



REGIONAL PROTOCOL

for the Integrated Protection of Children
and Adolescents in Emergency and
Disaster Situations



Table of Contents

Contents

Acknowledgement	5
About CDEMA	5
Acronyms & Abbreviations	7
1.0 Introduction	8
1.1 What is Integrated Protection?	9
1.2 Considerations for Multi-sectoral Interventions in support of an Integrated Protection in Emergencies	9
1.3 Objectives of the Protocol	9
2.0 Legal and Normative Framework	10
2.1 International	10
2.2 National	10
2.2.1 National Frameworks for Disaster Management	10
2.2.2. National Constitutions	11
2.3 Social-ecological Model (SEM)	11
3.0 Principles and Standards Guiding the Protection of Children and Adolescents in Emergency and Disaster Situations	13
3.1. Key Principles of the Convention on the Rights of the Child	13
3.2 Principles Guiding the Work for Integrated Protection	13
3.3 Standards Guiding the Work for Child Protection	15
3.4 Policy Guidelines for Protecting Children and Adolescents in Emergency and Disaster Situations	17
3.4.1 General Guidelines	17
3.4.2. Specific Guidelines	18
4.0. General Protection Risks Faced by Children and Adolescents in Emergency & Disaster Situations	19
4.1. Child Protection is Imperative	19
4.1.1 Unintentional Injuries	19
4.1.2. Displacement	19
4.1.3. Family Separation	20
4.1.4. Physical Abuse and Violence	20
4.1.5. Sexual Abuse and Violence	20
	2

4.1.6. Emotional and Psychological Distress	21
4.1.7. Gender Based Violence	22
4.1.8. Child Labour	22
4.2 Child Protection Risk by Sectors	22
4.2.1. Water, Sanitation & Hygiene (WASH)	22
4.2.2. Education	23
4.2.3. Health	23
4.2.4. Nutrition	23
4.2.5. Gender	24
4.2.6. Disability	24
5.0. Actions to Ensure Integrated Protection of Children and Adolescents in Emergency and Disaster Situations	24
5.1 Preparedness Phase	24
5.1.a. Coordination and Multi-sectoral Actions	25
5.1.b. Communication and Building Awareness	27
5.1.c. Information Management	28
5.1.d. Engaging Children in Preparedness	29
5.1.e. Staffing and Human Resources	30
5.1.f. Staff Wellbeing in Emergencies	30
5.1.g. Medical Preparedness	31
5.1.h. Social Protection (SP) in Emergencies	33
5.1.i. Education	34
5.1.j. Child Protection Monitoring	36
5.1.k. Child Friendly Spaces (CFS)	37
5.2 Response Phase	38
5.2.a. Coordination and Intersectoral Actions	38
5.2.b. Communication and Building Awareness	39
5.2.c. Information Management	40
5.2.d. Rapid Assessment	41
5.2.e. Shelters	43
5.2.f. Distribution and Relief Items	43
5.2.g. Social Services, Mental Health and Psychosocial Support (PSS)	45
5.2.h. Medical Assistance to Vulnerable Populations	46

5.2.g. Education	47
5.2.h. Security and Child Protection	48
5.3 Recovery Phase	48
5.3.a. Child Protection and Early Recovery	49
5.3.b. Communication and Building Awareness	50
5.3.c. Information Management	51
5.3.d. Medical Assistance, Mental Health and Psychosocial Support (PSS)	51
5.3.e. Livelihoods and Social Services	53
5.3.f. Education	54
5.3.g. Child Friendly Spaces	55
5.3.h. Security, Justice for Children and Child Protection	55
5.3.i. Monitoring and Evaluation	57
References	59
Glossary	63
ANNEX A: Outline for Mapping and Assessment Toolkit for Child Protection Systems	65
ANNEX B - Commitment to Protecting Children in Emergencies and Disaster Situations	66
ANNEX C - Child Protection Rapid Assessment Form	68
ANNEX D - Rapid Assessment “What We Need to Know” Sheet/Checklist	71
ANNEX E - Code of Conduct Agreement	73
ANNEX F – Nine Components of Health Care System	74
ANNEX G – Examples of Impacts on the Education Sector	75

Acknowledgement

The Protocol for an Integrated Protection for Children and Adolescents during Disasters was envisioned by UNICEF Belize and with support by Latin America and the Caribbean Regional Office and Caribbean Disaster Emergency Management Agency (CDEMA). The development of the Protocol was supported by Dr. Minerva Pinelo and Daniel Mendez from Right Insights Consultancy Firm. Research, field visits and data collection activities were supervised by UNICEF’s Programme Officers, Education and Childhood Development (ECD) Officer Denise Robateau and Child Protection Specialist Luwani Cayetano. Guidance and oversight were provided by Hanoch Barlevi, Regional Emergency Specialist, and Ana Catalina Fernandez Rojas, Regional Child Protection Specialist.

UNICEF Belize is grateful for the support of our national disaster risk reduction (DRR) actors in Belize, Jamaica, Guyana, Barbados and other Participating States who willingly engaged in national consultations in 2019 and shared their experiences and challenges in responding to disasters. The Protocol would not have been able to draw from a regional context in identifying the needs of vulnerable populations without this invaluable support. UNICEF Belize is grateful for peer review conducted by other 11 Participating States from the Eastern Caribbean Area (ECA) who actively engaged in the consultation processes and provided direct input during the development of the Protocol.

Finally, the development of the Protocol would not have been successful without the leadership, advocacy and partnership with the National Emergency Management Organization (NEMO) of Belize, guided by a Steering Committee made up of representatives from the Ministry of Labour, Local Government and Rural Development, Ministry of Human Development, Social Transformation and Poverty Alleviation, Ministry of Health, Ministry of Education, Youth, Sports and Culture, and the Belize Red Cross Society. These committed members feedback and the opportunity to draw from the experiences of key disaster risk reduction (DRR) actors and line ministries.

About CDEMA¹

The Caribbean Disaster Emergency Management Agency (CDEMA) is a regional inter-governmental agency for disaster management in the Caribbean Community (CARICOM). The Agency was established in 1991 as CDERA (Caribbean Disaster Emergency Response Agency) with primary responsibility for the coordination of emergency response and relief efforts to Participating States that require such assistance. It transitioned to CDEMA in 2009 to fully embrace the principles and practice of Comprehensive Disaster Management (CDM).

The strategic objective of Comprehensive Disaster Management (CDM), first developed in 2001, is the integration of disaster management considerations into the development planning and decision-making process of the Caribbean Disaster Emergency Management Agency (CDEMA) Participating States. The **CDM Strategy 2014 - 2024** is designed to continue the process of embedding and institutionalizing CDM as the Caribbean’s platform for achieving risk reduction. The strategy’s impact statement – “Safer, more resilient and sustainable CDEMA participating states through

¹ <https://www.cdema.org/about-us>

Comprehensive Disaster Management” – reflects the understanding that participating states must define their acceptable levels of risk and identify approaches and mechanisms that will enhance their ability to endure, resist, absorb, accommodate and recover from the effects of hazard impacts in a timely and efficient manner. The Strategy has four priority areas as per below:

1. Strengthened institutional arrangement for CDM;
2. Increased and sustained knowledge management and learning for CDM;
3. Improved integration of CDM at sectoral levels;
4. Strengthened and sustained community resilience (CDEMA, 2014: 21).

Acronyms & Abbreviations

- ECA Eastern Caribbean Area
- ECD Early Childhood Development
- CPIE Child protection in emergencies
- DRR Disaster risk reduction
- DRM Disaster risk management
- CCC Core Commitments for Children
- CEDAW Convention on the Elimination of All Forms of Discrimination Against Women
- CFSs Child Friendly Spaces
- CPMS Child Protection Minimum Standard
- CPRA Child Protection Rapid Assessment
- CRC Convention on The Rights of The Child
- CRPD Convention on The Rights of Persons with Disabilities
- FIs Food items
- GBV Gender-based violence
- GoB Government of Belize
- PFA Psychological first aid
- PSS Psychosocial support
- KIs Key informants
- NIs Non-food items
- SDGs Sustainable development goals
- TOR Terms of reference
- UN United Nations
- UDHR Universal Declaration of Human Rights
- UNCRC United Nations Convention on Rights of The Child
- WASH Water, sanitation and hygiene
- WFCL Worst forms of child labour

1.0 Introduction

The exacerbated effects of climatological events such as tropical storms, hurricanes and droughts caused by global climate change continue to underscore the need to build resilience among vulnerable populations. These effects may be mitigated by adapting existing technologies and the applications of focused risk management decision-making, resourcing and implementation (Higgins, 2012: 203). Data shows that the number of people affected by natural disasters increases every year and that there are more debilitating effects on developing countries as compared to developed countries. For example, the Caribbean Community Climate Change Centre forecasts that the region will be significantly warmer and drier (especially during rainy seasons), will face much higher sea levels, and experience more intense hurricanes of the likes of Irma and Maria in 2017 (CCCCC, 2018). Under the United Nations Sendai Framework for Disaster Risk Reduction (DRR) 2015–2030, there is an ongoing effort to tackle these types of challenges, identified as **seven global targets** with the *first* being to *substantially reduce global disaster mortality by 2030* and the *second* to *substantially reduce the number of affected people globally by 2030*. The Sendai Framework significantly focuses on future challenges through the promotion of new actions, funding, and research (Ray-Bennett, 2018: 27).

The United Nations (UN) reports that exposure of persons and assets to disaster risks globally has increased faster than their vulnerabilities have decreased, thus generating new risks and a steady rise in disaster-related losses. This has had significant impact (economic, social, health, cultural and environmental) at the local and community levels. Women, children and people in vulnerable situations have been disproportionately affected; children represent half of the population displaced by complex emergencies, whether from natural or man-made hazards, and account for 70% of all deaths that occur in these events (Olness, 2010: 308). The risks of children and adolescents being affected by natural disasters is higher than that of other members of the population. Children are at risk for both short-term and long-term health problems because of poor judgment skills, an inability to advocate for themselves, a lack of physical strength, and limited biological reserves (Olness, 2010: 307). Their safety and security are compromised, their education is interrupted and many times, even their human rights are violated (Szente, 2016: 201). Szente (2016) identifies two major overall impacts of disasters on children: (1) emotional consequences of losing family members and friends, and (2) the loss of protective functions.

Women experience distinct challenges during disasters and emergencies. Research indicates that despite the plethora of international instruments, national laws, policies and institutional frameworks which specify the equality of women and aim to prevent discrimination and violence against them, women are still routinely marginalised and denied opportunities (ActionAid, 2009: 5). Other vulnerable groups, such as persons with disabilities, also face significant challenges during disasters. People with disabilities disproportionately experience poverty, lack of social support and structural exclusion, thereby increasing their vulnerability during disaster events; they are two to four times more likely than the general population to die or sustain injuries during disaster events (Quaill, Barker and West, 2018: 58).

In emergencies, so many factors increase a child's vulnerability. Displacement, separation from family and community, losing a parent or a loved one, and losing home and possessions are all factors that can endanger a child's life. The lack of safety and security, and reliance on humanitarian assistance also means they become exposed to violence, exploitation, abuse and other injustices. In general,

weakened child protection services, including security, justice, and social services in an emergency can result in an environment rife with violations against children. Assisting children in the context of an emergency must be done through careful interventions, which address both their immediate needs and protects them from long-term harm. Ensuring that children are protected in all sectors is a **multi-sectoral area of work involving many actors and points towards integrated protection**, as such we all need to be prepared to act and equipped with the necessary resources that enable us to provide an effective and a well-rounded response.

1.1 What is Integrated Protection?

Emergencies are situations or events that threaten the health, safety, security, or wellbeing of a community and especially of children. They demand immediate and urgent action, especially during the first few hours of a disaster. *Emergencies often escalate into full-fledged humanitarian situations if we do not respond to them in a timely and effective manner.* They can be caused by either natural or man-made hazards. In the case of the Caribbean region hurricanes, tropical storms, floods, and other natural hazards are the primary cause of emergencies. As duty-bearers, governments have the primary responsibility of ensuring that children are protected at all times, especially during emergencies. Local aid organizations, international organizations, communities, families and parents all share the responsibility of caring for and protecting the child. The primary obligation, however, lies with local authorities, which bear the responsibility of making sure that service such as health, education, social protection and others are available to children. Therefore, the Protocol will address an **integrated protection of children** drawing from a multi-sectoral approach.

1.2 Considerations for Multi-sectoral Interventions in support of an Integrated Protection in Emergencies

1. Recognise the reaction of the child to a disaster as normal within an abnormal situation.
2. Consider the family unit as the first basis for psychosocial therapy.
3. Treat children as subjects with rights, not as victims or patients.
4. Utilise child-friendly spaces as optimal therapeutic spaces.
5. Provide post-disaster counselling for children and parents.

1.3 Objectives of the Protocol

The objectives of the Protocol are:

- To protect the rights of children and adolescents in disaster situations, with the purpose of avoiding or minimizing the impacts of these events on the living conditions of this population group;
- To use as a guide for government agencies, members of civil society, the private sector and international cooperation agencies in the stages of prevention, preparation, response and recovery in disaster situations in CDEMA participating countries.

2.0 Legal and Normative Framework

Children's rights have been enshrined in various general and specialized international legal instruments, starting with The Universal Declaration of Human Rights (UDHR) 1948. The UDHR provides the basic provisions for the protection of children as well as adults, safeguarding their right to life, nationality, education, health, and the full development of [the human] personality. The Convention on the Rights of the Child (CRC), which took effect in 1990 is the primary guiding legal instrument in child rights approach. The CRC outlines and establishes the civil, political, economic, social, health and cultural rights of children. Other instruments, designed to guarantee children's and women's rights and welfare in emergencies, also complement the CRC. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979, the Convention on the Rights of Persons with Disabilities and Optional Protocol (CRPD), 2008, the Convention Relating to the Status of Refugees, 1951, the Geneva Conventions and their supplementary protocols, and the United Nations Convention against Transnational Organized Crime, 2000, are among the international conventions (UNICEF, 2015:4). The measurement of progress against these formal obligations is a central benchmark by which to assess the situation of children and women (UNICEF, 2017: 20).

2.1 International

The **Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters** (the 'Hyogo Framework') and the **Sendai Framework for Disaster Risk Reduction 2015–2030** (the 'Sendai Framework') are international agreements that arose from a recognition that disasters are a major inhibitor of development, and that resilience to hazards and disruptions is key to the sustainable development of nations and communities.

The **Core Commitments for Children** (CCC) in Humanitarian Action are a global framework for humanitarian action for children undertaken by UNICEF and its partners. The CCCs include both programme and operational commitments, and outline the results, actions and timeframes for sectoral programmes and operational areas that form part of and considered necessary for a collective effective programmatic response. They provide internal policy guidance for UNICEF, with recognition that strengthening partnership and collaboration is key to the success of its humanitarian action.

2.2 National

2.2.1 National Frameworks for Disaster Management

National frameworks for disaster management should be comprehensive and should deal with all the various levels of the disaster cycle. All sectors play a vital role in the process, each participating in emergency management (Andrewin, 2015: 28). Legislation that are important to DRR in Caribbean countries include:

1. Disaster preparedness and response acts;
2. National Building acts;
3. Land Utilization acts;
4. Environmental Protection acts;
5. National Hazard Mitigation policies and plans;

2.2.2. National Constitutions

The protection of children is enshrined in the national constitutions. For example, the Belize Constitution, *Section 4, Part II, Protection of Fundamental Rights and Freedoms*, states that “equal protection should be given to children regardless of their social status.” Children in Belize are further protected under the *Families and Children Act, Chapter 173 of the Laws of Belize*, which specifies children’s rights and protections as well as the responsibilities of parents, guardians and the Government. The Act assigns the primary responsibility to the Government of Belize, of ensuring that children are protected at all times, stating in *Section 46(1)* that “it is a general duty of the Government to safeguard and promote the welfare of children.”

2.3 Social-ecological Model (SEM)

Child protection systems can be analysed using the social-ecological model, allowing DRR actors to better understand the complex interplay between individual, relationship, community, and societal factors. It allows actors to understand the range of factors that put children at risk for violence or protect them from experiencing the negative effects of disasters.

The overlapping rings in the model illustrate how factors at one level influence factors at another level. Besides helping to clarifying these factors, the model also suggests that it is necessary to act across multiple levels of the model simultaneously. This approach is more likely to sustain prevention efforts over time than any single intervention.

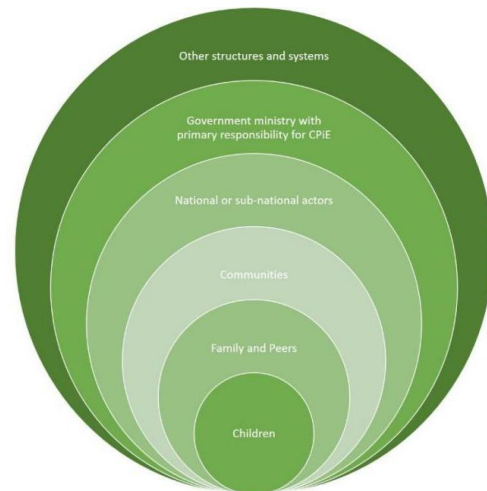


Figure 1: Social-ecological Model Supporting an Integrated Protection for Children and Adolescents

Table 1. *A Description of Social Ecological Model (SEM) Levels.*

SEM Level	Description
Individual	<ul style="list-style-type: none"> ● Characteristics of an individual that influence behaviour change, including knowledge, attitudes, behaviour, self-efficacy, developmental history, gender, age, religious identity, racial/ethnic identity, sexual orientation, economic status, financial resources, values, goals, expectations, literacy, stigma, and others;
Interpersonal	<ul style="list-style-type: none"> ● Formal (and informal) social networks and social support systems that can influence individual behaviours, including family, friends, peers, co-workers, religious networks, customs or traditions;
Community	<ul style="list-style-type: none"> ● Relationships among organizations, institutions, and informational networks within defined boundaries, including the built environment (e.g., parks), village associations, community leaders, businesses, and transportation;
Organizational	<ul style="list-style-type: none"> ● Organizations or social institutions with rules and regulations for operations that affect how, or how well, for example, MNCH services are provided to an individual or group;
Policy/Enabling Environment	<ul style="list-style-type: none"> ● Local, state, national and global laws and policies, including policies regarding the allocation of resources for maternal, new-born, and child health and access to healthcare services, restrictive policies (e.g., high fees or taxes for health services), or lack of policies that require childhood immunizations.

