**CARE International**

**Communications in emergencies: generic key messages and Q&As**

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This document serves to provide guidance on questions you will likely be asked in a particular emergency, and provides suggestions of appropriate answers and key messages. When using those, please ensure that they are applicable to your context. This document is based on Talking Points and Question and Answer documents from previous CARE emergency responses. Before using these key messages/Q&As, please ensure that they have been approved and adopted to your emergency as appropriate. Please check the [Communications Handbook Annex 1: Sensitive Issues](http://minerva.care.ca/Livelink1/livelink.exe?func=ll&objaction=overview&objid=2166918&viewType=1) document first to check for any sensitive issues related to your emergency/country. For additional information on media and communications in emergencies, see the [CARE Emergency Toolkit](http://careemergencytoolkit.org/home/).

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**The need:**

* *Use key talking points here to illustrate the need following the disaster: Do we have any facts and figures we can provide? What about context? What is CARE seeing on the ground?*
* Devastation from the disaster was catastrophic and has affected [XXX number] of people. Most immediate needs during this critical time are food, clean water, shelter and hygiene items. \**Detailed description and examples of damage and needs. Add details how women and girls are affected. Try to reference a specific example of family/women/girls in need from field staff, if possible.*
* The biggest challenge right now is access and logistics. Getting in enough aid supplies, equipment and staff is difficult, as the airport and port have been damaged. Electricity and water have been cut off, fuel supplies are low, and roads are damaged. Despite these challenges, aid is getting through, and more emergency workers and aid shipments are arriving by the hour.
* We know from experience that women and girls will be/are most affected by natural disasters as they will be facing gender-based violence, psychosocial difficulties, malnutrition, lack of economic or educational opportunities, and more. In emergencies where people have been displaced and people are sleeping in the open or in camps, women and children are at increased risk. Pregnant and breats-feeding women are particularly affected due to their and their babies’ nutritional needs.
* Based on CARE’s experience responding to major disasters, proper coordination is crucial. Today, aid agencies, coordinated by the UN and Government of [COUNTRY], are working together to ensure we reach everyone and don’t duplicate efforts.
* We know from previous disasters such as the Haiti earthquake that this will be a long-term response, to help the people of [COUNTRY] survive the initial disaster, but also to rebuild their homes, infrastructure and lives.

**Floods:**

* + We are concerned about flooding impacting the agriculture sector. Farmlands have been flooded and crops have been destroyed, impacting both food and cash crops, and commercial and household agriculture.
  + In the aftermath of floods, health concerns are high. Water sources can be contaminated and there are high risks of possible waterborne diseases outbreaks, such as diarrhea, if adequate measures are not put in place. Stagnant water in the flood affected areas can also pose health threats.

**CARE’s response:**

* *How is CARE responding to help those in need? Be as specific as possible. What are the existing gaps? What about long-term needs?*
* *Is CARE working through local partners? If so, reference this in any talking points “CARE and local partners are…”*
* CARE is working to ensure that the neediest and most vulnerable people, including women, children and the elderly, receive urgently needed emergency supplies (example: food, water, shlter etc.)
* ***ALWAYS*** *include a women/girls-focused message: Example:*CARE is concerned about the impact of [DISASTER] on women/girls, as they are always the most vulnerable when drought or other disasters strike, facing gender-based violence, psychosocial difficulties, malnutrition, lack of economic or educational opportunities, and more.

**Best way to help:**

* Thousands have been impacted by this disaster and need help to keep their families alive and healthy. To donate, visit [COUNTRY WEBSITE].

**Background: CARE**

* In 2016, CARE worked in 94 countries to contributing to saving lives, defeating poverty and achieving social justice by placing a special emphasis on women and girls.
* CARE’s emergency response teams specialize in providing life-saving food, water, shelter and health care.
* CARE has decades of experience in emergency relief—and we have been working in [COUNTRY] for [XX] years.

**Background: CARE**[***in XX country***]***:***

* *Include details here about CARE’s work in the country prior to the disaster.*

**Q&As**

**Q: What is CARE doing to respond? When will aid distributions start?**

**A:** Relief efforts started immediately after the DISASTER NAME hit. Our emergency staff are working with the government and partners to assess the needs, and coordinate how we will respond. We know the immediate needs will likely be food, clean water, shelter and hygiene, and our teams are preparing relief supplies to respond accordingly. CARE and other agencies are coordinating efforts to make sure we don’t duplicate areas and we reach everyone in need. We will be focusing our assistance on women and girls, knowing that in a disaster such as this, they are the most vulnerable.

