

Core Commitments for Children in Humanitarian Action



THE CONVENTION ON
THE RIGHTS OF THE CHILD



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Core Commitments for Children in Humanitarian Action

Acronyms

ART	antiretroviral treatment
ARV	antiretroviral
CAP	Consolidated Appeals Process
CCCs	Core Commitments for Children
CERF	Central Emergency Response Fund
CO	Country Office
EPI	Expanded Programme on Immunization
EW/EA	early warning/early action
GBV	gender-based violence
HAR	<i>Humanitarian Action Report</i>
HCT	Humanitarian Country Team
HIV and AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HRBAP	human rights-based approach to programming
IASC	Inter-Agency Standing Committee
ICT	information and communication technology
INEE	Inter-Agency Network for Education in Emergencies
IYCF	infant and young child feeding
MHPSS	mental health and psychosocial support
MOSS	Minimum Operational Security Standards
NGO	non-governmental organization
PARMO	Public Sector Alliances and Resource Mobilization Office
PMTCT	prevention of mother-to-child transmission
RO	Regional Office
SAM	severe acute malnutrition
VISION	Virtual Integrated System of Information
WASH	water, sanitation and hygiene

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I: Framework, principles and accountability

1.1 Goal

The Core Commitments for Children (CCCs) in Humanitarian Action are a global framework for humanitarian action for children undertaken by UNICEF and its partners.

This framework is guided by international human rights law, in particular the Convention on the Rights of the Child¹ and, in the case of complex emergencies, also by international humanitarian law. On an operational level, the CCCs are based on global standards and norms for humanitarian action (see *Section 1.1*).

The CCCs promote predictable, effective and timely collective humanitarian action. They are realised through a partnership between governments, humanitarian organizations (including UNICEF) and others, mobilizing both domestic and international resources.

The CCCs are driven by the need to fulfill the rights of children affected by humanitarian crisis, and they are therefore relevant in all countries. The CCCs are also applicable to both acute sudden-onset and protracted humanitarian situations.

UNICEF works with partners in pursuing a principled approach and seeks to build an alliance with partners around the CCCs. The organization contributes to the achievement of the CCCs through resource mobilization, direct support to partners and advocacy. The fulfilment of the CCCs, however, depends on many factors, including the contributions of other partners and the availability of resources.

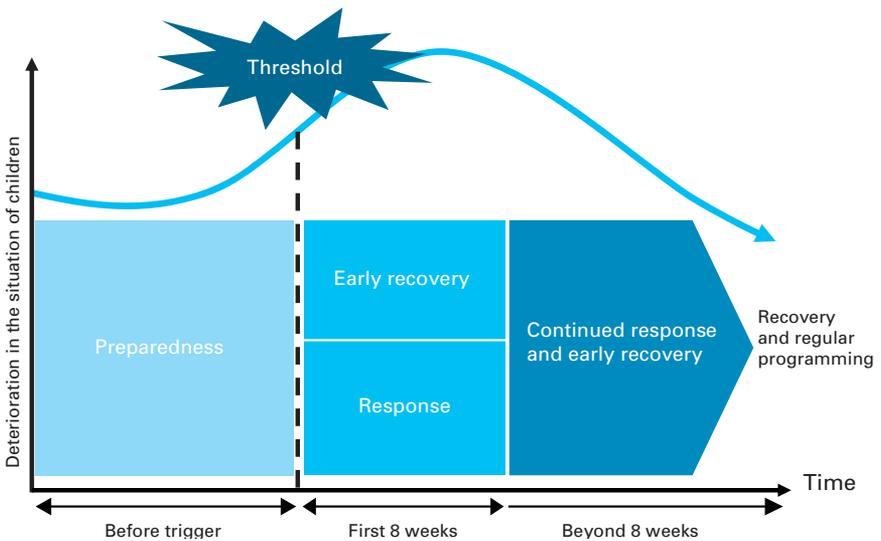
The CCC sector-specific programme commitments form part of a collective programmatic response for children affected by humanitarian crisis and are designed to support wider inter-agency cluster coordination.

¹ Convention on the Rights of the Child, article 45: “In order to foster the effective implementation of the Convention and to encourage international cooperation in the field covered by the Convention: (a) The specialized agencies, the United Nations Children’s Fund, and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate.”

1.2 Partnerships

The CCCs are realized through close collaboration among partners, host governments, civil society organizations, non-governmental organizations (NGOs) – both national and international – UN agencies and donors. This is consistent with UNICEF commitments under inter-agency humanitarian reform, including the Principles of Partnership.

Figure 1: Conceptual framework for effective CCC response



Source: Adapted from IASC Working Group on Preparedness and Contingency Planning

1.3 Scope

A *humanitarian situation* is defined as any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors.² This may include smaller-scale emergencies; in countries with limited capacities, the threshold will be lower than in countries with strong capacities.

² Inter-Agency Standing Committee, 'Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response', IASC, Geneva, 24 November 2006.

An *emergency* is a situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection.³

The CCCs:

- *Constitute a global framework*, developed by UNICEF in collaboration with its partners, for protecting the rights of children affected by humanitarian crisis.
- *Apply to all children affected by humanitarian crisis*, regardless of the state of economic and social development in which they find themselves or the availability of UNICEF resources.
- *Cover programme and operational commitments* and include interventions for nutrition, health, water and sanitation, HIV and AIDS, education and child protection.
- *Reflect actions taken throughout the preparedness and response phases*, including actions for early recovery, with emphasis on results and benchmarks (see *Figure 1*). The CCCs include the inter-agency responsibilities of UNICEF and its humanitarian partners as well as coordination with authorities, and they express an explicit commitment to capacity development in humanitarian action.
- *Are grounded in human rights and humanitarian principles*, and they are a cornerstone of UNICEF's humanitarian action.
- *Are activated by a rapid decline in the relative situation and well-being of large numbers of children and women*, which calls for extraordinary action.
- *Include explicit strategies to reduce disaster risk and develop local capacity at all stages of humanitarian action, including preparedness*. Timeliness and effectiveness are priorities in responding to meet the commitments outlined in the CCCs.
- *Focus on action in the first eight critical weeks of humanitarian response and provide guidance for action beyond that*, moving towards defined benchmarks.
- *Include both programme and operational commitments*, corresponding to results-based sectoral programmes and

³ United Nations Children's Fund, 'Programme Policy and Procedure Manual: Programme Operations', UNICEF, New York, 22 January 2009.

operational areas considered necessary for an effective response.

- *Provide internal policy guidance for UNICEF, with a recognition that strengthening partnership and collaboration is key to the success of its humanitarian action.*

Within the context of partnership and depending on access, security and availability of funding, UNICEF, with its partners, commits to ensuring the provision of services. UNICEF's role and that of its partners will vary according to local conditions and respective capabilities.

Figure 2: Time frame for sudden emergencies

A time frame for response establishes timelines for sudden-onset emergencies:

- **The first 72 hours** involve actions required for management and operational processes.
- **The first 8 weeks** involve actions relevant to critical response and early recovery.
- **Early recovery actions** in the CCCs are actions and approaches that should be applied immediately and in parallel with immediate response.

1.4 Strengthening UNICEF's programming framework

The CCCs are an integral component of UNICEF's country programmes because they:

- Recognize the link between humanitarian action and development, and provide an explicit focus on disaster risk reduction.
- Underscore the critical role of preparedness for rapid response.
- Provide a platform for early recovery.
- Establish a framework for evaluation and learning.

1.5 Contextual analysis

The application of the CCCs is informed by a contextual analysis that includes:

- The impact of political and security-related developments

on girls, boys, women and men, and their implications for the operations and response of UNICEF and its partners, including humanitarian access and advocacy.

- Review of ongoing work by humanitarian agencies and other stakeholders as well as the strategy and operations of UN missions, where deployed.
- Sex- and age-disaggregated data analysis of all grave violations against children – including those outlined in Security Council resolutions on child recruitment, attacks on schools or hospitals, and sexual violence against children and women (*see* SCR 1882, 1820, and 1888, respectively) – and their implications for UNICEF reporting and response.
- Assessing the impact of humanitarian crisis on specific programme sectors to prioritize and coordinate response.
- Identifying opportunities to support recovery for girls, boys, women and men within programme sectors.

1.6 Humanitarian principles

UNICEF is committed to applying humanitarian principles in its humanitarian action. Such principles include:

- *Humanity*: upholding the principle that all girls, boys, women and men of every age shall be treated humanely in all circumstances by saving lives and alleviating suffering, while ensuring respect for the individual.
- *Impartiality*: ensuring that assistance is delivered to all those who are suffering, based only on their needs and rights, equally and without any form of discrimination.
- *Neutrality*: a commitment not to take sides in hostilities and to refrain from engaging in controversies of a political, racial, religious or ideological nature.

Humanitarian principles are reinforced by raising awareness, building trust and advocating for children's rights in humanitarian situations, together with state authorities, non-state entities and communities.

1.7 Human rights-based approach to programming

UNICEF is committed in all humanitarian action to further the realization of human rights through the framework of the human rights-based approach to programming. This approach identifies rights holders and their entitlements, as

well as corresponding duty bearers and their obligations. The approach aims to strengthen the capacities of rights holders to make their claims and of duty bearers to meet their obligations. It focuses on the realization of the rights of excluded and marginalized populations, and those whose rights are at risk of being violated. The CCCs put children and women at the centre of humanitarian action, as active participants rather than recipients of assistance.

The application of a human rights-based approach to programming must be contextualized for humanitarian situations and recognize, in particular, the additional challenges arising in complex humanitarian situations. It must also take into account the role of humanitarian agencies as duty bearers in complex emergencies, as prescribed by international humanitarian law.

UNICEF, with the support of its partners, is committed to reinforcing a human rights-based approach to programming in humanitarian actions by:

- Addressing inequalities and disparities in analysis, programme design, implementation and monitoring, recognizing that inequalities may cause or exacerbate vulnerabilities in humanitarian crises.
- Promoting the participation of children, adolescents, women and affected populations, including in the analysis, design and monitoring of humanitarian programmes.
- Strengthening the capacities of state authorities and non-governmental and community organizations as an essential strategy for joint and effective humanitarian action.
- Advocating for the rights and voices of children and women as an integral component of humanitarian action.

1.8 Gender equality in humanitarian action

A human rights-based approach to programming and gender equality programming are complementary and mutually reinforcing approaches. The term 'gender⁴ equality' refers to the equal enjoyment by girls, boys, women and men of rights,

⁴The term 'gender' refers to the social attributes and opportunities associated with being male or female and to the relationships among girls, boys, women and men. These attributes are context- and time-specific and changeable. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access

socially valued goods, opportunities, resources and rewards. Equality does not mean that girls, boys, women and men are the same, but that their enjoyment of rights, opportunities and life chances is not governed or limited by whether they were born female or male.

Humanitarian crises can exacerbate pre-existing gender inequalities and may lead to increased risks, exclusion and discrimination. They can, however, also provide opportunities for positive change, allowing for a shift in traditional roles, attitudes, beliefs and exclusion practices.

