NOTES

GUIDELINES for CHILD-FRIENDLY DISASTER MANAGEMENT and RESPONSE

“Recognising that, in all countries of the world, there are children living in exceptionally difficult conditions, and that such children need special consideration.”


Office of Disaster Preparedness and Emergency Management (ODPEM), Jamaica

Guidelines for Child-Friendly Disaster Management and Response
APPENDIX II

MINISTRIES AND AGENCIES WITH KEY RESPONSIBILITIES IN EMERGENCY MANAGEMENT

- Adventist Relief Agency
  Tel: 924-1061-3

- Child Development Agency
  Tel: 948-2841-2

- Food for the Poor
  Tel: 749-2721

- Ministry of Education and Youth
  Tel: 922-1400

- Ministry of Health
  Tel: 967-1100-05

- Ministry of Local Government and Environment
  Tel: 754-0992-9

- Ministry of Labour and Social Security
  Tel: 922-9500-14

- Ministry of Housing, Transport, Water and Works
  Tel: 754-1900

- Ministry of National Security
  Tel: 906-4908-33

- National Environment and Planning Agency
  Tel: 754-7543

- Office of Disaster Preparedness and Emergency Management (ODPEM)
  Tel: 928-5111

- Pan American Health Organisation (PAHO)
  Tel: 967-4626

- Planning Institute of Jamaica
  Tel: 906-4463-4

- The Jamaica Red Cross
  Tel: 984-7860-2

- The Salvation Army
  Tel: 922-0287

- United Nations Children’s Fund (UNICEF)
  Tel: 926-7584-5
APPENDIX I


Article 6  "...every child has inherent right to life."

Article 9  "States Parties shall ensure that a child shall not be separated from his or her parents against their will..."

Article 20  "A child temporarily or permanently deprived of his or her family environment...shall be entitled to special protection and assistance..."

Article 22  "States Parties shall provide...co-operation in any efforts by the United Nations...to protect and assist such a child and to trace the parents or other members of the family...for reunification with his or her family."

Article 24  "States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health..."

Article 28  "States Parties recognise the right of the child to education..."

Article 31  "States Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child..."

Article 34  "States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse."

Article 39  "States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse..."
GENERAL MANAGEMENT GUIDELINES

1. Promote SPHERE standards for emergency assistance and train emergency management officials in the material.


3. Ensure co-ordination among government bodies and civil society organisations.

4. Identify specific roles and responsibilities of all agencies in times of emergency.

5. Develop a checklist for child-friendly emergency activities.

6. Advocate for legislation enabling ODPEM to play a greater role in the choice of relocation sites.

7. The state should develop a policy on relocation/rehabilitation.
DURING AND AFTER AN EMERGENCY

1. Recognise the reaction of the child to a disaster as normal within an abnormal situation.

2. Consider the family unit as the first basis for psychosocial therapy.

3. Organise self-help groups that are age and gender sensitive.

4. Treat children as subjects with rights, not as victims or patients.

5. Utilise the child-friendly school as the optimal therapeutic space.

6. Use sensitive organised play and games as tools for recovery, particularly peer-group led recreation.

7. Provide post-disaster counselling for children and parents.

Applicable excerpts from UNICEF Corporate Core Commitments for Children in Emergencies

• Develop, provide and strengthen psychosocial support services for children and their caregivers.

INTRODUCTION

In any natural disaster or civil emergency, children and adolescents constitute a particularly vulnerable group. According to the United Nations Convention on the Rights of the Child, they have the right to be the first to receive attention during emergencies. Clearly, children not only have basic survival needs, such as food, water and shelter, but also suffer great emotional trauma and require psycho-affective needs such as love, recreation and play. Jamaica, as a society, recognises the special place that children hold in our lives and the rights which they hold. This set of guidelines is part of a cooperative initiative between the Office of Disaster Preparedness and Emergency Management (ODPEM) and the United Nations Children’s Fund (UNICEF) Country Office for Jamaica to ensure that risk management, especially disaster response in Jamaica, uses a child-rights approach.