**Q: What is CARE doing to help the displaced?**

**A:** In the aftermath of a disaster, CARE supports displaced families with immediate [relief supplies, water, shelter (as applicable)]. As the response evolves, CARE transitions to providing more durable solutions, supporting families to build back safer, restore their livelihoods and reduce their vulnerability to natural disasters. ***Note:*** *Always use “build back safer” rather than “build back better.”*

**Q: Why is CARE distributing cash (instead of food)? \*if applicable**

**A:** Generally speaking, in the areas where CARE works, food is available on the markets but people do not have the means to buy it. In areas where the local markets are functioning and food is available, it is faster and more effective to give cash or vouchers to survivors so they can purchase food and emergency supplies themselves. This gives people choice and dignity in deciding what type of food or supplies they wish to buy, and it supports local businesses and food producers, helping the economy recover more quickly from the disaster. This is a more appropriate measure than bringing large food distributions from the outside the country or region, which is not desirable as it means local producers are being deprived of business and it can distort the prices on the local market, causing prices to fall and creating further economic difficulties for local food producers.

**Q: How long do you think it will be necessary to stay and respond?**

**A:** This will be a long-term response, to help people survive the initial disaster, but also to rebuild their homes, infrastructure and lives. Based on our experience from previous disasters, our emergency response program will also include a recovery period to help people, especially women and girls, rebuild and restore livelihoods over the next years.

**Q: What is CARE doing to support women and girls?**

We know from experience that women and girls are among the most affected by such a disaster. As CARE targets the most vulnerable, we ensure that women and girls do receive the support they need. [Use examples]: We ensure that our relief supplies go to women who are heads of households and that relief packages are not too heavy for women to carry.

1. **Reactive Q&As for Common Criticisms of Aid in Emergencies**

**Q: Why such a delay on starting aid distributions?**

Relief efforts started immediately after the [DISASTER NAME] hit. The first priority was search and rescue of people, and treatment of injuries, which is well underway and supported by emergency teams around the world. CARE has already reached [XXX] people with [APPLICABLE RESPONSE ACTIVITIES], and has more distributions of emergency supplies will be underway this week. This is a huge logistical challenge to bring in enough supplies and distribute to the affected population. All supplies have to brought in by boat or air, but the airport and port have been damaged. Many aid workers have died or are missing, many CARE staff are grieving the death of children and relatives, and key government services such as police, fire-fighters, water supply have been badly hit.

**Q: Is aid getting in to the country? Why is it taking so long?**

**A:** Although it has been a logistical challenge to bring in supplies (for example, roads have been blocked, telecommunication affected, CARE had to rely on using boats, motorcycles to reach affected areas), aid is getting through and CARE’s [APPLICABLE RESPONSE ACTIVITIES] distributions are underway. CARE is procuring many of the relief supplies locally and the humanitarian supply chain is getting stronger by the day. The government, the UN and the international community have mobilised teams to create a pipeline of aid and goods distribution.

CARE’s emergency teams were working with communities even before the disaster hit, helping families evacuate and secure their homes in advance of the [DISASTER NAME]. Since then, we have been working around the clock to get aid to affected communities and work with communities to identify those most in need.

**Q: We have heard reports of looting. What is planned to ensure safety and security on distributions? Will CARE be using military protection?**

**A:** The reality is that these incidents are sporadic and not representative of the city or the people overall, but it would not be the first time security was an issue following a major disaster. CARE has been working in [COUNTRY] for more than [XX] years and we know the local communities, environment and the risks, and what security measures need to be in place to do our work safely and effectively. We have deployed a senior security specialist to reinforce our current safety and security procedures and ensure all distributions and program activities are done in a secure and orderly manner. The security officer has put a number of procedures and protocols into practice to limit exposure to risks, such as curfew times and staff movement tracking. In this context, it is normal practice for there to be security provided either by the [COUNTRY] police or the UN peacekeeping force, and we expect that would be the case after this disaster. (*NOTE: If CARE staff members need specific information about civil-military relations, please refer to the CARE guidelines:* [*http://www.care-international.org/CIVMIL-Policy/policy-framework-for-care-internationals-relations-with-military-forces.html*](http://www.care-international.org/CIVMIL-Policy/policy-framework-for-care-internationals-relations-with-military-forces.html))

**Q: If people are stealing, do they deserve aid?**

A: [COUNTRY] was already a poor and vulnerable nation before this devastating disaster hit. They have been hit by an unspeakable tragedy. It is understandable that people who are already living in poverty will do whatever they can to survive and provide food and water for their families. What the people of [COUNTRY] deserve is the world’s compassion, and swift delivery of lifesaving aid.

**Q: What is most needed to help? Can people volunteer with CARE to help with the response or donate needed items like clothing or medical supplies?**

A: The best way to help is through financial contributions, which can be used immediately to purchase critically-needed items locally which helps people faster and helps stimulate the economy. A common desire is to do more than donate funds; well-intended people from all walks of life want to become involved, doing everything from organizing a local food or clothing drive, to actually traveling to the disaster site in hopes of providing additional on-the-ground assistance.  
  