(Source: Adapted from the Centers for Disease Control and Prevention (CDC), *The Social Ecological Model: A Framework for Prevention*, <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html> (retrieved April 21, 2019).

3.0 Principles and Standards Guiding the Protection of Children and Adolescents in Emergency and Disaster Situations

3.1. Key Principles of the Convention on the Rights of the Child

Four key principles set out by the *Convention on the Rights of the Child* (CRC), and their relevance to humanitarian action are detailed below.

Humanitarian actors must consider:

Survival and Development

Consider the effects of the emergency and the response on the physical, psychological, emotional, social and spiritual development of children, in addition to children's right to life

Non-Discrimination

Identify and monitor existing and new patterns of discrimination and power and tackle them in the response. Emergencies often magnify existing differences and further marginalise those already at risk of discrimination.

Child Participation

Ensure that girls and boys, of different ages and abilities, are given space and time to meaningfully participate at all possible stages of an emergency preparedness and response; their views should be regarded with respect and taken seriously without having adults imposing views on them.

Best Interests of a Child

Ensure the best interests of the child shall be a primary consideration, guiding the design, monitoring, and adjustment of all humanitarian programmes and interventions; where humanitarians take decisions regarding individual children, agreed procedural safeguards should be implemented to ensure this principle is upheld.

Note: *Humanitarian workers must be aware of their own values, beliefs and assumptions about childhood and the roles of the child and the family and avoid imposing these on children. They should enable developmentally appropriate ways of child participation, share power with children in decision making, and be sensitive to how children's participation can, when done poorly, upset children's social roles and power relations.*

3.2 Principles Guiding the Work for Integrated Protection

The following are the basic principles in providing protection for children and adolescents during emergencies. These principles derive primarily from the *Convention on the Rights of the Child* (CRC), humanitarian law, and lessons learnt from past emergencies. Given that this is a Protocol for **comprehensive protection** of children and adolescents, below are principles with considerations and recommendations to ensure that protection is supported through various sectors:

Principle 1: Avoid exposing people to further harm as a result of your actions. It stipulates that, those involved in humanitarian responses must do all they can to avoid exposing people affected by disaster, particularly children, to further harm during the provision of relief and assistance.

Principle 2: Ensure people's access to impartial assistance. Meaning that, humanitarian assistance must be available to all those in need without any discrimination or exclusion on political or other grounds. This principle ensures that we assist everyone equally, regardless of preferences. Favouritism has to be avoided at all cost; aid has to be given to everyone, starting with those who need it the most, such as women, girls and boys, and children with disabilities.

Principle 3: Protect people from physical and psychological harm arising from violence and coercion. Children must be protected from “violence, being forced or induced to act against their will,” and from fear of such abuse. It stresses that protection in emergencies should be carried out in a way that makes children more secure, facilitate children's and families' own efforts to stay safe, and reduce children's exposure to risks.

Principle 4: Assist people to claim their rights, access available remedies and recover from the effects of abuse. This principle reminds us that children are rights-holders, and that we have the obligation of assisting them and their caretakers to claim their rights. It also affirms children's rights to legal redress and remedies, as well as to social and legal services that will help them move past their experiences of abuse.

Principle 5: Strengthen child protection systems and ensure children have access to all services during humanitarian crises. In humanitarian settings, the child protection system may have become weakened or ineffective, however the emergency phase may provide an opportunity to develop and strengthen national child protection systems, including community-based mechanisms of protection.

Principle 6: Strengthen children's resilience in humanitarian action. This principle is based on the notion that all children have internal strengths and capacities that should be harnessed and encouraged. Services in emergencies have to aim at increasing support for children and reducing risks around them. All efforts must be done to strengthen children's skills and coping mechanisms.

Principle 7: Neutrality. This is applicable especially in armed conflict situations, it is a commitment not to take sides in hostilities or in controversies based on political, racial, religious, or ideological identity.

Principle 8: Accountability. Humanitarian agencies should hold themselves accountable to affected populations, national partners, and donors.

Principle 9: Participation of affected populations. As one of the most important principles, it urges us to build on existing capacities and promote participation. Affected populations have to be consulted at every stage of planning and service delivery.

Principle 10: Respect for culture and custom. Most interventions require particular sensitivity to the local environment. Responses should be grounded on a thorough understanding of the traditional and cultural dynamics.

3.3 Standards Guiding the Work for Child Protection

The *Child Protection Minimum Standards in Humanitarian Action*² (CPMS) sets forth comprehensive standards and guidance on child protection services in emergencies. It combines knowledge from years of experience in working with children in emergencies. It is an invaluable tool meant to support governments and agencies responsible for emergency response and helps them improve the quality of their programmes. The **CPMS identify 26 standards in core child protection and humanitarian areas**. The following link provides an introduction to the CPMS and descriptions of each standard: <https://spherestandards.org/resources/minimum-standards-for-child-protection-in-humanitarian-action-cpms/>.

For the purpose of this Protocol, a summary of Standards 16 through 26 is provided below with examples on how to develop adequate child protection strategies:

Examples of How to Develop Adequate Child Protection Strategies

<p><u>Standard 15</u> Case Management</p>	<p>Girls and boys with urgent protection needs are identified and they receive age and <i>culturally appropriate information</i> as well as an effective, <i>multi-sectoral and child-friendly response</i> from relevant providers working in a coordinated and accountable manner. Case management is the process of helping individual children and families through social services. Children should be appropriately involved throughout the process, and their best interests should be considered.</p>
<p><u>Standard 16</u> Community-based Mechanisms</p>	<p>Girls and boys are protected from abuse, violence, exploitation, and neglect through community-based mechanisms and processes. A community-based child protection mechanism is a network of individuals at community level who work toward child protection goals. Effective mechanisms include local structures and processes that promote or support the wellbeing of children.</p>
<p><u>Standard 17</u> Child-Friendly Spaces</p>	<p>All children and young people can go to community-supported child-friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive and stimulating environment. Child-friendly spaces are nurturing environments in which children can access free and structured play, recreation, and learning activities, to regain a sense of normality and continuity. They require collaboration among sectors and should be designed and operated in a participatory manner.</p>
<p><u>Standard 18</u></p>	<p>All girls and boys in humanitarian settings have access to basic services and protection, and the causes and means of exclusion are identified and addressed.</p>

² This Protocol draws from the first version of the CPMS.

Protecting Excluded Children	Exclusion is commonly associated with stigmatized social status such as disability, belonging to an ethnic or religious minority, gender, or economic standing. Humanitarian crises can make exclusion worse but may also offer opportunities for change.
-------------------------------------	---

Examples of Standards to Mainstream Child Protection in Other Humanitarian Sectors

<u>Standard 19</u> Economic Recovery and Child Protection	The integrated protection of children and adolescents during emergency and disaster situations is reflected in the assessment, design, monitoring, and evaluation of economic recovery programmes. Working-age boys and girls and their caregivers will have access to adequate support to strengthen their livelihoods. Economic recovery interventions should reach those households where child protection concerns are most pressing and should maximize children’s chances to remain with their families, access education, and avoid hazardous labour or other forms of exploitation.
<u>Standard 20</u> Education and Child Protection	The integrated protection of children and adolescents during emergency and disaster situations is reflected in the assessment, design, monitoring and evaluation of education programmes. Boys and girls of all ages can access safe, high-quality, child friendly, flexible, relevant and protective learning opportunities in a protective environment. Quality education contributes to the safety and wellbeing of children before, during and after emergencies. It requires close collaboration between education and child protection actors on a range of issues including child-friendly spaces and child protection prevention measures.
<u>Standard 21</u> Health and Child Protection	The integrated protection of children and adolescents during emergency and disaster situations is reflected in the assessment, design, monitoring and evaluation of health programmes. Girls and boys have access to quality health services delivered in a protective way that takes into account their age and developmental needs. Health intervention is a central part of an overall approach to support services in response to major protection risks in emergencies. Health activities must reduce protection risks, and generally be carried out in a protective way.
<u>Standard 22</u> Protecting Children through Nutrition	The integrated protection of children and adolescents during emergency and disaster situations is reflected in the assessment, design, monitoring and evaluation of nutrition programmes. Girls and boys of all ages and their caregivers, especially pregnant and breastfeeding women and girls have access to safe, adequate and appropriate nutrition services and food. Children are particularly vulnerable to all forms of under-nutrition in times of instability and crisis. Risk-prevention measures should be included within nutrition activities.
<u>Standard 23</u> Protecting Children in WASH	The integrated protection of children and adolescents during emergency and disaster situations is reflected in the assessment, design, monitoring and evaluation of WASH programmes. All girls and boys have access to appropriate WASH services that minimize the risks of physical and sexual violence. WASH workers have an important role to play in making sure that protection activities

	contribute to and maintain safe and appropriate WASH practices for and by children.
Standard 24 Protecting Children in Shelters	The integrated protection of children and adolescents during emergency and disaster situations is reflected in the assessment, design, monitoring and evaluation of shelter programmes. All girls and boys and their caregivers have appropriate shelter provided that meets basic needs, including protection and disability access, and which facilitate longer-term solutions. Shelter is a complex sector with many implications for an integrated protection of children and adolescents. Vulnerability for children can increase during and after disasters, when children may be living with new, reduced or altered family units, or alone.
Standard 25 Displaced Communities and Child Protection	The integrated protection of children and adolescents during emergency and disaster situations is reflected in camp management programmes. The safety and wellbeing of girls and boys of all ages living in camps is safeguarded through camp management structures. The aim of managing camps is to create the space needed to deliver protection and help effectively. This affects a comprehensive protection in several ways – for example: the way the camp is physically planned, the way support is distributed, or the way decisions are made that affect children’s lives. Camp managers need to make sure children are not exposed to risks in the camps and respond when these are identified.
Standard 26 Distribution and Child Protection	Children access humanitarian assistance through efficient and well-planned distribution systems that safeguard girls and boys from violence, exploitation, abuse and neglect. Distribution of immediate, life-saving assistance is one of the most urgent actions to be taken in an emergency response, and one that can significantly improve the safety and wellbeing of children. The way in which food and other relief items are distributed has a significant effect on the threats experienced by women and children. Any kind of distribution needs to incorporate an integrated approach to protecting children and adolescents. It should be timely, comprehensive and extremely well planned.

3.4 Policy Guidelines for Protecting Children and Adolescents in Emergency and Disaster Situations

3.4.1 General Guidelines

- a. **The Intersectoral Approach:** The different dependencies and interested agencies must jointly carry out prevention, preparedness and response actions and recovery to ensure that services and benefits are available at just the right tempo and quality, optimal human, material and economic resources expected. Leadership and coordination are essential for this purpose, with a clear definition of the responsibilities and roles of all the actors involved, so that work in the field is organized in the best way possible and avoids duplication of the actions. *As a country specific example, the Office of Disaster Preparedness and Emergency Management (ODPEM) in Jamaica, through strengthened*

*legislation - **Disaster and Preparedness and Emergency Management Act 2015** - coordinates local and international actors and draws from technical working groups.*

- b. **Strengthening Local Capacities and Social Control**: Both the planning actions and the answers to a disaster, emergency or calamity should be elaborated with the greatest participation possible from people in the local community and the population that is at risk, valuing and reinforcing the institutional, community and personal capacities of everyone involved. *As a country specific example, the Protocol for Child Advocacy Centres (CAC) established in Guyana through the Ministry of Social Protection allows for strengthening of non-profit organizations to draw planning actions and answers from the vulnerable populations and relay to the Civil Defence Commission's national response plan.*
- c. **Primacy of Government Officials to Provide Assistance**: It is the duty of the government to ensure the rights and maintain the principles and guidelines that have been established for prevention measures and the provision of comprehensive care for children and adolescents in cases of disasters, emergency situations or calamities.

3.4.2. Specific Guidelines

- a. **Minimizing Damages**: the protection of rights of children and adolescents demands the commitment of all to avoid disparities which may result from the double victimization of the people affected by an emergency. To ensure this, measures that may affect their dignity or self-esteem or increase their insecurity must be carefully considered and must consider the needs of the most vulnerable groups of children and adolescents, such as unaccompanied children, disabled and poor. Emergency situations generate the need for immediate and urgent actions which sometimes require more flexible procedures and routines to protect the lives and psychological integrity of children and adolescents. Any such interventions must be based on the principle of defending the best interests of the children and adolescents without restricting their legal rights or creating situations that can harm their comprehensive protection.
- b. **Impartiality**: relief actions must be taken in favour of all children and adolescents based on their needs and rights, with equity and without discrimination or limitation in any way, particularly those that derive from hostilities or conflicts based on ideological, political, racial or religious reasons.
- c. **Respect for Culture and Customs**: It is important to recognize and pay attention to the specific characteristics of the areas impacted by a disaster and respect the values of children, adolescents and their families. These are necessary elements to protect their personal and collective rights; this also contributes to social adherence and cooperation in critical situations.

4.0. General Protection Risks Faced by Children and Adolescents in Emergency & Disaster Situations

4.1. Child Protection is Imperative

It is the duty of the national governments to protect children from harm, injury and disability, and to respond to the needs of injured children in an efficient manner. Past events have shown that displacement, separation from family, injuries and diseases are all conditions that threaten the safety and well-being of children in emergencies. More critically, incidences of violence, exploitation, abuse, and neglect increase in the aftermath of a disaster because of weakened child protection systems. Therefore, child protection in emergencies becomes imperative and an absolute priority. Children face many risks in emergency and disaster situations, as listed below:

4.1.1 Unintentional Injuries

In the aftermath of an emergency, large numbers of children suffer because of accidents. In natural disasters, children can *experience drowning, falling, and severe burns*. If not treated promptly, injuries can lead to permanent disability and sometimes death. Physical injuries can be easier to detect as they are visible, but some types of injuries can be hidden, like head injuries or internal bleeding. Professional medical staff can easily detect hidden injuries, so it is very important to provide medical attention immediately to a child after an accident.

4.1.2 Displacement

Displacement is one of the most common consequences of emergencies. *Families often find themselves having to leave their homes and relocate to safer places to avoid danger*. The lives of internally displaced children and their access to services (health, education, safety, and security) are disrupted as they relocate to other areas. They become vulnerable, more targeted and exposed to violence, exploitation, abuse, and neglect. Special measures are always required to protect children from the devastating effects of displacement. Avoiding displacement is a necessary first step, and we should gear all our efforts towards this goal. We must avoid relocation at all costs if dangers are no longer imminent. Victims should be able to stay in their homes while they receive relief assistance. That way vulnerable families can have the chance to return to their normal lives as services around them resume. In the event relocation is an absolute necessity, we must make sure that it is a voluntary process, and no one leaves against his or her will. We must guarantee victims' legal rights to return, to their land and property at all times, especially during emergencies. Victims should never lose ownership, access, or full control of their land or property because of damages or dangers. Evacuation centres must be set-up immediately to shelter victims, and they have to be equipped with special services for children. Once the emergency has been addressed or contained, permanent services should be restored so that communities can return to their homes and pre-emergency routine.

4.1.3. Family Separation

In emergencies, many children are involuntarily separated from their families, and it becomes one of the most distressing events in a child's life. *We consider **separated children** to be those separated from both parents, but not necessarily from other relatives. **Unaccompanied children** (or unaccompanied minors) are those separated from both parents and other relatives and not cared for by an adult. **Orphans** are children whose parents, or at least one parent, is known to be dead.* The longer a child is separated from his or her family, the more difficult it is to reunite them, and the more vulnerable a child becomes to violence, abuse, and exploitation. Child protection efforts in emergencies focus significantly on reuniting separated and unaccompanied children with their families. Tracing and reunification programmes must be set-up immediately, in the interim, children should be placed in community-based care. In case the child is not able to unite with his or her family, long-term stable care arrangements must be guaranteed for the child. Permanent arrangements however, such as adoptions, should be postponed entirely until all reunification efforts have been exhausted, and a significant amount of time has passed giving parents a chance to return.

4.1.4. Physical Abuse and Violence

Emergencies are a time when children become very susceptible to physical abuse and violence. **Physical abuse** is the *non-accidental physical injury of a child, which causes him/her bruises, fractures, or severe physical damage.* It includes actions such as punching, beating, cutting, kicking, shaking, throwing, stabbing, choking, hitting, burning, assaulting, or wounding a child. So many factors can lead to abuse and violence against children, including pressures and stress that emergencies often place on parents. Adults may resort to alcohol or drugs as a way to cope with an emergency, consequently subjecting their children to corporal punishment or domestic abuse. In addition, lack of security in evacuation centres, for example, can lead to other forms of physical violence including torture, rape, abduction, and killing by strangers or organized criminal groups. It is important to recognize the signs and symptoms of physical abuse and violence. In some cases, the child may directly report abuse by a parent or caregiver; they might share it with friends or disclose it to a teacher or social worker. Children, in most cases, are not aware of the criminality of these acts, so it is the responsibility of the childcare worker to identify and recognize the signs and help the child address them. Parents' attitudes and behaviours can be a good indicator; abusive parents sometimes exhibit harsh treatment towards children. They may pull or push a child or be forceful with them. Alternatively, they may complain too much about a child, call them names, or describe them in negative terms like cursed, evil, dumb, useless, or worthless. If a child is ever in this situation, it could mean that they are at risk of abuse or violence.