UNICEF is committed to ensuring that gender equality is integrated consistently in its disaster prevention, humanitarian response and recovery programmes. Promoting gender equality in humanitarian action is most effectively achieved by ensuring that the assistance and protection provided are planned and implemented to benefit girls, boys, women and men, in line with an analysis of their rights, needs and capacities. This fosters a more accurate understanding of the situation, facilitates the design of more appropriate responses, highlights opportunities and resources within the affected community, and provides a link between humanitarian assistance and long-term development.

1.9 ‘Do No Harm’ principle

UNICEF is committed to do the ‘Do No Harm’ principle. This implies that humanitarian action must:

- Avoid exacerbating disparities and should avoid discrimination between affected populations on the basis of the causes of crisis.
- Eschew creating or exacerbating environmental degradation.
- Avoid creating or exacerbating conflict and insecurity for affected populations.
- Take into account the special needs of the most vulnerable groups of children and women – including internally displaced persons, unaccompanied minors and the disabled – and develop relevant, targeted programme interventions.

to and control over resources, as well as decision-making opportunities (Office of the Special Adviser on Gender Issues and Advancement of Women, ‘Important Concepts Underlying Gender Mainstreaming’, *Factsheet 2*, OSAGI, New York, August 2001).

1.10 Global norms and standards

In its humanitarian efforts, UNICEF is accountable to a body of global norms and standards, both from intergovernmental forums and humanitarian partnerships. These norms and standards include:

- *International human rights law and human rights principles*, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.
- *International humanitarian law*, including the Geneva Conventions, which contributes to defining roles and responsibilities of humanitarian agencies in armed conflict.
- *Humanitarian principles*, derived from international humanitarian law and described in General Assembly resolutions, and which are meant to be applied in all humanitarian action.
- *General Assembly resolutions*, in particular Resolution 46/182, which creates the Inter-Agency Standing Committee (IASC) and tasks the United Nations, inter alia, with supporting and strengthening state capacity for emergency response in order to care for the victims of natural disasters and other emergencies.
- *Relevant Security Council resolutions*, including those pertaining to the protection of children affected by armed conflict.
- *Existing and emerging global humanitarian standards*, including the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere Standards) and the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards, which set minimum standards in core areas of humanitarian assistance in order to improve the quality of assistance provided to people affected by disasters and to enhance the accountability of the humanitarian system in disaster response.

1.11 Monitoring, analysis and assessment

UNICEF is committed to supporting humanitarian action through systematic monitoring, analysis and assessment of performance against benchmarks in concert with its partners. This entails:

- Monitoring and analysing the situation of children,

adolescents and women on an ongoing basis, directly and with partners, to ensure joint rapid assessments and timely humanitarian response.

- Supporting humanitarian action based on rapid assessments conducted with partners and affected populations, including children, adolescents and women. These assessments, conducted through joint inter-agency mechanisms or independently, are the first critical step in defining humanitarian response.
- Measuring progress to identify and address results for children and women against benchmarks gaps and better manage and the resulting humanitarian response. The benchmarks adopted in the CCCs represent globally accepted performance levels for humanitarian response, drawn from inter-agency standards, including the Sphere Standards and INEE Minimum Standards. UNICEF and its partners will define the respective contributions towards reaching benchmarks as appropriate to each country context and within the contexts of the humanitarian country team (HCT) and cluster coordination efforts.
- Evaluation to provide deeper analysis and contextualization of performance, taking into account issues of access, security and availability of funding.
- Guiding its performance in relation to the CCCs by wider organizational management accountability and oversight functions, in accordance with UNICEF's accountability framework. This entails commitment to both preparedness and response.

Mindful of different approaches by partners, UNICEF's regular audit principles and practices will be fully applied in humanitarian action supported by the organization. UNICEF will, wherever possible, carry out audits in the early stages of humanitarian operations so that ongoing programme adjustments can be made.

1.12 Inter-agency humanitarian reform

Coordination and collaboration are critical to successful humanitarian action. UNICEF is fully committed to inter-agency humanitarian reform and supports this through:

- Provision of leadership and participation in assigned clusters and sectors.

- Partnerships that commit UNICEF to collaborative and principled work in a manner that is consistent with internationally accepted norms and that reinforces the practical application of the Principles of Partnership.
- Funding to partners that is timely and flexible.
- Participation in and contribution to effective strategic humanitarian leadership.

1.13 Integrated programme approach

An integrated programme approach is used to ensure a close linkage between the different sectoral commitments as well as to strengthen the interconnections between the different phases of humanitarian action. Integration is achieved by:

- Using disaster risk reduction to minimize vulnerabilities and reduce disaster risks for children and women in all programming. This is achieved by investing in early warning and emergency preparedness and strengthening resilience to disasters.
- Ensuring a critical role for preparedness that will lead to a rapid, effective and timely humanitarian response.
- Managing results and standards to ensure that the sum of all interventions is sufficient to achieve the expected results. This is driven by strategic management decisions based on and informed by up-to-date data, assessments, benchmarks, targets and performance monitoring.
- Commencing early recovery in parallel with humanitarian response, in order to sustain the results of life-saving interventions, support self-initiated recovery actions by affected populations, take advantage of early entry points for recovery, and reduce vulnerability to future crisis risk. UNICEF will actively engage in early recovery and post-crisis inter-agency mechanisms, including needs assessments, recovery strategies, resource mobilization, programme delivery and integrated mission-planning processes at all levels, when deployed.

1.14 Advocacy

Advocacy is understood to constitute deliberate efforts, based on demonstrated evidence, aimed at persuading decision makers to adopt policies and take actions to promote and protect the rights of children and women in humanitarian situations. It aims to communicate the legitimacy and

primacy of their perspectives and helps to address critical humanitarian programming or policy gaps. Advocacy for children and women:

- Constitutes an integral part of humanitarian action.
- Should be context-specific and, when possible, evidence-based, and should target the full range of stakeholders, including governments, policymakers, international organizations and non-governmental entities.
- Should be based on the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and other international legal instruments, peace agreements, and other commitments made by governments and non-governmental entities.
- Yields the best results when undertaken on a collective basis and in partnership with others.
- Leads to specific actions targeted to attract greater political, human and financial support; facilitates better humanitarian access; promotes adherence to international laws and standards; and leads to accountability for perpetrators of child rights violations. In a humanitarian situation, the absence of advocacy may have a direct impact on the ability of UNICEF and its partners to deliver services.

UNICEF, in collaboration with its partners, will take due account of the possible adverse effects of engaging in advocacy strategies on staff security, country programmes and vulnerable populations.

1.15 Communication for development

Communication for development in emergencies seeks to share relevant, action-oriented information so that when disaster strikes, people in affected communities know what actions to take to maintain and protect the health and well-being of all their members, including those with disabilities, the elderly and other especially vulnerable groups. It is a consultative process among programme and communication specialists, local authorities, change agents and communities.

It is misguided to presume that communities affected by humanitarian situations are too shocked and helpless to take on responsibilities. In fact, many people, including children,

are able to return to normalcy more quickly when they participate in helping others and themselves during and after an emergency. Communication for development can help to:

- Support programme sectors in consulting adults, children and young people in affected groups from the onset of a crisis. This has been shown to be a key factor in reducing deaths and promoting psychological healing, cohesion and social mobilization.
- Forge alliances and bring stakeholders together.
- Establish a central health education and communication coordination centre.
- Focus on establishing or re-establishing positive individual and social practices.
- Conduct a rapid assessment of communication channels and resources.
- Participate in sectoral assessments that help to identify high-risk practices that have implications for behaviour change communication, as well as opportunities for developing community-based response mechanisms.

1.16 Risk management and assessment

A consistent approach to identifying, assessing and managing risk is required in all UNICEF partnerships and programming. Strengthening risk management is particularly important in humanitarian action due to increased security risks and disaster risks as well as a more complex operating environment. UNICEF's risk management principles⁵ include:

- Accepting risk when benefits outweigh costs, and anticipating and managing risk by contingency planning and mitigation of identified risks.
- Making decisions promptly, recognizing that affirmative management of risks is critical to success. The best strategy may involve a combination of different responses to risks.
- Taking calculated risks and pursuing innovations that are not contradicted by control measures or compliance requirements, and encouraging innovative actions while employing sound management practices.

⁵ United Nations Children's Fund, 'UNICEF Risk Management Policy', UNICEF, New York, May 2009.

II: Programme commitments

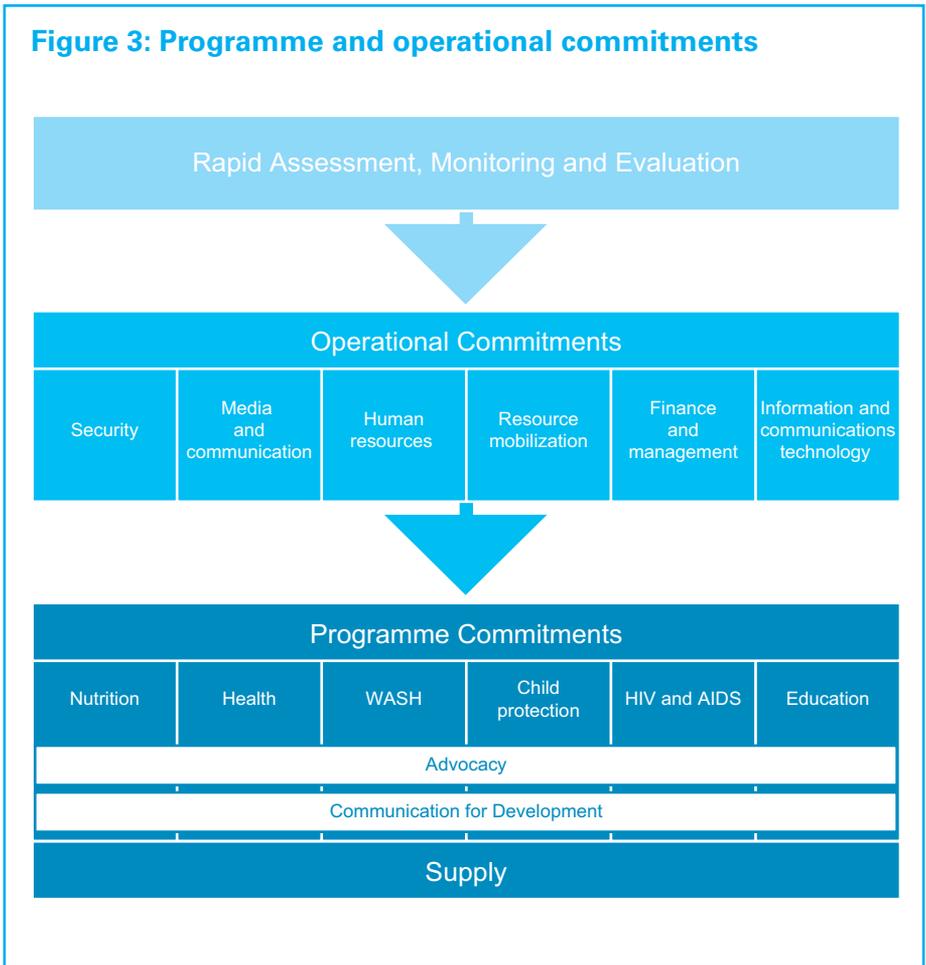
Programme commitments of the CCCs in humanitarian action are premised on corresponding benchmarks derived from global standards in the respective programme areas. They are designed to allow UNICEF and its partners to flexibly contribute to reaching the benchmarks collectively, depending on their capacities.

