the specific needs of vulnerable and marginalized groups.

Benchmark 3: Design and monitoring

CARE uses good design and monitoring to drive improvements in our work.

Indicators

- ▶ Staff systematically use CARE's humanitarian benchmarks and response targets, lessons from previous programmes, and relevant technical and quality standards (e.g. Sphere) to shape design and monitoring.
- ▶ CARE has mechanisms to review and report on its processes, outcomes and impacts in order to understand how aid has been used and what difference

it has made to people's lives. This is in addition to tracking inputs and outputs to help monitor implementation.

- ▶ Disaster-affected people (including women and men, boys and girls, and people from vulnerable and marginalized groups) participate in design and monitoring.
- ▶ CARE uses monitoring results to make prompt changes where needed.
- ▶ CARE has systems in place to track whether funds are being used as intended, in line with our statements and commitments to our donors.
- ▶ CARE's programme design processes ensures that our programmes are built on risk management and risk reduction, do no harm and protection principles.

Benchmark 4: Participation

CARE involves the disaster-affected community throughout our response.

Indicators

- ▶ CARE involves the disaster-affected community, and specifically beneficiaries, in all aspects of the response— assessments, design, implementation, monitoring and evaluation. This includes participating in decision-making about response activities.
- ▶ CARE seeks out and works with representatives of the poorest and most vulnerable people.
- ▶ CARE analyses gender aspects of the response and takes specific actions to ensure that women, girls, men and boys are all empowered to participate fully and meaningfully.
- ▶ CARE tells beneficiaries and local communities the information they need to know in order to participate. This includes assessment findings, decision making processes, projects plans, timetables and monitoring and evaluation processes.
- ▶ CARE involves local government and partners in assessments, implementation, monitoring and evaluation.
- ▶ CARE builds its disaster response on local capacities. It designs emergency projects to increase local capacity to respond to disasters.

Benchmark 5: Feedback and complaints

CARE puts formal mechanisms in place to gather and act on feedback and complaints.

Indicators

- ▶ Planning, implementation, monitoring and programmes.
- ▶ Evaluation of CARE programmes provides systematic opportunities for beneficiaries to provide feedback or make complaints. CARE has a formal mechanism to take, monitor and respond to feedback and complaints from beneficiaries and other stakeholders. This mechanism is safe, non-threatening and accessible to all (women and men, boys and girls, and vulnerable groups).
- ▶ CARE managers oversee the feedback and complaints system. They make sure CARE responds to the feedback and complaints, makes improvements and tells the affected communities about any changes (or why change is not possible).

Benchmark 6: Communication and transparency

CARE publicly communicates our mandate, projects and what stakeholders can expect from us.

Indicators

- ▶ CARE communicates key information to all stakeholder groups, including:
 - ▮ its structure, staff roles and responsibilities and contact details
 - ▮ its humanitarian programme, commitments to standards, assessment findings, project plans (including deliverables), specific activities and key financial information
 - ▮ its processes for selecting beneficiaries (including targeting criteria and entitlements) and making key decisions
 - ▮ beneficiary entitlements and project activities and timetables
 - ▮ opportunities for stakeholders to participate, give feedback or make complaints
 - ▮ CARE's performance, including progress reports, monitoring and evaluation findings.
- ▶ CARE shares information in a way that is accessible to all beneficiaries, local communities and authorities, including vulnerable groups, and in a way that does not cause harm.
- ▶ The information CARE makes public gives a balanced view of the disaster. It highlights the capacities and plans of survivors, not just their vulnerabilities and fears.

Benchmark 7: Evaluation, reviews and learning

CARE uses impartial reviews and evaluations to improve learning and demonstrate accountability.

Indicators

- ▶ CARE conducts impartial reviews and independent evaluations to assess its impact, performance and lessons learned. The disaster-affected population participates in review and evaluation processes.
- ▶ CARE COs budget for and organize response reviews and independent reviews and evaluations.
- ▶ CARE senior managers act on recommendations from response reviews, independent reviews, and evaluations by including and committing to clear plans of action.

CARE shares the results of evaluation and learning activities publicly in suitable formats to demonstrate our accountability and to promote learning by stakeholders.

Benchmark 8: People (human resources)

CARE supports its staff, managers and partners to improve quality and accountability.

Indicators

- ▶ CARE clearly defines specific competencies and behaviours it expects of staff, including ensuring that job descriptions for staff working in humanitarian operations clearly define their accountability responsibilities.
- ▶ CARE documents its staff employment policies and practices. Staff are familiar with these.
- ▶ CARE briefs all staff before they go into an emergency, and they receive follow-up orientation and training. This includes orientation on quality and accountability, relevant principles, standards and compliance systems.
- ▶ Staff and partners understand and practice the non-discrimination principle of the RCRC Code of Conduct, and associated principles of impartiality and neutrality in all humanitarian operations.
- ▶ Managers are held accountable for supporting staff and regularly reviewing their performance.

4.5 Complaints mechanism procedure

Every staff member who records complaints must:

- ▶ be able to communicate basic information about CARE and CARE's projects confidently and consistently
- ▶ know CARE's structure and who is responsible for what in their local office
- ▶ keep a list of key information (local office address and contact details; where CARE operates; details of projects—why, what and when; partners; other agencies CARE is coordinating with, including authorities)
- ▶ be able to describe how the complaints mechanism works
- ▶ be trained to record complaints
- ▶ take the positive attitude that complaints lead to improvements.

Checklist—setting up a complaints mechanism

- Define and establish the parameters of the mechanism.
- Decide what the methods will be (e.g. suggestion boxes, visiting hours, telephone line, help desk etc.).
- Prepare the complaints form.
- Agree on who will follow up and how things will be followed up.

Recording complaints

This is the general procedure to follow when you receive complaints and other feedback.

- ▶ Tell the person you work for CARE. Give your name and what you do on the project.
- ▶ Listen carefully and with a positive attitude.
- ▶ Explain that CARE will treat what they tell you as confidential.
- ▶ Tell them they have the right to be heard. Give more information if they ask for it or seem to need it. Explain what types of complaints CARE can and can't deal with.
- ▶ Show sympathy with the problem (but don't take responsibility for it).
- ▶ Fill in the CO's complaints form. It must clearly state:
 - the date when the person complained

- ▮ their name, age and gender
 - ▮ the name of their village
 - ▮ what the complaint is (what happened, when and where, who was involved).
- ▶ Read what you have written back to them to check that it is correct. Change things if you need to.
 - ▶ Offer a solution if you can.
 - ▶ Check that they understand what happens next:
 - ▮ you will deliver their complaint
 - ▮ they will get a response within a specified number of days.
 - ▶ Give them the reference number of their complaint.
 - ▶ Thank them for their trust and time.
 - ▶ Tell them how CARE follows up complaints. Check that they understand.

4.6 Gender action plan—user guide

The gender action plan (GAP) is a tool for planning a gender-sensitive response and helping with preparedness activities. This tool draws from the conceptual framework (see 2.4 p. 28), but it primarily builds on lessons learned by CARE and its peer agencies in delivering a gender-sensitive response.

When you are creating a GAP as part of your emergency preparedness, make sure that a wide range of people are involved—gender integration is everyone’s responsibility, not just that of the gender focal point or the gender advisor. One great way to develop a GAP is to have the ERT take the IASC gender e-learning course and then develop the plan as a team.¹

You will also need to use assessment information and your gender analysis (see rapid gender analysis tool, 4.7, p. 196) to decide how to design your response so that you address all the issues and make sure that different groups are getting the support they need. The GAP helps you to work through that process. Inputs from other people (e.g. programme managers, programme support staff and gender advisors) are essential, as others may spot implications or risks that you miss. Make sure that you speak to some nationals of the country (ideally people who are from the area of operations), as they will have vital contributions.

1 This course is available online and has a facilitation guide for groups working through the course together.

When to use the GAP

EPP: The GAP can provide guidance on how to integrate gender across the EPP process and a training package is available to support this. You can also request technical support through your REC or Lead Member Emergency team. See CET for more information on how to use the GAP as part of the EPP process.



CI ERF: All applications for the CI Emergency Response Fund (CI ERF) must contain a GAP. Some donors now require a completed GAP as well. The CO is responsible for ensuring that a GAP is prepared and CEG/Lead Member is responsible for providing technical support. For technical support, contact your REC, Lead Member emergency team or emergencygender@careinternational.org

At the start of an emergency: A GAP should be revised (or prepared, if not already completed) at the start of an emergency regardless of whether ERF funds are requested. The plan can be in draft form in the very first phase of a response and then updated as more information and analysis becomes available.

Response review: The difficulties and successes you have while developing the GAP and putting it into practice should form an important part of the response review.



Completing the GAP

Below you can see a simplified version of the GAP. Use the version on the CARE Emergency Toolkit (which is regularly updated), rather than this. You can though, see how the GAP works. These are the areas that you will need to think about when organizing a response. You need to consider what actions you will take to ensure gender integration for each area and then assign responsibility and a timeframe. The full GAP includes questions for each area to walk you through the process.



Gender action plan

Component	Planned actions to respond to different needs	Responsibility	Indicator of progress	Timing
Needs assessment and analysis				
Design and planning				
Participation in decision-making				
Equal access and participation in programme services and benefits				
Prevention and response to gender-based violence				
Monitoring, evaluation and accountability				
Communications and media				
Coordination with other actors				
Internal gender capacity (agency and partner/s)				
Prevention of sexual exploitation and abuse				
Resources available within the CO				
Support required by the CO				

4.7 Gender analysis tools

Gender analysis helps make sure that humanitarian programmes meet the different needs, capacities and contributions of women, men, girls and boys.

Overall gender analysis tells us:

- ▶ who is affected (women, men, boys, girls, elderly women, elderly men)
- ▶ how they are affected
- ▶ who needs protection and how
- ▶ who has access to what, and what prevents access
- ▶ how different groups cope
- ▶ what capacities each group has
- ▶ whether women and men participate equally in decision-making.

CARE has two key gender analysis tools:

1. Rapid gender analysis tool:

- | Useful in rapid response situations
- | Provides guiding questions on gender roles and responsibilities, capacities and vulnerabilities followed by considerations for identifying programming recommendations
- | Consult the IASC Gender Handbook in Humanitarian Action for actions you should take to address the results of your analysis and for sector-specific guidance.

2. Good Practices Framework for Gender Analysis:

- | Useful in situations where more time is available and detail is required
- | Outlines eight core areas of inquiry to support deeper analysis of gender and power relations
- | Developed by the CARE International Gender Network based on findings from CARE's Strategic Impact Inquiry on women's empowerment.



The most important thing is to ask women and men, in single-sex groups, directly for the answers. They will tell you. Don't assume you know or that you can get the answers from local staff.

1. Rapid gender analysis tool

In an emergency, rapid gender analysis should begin at the same time as assessments and continue throughout the project cycle. Rapid gender analysis is built up progressively and added to as more information becomes available – from assessments, focus group discussions, key informant interviews, and from relevant background information.

One of the most important things you should do is to ask women and girls separately from men and boys for the answers. Don't assume you already know the answers or that you can get the answers from local staff.

Background information:

Often, there is already a lot of information about what the relationships between women, men, boys and girls were like before the crisis. Draw on information such as: country gender analysis or gender analysis produced for long-term programming relevant to the affected population; gender analysis (or information) in project designs, baselines and evaluations related to other sectors working in the same geographic area; and analysis done by other agencies including the UN.

This information is crucial for understanding how gender relations have changed since the crisis.

- ▶ How many women, men, boys and girls were there in the population before the crisis?
- ▶ What were relations like between women, men, boys and girls before the emergency?
- ▶ What social/cultural structures does the community use to make decisions? How do women and men participate in these?
- ▶ What is the role of religious and cultural practices, beliefs and institutions in the community? How do they affect gender roles?
- ▶ Is there any gender analysis available about the affected populations?

Sex and age

- ▶ What is the breakdown by sex and age of:
 - ▮ the disaster-affected population: males/females aged 0–5, 6–12, 13–17, 18–59, 60+
 - ▮ households headed by a single person or a child?
- ▶ What is the average family size and structure?
- ▶ What is the number of pregnant and breastfeeding women?

In the very early stages of an emergency if sex- and age-disaggregated data is not yet available, use census or other reliable demographic statistics to estimate the number of women, men, boys and girls in an affected population. CARE assessments must collect and report on information by sex and age.

Vulnerabilities

- ▶ Who is vulnerable? What are they vulnerable to, and why? What are the different vulnerabilities of women, men, boys and girls? (Don't assume only women and girls are vulnerable.)
- ▶ What are the specific protection needs of women, men, boys, and girls? What are the continued risks for each group?

Capacities and coping mechanisms

- ▶ What different coping mechanisms are women, men, boys and girls using?
- ▶ What are the different capacities and skills of women, men, boys and girls?
- ▶ What resources or support are they relying on? How can your programme support the best coping mechanisms?