4.1.5. Sexual Abuse and Violence

Lack of security and the chaos that ensues a disaster increases the risk of sexual abuse and violence against children. Sexual violence has various legal definitions, most of them include all forms of rape, demanding sex in return for favours, sexual abuse of a disabled child, as well

as activities related to child trafficking, prostitution and pornography. **Sexual abuse** is *any attempt to entice, persuade, coerce, or engage a child in sexual activity*. Examples of sexual abuse include acts of indecent exposure, any touching in a sexual way, intentionally exposing the child to sexual acts, intercourse, and penetration, engaging the child in any form of prostitution or pornographic activities. Recognizing the signs of sexual abuse can be challenging. Changes in behaviour are a good indicator; a child may exhibit too much knowledge of sexual behaviour or become socially secluded and isolated from other children. They may exhibit signs of anxiety or fear of a particular person or activity. If the child is exposed to sexual violence then physical signs may show, like the inability to sit or walk properly. Babies and younger children might experience nightmares or bedwetting. There are also more serious signs like pregnancy and sexually transmitted diseases for older children. Some groups who are more at risk include girls perceived to be of a lower social status, separated children, and children with disabilities. Older child victims of sexual abuse might resort to alcohol and substance abuse, and they often run away from home if the parent is an abuser. They may suffer from depression, be sad and cry easily, and some children may even attempt suicide.

4.1.6. Emotional and Psychological Distress

Emergencies pose a tremendous threat to a child's mental health and wellbeing. Witnessing destruction, leaving home, separating from family, and losing a parent or a loved one can traumatize a child. Trauma is a condition that happens to a person when they become overwhelmed by their emotions and are unable to process them. If not treated effectively, traumas can lead to more serious mental health disorders, like post-traumatic stress disorder, anxiety disorder, depression and other conditions. Interventions for victims of disasters happen on so many levels. *Medical practitioners focus on psychiatric and clinical interventions, like psychotherapy and specialized counselling, while emergency mental health care focuses on providing adequate psychosocial support (PSS). Psychosocial support workers use special approaches when dealing with children in emergencies like art therapy, play therapy, music therapy, and dance/movement therapy.*

In protection and humanitarian aid, we have to ensure both access to mental health services as well as psychosocial support to the victims. *Psychosocial support (PSS)* is a term exclusively used in reference to victims of disaster. PSS is *a type of intervention that strengthens the resilience of victims and ensures they receive the necessary support from their social surroundings*. It surrounds victims with care from family, friends, and peers, and ensures they have access to the knowledge and services they need to deal with trauma, take charge of their own recovery, and resume normal life. Symptoms of trauma and mental distress are very challenging and can be very subtle. Some children become fearful and anxious, which can translate into becoming clingy, irritable, or sulky, among other behaviours that can indicate there is a more serious problem. Some may experience difficulty concentrating, getting flashbacks, reliving the event, or feeling very angry, sad, and hopeless. Older children might experience a shift in religious opinion for example, pondering deeper existential questions and showing signs of despair. They may resort to alcohol or drugs, and in some cases may

have suicidal thoughts. Some exhibit physical symptoms like loss of appetite, rapid heartbeat, rapid breathing, feeling shocked, difficulty sleeping, gastric problems, and stomach pain.

4.1.7. Gender Based Violence

Gender-based violence (GBV) is very commonplace in emergencies. *It refers to acts that are systematic and harmful against a woman, a girl, or a child or adult person because of their gender.* Domestic violence, sexual harassment, rape, female genital mutilation, forced marriage, honour crimes, human trafficking, forced prostitution, and forced abortion are all examples of GBV and are all very prevalent in emergencies. GBV increases in emergencies because of displacement and loss of livelihood among other factors. Very common in these circumstances is violence, abuse, and discrimination against women and girls in humanitarian services and designing aid programmes. Survivors of GBV suffer from deep psychological trauma, and experience depression, terror, guilt, shame, and low self-esteem. Additionally, there is huge stigma associated with GBV and some survivors commit suicide rather than bear the burden of shame. Victims are unlikely to report incidents of GBV out of fear of more abuse; consequently, they do not receive the necessary support services they need. Very often, cases are only discovered when physical symptoms show, like bruises, pregnancy, disease, or other visible clear signs. Most forms of GBV are hidden and require investigating and probing into the deeper fabric of social relations.

4.1.8. Child Labour

Emergencies are a period when children become especially vulnerable to the **worst forms of child labour (WFCL)**. Losing possessions, shelters, and the family breadwinner in some cases forces children into economic roles they are not prepared for and can expose them to exploitation and abuse. Child labour is *work that deprives children of their childhood, their potential, and dignity.* It is work that is harmful to their physical and mental development because it is physically, socially, mentally, and morally dangerous to them. It deprives them of the opportunity to attend school, and/or requires them to combine school attendance with long and heavy work. Different forms of child labour in emergencies include slavery and slavery-like practices, such as sexual trafficking, or illicit activities like drug trafficking. The WFCL includes forced or bonded labour, sexual exploitation, and illicit work.

4.2 Child Protection Risk by Sectors

In order to provide an integrated approach, it is important to consider protection risks by sectors. Below are brief descriptions for WASH, education, health, nutrition, social policy, gender and disabilities.

4.2.1. Water, Sanitation & Hygiene (WASH)

Children and adolescents can become vulnerable to losing access to water, sanitation and hygiene (WASH) due to physical damage to water supply infrastructure (both above and below ground) causing loss of water and water contamination which may lead to increase of

communicable diseases. In cases of emergencies or disasters, healthcare facilities can be easily overwhelmed with patients and will not be able to provide minimum WASH standards. In addition, the most vulnerable populations (i.e. children, adolescents, pregnant women and persons living with disabilities, need access to protective measures (e.g. repellent, mosquito nets) and need community awareness and mobilization support.

4.2.2. Education

After emergency and disaster situations, schools may be destroyed or damage limiting access to education or increasing the risk in environment no longer conducive to learning. Apart from learning and recreational materials and classroom equipment being destroyed or looted, the lack of appropriate water and sanitation facilities, including menstrual hygiene management and disposal, may reduce school attendance of menstruating girls. In addition, for adolescents, the lack of child-care facilities, food and shelter can pose a threat to teenage girls' access to school.

Children who have been injured in emergencies, especially those left with disabilities, have different physical rehabilitation needs to adults, and in situations where resources are limited, they are less likely to receive age-appropriate assistance. In the event migrant children are affected, there are additional considerations to protection risks such as lack of protocols to allow undocumented children in schools, cultural and linguistic barriers and lack of learning tools to meet the existing cultural and linguistic diversity.

4.2.3. Health

Health risks are exacerbated during emergency and disaster situations with the possibility of health centres including hospitals and medical supplies and equipment being destroyed or damaged and lack of healthcare professionals at primary, secondary and tertiary levels. The disrupted essential care services for women and children, including the provision of essential drugs, diagnostics and supplies is also a risk. Priority essential health services during an emergency or disaster situations will include treatment of conditions with a high impact on maternal, neonatal and child survival, such as pneumonia, diarrhoea and malaria (where appropriate), critical services such as maternal health services, HIV prevention and treatment services and clinical and psychosocial services for victims of sexual violence and/or child abuse.

4.2.4. Nutrition

Women and girls are more likely to reduce their food intake (be fed less nutritious food) due to short food supply as a coping strategy in favour of other household members leading to a higher risk of deterioration of nutritional status. Women and girls may also face constraints in accessing humanitarian services, including food, as a result of insecurity, cultural discrimination and limited mobility. Among children, increased risk of death in children with severe acute malnutrition are not screened, identified and treated by a qualified professional.

Optimal eating practices in pregnant and lactating women may be interrupted or impeded due to interruption of food supplies and micronutrient supplements, and lack of access to a qualified professional support leading to a higher risk of deterioration of nutritional status (especially in shelters). Breastfeeding practices may be interrupted or impeded because of stress and/or uncontrolled distribution of infant formula, lack of access to a safe space to breastfeed, lack of information regarding optimal breastfeeding and lack of access to a qualified professional leading to a higher risk of deterioration of nutritional status (especially in shelters). Another protection risk for consideration is that where men are absent, women take on additional activities to support household food security, which often leads to disruption in infant and young child feeding practices and reduced caring capacities.

4.2.5. Gender

During emergencies and disasters, women and girls might not have accurate and timely information on how to access distribution of non-food items (NFIs). In addition, women, girls and boys (as well as people with limited ability) might face challenges to collect and transport NFIs. It is important to note that women and girls require context specific and culturally adequate menstrual hygiene management and dignified means of their disposal. Another consideration is that vulnerable groups, in particular the elderly, persons with restricted abilities, women and unaccompanied girls and boys might face enhanced risk of sexual exploitation and abuse at distribution sites, especially if located long distances and distribution takes place in evening or at night.

4.2.6. Disability

Children and adults with disabilities are often excluded from needs assessments and response activities during emergency planning. Supplies, distribution sites and shelters are inaccessible for children and adults with disabilities and response staff is not trained on inclusive response. A key consideration is that information (including life-saving information) is inaccessible for children and adults with disabilities in general and that gap widens during emergencies and disaster situations. In addition, children with disabilities may lose their assistive devices.

5.0. Actions to Ensure Integrated Protection of Children and Adolescents in Emergency and Disaster Situations

5.1 Preparedness Phase

The **preparedness phase** includes actions to reduce the risk, impact and vulnerabilities of children and adolescents before any case of emergency or disaster situations. These actions include providing information, ensuring adequate communication, and empowerment of communities to adopt appropriate behaviours to avoid risk factors and reduce personal injuries and the damages.

5.1.a. Coordination and Multi-sectoral Actions

It is important that a coordinated multi-sectoral response that understands basic protection needs is established and supported by involving various DRR actors, including social services, justice, law enforcement, health and education sectors among others, during an emergency. Solitary action should be avoided at all cost, therefore organizing the work and activities of all actors is one of the most important tasks as part of that coordination. Collectively, actors need to ensure that an integrated protection translates into a space for persons to also respond to violations if such occurs and therefore a coordinated group would be needed to coordinate violations.

The Government must designate an agency or create a joint body which oversees coordinating and orchestrating the protection of children and its activities through planning, guiding service delivery, and ensuring that all groups, especially community members, local NGOs, and child protection organizations are involved in the decision-making process.

IMPLEMENTATION LIST

Step 1. Explicit indication of how protection will be addressed within each sector.

A terms of reference (TOR) for the Coordinating Body³ and its staff will be revised or developed to reflect the integrated approach to protection. The Coordinating Body must include members from all sectors (education, health, nutrition, WASH, child protection, etc).

Step 2. Responding to specific issues: Within the Coordinating Body, lead groups, organizations or agencies for responding to issues such as children’s rights violations during emergencies will be identified and assigned.

Step 3. Creation of a joint sector action plan. An integrated protection for children during emergencies and disasters will be considered as a long-term project, with common goals and outcomes set by everyone. All actors in the Coordinating Body will be included in the drafting of the action plan as well as in service delivery; the Coordinating Body will emphasize isomorphic learning as repeating the same mistakes in emergencies may cost lives.

Step 4. Availability and participation of all relevant parties ensured: Local NGOs and humanitarian organizations will be identified and invited to participate. All actors present at the coordination meetings must be of a higher/senior level and have the authority to make decisions on behalf of their departments.

Step 5. National and sub-national coordinators will be appointed and oriented into the integration protection approach: This will happen during the early phases. The Coordinating Body may consider the appointment of coordinators at the district, village, and community levels.

Step 6. Contact lists will be prepared and disseminated among the Coordinating Body: These will include their areas of responsibility and contacts.

Step 7. The Coordinating Body will determine appropriate communication channels: These will be identified and agreed upon on as ways to update everyone on progress.

Step 8. The Coordinating Body to ensure protection tools are accepted and agreed on. The Committee will liaise with other DRR actors (NGOs or other) to ensure other aspects of child protection are in place (e.g. CFS) One of the most important duties of the Coordinating Body is to gather, analyse, and share information on CPiE in Belize. This information can be used to produce documents, reports, and statistics to inform the child protection response.

Step 9. The Coordinating body will determine communication, coordination, and reporting methods during an emergency: Since emergencies bring communications to a halt and destroy many of the usual channels like mobile phones and landlines, it is very important to agree on ways to get in touch with each other before the emergency happens.

³ This does not have to be a new body, as there may be similar bodies already in existence. It should exist under the national government and its leadership can take several forms (e.g. Government and technical working group or cluster (led by UNICEF)).

Step 10. Joint needs assessments: The Government will conduct a needs assessment using the *Child Protection Rapid Assessment (CPRA)* or other similar tool. These tools allow all DRR actors to approach communities jointly and avoid exposing children to multiple rounds of questioning. The selected national assessment tool must support the country's DRM framework. *For example, in Belize, the CPRA can inform the Damage Assessment and Needs Assessment (DANA) used by NEMO.*

Step 11. The Coordinating Body will ensure continuous preparedness planning: Frequent meetings will be held to receive reports on progress and plan future steps. *For example, at the beginning of an emergency, daily meetings are necessary and as the disaster progresses coordination meetings twice weekly may be sufficient; more meetings may be determined in the wake of another imminent threat.*

5.1.b. Communication and Building Awareness

Awareness building is a key component of preventing violations and protecting children from harm in emergencies. Government authorities, humanitarian organizations, local NGOs, and community members share the responsibility of raising awareness on child protection and for building awareness on an integrated approach to protection of children and adolescents during emergencies. Conducting awareness campaigns through various communication methods, using large-scale and small-scale media before and during an emergency is very important. Large-scale media outlets like radio, television, printed press, and social media are all important means of getting messages across. Smaller community information sharing opportunities like town council meetings, social events and others are equally important and can target specific at-risk groups. Schools, child-friendly spaces, sports clubs and other places where children congregate are excellent venues to educate children about violence, exploitation, abuse, and neglect, and teach them how to protect themselves. Teachers play a vital role in raising awareness on harms and dangers, identifying children at risk, and giving them all the necessary information to protect themselves. It must be noted that, in risk communication, a one-way communication from an authority towards a particular group may not be the most beneficial. Campaigns stimulating interpersonal and two-way communication about the campaign topic are more effective when it comes to learning, and results in more individual attitude and behaviour changes compared to a one-way campaign message alone.

IMPLEMENTATION LIST

Step 1. Identification of strategies: A body designated by the Coordinating Body will examine and analyse the risks that emergencies pose on children. In coordination with the Coordinating Body, it will identify various strategies to build awareness on the importance of an integrated approach to mitigate these risks. Communication strategies will be identified and will include the channels that offer maximum exposure and the ability to disseminate information on DRR and child protection issues. *For example, the U-Report platform currently being used in Belize and Jamaica can be an effective communication tool.*

Step 2. Simple, culturally sensitive and respectful images and information: Stories and images used in the communication strategy must be accurate and sensitive to the needs and rights of children. It

will not exaggerate stories and will avoid stereotyping children or portraying them as weak and powerless. The Coordinating Body will make sure to promote gender equality and non-discrimination in every message disseminated.

Step 3. Media training on child protection: The Coordinating Body will create training material on the integrated protection for children and adolescents during emergencies and disasters for members of the media to inform them of current issues. It will make sure to elaborate on the confidentiality of child-related information. Members of the media should never give any biographic/personal information of a child whose picture or story is used. They should be careful not to mention names, addresses, school names, or other information that could compromise the safety and security of a child. They must always consider whether publishing a story is in the best interests of the child, their family, and their community.

Step 4. Wide dissemination of messages: The Coordinating Body will ensure the widest circulation possible and make sure the messages reach children and that these remain age and culturally appropriate.

5.1.c. Information Management

When considering the protection of children there are three types of information there are *three types* of information that DRR actors rely on in performing their duties: (1) *case documentation*, (2) *the effect of the disaster on children*, and (3) *risk factors and types of violations children might face in an emergency*. One of the most important aspects of child-related information gathering and sharing is confidentiality. Information must be handled with extreme caution and awareness of its sensitivity. It is recommended to share child protection sensitive information on a need-to-know basis only.

IMPLEMENTATION LIST

Step 1. Programme support: The Coordinating Body will ensure that sectoral programmes promote an integrated protection of children and adolescents during emergencies and disasters and that they are provided supported by the Body. This will be done through data collection and reporting systems by creating various reporting platforms, including mobile data collection and the provision of regular analysis and reports of child rights violations. *For example, using WASH reports, DRR actors can collect information on infrastructure (i.e. schools, latrines or water supply) that will be utilized during emergencies and disasters. This data can then be used to address the needs of persons living with disabilities (PwDs) who have specific WASH needs.*

Step 2. Recording violations: The Coordinating Body must acknowledge that there will be violations of children's rights during emergencies and disasters. It is important that this be considered in the preparedness phase. Reports are often related to where there are services and where people can come forward to seek help and report incidents, therefore there may be gaps in knowledge. It is important to ensure a wide reach of services, so people may safely come forward.

Step 3. Creation of an information management system: Information is vital in supporting an integrated approach to protection of children and adolescents during emergencies and disasters. It is therefore necessary to create an information management system or to utilize one which may already be in existence for this purpose. This will support the scale up preparedness and response services in both development and emergency settings through optimal use and analysis of available data. The Coordinating Body will create standards to ensure accurate and consistent inputting of data from partner agencies and organizations.

5.1.d. Engaging Children in Preparedness

Children are among the first to take action when disaster strikes. They are always keen on helping their communities and are active participants in relief efforts. It is very important to engage children in disaster preparedness and response. Efforts must be made to educate children on emergencies, tell them how a disaster can affect them, and how they can protect themselves. Children must be empowered children. They can be of great help if they know how to perform first aid, basic emergency assistance, and how to rescue and assist other children. They can be supportive to friends in need, help prepare their homes/schools against disasters, and help set up child-friendly spaces and can even take part in distributions and other aid work like taking inventories or delivering food packages to the elderly. Children's participation has to be encouraged, and it can start by making sure they are present during emergency planning meetings.