Any support provided is appreciated but in-kind donations can be counterproductive in some cases. Aid agencies have learned that donated food and clothing can clog up the supply line, negatively impact the local economy and usually costs more to sort and ship than it is worth.

In a disaster, the best people to help on the ground are those with appropriate skills and training for disaster response, those who understand the language and the context of the particular disaster, and those who have the professional training and experience to work in a disaster setting. Untrained volunteers can create strain and disruption on an already chaotic and overburdened situation that unintentionally impacts aid distributions to survivors.

It takes skilled professionals to feed millions of people, bring in shiploads of relief supplies, coordinate relief efforts so that all humanitarian needs are met and not duplicated. Most importantly, it requires a long-term vision and commitment for shifting from relief to recovery and rebuilding.

**Q: With all the money that’s being raised, why isn’t more getting done?**

**A:** There’s often a misconception that the more money raised for a disaster, the faster the response should be. However, major disasters are complex often presenting challenges to delivering relief that require more than money to fix. Challenges such as blocked access to affected populations due to damage, political instability of country government, lack of infrastructure and transportation in impoverished nations. Major disasters also take years to recover from. Responding to disasters in a life-saving and sustainable way requires long-term vision and commitment to invest funds wisely in both relief and recovery over a long period of time.

1. **Food crisis**

**Key messages (general – especially for reoccurring food crises)**

* **Women and children are often the most impacted by food crises.** As food sources run out, women turn to gathering and selling firewood as an alternative; and walking long distances alone puts them at risk of attack. Families who run out of food and money move to cities or towns to try to find work, taking their children out of school. Children are at risk of having to work to support their struggling families and of dropping out of school. As food runs out, families are often more likely to marry their girls early, in order to reduce the number of mouths to feed or to give their daughters a better chance at survival[[1]](#footnote-1). Child marriage, however, leads to early childbirth which is one of the leading causes of death for adolescent girls. Pregnant and breastfeeding women and children under five are particularly vulnerable to food shortages and malnutrition; when mothers do not get enough nutrients, the quality and quantity of breastfeeding milk is affected. Children suffering malnutrition risk long-term stunting and developmental problems, or even death. (MEDIA ANGLE: [click here](javascript:getAsset('/Assets/Files/bc85cae1-bdf1-46f4-9608-d2bab5929dfb.docx')) for instructions on how to calculate the number of pregnant and breastfeeding women in an emergency.)
* **A two-pronged approach is needed: immediate support** for those in critical need now, **and prevention measures** to help those at risk from tipping over the edge into hunger**.**
* **Early response and preparedness will save lives and livelihoods.** The international community must act now to support national government plans and preparedness programs. Despite repeated early warnings to the famine and food crisis in Somalia and the Horn of Africa in 2011, the response to that crisis was too slow, and more than 260,000 people died. Today, we still have time to implement early response programs to help protect people’s assets and food stocks and prevent people from going hungry en masse and prevent hundreds of thousands of children from suffering crippling malnutrition. The situation in the Horn of Africa crisis in 2011, as well as recent food crises in the Sahel (2005, 2008, 2010, 2011-12), shows that early action is critical.
* **Prevention is cheaper than funding a large humanitarian response** During the food crisis in Niger in 2004, for example, it would have cost 1 U.S. dollar a day to prevent malnutrition among children if the world had responded immediately[[2]](#footnote-2). By July 2005, it cost 80 U.S. dollars to save a malnourished child’s life. We already know the situation will be severe if we don’t act now. Waiting will mean more lives will be at risk, and we will miss the chance to implement preventive measures. Donors must support national government plans to help families cope, such as selling grain at affordable prices for the most vulnerable families, providing fodder for animals for small pastoralist families, and distributing seeds and tools.
* **Donors, governments and the UN must address the long-term development needs and underlying vulnerabilities in countries prone to food crises in order to break the hunger cycle** through the promotion of social protection, strengthening of early warning and information systems, disaster-risk reduction and adaptation to climate change.

**Q&As**

**Q: When was the last famine declared?**

A: This is often difficult to answer because of lack of consensus over the definition of ‘famine’. That said, an official famine was last declared in July 20, 2011 in southern Somalia when at the peak of the crisis, between May and August 2011, about 30,000 people died per month. Nearly 260,000 people died between October 2010 and April 2012.[[3]](#footnote-3) Prior to that, according to Stephen Devereux of IDS, Sussex, author of Theories of Famine, the last major famine in Eastern Africa occurred in Ethiopia’s Somali Region in 2000 when between 70,000 and 120,000 lives were lost.

**Q: What are the implications of calling a food crisis a famine?**

A: To the people who are suffering as a result of food insecurity, whether it’s called a ‘famine’ or a ‘food crisis’ makes little difference; people are literally starving to death, and help is needed as much today as it was yesterday. For the international community, we hope the declaration of famine will move international donors to act and commit urgently needed funds to provide lifesaving aid, but this should not be delayed until a famine is actually declared. We do not use the word ‘famine’ lightly.