The benchmarks in the CCCs are the globally accepted performance levels for humanitarian response, drawn from inter-agency standards, including INEE Minimum Standards and the Sphere Standards, and the outcomes of discussions in inter-agency and cluster forums (particularly in the case of the child protection benchmarks). The use of globally accepted benchmarks aligns the CCCs with humanitarian reform.

UNICEF contributes to the programme commitments through the programme actions. UNICEF has identified key preparedness, response and early recovery actions to contribute to each sectoral commitment, based on available evidence and best practices, recognizing that partners will employ diverse strategies to work towards global benchmarks for children in humanitarian action.

The sector-specific programme commitments cover nutrition; health; water, sanitation and hygiene (WASH); HIV and AIDS; education and child protection. These actions are supported by rapid assessment, monitoring and evaluation; operational commitments; supply; communications for development; and security (see *Figure 3*).

Figure 3: Programme and operational commitments

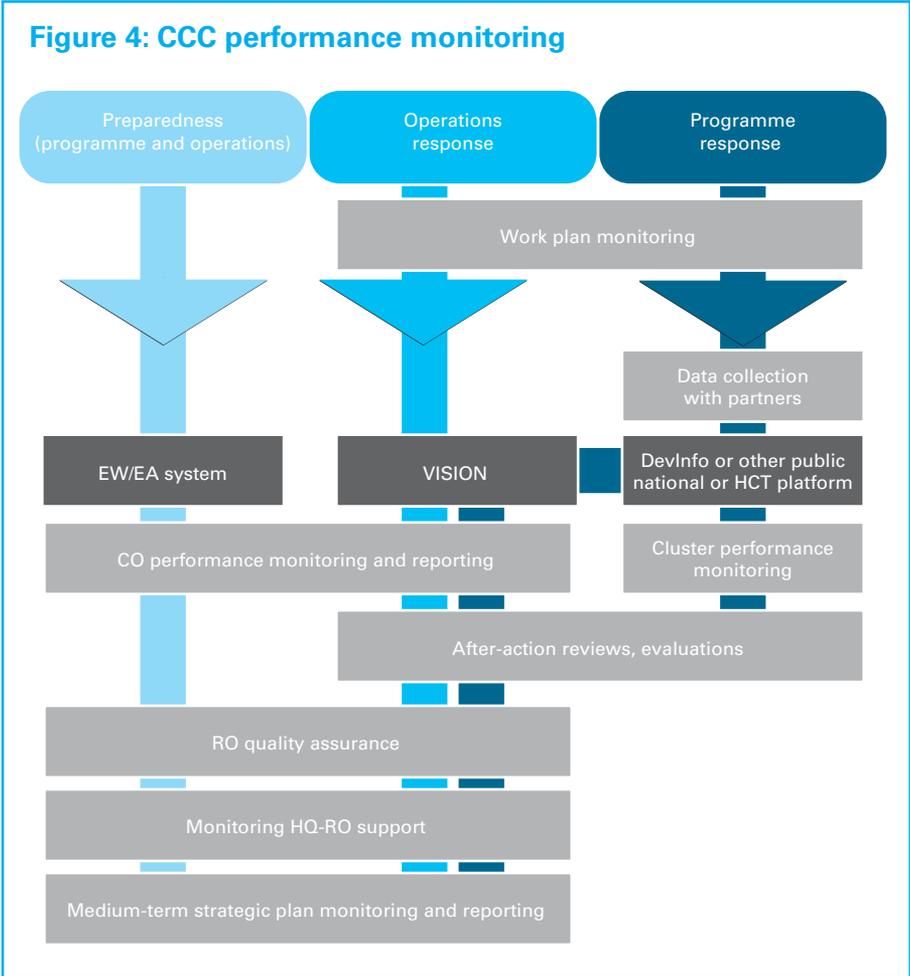


2.1 Performance monitoring

UNICEF utilizes its own performance monitoring system for measuring progress against CCCs benchmarks. Partners may employ different tools for their own performance monitoring.

Monitoring progress is an element of the broader UNICEF performance management system (see *Figure 4*). The activity provides information on progress towards achievement of the CCC benchmarks, highlighting gaps that need to be covered. Performance monitoring is critical in identifying where the CCCs are not being met and in mobilizing resources to address these gaps.

Monitoring provides management with information on the quality, quantity and timeliness of progress towards the achievement of results for children and women under the CCCs. CCC performance monitoring has corresponding indicators for each benchmark. Where monitoring of standard indicators is not feasible, proxy indicators may be used.



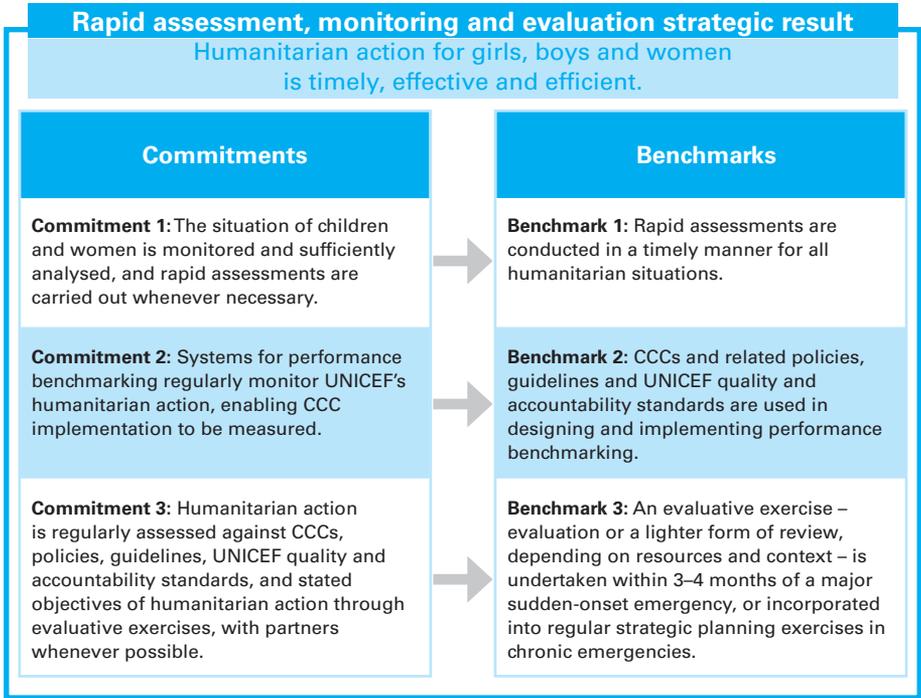
Collecting data requires collaboration with partners. Data are reported through three systems:

- Country Office (CO) Annual Reports, DevInfo or other national or HCT-supported platforms for reporting on programme achievements.

- UNICEF's resource planning and performance management system, the Virtual Intergrated System of Information (VISION).
- UNICEF's early warning/early action (EW/EA) system for reporting on the status of preparedness.

Country representatives are responsible for collecting, analysing, monitoring and reporting on progress against agreed-upon CCC benchmarks. Where necessary, they must also develop country-specific proxy indicators. CCC performance monitoring must inform decision-making in rapidly changing situations. Monitoring and reporting against CCC benchmarks must be sufficiently frequent, should be determined on a case-by-case basis by the CO and Regional Office (RO), and should include gender-sensitive data collection.

2.2 Rapid assessment, monitoring and evaluation



Programme actions

Preparedness

- Track and analyse all potential and existing humanitarian situations, including areas not covered by country programmes, with sufficient rigour to trigger rapid assessments when necessary.
- Monitor office preparedness, including the completion of emergency preparedness and response planning and implementation of programme preparedness activities, using the early warning/early action system.
- Identify existing hazard, vulnerability and capacity data to inform baselines, response and recovery.
- Collaborate with other agencies to develop the methodology, tools and information-management systems needed, and identify the trained capacity required to conduct timely inter-agency rapid assessments.
- Identify qualified staff to ensure that performance monitoring can be undertaken in each sector.
- Ensure that benchmarks for performance monitoring are in place at the country level, including through clusters.

Response

- Ensure that a rapid assessment is made regarding affected populations, including children, adolescents and women, as a joint inter-agency mechanism or independently if necessary, in order to determine initial humanitarian response.
- Ensure that a gender analysis is reflected in assessments.
- Ensure that the flash appeal and response are based on standardized monitoring and assessment of relief transitions (SMART) objectives and available baseline information, and that they are designed to facilitate monitoring.
- Identify the objectives and scope of the evaluation based on the scale and severity of the humanitarian crisis.
- Systematically collect all documentation relevant to the response for monitoring and evaluation purposes.
- Ensure that key performance information for all sectors is systematically collected, easily accessible and used in review processes to improve performance, and that it serves as a basis for future evaluative work.
- Ensure that evaluations of humanitarian response produce organizational 'lessons learned'.

Early recovery

- Ensure that rapid assessments include assessment of early recovery needs and capacities. Whenever possible and appropriate, such assessments should involve national and/or local authorities as well as affected populations. Link rapid assessments with the early recovery cluster/network if this exists.
- Support efforts to sustain monitoring mechanisms, including the promotion of their integration into national, local and community systems.
- Ensure that early recovery programmes are designed with the involvement of affected populations and national and/or local authorities, as appropriate, according to results-based frameworks.
- Ensure, wherever possible and appropriate, the involvement of national and/or local authorities in the evaluation of early recovery projects. Summaries of evaluations should be prepared, translated and made available to partners.

2.3 Nutrition

Nutrition strategic result

The nutritional status of girls, boys and women is protected from the effects of humanitarian crisis.

Commitments

Commitment 1: Effective leadership is established for nutrition cluster inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

Commitment 2: Timely nutritional assessment and surveillance systems are established and/or reinforced.

Commitment 3: Support for appropriate infant and young child feeding (IYCF) is accessed by affected women and children.

Commitment 4: Children and women with acute malnutrition access appropriate management services.

Commitment 5: Children and women access micronutrients from fortified foods, supplements or multiple-micronutrient preparations.

Commitment 6: Children and women access relevant information about nutrition programme activities.

Benchmarks

Benchmark 1: Coordination mechanism provides guidance to all partners regarding common standards, strategies and approaches, ensuring that all critical nutrition gaps and vulnerabilities are identified; also provides information on roles, responsibilities and accountability to ensure that all gaps are addressed without duplication.

Benchmark 2: Quality assessments are reported on in a timely fashion and provide sufficient information for decision-making, including the scope and severity of the nutritional situation, the underlying causes of malnutrition and contextual factors.

Benchmark 3: All emergency-affected areas have an adequate number of skilled IYCF counsellors and/or functioning support groups.

Benchmark 4: Effective management of acute malnutrition (recovery rate is >75%, and mortality rates are <10% in therapeutic care and <3% in supplementary care) reaches the majority of the target population (coverage is >50% in rural areas, >70% in urban areas, >90% in camps).

Benchmark 5: Micronutrient needs of affected populations are met: >90% coverage of supplementation activities, or >90% have access to additional sources of micronutrients for women and children.