Gender roles and responsibilities

- ▶ What were the usual gender roles and responsibilities before the emergency? Have they changed since? (Be aware that men and women may give very different answers.)
- ▶ Who does what work and how much time do they spend doing it? For example, household chores, care-giving, farming, earning cash income.
- ▶ Who controls resources and family assets?
- ▶ Who makes decisions (formally and informally)?

Access and participation

- ▶ Do women, men, boys and girls have enough access to humanitarian assistance?
- ▶ Who has been consulted about the humanitarian response and how? Are women and men both participating in assessment and programmes?
- ▶ What social/cultural structures are the community now using to make decisions? How do women and men participate in/access these structures? Can people safely report and seek redress for violations of humanitarian law? (This includes sexual exploitation and abuse by peacekeepers and humanitarian workers.)

Organizations

- ▶ Are there gender equality or women's or men's civil society organizations that have worked or are working in the affected area? If so, you should find out more information about them.
- ▶ Are there other international organizations working on issues related to gender equality in that area? If so, you should find out more information about them and their programmes.

Making recommendations

- ▶ How has the emergency affected the community? Are women, men, girls and boys affected differently? What specific risks has the emergency caused?
- ▶ How should CARE's programmes be adapted to meet the different needs of women, men, boys and girls?
- ▶ What targeted programmes are needed for women, men, boys and girls to make sure they all have access to assistance and their needs are met?
- ▶ What additional information do you need to continue your rapid gender analysis?

Consult the IASC Gender Handbook in Humanitarian Action for the actions you should take to address the results of your analysis. For more information on sector-specific guidance/guiding questions relating to gender, refer to the same handbook. For more detailed guidance and tools on CARE's approach to gender analysis refer to CARE's Gender Analysis Good Practice Framework on the www.gendertoolkit.care.org

2. Good Practices Framework for Gender Analysis

CARE has developed a Good Practices Framework to help guide more detailed gender analysis. Your gender analysis should include a review of secondary data and further exercises with key stakeholders. The analysis may explore the areas of inquiry set out in the table. Don't simply adopt and apply these areas and questions—teams should read and reflect on the proposed menu. From these questions, COs can adapt guiding analysis questions based on what makes sense for their interests, resources, time and context. Within each area, key questions have also been suggested across the domains—agency, structures and relations—that make up CARE's Women's Empowerment Framework.

Full guidance is provided at <http://gendertoolkit.care.org/Pages/core.aspx>. For each area of inquiry, examples of questions that you may explore in a gender analysis are provided, along with a detailed description of suggested tools you can use.

	Agency	Structure	Relations
Sexual/gendered division of labour			
Household decision-making			
Control over productive assets			
Access to public spaces and services			
Claiming rights and meaningful participation in public decision-making			
Control over one's body			
Violence and restorative justice			
Aspirations for oneself			

4.8 Gender marker tools

1. CARE gender marker guidance

The CARE Gender Marker codes, on a 0–2 scale, whether or not humanitarian relief work is prepared for, designed, and implemented so that women, men, boys and girls of all ages benefit equally; and whether or not it will contribute to increasing gender equality. CARE's Gender Marker has been designed to closely align with the Inter-Agency Standing Committee Gender Marker. It expands on the current marker to extend its application throughout the entire project cycle of humanitarian relief, from preparedness to planning and into the response.

CARE GENDER MARKER

2a: GENDER MAINSTREAMING

Potential to contribute significantly to gender equality through meaningful gender mainstreaming

- ▶ A gender and age analysis is included in the needs assessment.
- ▶ Activities reflect the findings of the gender analysis.
- ▶ Outcomes are designed to contribute to gender equality goals with linkages to longer-term gender and development work.

2b: TARGETED GENDER ACTION

Principal purpose of the response is women's empowerment, or to advance gender equality

- ▶ The gender analysis in the needs assessment justifies a response in which *all* activities and *all* outcomes advance gender equality.
- ▶ Activities respond specifically to the identified disadvantage, discrimination or special needs of women, men, boys and girls.
- ▶ Main outcomes are designed to contribute to gender equality goals with linkages to longer-term gender and development work.

1: GENDER SENSITIVE

Potential to contribute in some limited way to gender equality

Some evidence of gender analysis, but gender does not appear in a comprehensive manner throughout all stages of the programme cycle. Gender is part of only one or two of the three components of the Gender Marker: i.e. in needs assessment, activities or outcomes.*

**Where gender and age appear in outcomes only, the project is still considered gender blind.*

0: GENDER BLIND

No visible potential to contribute to gender equality

Gender and age are not reflected anywhere, or only appear in the outcomes. There is risk that the project will unintentionally fail to meet the needs of some population groups and possibly even do some harm.

The Gender Marker allows the review team to code projects as 2a or 2b, 1, or 0. Each code represents the degree to which the project is designed to meet the needs of various segments of the population and/or targets groups with specific needs. The gender code is based on gender analysis in three elements: needs assessment, activities, and outcomes.

VETTING FORM

To code projects correctly and consistently, review teams are encouraged to use the vetting form.

Gender analysis in NEEDS ASSESSMENT	Gender in ACTIVITIES	Gender in OUTCOMES	Number of checkmarks	Gender code
✓	✓	✓	3	2a or 2b
✓	✓	-	2	1
-	✓	✓	2	1
✓	-	✓	2	1
✓	-	-	1	1
-	✓	-	1	1
-	-	✓	1	0
-	-	-	0	0

This guidance outlines some questions relevant to each element of the Gender Marker, according to which stage in the project cycle they are used.

EMERGENCY PREPAREDNESS PLANNING (EPP)

Gender analysis in NEEDS ASSESSMENT	<p>The needs, practices and coping strategies of women, men, boys and girls in the community are understood.</p> <p><i>Has an analysis of general gender issues been collected for the country, and included as an appendix in the EPP? Have vulnerable and marginalized groups in the society been identified? Are gender dynamics and power relations understood in the community? Has sex- and age-disaggregated data (SADD) been collected and shared?</i></p>
Gender in ACTIVITIES	<p>Gender was integrated into the EPP process.</p> <p><i>Was a brief gender analysis developed? Has a draft gender action plan (GAP) been developed? Was a gender session conducted as a part of the EPP process?</i></p>
Gender in OUTCOMES	<p>Gender has been mainstreamed throughout the EPP.</p> <p><i>Are the different impacts on, and needs of women, men, boys and girls taken into consideration in the scenario descriptions? Do these differences guide the planning? Do the scenario plans consider the impact on other vulnerable members of society (e.g. minority groups, those with a disability)?</i></p>

For more information, see EPP Guidance in the CET.



STRATEGY AND PROPOSALS

<p>Gender analysis in NEEDS ASSESSMENT</p>	<p>The needs, practices and coping strategies of women, men, boys and girls in the affected population inform the needs assessment.</p> <p><i>Does a meaningful gender analysis inform the needs assessment? Is the needs assessment reflected in the strategy? Has existing SADD from other sources been consulted? Has the gender analysis section in the GAP been completed?</i></p>
<p>Gender in ACTIVITIES</p>	<p>Gender is included in all stages of the planned response.</p> <p><i>Are the activities in the strategy designed to respond to the distinct needs and realities of women, men, boys and girls? Is the GAP reflected in the activities proposed by the strategy? Are project teams made up of both men and women? Are feedback mechanisms and participatory processes accessible to, and inclusive of, all members of society? Are the knowledge and skills of women, men, boys and girls considered?</i></p>
<p>Gender in OUTCOMES</p>	<p>The response is planned to have a gender-sensitive outcome.</p> <p><i>Is the programme designed to address the needs of all members of the target population? Has a GAP been developed to guide the response? Is the strategy in line with the GAP? Does the project have the potential to contribute to gender equality goals? Does the proposed response link to longer-term gender and development work?</i></p>

For more information: <https://www.humanitarianresponse.info/themes/gender>—includes tip sheets for shelter, food security, WASH, health and others.

IMPLEMENTATION

<p>Gender analysis in NEEDS ASSESSMENT</p>	<p>The needs, practices and coping strategies of women, men, boys and girls in the affected population informed the needs assessment of the response.</p> <p><i>Did the emergency strategy include a gender analysis? Did a meaningful gender analysis inform the needs assessment? Was SADD data collected? Was existing SADD from other sources consulted?</i></p>
<p>Gender in ACTIVITIES</p>	<p>Gender was included in all stages of the response.</p> <p><i>Were the activities planned in the emergency strategy gender sensitive? Did the activities implemented respond to the distinct needs and realities of women, men, boys and girls? Were consultations inclusive of all members of the population?</i></p>

Gender in OUTCOMES	<p>The response was, at a minimum, gender sensitive.</p> <p><i>Did the response implement the GAP? Did the programme address the needs of all members of the target population? Did the response contribute to gender equality goals? Did the response link to longer-term gender and development work? Were decision-making and responsibilities for aid products (such as food aid/sanitation packs) shared equally among beneficiaries? Was a decrease in GBSV reported?</i></p>
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For more information see the CARE Gender Toolkit – <http://gendertoolkit.care.org/Pages/emergencies.aspx>

2. CARE gender marker vetting form

Reviewer:	
Date:	
Country/Project:	
Stage graded:	EPP/emergency response strategy/proposal/implementation

Please place a 1 in the boxes that you would 'tick' according to the guidance on using the vetting form. In the 'Gender code' column, grade the EPP/emergency response strategy/proposal/implementation according to the CARE gender marker guidance above.

Gender analysis in NEEDS ASSESSMENT	Gender in ACTIVITIES	Gender in OUTCOMES	Number of Checkmarks	Gender code

Please include below comments on why you assigned a particular code, and feedback that could be useful to the Country Office to improve their EPP/emergency response strategy/proposal/response in regards to gender, in each of the corresponding sections.

COMMENTS

<p>Gender analysis in NEEDS ASSESSMENT</p>	<p>The needs, practices and coping strategies of women, men, boys and girls in the affected population inform the needs assessment.</p> <p><i>Does a meaningful gender analysis inform the needs assessment? Is the needs assessment reflected in the strategy? Has existing SADD from other sources been consulted? Has the gender analysis section in the GAP been completed?</i></p>
<p>Gender in ACTIVITIES</p>	<p>Gender is included in all stages of the planned response.</p> <p><i>Are the activities in the strategy designed to respond to the distinct needs and realities of women, men, boys and girls? Is the GAP reflected in the activities proposed by the strategy? Are project teams made up of both men and women? Are feedback mechanisms and participatory processes accessible to, and inclusive of, all members of society? Are the knowledge and skills of women, men, boys and girls considered?</i></p>
<p>Gender in OUTCOMES</p>	<p>The response is planned to have a gender-sensitive outcome.</p> <p><i>Is the programme designed to address the needs of all members of the target population? Has a GAP been developed to guide the response? Is the strategy in line with the GAP? Does the project have the potential to contribute to gender equality goals? Does the proposed response link to longer-term gender and development work?</i></p>

4.9 Gender-based violence tools

A range of practical tools are available for project teams to respond to GBV in the *Gender-based Violence Tools Manual* (produced by the Reproductive Health Response in Crises Consortium, which includes CARE), at www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html.

Below is a list of the tools available in the manual. If you have any difficulty accessing these tools, the Gender in Emergencies Team can assist you.

ASSESSMENT TOOLS

- Situational Analysis Guidelines
- Focus Group Guidelines
- Community Mapping Guidelines
- Pair-wise Ranking Guidelines
- Causal Flow Analysis Guidelines
- Draft Prevalence Survey Questionnaire
- Sample Interviewer Training Handbook
- Additional Assessment Resources

PROGRAMME DESIGN TOOLS

- Causal Pathway Framework
- Recruitment Dos and Don'ts
- Sample Job Descriptions
- Sample Staff Screening Tool
- Pre-hiring Interview Guide
- Rights and Responsibilities of GBV Programme Beneficiaries and Employees

PROGRAMME MONITORING & EVALUATION TOOLS

- Sample Output and Effect Indicators
- Incident Report Form/Consent for Release of Information
- Monthly Statistical Report Forms
- Client Feedback Form

4.10 Assessment planning checklists

Assessment preparation checklist

Plan

- Does the assessment team have a clear plan for carrying out the assessment?

Clear objectives

- Are the objectives of the assessment clear, included in its terms of reference and agreed by all team members and key stakeholders?

Team make-up

- Is there an assessment team leader?
- Does the team have the mix of technical and functional skills needed to achieve the objectives of the assessment?
- Does the team include women and men, and people with local language and cultural skills?
- Are other agencies and/or the affected community represented on the team?

Logistical support

- Has there been enough logistics and administrative planning for the team to do its job effectively and safely, e.g. transport, equipment, permits, route planning?
- Does the assessment team have reliable options for communicating (primary and secondary), e.g. phone, satphone, radio?
- Has a preliminary safety and security analysis been completed to determine if it is safe to deploy the assessment team to the field?

Information needs

- Has the team identified the priority information needs to focus on in the assessment?
- What information do they need to meet the objectives of the assessment and conduct the analysis required?
- What information do they need to understand cross-cutting issues (e.g. gender, protection)?

Involvement of disaster-affected people

- How will the team involve disaster-affected women and men in the assessment?
- Have they told the affected community of their planned visit?