**Q: What is the definition of famine?**

A: "Famine/catastrophe" is the worst-case scenario on a five-level scale used in Integrated Phase Classification (IPC) to gauge food security. According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), famine is declared when acute malnutrition rates among children exceed 30 per cent, more than two people per every 10,000 die per day, and people are not able to access food and other basic necessities. Large-scale displacement of people, civil strife and pandemic illness are also taken into consideration.

**Q: What can be done at this point to help people affected by this [famine/food crisis]? Is it likely to get worse?**

A: Addressing malnutrition, especially among children, is the top priority. In the immediate term, malnourished children are at risk of dying from hunger and are more vulnerable to waterborne disease or exposure; in the long term, even if they survive, if they don’t get help now, they are at risk of stunting or long-term health problems. The vast majority of the people affected are women and children. While they urgently need food and nutritional help, they also need [access to clean water, sanitation, health care, livelihoods support, protection and shelter]. More funding is required to respond to these urgent needs. If we don’t act now, the [famine/food crisis] could become more widespread.

**Q: (IF applicable) Why is CARE distributing cash instead of food?**

A: Generally speaking, in the areas where CARE works, food is available on the markets but people do not have the means to buy it. In addition, prices could have risen due to low production and global food prices. Cash gives people the ability to directly access food on the local markets, decide how to spend it, etc. This is a more appropriate measure than bringing food from the outside, which would further contribute to distort market prices. In addition, in some cases, people receive the cash payment after participating in an activity that benefits their communities. For example, the communities CARE works with are transforming unused land into pastures and building small dykes for irrigation. In general, cash distributions, which can include cash for work, accompany food distributions.

When setting up this project, CARE and its partners used their technical expertise and knowledge of the region to ensure the amounts of cash distributed would be appropriate for the families but would not disrupt the local markets. CARE continues to monitor local markets, without observing any disruption caused by this influx of money.

**Q: Shouldn’t the government do something about it?**

A: Governments of all the affected countries have early warning systems in place and work closely with all humanitarian agencies. For example, with the 2011-2012 food crisis in the Sahel, the governments of Chad, Mali, and Niger identified the indicators of an impending food crisis, declared an emergency, and asked for international help. Donors must support national governments’ plans to help families cope, such as selling grain at affordable prices for the most vulnerable families, providing fodder for animals for small pastoralist families, and distributing seeds and tools.

**Q: Some areas such as the Sahel are experiencing reoccurring food crises. Why is that?**

A: The Sahel region experiences a state of chronic food insecurity for several reasons.

People are affected by poor access to basic services, low levels of agricultural production, economic weakness, rapid population growth, and environmental degradation.

Having less food during the months leading to harvest is not new for people living in countries with chronic food shortages. However, they have been also facing reoccurring droughts, soaring food prices, and regional insecurity, which are adding additional stress.

People in the semi-arid Sahel region, just below the Sahara desert, are experiencing first-hand the effects of climate change. Rains are becoming shorter and less frequent; pasture lands are turning into deserts. Under these circumstances, survival is increasingly more difficult, and food shortages and food crises are becoming more frequent.

1. **Conflict and refugees**

**Key messages**

* **Donors must immediately increase funding to help those affected by the conflict.** The new escalation in fighting adds to already enormous needs this country is experiencing.
* **Women are particularly at risk of sexual violence and rape, which has long been used as a weapon of war.** Conflict destroys the traditional protection mechanisms for women and girls – on the run from their homes, women and girls are separated from the safety of their communities, leaving them at risk of being attacked, raped and even killed by armed groups. Having to venture out of camps or into the bush to collect firewood or water puts them at increased risk. Often cases of sexual and gender-based violence cannot be officially reported and treated in conflict areas, because heath care services and even police services are disrupted. This leaves women without access to health care or counseling, including post-exposure prophylaxis (PEP) kits, which are critical in preventing the transmission of HIV and pregnancy. CARE’s emergency response, and our ongoing programming, works to prevent sexual violence and provide support to people affected by sexual violence.
* **CARE calls on all parties to respect the commitments made in UN Security Council Resolution 1820 to protect women affected by sexual and gender-based violence, particularly by ensuring access to basic services, ending impunity for sexual violence, and investing in prevention.**
* **Civilians are paying the price of the current conflict. [**XX people] have been killed or injured, [XX] have been displaced from their homes and [XX] have fled to neighboring countries. *<Insert detail of impact on civilians>*
* **CARE calls on all parties to ensure the protection of civilians.** All sides must agree on an immediate ceasefire and end all violence that targets or injures civilians. All parties must take precautions to spare the civilian population and to preserve and protect critical infrastructures like hospitals, power supply systems, water supply, access to food etc. as mandated under International Law.
* **CARE calls on all parties to allow humanitarian access.** Fighting must stop immediately to enable humanitarian aid to get through. Humanitarian organizations are unable to fly in aid and staff when airports and border crossings remain closed or blocked. NOTE: examples, depending on crisis: Many critical aid programs have been suspended due to the fighting, leaving people without assistance. Trucks carrying humanitarian items are spending hours at the border due to long administrative procedures. CARE’s office in [XX], near the center of the fighting, was closed because of the violence.
* CARE is doing all it can under the present circumstances. As soon as access and the security situation improves we will scale up our emergency response **in the areas affected by the recent fighting, in particular by *[insert example, depending on crisis].*** Our emergency response in other areas, such as [xxx], continues.
* **The international community must act now to develop a long-term solution to this crisis.** A lasting solution to the conflict must be a priority, or the women and men of [COUNTRY] will be condemned to suffer the same situation again.
* **CARE provides support to the ‘hidden’ refugees/displaced people – those who take shelter with host communities, family members or neighbors.** While these people are out of sight of the cameras in the big refugee/displaced camps, they need help as well, and so do their hosts.We believe that host communities who offer safe haven to refugees should not suffer for their generosity. That’s why our programming also considers providing local populations with support to deal with the sudden influx of refugees in their community, and we provide support to the refugees/displaced people staying in host communities.

