



Emergency Preparedness Planning Guidelines



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FOREWORD

This guide to the Emergency Preparedness Planning (EPP) aims to provide a practical roadmap of the EPP process and direction on developing an operationally useful emergency preparedness plan. The guide consists of two parts: **Part I** offers an introduction to the EPP process, while **Part II** provides instructions on how to develop a written EPP document.

The present guide is accompanied by Emergency Preparedness Planning Workbook (click the link to open: [2.EPP Workbook.doc](#)), as well as Contingency Planning (CP) Guidelines and Workbook (click the links to open: [\2.Contingency Planning Guidelines\3.Contingency Planning Guidelines.doc](#) and [..\2.Contingency Planning Guidelines\4.Contingency Planning Workbook.doc](#)). These documents constitute integral part of the guidelines, and are designed to provide standardized templates for development of Country Office Emergency Preparedness and Contingency Plans.

Terminology used in the guidelines adopted from the “Living with Risk - A global review of disaster reduction initiatives”, 2004 version. Inter-Agency Secretariat of the International Strategy for Disaster Reduction (UN/ISDR). Click the link to open: [..\3.Reference Materials\Various materials\Terminology.pdf](#)

CARE Emergency Preparedness Planning and Contingency Planning Guidelines and Workbooks are available both in hard copy and electronic format. Reference Materials are only available in electronic format on the accompanying Compact Disc.

For easy navigation through the EPP and CP Guidelines and Workbooks in electronic format, have the Document Map option activated in Microsoft Word. To activate this option, click VIEW and then DOCUMENT MAP. Also, note that the Table of Content and text in these documents are hyperlinked, and can be followed by Ctrl + clicking the blue underlined links.

PART 1 - INTRODUCTION TO EMERGENCY PREPAREDNESS PLANNING

A number of recent studies show steady and significant increase of economic and human impacts of disasters. For instance in accordance to “Living with Risk: A global review of disaster reduction initiatives: 2004 version” published by Inter-Agency Secretariat of the International Strategy for Disaster Reduction (UN/ISDR)¹ economic losses of the major natural disasters increased three times, and number of affected population increased four times during the period of 1973 to 2002. In addition, experience shows that disasters disrupt development activities and can wipe out local gains; disaster losses interrupt and even aggravate development. Because it is the poor and marginalized populations who suffer the most, disasters impact on efforts to meet the Millennium Development Goals (for examples of how disasters impact on efforts to meet MDG click to open: [..\3.Reference Materials\Various materials\Disaster impact on MDG.pdf](#))

CARE Approach to Emergency Preparedness

CARE has invested considerable effort in the development of programming approaches that integrate disaster risk management with long-term programs that have the objective of addressing underlying causes of poverty and vulnerability. This means developing and applying various prevention, mitigation and preparedness policies, strategies and practices to minimize vulnerabilities and disaster risks. CARE firmly believes that emergency preparedness planning is a critical component for all development programming and is a necessary ingredient not only for effective emergency response but also for effective risk prevention, mitigation and preparedness before a disaster occurs.

For CARE, emergency preparedness encompasses all aspects of disaster risk management—from addressing underlying causes to responding in times of emergencies. **First and foremost, preparedness must focus on prevention and mitigation—taking pre-emptive measures to help communities avoid emergencies and become better equipped so that the impact of disasters are reduced.** Since some risks cannot be completely mitigated, Country Offices should always remain in a state of readiness to respond to crises.

In 2006 CARE has gone through a thorough and consultative process of reviewing its emergency work and developing an updated strategy to strengthen all aspects of CARE’s approach to and capacity for emergency preparedness and response. The resulting CARE International Emergency Strategy (click the link to open the full document: [..\3.Reference Materials\CI Emergency Strategy\CARE Emergency Strategy Summary.doc](#)) was approved by the CARE International Board in June 2006. According to this strategy “to be a leading humanitarian agency, CARE must have the capacity to respond, meet quality criteria, and be a leader within policy and some technical areas within the humanitarian community. To achieve this, CARE must truly put emergency work within the centre of our organizational mandate, we should prioritize attention to developing our emergency capability, and we should ensure that it has sufficient resources.”

Policy & Strategy Recommendations of the CI Emergency Strategy suggest that in the countries where CARE is present, “we should respond to all emergencies in country office operational areas within countries; and all major emergencies in the country”. “Where CARE is not present,

¹ Source: http://www.unisdr.org/eng/about_isdr/bd-lwr-2004-eng.htm accessed on 10 August 2006.

or has limited presence, we should consider responding to all major emergencies and should at least conduct an assessment, consider both direct & value-added partnership options, decide on response based on the above factors, and we should make a statement explaining the decision.” “CARE should focus on and develop the following specialized core sectors in Food/food security, Water and sanitation, and Shelter”.

Measurement of Preparedness

Preparedness is much more than having a documented plan. To put it simply, preparedness is a state of mind and a level of readiness. Good Country Office preparedness includes the right mitigation, preparedness, and response processes that are integrated into all development activities/programs.

Measuring preparedness starts with evaluating the **quality of mitigation** efforts and how well Country Offices have integrated disaster risk mitigation into its regular, non-disaster programming. If risk mitigation is successful, communities should be more resilient to disasters and more equipped to manage the consequences of emergencies with limited assistance from CARE or other organisations. If efforts at improving community-based preparedness are effective, a limited response to a disaster from CARE would be evidence of competence rather than a deficiency.

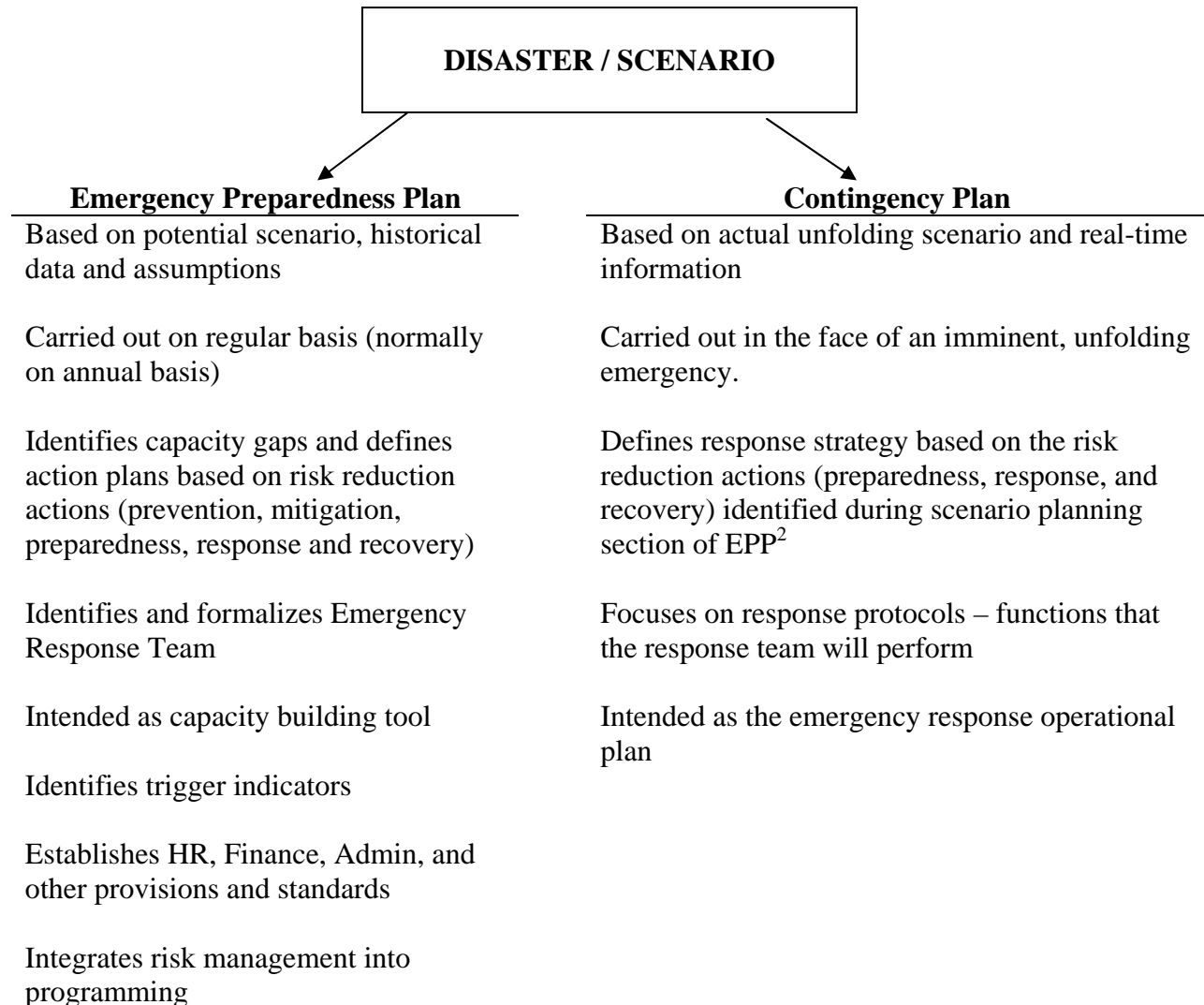
Secondly, if an emergency response from CARE is warranted, the measure of CARE’s preparedness is the **quality of response** - not the possession of a plan or the process used to develop it. The ultimate measure of the quality of its response is impact, which comes from competent performance - saved lives, improved livelihoods, minimized suffering, prevented destructions, as well as the timing and scale of the response. Overall, a well-prepared office should be:

- ✓ Able to identify high-risk situations and design programmatic interventions to reduce the effects of a disaster, both before and during, should the situation unfold.
- ✓ Able to strengthen community capacities to reducing the effects of identified risk situations and be better prepared to respond.
- ✓ Confident enough to “raise the alarm” in the event of an emergency (to CARE and the international community) and to provide best estimates of the situation.
- ✓ Able to categorize any emergency, factoring in scale, speed of onset and typology of causal factors.
- ✓ Able to realistically recognize its own capacity and limitations to respond.