The aim of this booklet is to serve as an aide-mémoire for planners and implementers in times of emergency. It uses a succinct checklist format which makes it easy for any practitioner in the field to refer quickly to the appropriate sector and guidelines for assistance. In addition to the guidelines contained in this booklet, a matrix was developed to allow for quick identification of the agencies (listed in appendix 2) with responsibility for ensuring that the activities and guidelines outlined in each sector are implemented.
Jamaica is vulnerable to a variety of natural disasters including hurricanes, earthquakes as well as to industrial accidents and civil unrest, all of which may cause high levels of morbidity and mortality, human displacement, economic damage and human suffering. The initiative to develop Guidelines for Child Friendly Disaster Management and Response grew out of the severe flooding which affected several parishes of the island in November 2001 and in May 2002. ODPEM and UNICEF commissioned an assessment of child-friendly disaster response (May 2002) and a workshop on the development of child-friendly guidelines was held in July 2002. This booklet constitutes a systematisation of those two experiences, for the benefit of all Jamaicans, and Jamaican children in particular. Although the impetus of the initiative was rain-induced flooding, these guidelines are valid and should be used for all types of emergencies.

ODPEM and UNICEF acknowledge the valuable participation of the following organisations in this initiative: the Child Development Agency, the Planning Institute of Jamaica, the Salvation Army, 3D Projects, and Children First. These guidelines are another manifestation of the commitment by all partners to ensuring special protection for the most disadvantaged children especially those affected by emergencies.

## PSYCHOSOCIAL SUPPORT

### BEFORE AN EMERGENCY

1. Appropriate recreational items should be provided at shelters with guidelines on the type of toys permitted.
2. Include psychosocial care in child support services as standard operating procedures.
3. Provide psychological trauma management training for children’s officers, guidance counsellors, community workers, social workers, and shelter managers including how to provide counselling to children and caregivers.
4. Include trained counsellors for children’s psychosocial needs within the Parish Disaster Team.
DURING AND AFTER AN EMERGENCY

1. Shelter Management Teams should implement the child-friendly environment with the aid of community educators, to provide educational activities (for example, conduct activity with toys, books, arts and craft, visual items and outdoor activities) appropriate to the environment.

2. Local human resources should supervise and carry out triage activities.

Applicable excerpts from UNICEF’S Corporate Core Commitments for Children in Emergencies

- Ensure the re-establishment of basic education services for children and women, in collaboration with all partners.
- Establish “safe environments for children” for learning, recreation and psychosocial support.
- Initiate basic education services, in collaboration with communities and camp and local government authorities.
- Provide education kits and basic learning materials for primary school children.

1. VULNERABILITY OF CHILDREN

- Children require special protection, especially nursing babies, infants and under-fives.
- Adolescent girls and women, and pregnant women in particular, bear an additional burden of vulnerability based on gender.
- Socio-economic status and minority group membership increase vulnerability.
- The family remains the chief source of protection for children. Separation of children from their families increases their vulnerability.
2. SPECIAL PROBLEMS OF CHILDREN IN DISASTERS

- Children are often overlooked in disasters.
- They tend to go “unperceived”, demographic data often is not disaggregated by age or gender.
- Some cultures do not prioritise children for care and protection.
- Questions of scale: sizes are usually calculated for adults (food rations, medications, latrines, clothes and distances).

3. CHILD PROTECTION ISSUES

- Children in shelters are potential victims (violence, drugs, sexual abuse).
- Children are subject to intra-family violence, especially in unfamiliar, stressful situations.
- Separation from family is the least desirable outcome.
- Separated children require identification, tracing and reunification; new orphans require foster care.
- Children with disabilities need special consideration in disasters.
- The right to play pertains, especially in the shelter context.

EDUCATION

BEFORE AN EMERGENCY

1. Shelter Management Teams should ensure that the environment within each shelter can be made child-friendly, with a designated area for play, and space and equipment for educational activities.

2. Each school should develop an emergency preparedness and response plan.

3. The Ministry of Education and Youth should develop an educational kit for shelters, including a visual booklet on disaster preparedness and “Things to do in a disaster.”

4. School curriculum should include a unit on disaster preparedness, including awareness, pro-active behaviour and concern for others.
DURING AND AFTER AN EMERGENCY

1. Existing community centres are to be used with preference over schools if safe and appropriately furnished. The use of schools as shelters should be a last resort and be limited to a maximum of one week.

2. Families with vulnerable members (including children) housed in schools and churches should be given priority for relocation.

3. The shelter environment must be inspected and cleaned daily.

4. **HEALTH ISSUES**

   - Health status of children is most precarious in emergencies.
   - Acute respiratory infections and diarrhoeal disease are the chief threats.
   - Children and care-givers lack health and hygiene information.
   - Reproductive health of young girls and adolescents is especially affected during disasters.
   - Psychosocial needs increase, for children and parents; response should emphasise family and community rather than individual clinical care.