*Each message can have talking points that relate to a particular situation.*

**Additional Background**

* CARE has been providing life-saving support to people displaced by conflict and disasters since 1946.
* CARE is assisting hundreds of thousands of refugees and internally displaced persons worldwide, including the two largest groups of refugees in the world in Dadaab, Kenya and the countries bordering Syria.
* Refugee support includes, but is not limited to: distribution of food and other necessary items; shelter; cash assistance; water, hygiene and sanitation; education; vocational training; and sexual and gender-based-violence prevention and response programming.

**Q&As**

**Q: Who is at fault?**

A: As a non-partisan organization,it is not in CARE’s mandate to lay blame for this crisis. Our focus is on the humanitarian impact of the fighting, which has *[describe humanitarian consequences].* We call on all parties to ensure the protection of civilians and to facilitate the delivery of humanitarian assistance.

**Q: What is the difference between refugee camps and host communities?**

**A:** Refugee camps are temporary settlements designed to meet basic human needs of refugees usually fleeing conflict. They are built and run by the country government, UN and international NGOs. They are often built outside of city centers. Urban refugees stay in host communities where they find shelter in rented apartments, empty garages or tented, informal settlements in border towns. In many countries where we work we witness how generously refugees or displaced people are welcomed by host communities – many of those are very poor themselves. Host communities are therefore in need of support to cope with increased pressure on limited employment opportunities, basic services, natural resources and essential commodities. Rents continuously increase and housing becomes unaffordable for poor host families and refugees alike.

**Q: What needs to be done to make this crisis end?**

A: The national government and the international community must act now to develop a long-term solution to this crisis. A lasting peace must be negotiated between all parties to the conflict. A lasting solution to the conflict must be a priority, or innocent civilians will continue to suffer. We call on all parties to ensure the protection of civilians and to facilitate the delivery of humanitarian assistance.

**Q: FOR ANY QUESTIONS REGARDING THE POLITICAL SITUATION (IF YOU CAN’T TURN THE QUESTION AROUND TO THE HUMANITARIAN SITUATION)**

**A:** The UN would be in the best position to speak on the overall political situation in [XXX]. Please contact: [XXXX]

**Q: Does the government have the capacity to respond to a humanitarian crisis?**

**A:** The scale and complexity of the crisis that could unfold would challenge any government, not least one that is already engaged in a difficult political process [or other example, based on context]. That is why it is critical that the international community provides stable, long-term funding, and is ready to provide immediate funding to address immediate humanitarian needs.

**Q: Does CARE see any possible resolution to the crisis?**

A: As an impartial organization, CARE’s focus is to respond to the humanitarian needs created by the conflict. CARE is deeply concerned by the violence and the suffering of people caught in the conflict. We call on all parties to ensure the protection of civilians and to facilitate the delivery of humanitarian assistance.

**Q: Should there be a military intervention to stop the violence and end the suffering of the people affected by this conflict?**

A: As humanitarians we do not take sides during conflict so that we can maintain our independence and impartiality. We support efforts to try to find a peaceful resolution to the conflict.

**Q: Will armed groups or supporters of armed groups benefit from aid donations?**

**A:** CARE is a signatory to the Red Cross Code of Conduct, which states that we provide aid to people in need, regardless of race, ethnicity, gender or political affiliation. CARE is a neutral, independent humanitarian organization, and our sole mission is to provide assistance to the people in need of lifesaving assistance. CARE has stringent monitoring and evaluation systems in place to ensure that aid goes to people in need. We do not take sides, and we provide assistance to all civilians affected by the crisis, in all areas where access is available. (**IF PRESSED**: CARE provides assistance based on need alone. We do not ask a person’s affiliation before providing lifesaving assistance.)