Benchmark 6: Communication activities providing information on nutrition services (including how and where to access them) and entitlements are conducted in all emergency-affected areas.

Technical justification/evidence: The CCCs for nutrition aim to address major causes of nutritional deterioration and death by protecting the nutritional status of children and women, including their micronutrient status, and by identifying and treating those already suffering from undernutrition using evidence-based interventions and according to inter-agency agreements and existing inter-agency standards (e.g., Sphere Standards).

Globally, more than one-third of all under-five deaths are attributable to undernutrition, either as a direct cause of death or through the weakening of the body's resistance to illness. The risk of mortality from acute malnutrition is directly related to the severity of malnutrition. A child with severe acute malnutrition is nine times more likely to die than a well-nourished child. The harmful consequences of micronutrient deficiencies for women and infants include greater risk of maternal death during childbirth, giving birth to an underweight or mentally-impaired baby and poor health and development of breastfed infants. For young children, micronutrient deficiency increases the risk of death due to infectious disease and impaired physical and mental development.

Provision of fortified foods and micronutrient supplements is an integral component of the response. In addition, because breastfed children are at least six times more likely to survive in the early months, the support, promotion and protection of breastfeeding is fundamental to preventing undernutrition and mortality among infants in emergencies.

Programme actions

Preparedness

- Clarify the responsibilities of UNICEF and its partners regarding nutrition in humanitarian situations; strengthen existing coordination mechanisms or, if unavailable, create them in collaboration with national authorities to ensure that the humanitarian response is timely and coordinated, and that it conforms to humanitarian principles and agreed-upon standards and benchmarks.
- Support a multi-sectoral rapid assessment mechanism and format that includes priority nutrition information.
- Ensure the availability of guidelines and capacity for conducting and reporting on rapid nutrition surveys and assessments; advocate for the inclusion of nutritional assessment and programme monitoring data in national early warning systems; and ensure availability of key nutrition baseline data (including data on pre-existing malnutrition and disease prevalence and feeding practices) to inform response.
- Establish integrated guidelines for management of acute malnutrition; assess coverage of existing services for management of severe acute malnutrition (SAM) and establish a contingency supply and distribution plan.
- Establish guidance on micronutrient supplementation and set up partnerships to implement emergency micronutrient activities. Form a contingency plan and mechanism for procurement and distribution of all necessary supplies for emergency micronutrient interventions (vitamin A, iodized salt, multiple micronutrient supplements), including stockpiles or standby arrangements with providers of micronutrient supplements.

- Advocate for and provide guidance on appropriate quantities of quality complementary foods to add to the food basket; define essential infant and young child feeding (IYCF) interventions in emergency scenarios; develop, translate and pre-position appropriate materials for IYCF; and include emergency IYCF in ongoing training of health workers and lay counsellors.
- Map community capacities and existing communication channels to identify the most effective ones for nutrition information, and draft appropriate nutrition messages to be incorporated into multi-sectoral communication initiatives.
- With Supply and Logistics, prepare supply plans, distribution strategies and long-term agreements where this is possible locally.

Response

- Strengthen and/or establish a nutrition cluster/inter-agency coordination mechanism to ensure rapid assessment of the nutrition sector; prepare a nutrition cluster/inter-agency plan of action and coordinate the implementation of a harmonized and appropriate response to address all critical nutrition gaps and vulnerabilities identified in the rapid assessment, including for children and women.
- Undertake a multi-sectoral rapid assessment, including key priority information for nutrition, within the first week of an emergency, and a rapid household-level nutrition assessment within six weeks.
- Monitor unsolicited donations, distribution and use of breast milk substitutes or milk powder, and take corrective action.
- In collaboration with the World Food Programme, ensure appropriate management of moderate acute malnutrition for children and supplementary feeding for vulnerable groups, including pregnant and lactating women, according to identified needs.
- Support existing capacity for management of SAM for children at the community and facility levels, and initiate and support additional therapeutic feeding as required to reach the estimated population in need.
- Support and establish systems for community mobilization as well as for the identification and referral of acute malnutrition.
- According to the context, ensure provision of high-dose vitamin A supplementation with vaccination for all children 6–59 months old, and deworm all children (12–59 months old) in collaboration with health sector workers.
- Ensure that iodized salt is included in the emergency food basket. If this is not possible, and household consumption is less than 20 per cent, consider iodized oil supplement distribution for children 6–24 months old and women of childbearing age.
- Ensure provision of multiple micronutrient preparations for children 6–59

months old⁶ – unless fortified complementary foods are provided – and multiple micronutrient supplements for pregnant or lactating women.

- Protect, support and promote early initiation and exclusive breastfeeding of infants, including establishment of ‘safe spaces’ with counselling for pregnant and lactating women; support safe and adequate feeding for non-breastfed infants less than 6 months old,⁷ while minimizing the risks of artificial feeding; ensure appropriate counselling regarding infant feeding options and follow-up and support for HIV-positive mothers; and, with the World Food Programme and partners, ensure availability of safe, adequate and acceptable complementary foods for children.
- Consult with the community for development and implementation of programme communication, and include relevant and evidence-based nutrition messages in all programme communication activities.
- Identify and transmit supply inputs to Supply and Logistics.

Early recovery

- Ensure that nutrition coordination and action links to recovery and long-term development by applying sustainable technologies, strategies and approaches to strengthen the national nutrition sector capacity; link to existing national strategies and the early recovery cluster/network; and establish a reporting mechanism to inform decision-making.
- Introduce, reinforce and/or adapt the nutrition information system (including routine monitoring of data from malnutrition management programmes, results of nutrition surveys and surveillance data) to facilitate national or regional situation analysis and decision-making for enhanced disaster risk reduction and prevention.
- Initiate discussion on national policy, strategy and guidelines for sustainable management of SAM, if not already in place.
- Ensure that micronutrient activities build on and support existing national capacities, and initiate discussion of long-term strategies to provide micronutrients and potentially incorporate new approaches introduced during the emergency.
- Ensure that IYCF activities build on and support existing national networks for infant feeding counselling and support.
- Adapt the communications strategy for nutrition activities for routine use in health facilities and outreach services, and consolidate such activities to increase coverage and respond to changing situations.
- Initiate a gap analysis of local and national capacities and ensure integration of capacity strengthening in early recovery and transition plans, with a focus on risk reduction.

⁶ Current formulations of multiple micronutrient powders should not be provided to children in malaria-endemic areas due to their iron content. Policies are under development for these contexts.

⁷ IFE Core Group, *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers*, Oxford, IFE Core Group, Oxford, February 2007, version 2.1.

2.4 Health

Health strategic result

Excess mortality among girls, boys and women in humanitarian crisis is prevented.

Commitments

Commitment 1: Inter-agency coordination mechanisms in the health sector (e.g., cluster coordination) are supported and enhanced with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

Commitment 2: Children and women access life-saving interventions through population- and community-based activities (e.g., campaigns and child health days).

Commitment 3: Children, adolescents and women equitably access essential health services with sustained coverage of high-impact preventive and curative interventions.

Commitment 4: Women and children access behaviour-change communication interventions to improve health-care and feeding practices.

Commitment 5: Women and children have access to essential household items.

Benchmarks

Benchmark 1: Health programme initiated by UNICEF and its partners contributes to the development of inter-agency strategy and implementation plans and ensures that activities are in line with it.

Benchmark 2: 95% coverage with measles vaccine, vitamin A and deworming medication in the relevant age group of the affected population. All families in the affected area receive two insecticide-treated bed nets in malaria-endemic areas.

Benchmark 3: 90% of children aged 12–23 months fully covered with routine EPI vaccine doses; no stock-outs of antibiotics (tracer for health), oxytocin (tracer for basic emergency obstetric and newborn care services), iron/folic acid (tracer for antenatal care) and antiretrovirals (tracer for prevention of mother-to-child transmission) in health centres in affected areas; at least one basic emergency obstetric care facility per 100,000 people.

Benchmark 4: All affected populations are exposed to key health education/promotion messages through multiple channels.

Benchmark 5: 90% of affected population has access to essential household items.

Technical justification/evidence: The CCCs for health are based on addressing the major causes of maternal, neonatal and child mortality through evidenced-based interventions, inter-agency agreements and existing inter-agency standards (e.g., Sphere Standards). In the immediate post-emergency phase, direct causes, such as injuries or violence, may account for a substantial number of deaths. In protracted humanitarian situations, most deaths are attributable to common health conditions prevalent in the community, such as malnutrition, pneumonia, diarrhoea, measles, malaria (in malaria-endemic areas) and neonatal causes. The actual package of interventions will therefore vary depending on the context.

UNICEF is committed to supporting the continuum of care across the maternal, newborn and early childhood period, acknowledging that maternal health is critical in ensuring healthy babies and children. UNICEF also supports the continuum of care from the household, community and health facility, with an increasing emphasis on community health approaches.

Programme actions

Preparedness

- Clarify the responsibilities of UNICEF and its partners regarding health in humanitarian situations.
- Strengthen existing coordination mechanisms or, if unavailable, create mechanisms in collaboration with national authorities and the World Health Organization, to ensure that the humanitarian response is timely and coordinated and conforms to humanitarian principles and agreed-upon standards and benchmarks.
- Support a multi-sectoral rapid assessment mechanism and format (including priority health information).
- Ensure that emergency preparedness and response planning includes delivery strategies, resource requirements, plans for supply and re-supply, and a clear delineation of roles and responsibilities of key partners.
- Develop and maintain an inventory of essential health supplies, including vaccines, cold chain and essential drugs.
- Identify senior technical staff with health policy experience in emergency and early recovery to strengthen surge capacity.
- Ensure periodic training of health workers, including community agents, in emergency preparedness and response.
- Ensure that data on pre-emergency coverage of critical maternal, neonatal and child health interventions is up to date and, if necessary, strengthen and/or establish monitoring, evaluation and tracking systems.
- Develop appropriate health education and promotion messages at the regional level through community involvement, and ensure availability of, and agreement on, suitable partners for implementing behaviour-change communication activities at the country level.
- In collaboration with Supply and Logistics, prepare supply plans and

distribution strategies based on local capacity to ensure appropriate supplies deliveries. Develop long-term agreements for procurement of essential supplies where these are locally available.

- Develop the capacity of national stakeholders, at all levels, to respond to emergencies.

Response

- Support a strong health cluster/inter-agency coordination mechanism (as a cluster partner or lead, as appropriate) to ensure rapid assessments of the health sector and the implementation of an appropriate response to maternal, neonatal and child survival needs.
- Ensure the rapid provision of a context-appropriate package of services. Typically this includes measles vaccination and distribution of vitamin A, long-lasting insecticide-treated nets and deworming medication, but the actual package and delivery mechanism will depend on the context.
- Ensure the re-establishment of disrupted essential care services for women and children, including the provision of essential drugs, diagnostics and supplies. Priority essential health services 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, the Expanded Programme on Immunization (EPI) and HIV prevention and treatment services.
 - Clinical and psychosocial services for victims of sexual violence and/or child abuse.
- Ensure dissemination of key health education and promotional messages and behaviour-change communication to affected populations, with a focus on available health services, home management, danger signs for common life-threatening conditions (depending on context) and universal health promotion and precautions (e.g., breastfeeding, health-seeking behaviour, safe motherhood, hand washing, hygiene and sanitation).
- Ensure the supply and distribution of culturally and socio-economically appropriate essential household items to affected populations.
- Identify and transmit supply inputs to Supply and Logistics.