Emergency Preparedness and Contingency Planning

Both Emergency Preparedness Planning (EPP) and Contingency Planning (CP) are scenario based planning tools used to ensure that adequate arrangements are made in anticipation of crisis. These are processes of developing strategies, arrangements and procedures to address the humanitarian needs of those adversely affected by the crisis. In other words, EPP and CP are simply making plans to respond to a crisis or emergency. However, while EPP is a tool to plan for **potential** emergencies, the CP is a tool to develop a detailed plan to respond to a **specific** crisis. While EPP normally is a regular (annual) planning exercise, CP takes place at the onset of a particular emergency. Ideally, the CP is based on the country office Emergency Preparedness Plan, and moves the EPP to the next level of detail to help CARE operationalise its response.

The following are the major characteristics of EPP and CP:



Contingency Planning refers to planning for a specific emergency. When a specific emergency is faced, Contingency Planning is to be initiated so as to put in place all essential measures to ensure timely and effective emergency response.

CARE has developed a stand alone Contingency Planning Guidelines, that are based on and follow the format of the EPP Guidelines. Click the following link to open the CP Guidelines: <..\2.Contingency Planning Guidelines\3.Contingency Planning Guidelines.doc>

² If this particular scenario was not considered in the EPP then it has to be developed during the Contingency Planning process

Emergency Preparedness Planning Steps

CARE Emergency Preparedness Planning involves the following major steps:

Step 1: Formation of Emergency Response Team

Step 2. Information Collection

Step 3. Country Office Capacity Inventory

Step 4. Risk Analysis

Step 5. Scenario Description

Step 6. Impact Analysis

Step 7. CARE Mitigation Measures

Step 8: CARE Response Interventions

Step 9: Management Considerations

Step 10: Action Planning

For detailed information and instruction on the emergency preparedness planning refer to Part II of these guidelines.

Writing and Distributing the Plan

While emergency preparedness planning is primarily a “thinking” process, it is also important to document all relevant discussions. The written plan should follow the format suggested in the EPP Workbook: 2.EPP Workbook.doc.

The plan should be much focused and should incorporate all critical information. The plan is a summation of the most important considerations, analysis, decisions made and action items identified during the EPP planning process.

Once the written plan is complete, staff members involved in the planning process should review the written plan for accuracy and completeness. Then the plan should be presented to the Country Director and the Country Office Senior Management Team (SMT) for their review and approval.

The EPP document will serve the needs of a variety of stakeholders, such as the Country Office, Lead Member Structures and CARE International. Once completed and approved, the Emergency Preparedness Plan (EPP) should be distributed to all key stakeholders, including everyone in the Country Office, to ensure that all staff affected by the plan understand it and its implications. In addition to emails and other standard communication mechanisms, this can also be done through a series of presentations, discussions, or simulation workshops.

Monitoring and Updating the Plan

Once the plan is put into use, the Country Office should ensure execution, continual review and updating of the plan. This includes addressing the EPP action points, and incorporating the EPP into operational, strategic and performance management documents, such as Annual Operating Plans and Individual Operating Plans. The Country Office Emergency Response Team (ERT) and Senior Management Team (SMT) should meet regularly to review the Emergency Preparedness Plan in order to ensure that action points are being addressed.

Even the best plans will require revision and modification when put to the test of reality. EPP document should be updated regularly to ensure that it remains current, relevant and appropriate. Updating the plan should be viewed as continuation of the actual planning process and the subsequent thinking/engagement process of staff and external counterparts. CARE recommends updating the plan every twelve months; for Country Offices experiencing frequent emergencies it should be done on a semi-annual or quarterly basis. When a specific emergency is faced, Country Office should move to development of a detailed Contingency Plan that will be based on the existing Emergency Preparedness Plan.

It is also important for Country Offices to review impacts and improvements that result from the Emergency Preparedness Planning. In doing this, County Offices can ensure that proper actions were taken to address capacity gaps and areas of weakness. Additionally, documenting impacts and improvements will help CARE boost credibility with its stakeholders - CARE will have evidence that it has taken the appropriate steps to become better prepared and can show that its actions and planning have resulted in reduced impact of emergencies.

PART II – THE WRITTEN PLAN

The sections below contain instructions on how to develop a written Emergency Preparedness Plan using the attached EPP Workbook. The workbooks can be opened by clicking here: [2.EPP Workbook.doc](#).

EXECUTIVE SUMMARY

This section should be written at the end of the EPP exercise, and should provide a summary of the analysis and decisions made, including the country emergency context, description of identified scenarios, and CARE mitigation, preparedness and response strategy (1-2 pages). Also, for each scenario ERT should indicate type of the disaster, severity level, and immediate impact of the disaster by completing the matrix in the workbook.

1. FORMATION OF EMERGENCY RESPONSE TEAM

Summary of the step:

- What: Identify members of the Emergency Response Team (ERT).
- Who: Country Director and the Country Office Senior Management Team.
- When: If the ERT does not exist in the Country Office, it should be formed at least one month prior to the Emergency Preparedness Planning workshop.

The purpose of ERT is to carry out the Emergency Preparedness Planning, as well as to coordinate the country office mitigation, preparedness, and response activities. ERT should be organized based on specific minimum functions that should be activated during an emergency. These functions include:

1. Emergency Response Coordination
2. Field Coordination
3. Logistics/Procurement
4. Information Management
5. Security

In addition to these minimum functions, the ERT should include members with the following emergency functions:

6. Administration
7. Human Resources
8. Finance
9. IT and Telecommunication
10. Media
11. Fundraising (Program design/proposal writing)
12. Government Liaison
13. Representatives from the Field Offices

Overall, the ERT should consist of 5-15 members, with the Emergency Response Coordinator (ERC) to lead and coordinate activities of the team. Each member of the ERT should have clear roles and responsibilities both for the preparedness and response phases. Job Descriptions of each ERT member should reflect those additional or “shadow” roles and responsibilities. (Refer

to attachment for generic CARE International TORs for various emergency functions ..\3.Reference Materials\Human Resources\CERT TORs).

The ERC in an emergency situation should be solely devoted to coordinate emergency activities and shall not be involved in other day-to-day programming matters of the CO which should be delegated to other members. An ERC who continues to manage his/her portfolio as a Project Manager or a Sector Coordinator during an emergency will not be able to function effectively in such situations.

The ERT structure should be articulated as part of the overall Country Office organisation chart so that everyone understands the reporting lines and how the ERT structure fits as part of the regular structure.

Good planning starts with the identification of the Emergency Response Team. Therefore, it is imperative that ERT structure defined, all ERT members are selected, and their roles and responsibilities defined well in advance of the Emergency Preparedness Planning. This will allow the ERT members to prepare relevant information in advance and allocate sufficient amount of time for EPP process.

2. INFORMATION COLLECTION

Summary of the step:

- What:
 - Review the EPP Guidelines and familiarize the ERT members with the process.
 - Develop the EPP Schedule: define dates, activities, and participants.
 - Identify type of information/data that needs to be collected prior to the EPP workshop. Identify sources of information and methods of data collection. Identify staff members responsible for information/data collection.
- Who: Emergency Response Team.
- When: Three weeks prior to the Emergency Preparedness Planning workshop.

During this step the ERT members should familiarize themselves with the EPP process by reviewing the EPP Guidelines and Workbook, ensuring that all ERT members have adequate understanding of the objectives, outcomes, and steps of the upcoming EPP workshop, as well as roles and responsibilities of each ERT member.

The ERT should then develop detailed workplan for the EPP workshop, which specifies type of activities to be carried out and defines participants of each activity. It should be noted that some activities will require input from other CARE staff (for instance during the analysis of specific CARE units/functions) or other organizations and relevant government structures (during scenario development and service gap analysis). Thus, the ERT should identify an external reference group consisting of representatives of the government, UN, and NGO organizations, who should be invited to participate in specific sections of the EPP workshop.

Each ERT member should be assigned for collection of external and internal information/data prior to the EPP workshop. The external information, which will later be used for risk analysis and scenario development, includes:

- Historical disasters in the country.
- Impact of these disasters.
- Top ten disasters in the country in terms of number of people killed, number of people affected, and total economic damage caused.³
- The main types of response to historical disasters.
- Last disaster CARE responded to and the main types of response to this last disaster.
- Final, evaluation or recommendation reports from previous emergencies.
- Country maps in both hard copies and electronic formats.
- Country statistical data: number of population per each administrative unit (province, region, district, city, village, etc)
- Basic CARE program data - population numbers of villages where CARE is currently working, project beneficiary numbers.
- Key vulnerability data per each administrative unit (if possible disaggregated by gender and age).
- Emergency Preparedness Plans (or similar documents) from the Government, UN, International and Local NGOs.
- One page summary of external organisations that play active role during emergencies (UN organisations, ICRC, IFRC, International and Local NGOs, and relevant governmental bodies), including their traditional roles/activities during both crisis and non crisis periods.

The internal, CARE specific information, which will be used to analyse the current capacity of the country office, includes:

- Country Office Organisation Chart.
- List of Country Office personnel.
- Country Office physical inventories, including offices, guesthouses, vehicles, and equipment per each office and location.
- Country Office key staff contact information.
- CARE International, CARE Lead Member, and Regional Management Unit key contact information.
- Contact information for the Government, UN, International and Local organizations active in the country and in the project areas.

3. COUNTRY OFFICE CAPACITY INVENTORY

Summary of the step:

- **What:** Review and analyze the CARE specific information identified by the ERT members. Pay particular attention to the Country Office Human Resources – analyse the staff experience and expertise in specific areas/functions. Complete the corresponding sections of the EPP Workbook.
- **Who:** ERT

³ This can be obtained from EM-DAT: The OFDA/CRED International Disaster Database - www.em-dat.net - Université Catholique de Louvain - Brussels - Belgium

- When: Emergency Preparedness Planning workshop.

3.1. Country Office Organization Chart

Insert the current Country Office Organization Chart.

3.2. Country Office Human Resources

List all Country Office Staff with the experience in the particular function or sector. Add additional sector as required. Note that, because some staff members, depending on their experience and expertise, may be listed under different functions and sectors, the total number of staff in this list may not be equal to the total number of staff of the country office.

3.3. Country Office Physical Resources

List all Country Office physical inventories, including offices, guesthouses, vehicles, equipment, etc. This information should be listed for each sub- or field office within the country office.