**Q: Is there a genocide/ethnic cleansing going on in [XXX]?**

The United Nations is better placed to analyse the current political and human rights situation in the country. While CARE is not in a position to comment on this; we do urge all warring parties to the conflict to refrain from committing abuses on civilians, or targeting civilians and civilian facilities. We call on all parties to respect International Humanitarian Law and facilitate the work of humanitarian actors on the ground, including through the removal of access barriers.

**Q: What about the situation of women and girls?**

In all conflicts, women and girls are particularly vulnerable. They often lack access to services and need support to secure essential items for family survival. Female-headed households are among the most vulnerable and often isolated as cultural as well as safety concerns restrict them from being able to circulate in the communities where they have been displaced to; hence they often incur difficulties finding assistance and are reluctant to leave their places of refuge and shelter.

In many conflicts, cases of early and forced marriage have reportedly increased as a result conflict and displacement. Families see it as a coping mechanism and a way to keep their daughters ‘safe’. Also, women usually prioritize the health and well-being of their children and husbands over their own; they are often the last ones to ask for health or psychological support.

CARE is working to address those needs by ensuring that [use examples as applicable]: women have access to basic services, providing emergency cash to pay for food and accommodation, and psychosocial support.

1. **Security incidents**

**IMPORTANT:** *Please read the critical incidents section of the* [*CI Communications Handbook*](http://minerva.care.ca/Livelink1/livelink.exe?func=ll&objaction=overview&objid=2166918) *for guidance on how to manage a specific security incident.*

**Reactive Q&As**

**What are the risks humanitarian staff face in high-risk countries?**

**A:** CARE takes serious precautions to ensure the safety and security of all staff, and constantly assess the contexts in which we work. We know, however, from experience and external research that there can be risks in any conflict. For this reason, CARE has stringent security protocols and procedures, with safety and security plans developed for every country office where we operate. Our security strategy is based on local acceptance and we train our staff to exercise caution and a strong sense of awareness to the surroundings, not to get too comfortable, and to know who to call in case of trouble.

CARE calls on all parties to the conflict to recognize and respect the neutrality and independence of humanitarian workers operating in high-risk environments, and permit them access to the most vulnerable communities requiring basic lifesaving assistance.

**Q: What measures does CARE take to protect its staff?**

**A:** The security of our staff is always our priority. CARE takes every possible precaution in order to ensure this, balancing the need for staff safety with the urgent humanitarian needs of the affected population. [If applicable]: For example, in coordination with the UN and other NGO security protocols we have curfew times in place, track staff movement thoroughly and do not drive after dark.

We work closely with local communities to ensure our acceptance. We ensure that staff are aware and follow our safety and security guidelines and policies through orientation and training that include overview of the security risks, country office safety procedures, incident reporting and evacuation plans. Safety and security plans are developed in each country office so to address the various cultures and contexts that we work in. In high risk areas, such as conflict regions, stringent security measures are put in place for staff such as movement restrictions in certain areas. Regular security briefings and trainings are also conducted to enhance overall safety, prevent security incidents and allow the staff to react confidently to emergency situations.

**Q: CARE works in a number of high-risk countries. How do you decide when to remain in a country and when to pull out?**

**A:** We review the security situation on an on-going basis in each of the countries where we work, and any decision on whether to potentially interrupt programming would be made on a case-by-case basis. We have a long commitment to the places where we work, in many cases for decades, and do not take a decision to suspend programming lightly. We also understand the very complicated operating contexts in which we work and rather than completely avoid risk, we strive to responsibly manage and reduce that risk.

The environment for humanitarian work has become much riskier in recent years, especially in areas where there is conflict. Aid workers can be in particular jeopardy if they are confused with combatants or are being targeted for kidnappings. They may also simply be in the wrong place at the wrong time. The basis of our security strategy is to be accepted by local communities which we drive by remaining true to our humanitarian principles such as independence and neutrality. We always stress that a strict line must be observed between military and humanitarian operations.

**Q: How is the security situation impacting CARE’s ability to deliver aid?**

At times and in certain areas, our staff and partners are unable to access communities due to the dynamic nature of the conflict. We often rely on local staff with local knowledge to help determine our ability to reach those most in need.

CARE calls on all parties to ensure the protection of civilians, and to facilitate the delivery of much needed humanitarian assistance.

**Q. Has any CARE staff been kidnapped or threatened?** No, and we do everything we can to protect staff, and provide them the training to help prevent such incidents. That said, we consider all humanitarian workers as a collective community. What happens to one organization impacts all of us.