Early Recovery

- Ensure that health coordination and action links to recovery and long-term development by supporting national stakeholders and the Early Recovery Cluster/Network in elaborating transition strategies and plans that strengthen local and national ownership, and develop the capacity of both government and civil society, addressing risk reduction.
- Ensure that early recovery and transition plans incorporate key maternal, neonatal and child survival needs. It is important that these

plans link to existing national health strategies (e.g., health systems strengthening plans and health sector reform plans).

- Provide critical inputs towards re-establishment of routine services, e.g., cold chain for resumption of EPI services.
- Initiate discussions on the use of the emergency response as a platform for sustainable scale-up of critical maternal, newborn and child health interventions, and utilize opportunities provided by the emergency to review existing strategies and protocols with a view to 'building back better'.
- Initiate a gap analysis of local and national capacities in health, and ensure integration of capacity strengthening in early recovery and transition plans, with a focus on risk reduction.

2.5 Water, sanitation and hygiene

WASH strategies result

Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities.

Commitments

Commitment 1: Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

Commitment 2: Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

Commitment 3: Children and women access toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.

Commitment 4: Children and women receive critical WASH-related information to prevent child illness, especially diarrhoea.

Commitment 5: Children access safe water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces.

Benchmarks

Benchmark 1: Coordination mechanism provides guidance to all partners on common approaches and standards; ensures that all critical WASH gaps and vulnerabilities are identified; and provides information on who is doing what, where, when and how, to ensure that all gaps are addressed without duplication.

Benchmark 2: Children and women have access to at least 7.5–15 litres each of clean water per day.

Benchmark 3: A maximum ratio of 20 people per hygienic toilet or latrine squat hole; users should have a means to wash their hands after defecation with soap or an alternative (such as ash).

Benchmark 4: Hygiene education and information pertaining to safe and hygienic child-care and feeding practices are provided to 70% of women and child caregivers.

Benchmark 5: In learning facilities and child-friendly spaces, 1–2 litres of drinking water per child per day (depending on climate and individual physiology); 50 children per hygienic toilet or latrine squat hole at school; users have a means to wash their hands after defecation with soap or an alternative; appropriate hygiene education and information are provided to children, guardians and teachers.

Technical justification/evidence: A balanced and integrated WASH approach is essential to preventing and reducing mortality, especially among children in humanitarian crises. Recent empirical evidence shows that diarrhoea is one of the leading causes of death and illness for children in humanitarian crises. Every episode sets back growth and development. Almost 90 per cent of diarrhoeal cases are preventable through safe drinking water, basic sanitation and appropriate hygiene behaviour. Diarrhoeal episodes are reduced by 25 per cent by improving the water supply, 32 per cent by improving sanitation, 44 per cent by hand washing with soap, and 39 per cent by household water treatment. Water quality interventions could play a role in reducing diarrhoeal episodes by roughly half to 70 per cent or more.

Programme actions

Preparedness

- Clarify the responsibilities of UNICEF and its partners regarding WASH in humanitarian situations.
- Strengthen existing coordination mechanisms or, if not available, create mechanisms in collaboration with national authorities to ensure that the humanitarian response is timely and coordinated and conforms to humanitarian principles and agreed-upon standards and benchmarks.
- Establish a multi-sectoral rapid assessment mechanism and format, including priority WASH information.
- Develop a contingency plan with budget and supply needs and, where possible, pre-position essential gender-sensitive sanitation and hygiene supplies, water supplies, purification technologies and chemicals, and tools.
- Establish long-term agreements for procurement of specified WASH supplies, assess local market for potential water-trucking capacity, and ensure the availability of water delivery partners and agreement on methods and standards.
- Identify key resource people and/or institutions with specific knowledge and skills in sanitation and hygiene education and behaviour change for deployment in emergency planning and response; and collect pertinent information on sanitation and hygiene education.
- Ensure that contingency planning is undertaken for children in their learning environments (e.g., schools); pre-position essential WASH supplies and tools for enhancing children's learning environments; and raise awareness of the WASH CCCs in humanitarian action among local and national government officials, civil society, traditional and religious leaders, etc.

Response

- Strengthen and/or establish WASH cluster/inter-agency coordination mechanisms; prepare a WASH cluster/inter-agency WASH plan of action and coordinate its implementation.

- Ensure that the rights and needs of children and women to a safe water supply, sanitation and hygiene are included in the WASH response plan, budget and appeal documents, and ensure that children and women are provided priority access to safe water of appropriate quality and quantity.
- Ensure that children's WASH needs in their learning environments and child-friendly spaces are included in the WASH sector response plan.
- Ensure that the WASH humanitarian response contributes to the rights and needs of children and that water, toilets, washing facilities and soap are available at all times to children and women.
- Ensure that the WASH humanitarian response fulfils the rights and needs of children as related to toilets in their learning environments, that soap is available at all times for hand washing, and that such facilities are child- and disabled-friendly, private, secure, culturally appropriate and appropriately segregated by gender.
- Ensure that children, women and caregivers receive essential and culturally appropriate information on hygiene education and key hygiene practices, and that an appropriate number of hygiene education promoters are in place, trained and equipped with hygiene education materials.

Early recovery

- Ensure that WASH coordination and action are linked to recovery and long-term development phases and the early recovery cluster/network, and that they address risk reduction.
- Ensure that water technologies and approaches are compatible with national standards and longer-term sustainable development – thus addressing risk reduction – and that a capacity development plan is put in place for local-level operation and maintenance of water services.
- Ensure that sanitation and hygiene approaches and technologies are appropriate, conform to national standards and are coordinated with longer-term sustainable development, addressing risk reduction.
- Ensure that a periodic surveillance mechanism is put in place to keep track of trends regarding access to and use and maintenance of hygiene facilities as well as related disease trends.
- Ensure that hygiene promotion strategies are compatible with national approaches and longer-term sustainable development, addressing risk reduction; that a capacity development plan is put in place to sustain hygiene promotion efforts; and that a surveillance mechanism is established.
- Ensure that WASH strategies and technologies for children's learning environments are compatible with national strategies and long-term development, addressing risk reduction, and that a capacity development plan is put in place for local-level operation and maintenance of children's WASH facilities in learning environments.

- Ensure that WASH interventions are based on a robust assessment and analysis of disaster risk.
- Initiate a gap analysis of local and national capacities in water and sanitation, and ensure integration of capacity strengthening in early recovery and transition plans, with a focus on risk reduction.

2.6 Child protection

Child protection sector strategic result

Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted.

Commitments

Commitment 1: Effective leadership is established for both the child protection and gender-based violence (GBV) cluster areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Support is provided for the establishment of a mental health and psychosocial support (MHPSS) coordination mechanism.

Commitment 2: Monitoring and reporting of grave violations and other serious protection concerns regarding children and women are undertaken and systematically trigger response (including advocacy).

Commitment 3: Key child protection mechanisms are strengthened in emergency-affected areas.

Commitment 4: Separation of children from families is prevented and addressed, and family-based care is promoted.

Commitment 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.

Commitment 6: Psychosocial support is provided to children and their caregivers.

Commitment 7: Child recruitment and use, as well as illegal and arbitrary detention, are addressed and prevented for conflict-affected children.

Commitment 8: The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented, and their impact is addressed.

Benchmarks

Benchmark 1: Both child protection and GBV coordination mechanisms provide guidance to all partners on common standards, strategies and approaches, ensuring that all critical child protection/GBV gaps and vulnerabilities are identified; information is provided on roles, responsibilities and accountability to ensure that all gaps are addressed without duplication. MHPSS coordination mechanisms are established, with linkages to relevant clusters.

Benchmark 2: Periodic reports on grave violations and other serious protection concerns for children and women are available and utilized.

Benchmark 3: A plan is in place for preventing and responding to major child protection risks, building on existing systems; safe environments are established for the most vulnerable children.

Benchmark 4: All separated and unaccompanied children are identified and are in family-based care or an appropriate alternative.

Benchmark 5: Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women; existing systems to respond to the needs of GBV survivors are improved.

Benchmark 6: All child protection programmes integrate psychosocial support in their work, in line with the IASC MHPSS guidelines.

Benchmark 7: An inter-agency plan is developed and implemented for prevention of and response to child recruitment; advocacy against illegal and arbitrary detention for conflict-affected children is conducted.

Benchmark 8: Children and communities in affected areas have access to mine/unexploded ordnance risk education and are better protected from the effects of landmines and other indiscriminate and/or illicit weapons.

Technical justification/evidence: Experience demonstrates that humanitarian situations both exacerbate existing protection risks and create new ones. The prevention and programmatic response to specific violations committed against children – such as the separation of children from their families; association with armed forces and groups; exposure to GBV, landmines and unexploded ordnance; and psychosocial distress – are supported by the development and implementation of inter-agency guidelines in these areas. There is also increasing recognition of the need to strengthen a range of child protection mechanisms to prevent and respond to various forms of violence, abuse and exploitation (see *UNICEF Child Protection Strategy*, 20 May 2008).

Programme actions

Preparedness

- Clarify the responsibilities of UNICEF and its partners regarding child protection in humanitarian situations.
- Strengthen existing coordination mechanisms to ensure that the response is timely and coordinated, and that it conforms to humanitarian principles and standards. If no coordination mechanisms exist, create mechanisms in collaboration with national authorities. Clarify coordination mechanisms for gender-based violence and mental health and psychosocial support.
- Develop an inter-agency preparedness plan, in consultation with the government, based on identified risks, capacities and resources. Develop performance benchmarks for child protection, GBV and child protection components of MHPSS.
- Train staff and partners about child protection in an emergency, using policies, tools and the CCCs.
- Agree to use global common inter-agency registration, tracing and family reunification forms; develop messages with communities and key actors to prevent family separation and minimize institutionalization; and develop and pre-position family tracing, and reunification and alternative care kits.
- Identify and disseminate relevant legal and regulatory frameworks, response protocols, referral mechanisms and knowledge of social attitudes and values.
- Identify stakeholders, services and partners with the capacity to address violence, exploitation or abuse, including GBV; and build capacity of partners to provide multi-sectoral response services (e.g., health, psychosocial support, security and legal/justice) to victims and survivors.
- Identify key opportunities for integration of psychosocial support into child protection programming, in line with IASC MHPSS guidelines.
- Identify and disseminate information on the international and national standards on minimum age for recruitment in armed forces and groups

and, where necessary, advocate for the adoption of international commitments in national legislation.

- Identify and address risk factors that lead to child recruitment as well as the illegal and arbitrary detention of children, and prepare a checklist for armed forces; and raise awareness in detention facilities to prevent violations of children's rights.
- Advocate against the use, stockpiling, production and transfer of landmines and other indiscriminate and/or illicit weapons, and conduct capacity mapping. Build capacities for surveillance and mine risk education.
- Establish long-term agreements for procurement of specific supplies, and pre-position essential supply components.