Implementation List

Step 1. Engaging children: The Coordinating Body will identify appropriate DRR actors who will be responsible for engaging children during preparedness planning and will determine appropriate engagement strategies to ensure this objective is attained.

Step 2. Providing information for children on emergencies, their impact, and the special issues they may encounter: Through the use of engagement strategies, the Coordinating Body will disseminate information that is age-appropriate and geared towards empowerment and reducing anxiety levels.

Step 3. Involving children in planning and decision-making: The engagement strategies will be used to ensure children are included in discussions, asked about their priorities, fears, and what they want to see happen in emergencies. Their feedback will be incorporated in preparedness plans. They will also be empowered and encouraged to take measures to prepare themselves for an emergency, like creating a family emergency plan or preparing a family emergency kit.

Step 4. Develop children's capacities and guiding them on how they can be useful in emergencies: The engagement strategies will help children define their own roles and how they can assist in an emergency. A sample list of activities and roles that children can play in an emergency include:

- making toys for younger children;
- organizing entertainment;
- playing with and cheering up children who lost family members;
- supporting friends who are sad;
- helping prepare food packs for distribution;

- clearing up after an emergency;
- helping to trace families;
- helping old people collect food packages;
- helping families with small children;
- cleaning and painting buildings;
- providing first aid;
- community mapping and safety audits

5.1.e. Staffing and Human Resources

Knowledge, competence and dedication of DRR actors will determine the quality of service they provide. Persons who respond in times of emergencies and disasters must possess a unique set of skills and competencies. They must have strong backgrounds in child protection, education, WASH, health, nutrition, gender and disability respectively, as well as humanitarian aid work. Well-trained staff who know what to do once an emergency starts are key to a successful response. In the first few hours of the emergency, they must conduct rapid assessments and determine an appropriate course of action.

While the Coordinating Body has the responsibility for the integrated approach for the protection of children and adolescents in emergencies and disasters, it is the role and responsibility of each member organization or department to make sure they have access to multi-sectoral experts and have trained staff available and ready to respond in times of crisis. Conducting frequent staff trainings is essential and should cover important protection issues such as the detection of child rights violations, the use of referral systems, assisting special groups like unaccompanied minors and specialized training on the different types of violations. Staff must have updated knowledge and information in these areas, be familiar with best practices, and learn how to apply their knowledge and expertise within an emergency context. Staff training can take many forms; workshops, seminars, and other types of trainings are useful in both educating staff and preparing them for the response. In addition, participatory methods are better at preparing staff and motivating them. Once an emergency starts, it is too late to select and train staff. All member organizations and departments must be cautious of untrained staff as they can do more harm than good.

5.1.f. Staff Wellbeing in Emergencies

Staff members and volunteers working on child protection during emergencies are exposed to many stressful events that can affect their mental health and wellbeing. They work under extreme pressure for long hours in very emotionally demanding situations. It is very important that staff are equipped with the necessary knowledge and skills to perform in such an environment and to prevent them from being psychologically affected. Some of the mental health conditions that could affect them include depression, general anxiety disorder, and post-traumatic stress disorder. It is important for managers to know the symptoms of these conditions and to recognize them. Once a staff member exhibits some signs it is essential to provide them with immediate counselling to ensure they do not burn out.

Employers and managers are responsible for their staff's safety and wellbeing in emergencies and

must facilitate access to mental health support to their staff when necessary. More information on staff well-being during emergencies can be found at Disaster Mental Health for Responders: Key

Principles, Issues and Questions, available at:

<http://emergency.cdc.gov/mentalhealth/responders.asp>

Implementation List

Step 1. Identification of required sector expertise: The Coordinating Agency will work with member agencies and organizations to identify the required sector expertise necessary to support an integrated approach to protection of children and adolescents during emergencies and disasters. It will identify staffing gaps per sector and will create a strategy to fill these at various levels including district, municipal and community levels.

Step 2. Recruiting qualified staff and new staff as necessary: In coordination with the Coordinating Body, member agencies and organizations will make efforts to include experts in sectors such child protection, education, WASH, health, nutrition, gender, logistics and disability in their rosters. Where this is not possible, training in protection risks by sectors must be provided to appropriate staff. Consideration should also be given also to using volunteers that are appropriately trained.

Step 3. Training design for staff: Member agencies and organizations will collaborate with the Coordinating Body to ensure adequate and appropriate training is provided to everyone working with children in emergencies. Staff must be aware of the Code of Conduct for working with children, and of the punishments related to abuse and exploitation. All staff must sign the Code of Conduct agreement form found at Annex E.

Step 4. Roles and responsibilities: Member agencies and organizations will make efforts to ensure staff understand their roles, responsibilities, and are empowered and equipped to perform their duties. All agencies/organizations will ensure that all staff have a plan of action to follow, will perform drills, and will coach/mentor them on how to provide services in the best possible way.

Step 5. Confidential Reporting: In coordination with the Coordinating Body, member agencies and organizations will create a whistleblowing policy to encourage staff and others who have serious concerns about suspected misconduct to come forward and voice those concerns. These persons should be given the opportunity to come forward and make their reports through properly established confidential channels. *It is important to note and acknowledge that there are limitations to confidentiality, for example, in certain cases staff are obligated to report higher up regardless of the wishes of the complainant.*

5.1.g. Medical Preparedness

It is important for the Government to enhance capabilities of its disaster medical response teams and to ensure that health professionals who may treat children have adequate training in emergency care during and after disasters. It is also vital to prepare the country for an event which has the capability of overwhelming national intensive care unit services. Depending on the scope and nature of the disasters, hospitals and health-care systems can rapidly experience increasing service demands that

can overwhelm the functional capacity and safety of these institutions. There is a need, then, to establish or strengthen formal systems of care to support key areas of support for neonatal, infants, children and adolescents. If the need arises, specialized care in areas such as psychosocial support, pediatrics disaster clinical training, vector-borne and communicable diseases must be prioritized in disaster affected areas. Using an all-hazard approach, hospital administrators, emergency managers and responders must draw from best practices and integrate priority actions required for rapid, effective response to critical events.

According to the World Health Organization (WHO), there are 9 key components to support staff in achieving continuity of services, well-coordinated implementation of hospital operations at every level, clear and accurate internal and external communication, swift adaptation to increased demands, effective use of scarce resources and a safe environment for health-care workers (See Annex). Government must work to ensure that these are addressed in its efforts to ensure an integrated approach to the protection of children and adolescents in emergencies and disasters.

IMPLEMENTATION LIST

Step 1. Preparation of an intersectoral prevention, preparation and response plan: The Coordinating Body will work with the ministries of health to create this plan which will guide actors in the medical sector with the responsibility of guaranteeing the rights of children and adolescents in disaster situations. This plan will establish integral actions of medical care for children and teenagers in situations of disasters, including following up on same after the disaster.

Step 2. Identification of children and adolescents at risk of disasters: This will help to identify children who live in areas which are at risk of disasters, especially children with disability or those who suffer from chronic diseases, in order to reduce their vulnerability through medical care actions and measures which will improve their quality of life. The ministries of health should also consider the possibility that children may be displaced by a disaster and should include this in its plan.

Step 3. Mapping, identification and description of medical networks that focus on children and the adolescents: This should include Community Health Workers who may be mobilized in an emergency. As an example, in Belize, trainers under the *Return to Happiness* Programme must be mapped as part of this network.

Step 4. Psychosocial Care: Ministries of health and social development will identify and train professionals that provide psycho-social care in disaster situations. In addition, volunteers from groups such as retirees, reserve military personnel and university students can be trained to provide contingency support in psycho-social care.

Step 5. Health Education: Ministries of health in collaboration with the Coordinating Body will carry out health education in families and in the schools. As examples, these education campaigns can provide specific information on vector borne or communicable diseases.

Step 6. Psychosocial support training: The appropriate agency or Ministry in coordination with the Coordinating Body will ensure that staff providing psychosocial support to the community are fully aware and updated with the latest standards and knowledge on mental health and psychosocial

support for children including the *IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings*. It is imperative that only trained individuals, including social or para-social workers, are the ones who come in direct contact with children. MHPSS trained staff are aware of the ethical standards for providing support and will ensure that the interventions do not cause any harm.

5.1.h. Social Protection (SP) in Emergencies

Social protection has increasingly been considered as an effective policy-level intervention for reducing Vulnerability, extreme poverty, and for contributing to the development and structural transformation of a society. In their capacity of providing responsive long-term systems, Social Protection programmes can help to reduce poverty, inequality and deprivation, as well as stimulate human development, social peace and resilience. Important considerations toward a more shock responsive social protection system include strengthening of the social protection system through the revision of programme objectives, rules and procedures, the creation of management information systems and the establishment of the role of social protection in emergency preparedness and response. Processes and systems for conducting and updating social protection plans are useful entry points to support linkages between social protection and disaster risk management. There are 5 key elements for an effective response: (1) targeting systems that identify or select beneficiaries (2) information management systems for data sharing (3) delivery systems for transferring cash or in-kind benefits (4) coordination mechanism for integrated response with different agencies and (5) financing strategies and mechanisms for disaster risk management (DRM) before and after a shock⁴.

Implementation List

Step 1. Preparation of social vulnerability maps: The Coordinating Body will identify the appropriate member agency or organization to prepare social vulnerability maps for children and adolescents which will allow emergency managers and decisions makers to use a risk-based approach to quickly identify areas most vulnerable and focus their efforts on the critical aspects of planning. These maps will be included in the information management systems to ensure that accurate and complete information is available for the preparation of any social assistance plans.

Step 2. Preparation of social assistance plans: The Coordination Body will work with the appropriate agency or organization to prepare action plans intended to ensure that there is social assistance for children and adolescents in situations of disasters and will ensure these are followed up. These social assistance plans will include financing strategies and mechanisms as part of the DRM before the disaster.

Step 3. Training of agencies/organizations in social assistance: The Coordinating Body will identify, link and train the network of public and non-governmental social assistance partners in Belize in coordination and delivery mechanisms, particularly those that provide immediate support to children, adolescents and their families affected by the situations of disasters.

⁴ Social Protection Response to Emergencies – Conference Series – May 2019

5.1.i. Education

Children are vulnerable and dependent, and they are developing, not only physically but mentally and emotionally. Education provides opportunities for students, their families and communities to begin the trauma healing process, and to learn the skills and values needed for a more peaceful future and better governance at local and national levels. Schools also serve as emergency and comprises the largest public investment made by any Government in the Caribbean. Therefore, efforts must be aimed at reducing the environmental impact of the education sector. The operation of facilities and their procurement practices must be assessed as these greatly impact sustainability activities. In addition, emergency supplies are needed to meet the cognitive, psychological and developmental needs of children in emergencies as well as provide supplies and equipment for temporary learning spaces. It must be noted that within an emergency context, logistical challenges may arise requiring collaboration and creativity to transport and deliver education supplies. In order to support children affected by natural disasters or armed conflict, child friendly spaces are designed and operated in a participatory manner where integrated play, recreation, education, health and psychosocial support can be delivered and/or information about service/supports provided.

Drawing from the Caribbean Safe School Initiative (CSSI), the following are proposed as pillars for the education sector in the implementation of this Protocol:

- Safe Learning Environments – Created through the development of enabling policies and national plans/strategies, the development of safe school standards with the necessary human and financial resources.
- School Disaster Management – Achieved through the review and development of multi-hazard school safety plans and guiding documents.
- Risk Reduction and Resilience Education – Achieved through the review and updating of DRM components in the school curriculum.

The implementation list aims to support the Inter-agency Network for Education in Emergencies (INEE's) Minimum Standards to enhance the quality of educational preparedness, ensure the access to safe and relevant learning opportunities and ensure accountability in providing these services. See INEE Minimum Standards at <https://inee.org/standards>.

Implementation list

Step 1. School Hazard and Vulnerability Assessment: The Coordinating Body and ministries of education will ensure that hazard and vulnerability assessments are conducted at all schools. This will also guide the inclusion of preparedness and mitigation design in the construction of new schools. Disaster and emergency planning should be founded on a thorough understanding of the specific hazards faced by the education sector in general and at the individual institutions.

Step 2. Development of School Safety Plans: Ministries of education will ensure that schools prepare school safety plans which must prescribe information flow for warnings and must detail procedures for

tailoring messages for the different groups according to their age. These plans will also detail how the school will respond if required for use as a shelter; the ultimate aim of these plans is to minimize disruption to educational services.

Step 3. Incorporation of disaster management: The Coordinating Body in partnership with ministries of health will create educational programs which will develop aptitudes for life (medical care, nutrition, environmental sustainability, etc.) and self-protection in the case of accidents and disasters, as part of school curricula. This will encourage the promotion and integration of hazard education within schools to spread awareness of the risks and vulnerability to the individuals of at-risk communities. Disaster management education will also help children as well their community gain a better understanding of disaster and disaster risk reduction and learn survival skills.

Step 4. Identification of temporary learning spaces: The Coordinating Body in partnership with ministries of education will procure education kits and other supplies such as pencils, paper and school bags. Equipment needed for such temporary learning spaces may include school tents, tarpaulins, furniture, and blackboards.

Step 5. Designing child friendly spaces (CFS): The Coordinating Body will identify a short to medium term response and lead agency to operate a child friendly space during the emergency. The CFS must follow main principles to ensure it provides a secure, safe, stimulating and supportive environment. It must build on existing structures and capacities within a community, use a full participatory approach for the design and implementation, provide or support integrated services and programs and be inclusive and non-discriminatory. The appropriate agency must gather information on the number of girls and boys that can benefit from a CFS and segregate the information by age. Depending on the magnitude of the event, it must make its best efforts to find out where they live, if they have any special needs to be considered, such as health issues, mobility needs, learning needs, etc. Parents, caretakers, and relatives must become involved in designing the CFS. A sample population may be interviewed, and their opinions and feedbacks should be considered.

Step 6. Disaster management training for leaders: The Coordinating Body in partnership with ministries of education will increase the capacity of government and municipal officials and school administrators in responding in disaster situations and in addressing the need for teacher training in disaster management. This will also help them to plan for future events in order to minimize disruptions in educational activities during disasters and ensuring that educational institutes and activity schedules do not increase children's risks to disaster.

Step 7. Disaster management training for teachers: Ministries of education will develop teacher training for disaster management for both pre-service and in-service teachers. Training for pre-service teachers must be included in teacher training programmes in collaboration with national emergency management organizations. In-service teacher training can draw from the Caribbean Safe School Initiative and allow students to apply hazard, vulnerability and capacity assessment (HVCA) tools to develop evacuation plans, give students a platform to voice their opinions and discuss the risk, vulnerabilities and the prevalent capacity.

Step 8. Reporting violations: Ministries of education in collaboration with the Coordinating Body will train professional educators on issues related to the violations of the rights of children and adolescents so that they can identify and report such cases and facilitate victims' access to essential services (case management, medical, psycho social, etc.).

5.1.j. Child Protection Monitoring

Key child protection mechanisms must be strengthened in emergency-affected areas. Plans must be created to prevent and respond to major child protection risks by building on existing systems and safe environments must be established for the most vulnerable children. Child protection monitoring is a critical step to designing and implementing a successful emergency response. It is defined as *gathering information about violence, exploitation, abuse, and neglect, and analysing this to come up with patterns and predictions*. Collecting and analysing information is very important because it aids in understanding the situation, prevents child maltreatment from happening, and helps design the right responses. It is necessary to have this information prior to an emergency, so that the response draws from that information. Collecting material must start with documenting individual cases and incidences of maltreatment and violations. The information should be stratified by the type of maltreatment, for example abductions, domestic violence, worst form of child labour, etc., as well as by age and gender. It is important that as much information is collected on the reasons and motivations behind the violations, and the circumstances around each incident as possible.

Implementation List

Step 1. Identification of risks: The Coordinating Body must identify the areas and situations in the community and in disaster situations that can generate risks to children and adolescents, and particularly those that will be exacerbated during disasters. It will look at all types of dangers that can harm children; these can include, for example, negative gender perceptions, domestic abuse, child labour, and sexual violence among others and inform in security planning.

Step 2. Mapping and assessing the general child protection system: The Coordinating Body will conduct a comprehensive assessment of the child protection system in the country. A child protection system includes the laws, policies, and agencies working on child protection in a country, as well as the interplay between all of those. This assessment will determine whether all of the necessary elements are working together effectively to protect children from violence, exploitation, abuse and neglect.

Step 3. Strengthening the child protection information management system: The information system which may house all child protection information must be strengthened and protected as much as possible. Access to this information management system will be determined by the Coordinating Body but will include key member agencies and organizations such as the Police and social services and will be guided by principles of information management.

Step 4: Security planning: The Coordinating Body and appropriate agencies and organizations must create security plans for shelters and other places that are chosen to provide temporary accommodation for children and adolescents. National Police forces in collaboration with social services must also create plans to identify and locate children and adolescents during disaster situations and in collaboration with other key agencies, establish community points where families can come to report lost children and where children can come if they are lost (either come on their own or be brought by others).

Step 5: Training for child protection in emergencies: Based on past experiences and information, the Coordinating Body will identify the type of disasters that may affect the country, will determine their impacts on child protection, and will identify different responses. Staff from the different sectors working on child protection will be brought together and will conduct joint workshops, ensuring that everyone participates in the planning process.

Step 6. Conflict Resolution Training: Training in conflict resolution must be provided to police officers, military personnel, social workers and volunteers so that they can mediate conflicts and protect the rights of children and adolescents.

Step 8. Child Protection in Emergency (CPiE) Plan: Departmental CPiE plans will be formulated and field-tested. Staff, at all levels, will be trained on child protection during emergencies. The plan will result from identification and mapping of risks, data on child protection monitoring and resulting from gaps in CPiE identified during data analysis and training.