Information sources

- Who is the team going to talk to? Do they include both men and women?
- What are the available sources of information?

Data collection methods

- What data collection methods will the team use?
- What skills or tools do they need to use these methods?

Guidelines and tools

- What guidelines and tools will the team use in the field to help them gather and analyse information?

Analysis frameworks

- How will the team analyse the data? Be sure to include a gender analysis, for example.
- What analysis of the context do they need to do to make useful recommendations?
- What information and tools can help with the analysis?

Recommendations

- What types of recommendations are expected of the team?
- Who are the recommendations for?

Reporting

- When will the team deliver its preliminary report and final report?
- What format will the report be in?
- Will there be a public version as well as an internal version?

Proposals and other outputs

- What other outputs (e.g. operational plans, budgets) will the team prepare?
- What proposals, plans and communications are expected of them?

Assessment basic information form

At a minimum, the assessment team should gather and analyse this basic information.

GENERAL HUMANITARIAN SITUATION

- Location and conditions of disaster area
- Impact of disaster—physical, social, economic, political, security, environmental
- Affected population—size, demographics (disaggregated by sex and age) and location
- Capacities and vulnerabilities of affected women, men, boys and girls with gender analysis
- Priority needs of women, men, boys and girls—food, food security and nutrition; water, sanitation and hygiene; shelter; health
- Information about context—gender roles and relations, cultural issues, conflict and power dynamics, violence, discrimination and protection issues, civil–military relations

RESPONSES TO DATE

- Affected community
- Authorities
- Local NGOs
- International NGOs
- UN agencies
- Donors
- Others—e.g. military forces

OPERATING CONDITIONS

- Security analysis
- Availability of support infrastructure—office, accommodation, telecommunications, transport
- Availability of (and damage to) logistics infrastructure—ports, roads, airports, warehousing
- Market conditions and availability of relief items locally
- Government regulations and requirements for relief operations
- Cost estimates for budget
- Availability of skilled staff

4.11 Assessment report format

Executive summary and recommendations

1. Introduction

- ▶ Context
- ▶ Summary of impacts of the emergency
- ▶ Affected population
- ▶ Social, cultural and political context
- ▶ Potential future scenarios

2. Current humanitarian situation by sector

- ▶ General humanitarian situation
- ▶ Humanitarian needs of women, men, girls and boys by sector
 - | shelter and camp management
 - | water, sanitation and hygiene
 - | sexual and reproductive health
 - | food, food security and nutrition
- ▶ Cross-cutting issues
 - | gender analysis
 - | conflict sensitivity
 - | environment
 - | protection
 - | DRR

3. Security

- ▶ Security context—Key threats
- ▶ CARE security management planning

4. Response by other groups

- ▶ Host government
- ▶ Local NGOs
- ▶ International NGOs
- ▶ UN agencies

- ▶ Military
 - ▶ Others
5. Partnership considerations
 6. Donors and potential funding
 7. Proposed CARE strategy
 - ▶ Whether CARE should respond
 - ▶ How CARE can add value
 - ▶ Principles
 - ▶ Risks
 - ▶ Goal and objectives
 - ▶ Timing and duration of response phases
 - ▶ Key sectors and interventions
 - ▶ Ensuring gender equality in emergency response
 - ▶ Target groups and geographic areas
 - ▶ Project concepts
 - ▶ Quality and accountability (including M&E)
 8. Management and staffing
 - ▶ Management principles, roles and responsibilities
 - ▶ Structure and lines of reporting
 - ▶ Staffing requirements (national and international)
 - ▶ Sub-offices
 - ▶ Infrastructure
 9. Operational and programme support

What are the key issues, proposed approach, staffing requirements and other resource requirements (equipment, supplies etc.) for each of the following?

- ▶ Information management
- ▶ Media
- ▶ HR management
- ▶ Finance

- ▶ Logistics
- ▶ Distribution
- ▶ Procurement
- ▶ Administration
- ▶ IT, radio and telecommunications
- ▶ Safety and security

10. Priority next steps and 30-day plan

11. Budget

Possible annexes

- ▶ Draft security management plan 4.28 p. 244
- ▶ Main interventions of other NGOs
- ▶ Project proposals and concept papers 4.16 p. 220
- ▶ Proposed organizational chart
- ▶ Procurement and logistics plan
- ▶ HR/staffing plan
- ▶ Detailed budget

4.12 Emergency response strategy format

Instructions

Send this initial strategy as soon as possible (within 72 hours after the emergency starts) to the CI HEO (emergencyoperations@careinternational.org) as soon as possible. CEG will share it more widely.

Don't worry if you don't have all the information. You can update the strategy as you get more information.

To understand the standards, options and approaches you should consider in this strategy, refer to the guidelines for programme strategy, sectors and cross-cutting issues in this pocketbook.

Section 3 p. 57

CARE [insert CO], [insert emergency name], [insert date]

Fundraising target = [\$ amount]

1. Assessment of emergency
 - 1.1 Background [insert map]
 - 1.2 Immediate priorities
 - 1.3 Medium- and longer-term needs
 - 1.4 Likely scenarios

Scenario 1 (best)
Scenario 2 (most likely)
Scenario 3 (worst)

2. Response so far
 - 2.1 Government
 - 2.2 UN and clusters
 - 2.3 Other NGOs (LNGOs and INGOs)

3. CARE's capacity to respond to priorities
Describe CARE's capacity to respond to the priorities identified in the assessment and to put such a response into operation. If there are critical gaps that the response strategy does not cover, explain why not.

4. CARE's response strategy
 - 4.1 Key principles
 - 4.2 Goal and objectives

Goal and objectives	Programme level indicators
	<i>[to be used for monitoring programme impact]</i>

- 4.3 Geographic focus and target beneficiaries

- 4.4 Key interventions
Include at least one of CARE's priority sectors: WASH, food security, shelter.

Key sector objective	Phase 1 emergency relief activities
1. <i>Key sector and sector objective.</i>	Assessment of sector priorities CARE's proposed activities
2.	
3.	
4.	

Also outline proposed activities for phases 2 and 3 if known. You can provide details for these phases later as the plan develops.

4.5 Phasing and budgeting

Phase	How long	When	Focus	Budget
Phase 1				
Phase 2				
Phase 3				

4.6 Coordination and partnership issues

4.7 Exit and transition strategy

5. Cross-cutting Issues

5.1 Gender

5.2 Environment

5.3 DRR

5.4 Protection

5.5 Others (conflict sensitivity, HIV/AIDS etc.)

6. Advocacy issues and approach

7. Other critical issues affecting response

For example, security context, government restrictions, limitations on staff, language.

8. Quality and accountability

8.1 Actions to ensure compliance with CARE's HAF

8.2 Actions to monitor and evaluate the impact of this strategy

9. Resource and support requirements

Describe the people, funding and technical support needed to implement this strategy.

10. Budget

Phase 1 emergency relief	
1. [key sector]	\$
2. [key sector]	\$
3. [key sector]	\$
4. [key sector]	\$
Total phase 1	\$

Phase 2	\$
Phase 3	\$
Total	\$

4.13 Operational plan format

Instructions

- ▶ *This document should be a supporting document to the emergency strategy. It is optional and designed to help the CO organize the response.*
- ▶ *The emergency strategy outlines the key strategic goals, interventions and principles CARE will pursue in relation to the emergency. The operational plan details the resources and actions required to implement the strategy.*
- ▶ *All team members should provide inputs to the operational plan with respect to their areas of responsibility.*
- ▶ *Focus on key points. Do not write a long narrative.*

1. Key objectives of CARE's operations

- ▶ *Do not repeat information already provided in the strategy.*
- ▶ *Identify key operational objectives (e.g. manage scale-up of emergency programme from \$2 million to \$15 million, open new field office and logistics infrastructure in emergency area, deliver emergency water and shelter projects etc.).*

2. Management and staffing structure for the response

2.1 Organizational chart

Insert here or attach.

2.2 Priority staffing needs

Position	Location	Date required	Budget confirmed [y/n]
<i>Add rows as needed</i>	<i>[where they will be based]</i>		

3. Safety and security analysis

1. Note: All programme and operational decisions must always be informed by safety and security analysis.

2. See also (20) below for operational requirements for safety and security management.

<i>Operational area</i>	<i>Key issues</i>	<i>Proposed approach</i>	<i>Priority actions</i>	<i>Staff needs</i>	<i>Other resources (funds, equipment)</i>
Policy					
4. Critical policy and advocacy issues, including gender					
5. Coordination					
6. Quality and accountability					
Programme management					
7. Funds mobilisation and proposal writing					
8. Sector and cross-cutting programming and technical requirements including gender					
9. Project implementation and management					
10. Partnerships					
11. Monitoring and evaluation					
Operations management					
12. Media					
13. Human resource management including PSEA					
14. Finance					
15. Logistics					
16. Distribution					
17. Procurement					
18. Administration					
19. Telecommunications and IT					
20. Safety and security management					

21. Summary of budget issues

- ▶ Refer to strategy budget.
- ▶ Highlight any issues arising from operational plan that must be addressed in overall programme and operational budgets.

22. Action plan

- ▶ Compile priority actions above into a specific action plan. Identify:
 - ▮ Action
 - ▮ Person responsible
 - ▮ Start date
 - ▮ End date
 - ▮ Prerequisite tasks
 - ▮ Status—present in a format that allows tracking of progress.
- ▶ If possible, use a detailed Gantt chart format, attach it, and use it to track progress. Or use the simplified format in the CET.



4.14 CARE International Emergency Response Fund quick reference guide

The Emergency Response Fund:

- ▶ is a single shared pool of funds that belongs to all CI Members and is available to all CARE COs and developing country members
- ▶ is to provide quick and appropriate funding for emergency responses.

Funding limits:

- ▶ maximum €300,000
- ▶ usually provides €30,000–€150,000
- ▶ requests below €20,000 will not be considered.

It can be used for:


- ▶ emergency assessment, start-up and response activities in the first three months
- ▶ sudden and crisis-level natural disasters
- ▶ complex political or other human-caused emergencies at crisis point.



It can't be used for:

- ▶ salaries of CARE staff already on the payroll (some exceptions)
- ▶ funding for existing programmes
- ▶ vehicles or equipment such as computers
- ▶ emergency preparedness or training
- ▶ CO shared costs.


To apply:

- ▶ Make your first request as soon as the emergency starts—phone the CI HD or email ERF@careinternational.org. 
- ▶ Follow up with a brief written proposal and budget (no more than two pages, using the format in the CET).

Approvals:

- ▶ The HD (with the CCG) can approve €20,000 to €150,000 immediately.
- ▶ The CI ERF oversight committee needs to approve amounts over €150,000.

The CO must:

- ▶ satisfy eligibility criteria 4.15 p. 219 
- ▶ take all opportunities to repay the ERF (ask donors to approve retroactive charging of costs; put all emergency costs into donor proposals)
- ▶ meet CARE programme and financial accountability standards
- ▶ use funds for agreed purpose and report within agreed time.

4.15 CARE International Emergency Response

Fund application checklist

Instructions

1 Phone the CI HD or email ERF@careinternational.org as soon as possible to request ERF funding.

2 Submit this form (with proposal and budget) within 24 hours of your email or phone call—before the first CCG call if possible. Send it to:

- ▶ emergencydirector@careinternational.org
- ERF@careinternational.org

Summary checklist

Mandatory criteria

- Summary of the urgent humanitarian need
- Capacity assessment for the CO/DCM and list of the most critical issues (as attachments)
- Gender action plan (as attachment). What are your challenges within this plan and who will be responsible for follow-up?
- Contact person for follow-up on the HAF and a monitoring system that incorporates SADD data
- Core sectors to be included within the response (food security, shelter, WASH, reproductive health) and person responsible for quality for each sector noted
- Agreement by CO/DCM to provide enough good information (e.g. details for press release, human interest story, and/or pictures/video) within 72 hours. Please list the person who will be working on this with CI Coms.

Essential criteria*

- For a rapid-onset type 2, 3 or 4 emergency, the CO/DCM agrees to complete an initial response strategy within a maximum of seven days from the approval of the CI ERF. Please note who is responsible for this. For a slow-onset type 2, 3 or 4 emergency, the CO/DCM agrees to complete an initial response strategy within a maximum of one month from approval of CI ERF. Please note who is responsible for this.
- List of expected level of reimbursement to the CI ERF.
- For a rapid-onset emergency response, interventions will be initiated within 48 hours of approval.

* May be negotiable on exceptional basis.

See CET for the application form.



4.16 Generic proposal format

1. Project proposal summary

Project title:

Type of crisis:

Country and specific location:

Project dates:

Date of proposal:

Expected project start and end dates:

Agency details:

Name:

Contact officer:

Phone, fax and email:

Budget:

Total budget:

Funds requested from donor:

Funds from other sources:

Project goal:

Targeted beneficiaries:

Summary of project and planned activities:

2. Project overview

Background:

(Insert map or picture)

Needs assessment and reason for project, including gender analysis:

Agency capacity:

3. Project description

Goal and objectives:

Target beneficiaries and geographical area:

Planned activities and indicators:

Risk analysis and mitigation strategy:

Project management arrangements:

4. Cross-cutting themes and principles

Gender:

Participation of beneficiaries:

Partnerships:

Coordination:

Environment:

Protection:

Other:

5. Monitoring and reporting

6. Budget

Attach detailed budget

Attach summary logframe if available

Note

Also use this format for writing less detailed concept papers.