3.4. Country Office Key Staff Contact Information

Provide the Country Leadership Team and Emergency Response Team contact information, including Name, Position, Telephone, Email, and Radio call sign.

3.5. RMU, CARE Lead Member, and CARE International Key Contacts

Provide the updated contact information for the CARE International staff, including names position, phone, and email.

3.6. In Country Coordination Mechanisms and Contacts

Provide the contact information for the Government, UN, International and Local organizations active in the country and in the project areas.

4. RISK ANALYSIS

Summary of the step:

- What: Review and analyze the external historical information identified by the ERT members. Identify potential hazards that are most likely to occur within the next 12-18 months. List them in order of importance, those with the highest impact first. These hazards will then be the basis for the disaster scenario development. Complete the corresponding sections of the EPP Workbook.
- Who: ERT
- When: Emergency Preparedness Planning workshop

Disasters occur when natural or man-made hazards have an impact on human beings and their environment. Those who have more resources—both economic as well as social— often have a greater capacity to withstand the effects of a hazard than the poorer members of a society. Various factors (such as rapid population growth, urban or mass migration, inequitable patterns of land ownership, lack of education and awareness, and subsistence agriculture on marginal lands) lead to vulnerable conditions such as unsafe buildings and homes, deforestation, malnutrition, unemployment, underemployment, and illiteracy.

The concepts of vulnerability, hazard, and risk are dynamically related. Combination of hazards and vulnerability creates complex risk situations. The relationship of these elements can be expressed as a simple formula that illustrates the concept that the greater the potential occurrence of a hazard and the more vulnerable a population, then the greater the risk.

Risk = Hazard x Vulnerability

It is important to understand difference between the concepts of hazard and disaster. “Strictly speaking, there is no such thing as a natural disaster: there are only natural hazards. A disaster takes place when a society or community is affected by a hazard (it is usually defined as an event that overwhelms a society’s capacity to cope). In other words, the impact of the disaster is heavily influenced by the degree of the community’s vulnerability to the hazard.”⁴

In general, hazards can be categorized into man-made, natural, and technological. **Man-made hazards** include political instability, violence, civil unrests, armed conflicts, and war.

Natural hazards are processes or phenomena occurring in the biosphere that may constitute a damaging event. Natural hazards can be classified by origin namely: geological, hydro-meteorological or biological. Hazardous events can vary in magnitude or intensity, frequency, duration, area of extent, speed of onset, spatial dispersion and temporal spacing:

Geological hazards include internal earth processes or tectonic origin, such as earthquakes, geological fault activity, tsunamis, volcanic activity and emissions as well as external processes such as mass movements: landslides, rockslides, rock falls or avalanches, surfaces collapses, expansive soils and debris or mud flows. Geological hazards can be single, sequential or combined in their origin and effects.

Hydro-meteorological hazards are processes or phenomena of atmospheric, hydrological or oceanographic nature. Hydro-meteorological hazards include: floods, debris and mud floods; tropical cyclones, storm surges, thunder/hailstorms, rain and wind storms, blizzards and other severe storms; drought, desertification, wildland fires, temperature extremes, sand or dust storms; permafrost and snow or ice avalanches. Hydro-meteorological hazards can be single, sequential or combined in their origin and effects.

Biological hazard are processes of organic origin or those conveyed by biological vectors, including exposure to pathogenic micro-organisms, toxins and bioactive substances, which may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation. Examples of biological hazards: outbreaks of epidemic diseases, plant or animal contagion, insect plagues and extensive infestations.

⁴ *Good Practice Review, Disaster risk reduction, Mitigation and preparedness in development and emergency programming, John Twigg. Page 16*

Technological hazards are originating from technological or industrial accidents, dangerous procedures, infrastructure failures or certain human activities, which may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation. Some examples: industrial pollution, nuclear activities and radioactivity, toxic wastes, dam failures; transport, industrial or technological accidents (explosions, fires, spills).

Environmental degradation has been identified as a factor that may contribute to an increase in vulnerability and the frequency and intensity of natural hazards. Environmental degradation is defined as processes induced by human behaviour and activities (sometimes combined with natural hazards) that damage the natural resource base or adversely alter natural processes or ecosystems. Examples include land degradation, deforestation, desertification, wildland fires, loss of biodiversity, land, water and air pollution, climate change, sea level rise and ozone depletion.⁵

Disasters and emergencies are sometimes grouped into six main categories:

- *Natural, rapid-onset.* These are triggered by natural hazards such as earthquakes, cyclones, floods, landslides, avalanches, volcanic eruptions and certain types of disease epidemics. They occur suddenly, often with very little warning.
- *Technological, rapid-onset.* These are the result of industrial accidents (for example a chemical or oil spill or a nuclear accident), major transport accidents, or disruption to other technological systems. They also occur suddenly, with little warning.
- *Slow-onset.* This term is used mostly to refer to food shortage or famine triggered by drought or pest attacks on crops, where the crisis builds up over several weeks or months. It can also cover disasters caused by environmental degradation or pollution.
- *Complex political emergencies.* Natural hazards, especially drought, may be a factor here, but a complex political emergency is characterised by protracted political instability and often high levels of violence.
- *Permanent emergencies.* These are the result of widespread structural poverty that requires more or less permanent welfare, but can be made worse by natural hazards.
- *Mass population displacements.* Displacement can be a cause or a consequence of other types of emergency.⁶

5. SCENARIO DEVELOPMENT

Having identified the critical hazards to be addressed, ERT should develop risk scenarios. Scenario development is the process of presuming the likely consequences of a hazard and establishing planning assumptions. Planning assumptions can be drawn up at different levels, including general contextual assumptions such as humanitarian consequences and more specific

⁵ Hazard definitions adopted from “Living with Risk: A Global View of Disaster Reduction Initiatives (Geneva: UN International Strategy for Disaster Reduction), p. 39.

⁶ Adopted from Good Practice Review, Disaster risk reduction, Mitigation and preparedness in development and emergency programming, John Twigg. Page 17

assumptions such as likely humanitarian needs, assistance required by the humanitarian community, and the identification of potential constraints and gaps.

Scenario development is a critical part of the emergency preparedness planning process. Using scenarios is rehearsing for the future. Scenario analysis allows Country Offices to run through simulated events as if they were happening, and it helps staff to understand key variables in the environment, identify and recognize the warning signs of an unfolding event, identify actions that can mitigate negative impact of an event, avoid unpleasant surprises and reactive decision-making, plan for program strategies, and know how to act in the event of an emergency.

Country Office should develop two or three most likely scenarios.

5.1. Scenario 1

5.1.1. Scenario Description

Scenario development begins with a scenario description, which is nothing more than a description of a scene one would expect to see if the event actually occurred. The scenario description should be as detailed as possible, and should provide sufficient information on when the hazard event is going to occur, where it is going to occur, how communities are going to be affected, what is going to happen with household assets, how many people will be affected, and so on. Obviously scenario description will be based on a number of assumptions on the magnitude of the hazard and its impact. At this point, an educated estimate based on thoughtful analysis is sufficient. Note, that the scenario should be updated at a later stage: as it unfolds or as additional information becomes available.

The following questions will help in generating scenario description:

- What is the disaster that is occurring?
- Why is this disaster occurring?
- Where is it happening?
- When is it happening? And for how long?
- How are people being affected?
- Who is being affected? Estimated number of affected people by region/area.
- Estimated number children and women affected per each region/area.
- How vulnerable are the community?
- What is their capacity to cope? What are the coping strategies and capacities of men and women?
- How is the disaster going to affect livelihoods of the affected people?
- What are the most immediate needs of the affected population? (e.g. food, shelter, non-food items, etc.)
- What are the key constraints that actors in the response are confronting?

5.1.2. Impact Analysis

At this stage the ERT should analyze and identify social, economic, physical and environmental impacts of the risk scenario. These can be large or small scale, long or short term impact of the hazard event. At this stage it is important to brainstorm and

discuss all potential impacts, and not to focus only on those that CARE can address. Use the following key questions to help identify the impact:

- What is likely impact of event?
- What are the impacts on the environment including land, water, and other natural resources?
- What is the impact on physical infrastructure, such as roads, buildings, power lines, water supply systems, sewage systems, communication systems, etc?
- What is the impact on health care and education systems?
- What is the impact on national, regional and local economy?
- What is the impact on household economy?
- How the price of major food items is going to be affected?
- What is the major income of the local household? How would it be affected?
- Is the event going to cause migration of population?
- How is the safety and security of the communities going to be affected?
- Is the hazard going to affect the health status of the population? Is there a potential for disease outbreak?
- Are the local and governmental services going to be disrupted?
- Are local businesses going to be affected? How?

There are many web resources that can help the country office to identify typical impact of the most common disasters.⁷

5.1.3. Identification of Risk Reduction Measures

At this stage ERT should identify ALL prevention, mitigation, preparedness, response, and rehabilitation measures (not only those that CARE should or can focus on) to reduce probability or impact of the hazard.

Prevention activities ensure that the adverse impact of hazards and related disasters is avoided. **Mitigation** actions are taken to minimise the extent of a disaster or potential disaster. Mitigation can take place before, during or after a disaster, but the term is most often used to refer to actions against potential disasters. Mitigation measures are both physical or structural (such as flood defences or strengthening buildings) and non-structural (such as training in disaster management, regulating land use and public education).

Prevention and mitigation are pre-emptive measures that look to diminish negative impacts by identifying as early as possible any potential impact of hazards and the causes of a community's vulnerability to the hazards – thereby enabling the identification and integration of prevention and mitigation actions into non-emergency long term programs. Prevention and mitigation actions should help communities avoid emergencies where possible (e.g. construction of earthquake resistant buildings) and help them better prepare for and respond to disaster so that the impact of disasters is lessened (e.g. community

⁷ For instance information on typical impact of droughts can be accessed from National Drought Mitigation Center of University of Nebraska-Lincoln <http://drought.unl.edu/index.htm>. This information is also attached in the annex: [..3.Reference Materials\Various materials\Impact of Drought.pdf](#)

based disaster risk management training). If risk mitigation is successful, communities should also be more resilient, in other words, more capable to recover from negative impacts. Prevention and mitigation measures can also look at asset protection and saving or protecting of livelihoods, both in terms of reducing vulnerability to shocks, but also providing increased security on a day-to-day basis. For example, constructing small dams in Malawi has brought about a permanent desired change for communities, as well as lessening disaster impacts in times of drought.