Step 9: Creation and designation of group of child protection experts: A group will be designated by the Coordinating Body to conduct child protection assessments post-event. Usually called a Child Protection Assessment Taskforce in the UNICEF system, it can be assigned to a suitable department of national emergency management organizations.

5.1.k. Child Friendly Spaces (CFS)

Child Friendly Spaces (CFSs) can be established quickly to respond to children’s protection needs including psychosocial and non-formal education in an emergency. *They are safe areas where children can come together, play and enjoy other activities which restore a sense of normalcy and protect them against the adverse effects of the disaster.* Child-Friendly Spaces (CFSs) are widely used in emergencies as a first response to children’s needs and a first step in providing support to the affected communities. Broadly, the purpose of CFSs is to support the resilience and well-being of children and young people through community-organized, structured activities conducted in a safe, child-friendly, and stimulating environment. CFSs can be made to cater of children of all ages, they may include a variety of age groups in one area. Activities are divided by category, interest, or age. CFSs are meant to be transitional places to host children until services, including schools, are up and running again.

CFSs are not only places for children to play and take part in leisurely activities, they are places where deeper protection concerns can be addressed. They are great venues, for example, for the identification and detection of maltreatment cases. They offer opportunities for children to share concerns they have about violence, exploitation, abuse, and neglect, and to allow social workers and protection staff to help them. In addition, they provide excellent opportunities to educate children on potential risks and dangers, and to make sure they are empowered and well equipped with the knowledge they need to protect themselves.

IMPLEMENTATION LIST

Step 1. Determination of needs and identification of beneficiaries: The Coordinating Body and other appropriate agencies and organizations will work together to determine the need for CFS and will identify possible beneficiaries: It is very important to identify needs prior to implementation; the Coordinating Body will direct the suitable agency to start by making a quick assessment involving the community as to the need for a CFS. In some cases, CFSs may not be needed if child services are not affected by the disaster, or if schools and other services are running normally.

Step 2. Potential locations: It is very important to identify suitable locations to set-up the CFS. It should be set up close to schools and hospitals and to religious and community buildings that are familiar to the child. The location has to be agreed upon in consultation with the community. Children should be able to walk to and from the CFS without fear of harassment.

As examples of considerations for location:

- The CFS structure be on high ground with adequate water drainage channels to lower grounds.
- It should be a safe distance from the shore.
- It should be away from areas of contamination and from main roads and hazardous traffic.

Step 3. Identification of sound structures: Schools, community centres, and places of worship are possible locations to start a CFS. The structure of the CFS must have adequate ventilation, be clear of harmful objects, have large storage space for toys and supplies, provide shade and protection from the elements and take into consideration the mobility needs of children with disabilities.

Step 4. Planning and organization of integrated services and activities: Activities will be planned and chosen depending on several factors, including the local culture, the type of emergency, volunteers and resources available, community context and the needs of children. Activities can be planned and built around the five types of play: *creative, imaginative, physical, communicative and manipulative*.

5.2 Response Phase

The **response phase** covers relief actions and assistance to people affected by a disaster, as well as logistical support to teams that work to restore the situation to normality. Response addresses immediate threats presented by the disaster, including saving lives, meeting humanitarian needs (food, shelter, clothing, public health and safety), clean-up, damage assessment, and the start of resource distribution. As the response period progresses, focus shifts from dealing with immediate emergency issues to conducting repairs, restoring utilities, establishing operations for public services and finishing the clean-up process.

5.2.a. Coordination and Intersectoral Actions

Mainstreaming or integrating child protection in other areas refers to incorporating child protection priorities into other sectors' programming and operations to ensure that interventions are planned,

designed and implemented in a manner that considers protection principles and do not exacerbate protection risks. *While governments are the primary duty-bearers responsible for protecting children during emergencies, it is the duty and responsibility of everyone working with children to ensure their safety and wellbeing.* If children receive assistance in an efficient and sensitive manner, then threats to their safety and security will be prevented. Child protection teams rely on support from other sectors to protect children against violence, abuse, exploitation, and neglect. This can be achieved through working collaboratively to ensure that all emergency programmes and services: i) do not put children at risk of violence, exploitation, abuse, or neglect, and ii) improve the overall safety, security and wellbeing of children.

Specific child protection mainstreaming efforts will vary widely depending on the type of emergency, actors' capacities, and the priorities for service delivery. All successful mainstreaming efforts start with joint-programming and collaboration between the different government agencies. Child protection priorities must be highlighted and upheld at the highest levels of government and prioritized in the work of the central emergency management unit. Child protection priorities must be highlighted and upheld at the highest levels of government and prioritized in the work of the NEMO and its committees.

IMPLEMENTATION LIST

Step 1. Coordination with other sectors and actors working in related areas: All sectors are to work collaboratively, combining knowledge and expertise in order to improve services and to ensure child protection in emergencies. Through child protection mainstreaming, special child protection issues are incorporated into the programme designs and plans of other sectors including education, health, and water and sanitation sectors. In coordination with the Coordinating Body and through the relevant emergency management committees, support personnel and volunteers in these sectors will be mobilized, each bringing its own unique knowledge, expertise, and wisdom to contribute to better protection for children. This committee will coordinate the initial assistance, for example, to unaccompanied children and adolescents to ensure they are not victimized again and to evaluate the need to refer them to other services provided by the social assistance network or the health care network;

Step 2. Implementation of protocols to protect children and adolescents: It is important that protocols are created to manage efforts to provide protection to children during a disaster. Such protocols should also guide communications with these children, ensuring they are informed appropriately of the actions and measures that are being taken to protect them. As part of these protocols, strong case-referral systems will be established and implemented to link vulnerable children and adolescents to all the services they need. For example, social protection professionals may be assigned at shelter to provide support to children.

5.2.b. Communication and Building Awareness

IMPLEMENTATION LIST

Step 1. Dissemination of emergency messages: The Coordinating Body in collaboration with the relevant NEMO committee must develop and create an effective communication plan to disseminate messages for public education and awareness using available media such as radio or SMS broadcast. This will allow vital information to reach children and adolescents during and after emergency or disaster situations. As not all persons have cell phones and telephone infrastructure may be damaged, complementary messages will have to be transmitted through more traditional mediums such as radio. Children and youth have been found to be good transmitters of basic environmental information, so the Coordinating Body must also consider ways to utilize them in the communication plan.

5.2.c. Information Management

The onset of disasters and emergencies brings chaos and confusion; government and bureaucratic procedures will be upset, resulting in difficulties in obtaining and delivering information. While these are limiting factors, they should never justify a lack of information. It is likely that information in the first hours of a disaster will be neither readily available nor very reliable. At this stage, the main challenge is to ensure that information is clear and that it reflects the most urgent needs of the affected population. The second major challenge is to produce and update information regularly for the needs of child protection actors.

The following are **important factors** to consider in this phase:

- a. Information management is successful to the extent that measures are planned for collection, production, and dissemination. To be effective, communication and information managers must know and have contact with the most reliable information sources before any disaster or emergency occurs, and they must understand the procedures for exchanging information with these sources.*
- b. To improve understanding of the impacts of a disaster or emergency on the population, communication managers should have ready access to risk maps and vulnerability studies, population statistics, socio-economic indicators, historical data, and information on previous disasters.*
- c. Information is the foremost need for DRR actors. Governments, international cooperation agencies, and humanitarian assistance organizations need to know the impact of the event and the needs of the population.*

Implementation list

Step 1. Preparation of situations reports for both internal and external use: The Coordinating Body will ensure that situation reports highlighting child protection needs are prepared, disseminated

and distributed to relevant DRR actors. This will assist in a coordinated and efficient response by the child protection system.

Step 2. Promotion, Facilitation and Production of Resources: The Coordinating Body will ensure resources (such as photographs, maps, graphics, videos, press releases, etc.) that document the impact of the emergency on children and adolescents, and of disaster response actions taken by relevant DRR actors are produced and shared as part of the communication programme. This programme should include preparation, production, and distribution of materials on protection that need to be communicated to the affected population and general public.

Step 3. External Communication: The Coordinating Body will prepare and distribute press releases, manage requests for information from the media, and ensure coverage of and dissemination of important messages.

Step 4. Internal Communication: The Coordinating Body will provide advice to relevant authorities in the planning, design, and development of effective information management and communication activities for disaster response and protection of the affected populations.

5.2.d. Rapid Assessment

The objective of a CPIE rapid assessment is to collect, analyse, and manage data in an effective way, allowing us to design comprehensive short-term and long-term interventions. It is an investigative process to find out:

The scale of the disaster

How many children/families are affected? Where? How have they been affected?

Vulnerabilities and risks

(the type of danger they face, for example physical injuries, physical or sexual abuse, abduction, etc.)

Priorities for action

What services do we have to provide? What programmes/activities can we carry out?

Designing the response

How will we carry out these activities?

Although rapid assessments are designed primarily to determine the immediate needs in an emergency, they should be designed in such a way to capture information that can be used in the long-term rebuilding of the child protection system. Information gathered should be varied and ample to allow for a more thorough examination of the child protection system deficits and needs in the long run.

Government damage assessment tools may not adequately capture the effects of the event on children. Child protection rapid assessment (CPRA) is the *process of gathering and analysing information about the protection needs of children in the aftermath of a disaster*. CPRA also measures the impact of the disaster on children, child-related services, and identifies needs. Conducting a CPRA is of the utmost importance, as it provides a chance to gather all the necessary information required to inform the response. *CPRA should ideally be initialized within the first few weeks of an emergency and usually takes about two to five weeks to complete*. Child protection in emergencies programmes and activities heavily rely on a strong CPRA document that identifies the dangers, affected child groups, their locations and needs, and opinions of the community on how to deliver the assistance.

Implementation list

Step 1. Implementation of an assessment plan: The Coordinating Body and the Child Protection Assessment Taskforce, having created an assessment plan to guide information collection efforts, will implement this plan as soon as the event allows. Use of the ‘What We Need to Know Method (WWNK)’ can assist in the identification of different dangers facing each vulnerable sub-group. (See Annex D for details on the WWNK method and a sample sheet). The Child Protection Assessment Taskforce must conduct a desk review in the Preparedness phase. This desk review should include previous child protection reports, system maps, laws, etc. Situation analysis reports conducted by UNICEF and other partners are very useful tools which identify the strengths and deficits in the child protection system. This information can be useful in designing responses that considers both the short and long-term needs of children and the child protection system as a whole.

Step 2. Mobilization of information-gathering teams and Key Informants⁵ (KIs) will be mobilized as soon as conditions permit to begin the assessment process. Information gathering teams should spread out and find hard to reach children and interview them. It must be noted that before interviewing on potentially sensitive subjects it is important to ensure the availability of services for referral in case of need. Questions need to be sensitive to the culture, as well as the ordeal that the victims have gone through.

Step 3. Data Analysis: The Child Protection Assessment Taskforce will determine the most suitable method of data analysis. The ‘needs analysis’ approach is suitable for rapid response purposes as it considers the hierarchy of needs of individuals. CPIE methods include a combination of the systems analysis approach, the early recovery approach, and the human rights-based approach to analysing information. It looks at long-term and short-term survival needs, mechanisms of delivering child protection services, and strengthening capacity to fulfil children’s rights concurrently.

⁵ KIs are persons from the community who are familiar with children’s issues and can give pertinent information on their condition (e.g. teachers, caregivers, nurses and doctors, religious leaders etc.) KI groups should include both men and women equally. Attention must be paid to biases and discriminatory opinions which may be exhibited.

Step 8. Final Report: The final report must include all the information collected using the WWNK method, highlighting child protection needs, and identifying the appropriate response. It should also include recommendations and information that can tie into the efforts in the recovery phase.

5.2.e. Shelters

One of the priorities in any emergency is to ensure that families have a safe place to resort to. Shelters are used for protecting communities against hurricanes or other types of disasters. They serve families both prior to a disaster event, and/or in the aftermath of it and are pre-identified existing buildings and structures in communities. Shelters must be safe for children and it is important to consider specific child protection needs when selecting, inspecting or designing new buildings which may be used as shelters. The needs of children with disabilities and those who are more at risk of violence and abuse must be considered and all site arrangements should be geared towards catering for the needs of children and their families. The Coordinating Body and appropriate national emergency management organizational departments should remain in contact with community members as they can provide information such as the numbers and details of families with children, single parents, unaccompanied minors, children with health concerns or special needs etc.

Implementation List

Step 1. Shelter Activation: Once ordered by NEMO, shelters will be opened and manned as determined by the appropriate emergency management organization department. The shelter should be staffed by a multi-sectoral team to ensure the protection of children.

Step 2. Prioritizing Children and Families in Shelter Distribution: The appropriate emergency management organization department will make sure children and families are the first to move into shelters. It will also assist families to move in and place them within easy access of community service centres, hospitals, schools, and food distribution points. Families should never be separated in shelters. Vulnerable groups like single parents, families with children, and unaccompanied minors should be placed close to their extended families, relatives, or friends. These vulnerable groups will need a social support network around them at all times. It is important to avoid family separation, uprooting, and removing people from their support groups at all cost. See the chapter on *Displacement*.

Step 3: Shelter Personnel and Social Workers: Personnel who are assigned to shelters will report to location and review information provided by the national emergency management organization. Any updates and information collected during registration of persons seeking shelters will be recorded and relayed as agreed during emergency briefing.

5.2.f. Distribution and Relief Items

Distribution of relief items is one of the most important and urgent activities in an emergency. It is the most crucial part of the immediate response and plays an important role in children's safety and

well-being. Determining needs is the first step in distribution; it is traditionally done through a needs assessment. Common relief items are divided into **two categories**: *Food Items* (FIs) and *Non-Food Items* (NFIs). Relief packages containing both are put together by responders and distributed to address victims' immediate needs. There are many considerations in distributing relief items for children. Staff must ensure that **vulnerable sub-groups** including *street children*, *child heads of households*, and *children living with disabilities* have equal and easy access to relief. Distribution must be done in a way that is mindful of children and protects them from harm, violence, neglect, abuse, and exploitation. *In Belize, this should be spearheaded by relevant NEMO committee in collaboration with other key agencies and organizations.*

Implementation List

Step 1. Information flow to distribution teams: Information gathered using the assessment tool (CPRA or other) is shared with distribution teams. This is coordinated by the Coordinating Body who will receive information on numbers, locations and special needs of children. This information will be shared with its distribution teams. Proper coordination will prevent the same communities being subjected to multiple assessments/evaluations which can create unrealistic expectations but also frustration and even harm.

Step 2. Determining the needs of special groups: The Coordinating Body through the relevant agency or organization will ensure that the needs of special groups such as unaccompanied minors, children with disabilities, young girls, and pregnant and breastfeeding women are considered and met. It is important to keep in mind the dietary needs of children at different stages and to ensure the supply of basic hygiene products and first aid kits to women and children.

Step 3. Planning distribution channels and methods: The distribution teams will integrate protection priorities into their plans. They will highlight issues such as family unity, discrimination in distribution, maltreatment by staff, and prioritizing children among others.

Step 4. Observing the distribution process and reporting on any violations: The Coordinating Body must provide appropriate staff must to be present during aid distribution. They will monitor the process and report on any amendments needed in the distribution process.

Step 5. Distribution complaints mechanisms: The Coordinating Body and the appropriate agency will create a distribution complaints mechanism. This mechanism will offer children and community members a safe and confidential way to report on violations in the distribution process. This distribution complaints mechanism must include multiple ways of making reports.

Protection Priorities in Distribution

- a. *Girls and boys must be treated equally and provided with equal access to distribution items.*
- b. *Prioritizing families with children, single parents, child heads of households and unaccompanied minors in distribution.*
- c. *Accompanying and assisting children during distribution. Consider delivering relief items to their homes, if this can be done in a safe and non-stigmatising manner.*
- d. *Children's access to information on distribution especially distribution sites and times.*

- e. *Never ask any beneficiary including children to grant favours in return for goods or services given. Ensure communities are aware of their rights and understand that humanitarian services are free of charge.*
- f. *Children may participate in distribution in a voluntary capacity but should never be forced into any work.*
- g. *Distribution to children should be swift and fast, allowing them to resume their activities.*
- h. *Setting up a confidential complaints mechanism for people to report concerns, including incidents of intimidation, violence, and sexual exploitation committed by community members and/or humanitarian personnel.*
- i. *Training distribution staff on working with children and having them sign the code of conduct agreement.*

5.2.g. Social Services, Mental Health and Psychosocial Support (PSS)

Psychosocial support (PSS) in emergencies is of the utmost importance and should be carried out immediately after disaster strikes. PSS models of intervention are varied and will depend highly on the cultural context in which the child lives. Designing psychosocial interventions for children in emergencies must rely on knowledge of the existing mental health and protection environment in the country. The country's cultures and understandings of mental health and well-being may be tied to religious or spiritual wellness, playing an active/positive role in the family, and maintaining a healthy work-life balance. *It is important to understand a population's health beliefs and their definition of wellness prior to deciding on psychosocial interventions.*

Most psychosocial interventions for children and adolescents rely on one fundamental principle - providing the necessary information and skills to children that would empower them to overcome psychosocial problems. This includes educating children, through play and other means, on stress and coping, positive thinking, healthy behaviours, self-efficacy, and healthy social interactions. There are many ways of achieving this goal, and it can be done through community structured social activities, or basic PSS interventions and non-specialized counselling. Stronger coordination with the Education sector is necessary for the PSS and should be implemented in the Education system.

Implementation List

Step 1. Determination of psychosocial intervention required: The Coordinating Body and the appropriate agency should gather as much information as possible during the rapid assessment process on the mental health and psychosocial impact of the disaster on children and families. This is to include local social services or mental health organizations in the information gathering and analysis process. It should also focus the assessment on gathering specific information on return to normalcy, happiness and community wellbeing.