Response

- Establish, activate and support coordination mechanisms for child protection, GBV and MHPSS in consultation with the government and other partners to coordinate rapid assessment, mapping, funding, strategy development and involvement of affected populations.
- In armed conflict, initiate the establishment of monitoring and reporting mechanisms focused on grave violations against children and sexual violence against both children and women, with a view to developing action plans; and ensure that affected children and women are referred to existing services.
- Support community-based safe environments for women and children, including child-friendly spaces, with particular attention to girls, adolescents and their caregivers, and provide support for early childhood development activities.
- Ensure usage of common registration and tracing forms, and explore usage of the inter-agency child-protection database to identify, register, verify, reunify and follow up on separated and unaccompanied children.
- Advocate immediately for family-based care for separated children, and work to prevent separation during displacement and extreme economic hardship.
- Mobilize children's and women's existing social support networks and support the resumption of age-, gender- and culturally appropriate structured activities for children and women.
- Seek commitments from armed groups and forces to stop or avoid recruiting and using children, in line with the Paris Commitments; negotiate to screen combatants and dependents, and to register, identify and release associated children.
- Advocate against the illegal or arbitrary detention of children, and facilitate access to legal and other assistance for children in contact with the law.
- Identify threats from landmines, other explosive devices and unsecured

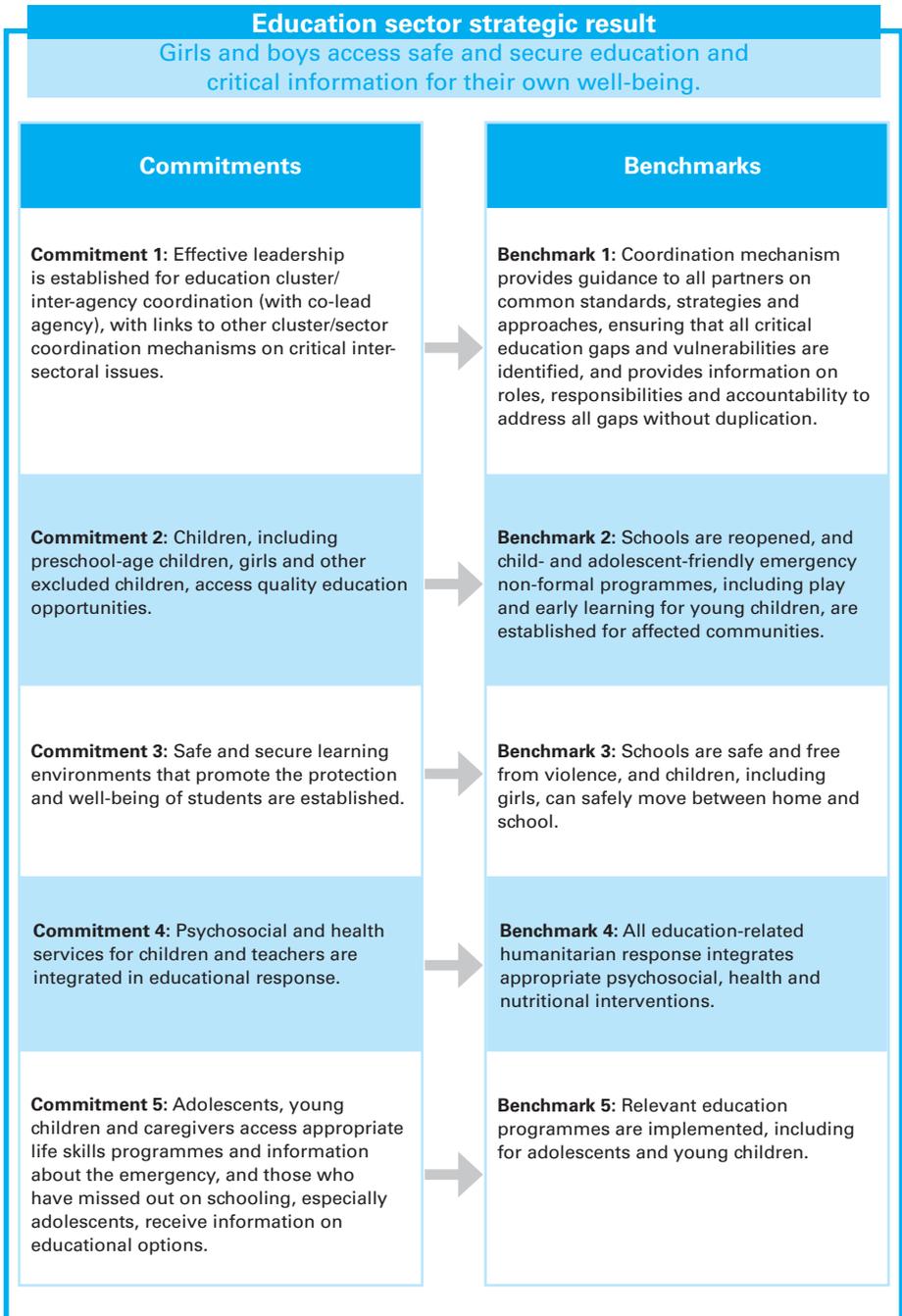
weapons and munitions. Coordinate and conduct audience-specific mine risk education, and monitor, report on and advocate against the use or presence of indiscriminate, unsecured or illicit weapons and ammunitions.

- Identify and transmit supply input needs to Supply and Logistics.

Early recovery

- Strengthen involvement and/or leadership by government counterparts and other national partners in coordination structures.
- Support partners in identifying, monitoring and reporting on serious protection concerns to trigger response and advocacy.
- Build the capacity of government, community and protection systems for children and women.
- Advocate for and provide technical support on the inclusion of issues pertinent to fulfilling the rights of children and women in rule-of-law and security sector reform; support the resumption and/or strengthening of birth registration systems.
- Initiate systems for safe and supportive kinship and foster care, and advocate against premature adoption; when possible and in the best interest of children, build on existing national social-welfare systems.
- Engage local capacities to address violence and exploitation; and support service providers, law enforcement actors, women's rights groups, communities and children to prevent violence, exploitation and abuse, including GBV.
- Integrate psychosocial support in child-friendly spaces and other protection responses for children and women, and coordinate with and refer to MHPSS in other sectors.
- Initiate release and demobilization for an inclusive, community-oriented approach to reintegration, based on the Paris Principles.
- Initiate non-stigmatizing, community-oriented approaches to social reintegration and livelihood support for vulnerable women and children.
- Initiate integration of mine risk education into existing public awareness and education programmes, and establish prevention, education and survivors' assistance programmes in coordination with partners.
- Initiate a gap analysis of local and national capacities in protecting children and women, and ensure integration of capacity strengthening in early recovery and transition plans, with a focus on risk reduction.

2.7 Education



Technical justification/evidence: Education is not only a right, but in situations of emergency, chronic crisis and early reconstruction, it provides physical, psychosocial and cognitive protection that can be both life-saving and life-sustaining. Education sustains life by offering safe spaces for learning and support for affected individuals, particularly younger children and adolescents. Education mitigates the psychosocial impact of conflict and disasters by giving a sense of normalcy, stability, structure and hope for the future during a time of crisis, and it provides essential building blocks for future economic stability.

Education can also save lives by protecting against exploitation and harm, and by providing the knowledge and skills to survive a crisis through the dissemination of life-saving messages. Integrating disaster risk education into national curricula and building safe school facilities are two priorities that contribute to a country's progress towards the Millennium Development Goals (see INEE *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction*).

Programme actions

Preparedness

- Clarify the responsibilities of UNICEF and its partners regarding education in humanitarian situations.
- Strengthen existing coordination mechanisms or, if unavailable, mechanisms in collaboration with national authorities to ensure that the humanitarian response is timely and coordinated, and that conforms to humanitarian principles and agreed-upon standards and benchmarks.
- Support a multi-sectoral rapid assessment mechanism and format, including priority education information.
- Advocate for an emergency component in education sector plans and budgets, including preparedness plans; and pre-position education and early childhood development kits or enter into stand-by agreements with suppliers and partners.
- Support national authorities in planning for appropriate temporary learning spaces; establish codes of conduct to address all forms of violence, sexual exploitation, abuse and discrimination in learning situations; and ensure joint preparedness planning with WASH and protection clusters and partners (see also *WASH and child protection CCCs*).
- Support national authorities in adjusting the education system to respond to students' psychosocial needs and increased vulnerabilities in emergency situations; and agree on training packages and approaches that include psychosocial support, risk and vulnerability reduction, as well as basic health, hygiene and nutrition promotion.
- Agree with partners on education information and communication strategies and approaches, including strategies that promote the participation of adolescents, using existing materials that have been adapted.

- Promote school emergency preparedness plans, advocate for safe school structures and include basic disaster risk-reduction measures in school curricula.
- Develop the capacity of education authorities in preparing the school system, at all levels, to respond to emergencies.

Response

- Establish and activate transparent and inclusive education-cluster coordination mechanisms, and assign staff to lead inter-agency coordination.
- Revise and develop a response framework, strategy and plan of action for education response, based on assessment findings.
- Monitor implementation of programme activities, and ensure that capacity is in place at all levels to effectively respond to the crisis.
- Ensure that education is integrated in flash appeals, donor briefings, the Central Emergency Response Fund (CERF) and other funding proposals in order to guarantee that the sector is given adequate attention.
- Advocate for and support the reopening of schools and establishment of non-formal education and recreational programmes; provide appropriate basic education, early learning and recreational materials; and include special measures for children needing help to re-engage in education (e.g., girls, and vulnerable and socially excluded children).
- Set up safe temporary learning spaces for all age groups in consultation with communities and, where appropriate, establish community services – such as water supply and sanitation – around schools, complemented by hygiene promotion.
- Address violence in and around learning spaces and schools – including safety of children on the way to school – with a focus on adolescent girls.
- Mobilize available psychosocial support for teachers and students, and provide appropriate activities for them in temporary learning spaces, and for young children and adolescents in child-friendly spaces; and establish initial links to basic health and nutrition services.
- Ensure the development and implementation of context-relevant life skills programmes and learning content (e.g., basic health, nutrition and hygiene promotion), as well as prevention, protection, inclusion and support regarding HIV and AIDS (see also *HIV and AIDS CCCs*) and GBV, conflict resolution, and information about the situation (e.g., earthquakes and armed conflict); and involve the affected population, particularly adolescents and young people.
- Identify and transmit supply needs to Supply and Logistics.

Early recovery

- Ensure that the education-cluster coordination mechanism integrates emergency response with long-term vision and recovery planning.
- Participate in, establish or lead, as appropriate, the early recovery coordination mechanism for education, and support the early recovery cluster/network.
- Ensure that the implementation of education emergency response includes principles of child-friendly approaches.
- Ensure that education interventions are based on a robust assessment and analysis of disaster risk.
- Advocate for and support the redevelopment of schools according to safe, inclusive, equitable and child-friendly models, including all children without discrimination, as well as school emergency-preparedness measures.
- Support inclusion of a disaster risk-reduction component in education-sector plans and budgets.
- Advocate for and support the development of sustainable and appropriate child-friendly and hazard-resistant standards and designs for reconstruction of schools.
- Advocate for appropriate compensation for teachers and para-professionals, according to agreed-upon inter-agency guidelines.
- Advocate for and support integration of life skills, with a focus on disaster risk reduction, into both formal and non-formal education.
- Initiate a gap analysis of local and national capacities in education and ensure integration of capacity strengthening in early recovery and transition plans, with a focus on risk reduction.