Preparedness activities are specific measures taken before disasters strike, usually to forecast or warn against them, take precautions when they threaten and arrange for the appropriate response (such as organising evacuation and stockpiling food supplies). In many ways, preparedness is part of mitigation—measures that can be done in advance in anticipation of probable events. What is different is that preparedness measures are taken in the more immediate phase before a hazard event strikes. They are conducted when it is obvious that a risk will occur, irrespective of how much CARE has mitigated against the risk. Examples of preparedness measures could include early warning to communities, organizing an evacuation or pre-positioning of essential commodities and response stocks, or recruitment and training of additional staff. Conducting a ‘good enough’ conflict analysis is another example of a preparedness action for conflict related scenarios.

Response actions are taken to provide immediate assistance to fill gaps in community capacities. Although the impact of disasters can be reduced, often it is impossible to prevent the event from happening. Therefore, it is still critical that CARE remains continually in a state of readiness to respond. It is important to remember that communities are the FIRST responders. Identifying and enhancing their abilities and technical expertise and establishing local mechanisms are crucial to appropriate response. **Recovery/rehabilitation** actions are longer term activities to assist communities in rebuilding/restoring the damages caused by the disaster. Some examples of the rehabilitation activities include rehabilitation/reconstruction of roads, bridges, buildings, dams, water supply and irrigation systems, etc.

To develop the most effective measures to address impact, it is necessary to analyze the underlying causes. In other words, it is always a good idea to ask: why the hazard event has this particular impact, what is the reason for this impact. Some areas for consideration are root causes (lack of access to basic needs, political and economic systems), dynamic pressures (lack of skills, investment, markets, freedom as well as macro forces such as rapid urbanization, military expenditure, deforestation) or unsafe conditions (physical, economic, social and institutional).

It should be realized that some actions can have negative long term impact on communities. Therefore, careful consideration is required for reducing potential harm during mitigation, preparedness or response. This is most pertinent in situations of conflict or political unrest. Therefore, for conflict related scenarios, the scenario development process is a vehicle to discuss and analyze how CARE’s programming may inadvertently be causing harm, in other words exacerbating tensions or contributing to

causing or escalating conflict. Conflict sensitivity, put simply, means that any intervention is mindful of the conflict context and does not make it worse and where possible seeks to build peace. There are many tools to help us sensitize our work to conflict. Do No Harm is one tool that CARE is currently using.

Just as conflict is a cause of disaster risk in itself (a man-made hazard) it can also be a cause of human vulnerability as well as of continued or worsening poverty. In terms of vulnerability, the capacity to respond to shock of certain population groups can be severely constrained in a conflict context. For example, if rains fail, households may not be able to respond to the situation using their usual peace time coping strategies e.g. conflict may reduce their mobility, restricting access to markets or employment opportunities outside their village. In other situations, as conflict breaks, belonging to a particular ethnic group may be a cause of vulnerability.

For typical risk reduction strategies and activities for the most common natural disasters (Earthquakes, Land instabilities, Volcanic eruptions, Floods and water hazards, Storms, Droughts, and Chemical and industrial accidents) refer to IFRC Disaster Preparedness Training Program (click to open: [..\3.Reference Materials\Various materials\IFRC Disaster Preparedness Training.pdf](#), and [..\3.Reference Materials\Various materials\Risk Reduction Strategies by Hazard Type.pdf](#))

5.1.4. CARE Prevention and Mitigation Measures

Based on the potential prevention and mitigation activities identified during the previous step, ERT should now identify those activities that CARE can focus on or implement in its current or upcoming projects. Using the format suggested in the EPP workbook, identify current or up-coming projects that can incorporate prevention/mitigation activities. Identify how this integration can be carried out, by when, who is responsible, and what financial or otherwise support is required. Complete the relevant section of the workbook.

5.1.5. CARE Response Strategy

During this step the ERT should now focus on preparedness and response phase. Before CARE preparedness/response actions can be planned, Country Office needs to identify areas of geographic engagement and criteria for deciding whether to respond to an emergency or not (the criteria for making a decision about the engagement, as opposed the trigger which indicates when such a decision should be activated). During the planning process it is critical for the CO to have honest discussions, be clear about how decisions will be made in an emergency. For this purpose a specific set of criteria for engagement should be developed, and the service gap analysis carried out.

If the decision to engage in a response has been made, then the CO needs to define objectives of the intervention, geographic focus, trigger indicators, key interventions, and entry and exit strategies.

5.1.5.1. Criteria for Engagement

Discuss how decisions will be made on CARE's involvement in a response, and identify criteria for engagement. List with reasonable specificity criteria for CARE's involvement in a response. Consider standardizing this list for the region. Determine how many criteria should be present before a response is triggered. Some examples of engagement criteria are:

- National authorities formally declare an emergency.
 - There is significant loss of life or threat to livelihoods (define if possible).
 - At least XXX (number) of families are estimated to be affected.
 - Affected communities have attempted a response.
 - Local authorities have been given support and time to respond.
 - Local or national authorities have requested assistance.
 - Needs outstrip the capacity of local and national responders.
 - International agencies close to the emergency have been given support and time to respond.
 - Needs outstrip the capacity of international responders.
 - CARE has offered support to local or international responders.
 - CARE has an operational presence in the affected area.
 - CARE has ongoing programs in affected communities.
-
- CARE has the experience and skills to respond competently.
 - CARE has the operational capacity (staff, assets, transport) to respond.
 - CARE has a timely opportunity to help affected communities with mitigation and prevention.
 - There are good local partners with whom CARE can work.
 - CARE has a responsibility to respond (define if possible).
 - Not responding may jeopardize CARE's ability to meet its strategic objectives.
 - CARE risks becoming "obsolete" if it doesn't respond (sea change in operating environment).
 - People will die if CARE does not respond.
 - Media are present (candidly discuss implications).

Note that the CARE International Emergency Strategy (click to open: [..\3.Reference Materials\CI Emergency Strategy\CARE Emergency Strategy Summary.doc](#)) suggest that in the countries where CARE is present, "we should respond to all emergencies in country office operational areas within countries; and all major emergencies in the country". "Where CARE is not present, or has limited presence, we should consider responding to all major emergencies and should at least conduct an assessment, consider both direct & value-added partnership options, decide on response based on the above factors, and we should make a statement explaining the decision."

5.1.5.2. Partnership Analysis

Partnership analysis is a critical step in the process of disaster response between assessment and response planning. Partnership analysis includes mapping of other

key actors capacities and plans (which might have been done partly by other players like UN or national government). These capacities are to be projected on the needs (by sector and geographical region) identified based on the scenario(s).

ERT should also identify if the cluster approach has been developed and practiced by NGOs, UN and International organisations. The cluster leadership approach has been practiced in many countries as a mechanism that can help to address identified gaps in response and enhance the quality of humanitarian action by strengthening partnerships between NGOs, international organizations, the Red Cross and Red Crescent Movement and UN agencies. The cluster leadership approach can be used in both conflict-related humanitarian emergencies and in natural disaster situations. For more information on Cluster Leadership Approach click to open: [..\3.Reference Materials\Various materials\Preliminary Guidance Clusters - FINAL.DOC](#)

5.1.5.3. Geographical Focus

Depending on the type and scale of the disaster the ERT may need to identify those geographical areas where CARE will be best positioned to respond. This will depend on a number of factors, such as the current geographic focus of CARE programs in the country, impact of disaster in various geographic areas, as well as the capacity of government and other organisations to respond.

5.1.5.4. Objectives of CARE Interventions

As with any project design process, good objectives are essential to a successful plan. The objectives should be specific and clearly linked to the scenario. ERT should discuss and define what are the short term and long term goals of the CARE intervention. Is CARE going to provide only a short term immediate relief? Does CARE intend to engage in the longer term rehabilitation and development activities in the area?

5.1.5.5. Trigger Indicators

Trigger indicators are a set of criteria that informs decision making on when Country Office should activate its response interventions. While it is easy to know when to engage in response to some rapid disasters, such as flood, hurricane, and earthquake, it is more difficult to know when to start preparing and responding to slow onset disasters, such as drought and disease outbreaks. ERT should determine how many indicators should be present before a response is triggered, and list these indicators with reasonable specificity. Below are examples of trigger indicators:

- Crude mortality rate
- Morbidity, Mortality <5
- Malnutrition rate
- Crop maturation
- Distress asset sales
- Death or distress sale of livestock
- Increased market prices
- Distress migration
- Increased political violence

- Increased movement into cities or larger centres

5.1.5.6. Key Interventions/Actions

Based on the response measures identified earlier, identify those activities that will be carried out by CARE in response to the emergency. Identify type of intervention, target beneficiaries, number of beneficiaries, geographical area, mode of implementation (direct, partnership, mixed), and main partners. Consider following questions for specific sectors:

Food Aid

- ✓ What are traditional foods for this community? Are they available and in sufficient quantities?
- ✓ What are the needs of vulnerable groups, including HIV affected, disabled, children, and mothers? How does community assist these groups?
- ✓ Have food distributions been conducted in the past? What lessons have been learned?
- ✓ In case of IDP or refugee influx, how will local/host populations be affected and how can they be supported?
- ✓ What storage and logistics issues may constrain food aid?
- ✓ What weather considerations will affect the type of support provided?
- ✓ Are there any special requirements for packaging, cooking, qualities

Shelter and Non Food Items

- ✓ What is an average size of the local household?
- ✓ What are traditional shelter and non-food needs for this community?
- ✓ What are the cultural roles of men and women as related to their homes?
- ✓ What would be the population needs during the disaster?
- ✓ How are sites selected for temporary or long-term populations?
- ✓ Are sites pre-selected by the government? Are they appropriate?
- ✓ What land title /ownership issues will need to be addressed?
- ✓ What support can be provided to host families?
- ✓ What type of shelter is most appropriate for the weather conditions?

Water

- ✓ What safe water systems exist in country?
- ✓ What measures exist to reduce water use during drought?
- ✓ What equipment would be necessary to supply safe water (cleaning, wells, boreholes, bladders, etc?)
- ✓ What patterns of water collection, maintenance and management, different uses and responsibilities of water by men, women and children were practiced by the community before the emergency?
- ✓ What are the security aspects around water sources?