5. **WATER AND SANITATION**

   - The oral-faecal cycle of water-borne disease threatens children in particular.
   - Location of water points and latrines are often inconvenient for children.
   - Water points pose potential hazards to children (e.g., unprotected wells, heavy pump handles).
   - Both children and care-givers lack hygiene and water resource management information.
   - Children tend to have easy contact with solid waste (trash) in and around shelters.

**Applicable SPHERE Standards and Key Indicators**

- Covered area available per person averages 3.5–4.5 m².
- Shelters allow optimal ventilation and provide protection from direct sunlight.
- Site is located at a safe distance from threats to physical safety.
- Site is planned and managed to minimise damage to the environment.
- Systems are in place to prevent and manage consequences of sexual and gender-based violence.
- Children up to 2 years old have at least one full set of clothing and hygiene materials, appropriate to the culture and climate.
- Women, girls, men and boys have at least one full set of clothing in roughly the correct size; women and girls have a regular supply of sanitary protection.
- Families have access to sufficient blankets, household utensils, soap and tools.
6. FOOD AND NUTRITION

- Normally balanced diets are interrupted during disasters.
- Insufficient caloric intake can cause malnutrition and disease.
- Breastfeeding may decrease in shelters.
- Food preparation may be less than adequate in shelters, particularly if mass-feeding replaces family preparation.

7. SHELTER ISSUES

- Overcrowding constitutes the chief menace to children's health and safety (epidemics, violence).
- Exposure to the elements causes health problems.
- Bedding, blankets and clothing in shelters are often inappropriate to children's needs.
- Lack of privacy for young women and families poses dangers and increases vulnerability in sexual violence.

8. EDUCATION ISSUES

- Education, a basic right, is interrupted by a disaster.
- Schools are often used as shelters, undermining education.
- The lack of functioning schools contributes to the destabilised condition of a community.
- There is usually a lack of textbooks, uniforms, shoes and school “kit” following a disaster.
- Pre-school age children lack stimulation in shelters.

SHELTER

BEFORE AN EMERGENCY

1. The actual conditions of shelters must be monitored continuously.
2. New community developments should allocate space for shelters independent of schools.
3. The shelter manual should be revised to incorporate provision for children with special needs or disabilities.
4. Shelters must be identified, located and retrofitted to make them accessible to children with disabilities. The parishes of Clarendon and St. Catherine should have special priority, based on the large number of children with disabilities in these parishes.
5. The design, location and planning of purpose-built shelters should take into account personal privacy, child convenience, and related issues.
6. Pre-packaged shelter kits (clothing) should be stored ahead of time, and provided to shelters in accordance with age cohorts.
DURING AND AFTER AN EMERGENCY

1. The nutritional status of children at shelters must be assessed regularly in line with accepted international standards.

2. Trained nutritionists should identify and refer children to health centres for nutritional support.

3. The school-feeding programme should be extended to the shelters and affected areas (that is provision of nutri-bun and milk).

4. Appropriate food must be available in shelters for children.

5. Each child should receive at least three, simple, nutritious meals per day.

6. Adequate nutritional supplements for children and pregnant women must be provided.

GUIDELINES FOR CHILD-FRIENDLY DISASTER MANAGEMENT AND RESPONSE

CHILD PROTECTION

BEFORE AN EMERGENCY

1. A Shelter Management Team should be trained to meet the needs of children.

2. Non-discrimination toward children with disabilities, HIV/AIDS, street children and others must be the stated policy of all shelters.

3. Shelter environments should be certified as such ahead of time.

DURING AND AFTER AN EMERGENCY

1. A special effort should be made to identify children, especially street or working children, orphans and those with disabilities.

2. Public shelters must be clearly publicized as open to all children.

Applicable SPHERE Standards and Key Indicators

- Minimum ration of 2100 kcals per person per day.
- 10-12% of total energy provided by protein, 17% from fat.
- Infants under 6 months have access to exclusive breastfeeding.
- No indicators of nutrient deficiencies (beri beri, pellagra, scurvy, iodine deficiencies).
- No outbreaks of food-borne diseases.
- Commodity selection considers local availability, market impact, local acceptability and preparation.
- Every household has access to one cooking pot, fuel for food preparation, a 40-L. water container and 250 g. soap per person.
3. Children without families at shelters must be identified and given special care and support.

4. Shelter Management Teams and local authorities must support tracking of missing or separated children at the community level.