Step 2. Psychosocial support plan: Based on the assessment conducted, the appropriate agency will determine the type of intervention that can be most effective in addressing the needs of children within the specific emergency context. There are various levels of intervention that can be implemented depending on the severity of the disaster and its effect on the community. The

psychosocial support intervention plan will then be developed and implemented as soon as conditions allow.

5.2.h. Medical Assistance to Vulnerable Populations

Medical assistance during and after a disaster situation will be provided in accordance with the national medical care plans, which define the various tasks and procedures to be undertaken by each programme and associate of the ministries of health. These plans offer guidance and direction before, during and immediately after an event. If these plans do not explicitly identify vulnerable populations⁶, it is imperative that the Coordinating Body make all efforts to ensure adequate medical care is provided to this population segment. Vulnerable populations, including women, children, the elderly and the disabled, may be at heightened risk of physical and sexual violence, can suffer permanent, debilitating injuries and become unable to work, live independently, and care for themselves during and after emergencies. It is important to formulate relevant and adequate medical responses and ensure that the appropriate linkages with social workers are made.

IMPLEMENTATION LIST

Step 1. Assessment of health needs: The Coordinating Body, through an appropriate agency, will identify and list the needs of health of children and adolescents by age in order to provide specific attention; for example, providing special attention to children in their neonatal period (0-28 days). This will be done as part of the MCPH assessment in areas affected by the event.

Step 2. Prioritized attention to pregnant women: The appropriate agency will ensure that pregnant women are provided priority attention, including the supply of necessary medications and care.

Step 3. Guidance and support for breastfeeding: The appropriate agency will identify and quantify breastfeeding mothers in shelters and provide guidance and support, so they do not stop breastfeeding of their babies during the disaster.

Step 4. Availability of Vaccines: The appropriate agency will ensure that adequate levels of necessary vaccines are available for the local situation. It will ensure that this is addressed in the national healthcare plan; this will guarantee access to these vaccines in affected areas.

Step 5. Constant Monitoring: The appropriate agency and the Coordinating Body will monitor health factors and conditions in shelters where there are children, adolescents, the elderly and persons with disabilities, and in affected areas where these persons may have not evacuated. The appropriate agency will make immediate notification of health risks which may affect these during and after a disaster.

⁶ This has also been noted by Hoffman (2009), who noted that a review of thirty-seven national pandemic preparedness plans from Europe, Asia and the Pacific Rim, the Middle East, Africa, and the Americas revealed that “none of the plans suggested any systematic attempt to identify” disadvantaged groups.

6. Health Education: The appropriate agency will ensure that Health Education sessions and educational activities are carried out with children and adolescents in shelters; these will include preventative health care and activities to avoid accidents and violence. The sessions should also include advising families and people in shelters about planning family, the use of contraceptives and transmission of communicable diseases. The appropriate agency will make available specific guides on how to protect to children and adolescents in disaster situations.

7. Psychosocial Support (PSS): The appropriate agency will ensure the availability of psychosocial care and support for parents/caregivers. This will include guidance on how to face the effects of a disaster, counselling and mental health education.

5.2.g. Education

Schools may sometimes be used as hurricane shelters and it is very likely that education service delivery will be disrupted during and after disaster events. It is, therefore, crucial that schools regain their functionality or that they offer alternative spaces to all students, especially the disadvantaged and those that are at risk of dropping out of school. The aim is to bring the system back on track as soon as possible and enable the children to get their routine back. Disasters also cause damage to school infrastructure such as office buildings and classrooms; water supply and sanitation facilities; furniture and teaching materials; recreational items; playgrounds and learning materials. The education service delivery can be hampered by the impact of disasters. Disasters can cause educational activities to suspend due to lack of classrooms or absence of the teachers, deterioration and decline in the quality of the leaning sessions and a decline in access to safe water and latrine and toilet facilities. Schools not damaged by disasters are used as shelters for affected people; this increases loss of education hours. As disasters also reduce children’s access to and participation in the educational activities, it is imperative that efforts be made to restore education services as soon as possible.

IMPLEMENTATION LIST

Step 1. Keeping schools open: Whenever possible, the Coordinating Body, ministries of education and other key government agencies will keep schools open for recreational and educational activities. Once ordered to open as shelters, schools will enact their school preparedness plans which should aim to minimize disruptions in the educational activities during disaster events.

Step 2. Temporary Learning Spaces: The Coordinating Body, ministries of education and other appropriate organizations will establish temporary learning spaces for children and adolescents, as appropriate. CFSs help children overcome their emotional stress and can help protect them against physical harm, abuse, violence and exploitation. Schools and CFSs can be used as platforms to deliver critical humanitarian interventions to children or their families - in particular, children can get health care, immunization or mid-day meals.

Step 3. Organization of Activities: Schools and their management committees must create, as part of their school preparedness plan, have policies, plans and procedures to provide guidance to teachers on organizing teaching and learning events during and after disasters. The Coordinating

Body will carry out activities to monitor school activities, arts and sports for children and adolescents in the areas damaged by a disaster.

Step 4. Reporting violence near schools: The Coordinating Body will direct the appropriate organization to identify and notify about cases of violence in schools and their surroundings in order to protect children and adolescents as they head toward these places when seeking shelter.

Step 5. Resuming classes: The Coordinating Body and ministries of education will make all efforts to resume the routine activities in schools as soon as possible.

5.2.h. Security and Child Protection

The security needs of children and adolescents increases significantly during emergencies and disasters. They can become separated from their families and are increasingly susceptible to sexual exploitation and abuse. Their safety in a disaster and their individual recovery is dependent on the preparedness, response and recovery capabilities and resources of a network of institutions and organizations, including schools, child-care providers and government ministries.

IMPLEMENTATION LIST

Step 1. Evacuation: Ministries of National Security, in coordination with the Coordinating Body, will provide support to operations which aim to move people from areas exposed to the risks.

Step 2. Citizen Security: Ministries of National Security will implement preventive measures such as intensive patrols in affected areas to prevent looting or deter other actions against children, adolescents and their families. In coordination with the Coordinating Body, it will ensure vigilance in shelters by monitoring volunteers, workers and visitors who enter and leave shelters to ensure children, adolescents and their families are always protected.

Step 3. Referral: Ministries of National Security will search, find and refer unattached or lost children and adolescents to the relevant agencies and record the results of those operations in the relevant national information system.

Step 4. Reporting violations: The Coordinating Body and other appropriate agencies and organizations will notify the Ministries of National Security of any cases of violence or maltreatment of children and adolescents during disasters. It will also refer adolescent aggressors to the relevant authorities.

5.3 Recovery Phase

The Recovery Phase is the restoration of all aspects of the disaster's impact on a community and the return of the country to some sense of normalcy, in which the impacted area has achieved a degree of physical, environmental, economic and social stability. The recovery phase can be broken into two periods. The short-term phase typically lasts from six months to at least one year and involves delivering immediate services while the long-term phase requires thoughtful strategic planning and

action to address the more serious or permanent impacts of a disaster. Communities must access and deploy a range of public and private resources to enable long-term recovery.

The recovery phase is driven by several guidelines which include:

1. Fostering national ownership and supporting national actors to assume their responsibilities as duty bearers.
2. Supporting long-term national and local capacities: to enable national actors to develop their capacity for humanitarian action in order to effectively be first responders. This includes working through local governance structures to plan and implement all relief work.
3. Balancing response to immediate needs with planning for recovery: To encourage humanitarian actors to begin assuming a longer-term planning lens at the same time as working to save lives.
4. Reducing risks and vulnerabilities: Making sure that while we rebuild, we do it in such a way that strengthens systems' resilience to future disasters.

5.3.a. Child Protection and Early Recovery

Early recovery refers to *shifting from the provision of short-term assistance to focusing on long-term sustainable solutions*; it is recommended that early recovery be considered from a time-frame manner. DRR actors must not consider creating a new layer of emergency services, rather they must rely on the current national mechanisms of service delivery, refurbish them as quickly as possible so they can resume normally. The early recovery approach encourages a balanced response to immediate needs and efforts to rebuild systems and increase their ability to cope with future disasters. The early recovery approach is very useful in the area of child protection as it encourages authorities to regard emergency situations as opportunities to re-examine the child protection system and to rebuild it while providing urgent needs. The early recovery approach is guided by values which aim to assist countries in strengthening their own capacity, lessen their reliance on foreign assistance, and support their overall political and economic progress.

IMPLEMENTATION LIST

Step 1. Identifying protection concerns in early recovery efforts: The Coordinating Body will make efforts to determine long-term child protection concerns and these rely on an examination of the current system and its effectiveness. Tools such as the Child Protection Systems Mapping highlight the strengths of the child protection national systems, as well as the areas in need of assistance. This information can be extremely useful to the Coordinating Body in designing emergency responses and early recovery efforts. It is important to keep in mind that the rapid assessment process conducted to determine immediate needs in an emergency should also collect information on long-term needs and goals. The rapid assessment process should consider pre-existing information on potential risks, harms, and dangers to children for the short and long-term.

Step 2. Building government, community, and child protection capacities and systems: Early recovery provides an opportunity to revisit existing structures and mechanisms and to improve on them. This must start by advocating and planning for a stronger child protection system and

allocating funds and staff to work on child protection in the different sectors. The Coordinating Body will focus on certain problem areas, for example legislation or social welfare, and work on filling the gaps in these areas while providing emergency needs.

Step 3. Finding solutions to address gaps in existing child welfare system: The Coordinating Body will advocate for solutions to strengthen existing child protection systems, such as reinforcing community-based foster care systems for unaccompanied and orphaned children. In this regard, it can advocate against premature adoption and continue family tracing efforts.

Step 4. Strengthening coordination mechanisms for child protection: The Coordinating Body, after examination of the current system and its effective, will establish or improve internal coordination mechanisms for effective communication and collaboration on child protection cases. If required, it will create stronger case-referral systems to ensure collective support for child survivors.

Step 5. Community-supported approaches to social reintegration and livelihood: The Coordinating Body will ensure that vulnerable women and children affected by the disaster have a non-stigmatizing way of rebuilding their lives and livelihoods. It will facilitate community education efforts on providing psychosocial support for these groups and ensure ease of access to services and prioritization in all recovery programmes and efforts.

Step 6. Security and justice sector: The Coordinating Body will ensure the integration of child protection priorities and the fulfilment of children's rights in security and justice sector reform. Rebuilding the security and justice systems is a prerequisite to a strong child protection system. It will ensure that staff working with children and adolescents are aware of risks, forms of maltreatment, and ways to efficiently process cases of violence, exploitation, abuse, and neglect.

5.3.b. Communication and Building Awareness

Communication immediately after a disaster situation is an important component of response and recovery as it connects affected people, families, and communities with first responders, support systems, and other family members. Post-disaster communication is used to disseminate important and critical information about the effects and aftermath of the disaster event. Reliable and accessible communication and information systems also key to a community's resilience. Outreach efforts include communicating information about common, normal reactions to children and how to avoid potential contracting diseases and injury. Information can be communicated directly to children in schools or in community meetings, as well as in writing and through radio, television and the Internet.

IMPLEMENTATION LIST

Step 1. Implementation of the communication strategy: The Coordinating Body will implement its post-disaster communication strategy and will utilize identified and available channels. This will ensure the widest circulation and make sure the messages reach children and adolescents.

Step 2. Message Design: The Coordinating Body will design messages that are simple to convey, culturally sensitive, and respectful of the image of children. It will ensure that stories and messages

which are developed for dissemination will not be exaggerated and will not stereotype children. The messages will promote gender equality and non-discrimination in every message disseminated.

Step 3. Media and child protection basics: The Coordinating Body will make all efforts to ensure that media staff, when reporting on CPIE issues, ensure the confidentiality of child-related information and do not give any biographic/personal information of a child whose picture or story is used. They should be careful not to mention names, addresses, school names, or other information that could compromise the safety and security of a child. They must always consider whether publishing a story is in the best interests of the child, their family, and their community.

5.3.c. Information Management

National governments, international organizations and other DRR actors should, ideally, begin planning their longer-term activities even before emergency conditions stabilize. The information needed for this process will vary with the type of disaster and the intended response. In general, a decision to begin longer-term activities requires information on the damage generated by the disaster and the longer-term needs inflicted upon the population. A grasp of the longer-term political, economic, social, and environmental changes brought about by the disaster is also needed, as is an understanding of the coping mechanisms which the affected population still maintains. In Belize, this information is obtained from the Damage Assessment and Needs Analysis (DANA) and other reports which are available post-event.

IMPLEMENTATION LIST

Step 1. Supporting the child protection system: The Coordinating Body will ensure that the child protection system is supported through data collection and a reporting system on child rights violations. The programme will also utilize reporting platforms and the provision of regular analysis to support and strengthen the child protection system. The Coordinating Body will also utilize maps which highlight violation hot spots to determine the concentration and significance of these geographical areas.

Step 2. Use of the Child Protection information management system: The use of the child protection information management system will support child protection services through optimal use and analysis of available data. Information stored in this information management system is to be received from partner agencies/organizations into the database.

5.3.d. Medical Assistance, Mental Health and Psychosocial Support (PSS)

Ministries of health have the responsibility to monitor post-disaster public and environmental health conditions and maintain public health standards including within shelters during and immediately after a disaster. The restoration of medical services post-disaster is a national priority and the ministries of health have the task for restoring medical and mental health services as quickly as possible.

IMPLEMENTATION STEPS

Step 1. Restoration of Services: The appropriate agencies and ministries will restore medical services to ensure continued assistance to children, adolescents and their families.

Step 2. Water Quality Monitoring: Ministries of health will continuously monitor the quality of drinking water in communities, particularly in shelters, in order to avoid contamination and spread of diseases. After a flood, microbial contaminants, such as viruses and bacteria, inorganic contaminants such as salts and metals, pesticides and herbicides and organic chemical contaminants may be present in public water systems. These contaminants may come from septic systems, agricultural livestock operations, industrial or domestic wastewater discharges and farming. The Ministry of Health ensures the monitoring of water quality as it has the responsibility of coordinating and supervising the implementation of disaster preparedness plans.

Step 3. School Inspections: The ministries of health and education will carry out inspections of schools that were used as shelters and will analyse the possible risks to students after classes resume. These Ministries and the school administrations will take steps to return the school to normal conditions (including cleaning, repairing and restoring infrastructure).

Step 4. Psychosocial Support for Work Teams: Ministries of health will provide psychosocial assistance to work teams as required.

Step 5. Health Education Programmes: Ministries of health will ensure the continuous rehabilitation of children, adolescents and their families, as necessary. Special health education programmes may have to be mounted by appropriate organizations to increase knowledge of water safety, to control diarrheal diseases, and to encourage proper solid waste management.

Step 6. Family and Community Wellness: The Coordinating Body will give priority to restoring and strengthening existing relationships and building stronger support networks for children and adolescents. The Body will recognize the importance of restoring a sense of normalcy and routine for children and their families through organizing social activities. For example, cultural and artistic events, youth sports events, and religious activities can bring people together and provide a forum where they can share experiences and connect with one another. Children who are separated, orphaned, or isolated should be included in these events to surround them with people who can provide emotional and social support.

Step 7. Focused, Non-Specialist Assistance: Ministries of health will follow up on pre-identified children and adolescents who need further medical and psychosocial support, attention and monitoring. This is a third level of intervention which is often necessary for children and families who have lost loved ones and are dealing with grief. A useful tool to provide support to this group is the Psychological First Aid (PFA)⁷. It is a type of intervention that is delivered by case-managers, social workers, or PSS response staff. All personnel interacting with children/communities affected by emergencies should be trained on PFA (for example health workers and education professionals) so they can provide safe initial response and referral should a child report an incident to them.

⁷ PFA is designed to help victims of disasters and relies on establishing a humane and compassionate connection with the survivor, providing emotional comfort, and teaching them coping skills.

Step 8. Referrals to Specialised Mental Health Services: This is the fourth level of psychosocial support usually used for those suffering from previous mental health conditions or those who exhibit more serious symptoms. Warning signs for this group include significant social isolation, withdrawal, changes in behaviour, mood swings, aggression, tearfulness, and sadness among many other symptoms. In most cases referrals and linkages to mental health professionals can be done through the primary health care system.

5.3.e. Livelihoods and Social Services

Children and vulnerable groups are very susceptible to food insecurity post-disaster as they may be living in fragile and degraded environments, prone to natural disasters and exposed to recurrent shocks and crises. Climate change and cyclical weather extremes have a disproportionate impact on these settings, multiplying existing threats to food security and nutrition. In the long term, climate change makes natural disasters more frequent and intense, land and water scarcer and more difficult to access, and agricultural productivity harder to achieve. It is, therefore, vital and urgent that children be given the opportunity to improve their health, education, economic growth, and development post-disaster. This is best achieved through robust institutions and social cohesion (elements needed to develop and implement nationally appropriate social protection systems).

IMPLEMENTATION STEPS

Step 1. Social Assistance: The Coordinating Body and other appropriate organizations and agencies will restore services to the social assistance network, ensuring its continuity in order to provide the necessary support to families such as access to housing. Priority should be given to families with children and adolescents.

Step 2. Relocation: The Coordinating Body and other appropriate organizations will support actions to relocate children, adolescents and their families from shelters.

Step 3. Unaccompanied and Separated Children and Orphans: The Coordinating Body and other appropriate organizations will support actions to identify, find, and reintegrate children who were separated from their families or who have been declared lost. The appropriate organization will make the necessary notifications on the cases of children and adolescents who have become orphans or have lost the support of their families after a disaster, so that they can find the appropriate solutions in accordance with the *relevant national laws*.

Step 4. Rehabilitation Efforts by Children: The Coordinating Body and appropriate organizations will make efforts to stimulate the participation of children, adolescents and young people in the rehabilitation of their communities in an effort to avoid future disasters.