Sanitation

- ✓ What are traditional sanitation practices in this community?
- ✓ What are traditional sanitary habits of women and girls in this community?

- ✓ What are the cultural assumptions with regard to water and sanitation activities, for example during pregnancy? Do these traditions pose possible problems in crowded or temporary locations?
- ✓ What special sanitation facilities are necessary for women and girls?
- ✓ Will traditional sanitary practices exasperate the situation (particularly for disease outbreak)

Health and Nutrition

- ✓ What potential outbreaks need to be prepared for?
- ✓ Who is responsible for each level of health – hospital, outreach, mobile, psycho social, etc.?
- ✓ How strong are local health resources to provide for additional people? Are they well supplied and staffed?
- ✓ Are there male and female health staff? At what levels? What are the workloads of the various cadres of workers?

Psychosocial

- ✓ What are the threats to mental health and psychosocial well-being?
- ✓ How have communities traditionally promoted healing and recovery after death, violation or other traumatic events? What are the traditional/indigenous/local healing systems?
- ✓ How can the response of other sectors promote psychosocial well-being?

Education

- ✓ What level of schooling exists in this population?
- ✓ What curriculum was used?
- ✓ Are teachers and materials readily available?
- ✓ What is the condition and type of existing infrastructure?

Environment

- ✓ How is the environment already negatively impacted by current development practices?
- ✓ Do our programs already address environmental issues?
- ✓ How will our response impact the environment?
- ✓ What are the current fuel management practices of the community and how does this impact on the environment?

Economic Development/Livelihoods

- ✓ How will emergencies impact livelihoods?
- ✓ How will current economic projects be impacted by emergencies, particularly within micro-credit and loan projects?
- ✓ What economic potential exists within the scenario and how can we support and build capacities for self-reliance?

5.1.5.7. Entry and Exit/Transition Strategy

Based on the objectives and activities of CARE interventions, define the strategy to start the response operations, as well as exit from the emergency response, or transition from short term relief activities into longer term rehabilitation and development programs. The following questions help to define entry and exit/transition strategies:

- What are the short term and long term goals of the CARE response actions?
- How these will be achieved?
- Does CARE have a presence in the affected geographical area?
- If yes, what type of programming is currently being implemented?
- How will CARE switch from the current programming to the emergency response activities.
- What type of actions would it require?
- Is CARE going to carry out the activities directly or with partners?
- If CARE does not currently have presence in the area, what actions would be required to start the response operations?
- What potential harm can be done through these activities? See CARE Benefit-Harms Tools for more information on this – click to open: [..\3.Reference Materials\CARE Benefits-Harms Tools 01](#)
- How will CARE ensure internationally recognised minimum standards are met? Refer to Sphere Handbook for more information on these standards: [..\3.Reference Materials\SPHERE\Sphere Handbook.pdf](#)
- Who is responsible for communicating messages to this population?
- What traditional systems of communication are common and usable for disseminating messages?
- How CARE is planning to phase out from the response actions at the end of the emergency?
- If the CARE objective is to provide long term assistance to the affected population, what type of programs will CARE be implementing upon the completion of the immediate relief operation?

5.1.6. Local Considerations

During this step the ERT should identify critical issues that may affect Country Office ability to adequately prepare and respond to the emergency. ERT should examine specific country-level issues and identify information that needs to be considered during the emergency operations, such as language, culture, economy, infrastructure, security, political or ethnic tensions, local organisations, and local government. These considerations may influence some of the ways CARE prepares or responds to emergencies as well as advise CEG/HQ of critical contextual factors for their support considerations.

5.1.7. Programming Considerations

At this stage ERT should review programming considerations to ensure that the identified actions are in line with CARE mission and adhere to CARE and internationally

recognized standards. This piece of the plan should quickly brief program managers who will face important decisions around design and approach at the onset of an emergency.

5.1.7.1. CARE International Emergency Strategy

The CARE International Board approved CI Emergency Strategy and FY07 CI Emergency AOP in May 2006. The strategy uses a balanced approach to strengthen global capacity between CI members and CARE Emergency Group. The strategy is intended to enable CARE to respond more effectively and comprehensively to humanitarian emergencies worldwide and thereby increase the scope and impact of CARE's emergency programmes, as well as strengthen donor funding and CARE's profile.

According to the strategy, "CARE should adopt and measure the following criteria for effective emergency response: Effective emergency response should be timely, appropriate, proportionate, effective, accountable, efficient, consistent, coherent, and ensure safety & security of staff and beneficiaries."

"Where CARE is present, we should respond to: all emergencies in country office operational areas within countries; and all major emergencies in the country. Where CARE is not present, or has limited presence, we should consider responding to all major emergencies and should at least conduct an assessment, consider both direct & value-added partnership options, decide on response based on the above factors, and we should make a statement explaining the decision."

"CARE should focus on and develop the following specialized core sectors: Food/food security; Water and sanitation, and Shelter". CARE should "strengthen capacities of CI members, field offices and CEG in high priority areas including Food; Shelter; Water & sanitation; Logistics; Programme support; Global human resources and staff roster deployment; Team leadership, assessment, fundraising & preparedness; Policy, quality & accountability; Administration"

The CI emergency strategy is linked with "CI's strategic planning process, which recently outlined the following three proposed emergency principles:

- ✓ CARE will respond to emergencies as a rule, not as an exception, recognising its own capacity constraints
- ✓ CARE will bring a longer-term view to its emergency response work than others do; while recognising the value of occasional shorter-term responses to emergencies where CARE is not committed to subsequent development work
- ✓ CARE will become known for working in 2-3 particular areas, while recognising that its work must be adaptive to the needs of any emergency"

References: The CI Emergency Strategy and FY07 AOP: ..\3.Reference Materials\CI Emergency Strategy)

5.1.7.2. Rights Based Approach

Rights-Based Approach (RBA) is a common understanding that all human beings have certain rights. RBA look beyond providing basic needs and identify and empower people to know and claim their rights. Traditional “human rights” work used a legalistic approach to hold governments accountable to fulfill their legal obligations in terms of human rights. The term Rights-based Approach was chosen to make clear that CARE was more broadly focused than on legalistic, top-down battles. RBA involves a step-by-step, measured approach that helps people develop a sense of equity; exposes the roots of vulnerability and marginalization; and empowers people to claim and workshop their rights. The following key questions will help to ensure that the RBA is being considered in the emergency response:

- ✓ Does the County Office staff understand RBA? Has the staff been trained in RBA?
- ✓ What Rights based approaches do we already include in our strategy? How will these define our planning?
- ✓ Does the staff know Sphere Humanitarian Charter and Minimum Standards?
- ✓ Are the CARE actions/projects in compliance with Sphere principles and standards?

References:

- Defining Characteristics of Rights Based Approach: [..\3.Reference Materials\Rights Based Approach\Defining Characteristics of RBA.pdf](#)
- Incorporation of a Rights-Based Approach into CARE’s Program Cycle: [..\3.Reference Materials\Rights Based Approach\Incorporation of RBA in CARE programs.pdf](#)
- Other materials on RBA: [..\3.Reference Materials\Rights Based Approach](#)

5.1.7.3. CARE International Programming Principles

To help clarify what is meant by the concept of Rights-based Approaches in Programming, the RBA Reference Group articulated defining characteristics for the Rights-Based Approaches. These defining characteristics provided the foundation for developing the **CARE International Programming Principles** by the CARE International Program Working Group. The Programming Principles provide guidance staff can use to ensure they are meeting the standards for RBA work.

In order to fulfill CARE’s vision and mission, all of CARE’s programming should conform to the following Programming Principles, contained within the CI Code. These Principles are characteristics that should inform and guide, at a fundamental level, the way we work. They are not optional. The Programming Principles are:

Principle 1: Promote Empowerment

We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfil their rights, responsibilities and aspirations. We ensure that key participants and organisations representing affected people are partners in the design, implementation, monitoring and evaluation of our programmes.

Principle 2: Work with partners

We work with others to maximise the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfill rights and reduce poverty through policy change and enforcement.

Principle 3: Ensure Accountability and Promote Responsibility

We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfil their responsibilities.

Principle 4: Address Discrimination

In our programs and offices we address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

Principle 5: Promote the non-violent resolution of conflicts

We promote just and non-violent means for preventing and resolving conflicts at all levels, noting that such conflicts contribute to poverty and the denial of rights.

Principle 6: Seek Sustainable Results

As we address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programmes result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.

References: CARE International Accountability & Standards Benchmarks for Humanitarian Responses: ..\3.Reference Materials\CI Emergency Forms and Guidelines\CI Humanitarian Accountability Benchmarks Feb2006.doc

5.1.7.4. Gender

Emergency interventions and life saving strategies have a greater impact when there is understanding of men and women's different needs, interest, vulnerabilities, capacities and coping strategies. Humanitarian aims of proportionality and impartiality means we need to pay attention to achieving fairness between men and women and to the impact of programmes on men's and women's roles, workloads, access to and control of resources, decision-making power and opportunities for skill development. Cultural sensitivity is used as an excuse for inaction on gender issues, whereas, in practice, cultural boundaries are flexible and appropriate interventions can take advantage of this (Fawzi El-Solh 1995)

Recognition of the different power relationships between men and women has great affect on many aspect of project development and is critical throughout the project cycle. During emergencies and planning for response, the roles of men and women specifically with regards to who has access and control of resources, and who makes the decisions need to be assessed and understood for appropriate planning and response.

Throughout the Guidelines attempts have been made to integrate gender. In addition, the following good practices should be observed:

- ✓ Include both men and women at every level and stage of planning and response
- ✓ Include a gender specialist in your assessment teams
- ✓ Consider gender issues in your assessment questionnaire
- ✓ Complete gender training for all staff
- ✓ Pay particular attention to gender issues and complications in emergency situations

5.1.7.5. HIV and AIDS

HIV and Aids has been identified as a crisis which impacts enormously on any project. Within the context of emergency, this illness can be exasperated by exposure and poor nutrition. Consider following key questions:

- ✓ What particular vulnerability issues would the HIV and Aids population in your CO face during an emergency?
- ✓ How do you plan to integrate HIV and Aids program and issues into emergency plans?
- ✓ Do you currently have HIV and Aids projects? Do other agencies?
- ✓ Who are local partners and government ministries that work on HIV and Aids?
- ✓ How do you currently educate staff, beneficiaries and partners on behaviour change? How can you adapt this for emergency situations and mitigation?