**Q. What should aid workers do to prevent being kidnapped?**

**A:** CARE takes every precaution to protect our staff. We have strict protocols and plans in place and we train our staff appropriately. For example, in a high risk country, staff are advised to travel only during daylight hours and do not travel into areas designated by the security team as “no-go” zones.

Individual knowledge and experience operating in the environment is critical. CARE applies considerable attention towards monitoring the security context and works with the wider humanitarian community and local communities to share information on key developments.

**Q:** **There are reports of burning and looting. Has CARE been affected?**

**A:** [If that’s the case, say so]: Ex. At least two clinics supported by CARE have been destroyed.

CARE’s field offices remain closed due to the fighting. We have received reports that at least two CARE facilities have been looted.

No security incidents in [AREA] have directly impacted CARE staff or operations in [AREA] to date.

*Or*

Our offices and programme areas are safe, and have not been affected by these incidents. CARE is monitoring the situation closely.

**Q: Are CARE staff from certain ethnic groups at risk because of tribal clashes?**

**A:** We are doing everything we can to ensure that our staff members are safe. We urge all actors to respect the safety of aid workers, no matter what their ethnicity.

**Q: Can you comment on your staff being kidnapped?**

NOTE: any comments are case specific and MUST be informed by CI Safety and Security Unit.

**Q: There are reports of an attack. Has CARE been affected?**

A: Example: One of our vehicles in [Area] has been attacked whilst [example: providing aid to families displaced by violence]. Our staff are [safe; one of our staff has suffered injuries and is being treated at the hospital]. CARE is gravely concerned about the attack and is monitoring the situation; CARE continues its [describe program in that area] or CARE has ceased its programme until further notice>.

**Q: What steps are you taking to prevent being attacked again and to keep your staff safe?**

A: CARE has robust security measures in place and continuously monitors the security situation extremely closely, which resulted in CARE relocating offices in the past to try and avoid such an incident. We will be relocating again following this incident. However, due to the nature of working in a conflict zone, there is no guarantee that we will not experience another similar incident. This unfortunate incident reflects how much risker humanitarian work has become in recent years, especially in countries of conflict like XXX. We continue to insist upon our independence and neutrality, and stress that a strict line must be observed between military and humanitarian operations.

The security of our staff is always our top priority. CARE takes every possible precaution in order to ensure this, balancing the need for staff safety with the urgent humanitarian needs of the affected population. CARE continues to review and update our security protocols, and will ensure that staff are aware and following our safety and security guidelines and policies through orientation and training that include an overview of the security risks, country office safety procedures, incident reporting and evacuation plans. Regular security briefings and trainings are also continuously conducted to enhance overall safety, prevent security incidents and allow the staff to react confidently to emergency situations.

**Q: If CARE staff get abducted, what do you do to get them released?**

**A:** CARE takes the safety and security of our staff extremely seriously. We have the plans, experience and training to deal with these incidents. We apply industry best practises to ensure the safety return of our staff, and also consider the wider impact on families and Staff.

**Q: If CARE staff get abducted and hostage taker demand ransom, do you pay?**

**A:** CARE will use all appropriate means to secure the release of the hostage and also provides support to the hostage’s family, but we do not pay ransom.

**Q: What do you do if staff do not follow your security protocols?**

**A:** CARE takes any breaches to security protocols very seriously, as we are concerned for the safety of not only the staff member, but the possible impact on the rest of the team, partners, beneficiaries and families.

**Q: In many insecure areas you work through local partners staff, who are often at risk. Do they follow your protocols and standards? If they are abducted, do you help them negotiate a release?**

**A:** CARE has dedicated safety and security staff in the region, who are constantly assessing the context in which we work. They assess and support local partners with specialized training for aid workers, specifically on situational awareness, taking appropriate safety precautions and knowing security procedures and emergency contacts.

**Q: Under what circumstances would CARE stop working in Afghanistan?**

A: That is determined on a case-by-case basis. CARE actively reviews what security measures are needed to keep our staff safe – the majority of whom are citizens of the [NAME COUNTRY], while also allowing us to deliver the assistance that remains urgently needed.

1. **Key messages and Q&As: accountability and corruption in emergencies**

**Responding to fraud and corruption**

**Reactive Key messages**

CARE is a respected and trusted international organization with more than 70 years of experience responding to disasters worldwide.

As part of our response efforts to natural disasters, CARE employs a community-based approach, which ensures local populations are directly involved in reconstruction efforts and are committed to their success.

* We are committed to ensuring funds raised go exactly where intended. CARE’s teams work closely with local communities in the project design and implementation phases to ensure money is spent transparently and with accountability.
* As part of our projects, CARE uses feedback/complaints mechanisms so local communities, participants and staff can contact us directly if they have questions or complaints about our work
* CARE works closely with communities to ensure our programs are transparent, accountable, and effective.
* CARE is a member of Humanitarian Accountability Project – International, an international coalition of organizations committed to following a code of accountability principles; we have an Accountability Advisor on staff.