Step 5. Key Messages: The Coordinating Body will support projects which aim to achieve the protection of children, such as advertisements published in newspapers, online distribution of child

protection posters, distribution of child protection posters in emergency shelters and on social media, and briefings to key managers and protection officers on child protection.

Step 6. Implementation and Maintenance of Social Protection Programmes: National social protection programmes such as cash transfers enable people to use resources to rebuild, restore market function, rehabilitate critical infrastructure, increase and diversify their asset base and increase savings and shore up risk mitigation strategies to build resilience to subsequent crises. It is critical that the Coordinating Body consider implementation of these programmes or support their resumption as soon as possible to protect children from the impact of the shock, to build their capacity to withstand or overcome the shock and to progress to a lesser state of vulnerability.

5.3.f. Education

After an emergency, education becomes more important than ever for girls, boys, adolescents and young people affected by disasters, since it represents a hope for their immediate future, providing them and their families with a sense of continuity and normalcy. It is important to work with teachers to easily identify child rights violation, to implement PSS activities, to engage with communities etc. Education plays a crucial role in helping affected children cope with their situation and establish normality in their lives. It can provide life-saving knowledge and skills for survival and may offer opportunities for change that will improve equity and equality of education. Education programmes in recovery provide physical and psychological protection. They also ensure educational continuity, minimise disruption of teaching and learning, become centres for community activities and provide services that are critical to reducing poverty, illiteracy and disease. The Government of Belize has the responsibility of ensuring that all children have access to relevant, high quality education in secure learning environments after a disaster.

IMPLEMENTATION STEPS

Step 1. Rebuilding and repair of schools: National governments will give priority to the rebuilding and repair of schools affected by a disaster as well as any infrastructure which is necessary for education. This should also include repair of any infrastructure which is used to provide assistance to children and adolescents so that they can return to a normal routine as soon as possible.

Step 2. Resume school activities as quickly as possible: This may require creative actions to ensure that children's education proceed with the least disruption, such as a shift system, to allow as many children as possible to gain access to teacher instruction. Ministries of education will ensure the availability of school materials and textbooks, as well as transportation, to ensure the proper conditions are created for children and adolescents to resume their classes.

Step 3. Enrolment: Ministries of education will establish different enrolment rules for the transfer and evaluation of children and adolescents displaced by the disaster event. This is also very important as when education is interrupted or limited, students dropout, with negative and permanent economic and social impacts for students, their families, and their communities.

Step 4. Lost Classes: Ministries of education will define a strategy to recover time lost due to a disaster.

Step 5. Recovery Process for Children: The Coordinating Body and appropriate organizations will create activities such as art education workshops in schools to help children and adolescents understand the disaster event and begin their recovery. It will also embark on projects that support the improved resilience of schools used as shelters which should be paired to projects which guarantee access to education by the school age population.

5.3.g. Child Friendly Spaces

During disaster events, Child Friendly Space may have become necessary to protect children against abuse, violence and exploitation. While in operation, teachers may collaborate with the Child Friendly Space and continue educational activities through it. During the recovery phase, these will be phased out as normal services resume.

IMPLEMENTATION STEPS

Step 1. Provide ongoing support for animators and staff: The Coordinating Body must ensure that staff working in CFSs have all the resources and knowledge they need. It is to conduct regular trainings for them on how to provide psychosocial, educational, and protection support for children. Children should also stay connected to child protection workers in the area.

Step 2. Phasing out: Child Friendly Spaces will be phased out in a contextually appropriate manner. Once children are able to return to their homes and normal activities (especially school), then all the services they need must be provided through routine infrastructure and routine services. CFSs are meant to be temporary solutions until normal services resume.

5.3.h. Security, Justice for Children and Child Protection

A justice system consists of numerous actors, including the police, courts, and corrections mechanism. Child protection seeks to ensure that all the above actors, and their staff, policies and procedures, operate in a way that safeguards and promotes the best interests of the child. Children can encounter the justice system in many ways, as witnesses, victims, or as part of proceedings.

Emergencies create special circumstances that can bring children into contact with the justice system. For example, children can fall prey to organized criminal groups taking advantage of the lack of security in emergencies. They may get involved in illegal activities, such as stealing or begging, due to financial hardships caused by the disaster. They may also be involved in legal proceedings, including inheritance and custody issues, if they lose a parent or a loved one. It is everyone's responsibility to ensure that children in conflict with the law are protected and treated in accordance with international human rights standards.

IMPLEMENTATION STEPS

Step 1. Processing children through Justice System: Serious thought must be given to processing children who are victims of disaster through child-friendly courts and police stations. Ministries of national security should consider creating modified child-friendly environments for child proceedings during emergencies and consider their use post-disaster. This could include size-appropriate chairs and tables, smaller microphones, decorated walls, and access to toys. An informal atmosphere is less intimidating for a child and police officers can conduct interviews outside of the police station, preferably at a place that is familiar and comfortable for the child. The traumatic effect that a disaster can have on a child must be taken into consideration.

Step 2. Training for Police Officers: Ministries of national security in collaboration with the Coordinating Body are to ensure that only trained staff come in contact with children and ensure access to both male and female officers. Given that police officers are the first line of contact with children, they have to be sensitive in their communication and ensure that children are given information in a systematic, age-sensitive, and child-friendly manner. Officers must create a safe environment for the child to share their experience and be attentive to their views, concerns and needs. All officers must undergo mandatory training on communicating with children.

Step 3. Children in conflict with the law: Ministries of national security must identify children in detention and monitor their conditions and treatment. It should consider diversion options and may consider releasing children in custody or detention if the conditions are not suitable. It is important that children held in detention are not exposed to extreme violence, abuse, exploitation and maltreatment that may be life-threatening. Negotiating for access to children being held and case management support are the first steps to ensuring their wellbeing. For juvenile offenders in prison, consider alternatives to detention. Emergency settings and transition into recovery provide an opportunity to consider other options for children who are in conflict with the law. Diversion programmes are beneficial to both the child and the system. Community-based diversion programmes have been implemented in many countries around the world and have been proven to work effectively. They involve the establishment of community groups who can perform mediation, case-management, psychosocial support, education, and reporting to court on progress.

Step 4. Identifying cases of violations: The Coordinating Body and Ministries of national security must identify cases of child rights violations in the justice system and take measures to stop them and prevent them from reoccurring. Ministries of national security may consider creating a team of experts who can identify, manage, and address cases of violations against children in conflict with the law. The team should consist of lawyers, social workers, medical and mental health practitioners, and human rights workers.

Step 5. Child protection and justice sector reform: The Coordinating Body and Ministries of national security should make efforts to ensure integration of child protection priorities and fulfilment of children's rights in security and justice sector reform. This is a prerequisite to a strong child protection system. In the short-term, the Ministry of National Security must ensure that its staff are well aware of risks, forms of maltreatment, and ways to efficiently process cases of violence, exploitation, abuse, and neglect.

Step 6. Strengthening community-based mechanisms to prevent and combat child maltreatment:

The Coordinating Body and appropriate organizations will work to foster social and community networks and relationships to ensure the protection of vulnerable children. It will initiate educational and advocacy activities on child protection risks, responses, and models of psychosocial support.

5.3.i. Monitoring and Evaluation

Monitoring and evaluation is an essential exercise to determine whether child protection in emergencies (CPiE) programmes are leading towards the desired outcome of protecting children in emergencies and after. *It is a process through which we examine our programme efforts and assess the extent to which they are relevant, efficient, and effective.* M&E is part of quality assurance and helps to improve services and strengthen the impact of any work conducted in this regard. It involves classifying programme activities and gathering and analysing data about them in such a way that recognizes achievements and identifies gaps. It helps users learn from past mistakes and ensures that they are not repeated. The information generated through M&E is essential for decision making and is also used for reporting to donors and providing forecasts for future funding.

IMPLEMENTATION LIST

Step 1. Identify project/programme objectives: The Coordinating Body will define both the broader goals and the sub-goals of a child protection emergency project or programme. The objectives of a child protection programme, for example, would typically be to strengthen the overall child protection system in a country, to provide psychosocial support to victims of maltreatment, to build awareness on child abuse through advocacy and media, or to combat violence against children. Programme objectives must be clear and specify a goal to strive towards.

Step 2. Assess whether or not the project is reaching its goals: This can be achieved by creating indicators to measure performance and success in reaching goals. **Indicators** are *gauges or statistical values used for measuring conditions that are difficult to analyse or measure*. For example, if we want to measure how successful we are in raising awareness on dangers to children in emergencies, we can look at the number of campaigns with key messages conducted as one of the indicators to determine whether or not we are indeed reaching the goal. Other indicators include the number of staff working on the campaigns, the amount of communication materials produced and disseminated, and the number of children who can identify the dangers as a result of our messages.

Step 3. Identifying the type of information and tools needed for measurement: Depending on the type of indicators used, the Coordinating Body can either collect quantitative data (i.e. number of cases referred, number of children aware of dangers, number of campaigns held etc.), or qualitative data gathered through interviews or surveys on knowledge, attitudes, and behaviour change towards a particular issue. This data should be disaggregated by sex to ensure there is better understanding of the unique needs and protection risks for girls/boys.

Step 4. Analysing the information and evaluating success: The Coordinating Body will consolidate the data and compare it against the objectives and goals you have defined for the project. It will assess whether efforts are successful in reaching the desired outcomes and will document, organize, and save all information for future reference.

References

- ACF International Network (2012) *Participatory Risk, Capacity & Vulnerability Analysis: A Practitioner Manual for Field Workers*, Paris: Action Contre la Faim.
- ActionAid International (2009) *Women's rights in emergencies Integrating Women's Rights into emergency response; a guide for trainers*, available online at:
http://www.actionaid.org/sites/files/actionaid/womens_rights_in_emergencies_manual.pdf
- Andrewin, A. (2015) 'The disaster profile of Belize', *Emergency and Disaster Reports*, 2(2):4-49.
- Barnett, K. and Wedge, J. (2010) 'Child Protection Systems in Emergencies: A review of current thinking and experience', Child Protection Working Group, available online at:
<http://cpaor.net/sites/default/files/cp/CP-Systems-in-Emergencies-ENG.pdf>
- Baxter, H. (2017) 'When Angels Fall From the Sky: Helping Children and Young People Cope in the Aftermath of a Disaster', *Emergency Planning College Occasional Papers New Series*, 20.
- Bolte, P., Marr, S., and Sitompul, D. (2014) *Empowerment and participation. Good practices from South & South-East Asia in disability inclusive disaster risk management*, available online at <https://www.preventionweb.net/publications/view/38358>.
- Carby, B., Ferguson, T., Steele, S. and Maiyaki, Z. (2018) 'An Exploration of Inclusivity for Persons with Disabilities in Disaster Risk Management Planning at the National and Local Government Levels in Jamaica', *Disability Studies Quarterly*, 38(4); available online at: <http://dsq-sds.org/article/view/5776/5124#top>.
- Caribbean Disaster Emergency Management Agency (2014) *Regional Comprehensive Disaster Management (CDM): Strategy and Results Framework, Summary 2014 – 2024*, Barbados: CDEMA; available online at www.cdema.org.
- Child Protection Working Group (2012) *Minimum Standards for Child Protection in Humanitarian Action*, New York: UNICEF.
- Children's Agenda 2017-2030 (2017), available online at:
<http://humandevlopment.gov.bz/wordpress/wp-content/uploads/2017/06/Childrens-Agenda-2017-2030.pdf>.
- Coalition for the Resilience of Children and Youth in Latin America and the Caribbean (2014) *Priorities In Resilience for Children, Adolescents and Youth in Latin American And the Caribbean*.
- Constitution of Belize (1981), available online at: <http://www.belizelaw.org>.
- Disaster Preparedness and Response Act (2000), available online at: <http://www.belizelaw.org>.

- Dudzik, P., Elwan, A. & Metts, R. (n.d.) *Disability Policies, Statistics and Strategies in Latin America and the Caribbean: A Review*, available online at: http://unipd-centrodirittiumani.it/public/docs/31863_statistics.pdf
- Enarson, E (2006) *Women Confronting Natural Disaster: From Vulnerability to Resilience*, Lynne Rienner Publishers, Boulder.
- Families and Children Act (2000), available online at: <http://www.belize-law.org>.
- Gokhale, V. (2008) *Role of Women in Disaster Management: An Analytical Study with Reference to Indian Society*, The 14th World Conference on Earthquake Engineering, available online at: https://www.iitk.ac.in/nicee/wcee/article/14_10-0049.PDF.
- Hemingway, L. and Priestly, M (2014) 'Natural Hazards, Human Vulnerability and Disabling Societies: A Disaster for Disabled People?', *Review of Disability Studies*, 2(3).
- Higgins, T. (2012) 'Managing Risks in a Climatically Dynamic Environment: How Global Climate Change Presents Risks, Challenges and Opportunities', in Bennett, S (ed) *Innovative Thinking in Risk, Crisis and Disaster Management*, London: Routledge.
- Institute of Lifelong Learning (2011) MSc in Risk, Crisis and Disaster Management, Module 2, Unit 2.
- Kailes, J. I. & Enders, A. (2006). *Moving Beyond "Special Needs": A Function Based Framework for Emergency Management and Planning*, available online at: http://disability.law.uiowa.edu/dpn_hi/380.pdf.
- Luzze, F. and Kashungwa, C. (2017) 'A Case Study for the Child Protection in Emergencies (CPiE) Integrated Programme for Refugees in Uganda 2016', available online at: <https://www.wvi.org/disaster-management>.
- Macksoud, M (2000) *Helping Children Cope with the Effects of War: A Manual for Parents and Teachers*, New York: UNICEF.
- Martin, M. (2010) Child Participation in Disaster Risk Reduction: the case of flood-affected children in Bangladesh, *Third World Quarterly*, 31(8): 1357-1375.
- National Development Framework for Belize 2010 – 2030 (2010), available online at:
- Nikku, B.R. (2012) 'Children's rights in disasters: Concerns for social work – Insights from South Asia and possible lessons for Africa', *International Social Work*, 56(1): 51–66.
- Olness, K. (2010) 'Disasters and Children', in Powers, R. and Daily, E (eds) *International Disaster Nursing*, London: Cambridge University Press.
- Peek, L. (2008) 'Children and Disasters: Understanding Vulnerability, Developing Capacities, and Promoting Resilience – An Introduction', *Children, Youth and Environments*, 18(1): 1-29.

- Peek, L. and Strough, L.M. (2010) 'Children with Disabilities in the Context of Disaster: A Social Vulnerability Perspective', *Child Development*, 81(4): 1260-1270.
- Picard, M. (2017) 'Disaster management, risk reduction and international disaster response laws in the Commonwealth', *Commonwealth Law Bulletin*, 43(3-4): 403-437.
- Quaill, J., Barker, R. and West, C. (2018) 'Experiences of individuals with physical disabilities in natural disasters: an integrative review', *Australian Journal of Emergency Management*, 33(3) 58-63.
- Ray-Bennett, N.S. (2018) 'Disasters, Deaths, and the Sendai Goal One: Lessons from Odisha, India', *World Development*, 103: 27-39.
- Reyes, D.D and Lu, J.L. (2017) 'Gender Dimensions and Women's Vulnerability in Disaster Situations: A Case Study of Flood Prone Areas Impacting Women in Malabon City, Metro Manila', *Journal of International Women's Studies*, 18(4).
- Rohwerder, B. (2015) Disability inclusion: Topic guide, Birmingham, UK: GSDRC, University of Birmingham.
- Smith, F., Jolley, E., and Schmidt, E. (2012) *Disability and disasters: The importance of an inclusive approach to vulnerability and social capital*, available online at: <https://www.preventionweb.net/publications/view/34933>.
- Smith, S.D. (2012) 'Vulnerability, Perceptions of Stress, and Coping with Natural Disasters: The Case of Hurricane Iris in Belize', Baylor University.
- Sohrabizadeh, S., Jahangiri, K., Jazani, R.K., Babaie, J., Moradian, M.J., and Rastegarfar, B. (2017) 'Women's Challenges and Capabilities in Disasters: A Case Report of the Twin Earthquakes of Eastern Azerbaijan, Iran', *PLOS Currents Disasters*, 1.
- Sohrabizadeh, S., Tourani, S. and Khankeh, H.R. (2016) 'Women and health consequences of natural disasters: Challenge or opportunity?', *Women & Health*, 56 (8): 977-993.
- Szente, J (2016) 'Assisting Children Caught in Disasters: Resources and Suggestions for Practitioners', *Early Childhood Education Journal*, 44: 201-207.
- The Alliance for Child Protection in Humanitarian Action (2016) 'Adapting to learn, learning to adapt": Overview of and considerations for child protection systems strengthening in emergencies', available online at: <http://www.cpcnetwork.org/resource/adapting-to-learn-learning-to-adapt/>
- The International Save the Children Alliance (2007) *Child Protection in Emergencies Priorities, Principles and Practices*, available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/688BB48171C55B59852573E7007B AF1A-STC_Dec2007.pdf.

- UNCRDP (2006) *Convention on the rights of persons with disabilities and optional protocol*. New York: UN, available online at: <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.
- UNICEF (2010) *Core Commitments for Children in Humanitarian Action*, New York: UNICEF.
- UNICEF (2011) *Back-To-School Guide*, New York: UNICEF.
- UNICEF (2013) *Actions for Children and Youth Resilience Guide for Governments*, Panama City: UNICEF,
- UNICEF (2015) *Child Protection in Emergencies: A Toolkit for Practitioners in Pacific Island Countries*, Fiji: UNICEF Pacific.
- UNISDR (2014) *Living with Disability and Disasters: UNISDR 2013 Survey on Living with Disabilities and Disasters - Key Findings*, available online at: https://www.unisdr.org/2014/iddr/documents/2013DisabilitySurveyReport_030714.pdf
- UNICEF (2018) *Enhancing Gender in Humanitarian Response*, available online at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Enhancing%20Gender%20in%20Humanitarian%20Response.pdf>.
- UNICEF (2018) *Gender Action Plan 2018-2021*, available online at: <https://www.unicef.org/gender-equality/gender-action-plan-2018-2021>.
- Vernberg, E.M., Hambrick, E.P., Cho, B. and Hendrickson, M.L. (2016) 'Positive Psychology and Disaster Mental Health: Strategies for Working with Children and Adolescents', *Journal of Clinical Psychology*, 72(12): 1333–1347.
- World Health Organization (2002) 'Gender and Health in Disasters', *Gender and Health*, July 2002.