2.8 HIV and AIDS

HIV and AIDS strategic result

Vulnerability to HIV infection in humanitarian crisis is not increased and HIV-related care needs arising from an humanitarian crisis are met.

Commitments	Benchmarks
<p>Commitment 1: Children, young people and women have access to information regarding prevention, care and treatment.</p>	<p>Benchmark 1: 90% of affected population is reached and provided with information on prevention, care and treatment.</p>
<p>Commitment 2: Children, young people and women access HIV and AIDS prevention, care and treatment during crisis.</p>	<p>Benchmark 2: 80% of emergency-affected population has access to relevant HIV and AIDS prevention, care and treatment services, e.g., post-rape care including post-exposure prophylaxis, sexually transmitted infection treatment, prevention of mother-to-child transmission of HIV (PMTCT) and antiretroviral treatment (ART).</p>
<p>Commitment 3: Prevention, care and treatment services for children, young people and women are continued.</p>	<p>Benchmark 3: 80% of emergency-affected population previously on HIV-related care and treatment continue to receive antiretrovirals for PMTCT, and children and young people on ART continue receiving treatment.</p>

Technical justification/evidence: HIV and humanitarian situations overlap and interact worldwide. Because HIV infection is irreversible, it is critical that adequate preventive measures be undertaken in all situations, including humanitarian situations. The implementation of care and treatment initiatives for HIV and AIDS, including meeting adherence and compliance requirements, has been demonstrated to be practically feasible, and reduction in mortality is well documented.

Programme actions

Preparedness

- Develop context-specific HIV information material, identify and involve existing community networks, and develop partnerships between clusters to ensure mainstreaming of HIV in sector responses.
- Agree with partners on mechanisms to reach and track children and women who may lose access to HIV-related essential services, and prepare for rapid provision of a buffer supply of medication.
- Ensure that all women enrolled in prevention of PMTCT services and all community members using ART, including children, have record cards detailing treatment.

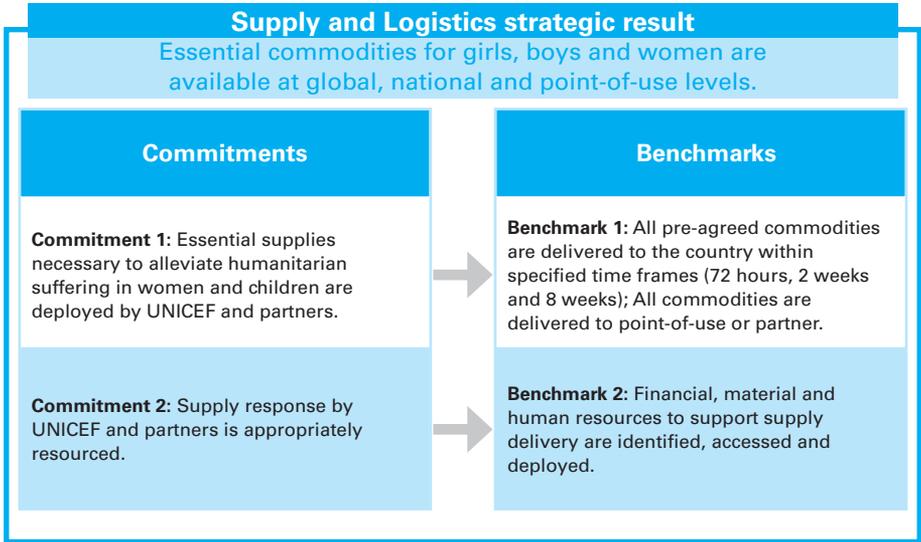
Response

- Ensure coverage of HIV in health-sector initiatives for community health-promotion campaigns, as well as in education-sector initiatives.
- Track patients who were previously accessing PMTCT and ART, and refer them to health facilities for care, including for nutrition support and infant-feeding counselling and support.
- Inform children and mothers about where to access basic health and support services, including access to condoms, the treatment of sexually transmitted infections, prophylaxis and treatment of opportunistic infections, receipt of cotrimoxazole, continuation of PMTCT and ARV services, fulfilment of nutritional needs, and psychosocial support activities for children and caregivers.
- Ensure continued access for patients to PMTCT and ART drugs, care and support services, including support and counselling on infant feeding options, subsequent support for HIV-positive mothers – according to the acceptable, feasible, affordable, sustainable and safe (AFASS) criteria and code; management of acute malnutrition; and provision of ARV prophylaxis and cotrimoxazole.
- Ensure provision of psychosocial support for survivors of rape, including children.
- Identify and transmit supply inputs to Supply and Logistics.

Early recovery

- Build and support existing peer networks, and support the expansion and of peer education networks.
- Engage children, women and people living with HIV in developing communications plans and messages.
- Begin re-establishing prevention, care and treatment services that were affected by crisis, and ensure confidentiality.
- Initiate a gap analysis of local and national capacities, and ensure integration of capacity strengthening in HIV and AIDS in early recovery and transition plans, with a focus on risk reduction.

2.9 Supply and Logistics



Programme actions

Preparedness

- Identify and compile all supplies required to respond to all CCC activity implementation; create and maintain long-term agreements with suppliers at the global, national and regional levels.
- Arrange adequate and cost-effective stockpiling strategies for emergency supplies, where appropriate; establish and maintain long term agreements (with service providers or other agencies) for the provision of transport and freight services; and evaluate procurement processes of prospective local partners.
- Establish partnership agreements for the provision of in-kind goods and services.
- Identify member(s) of the Supply and Logistics team to receive inter-agency, emergency supply simulation, certification and/or other forms of training.
- Source potential Supply and Logistics candidates for the internal and external staff roster and submit the list to the Supply Division.
- Ensure that Supply and Logistics staff are familiar with tools and templates available through the supply intranet; and sensitize key programme staff regarding emergency processes, freight budgeting and estimation, and inland logistics costs.
- For business continuity purposes, ensure that emergency arrangements with vendors and suppliers are established in case of crisis. This

will include the development of service-level agreements with these entities, ensuring preferred customer status for UNICEF.

- Identify alternative strategies in the event that vendors and suppliers are unable to comply with these agreements.
- Conduct supply planning exercises to identify medium- and long-term supply inputs, and investigate possible local and regional sources.
- Assess the procurement capacity of government counterparts and operational partners for specific product groups, including construction materials.
- Identify capacity gaps within government counterparts and operational partners; prepare plan for capacity strengthening for possible transfer of identified logistics activities following a response.

Response

- Ensure early collaboration with all logistics partners; ensure UNICEF presence within the logistics cluster; and actively engage with UNICEF-led clusters, providing guidance on supply activities within those clusters, including potential provision of free or pooled transport, storage, or other service provision.
- Provide supply input for programme implementation at the onset of the emergency; ensure that a first-response supply plan is created and that product costs (including freight and inland logistics costs) are calculated and factored into budgets and appeals.
- Design a Supply and Logistics concept of operation with the Supply Division and regional support, detailing supply sources, border crossings, warehouse requirements, corridors, partners and potential routing bottlenecks; ensure availability of adequate and acceptable management storage facilities.
- Ensure adequate supply-chain management, particularly for tracking and inventory.
- Monitor all logistics and procurement activities from origin to final distribution, and provide regular updates on the status of receipts and deliveries.
- Based on the logistics concept of operations and the initial supply plan, request additional staff resources within 72 hours.

Early recovery

- Prepare a medium- to long-term supply plan with identified resource and staffing needs and a revised logistics concept of operation to cover the period from the end of the appeal to the next update of the annual work plan.

III: Operational commitments

UNICEF will resort to its enhanced media and communications, security, human resources, resource mobilization, finance and administration, and information and communication systems to fulfil obligations to meet the universal commitments regarding the needs of children in crisis. Partners will be expected to employ their diverse modalities and operational capacities to work jointly with UNICEF.

Where feasible, UNICEF will share its capacities with partners to realize the rights of children in emergencies.

3.1 Media and communications

Commitment 1 Accurate information about the impact of the situation on children and women is rapidly provided to national committees and the general public through local and international media.

Commitment 2 Humanitarian needs and the actions taken to address them are communicated in a timely and credible manner to advocate for child-friendly solutions, increase support for the response and, where necessary, assist with fundraising.

Preparedness

- Ensure that a communication strategy is part of preparedness planning.
- Identify surge-capacity needs in the areas of information and communication and in report writing.
- Maintain a list of staff members with appropriate language skills who are authorized to speak with the media in an emergency, as well as a list of media contacts and UNICEF emergency focal points.
- In collaboration with Supply and Logistics, ensure availability of basic communication equipment and visibility items, such as satellite phones, video cameras, cameras, posters and banners.
- Ensure availability of template statements, key messages, fact sheets and country profiles on issues related to children and women, which can be immediately updated and used in an emergency.
- Ensure that contracts for essential media and communications services are pre-established.

Response

- Within 24 hours, disseminate information to the media, the public and national committees to immediately raise awareness of the urgent needs of children and women.

- During the first week, produce daily updates, key messages and Q&As for internal circulation, as well as regular communication materials for an external audience.
- Ensure that communication material is in line with UN guidelines and that it complements the overall message of the UN country team and HCT.
- In situations of grave child rights violations and/or crisis, consult within 24 hours with RO and HQ on ways of advocating for the respect and protection of children's rights, and inform the UN country team or HCT. The in-country risk management analysis should inform communication. If necessary, support partners in advocacy.
- While media attention is at its peak, provide updates on child-related issues and on the humanitarian response to the national committees, media and public. Use interviews, human interest stories, briefings, photographs and video footage, highlighting voices of children and youth.
- During field visits, ensure that UNICEF-branded material is visible.
- Identify and transmit to Supply and Logistics.

Early recovery

- Advocate for ethical reporting on children; where possible, contribute to the capacity-building of national and local media and the empowerment of youth, especially girls.
- Report on the humanitarian and early recovery response, the ongoing needs of children and women, and the actions taken by stakeholders, including the affected communities.
- When possible, organize field visits for the media, celebrities, Goodwill Ambassadors, National Committees and donors for public advocacy purposes.

3.2 Security

Commitment 1 Security risks that could affect staff and assets, and subsequently the emergency response, are identified, assessed and managed.

Preparedness

- Ensure that an assessment is undertaken of all the relevant security risks associated with the humanitarian response plan.
- Examine UN Security Risk Assessment for implications to humanitarian programmes, and establish and maintain a UNICEF security plan (as an annex/compliment to the UN security plan) linked to the UN humanitarian response plan.

- Maintain and sustain UNICEF's security plan by, inter alia, securing financial resources, training staff (including testing key aspects of security plan), procuring equipment related to Minimum Operational Security Standards (MOSS), meeting MOSS-related office requirements, and establishing MOSS-related procedures.
- Link mitigation aspects – those aimed at intending to mitigate the impact of event – of the security plan with business continuity plans, and evaluate the effectiveness of day-to-day security measures and the key aspects of the security plan in order to manage the risk to staff and assets.