4.17 Partner capacity assessment guide

This guide helps you assess the capacity of sub-grant recipients to manage money and implement programmes.

1. Organization and programmes

Mission, legal status and board

- ▶ What is the organization's mission/vision? Does its work reflect this?
- ▶ When was it founded? What is its legal status? Can we get copies of its statutes?
- ▶ Does it have an active board? Do any CARE staff or their close relatives hold board or management positions?

Structure and management

- ▶ What is the structure of the organization (size, key people, units)?
- ▶ Do line managers have delegated authority? Do staff have a say in decision-making?
- ▶ Do managers regularly meet with staff?
- ▶ What is the link between management and staff of the organization and the local authorities? Could this raise questions about the neutrality or impartiality of the organization?

Programme capacity, approaches and standards

- ▶ Does the organization have proven experience in relevant sectors?
- ▶ Do relevant staff have qualifications and capacity to ensure programme quality?
- ▶ Do they know enough about the project area? Do they understand the target groups?
- ▶ Can they take participatory approaches to assessment, implementation and M&E?
- ▶ Are they aware of Sphere standards and do they have capacity to apply them?
- ▶ Are they aware of best practices on gender and able to integrate them in programmes?

Relationships and networks

- ▶ Who are key current donors and partners? Is there any danger of overstressing their capacity?
- ▶ Does the organization coordinate regularly with government? How good are its relationships with government?
- ▶ How good are its relationships and networks with local leaders and civil society?

Monitoring and reporting

- ▶ Do they have adequate capacity and systems to collect and manage data?
- ▶ Can they produce accurate project reports of the standard required? (Check sample reports produced by the partner.)

Human resources

- ▶ Do staff have clear roles and job descriptions? Do they have contracts?
- ▶ Is there good staff diversity and balance (gender, ethnic and religious)?

2. Finance, procurement and asset management

General

- ▶ Does the organization have written manuals or policies for financial procedures?
- ▶ Does it use financial and administrative systems and records properly?
- ▶ Does it properly define authority limits?

Payments and cash handling

- ▶ Does it properly authorize all payments? Does it use cash receipt/disbursement vouchers? Does it pre-number, account for, authorize, support and record them?
- ▶ Does it properly authorize and record advance payments?
- ▶ Does it have a petty cash policy? Does it record use of petty cash and control against misuse? Is cash secure?
- ▶ Does it properly record and authorize payroll? Is it legally compliant?
- ▶ Does it mark vouchers and support documents as 'Paid' and file them by date?
- ▶ Does it use cash acknowledgement receipts?

Transaction records

- ▶ Does it keep good records of each transaction, with suitable supporting documents? Are there cash books, ledger books and separate ledger accounts for project spending?
- ▶ Are journal entry systems, controls, narrations and back-up records adequate?
- ▶ Is the filing system organized and does it allow retrieval of accounting records?

Banking

- ▶ Does the organization have a bank account in its name? Does it have separate accounts for different donors? Does it do regular bank reconciliations?
- ▶ Does it record payments in a register or bank book? Does it receipt and bank funds promptly?
- ▶ Do its cheque accounts require two signatories? Who are the signatories?

Accounting and reporting

- ▶ Does the accounting system (e.g. chart of accounts) allocate, track and report costs adequately for reporting to CARE donors?
- ▶ Is the system computerized? Is the software well known?
- ▶ Is there a capable accounting officer?
- ▶ Can they prepare accurate, timely and complete financial reports for projects?

Procurement

- ▶ Is there a procurement manual or other proper definition of procurement policies?
- ▶ Are there systems for properly authorizing, supporting and documenting procurement?
- ▶ Does the organization use fair competition (e.g. bids) for purchases above a certain amount?
- ▶ Does it issue purchase orders for goods and services?
- ▶ Does it check deliveries for price, quantity, quality and type?

Asset management and inventory

- ▶ Does it keep an up-to-date assets register. Does this include the cost, serial number, purchase date, location and specific donor/project?
- ▶ Does it have inventory management systems? Does it properly authorize the use of inventory items and record this in an inventory register. Does it do stocktakes?

Administration

- ▶ Does an authorized person receive and check faxes, mail and email?


- ▶ Does the organization keep adequate files of project, financial and monitoring reports, correspondence and legal documents?

Credibility

- ▶ Does the organization have suitable legal standing?
- ▶ Does it produce overall financial reports, including a balance sheet?
- ▶ What is its annual turnover?
- ▶ Is it audited externally? When was the most recent audit? Are the results satisfactory?
- ▶ Has it recently received grants from other donors/partners? (If so, note references.)

4.18 Rapid recruitment checklist (national staff)

COs rapidly recruiting national staff for emergencies must adapt their normal procedures to be as quick as possible.

- Ensure good coordination and decision-making between HR and the rest of the emergency team.
- Increase your HR capacity first to be able to cope with the recruitment needs for the emergency.
- Request a deployment of an emergency HR manager if there will be large-scale recruitment
- Promote gender balance in the team (see HR guidelines). 3.35 p. 145 
- Get job descriptions or terms of reference for every position—refer to samples in the CET.
- Get authorization for recruitment.
- Advertise on the internet and request applications via email to make tracking of applicants easier.
- Send out a vacancies notice.
 - ▮ Advertise vacancies as widely as possible—to all internal and external networks.
 - ▮ To speed up the process, contact only candidates selected for interview.
 - ▮ You may choose not to specify a closing date and instead accept all suitable CVs until you fill the position.
- Screen applications.
 - ▮ Check that CVs meet key requirements.
 - ▮ You may phone candidates before the interview to check whether they could start work immediately if they got the job.
 - ▮ You will need a large team to review CVs if you get lots. Use qualified temporary staff or people from outside HR to help if needed.
 - ▮ Make sure the screening criteria are clear for reviewers.

- Interview.
 - ▮ Interview candidates in person or by phone.
 - ▮ You may employ previous CARE staff without interviewing them if they left in good standing.
 - ▮ This must be on a contract of no more than a month at first.
 - ▮ When recruiting teams of field workers, save time by doing group interviews and simple tests before interviews (e.g. for distribution jobs a simple test of addition, subtraction, division and multiplication).
- Check references etc.
 - ▮ You need at least one satisfactory reference.
 - ▮ Check any other requirements e.g. driving licence.
 - ▮ You can make job offers conditional on satisfactory references and medical checks.
- Issue job offers and employment agreements.
 - ▮ Either set a probation period in the contract or use one-month contracts at first.
 - ▮ Give details of new staff and employment contracts to finance and payroll units.
- Make sure all new staff get suitable orientation (see 4.20).

4.19 Rapid recruitment checklist (international staff)

The CI emergency HR coordinator and the Lead Member HR unit help the CO manage international recruitment. Early in the emergency it will be decided who will be the main HR focal point (HRFP), so that the CO has one key contact for emergency recruitment.

- Decide what staff you need.
 - ▮ CO senior management team decides on staffing needs and structures suitable for the response.
- Promote gender balance in the team. 3.35 p. 145 ▶
- Tell the Lead Member HR unit and CI emergency HR coordinator what staff you need. Do this as soon as you can. 3.35 p. 145 ▶
- Understand who your main HRFP is for emergency recruitment (either CEG or LM) and channel all your information through them.
- Get authorization for recruitment from the Country Director or delegate.
 - ▮ Send the HRFP and CO finance manager an emergency personnel requisition form for every vacancy.
- Provide terms of reference for each position to the HRFP.
- Confirm selection.
 - ▮ The HRFP will recommend their top candidate to the CO.
 - ▮ In exceptional cases, the CO may be involved in selecting candidates for short-term deployments—this will be done in coordination with the HRFP.
 - ▮ The CO confirms final selection and any particular contract terms before the contracting CI Member makes a job offer.
- Send newly appointed staff a letter of invitation, briefing material about the country, arrival details and anything else to help them prepare.
- Arrange accommodation, office space, equipment, visas and travel permissions, per diem, phone, ID card, airport pick-up etc.
- Make sure all new staff get suitable orientation. 4.20 p. 229 ▶

4.20 Orientation checklist for emergency staff

This checklist helps COs clarify job expectations, provide a safe work environment and make sure new staff receive a proper briefing. You must complete the orientation in the person's first week in the CO. If you do not have the supporting documents noted here, request them from your HR focal point or see the CET.



Topic	Supporting documents
<p><i>Introduction to CI</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Vision, mission and values <input type="checkbox"/> Structure of CI federation <input type="checkbox"/> CI codes of conduct and ethics <input type="checkbox"/> Explanation of CARE's focus on gender equality 	<p>About CARE International CARE International Code of Conduct CARE International Code of Ethics CIGN Explanatory Note</p>
<p><i>HR core policies</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> CO HR manual and where to find it <input type="checkbox"/> Highlight relevant sections of the manual <input type="checkbox"/> Include supporting documents listed 	<p>Accountability to Program Participant Communities Regarding Harassment and Exploitation Global Policy Against Discrimination, Harassment and Sexual Harassment CARE's gender and diversity policies Code of Conduct</p>
<p><i>HR, ICT and finance administration</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete entry interview form and related actions as needed <input type="checkbox"/> Relevant policies and processes—e.g. leave, per diem, R&R, etc. <input type="checkbox"/> Provide personal equipment and per diem (if needed) <input type="checkbox"/> Set up email account <input type="checkbox"/> Embassy registration process <input type="checkbox"/> Travel arrangements, including travel and photography permits <input type="checkbox"/> Visa extension process (if needed) <input type="checkbox"/> Insurance policy details 	<p>Entry interview form ID card and/or letter of introduction RED form 4.25 p. 239 </p> <p>Duty travel form CO travel request form CO travel acquittal form CO leave request form Email address and email group listings CI World Directory</p>

Topic	Supporting documents
<p><i>Safety and security</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety and security policies/ procedures <input type="checkbox"/> Consequences of breaching policy/ procedures, how to raise concerns <input type="checkbox"/> Local security conditions, hazards, curfews <input type="checkbox"/> Local politics, cultural and gender sensitivities, local customs <input type="checkbox"/> OHS, environmental/fire risks and conditions <input type="checkbox"/> Job risks <input type="checkbox"/> Safety and Security Manual, particularly 'Personal safety' 	<p>CO security plan and evacuation procedures</p> <p>CO visitor briefing kit, including emergency contact numbers</p> <p>Care International Safety and Security Handbook (relevant chapters)</p> <p>Country Gender Analysis, Civil–Military Cooperation Guidelines</p> <p>Landmine and UXO Safety Handbook</p>
<p><i>Introduction to CO and emergency response</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Summary of CO strategy, programmes and projects <input type="checkbox"/> Summary of response operation, current status, challenges <input type="checkbox"/> Media protocols in the field <input type="checkbox"/> CARE Emergency Toolkit, including log-in details 	<p>CO mission statement</p> <p>CO organizational chart</p> <p>Most recent CO sitreps</p> <p>Other documents relevant to the job</p>
<p><i>Specific department and job requirements</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Introduction to colleagues and key contacts <input type="checkbox"/> Tour of working space <input type="checkbox"/> Overview of project, team structure, roles and responsibilities <input type="checkbox"/> Job description, expectations and key tasks <input type="checkbox"/> How performance is assessed 	<p>Job description</p> <p>Project/department work plan and organizational chart</p> <p>CARE Emergency Toolkit (relevant sections)</p> <p>Other documents relevant to the job</p>

4.21 Instructions for running a distribution

Preparing the site

Exclude all non-authorized people from the distribution site and make sure:

- ▶ distribution points are as close and accessible to beneficiaries as possible (<10 km suggested in Sphere)
- ▶ all distribution staff, supervisors and guards have identification—e.g. distinctive hats, shirts, scarves or badges—and megaphones or whistles (if needed)
- ▶ there are adequate quantities of each item in the ‘ration shops’ (i.e. areas within the site where recipients will collect them)
- ▶ make sure distribution arrangements (time, place, size and weight) don’t discriminate against vulnerable or marginalized groups
- ▶ all expected recipients have access to drinking water, toilets and a fully stocked first aid box
- ▶ banners clearly show entitlements per person in local language(s) and/or pictorially you let people know (by banners, speaker vans, posters, songs, radio announcements) who is allowed to receive entitlements
- ▶ incorporate strategies to prevent sexual exploitation and abuse, e.g. having early distributions so everyone gets home during daylight
- ▶ you meet donor visibility requirements (e.g. display of logo).

Distributing

- ▶ Make sure all distribution areas have standard-sized scoops to measure rations and that staff using the scoops are properly trained. Supply new scoops if there is a new commodity or the ration level changes.
- ▶ Have calibrated scales available for recipients and monitors to check the weights of rations received.
- ▶ Advise recipients ahead if they need to bring containers for both dry and wet (cooking oil) commodities.
- ▶ Have empty sacks/containers available (avoid using cheap plastic bags).
- ▶ Before they enter the distribution area, divide recipients into administrative groups (neighborhood, camp sector, village etc.). Use the same method as for registration and planning. This will make it easier to note recipient card numbers on tally and receipt sheets.