Glossary

The Protocol contains several key terms and concepts which provide a common base for DRR actors to be integrated into the Protocol. It is also necessary to provide common definitions as there are no officially accepted definitions; yet, the literature suggests that there are general assumptions that DRR actors have a common understanding of these terminologies. This assumption may have resulted in confusion in past events as DRR actors operate under disparate epistemological perspectives and operational principles.

Providing definitions ensures that the DRR actors understand the need for commonly agreed triggers to initiate their activities to address disasters. For example, the *Disaster Preparedness and Response Act, Chapter 145 of the Laws of Belize* defines a '**disaster emergency**' as "*a public emergency declared under section 18(1)(b) of the Belize Constitution on account of the threat or occurrence of a disaster*", yet the Act provides no detail on what actually constitutes a disaster. The term '**disaster emergency**' is not a concept that appears in current disaster management literature. It is, therefore, vital that all DRR actors operate within a common conceptual framework to achieve clarity, collaboration and to avoid any ambiguity as they work toward achieving the goal of protection of children in disasters.

Emergency, Crisis and Disaster

Emergency - a situation which requires a rapid and highly structured response where the risks for critical decision-makers can, to a relative degree, be defined (Institute of Lifelong Learning, 2011, Module 2:2-9).

Crisis - a situation which requires a rapid response but for which the risks for critical decision-makers are difficult to define owing to ill structure (Institute of Lifelong Learning, 2011, Module 2:2-10). A crisis can also be broadly defined as a threatening condition that requires urgent action, therefore effective emergency action can avoid the escalation of such an event into a disaster (Child Protection Working Group, 2012: 13).

Disaster - a serious disruption of the functioning of a community or society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope with using its own resources and therefore requires urgent action (Child Protection Working Group, 2012: 225). A disaster is not necessarily a rapid-onset event but can arise slowly and may be compounded by a series of events or phenomena (Picard, 2017: 405).

Disasters are often described as a result of the combination of the exposure to a hazard, the conditions of vulnerability that are present and insufficient capacity or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruption and environmental degradation (UNISDR, 2009:9).

Disaster Risk Management - The systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster (UNISDR, 2009:10). The policy objective of anticipating and reducing risk is called **disaster risk reduction** (DRR). Although

often used interchangeably with DRR, **disaster risk management** (DRM) can be thought of as the implementation of DRR, since it describes the actions that aim to achieve the objective of reducing risk (Adapted from UNISDR Global Assessment Report, 2015).

Disaster Risk Reduction - The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events (UNISDR, 2009:10).

Vulnerability - The characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard. Vulnerability is determined by the exposure of people to the hazards, their sensitivity to the hazards, and their capacity to confront crisis situations and to survive them. Vulnerability can be defined in relation to five components that include livelihood, welfare, self-protection, social protection and governance (ACF International, 2012: 10).

Protection and Child Protection in Emergencies (CPiE)

Protection - This term refers to all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law, namely human rights law, international humanitarian law and refugee law (IASC, 1999). Protection therefore aims to ensure full and equal respect for the rights of all individuals, regardless of age, gender or ethnic, social, religious or other background. It goes beyond the immediate life-saving activities that are often the focus during an emergency (Child Protection Working Group, 2012: 230).

Child Protection in Emergencies (CPiE) - Refers to all efforts to prevent and respond to abuse, neglect, exploitation, and violence against children in the aftermath of a disaster. It includes, as a first step, guaranteeing that children receive all the necessary humanitarian assistance that is required for their safety and wellbeing. CPiE prioritizes the fulfilment of certain rights for children in emergencies, namely those that protect children against maltreatment and ensures their survival and wellbeing (UNICEF, 2015). CPiE is an area of critical concern for many reasons. Children are a very vulnerable group. Their dependence on adults and their need for care make them even more vulnerable.

Children and Adolescents

Children - people under 18 years of age (Families and Children Act, 1998). This category includes infants (up to 1 year old) and most adolescents (10–19 years) (Child Protection Working Group, 2012: 220).

Adolescents - normally referred to as people between the ages of 10 and 19 (Child Protection Working Group, 2012: 220).

Persons with Disabilities

Persons with Disabilities - those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (UNCRPD, 2006: 4)

ANNEX A: Outline for Mapping and Assessment Toolkit for Child Protection Systems

Section 1: General Country Information

- 1a. Terminology
- 1b. Basic Information and Risk Profile
- 1c. Global Context
- 1d. Policy Context
- 1e. Data for Decision-making
- 1f. Summary Charts and Tables

Section 2: System Overview

- 2a. Structures, Functions, Capacities
- 2b. Specific Ministries
 - 2b(i). Core Ministry Mapping
 - 2b(ii). Secondary Ministry Mapping
 - 2b(iii). Ministry Strategy and Priorities
- 2c(i). Children and Justice
- 2c(ii). Justice Process
- 2d. Community Structures, Functions and Capacities
- 2e. Civil Society

Section 3: Continuum of Care

Section 4: Resource Mobilization and Fiscal Accountability

Section 5: Summary and Strategy Development

- 5a. Summary of Priorities
- 5b. Moving Forward on System Development
- 5c. Sector Costing Tool

Annexes

- A1. Capacity Building Costing
- A2. Bibliography and Sources

ANNEX B - Commitment to Protecting Children in Emergencies and Disaster Situations

We, the “Participants” from government, national and International organizations recognize:

- Our country and the Caribbean region are extremely vulnerable to disasters and the effects of climate change. The Caribbean region continues to rank extremely high in world disaster risk assessments. It has been noted in recent years that there is an increase in the frequency and the severity of disasters.
- Children represent a significant percentage of the affected populations in emergencies. (Often between 40-60% of those affected are children). Disasters in Belize pose new protection risks for children, exacerbate existing ones and undermine protection mechanisms.

In response to above, we the “Participants” aim at establishing and strengthening functional and reliable child protection systems able to prevent and respond at all the phases of the humanitarian cycle, preparedness, response and recovery. For the purpose of this Protocol, we make express and strong commitment towards the following areas:

1. **Coordination:** Relevant and responsible authorities, humanitarian agencies, civil society organizations and representatives of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response.
2. **Communication:** Messages on child protection risks and safety are used to raise awareness amongst children themselves, their caregivers and communities. All modes of communication available are to be considered. Radio, written media, social media, TV, etc. where relevant, functional and effective. Communication efforts also need to include and consider traditional ways of conveying messages within communities.
3. **Prevention and Response:** All possible efforts to be made towards effectively preventing and responding to child abuse, neglect, exploitation and violence including physical and sexual violence against children.
 - Girls and boys will be protected from sexual violence and survivors have access to services. Efforts are to be coordinated to monitor links between gender-based violence and child abuse.
 - Communities coping mechanisms and resilience including provision of psychosocial support to girls and boys and their families will be strengthened.
 - Family separation will be prevented and addressed, especially when displacement occurs. Unaccompanied and separated children need to be cared for and protected in accordance with their best interests.
 - National legal frameworks and plans will increasingly incorporate and adequately address child protection concerns, acknowledging the adverse and often detrimental effects of

emergencies on children. Additionally, children's access to justice will consider community-based solutions when the formal system is not accessible/functional in emergencies.

- Children will have access to community supported child-friendly spaces with age appropriate activities conducted in a safe, stimulating and non-discriminatory manner.
- Basic services and protection are inclusive of all children, delivered impartially and addressing the needs of most vulnerable children, including children with disabilities and their families.

4. Mainstreaming child protection in emergencies: Mainstreaming child protection or ensuring that child protection considerations inform all aspects of humanitarian action. This will maximize the child protection impact of the work that humanitarian sectors/clusters undertake and further complies with the "do no harm" principle. Adequate cross sectoral response contributes to the effective rehabilitation and reintegration of children affected by violence.

5. Child protection monitoring and evaluation: Child protection interventions will build on existing capacities and structures where possible and create new ones where needed to address child protection concerns in emergencies. Therefore, we consider monitoring and evaluation as key to inform of any needs for adjustments and development of plans as well as document progress and extract lessons as part of the efforts in increasing preparedness in subsequent seasons.

We the "Participants" declare that all actions and efforts are to be undertaken in line with existing national legal instruments and plans as well as the international legal framework, more specifically we make explicit commitment towards the four pillars of the Convention of the Rights of the Child: Best Interests of the Child, Non-Discrimination, Child Survival and Development and Child Participation. We additionally reiterate our commitment towards the core principles of humanitarian action.

We the "Participants" call on our national government to recognize the importance of Child Protection in emergencies and to advocate and mobilize adequate financial and human resource to prioritize child protection in national agendas.

We the "Participants" are committed in our personal and professional capacity to do our utmost for the advancement of the protection of children in our country.

ANNEX C - Child Protection Rapid Assessment Form

This assessment form must be translated into the local language.

Introduce yourself: Introduce yourself and your organization to respondents and explain that the purpose of the assessment is to help organizations make good decisions about how best to work with and support affected communities.

Do not make promises of assistance: Make certain that interviewees know that how, when and where protection assistance is provided will depend on many factors.

Obtain consent: Gaining consent means making sure people know why you are asking questions and also what the information will be used for. Emphasize that participation in an interview is optional and that all information shared will be kept confidential and secure. Interviewees may request to skip questions that they are not comfortable answering.

Write clearly and concisely: Please write **clearly and briefly**, using the last page for additional information.

Observe local cultural practices: Assessors must observe cultural principles, for example women questioning women (where this is appropriate).

Respect interviewees' time and needs: Use your judgment in carrying out the assessment and consider the needs of interviewees. **You do not need to complete every question** but rather focus on the questions that are most relevant to the situation.

Do no harm: When gathering information on sensitive issues, there may be difficult choices to make about whom to approach, the potential risks to respondents of providing sensitive information, as well as whether, where and how to approach them. Careful decision must be made to minimize any potential risk to interviewees. In general, only seek information that respondents feel comfortable and safe providing, but also consider the risks to children of not obtaining information on immediate threats to their safety. Be sensitive to information that may be socially or politically sensitive.

CHILD PROTECTION RAPID ASSESSMENT (CPRA) FORM

Date of Record: _____

Location Community: _____ • Ward (if applicable) District: _____

Interviewee: _____ **Interviewer:** _____ **Organization:** _____

Period covered by the assessment: _____

DEMOGRAPHIC INFORMATION

1. Number of children in the community:

Boys	Girls
0-7	0-7
7-12	7-12
12-18	12-18
Don't Know	Don't Know

Source of Information: _____

2. Are there children with specific needs? Which?

- Disabled
- Orphaned
- Separated
- Other

3. Are there vulnerable households?

- Female
- Child headed
- Elderly headed

4. Are any children separated from their parents/care givers?

- No
- Yes
 - Loss of parent/caregivers
 - Death of parent
 - Relocation
 - Other

5. Who currently look after these children?

- Relative
- Church
- Social Welfare Division
- Care Centre
- Local NGOs; Please indicate:
- International NGOs; Please indicate:
- Other; Please indicate:

6. Who currently provide support to children?

- Relative
- Church
- Social Welfare Division
- Care Centre
- Police
- Local NGOs; Please indicate:
- International NGOs; Please indicate
- Other; Please indicate

7. Has anyone ever come to take children away from parents?

- No
- Yes
 - Who
 - When
 - Motivation

8. What are the major threats and concerns for children's security and well-being?

9. Are there safe spaces and activities where children can play freely?

- No
- Yes, organized
by.....

ANNEX D - Rapid Assessment “What We Need to Know” Sheet/Checklist

1. Unaccompanied and separated children
 - Patterns of separation from usual caregivers of boys and girls
 - Types of care arrangements for separated and unaccompanied children and existing gaps
 - Capacities and mechanisms in the community to respond to child separation
 - Patterns and levels of institutionalization of children
 - Laws, policies and common practices on adoption (in and out of country)
2. Dangers and injury
 - Nature and extent of any hazards for children in the environment (i.e. open pit latrines, dangling electrical wires, landmines or other explosives in the vicinity of the residence, small arms, camps close to roads, etc.)
3. Physical violence and other harmful practices
 - Types and levels of violence towards girls and boys in the community
 - Causes and level of risk of death and/or severe injury to children resulting from violence and/or harmful practices
 - Existence of active participation of children in acts of violence
 - Existing scale of child marriage and likely new risks as a result of the emergency
4. Sexual violence
 - Specific risks of sexual violence for girls and boys
 - How different forms of sexual violence are viewed by families (including youth/children), community leaders and government counterparts, and how this is normally dealt with
 - Availability and accessibility of essential sexual violence response services for children (especially health and psychosocial services)
 - Common harmful practices (domestic and/or societal)
5. Psychosocial distress and mental disorders
 - Sources of stress and signs of psychosocial distress among girls and boys and their caregivers
 - Children’s and their caregivers’ (positive and negative) coping mechanisms
 - Capacities for provision of people/resources at the community level to provide support for children
6. Protecting excluded children
 - Accessibility of basic services to children, regardless of their age, sex, background and their different abilities
 - Risks and types of discrimination against specific groups of children
 - Information needs and communication channels

- Common information-sharing channels (for children and adults) and child protection information needs

7. Child labour

- Existing patterns and scale of the worst forms of child labour
- Likely increase in children’s exposure to worst forms of child labour as a result of the emergency
- Likely new worst forms of child labour that could emerge as a result of the emergency

Adapted from the CPWG “Child Protection Rapid Assessment Toolkit, 2012”.

ANNEX E - Code of Conduct Agreement

CODE OF CONDUCT

In order to prevent sexual exploitation and abuse, the following core principles must be respected by anyone engaging in humanitarian assistance or taking part in reconstruction activities in Belize:

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

Place and Date

Signature

ANNEX F – Nine Components of Health Care System

The 9 key components are:

Component	Examples of Priority Actions
Command & control	<ul style="list-style-type: none"> • establish a hospital command centre; • list essential qualifications, duties & resources;
Communication	<ul style="list-style-type: none"> • appoint public information spokesperson; • draft key messages for target audience;
Safety & security	<ul style="list-style-type: none"> • ensure early control of facility access points, triage sites and other areas of patient flow; • ensure security measures required for safe and efficient hospital evacuation are clearly defined;
Triage	<ul style="list-style-type: none"> • ensure that triage area is near to essential personnel, medical supplies and key care services; • identify a contingency site for receipt and triage of mass-casualties;
Surge capacity	<ul style="list-style-type: none"> • identify methods of expanding hospital inpatient capacity (taking physical space, staff, supplies and processes into consideration); • prioritize/cancel nonessential services (e.g. elective surgery) when necessary;
Continuity of essential services	<ul style="list-style-type: none"> • ensure the existence of systematic and deployable evacuation plan that seeks to safeguard the continuity of critical care (e.g. access to mechanical ventilation); • ensure contingency mechanisms for the collection and disposal of human hazardous and other hospital waste;
Human resources	<ul style="list-style-type: none"> • recruit and train additional staff (e.g. retired staff, reserve military personnel, university students) according to the anticipated need; • ensure the availability of multidisciplinary psychosocial support teams that include social workers, counsellors, interpreters and clergy;
Logistics & supply management	<ul style="list-style-type: none"> • estimate the consumption of essential supplies and pharmaceuticals (e.g. amount used per week) using the most likely disaster scenarios; • establish contingency agreements (e.g. memoranda of understanding) with vendors to ensure the procurement and prompt delivery of equipment, supplies and other resources in times of shortage;
Post-disaster recovery	<ul style="list-style-type: none"> • ensure that a comprehensive structural integrity and safety assessment is performed; • organize debriefing for staff within 24-72 hours after the occurrence of the emergency incident to assist with coping and recovery, provide access to mental health resources and improve work performance.

ANNEX G – Examples of Impacts on the Education Sector

Impacts of Cyclone and Storm Surge on Education			
Impacts on policy and procedure	Impacts on facilities and materials	Impacts on services and delivery	Impacts on access and participation
Use of schools as shelter; School repair and reconstruction;	Building collapse; Damage to classroom, Water supply system and sanitation facilities; Loss of furniture and equipment/ teaching learning materials;	Classroom activities and learning sessions are suspended; Water supply and sanitation service become non-functioning; Recreational activities are unobtainable;	Attendance rates diminish due to <ul style="list-style-type: none"> • Displacement, • Emotional and physical distress, • Loss of learning materials, • Unavailability of water and sanitation service, • Low attendance of teacher Dropout rate increases due to <ul style="list-style-type: none"> • Migration, • Displacement, • Participation in child labour,

Impacts of Flood on Education			
Impacts on policy and procedure	Impacts on facilities and materials	Impacts on services and delivery	Impacts on access and participation
Use of schools as shelter; School repair and reconstruction;	Damage to classroom, water supply system, sanitation facilities, furniture and equipment/teaching learning materials;	Classroom activities and learning sessions are suspended; Water supply and sanitation service become non-functioning; Recreational activities are unobtainable;	Attendance rates diminish due to <ul style="list-style-type: none"> • Displacement, • Emotional and physical distress, • Loss of learning materials, • Unavailability of sanitation service, • Inundated/damaged roads, • Low attendance of teacher Dropout rate increases due to <ul style="list-style-type: none"> • Migration, • Displacement, • Participation in child labour,