It is recommended that HIV and Aids program staff are trained in emergency response and vice versa, Emergency leaders have received training in understanding the vulnerability of HIV and Aids affected populations. In addition, partners with HIV and Aids expertise are selected and trained for emergency preparedness.

References:

- Guidelines for HIV Interventions in Emergency Settings: [..\3.Reference Materials\HIVAIDS\HIV Interventions in Emergencies.pdf](#)
- Other materials on HIV and AIDS [..\3.Reference Materials\HIVAIDS](#)

5.1.7.6. Other Marginalized Groups

Other marginalized groups include women and children, elderly, physically and mentally disabled and ethnic minorities. Although often encompassed within RBA and SPHERE standards, during emergencies there is a need to specifically target and raise awareness of the rights and protection of these groups. Key questions to ask:

- ✓ What vulnerable groups will be impacted by the disaster?
- ✓ What makes them vulnerable (i.e. what are the underlying causes of their vulnerability) and in what way have their rights been violated or are they deprived of?
- ✓ What capacities do these vulnerably groups have? How can CARE build and improve on these?

- ✓ Is CARE already working with these groups?
- ✓ Are we reinforcing negative power structures or promoting new ones?
- ✓ Do the people we seek to help have an opportunity to tell us what they need?

References: ALNAP Guide to participation in emergencies: [..\3.Reference Materials\Various materials\ALNAP Participation Handbook.pdf](#)

5.1.7.7. Protection

Protection generally refers to protection from abuse, neglect and exploitation. In an emergency, women, children, disabled people, and the elderly are most at risk for protection violations. Legal frameworks are an important part of protection, however, protection often includes specific programming that seeks to address and empower the most vulnerable. For example, by providing safe spaces for women and children in an emergency, CARE can help protect them from sexual violence and exploitation as well as conduct important functions such as tracing and reunification services for unaccompanied and separated children. Confidential documentation of abuses and rights violations can also be conducted in safe spaces, as can referral services to other implementing partners who may be able to assist in other ways. Protection is also addressed through empowerment of vulnerable populations on decision making bodies. Some concrete protection guidelines in an emergency include:

- ✓ Assess the situation of children, women, disabled persons and the elderly and monitor / advocate against and report on severe, systematic abuse, violence and exploitation.
- ✓ Help prevent family breakdown; when it occurs assist with identification, registration and medical screening of separated family members, particularly children, and especially those under five years of age and adolescent girls; ensure that family-tracing systems are put in place with appropriate care and protection facilities.
- ✓ Prevent sexual abuse and exploitation of children and women by monitoring, reporting and advocating against instances of sexual violence, providing post-rape health and psychosocial care and support.
- ✓ Ensure that all humanitarian activities are undertaken in a manner that minimizes opportunities for sexual exploitation and abuse by humanitarian workers.

References: “An ALNAP Protection Guide for Humanitarian Agencies” [..\3.Reference Materials\Various materials\ALNAPprotectionguide.pdf](#) or download from <http://www.alnap.org/>

5.1.7.8. Civil Military Relationship

The purpose of the civil-military relationship analysis is to ensure that CARE manages its interactions with military forces (i.e., military forces of a state or regional-/inter-governmental organisation that are subject to a hierarchical chain of command, be they armed or unarmed, governmental or inter-governmental) in a fashion that safeguards humanitarian space while maintaining organizational safety and security. Such military presence may include a wide spectrum of actors such as

the local or national military, multi-national forces, UN peacekeeping troops, international military observers, foreign occupying forces, regional troops or other officially organized troops. For this purpose the CO can also carry out Conflict Analysis, including stakeholder analysis and mapping of different armed actors to enable informed decisions to be taken about any interactions with armed actors, including their wider consequences, for example in terms of conflict sensitivity, protection and humanitarian space. The following key questions help the country office with the civil-military analysis:

- ✓ Which part of the CO has responsibility for strategic interactions and policy decision-making?
- ✓ Which CO staff have responsibility for practical interfaces on the ground with armed actors?
- ✓ What is the capacity of CI, Lead Member, and other Country Offices to support on these interactions in relation to international forces?
- ✓ What will be the requirement of the function during the emergency?
- ✓ Who will make decisions at which level?
- ✓ Who will be responsible for negotiating access or otherwise interfacing with armed actors at different levels?
- ✓ Might additional human resource capacity be required, or can existing staff (e.g. Security Officer or Management) be trained in relevant skills?
- ✓ Which perceived neutral, third-party interlocutors (representative, or negotiator) might be best-placed to ‘front’ interactions with armed actors in given context? (e.g. NGO umbrella associations, UN OCHA)?

References: “An IASC Reference Paper on Civil-Military Relationship in Complex Emergencies, 22 June 2004”. ..\3.Reference Materials\Various materials\IASC Reference Paper on Civil-Military Relations June 2004.doc

5.1.7.9. Conflict Assessment

The aim of Conflict Analysis is to better understand the historical and structural antecedents of violent conflict and to better understand what converts latent conflict into open conflict or intensifies existing open conflict. The methodology, in conflict assessments conducted to date, has focused on analysis of conflict structures, actors and dynamics. Although for analytical purposes it is useful to divide analysis into these three areas, in reality they are closely inter-linked and should be viewed holistically. The objective of conducting conflict assessments is to improve the effectiveness of development policy and programs in contributing to conflict prevention and reduction. Conflict assessments can be used to assess:

- ✓ risks of negative effects of conflict on programs;
- ✓ risks of programs or policies exacerbating conflict;
- ✓ opportunities to improve the effectiveness of development interventions in contributing to conflict prevention and reduction.

References:

- DFID Guidance Notes on Conducting Conflict Assessments. ..\3.Reference Materials\Various materials\DFID Conflict Assessment Guide.pdf

- CARE Benefits-Harms Tools: [..\3.Reference Materials\CARE Benefits-Harms Tools 01](#)

5.1.7.10. Psychosocial Support

Psychosocial support addresses the social and psychological impacts that disasters/emergencies have on communities. Key questions for consideration:

- ✓ Does CARE have previous experience working in psychosocial support?
- ✓ Which partners have previous experience working in psychosocial support?
- ✓ Is CARE already working with psychosocial support in programs, particularly those around conflict resolution and peace building?
- ✓ Have partners with experience in community-based, psychological first aid, and treatment of the mentally ill been identified and MOUs prepared?

5.1.7.11. Sexual Exploitation

CARE has always placed high importance to core values of dignity, security, non-discrimination and equality and endeavours to continuously improve its staff policies to ensure that there is zero tolerance for any discriminatory, harassing or exploitative conduct in its workplace. The overall approach should recognize that. The following should be taken into consideration when designing CARE interventions and programs:

- ✓ Sexual exploitation and abuse is a taboo subject and people hesitate talking about it openly in most cultures.
- ✓ Gender-biases and discrimination are deeply embedded across cultures, therefore, bringing about positive and progressive change in attitudes and behaviour will require a long-term commitment.
- ✓ Given the unequal power relations between men and women and between providers and beneficiaries it is essential to find ways to ensure confidentiality and sensitivity in handling of any allegations of sexual exploitation.

The following key questions and recommendations designed to ensure that issues of sexual exploitation are given proper consideration:

- ✓ Has the organization adopted staff policy that clearly defines the principles and standards of behaviour expected of staff?
- ✓ Have all staff been oriented and trained on the policy?
- ✓ What is being done at the recruitment level to ensure that appropriately competent staff are being hired? How this issue is incorporated into briefings and handover procedures, and training for new staff?
- ✓ Have staff with responsibility to receive complaints and/or investigate cases been adequately trained in conducting the process in a thorough, non judgmental and confidential manner?
- ✓ Have accountabilities and responsibilities of managers been established at all levels to support and develop systems which support the effective implementation of the policy?
- ✓ What efforts have been made to reduce the risk of sexual exploitation in the communities where CARE provides assistance?

- ✓ Have appropriate reporting procedures and mechanisms been established for members of the program communities to report incidents of sexual exploitation by staff?
- ✓ How does the organization address this issue in its partnerships at an operational level?

References:

- Sexual Harassment, Exploitation and Abuse in Emergency Contexts -A Basic Module for Staff Orientation
- Ideas to Prevent and Respond to Sexual Exploitation of Beneficiaries in Relief Operations
- GUIDELINES TO REVIEW HARASSMENT/ SEXUAL HARASSMENT /EXPLOITATION POLICIES
- SEXUAL HARASSMENT AND EXPLOITATION AT WORKPLACE - A Facilitation Guide for Awareness and Action

Click the link to open these and other documents on sexual exploitation:

[..\3.Reference Materials\Sexual Exploitation Materials](#)

5.1.8. Management Considerations and Gap Analysis

At this stage ERT should review operations and management considerations, including program management (assessment, M&E, fundraising, media, information management, staffing) and strategic support functions/units (administration, procurement, logistics, human resource, finance, IT, security). Country Offices should first define the purpose of each sector/unit during the emergency, then identify ideal level of preparedness, analyse the current level of preparedness, and identify actions required to improve the level of preparedness (including system development, and training/capacity building actions).

5.1.8.1. Personnel Requirements**Goal and objectives during emergency:**

- Ensure effective and timely implementation of the Emergency Programs.

Required capacity and level of preparedness:

- Organisational chart for Emergency Programs defined
- Clear lines of authority and communication defined
- Roles and responsibilities defined
- Personnel for the key positions identified

5.1.8.2. Assessment and Analysis**Goal and objectives during emergency:**

- Assessments provide an understanding of the disaster situation and a clear analysis of threats to life, dignity, health and livelihoods to determine in consultation with the relevant authorities, whether an external response is required, and if so, the nature of the response
- Provides immediate assessment of a rapid on-set emergency as well as continual review and updating for slow on-set
- Ensures capacity in reviewing scenarios and on-set of emergencies.