- ▶ Divide each administrative group by household size. It is more efficient to distribute to all one-member households, then all two-member households, and so on. Organize queues on this basis.
- ▶ Let only people with ration cards into the distribution area.
- ▶ When recipients reach the front of the queue they hand their ration card to the staff member (tally clerk), who checks off that number on the tally sheet. The tally clerk should also inspect the ration card to check that it's genuine and the household size on the card matches the household size present.
- ▶ The tally clerk then gives the card to another staff member (the puncher), who punches a hole (or similar) to indicate that the person is receiving the ration. Then they give the card back to the recipient.
- ▶ The recipient enters the distribution area and collects their ration(s). Have different staff members (scoopers) distributing each commodity.
- ▶ As soon as they leave the distribution area the recipient gives their ration card to the receipt clerk. The receipt clerk finds the recipient's name on the receipt sheet and checks that the household size on the card matches the household size on the sheet. The recipient signs or marks next to their name to show they have received the rations, then leaves the distribution area.
- ▶ Check the rations of random recipients to make sure people are getting the proper amounts. Ask them bring their rations to be weighed. Weigh each commodity separately and record the weight, card number and household size. At least two people independent of the storage function must record that they have seen and approved this.
- ▶ Distribution monitors check that all empty sacks, oil containers, cartons etc. are completely empty at the end of the distribution. Record and dispose of all this empty packaging according to directions from the programme manager.
- ▶ Return all commodities/goods left over at the end of the distribution to stock and record this.
- ▶ Tally clerks and receipt clerks use their tally/receipt sheets to calculate total number of recipients served and total amounts of commodities/goods distributed.

Distributing before registration

- ▶ Work out the most practical community unit to use for distribution (e.g. neighborhood, camp sector, village).
- ▶ Ask reliable community representatives, including women, to make a list of households in each unit.

- ▮ Try to choose respected male and female leaders of groups with strong ties to the target population, such as NGOs, health workers, community groups and neighborhood committees.
- ▮ Ensure women are able to participate equally with men.
- ▮ Avoid choosing representatives of groups in conflict with the target population or openly connected with political parties or military factions.
- ▶ As soon as possible, make a written agreement with the representatives. This needs to state the distribution procedure, criteria for selecting recipients, control and monitoring methods and reporting obligations. Do all you can to let the whole community know these things.
- ▶ Calculate the total amounts of commodities/goods to distribute. Base this on the number of people in the community unit, the ration scale, and (if there will be more than one distribution) the time between distributions.
- ▶ On an agreed date the community representatives (and enough people to unload and transport) meet the CARE trucks and sign that they have received the commodities/goods. The representatives are responsible for distribution to recipients.
- ▶ Monitor the distribution to households as soon as possible after you hand over the commodities/goods. This is to make sure the representatives have distributed rations to all households and have kept to the agreed ration scale.

Distributing directly from warehouse

- ▶ Organize adequate security and crowd control.
- ▶ Get a list of approved recipients—usually from a government official or community leaders, including women. The official or leader must sign the recipient list.
- ▶ During the distribution the programme manager records (on tally sheets) the number of people served and the amounts received. They can compare this with the amounts loaded into the trucks.
- ▶ At the end of the distribution the programme manager signs the tally sheets.
- ▶ Use waybills to record all warehouse distributions. The warehouse manager fills in the 'dispatch information' section of the waybill, using the tally sheets. The programme manager fills in the 'receipt information' section. A community leader should sign this section. The community leader and the programme manager also sign the recipient list.
- ▶ Attach the recipient list and tally sheets to the waybill and send it as usual.

Food for Work (FFW) distributions

These are the minimum standards for all FFW distributions.

- ▶ The CO sets guidelines stating
 - ▮ amount of commodities/goods that equals a day's wage
 - ▮ results needed to qualify for a day's wage
 - ▮ how they will assess the progress/completion of work.
- ▶ Make sure women and men can both participate in FFW activities including considering the impact of the work on their other responsibilities.
- ▶ Keep a master participant list of workers' names, addresses and ID numbers.
- ▶ Community representatives keep attendance sheets to record (usually by crossing out a box) each worker's daily attendance. The workers sign or fingerprint these sheets.
- ▶ Check attendance sheets against the master participant list. Record any exceptions and get them approved.
- ▶ File attendance sheets in the programme office for approval and checking against distribution records.

4.22 Distribution monitoring checklist

General site visit information

- ▶ Project name and number
- ▶ Type of program: (e.g. school feeding, MCH, FFW, general distribution)
- ▶ Name, location and/or ID number of site
- ▶ Date of visit

Commodity information

- a) Quantity of food distributed on the day of the visit
- b) Quantity of food that the site is allowed to distribute
- c) Number of people (by sex and age) at the distribution site on the day of the visit
- d) Average ration size per recipient—i.e. (a) divided by (c)
- e) Approved ration size per person

- f) Quantities of each commodity available at the site for distribution, compared with quantities needed and allocated (and any planned operational stock i.e. quantities to keep in reserve)
- g) Number and condition of scales, scoops and other essentials
- h) Weights of bags and condition of commodities—from random samples.

Organization of distribution

- ▶ Participation by recipients—e.g. unloading, organizing, security etc.
- ▶ Process for checking registration and ration cards (e.g. state of registers, any obvious problems, validity of ration cards, recording of distributions)
- ▶ Process for measuring and distributing commodities (e.g. use of scales or scoops, wastage rate during distribution)
- ▶ Containers used by recipients to carry their rations
- ▶ Number of people or household representatives present and how many were registered to receive rations at the site
- ▶ Percentage of rations collected by women
- ▶ Time taken to process all (or a given number of) households
- ▶ Extent to which groups kept to agreed roles, procedures and guidelines
- ▶ Ratio of women to men on community food committees and in roles managing the distribution
- ▶ How the distribution team recorded losses and dealt with complaints
- ▶ Process for checking and dealing with empty containers and commodities left over after distribution
- ▶ Random weighing of collected rations to check that the distribution is accurate and fair.

Exit monitoring checklist

Interview a random or systematic sample of beneficiaries (e.g. every tenth) as they leave the site. Check:

- whether they have valid ration cards (to work out the percentages of eligible and ineligible recipients)
- whether they meet the targeting criteria
- when they last received rations and when they expect the next distribution
- what rations they understand they are entitled to and what they received in other recent distributions

- whether they have reported any problems/complaints and what has been done to resolve them
- what they think about the type and quality of commodities, the selection/registration and distribution processes, and any recent changes to procedures or ration levels/types.

4.23 Post-distribution monitoring checklist

Post-distribution monitoring checks that the correct recipients got their correct rations, and that everyone who should get rations can. It may include finding out why some people didn't collect their rations.

Within two weeks after a distribution, randomly choose recipient households to interview. How many households you interview (the sample size) depends on the monitoring system the CO uses. The sample size should be larger than normal if:

1. the population is more diverse than usual or there are social tensions or insecurity
2. the actual rations (types and amounts) distributed differed from those approved
3. the distribution process was affected by late/missed deliveries.

Try to follow a set questionnaire for each household. Find out:

- how the recipient heard of the distribution
- who actually collected the ration (i.e. cardholder or other)
- how long they waited at the site to collect their rations
- what rations they got—items and quantities per person
- what they did with the rations – e.g. did they consume them? Did they trade or sell them?
- differences between expected and received rations
- whether they had to pay any fee or tax before, during or after the distribution
- how the community participated in the distribution process
- the recipient's satisfaction with the process
- whether they meet the targeting criteria.

Also get:

- direct feedback from women and children on their access to and satisfaction with the distribution

- ration card number
- signatures on the questionnaire of the people interviewed.

4.24 Checklists for cash transfer programmes

Checklist before using cash in emergencies

Is there:

- ▶ A functioning market, close to beneficiaries?
- ▶ Availability of products at a reasonable price?
- ▶ A network of traders who are willing to participate (if using a voucher program) and have the financial capacity to purchase goods as well as the logistical capacity to transport them to the region (or support for this can be easily provided)?
- ▶ No excessive taxation on goods?
- ▶ A functioning and reliable system through which payments can be made to traders (if using vouchers) or beneficiaries?
- ▶ A stable security situation, or is it possible to take measures to reduce security risks to an acceptable level?
- ▶ A reliable recipient identification system?
- ▶ Knowledge of how to use items available on the market (such as tools or building supplies) properly?

Checklist of points to include in a rapid market assessment

When assessing the ability of local markets to support cash-based programming, you need to consider:

- ▶ Is there a market close to the beneficiaries? Will there be any major costs to the beneficiaries for transporting goods back from the market?
- ▶ Is there competition in the marketplace? (Ensure that there is more than one vendor.)
- ▶ Are the needed items available in markets nearby or can local traders bring them in?
- ▶ Are there seasonal issues with the supply of the required items?
- ▶ Are the needed items available in sufficient quantity to meet the demand without causing prices to rapidly increase?

- ▶ Can items be purchased by beneficiaries at a reasonable price?
- ▶ Is access to the markets safe for beneficiaries?

See EMMA and MARKIT toolkits and CET for more resources on market assessment <http://emma-toolkit.org/>



Checklist for calculating the value of a cash transfer

When calculating the value, consider

- ▶ What do you want the money to cover?
- ▶ What is the price of these items in the local market?
- ▶ Is the price of the items likely to increase during the length of the programme? If so, it might be appropriate to factor this into the value of the transfer
- ▶ Are the same beneficiaries receiving assistance from any other programme? If so, the value of the items received through other programmes should be considered.
- ▶ Discuss the calculated amount with community representatives to ensure that it is fair and that it takes into account seasonal variations and the specific local context.
- ▶ The value of cash interventions to meet household basic needs should be at least the amount required to purchase the minimum expenditure basket (food and non-food items).

Remember to budget for necessary support such as training, supervision and technical advice, as well as the value of the cash and management costs.

See IFRC's Cash Guidelines for more information at www.ifrc.org/Global/Publications/disasters/guidelines/guidelines-cash-en.pdf

List of possible targeting criteria for cash transfer programmes*

CARE typically engages in community-based targeting, where the community sets the criteria for inclusion in the programme. This will vary based on the local context and objective of the project.

Both exclusion and inclusion criteria can be used—e.g. excluding households that have a certain quantity of livestock.

Other examples of targeting criteria might be:

- ▶ households that have lost more than 50% of their crop or livestock

- ▶ households who have lost their home
- ▶ households with no access to credit
- ▶ households with members who are chronically ill
- ▶ households with disabled members
- ▶ elderly-headed households
- ▶ child-headed households
- ▶ female-headed households
- ▶ households with pregnant and lactating women
- ▶ households with children under five
- ▶ households with no access to land or very small amount of land
- ▶ IDPs
- ▶ refugees
- ▶ host families.

* Please note that this list is not exhaustive.

4.25 Record of emergency data

Instructions

- ▶ All CARE staff must fill out the RED form and return it to their HR manager and to the designated focal point in a CO when visiting a CO (e.g. the Safety and Security Focal Point (SSFPO)).
- ▶ Each staff member is responsible for keeping their RED up to date.
- ▶ The RED document is a confidential document. It is saved in a locked place and is accessible in case of emergency by the CARE Member Safety & Security Director, the Country Director and/or the SSFPO in the CO.

Record of emergency data

1. PERSONAL CONTACT INFORMATION:		DATE OF SUBMISSION:
Name:		Date of birth: Gender:
Address:		Phone: Mobile: Email:
2. EMPLOYER EMERGENCY CONTACT INFORMATION (to be contacted prior to or at the same time as family)		
Job title and employing CARE Member:		
Line manager's name and job title:		Phone: Mobile: Email:
SSFPO name:		Phone: Mobile: Email:
3.EMPLOYEE EMERGENCY CONTACT INFORMATION #		
Primary contact:	Address:	Phone: Mobile:
Relation:	Place of employment:	Work:
Preferred language:		Email:
Secondary contact:	Address:	Phone:
Relation:		Email:
Preferred language:		
Additional contacts/family: *	Relation: *	Contact information: *
Proof of identity question ¹		
Q:		
A:		

4. EMPLOYEE INSURANCE (covers illness, accidents, medical evacuation, and repatriation) AND MEDICAL INFORMATION		
Health/travel insurance contact information:		Insurance number:
		Repatriation arrangement*
Allergies:		Blood type:
Medical condition: *		
Medication: *		
Dentist contact information:		Personal doctor contact information:
Phone:		Phone:
Email:		Email:
5. PASSPORT INFORMATION		
Nationality(ies):		
Passport number(s):		Issued on, valid until:
6. ADDITIONAL INFORMATION – Special requirements, wishes, notes *		

1 Choose a personal question that only you will be able to answer, and that you will remember under stressful conditions.