Response

- Implement the security plan immediately, including establishing the location of all staff members, and review, with Department of Safety and Security, the effectiveness of security measures.
- Ensure all staff, programmes and offices have proper MOSS-related equipment, and follow security-mandated procedures during programme implementation.
- Periodically review, in collaboration with UN security advisors, the programme implications of security risk assessment, in the context of the changing situation.
- Identify and transmit supply inputs to Supply and Logistics.

Early recovery

- Adjust UNICEF security plan to account for post-emergency threat environment; monitor the effectiveness of these security measures and plans.

3.3 Human resources

Commitment 1 Appropriate and experienced staff and personnel with relevant deployment training are provided and rapidly deployed, primarily through internal redeployment of staff. This is complemented by external recruitment and standby personnel to allow for recruitment of possible longer-term posts, as needed.

Commitment 2 Well-being of staff is assured.

Commitment 3 Sexual exploitation and abuse by humanitarian workers is prevented.

Commitment 4 UNICEF staff members and key partners have knowledge and skills for effective emergency preparedness and response. This includes knowledge about humanitarian reform and the cluster approach.

Preparedness

- Establish and maintain a staff mobilization plan for both immediate and medium-term needs, and identify and communicate staffing needs through established systems and practices. At the regional level, produce an analysis to mitigate risks and identify gaps and actions.
- Include deployment training as a key element in the recruitment process.
- Provide all staff, as part of UNICEF deployment training, with information and support to address their well-being, including information on safety and security measures and procedures, HIV and AIDS, traumatic stress and chronic work stress.
- Disseminate to staff members the UN rules governing behaviour related to sexual exploitation and abuse, as contained in the Secretary-General's bulletin; implement a monitoring and complaints mechanism within the organization and as part of the General Assembly victim assistance policy; and train focal points.
- Develop and implement a training plan that includes capacity building of UNICEF staff and partners for emergency preparedness and response planning, as well as Principled Approach to Humanitarian Action e-learning.
- Ensure that all new UNICEF staff have completed induction training that integrates key emergency elements, and establish processes for the completion of deployment training for relevant UNICEF staff, standby partners and consultants.
- Ensure the mandatory completion by all staff of e-learning training on sexual harassment.
- For business continuity purposes, ensure that critical staff and their alternates are identified and trained in sustaining the critical business processes of the office. Staff who will be working from home will need to be identified to ensure that they are provided with remote access capabilities and vital records to support on-site critical staff. This will include identifying Activated Key Staff when technological support is required for internal recovery.
- Ensure that staff members with special needs, afflictions and illnesses are provided with support in case of an internal crisis affecting office operations.

Response

- CO to mobilize surge capacity, to be launched in parallel with humanitarian appeals and in coordination with RO and HQ. This will be done through established rapid response mechanisms, using the emergency response team and other internal redeployment, external recruitment and standby arrangements with partners.
- Reassign and/or redeploy staff within the CO and RO to support emergency response, or redeploy staff within the region.

- Identify and recruit external candidates via the global web roster e-recruitment platform, other external sources and standby partners.
- Monitor completion of UNICEF deployment training for staff and consultants deployed for emergency response.
- Provide all staff with the contact details of the UNICEF staff counsellor's office, as well as of any local counselling resources identified, including UN counsellors, local counsellors and peer helpers.
- Ensure that all UNICEF staff and partners sign the code of conduct, and make them aware of appropriate mechanisms for reporting breaches of its six core principles.
- In case of emergency deployment, ensure that UNICEF staff being deployed on mission, external candidates (including consultants), as well as standby partners complete UNICEF deployment training before deployment, immediately upon arrival at their duty stations and after completion of the assignment.

3.4 Resource mobilization

Commitment 1 Quality, flexible resources are mobilized in a timely manner to meet the rights and needs of children and women in humanitarian crises.

Preparedness

- Develop an emergency resource mobilization strategy in conjunction with the strategy for funding the regular country programme.
- The CO and RO should consult the Public Sector Alliances and Resource Mobilization Office (PARMO) website to review available donor profiles, standard agreements, and the processes for accessing and managing emergency funds. The COs and ROs should contact PARMO (Brussels, New York, Tokyo) and private fundraising and partnerships donor focal points to map donor interests and seek other guidance, as necessary.
- Liaise with local donors to establish good working relationships, demonstrate UNICEF's preparedness to initiate action and emphasize the importance of thematic funding as a flexible and efficient mechanism with fewer transaction costs.
- Familiarize CO management with the procedures, processes and format for accessing the emergency programme fund and CERF to jump start emergency programme response.
- Ensure that staff participate in internal and external training (e.g., public-private partnership and CERF) to better understand work-planning processes and procedures, including resource mobilization in emergencies.

Response

- Reprogram Regular Resources within the country programme budget, or reprogram Other Resources; when needed, prepare an emergency programme fund loan request within 24–72 hours, in close coordination with the RO and Office of Emergency Programmes.
- Prepare an Immediate Needs Document within the first 24–72 hours of a sudden-onset emergency, to be shared with the government, donors and national committees, to seek Other Resources emergency resources. Through an inter-agency process, led by the humanitarian coordinator or resident coordinator, submit a proposal for CERF funding alongside the flash appeal process, as appropriate.
- Within 5–7 days, prepare an emergency appeal in coordination with other UN agencies (flash appeal, as per guidelines) or, in the absence of the inter-agency appeal process, a stand-alone UNICEF appeal (crisis appeal).
- Ensure that the continuing needs of women and children are adequately reflected in the inter-agency Consolidated Appeals Process (CAP) and UNICEF's *Humanitarian Action Report* (HAR).
- Issue regular humanitarian action updates that provide the CO and RO with the opportunity to report on results and highlight funding gaps and requirements.
- Engage with donors, both locally and at the headquarters level, by providing regular updates on the evolving situation; manage funds and prepare quality reports on contributions according to specified donor conditions and time frames.

Early recovery

- Ensure that early recovery approaches are mainstreamed into the planning processes and are adequately reflected in response appeals (CAPs, HARs, flash appeals, early recovery appeals).
- Participate in early recovery needs assessments, including post-conflict and post-disaster needs assessments, to ensure that the rights of children and women are prioritized and that the assessment, national prioritization and costing of needs of children and women are included in advocacy for adequate funding through donor mobilization processes.
- Where appropriate, fully participate from the earliest stages in the design of pooled funding mechanisms, including common humanitarian funds, emergency relief funds and multi-donor trust funds, to ensure their effective operation and advocate for the inclusion of programmes targeted to children and women.

3.5 Finance and administration

Commitment 1 Effective and transparent management structures are established, with support from the Regional Office and UNICEF headquarters, for effective implementation of the programme and operational Core Commitments for Children. This is done in an environment of sound financial accountability and adequate oversight.

Preparedness

- Through the emergency preparedness and response plan, gauge financial and administrative capacity in-country, including:
 - Internal control system – segregation of duties and readiness for manual accounting.
 - Physical security – office and residential premises, inventory and other assets.
- Ensure that liquidity is assured at all times and that alternative sources and arrangements are made for business continuity purposes.
- In case an alternative recovery location for the office is identified for purposes of business continuity:
 - Ensure that the site is ready to receive critical staff and provide appropriate administrative, information technology and telecommunications support facilities to allow for operational continuity.
 - Ensure that there are sufficient supplies and provisions, taking into consideration both gender and special needs.

Response

- Review, operationalize (as appropriate) and monitor:
 - Appropriateness of delegated authorities (including those of review committees) – given changes in staff, geographic location and programme activity;
 - Accessibility of UNICEF corporate financial systems – and alternatives, if appropriate;
 - Requirements for additional residential and office premises, and security of inventory and other assets; and
 - Methods of obtaining liquidity and making disbursements.
- Respond rapidly to queries regarding finance and administration from RO and CO (Division of Financial and Administrative Management).
- Division of Financial and Administrative Management to consult with RO and CO and Division of Human Resources on the deployment

of finance and administration staff to emergency duty stations, as required.

Early recovery

- Review arrangements introduced during the emergency to regularize controls, procedures and systems, and to ensure that administrative and accounting requirements have been fulfilled.

3.6 Information and communication technology

Commitment 1 Timely, effective and predictable delivery of telecommunications services to ensure efficient and secure programme implementation, staff security and compliance with inter-agency commitments.

Preparedness

- Ensure the immediate availability of essential emergency information and communication technology (ICT), and telecommunications equipment and services, by having supply contracts in place with an emergency delivery clause (HQ/RO).
- Pre-position essential rapid-deployment emergency ICT solutions in high-risk offices (RO/CO); and put in place licensing and agreements with host governments on importation and licensing of key telecommunications-response equipment and services (CO/inter-agency).
- Ensure the timely availability of trained and experienced emergency ICT responders by maintaining internal and external emergency response rosters (HQ/RO).
- Ensure that all UNICEF COs have a minimum of one emergency-trained ICT professional (CO/RO).
- Ensure that ICT is included in all UNICEF country and regional emergency-simulation exercises (RO/HQ); and conduct annual emergency ICT training and simulation exercises (HQ/RO/CO).
- Ensure that CO ICT personnel are trained in MOSS/security telecommunications requirements (HQ/RO/CO) and that evaluation of and reporting on MOSS telecommunications compliance is included in regular office ICT activities (RO/CO).
- Support implementation of inter-agency and NGO emergency ICT/ telecommunications working groups at the field-office level (CO/RO/HQ).
- Support and ensure inter-agency standardization for emergency ICT/ telecommunications equipment, services and procedures (HQ).
- For the purpose of business continuity, ensure that critical staff have the requisite remote connectivity and access to UNICEF core systems

(RO/CO), as per individual office requirements and established from Information Technology Solutions and Services Division and business and continuity plans (HQ).

- Conduct remote connectivity tests as per individual office requirements and established policies and guidelines from Information Technology Solutions and Services Division and business continuity plans. Ensure remote execution of office-critical processes, where applicable (RO/CO).
- Ensure, where applicable and as per individual office requirements, remote access to vital records requirements to execute critical processes for critical staff on-site and for those working from home (RO/CO).

Response

- Perform an immediate emergency ICT and telecommunications gap assessment to identify critical gaps in MOSS/security telecommunications compliance and data communications (Internet, email, etc.) service availability; determine resource requirements and need for eventual external support (RO/CO).
- Collaborate with cluster partners to identify opportunities for shared telecommunications and data-communications service delivery, and take responsibility as cluster lead at the local level, if required and as per inter-agency agreements (CO/RO).
- Request deployment of trained emergency ICT/telecommunications responders and emergency telecommunications project coordinators, as required (RO/CO).
- Produce a consolidated supply plan covering identified ICT and telecommunications equipment and service requirements (CO).
- Provide key UNICEF users with remote access to corporate applications using secure connectivity solutions, such as virtual private networks (CO).

Early recovery

- Provide secure corporate data connectivity – such as Very Small Aperture Terminal (VSAT) – and implement core UNICEF information systems and associated infrastructure required to support the longer-term emergency operation (CO).
- Conduct a follow-up and in-depth ICT/telecommunications assessment to establish requirements for early recovery and longer-term operation; support planning, execution and hand-over to capable partners of inter-agency joint emergency ICT projects (RO/CO).



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