Required capacity and level of preparedness:

- Assessment format is available in the Country Office, including:
 - ✓ Clear Objectives
 - ✓ Appropriate Team Composition
 - ✓ Logistical support
 - ✓ Information Requirements
 - ✓ Guidelines and tools
 - ✓ Data Collection Methods
 - ✓ Informants
 - ✓ Analysis Frameworks
 - ✓ Recommendations
 - ✓ Reporting
- Assessment team/staff have been identified and assessment training conducted to:
 - ✓ Team Leader
 - ✓ Program
 - ✓ Logistics
 - ✓ Security
 - ✓ Technical sectors- health, watsan, food, shelter
 - ✓ Media

Key questions for consideration:

- Who in the country (UN, Government, Red Cross, NGOs) is normally responsible for assessment?
- Are assessments usually inter –agency, multi-functional, multi-sectoral teams?
- What information is gathered for each stage of the emergency (early warning, deployment, immediate response, consolidation)
- Who, how and where is training conducted for these assessment teams?
- What standards or criteria are used?
- Do assessments take into consideration rights, gender, local capacities?
- Who will do the assessment?
- What formats will they use?
- Does the Country Office have staff trained in assessment?
- With which partners the assessments will be conducted?
- How the data will be analysed?
- How the information will be communicated?

References:

- “Sphere handbook 2004, Common standard 2: initial assessment”, page 29: [..\3.Reference Materials\SPHERE\Sphere Handbook.pdf](#)
- Quick guide on Assessment in Emergencies: [..\3.Reference Materials\Assessment\Assessments.ppt](#)
- Field Operations Guide For Disaster Assessment and Response, USAID, Chapter 2 – Assessments: [..\3.Reference Materials\Various materials\USAID Field Operations Guide Ver 4 0.pdf](#)
- Other materials on assessments: [..\3.Reference Materials\Assessment](#)

5.1.8.3. Design, Monitoring and Evaluation

Goal and objectives during emergency:

- Provides the strategy and direction for developing programming for mitigation, preparedness and response activities including the ability for CARE to analyze and assess the impact these programs have in reducing risk.
- Maintain quality of implementation of emergency response according to CARE guidelines
- Provision of high quality information for CARE management to make decisions
- Ensure CARE's accountability throughout emergency response

Required capacity and level of preparedness:

- Focal person dedicated full time to DM&E identified.
- Monitoring system and formats developed using and addressing Sphere Standards, Participation, Gender, Vulnerable groups.
- DM&E standards linked with existing projects, integrating emergency and development into single DM&E procedure.
- Early Warning Systems, both formal and informal, are included in DM&E.
- The CO is aware and capable of conducting the six weeks Post Event Evaluation required by CEG.
- Information flow is continual between CARE and communities/partners, enhancing community ownership and response to data collected and its analysis.

Key questions for consideration:

- How can CO current DM&E tools and processes be adapted for use in an emergency?
- Does the Country Office have systems in place to ensure regular collection of information in each of the technical sectors and to identify whether the indicators for each standard are being met?
- Are women, men and children from all affected groups are regularly consulted and are involved in monitoring activities.
- Are the programmes evaluated with reference to stated objectives and agreed minimum standards to measure its overall appropriateness, efficiency, coverage, coherence and impact on the affected population?
- Does the monitoring and evaluations take into account the views and opinions of the affected population, as well as the host community?

References:

“Sphere handbook 2004”, page 35: www.sphereproject.org or <..\3.Reference Materials\SPHERE\Sphere Handbook.pdf>

5.1.8.4. Human Resource Unit

Goal and objectives during emergency:

Ensure appropriate policy, procedures and systems are in place to support an emergency response, including any necessary adjustments to existing policy and procedures. Identify and deploy experienced staff through internal deployment,

external recruitment, and standby arrangements with partners. Ensure that CARE ongoing programs continued with minimum disruption during emergency. Recruitment shall be undertaken in a manner of fairness and respecting CARE Core Values, without any discrimination. HR plays a role in the organization structure planning and other strategic decision making for emergency planning and responses (safe staff arrivals, orientation and staff support).

Required capacity and level of preparedness:

- Emergency Response Team Identified
- Emergency Program Organization Chart in place
- Job Descriptions of ERT members updated to include additional roles in emergencies
- Succession Plan in place – to ensure Business Continuity, by anticipating the impact of emergency programming on CAREs operations and staff.
- Emergency Hiring Procedures updated (how to expedite hiring, how to call upon CERT and CI for additional staff)
- Databases of existing, former, and potential staff updated.
- Stress Management Plan in place – to ensure provision of ongoing or emergency stress management support.
- Staff Emergency Record updated.
- Antiterrorism requirements (OFAC) followed. This prohibits CARE from dealing with terrorists, including persons on various antiterrorism lists created by the State Department, FBI, Treasury, etc., and persons we reasonably suspect support terrorist activity even if they are not on lists.
- Orientation for all new staff provided, and Orientation Package (preferably both in hard copy and electronic format) updated to include the recent information (see reference below)
- Ensure appropriate conditions, benefits and support are provided to all staff, including, R&R provisions, Insurance, Health and psychosocial support, Living conditions and provisions
- Have up to date personnel contracts and files and ensure contract closure occurs for short term staff.

In addition, the HR Unit needs to ensure CARE staff Safety, Security and Welfare. Although all humanitarian workers are exposed to risks to their physical and psychological safety, emergencies pose a particular hazard because of the difficult operating environments, the urgency of response and long hours in the field, and exposure to dead bodies and/or engagement with survivors of natural disasters and armed conflict. Key questions to on the staff safety, security and welfare:

- ✓ Are CARE staff adequately trained in emergency safety and security protocols?
- ✓ Is there a comprehensive stress management plan in place?
- ✓ Have staff been briefed on the possible psychosocial consequences of an emergency assignment and have they assessed their self-care strategies?
- ✓ Do senior managers and team leaders have people-management skills appropriate to emergencies?

- ✓ How will all staff responding to the emergency be assured access to individual or group consultations to review and assess their experience?
- ✓ Have additional staff welfare resources been identified and are there ways to rapidly access these resources if needed?

References:

- CARE Orientation Package template: ..\3.Reference Materials\Human Resources\CARE Orientation package.doc
- CARE Safety and Security Handbook: ..\3.Reference Materials\CARE Safety and Security Handbook

5.1.8.5. Finance**Goal and Objectives:**

- Ensure the establishment of an efficient financial management structure for effective implementation of the program.
- Coordinate cash, cash flows and donor reporting for all projects and program support.
- Design and Effective Management of Budgets
- Effective cash flow and management in field
- Adequate capacity to cope with increase in funds and transactions
- Appropriate systems for many different and new donor funds in small amount of time
- Rapid and appropriate procedures including levels of authority and signatures which allow rapid procurement but appropriate level of accountability.

Required capacity and level of preparedness:

- Finance Manual is updated and includes emergency situations
- Authorization levels of approval of expenditure for emergency situation
- Increased level of signatory authorities for the key field staff
- Revise the existing cash flow procedures to reduce time required to approve and process payments, without compromising on accountability, transparency and integrity.
- Effective cash management procedures established– making sure that sufficient cash is always available in the bank account
- Expedited preparation and submission of financial reports
- Potential staff to work in emergency finance management identified
- Emergency field office cash flow controls and cash handling for insecure situation are in place
- Ensure proper coordination with the program and emergency units
- Provide daily cash management updates and cash positions, updates on budgets and expenditures, and funding matrix/portfolio
- CO has understanding of donor requirements for emergency contexts

References: Financial Management for Emergencies (FME): click to open: <..\3.Reference Materials\Finance\Finance in Emergencies\default.htm> or download latest version from: www.fme-online.org

5.1.8.6. Administration

Goal and Objectives:

- Ensure establishment of an efficient administrative management structure that provides timely support for effective implementation of the program.
- Effective administrative procedures used at national and field levels
- All assets and inventory requirements are effectively managed
- Effective fleet management to meet emergency needs
- Administrative support provided to staff and visitors for travel, accommodations, supplies and provisions
- Compliance with all Government requirements and permits
- Offices, houses, warehouses and other buildings rented, equipped and maintained

Required capacity and level of preparedness:

- Current and appropriate procedures which permit a rapid and effective response.
- Clarity of roles and responsibilities.
- Procedures and forms in place in national and field office levels for
- Job descriptions in place for administrative staff in emergencies
- Filing system in place
- Fleet management system in place
- Government requirements and systems well understood
- Rental agreements available
- Offices have back up systems in place
- Communication equipment is available and functional (hand-held radios, mobile and land-line phones, etc)
- All import, shipping, customs clearance, travel and other authorizations are obtained and in place
- Back-filling plan prepared to analyse and plan for impact of mobilising of resources for, or shifting to emergency response, on the ongoing programs

5.1.8.7. Procurement

Goal and Objectives:

- Timely procurement of goods and services for effective implementation of the program in adherence to donor requirements and CARE policies.
- Ability to procure internationally.
- Required supplies, specifications and sources quickly identified.

Required capacity and level of preparedness:

- Procurement policy for emergency situation in place
- Knowledge of international procurement and import requirements
- Knowledge of major donor procurement guidelines/ changes in emergency situation

- Knowledge of the latest customs clearance regulations for import and export.
- Knowledge of prohibited items.
- Supplies likely to be required in emergency scenarios documented and suppliers identified
- List of providers and preferred vendors exists and is updated to include vendors of emergency supplies.
- Regular reporting system exists.

References: Extract from CARE Procurement Manual [3.Reference Materials\Procurement](#)

5.1.8.8. Program Logistics

Goal and Objectives:

- Transportation, warehousing, dispatch and distribution of supplies and commodities to the program areas in a timely manner in adherence to donor requirements and CARE policies.
- Maintenance of controls and inventory system.
- Coordination with other authorities and stakeholder to ensure effective logistics

Required capacity and level of preparedness:

- Appropriate plans for storing, transporting and distribution of materials in place
- Contracts/MOU with key service providers are developed and ready to be activated (e.g. with private contractors, government, UN and other agencies)
- Reliable transportation service providers identified.
- Appropriate warehousing management procedures in place.
- Inventory management and control system in place.
- Staff trained in management of program logistics.
- Good contacts with authorities and other agencies on logistics matters.
- Security procedures in place

5.1.8.9. Information Technology and Telecommunications

Goal and Objectives:

- Ensure rapid establishment of appropriate information technology and telecommunications services in the emergency areas, including internet connection, landline and mobile connections, faxes, satellite phones, radios, etc.