* Optional

4.26 Constant companion format

Instructions

- ▶ All staff must carry a pocket-sized 'constant companion' emergency contact card with the following details.
- ▶ These details should be written in English, French or Spanish (the language of operation) and the main local language(s).

Format

Constant companion

Keep this with you at all times!

Name:

Country Office:

CO address:

CO phone number:

First security contact (SSO or SSFP)

Name:

Contact details:

Second security contact:

Name:

Contact details:

First contact in case of emergency

Name:

Contact details:

Second contact in case of emergency

Name:

Contact details:

Contact in case of medical emergency

Name:

Contact details:

Nearest hospital and its location:

Other approved clinics close to the office or other CARE facility:

Emergency medical evacuation company

Company name:

Policy number:

Contact details:

Repeat all information in local language(s)

4.27 Incident report checklist

If there is a security incident you must send an incident report using the SSIMS. To do this, go to <http://care.objectwareinc.com>. If you don't have a password or need instructions on using the SSIMS database, email CIsafetysecurity@careinternational.org

Use this checklist as a reminder of what you need to include in the report.

- Person who reported the incident
Name, contact details, relationship to CARE
- Where the incident happened
Region, country, specific location
- Time and date of the incident
- Whether the incident happened on duty or off duty
- Type of incident
Accident (traffic, non-vehicular, personal injury), ambush, arrest/detention, attack/assault, civil unrest, disaster (natural or man-made), evacuation/relocation, expulsion/deportation, force majeure, harassment, homicide, kidnapping/abduction, looting, roadblock, robbery, serious illness, stealing or pilfering of cash or assets, threat, unauthorized entry
- Description of the incident
Give as much detail as possible
- Description of any CARE assets involved
- Estimated value (\$US) of loss or damage
- CARE staff involved
Name, age, male or female, national or international
- Impact on CARE staff involved
Medical evacuation, final condition (where/how did they end up) etc.
- Non-CARE people involved
Name, age, male or female, national or international, relationship to CARE (e.g. contractor, consultant, family, visitor, visiting staff)
- Impact on non-CARE people involved
Medical evacuation, final condition (where/how did they end up) etc.
- Action by CARE
Give as much detail as possible
- Action by others
Give as much detail as possible
- Any help (and what kind of help) needed from CISSU

4.28 Short safety and security plan format for emergencies

CO / sub office _____

A. Critical contact details

<i>Staff contacts</i>	Residence phone	Mobile
CD		
Assistant CD		
Emergency team leader		
Safety and security focal point/officer		
<i>Local NGO / UN / services contacts</i>		
Designated hospital		
Local medical clinics		
Police headquarters and local office(s)		
NGO 1		
NGO 2		
ICRC		
UN/UNDP		
International and local airports		
Fire, ambulance, rescue, civil defence		
<i>Emergency coordination support from CISSU / RMU / Lead Member</i>		
CISSU		
RMU		
Lead Member security director		
Lead Member line manager		

Emergency medical insurance company

Name:

Policy number:

Contact details:

Note

Staff employed by different CI Members may have different medical insurance companies.

B. Responsibilities

Establish clear reporting lines and decision-making authority from the start—especially for relocation, evacuation and hibernation.

You need to fill in this section for it to be the CO's plan. Describe the reporting lines and who has decision-making authority.

C. Risk assessment

Current risk levels in all applicable areas: low, medium, high, extreme

Identified risks

Measures to mitigate the risk

D. Standard operating procedures

Sample only—change as needed.

For all staff at all times

- ▶ Provide all relevant security information to the SSO each day
- ▶ Carry your CARE ID card and passport
- ▶ Get clearance from the SSO before moving to field locations
- ▶ Carry all necessary documentation for relevant authorities and keep copies on file
- ▶ Carry your emergency contact list
- ▶ Do not travel in darkness and do not stay overnight in the field without permission from the SSO
- ▶ All staff on evacuation list have go bags.

Team leader and/or SSO to monitor

- ▶ Vehicles are parked in the accommodation area, filled up with fuel and ready to leave
- ▶ Accommodation is safe and secure
- ▶ Cash supply is above the safe minimum amount
- ▶ Houses have emergency food and fuel
- ▶ Staff leave all keys (office, vehicles, stores, safe etc.) overnight with a designated manager and in a designated cupboard.

E. Evacuation/relocation procedures

Sample only—change as needed.

- ▶ Where possible, SSO/SSFP, CD and safety and security committee assess the situation and decide what to do (e.g. stop all work and go immediately to assembly point).
- ▶ Contact all field staff and CO head office to advise and instruct.
- ▶ Prepare evacuation vehicles with food, water, full fuel tank and reserve fuel, and any other equipment needed.
- ▶ Tell drivers where to move vehicles.
- ▶ Pack vital finance records and back-ups in boxes to be moved.
- ▶ Destroy sensitive records (including computer hard drives) that would have to be left behind.
- ▶ Lock all vital property in a secure room.
- ▶ Staff members look after laptops currently assigned to them.
- ▶ Designated person secures office premises and takes the keys.
- ▶ All staff carry their personal documentation and enough cash.
- ▶ Decide on the safest evacuation route. Let the CO head office and/or CI know the route plan.
- ▶ Agree on times to check in with CO head office and/or CI, and stay in contact until the evacuation is complete.

Evacuation assembly points

Main assembly point:

Alternative assembly point:

Planned evacuation routes

Option 1:

Option 2:

Option 3:

Vehicle/resource needs:

Vehicle/resource needs:

Vehicle/resource needs:

Safe relocation or hibernation areas (to use if evacuation is impossible)

Option 1:

Option 2:

Option 3:

Vehicle/resource needs:

Vehicle/resource needs:

Vehicle/resource needs:

HR, administration and finance actions

- ▶ Ensure all office records (on paper and on disk) are marked either 'destroy' or 'remove'
- ▶ Destroy any sensitive documents that are not being removed (see CARE's guidelines on handling sensitive information)
- ▶ Remove hard drives from desktop computers and pack or destroy them
- ▶ Pack all records to be removed into labelled metal boxes (with a list of contents)
- ▶ Lock or padlock boxes
- ▶ In high-risk areas, the office needs an emergency fund to pay for food and lodging for evacuated staff. Also try to keep enough for a month's salary to pay national staff remaining.

Refusal to evacuate

CARE staff who refuse to evacuate or relocate are dismissed from CARE immediately. They must understand that they are staying at their own risk and responsibility and that CARE is not responsible for any loss or liability caused by their refusal to evacuate. Under no circumstances are they allowed to continue CARE operations.

F. Medical emergency evacuation

Get the patient to the nearest CARE-approved hospital/clinic for treatment to stabilize them before evacuation. Alert the SSO/SSFP or relevant senior staff. Follow their advice and instructions.

The decision whether to medivac is usually made jointly by the doctor or medical staff treating the patient, the insurance provider and the CD and SSO. The insurance provider handles most of the logistics of evacuation. The CO needs to consider:

- ▶ the need for another staff member to travel with the patient
- ▶ visa requirements

- ▶ how to support the patient if they are evacuated to a country where CARE does not have an office.

Local medical service

Hospital

Other medical facility

Red Cross or other ambulance

CARE insurance details

Evacuation medical service

Doctor and clinic/hospital

Contact details

Medical service for sexual assault



Take sexual assault victims to hospital immediately

Hospital

Contact details

Emergency post-exposure prophylaxis (PEP) kits

Location

Contact details

4.29 Examples of quantitative indicators

Consider all quantitative indicators in context—they will vary by country, location, pre-emergency conditions and current context (e.g. whether people are in camps or in their homes).

The indicators here are only meant as a quick reference.

Always break down data by sex and age.

Don't forget qualitative indicators—they can be far more important than numbers. Most Sphere indicators are qualitative. Meeting quantitative measures does not mean you are also meeting Sphere standards. For details on what it takes to comply with Sphere standards, see the quality and accountability section in the CET.



Note

These indicators are from the Sphere handbook unless otherwise noted. See the full handbook for standards, more indicators and guidance on how to use them.



Water, sanitation and hygiene

Basic survival water needs (simplified) per person per day

Drinking	2.5–3 L	Depends on climate and individual
Basic hygiene	2–6 L	Depends on social and cultural practices
Basic cooking	3–6 L	Depends on diet and social and cultural practices
Total basic water needs	7.5–15 L	

Maximum number of people per water source

250 per tap	Based on flow of 7.5 L per minute
500 per hand pump	Based on flow of 16.6 L per minute
400 per single-user open well	Based on flow of 12.5 L per minute

Water supply needs

Maximum distance from any household to nearest water point	500 m
Maximum queuing time at water source	15 m
Maximum time to fill 20-litre container	3 m
Minimum water storage capacity	2 × 20-litre containers per household

Other minimum hygiene needs

Soap	250 g per person per month
Toilets	1 per 20 people (1 per 50 people at first, and increase to 1 per household if possible)
Maximum distance from toilets to dwellings	50 m
Minimum distance from pit latrines to groundwater sources	30 m
Laundry wash basins	1 per 100 people
Hygiene promoters/community mobilizers	2 per 1000 people
Refuse pits	1 × 100-litre container per 10 families

Camp planning and shelter

Minimum dimensions	Sphere	UNHCR
Planned or self-settled temporary camps (area includes infrastructure but not land for agriculture)	45 m ² per person	45 m ² per person plus 15 m ² for agriculture
Floor area per person	3.5–4.5 m ²	3.5 m ² in warm climate 4.5–5.5 m ² in cold climate or urban area
Distance between buildings	2 m	2 × structure height (3–4 × structure height if highly flammable)
Distance between clusters of dwellings	6 m	
Distance between blocks of clusters of dwellings	15 m	30 m per 300 m of built-up area

Nutrition

Adults need 2100 kcal per day, of which 10–12% is protein and 17% fat. They also need adequate micronutrients.

Children, elderly people, women who are pregnant or breastfeeding and people with HIV/AIDS and other illnesses have different needs.

See the food security appendixes in the Sphere handbook for more details.



The primary group to monitor is children under five years of age, measuring weight for height. Other indicators include mid-upper arm circumference and height for age.

Acute malnutrition indicators (using weight for height)

	Percentage of median	Z-scores	Oedema
Severe (marasmus, marasmic kwashiorkor and wasting)	< 70%	< -3 z-scores	Yes/no
Severe (kwashiorkor)	> 70%	> -3 z-scores	Yes
Moderate	< 80% to \geq 70%	< -2 z-scores to \geq -3 z-scores	No
Global	< 80%	< -2 z-scores	Yes/no

Sources: World Health Organization 1999, *Management of severe malnutrition: a manual for physicians and other senior health workers*, Geneva; and Save the Children Fund 2004, *Emergency nutrition assessment: guidelines for field workers*.

Severity of malnutrition at population level by prevalence of acute malnutrition, chronic malnutrition and underweight for children <5 years

Indicator	Low	Medium	High	Very high
Stunting	< 20	20–29	30–39	\geq 40
Underweight	< 10	10–19	20–29	\geq 30
Wasting	< 5	5–9	10–14	\geq 15

Source: World Health Organization at www.who.int

Mortality and disease

A doubling of the daily crude mortality rate indicates a significant public health emergency requiring immediate response.

When the baseline CMR rate is unknown, aim to keep it below 1:10 000 per day.

When the baseline under-five mortality rate is unknown, aim to keep it below 1:10 000 U5 per day.

Crude mortality rate and under-five mortality rate

Region	CMR (deaths/ 10 000/day)	CMR emergency threshold	U5MR (deaths/ 10 000 U5 / day)	U5MR emergency threshold
Sub-Saharan Africa	0.41	0.8	1.07	2.1
Middle East and North Africa	0.16	0.3	0.27	0.5
South Asia	0.22	0.4	0.46	0.9
East Asia and Pacific	0.19	0.4	0.15	0.3
Latin America and Caribbean	0.16	0.3	0.15	0.3
Central and Eastern Europe	0.33	0.7	0.14	0.3
Industrialized countries	0.25	0.5	0.03	0.1
World	0.25	0.5	0.40	0.8

Disease outbreak indicators

A single case of cholera, measles, shigella, yellow fever or viral hemorrhagic fever indicates an outbreak of that disease.

Health services

The UNHCR minimums are:

- ▶ one community health worker per 500–1000 people
- ▶ one skilled/traditional birth attendant per 2000 people
- ▶ one community health facility per 10 000 people
- ▶ one central health facility per 50 000 people
- ▶ one referral hospital per 200 000 people.

In addition, CARE uses a set of quantitative response targets that contribute to the overall monitoring of the response performance. These response target indicators are also part of CARE's Humanitarian Accountability Framework (HAF) => 4.4 p.158-159

When designing your response strategy and interventions consider those targets as a critical reference.