5. Orientation upon arrival at shelters should include child-specific issues for mothers and children, including counselling on sexual abuse and violence.

6. Adequate supervision of children at the shelters must serve to protect them from intimidation, coercion, violence, drug abuse or sexual harassment and abuse.

7. Child Development Agency personnel should visit shelters on a regular basis.

8. Special care, including psycho-social support, must be provided to children who have lost parents in disasters.

9. Volunteer teachers (retirees and community members) should be used at shelters to provide support to children.

10. Supervision of children must be continuous. No child should be allowed to leave the shelter without the permission of a guardian.

Applicable Excerpts from UNICEF Corporate Core Commitments for children in Emergencies

- Ensure the identification, registration and medical screening of unaccompanied children.
- Ensure the registration of all parents who have lost their children.
- Provide leadership and support for photo tracing and for care and protection of separated children.
- Identify and address violation of children’s rights through advocacy and work with partners.
- Develop, provide and strengthen psychosocial support services for children and their caregivers.

FOOD AND NUTRITION

BEFORE AN EMERGENCY

1. ODPEM and the Ministry of Health should work with the private sector to design protocols for shelters on “nutrition in emergencies”.

2. Persons designated to prepare and handle food in emergency situations should be identified and trained in appropriate hygiene protocols before emergencies.

3. Training for Shelter Managers, Welfare Teams and Child Care providers in child and maternal nutrition.

4. Shelter Management Teams should have multivitamins and other nutritional supplements in stock.
DURING AND AFTER AN EMERGENCY

1. Water sources should be treated to minimize cases of water-borne diseases.

2. Hygiene education should be included in shelter orientation for parents.

3. An adequate waste disposal system must be established at each shelter to reduce children’s contact with solid waste. For example portable “Sanitact” disposal units.

4. Where sanitary facilities are insufficient for the number of children and adults, additional resources (for example portable toilets) must be provided immediately.

5. Shelter Management Teams must ensure the capacity for adequate cleansing, sterilization and protection of utensils.

Applicable SPHERE Standards and Key Indicators:
- Minimum 15 litres of water per person per day for drinking and personal hygiene.
- At least one water point per 250 persons.
- Maximum 500 meters from a shelter to the nearest water point.
- Minimum water flow of 0.125 litres per second at water points.
- Maximum of 20 people per toilet.
- Use of toilets is arranged by household(s) and/or segregated by sex.
- Toilets are no more than 50 metres from dwellings, or no more than one minute’s walk.
- Separate toilets for women and men available in public places (markets, distribution centres, health centres, schools etc).
DURING AND AFTER AN EMERGENCY
1. Rapid assessment of the affected population must specifically analyze the condition of children: i.e. age, gender and health status.
2. A health team must make regular visits to monitor the status of children and of pre/post-natal mothers in shelters.
3. Health education should be provided in shelters via simple health messages to women and children.
4. Adolescents in disaster areas should have access to sex education kits with counselling.
5. Age and gender appropriate personal hygiene kits and toiletries must be available in the shelters.

Applicable SPHERE Standards and Key Indicators
- Immediate initial assessment with an epidemiologist.
- Sex and age breakdown of affected population for age groups: <1, 1-4, 5-14, 15-44, and 44+.
- Daily calculation of Crude Mortality Rate (CMR) and Under-5 Mortality Rate (U-5MR).
- Surveillance for measles, dysentery, diarrhoea, cholera, acute respiratory infections, malnutrition, malaria and meningitis.
- Decreasing death rate, aiming towards <1/10,000 per day; U-5MR under 2/10,000 per day.
- Provide reproductive health services as necessary.
- Local capacity used in response, including affected men and women themselves.

BEFORE AN EMERGENCY
1. Adequate sanitary facilities need to be provided at each shelter, taking into account the number of children each shelter can accommodate.
2. Design of latrines for new facilities should take into consideration the special needs of children; shelters must have a minimum stock of “potties” for toddlers.
3. The Ministry of Education and Youth, Ministry of Health, Parish Councils (Parish Disaster Coordinators and Superintendent of Road and Works), Red Cross and the Ministry of Labour and Social Security must carry out periodic monitoring and maintenance of sanitary facilities in all shelters and schools.
4. Proper hand washing facilities must be available and accessible for children.
5. Educational curriculum should include information on sanitation, health and hygiene in a disaster, utilizing creative techniques such as songs and drama.

WATER & SANITATION
Guidelines for Child-Friendly Disaster Management and Response

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