Required capacity and level of preparedness:

- Likely impact of the emergency on IT and telecommunication analysed, and appropriate plan developed.
- Potential requirements on number and type of computing, printing, and telecommunication equipment identified.
- IT Staffing requirements identified
- Back up communication plan prepared.
- Potential internet providers identified.
- Potential telephone communication providers identified

- Government regulations on import and use of radio, satellite, and telecommunication equipment identified.
- Interagency telecommunication coordination mechanisms identified, and agreements with UN or other agencies developed for access to their communications systems in event of crisis.

Reference: CARE IT Standards and Guidelines 2005: [..\3.Reference Materials\Information Technology\CARE IT Standards and Guidelines 2005.doc](#)

5.1.8.10. Security

Goal and Objectives:

- Ensure safe access to affected populations, and the safety and security of staff and assets.
- Undertake risk and threat assessment to determine the exact nature of crisis, potential developments, and implications for program delivery and staff security.
- Undertake a rapid review of security preparedness in country and field offices and provide appropriate guidance, resources and training.
- Define appropriate responses to risks and apply preventative safety and security measures
- Ensure effective information sharing among humanitarian community regarding safety and security risks
- Manage appropriate responses to crisis situations (e.g. accident, injury, kidnapping)
- Ensure policies and procedures for safety and security are well understood and adhered to.

Required capacity and level of preparedness:

- Identified and trained focal point for Security
- Evacuation plans are in place and practiced
- Identify key risks and corresponding security measures for emergency scenarios
- Safety and security monitoring system in place.
- All staff completed CARE Safety and Security training, and understand safety and security measures to be applied in emergency
- External relationships with UN, Police, and Government officials identified and practiced

Reference: CARE International Safety and Security Handbook (in five languages): [..\3.Reference Materials\CARE Safety and Security Handbook](#)

5.1.8.11. Fundraising

Goal and Objectives:

- To ensure that adequate financial resources are available for the mitigation, preparedness and response measures.
- Situation Awareness, Donor and Sector Awareness, and Proposal Development.
- Public Fundraising activities- press, appeals, stories and photos

- Provide information, stories and photos for fundraising purposes

Required capacity and level of preparedness:

- Have relevant formats and guidelines for emergency funds easily accessible
- Have contact details for donors and CARE members updated.
- Maintain good relationships with CARE members, donors and UN agencies
- Ensure awareness of different types of funds and donors available and how to access them, such as:
 - CARE emergency response funds
 - Bilateral
 - Multilateral and UN
 - Private foundations
 - Public appeals
- Access to or capacity to write human interest stories and take photos.
- Identify person responsible for donor liaison.

5.1.8.12. Media**Goal and Objectives:**

- External Liaison and Communications in a professional manner: with international and local journalists, filmmakers, and photographers
- Raise awareness internationally and promote fundraising

Required capacity and level of preparedness:

- Focal points (authorised spokesperson) for the main office and sub offices identified
- Key messages developed
- Focal points trained in media relations, media monitoring and evaluation
- Staff are trained how to deal with media
- Documentation on CARE activities and programs developed and available (reports, stories, photos, etc)

References:

- Draft Emergency Media Guidelines: [..\3.Reference Materials\CI Emergency Forms and Guidelines\DRAFT-PROPOSED-EMERGENCY MEDIA GUIDELINES.doc](#)

5.1.8.13. Information Management**Goal and Objectives:**

- Gather and disseminate information on the emergency situation and CARE's response back to CARE International Member offices for use in emergency response, fundraising and communications activities.
- Ensure appropriate and effective internal information flow to CI, CARE Lead member, and other Country Offices.
- Quality information gathered, processed and disseminated
- Generation of reports and response to requests for information

Required capacity and level of preparedness:

- Focal point (a person with superior written communications skills, and three to five years writing experience) for information management is identified
- Internal reporting/information sharing mechanism established
- Identify central location of data and information
- Focal point and other staff trained and familiar with formats of Situation reports, Alerts, Assessment Reports, and other formats.

References:

- CARE Emergency Alert Form: [..\3.Reference Materials\CI Emergency Forms and Guidelines\CARE Emergency Alert form.doc](#)
- CARE Situation Report Form: [..\3.Reference Materials\CI Emergency Forms and Guidelines\CI Emergency Sitrep Form.doc](#)

5.1.8.14. Other Functions

Analyze other functions or units in the Country Office (if any) in accordance with the instructions given in the previous sections.

5.1.9. Action Plans

Identifying processes to accomplish mitigation, preparedness and response measures will lead to action plans. Country offices should identify critical actions to be completed in the review periods, assign actions to individuals and set time frames for completion to address these capacity gaps. Country Offices should consider what financial and other resources are necessary to complete these tasks.

The action plan should include the following sections

- Staff development needs, such as formal training sessions, temporary duty assignments (TDY), or Experiential Learning Opportunities (ELO)
- Organisational capacity building needs, such as development/updating of manuals and procedures
- Infrastructure/equipment related needs, such as purchase of equipment or setting up communication infrastructure.

It is important for action plans to be practical, concrete, and achievable within a certain time frame. Country Offices also should look to partners to help fill capacity gaps that cannot be addressed internally.

5.2. Scenario 2

Complete the steps 5.1.1 to 5.1.9 above.

5.3. Scenario 3

Complete the steps 5.1.1 to 5.1.9 above.

6. REFERENCES⁸

- 6.1. CARE International Emergency Strategy: [..\3.Reference Materials\CI Emergency Strategy](#)
- 6.2. CARE International Emergency Forms and Guidelines: [..\3.Reference Materials\CI Emergency Forms and Guidelines](#)
- 6.3. CARE USA Emergency Response Fund (ERF) Guidelines, Policies & Procedures: [..\3.Reference Materials\ERF Guidelines](#)
- 6.4. Country Office Emergency Protocols: [..\3.Reference Materials\CARE Emergency Protocols](#)
- 6.5. CARE Safety and Security Handbook: [..\3.Reference Materials\CARE Safety and Security Handbook](#)
- 6.6. CARE Food Manual: [..\3.Reference Materials\CARE Food Manual](#)
- 6.7. CARE Benefits-Harms Tools: [..\3.Reference Materials\CARE Benefits-Harms Tools 01](#)
- 6.8. Assessment: [..\3.Reference Materials\Assessment](#)
- 6.9. Finance: [..\3.Reference Materials\Finance](#)
- 6.10. HIV and AIDS: [..\3.Reference Materials\HIVAIDS](#)
- 6.11. Human Resources: [..\3.Reference Materials\Human Resources](#)
- 6.12. Information Technology: [..\3.Reference Materials\Information Technology](#)
- 6.13. Partnership: [..\3.Reference Materials\Partnerships](#)
- 6.14. Procurement: [..\3.Reference Materials\Procurement](#)
- 6.15. Rights Based Approaches: [..\3.Reference Materials\Rights Based Approach](#)
- 6.16. Sexual Exploitation: [..\3.Reference Materials\Sexual Exploitation Materials](#)
- 6.17. Good Practice Review, Mitigation and preparedness in development and emergency programming, John Twigg: [..\3.Reference Materials\Various materials\HPN Good Practice Review Risk Management](#)
- 6.18. Avian Influenza: [..\3.Reference Materials\Various materials\CARE Avian Influenza Booklet 2006.pdf](#)

⁸ The reference materials are available in electronic format on the accompanying Compact Disc.

- 6.19. Terminology (Adopted from: Living with Risk - A global review of disaster reduction initiatives, 2004 version. Inter-Agency Secretariat of the International Strategy for Disaster Reduction (UN/ISDR): [..\3.Reference Materials\Various materials\Terminology.pdf](#)
- 6.20. An ALNAP Protection Guide for Humanitarian Agencies: [..\3.Reference Materials\Various materials\ALNAPprotectionguide.pdf](#) or download from the ALNAP website <http://www.alnap.org/>
- 6.21. ALNAP Participation Handbook: [..\3.Reference Materials\Various materials\ALNAP Participation Handbook.pdf](#)
- 6.22. SPHERE HANDBOOK: [..\3.Reference Materials\SPHERE\Sphere Handbook.pdf](#), or download from: <http://www.sphereproject.org/handbook/index.htm>
- 6.23. DFID Guidance Notes on Conducting Conflict Assessments: [..\3.Reference Materials\Various materials\DFID Conflict Assessment Guide.pdf](#) or download from <http://www.dfid.gov.uk/pubs/files/conflictassessmentguidance.pdf>
- 6.24. IASC Civil-Military Relationship in Complex Emergencies: [..\3.Reference Materials\Various materials\IASC Reference Paper on Civil-Military Relations June 2004.doc](#)
- 6.25. IASC Inter-Agency Contingency Planning Guidelines: [..\3.Reference Materials\Various materials\IASC Inter-Agency CP guidelines 15.11.'01.pdf](#)
- 6.26. UN Cluster Approach: [..\3.Reference Materials\Various materials\Preliminary Guidance Clusters - FINAL.DOC](#)
- 6.27. REDUCING DISASTER RISK: A CHALLENGE FOR DEVELOPMENT. United Nations Development Programme: [..\3.Reference Materials\Various materials\REDUCING DISASTER RISK.pdf](#)
- 6.28. Living with Risk: A global review of disaster reduction initiatives: [..\3.Reference Materials\Various materials\Living with Risk.pdf](#)
- 6.29. Disaster Impact on Millennium Development Goals: [..\3.Reference Materials\Various materials\Disaster impact on MDG.pdf](#)
- 6.30. Impact of Droughts: [..\3.Reference Materials\Various materials\Impact of Drought.pdf](#)
- 6.31. Risk reduction strategies for some common disasters: [..\3.Reference Materials\Various materials\Risk Reduction Strategies by Hazard Type.pdf](#)
- 6.32. IFRC Disaster Preparedness Training Programme: [..\3.Reference Materials\Various materials\IFRC Disaster Preparedness Training.pdf](#)