RESPONSE TARGET INDICATORS – *draft July 2014*

- ▶ CARE and its partners reach 15% of the affected population in type 1 and type 2 emergencies respectively 5% in type 4 emergencies.
- ▶ Funding targets for responses to type 2 and type 4 emergencies are reached in 80% of the responses within the agreed timeframe
- ▶ Funding leverage of ERF allocations reaches 1:6 ratio or better.
- ▶ Cost recovery on international staff deployed to type 2 and type 4 emergencies reaches 80%.
- ▶ Partners and peers perceive CARE's interventions as timely and at scale or at least appropriate with room for scaling up in 80% of the emergencies
- ▶ Decisions about CARE's response to type 2 and type 4 emergencies are made and communicated swiftly (rapid onset: within 24 hours).
- ▶ Response strategies and proposals achieve a Gender Marker rating of 1 or higher, with 50% them achieving a Gender Marker Rating of 2a or 2b.
- ▶ All responses to type 2 and 4 emergencies have been subject to a timely independent evaluation, followed by an appropriate management response.
- ▶ All response teams were able to complement and maintain adequate staff capacity, including timely external deployments.
- ▶ CARE and its partners communicate and share all critical information appropriately with the affected population and key stakeholders.
- ▶ CARE and its partners have mechanisms in place to collect, analyse and respond in a timely way to feedback and complaints from the affected populations and other stakeholders.
- ▶ CARE responses achieve core technical quality standards in our core sectors (WASH, food security, shelter, and sexual and reproductive health).

GLOSSARY

accountability The means by which power is used responsibly, including how individuals and organizations report to their stakeholders, and are held responsible for their actions. Humanitarian accountability means being directly responsible to disaster-affected women, men, boys and girls.

advocacy The deliberate process of influencing those who make decisions.

cash facilitation A service to facilitate the delivery of cash to locations where formal banking infrastructure is not functioning.

chronic emergency An emergency characterized by long-term, persistent or recurring crisis conditions.

cluster A group of organizations and other stakeholders who work together to address humanitarian needs. Clusters are the central coordination mechanism in the UN's 'cluster approach' to humanitarian coordination. Clusters aim to facilitate effective coordination, share technical resources, set common standards and ensure that response gaps are addressed. Clusters are often (but not always) organized around particular sectors (for example, shelter or logistics). The cluster approach operates at field and global levels.

focal point The person or part of the organization responsible for acting as the main point of contact, providing technical advice or leading and coordinating work around a particular topic.

Fund Code A Fund Code (FC) is used for accounting of donor funds for CARE's projects. If there is more than one donor for a project there will normally be a separate Fund Code for each donor. See also Project Number. A Fund Code consists of two letters (identifying the CO) followed by three digits (identifying the source of the grant and/or the contract number).

go bag A bag that is always packed and contains essential items needed in case of evacuation.

host communities Communities that host large populations of refugees or internally displaced people, typically in camps or integrated into households directly.

humanitarian mandate The policy and, in some cases, legal framework that defines the responsibilities of humanitarian agencies or the commitment of these agencies to certain humanitarian principles, goals, objectives and practices.

humanitarian principles Humanitarian assistance must be provided in accordance with the principles of the humanitarian imperative, impartiality and independence. CARE is a signatory of and holds itself accountable to accepted

international humanitarian principles, standards and codes of conduct, including the Red Cross and Red Crescent and NGO Code of Conduct, the Sphere standards, and the HAP principles and standards.

humanitarian space A physical, political and institutional environment that allows impartial and independent humanitarian action.

incoterms An internationally recognized document that sets out the responsibilities for various liabilities involved in the international transport of goods.

in-country Occurring in the country of reference.

individual project implementation agreement (IPIA) An agreement between the CO and the CARE Member about the details and management arrangements of a project.

kwashiorkor A form of malnutrition resulting from a diet deficient in multiple nutrients, including protein.

Lead Member The national Member designated by CARE International as having the management responsibility for the work of CARE International in a given host country for coherent multi-year planning, project supervision and provision of necessary logistic support.

logframe A logical framework, or a summary in table format, of the goal, purpose, outputs and inputs of a project. Actual terms may vary depending upon the donor.

macronutrients Nutrients that the body uses in relatively large amounts, such as proteins, carbohydrates and fats.

marasmus A severe form of malnutrition caused by inadequate intake of protein and calories resulting in wasting and growth retardation.

micronutrients Nutrients that the body requires in relatively small amounts, such as vitamins and minerals (for example, vitamin A, vitamin C, iron, zinc, niacin, thiamin and riboflavin).

non-Lead Member Any Member of CARE International who has not been designated as the Lead Member in a particular country. The term is used for CARE Members that are not Lead Members in any CARE country as well as those that are Lead Members elsewhere but not in the country in question.

pooled funds The formation of common humanitarian funds where multiple donors or agencies contribute to the same fund. This term may be used in relation to pooled funds managed by UN agencies and donors, or may refer to the pooling of donor funds provided specifically to CARE where multiple donors contribute to the same overall pooled funds for the emergency response.

Project Number A Project Number (PN) and Fund Code (FC) are required for each project before implementation so that expenditure of project funds can be identified and tracked. All projects implemented by Country Offices must have a Project Number. A Project Number consists of three letters followed by three numbers. The letters indicate the country and are the same for all projects implemented in that country. The numbers are normally issued in consecutive order of Project Numbers being issued for that Country Office. There is normally only one Project Number issued per project regardless of the number of donors.

ration The particular amount of food provided by an assistance programme for beneficiaries in a specified target group to meet defined nutritional requirements.

ration scale The amount of food provided for each person for a defined period.

response gap or service gap The gap between the level of humanitarian needs and the level of humanitarian services responding to those needs delivered by government and non-government humanitarian actors.

Rubb hall A large and relocatable tent-like structure often used in emergency situations to provide temporary warehousing.

scale up Increase humanitarian operations or response in proportion to the changing situation on the ground.

syndromic treatment Treatment of the disease indicated by the symptoms despite absence of testing. Syndromic treatment is used in resource-poor settings where testing is unavailable to confirm diagnosis.

talking points Short statements that summarize the main points you and your colleagues plan to make during a press interview or meeting.

transparency The full, accurate and timely disclosure of information. Transparency is a necessary condition for accountability.

type 1, 2, 3, 4 emergency The type of emergency that CARE assigns to each emergency based on criteria established in protocol A2 emergency type.

2.7 p. 39 

vulnerability The conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards.

vulnerable groups Physically or socially disadvantaged persons who may be unable to meet their basic needs or vulnerable to protection threats, and may therefore require specific assistance.

z-score A standard measurement used during nutritional surveillance. 'Z' represents the mean. A z-score represents the standard deviation above or below the mean.

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INDEX

- accommodation, staff 164
- accountability 76–9, 255g
 - cash transfer programmes 101
 - definition 185
 - economic recovery 101
 - finance 149
 - and food distribution 89
 - minimum operating security standards 138
 - participation 109
 - partnership 134
 - procurement 162
 - safety and security 138
 - scaling up 8
 - strategic priority 27
 - see also Humanitarian Accountability Framework
- acute malnutrition (wasting) 88, 91, 92, 251
- acute respiratory infections see ARI
- administration 34, 164, 165
 - contact details 164
- advocacy 74–5, 76, 255g
 - approval of 180
 - and backlash 119
 - contact details 74
 - coordination of 71
 - education 104
 - environment 120
 - gender-based violence 105
 - humanitarian space 66
 - shelter and settlements 85
- agriculture 74, 250
- alcohol abuse 98
- ARI (acute respiratory infections) 90, 96
- assessment 124–5, 126
 - analysis and reporting 125
 - benchmark 188
 - contact details 124
 - in the field 125
 - as first response 18
 - gender analysis 125
 - gender balance of team 5, 8
 - information collection 125
 - planning checklists 207–9
 - preparation 124, 207–9
 - report format 210–12
 - team 124
- benchmarks 185–91
- beneficiary number 20
- breastfeeding 97, 122–3
 - contact details 122
- burn-out 12
- camp management 74, 250
- capacity assessment 5, 6, 37, 46–7, 170
 - contact details 46
 - Country Office rapid capacity assessment 172–9, 219
 - partner capacity assessment 221–5
- CARE
 - approach 25
 - Code of Conduct 25–6, 68, 134
 - gender commitments 28–9
 - independence 24
 - logo 144
 - objectives 24, 26–7
 - policy 31
 - response options 25
 - responsibilities of members 16
 - strategic priorities 27–8
 - value 25
- CARE Emergency Group see CEG
- cash facilitation 151, 255g
- cash management 150–1, 152, 153
- cash transfer programmes 99–101
 - checklists 237–9
 - contact details 99
- CCG (Crisis Coordination Group) 20, 33, 38, 41, 50
- CEG (CARE Emergency Group) 15–16, 35, 36
- census 198
- children
 - breastfeeding 97, 122–3
 - complementary feeding 122–3
 - and distribution 236
 - gender-based violence 107
 - HIV/AIDS 114, 115
 - malnutrition 91, 92
 - and mental health support 98
 - mortality rate indicators 252
 - nutrition 90, 97, 251
 - and vulnerability 24
 - chronic emergency 49, 75, 255g

- chronic malnutrition (stunting) 92, 251
- civil-military relations 65, 66–8
 - contact details 66
- clusters 70, 72–4, 129, 255g
- CMAM (Community based Management of Acute Malnutrition) 91
- CMR (crude mortality rate) 96
- CO (Country Office) 31–3, 36
 - capacity assessment 188
 - Emergency Response Fund 218
 - finance 149–50, 152
 - Food for Work distributions 234
 - and health 96
 - immediate response 4–7, 41, 43, 44, 48, 49
 - information management 141
 - media management 143
 - medical emergency evacuation 247, 248
 - orientation of new staff 229–30
 - personnel mobilisation flowchart 148
 - preparedness 2
 - proposals 130
 - rapid capacity assessment
 - questionnaire 172–9
 - rapid recruitment 228
 - scaling up 8–14, 20, 42, 51
- communicable diseases 96, 97
- communication
 - benchmark 190
 - with beneficiaries 8
 - CARE team 5
 - cash transfer programmes 100
 - comprehensible 110
 - contact details 13
 - and illiteracy 160
 - between teams 97
- communications ‘tree’ 140
- Communications Working Group see COMWG
- Community based Management of Acute Malnutrition see CMAM
- community participation 112, 138
- complaints mechanism procedure 192–3
- COMWG (Communications Working Group) 37
- condoms 114, 115
- conference calls 5, 39, 41, 43, 50
- confidentiality 105, 108, 119, 120
- conflict sensitivity 111–14, 120
 - benchmarks 112
 - contact details 17, 111
- ‘constant companion’ 140, 242
- contraception 93, 94, 114, 115
- contract management 10, 132–3
- coordination 70–4, 111
 - contact details 70
- Coping Strategies Index 87
- Country Office see CO
- Crisis Coordination Group see CCG
- critical incident management team 139
- crude mortality rate see CMR
- data, sex- and age- disaggregated (SADD)
 - assessment benchmark 188
 - clusters 73
 - emergency alert format 170
 - emergency situation report
 - format 180, 182
 - gender 59, 61, 63, 64, 147
 - information management 141
 - and monitoring 136
 - protection 119
 - shelter 83
- data collection 10, 239–41
- decision-making 47–50, 52
 - contact details 48
- design and monitoring 188–9
- diarrhoea 90, 96
- disaster risk reduction see DRR
- discrimination 105, 118
- disease 90, 96, 97
 - indicators 252
 - displaced people 84, 86
- distribution 159–60, 231–4
 - contact details 159
 - Food for Work distributions 234
 - gender 232, 233, 234, 235, 236
 - monitoring list 234–6
 - post distribution monitoring
 - checklist 236, 237
 - as priority 5
 - scaling up 12
- dollar handles 129
- donor contract management 132–3
 - contact details 132
- DRR (disaster risk reduction) 9, 84, 115–17, 118
 - contact details 115
- early recovery: lead agency 74
- economic recovery 101–3
 - contact details 101

- education 74, 103–4, 107
 - contact details 103
- emergency alerts 44–5, 169–71
 - contact details 44, 169
- emergency data, record of 239–41
- emergency preparedness planning see EPP
- Emergency Response Fund see ERF
- emergency response strategy
 - format 212–15
- Emergency Response Working Group see ERWG
- emergency situation report format 180–5
- emergency type 18, 37–43, 257g
 - contact details 40
- emergency unit, Lead Member role 33
- empowerment, female 28, 199
- environmental issues 9, 120–1
 - contact details 120
- EPP (emergency preparedness planning)
 - capacity assessment 170, 172, 173
 - and gender analysis 62, 202
 - programme strategy 20, 126
 - use of gender action plan 194
 - ERF (Emergency Response Fund) 217–18, 219
- ERWG (Emergency Response Working Group) 39
- evacuation 67, 241, 242, 245, 246, 247, 248
- evaluation 79, 135–7, 191
 - contact details 135
 - independent 10, 136
- exit strategy 101
- FAQs 18–22, 74
- feedback and complaints 8, 78–9, 190
- finance 149–54
 - budget development 154
 - cash management 150–1, 152, 153
 - contact details 149
 - detective controls 150
 - donor financial reporting and budget control 152, 153
 - extra staffing 12
 - Lead Member role 34
 - preventative controls 149–50
 - roles and responsibilities 149
 - scaling up 11
- focal point 255g
- food security and nutrition 86–8, 89, 90
 - assessment 209
 - contact details 86
 - gender-based violence 106
 - and health 96
 - lead agencies 74
 - technical contact 17
- fuel collection 106
- Fund Code 152, 255g
- funding proposals 130–2, 220–1
 - carbon offsets 121
 - contact details 130
 - contract management 133
 - early action 5, 6
 - and gender 8, 63, 64, 203, 253
 - scaling up 10
- fundraising 10, 33, 128–9, 130
 - contact details 128
- GAM (global acute malnutrition) 91
- GAP (gender action plan) 193–5
 - access to ERF 59
 - Country Office 175
 - early action 5, 62, 63
 - gender marker tools 202, 203, 204, 205
 - proposal writing 130
- GBV (gender-based violence) 93, 105–8, 109, 206
 - contact 105
- gender 59–65
 - assessment team 5
 - checklist 64
 - commitments 28–9
 - contact details 59
 - critical indicators checklist 64
 - and distribution 159, 160, 232, 233, 234, 235, 236
 - field team 8
 - food security and nutrition 89, 90
 - funding for equality 29
 - gender-specific impacts 62
 - local committees 110, 111
 - mainstreaming 201
 - participation 109
 - programme strategy and 126, 127
 - and response programme 9
 - and response strategy 7
 - sexual and reproductive health 93–5
 - shelter 105
 - and vulnerability 24, 26, 27
 - water, sanitation and hygiene 81, 82

- gender action plan *see* GAP
- gender analysis 19, 61–3, 196–200
 - accountability 76
 - cash transfer programmes 100, 103 and distribution 160
 - gender markers 201, 202, 203 and implementation 203–4
 - importance to response 27, 59, 193
 - shelter 84
 - water, sanitation and hygiene 81, 82
- gender balance
 - CARE teams 64, 226, 228
 - economic recovery 102
 - partnerships 134
 - promotion by HR 147
- gender-based violence *see* GBV
- gender continuum 59, 60–1
- Gender Focus 19
- gender integration 59, 60, 61–5
- Gender Markers 8, 63, 132, 200–5
- global acute malnutrition *see* GAM
- go bags 245, 255g
- 'good enough' approach 111, 113–14, 117, 124, 186
- Good Practices Framework for Gender Analysis 62, 196, 199–200

- HAF (Humanitarian Accountability Framework) 8, 76, 77, 135
 - benchmarks 185–91
- health 96–7
 - communicable diseases 96, 97
 - contact details 96
 - gender-based violence 107
 - indicators 96, 252
 - lead agency 74
- HIV/AIDS 93, 94, 114–15, 123
 - contact details 114
 - host communities 86, 89, 255g
- HR (human resources) 145–8
 - benchmark 191
 - capacity 145
 - communications 13
 - contact details 145
 - gender balance 147
 - gender-based violence 105
 - Lead Member role 34
 - minimum operating security standards 138
 - new staff 146
 - personnel mobilisation flowchart 148
 - recruitment 145, 146
 - safety and security 140, 145
 - scaling up 10
 - sexual exploitation and abuse 69
 - support 146
- Humanitarian Accountability Framework *see* HAF
- Humanitarian and Emergency Strategy, CARE 26–8
- Humanitarian Mandate, CARE 24–5, 185, 255g
 - humanitarian principles 24, 27, 65, 66, 256g
 - humanitarian space 65–6, 67, 256g
 - contact details 65
- hygiene 82, 96
 - indicators 249, 250

- IASC (Inter-Agency Standing Committee) 63, 65, 72, 81, 97, 199
 - identification 231
- IFRC (International Federation of Red Cross and Red Crescent Societies) 74
- impartiality 25, 65, 67, 112
- implementation, and gender analysis 203–4
- imports 162
- incident report checklist 243
- incoterms 155, 256g
- independence 65, 67, 112
- individual project implementation
 - agreement (IPIA) 256g
- Infant and Young Children Feeding in Emergencies *see* IYCF-E
- infant formula 122, 123
- information, pictorial 231
- information and feedback 78–9
- information management 12, 13, 141–2
 - contact details 141
- insurance 146, 155
- Inter-Agency Standing Committee *see* IASC
- International Red Cross, Code of Conduct 25–6
- inventory systems 12
- IOM (International Organization for Migration) 74
- IPIA *see* individual project implementation agreement
- IYCF-E (Infant and Young Children Feeding in Emergencies) 122

- job descriptions 12, 68, 146, 191, 226
- joint assessments 5, 109, 124
- kwashiorkor 91, 256g
- Lead Member 15, 32, 33–4, 36, 256g
- leadership 187–8
- local knowledge 117
- logframe 221, 256g
- logistics 12, 74, 155–8, 162
 - contact details 155
- long-term recovery, planning for 9
- macronutrients 256g
- malaria 90, 96
- malnutrition 89–92, 96, 122
 - indicators 92, 251
- MAM (moderate acute malnutrition) 91
- management team review 50, 51–5
 - contact details 51
- Mandates, roles and responsibilities
 - Protocol 31–9
- marasmus 91, 256g
- market assessment 100, 101
- markets, food 88, 89
- Markets Information for Food Insecurity Response Analysis *see* MIFIRA
- maternal health 94
- measles 90, 96
- media management 6, 142–4, 145
 - contact details 142
 - gender focus 143
 - media officer 12, 13
 - scaling up 10
- menstrual hygiene 82, 106
- mental health 97–9
- micronutrient deficiency 91, 92, 97
- micronutrients 251, 256g
- MIFIRA (Markets Information for Food Insecurity Response Analysis) 88
- moderate acute malnutrition *see* MAM
- monitoring 135–7, 188–9
 - contact details 135
- mortality indicators 251, 252
- needs assessment 20
- neonatal health 94
- NGOs (non-governmental organizations) 73
 - Code of Conduct 25–6
- no-weapons policy 66
- non-communicable diseases 97
- non-Lead Member 256g
- nutrition 86–92, 93
 - gender-based violence 106
 - indicators 251
 - infants 122–3
 - lead agency 74
- OHCHR (Office for the High Commissioner for Human Rights) 74
- operating models 28
- operational plan 21, 215–17
- operations, scaling up 10–13
- organizational chart 5
- orientation, new staff 146
- orientation checklist, emergency staff 229–30
- participation 109–11
 - benchmark 189
 - contact details 109
- partner capacity assessment guide 221–5
- partnerships 10, 68, 71, 133–5
 - contact details 133
- personnel mobilisation flowchart 148
- pooled funds 71, 257g
- post-exposure prophylaxis (PEP) 94
- powdered milk 122, 123
- preparedness
 - capacity assessment 174
 - clusters 72
 - and gender 59, 63, 193
 - partnership 134
 - responsibility for 39
 - as strategic priority 28
- procurement 12, 161–3
 - contact details 161
- programme management 10, 34, 69, 70, 134
- programme strategy 9, 126–8
 - contact details 126
 - Project Number 160, 257g
- proposals *see* funding proposals
- protection 74, 118–20
 - contact details 118
 - food security and nutrition 89, 90
 - gender-based violence 93, 105
 - psychosocial programming 97
- protocols, emergency management 30
- psychosocial programming 97–9
 - contact details 97

- purchasing and supply 158
- quality and accountability 76–80
 - contact details 76
 - key indicators 77
- quantitative indicators, examples 249–52
- rape 64, 98, 99
- rapid gender analysis tool 196, 197–9
- rapid market assessment 237
- rapid recruitment checklists 226–8
- ration cards 159, 232, 235
 - ration scale 233, 257g
- rations 160, 233, 234, 257g
- recipient registration 159
- records, emergency data 239–41
- recruitment, rapid 226–8
- Red Crescent Movement, Code of Conduct 25–6
- refugees 102, 104
- regional management unit *see* RMU
- remote monitoring 136
- resources, in-kind 102
- resources, shared 71
- respect 105, 119
- response focus 27
 - response gap 126, 257g
- response review 8, 10, 194
- response strategy 7, 20–1
- response targets 187
- response target indicators 253
- risk assessment 7, 13
- RMU (regional management unit) 15, 33
- Rubb hall 156, 257g
- SADD *see* data, sex- and age-disaggregated
- safety and security 138–40
 - assessment 124, 139
 - cash transfer programmes 100
 - CI Safety and Security Unit 38
 - contact details 139
 - and gender 81, 82
 - gender-based violence 105, 107
 - HR 140
 - implementation and monitoring 139, 140
 - Lead Member role 34
 - minimum operating security standards 138
 - principles 138
 - programme strategy 127
 - short plan format 244–8
 - of staff 66
- Safety and Security Unit, CI 16, 36
- SAM (severe acute malnutrition) 91
- sanitation 81, 82, 87, 106
- Save the Children UK 74
- scaling up 10–13, 20, 127
- SEA (sexual exploitation and abuse) 64, 68–9, 70
 - capacity questionnaire 175
 - CARE Code of Conduct 68
 - contact details 68
 - and early actions 8
 - feedback mechanism 69
 - food distribution 89
 - HR actions 69, 106
 - prevention of and management of consequences 94
 - programme management actions 69, 70
 - resources 69
- service gap 40, 42, 48, 257g
- settlements 85, 86
- severe acute malnutrition *see* SAM
- sexual and gender-based violence *see* SGBV
- sexual and reproductive health 93–5
 - contact details 93
 - standards 93
- sexual exploitation and abuse *see* SEA
- sexually transmitted infections 93, 94
- SGBV (sexual and gender-based violence) 63, 64, 85, 94, 98, 99, 115
- shelter 74, 83–6, 97, 105, 250
 - contact details 83
- sitreps (situation reports) 6, 50, 141
- sourcing supplies 162
- Sphere standards 80, 92, 93, 105, 136, 161
- staffing 5, 12, 52, 53
- stigmatization 108
- storage 155, 156, 157
- stress 12, 140
- stunting *see* chronic malnutrition
- 'sub-granting' 133
- substance abuse 98
- support systems, speeding up of 12
- syndromic treatment 94, 257g
- talent, capacity and capabilities 28

- talking points 257g
- technical specialists 9, 16–17
 - contact details 17
- telecommunications and information technology 12, 74, 165–6
 - contact details 165
- tender process 162
- transparency 159, 190, 257g
- transport 155, 157, 162
- travel arrangements 164
- trust 12, 107, 146
- type 1, 2, 3, 4 emergency 257g

- UNDP (United Nations Development Programme) 74
- UNHCR (United Nations High Commissioner for Refugees) 74, 102, 129
- UNICEF (United Nations Children's Fund) 74, 90
 - nutritional framework 87
- UNOCHA (United Nations Office for the Coordination of Humanitarian Affairs) 74, 125, 142

- vehicle management 158, 164
- verification, beneficiary lists 100
- visitors 13
- vulnerability 27, 116, 117, 119, 160, 258g
 - vulnerable groups 258g

- waste disposal 82, 83, 94, 121
- wasting *see* acute malnutrition
- water 82, 83
 - breastfeeding 122
 - communicable diseases 96
 - contact details 80
 - distribution queues 160, 231
 - and gender-based violence 106
 - and HIV/AIDS 94
 - indicators 249–50
 - and malnutrition 87
- WFP (World Food Programme) 74
- WHO (World Health Organization) 74, 108
 - growth standards 92
- Women's Empowerment Framework, CARE 199

- z-score 92, 251, 258g

USEFUL WEBSITES

CARE Emergency Toolkit

<http://www.careemergencytoolkit.org>
<http://spanish.careemergencytoolkit.org>
<http://french.careemergencytoolkit.org>
<http://www.careemergencytoolkit.org/arabic>

Username: cet@care.org
Password: staff

CARE resources

CARE International	http://www.care-international.org
Online training	http://www.careacademy.org
Program Quality Digital Library	http://pqdl.care.org
Donor policies and procedures	http://www.carematrix.org
CARE Wiki (Knowledge Sharing)	www.care2share.wikispaces.net
CARE USA portal	http://www.mycare.care.org
CARE Canada Minerva—emergencies page	http://minerva.care.ca/emergencies
CARE climate change site	http://www.careclimatechange.org

External websites

Sphere	http://www.sphereproject.org
Humanitarian Accountability Partnership	http://www.hapinternational.org
Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)	http://www.alnap.org
People in Aid	http://www.peopleinaid.org
Humanitarian Information Centres and Partners	http://humanitarianinfo.org
Interagency Working Group on Reproductive Health in Crisis	http://iawg.net
Overseas Development Institute	http://www.odihpn.org
Humanitarian Reform	http://humanitarianreform.org
All in Diary	http://www.allindiary.org

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It provides a step-by-step guide for what to do when an emergency first hits. It also contains CARE's most important emergency management protocols, plus summary guidelines and tools for emergency programmes and operations. The tools and formats section includes the most critical formats and checklists, such as alert and sitrep forms, assessment checklists, and many others.

All CARE managers and staff working in emergencies should use the pocketbook as a quick, practical guide so that our responses are as effective as possible and meet internationally agreed standards.

The pocketbook is a summary version of the comprehensive guidelines and tools for emergency response available in the online CARE Emergency Toolkit at www.careemergencytoolkit.org

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