CARE takes a proactive approach in monitoring our programming for any irregularities, and we have rigorous internal and external monitoring systems to ensure our money is spent responsibly.

**Reactive Q&As**

**Q: How does CARE safeguard against potential corruption in the governments and partners it works with?**

**A:** CARE takes the issue of donor funds very seriously and is committed to making sure all donations reach those who are most in need. We have rigorous monitoring and screening systems in place to track how aid is distributed. CARE seeks to achieve its vision and mission by following a set of Programming Principles and Project Standards whether responding to emergencies, assisting with rehabilitation efforts or long term development.

CARE's own principles and standards are intentionally aligned with those of many other humanitarian agencies, including Sphere minimum standards, Humanitarian Accountability Principles and the Code of Conduct for the International Red Cross & Red Crescent Movement and NGOs in Disaster Relief. We also implemented our own Accountability Framework which ensures we uphold to our standards and principles in delivering humanitarian aid.

**Q: Can’t aid fall in the wrong hands?**

**A:** While this can be a possibility, and political and economic corruption can be a major problem in many developing countries, it is important to remember that corruption is a symptom of poverty – not its main cause. Poor and excluded people around the world are already demanding an end to corruption, and it is vital that we support them in this struggle.

In the countries where we work we have large teams on the ground, carefully selecting the people who participate in our programs. Our work is targeted based on needs alone, regardless of any ethnic origin, or religious and political affiliations. CARE takes the issue of impartiality and due diligence very seriously and is committed to making sure all donations reach those who are most in need. We rigorously screen, monitor and evaluate our response to track how aid is distributed and ensure it reaches civilian populations.

**Q: Should all international aid go to charities, rather than governments?**

**A:** While the work of international development charities such as CARE can improve the lives of millions of people, money from charities alone is not enough to solve all the problems within developing countries.

To improve the lives of whole countries or regions, and to sustain this in the long term, governments must play a key role in providing social services, such as health and education - creating their own path out of poverty. Governments have to be involved to ensure local capacity building, and ownership of the community in their development process.

**Q: Isn't a lot of aid wasted through corruption, for example, in some African countries?**

A: There can be instances when aid does not reach those in need and we work together with other parties to tackle that. But the bulk of aid does reach the people it is intended to help – and the extent of corruption as a problem has been greatly exaggerated. The simple fact is bad news makes headlines, and we are far more likely to hear about the incidences of corruption than about the difference aid makes to the lives of millions of people every day.

There have been huge improvements in aid delivery over recent years, and contemporary aid is subject to a range of measures that improve transparency and accountability. While it will never be possible to completely eradicate the risks of corruption, criticisms should be tempered with recognition of the good work that most aid does, and a sense of proportion about the problems. It is dangerous and irresponsible to argue that because a small amount of aid is misused, this lifesaving resource should be cut.

**Q: In countries where there is conflict, doesn't aid end up being spent on weapons?**

A: Rigorous procedures and regulations across the aid industry make it very unlikely that money could currently be diverted in this way. International Organization for Economic Cooperation and Development (OECD) rules on aid explicitly prevent aid money being spent on weapons or any other military equipment.

**Q: How do you make sure CARE money is spent in the right way?**

A: We are constantly working to ensure funds given by CARE supporters make the maximum possible difference. CARE has long-term partnerships with trusted organisations, staffed by people who know the local needs and context well. We work together to identify work which can best respond to the needs of the poor and disadvantaged which we both seek to serve.

We have a robust accounting and monitoring system which operates across all of our country offices. This system is standardised across the whole of the CARE confederation and training is given to staff in country offices to ensure they are able to fulfil the stringent accounting guidelines.

Using this system, we are able to account for all the money we spend, ensuring that it has been used efficiently and in accordance with donor wishes. We also employ in-house and external auditors to audit our projects and have clear policies regarding potential mismanagement or fraud.

For further info: Transparency International blog, “A practical tool for fighting corruption in humanitarian emergencies.” Written by John Uniack Davis, CD CARE Madagascar

<http://blog.transparency.org/2010/02/01/fighting-corruption-in-humanitarian-emergencies/>

**Q: What measures is CARE taking to ensure transparency & accountability and prevent fraud?**

A: CARE takes a proactive approach in monitoring our programming for any irregularities, and we have rigorous internal and external monitoring systems to ensure our money is spent responsibly. Here are some examples:

* Our country offices are subjected to internal audits, audits from our external auditors, and various donor audits;
* Monitoring & Evaluation teams regularly monitors project activities and conduct random spot checks in the field to ensure program quality;
* CARE has clear financial, accounting, commodity tracking, and procurement policies & procedures that follow both CARE and international donor policies;
* CARE is a member of Humanitarian Accountability Project – International, an international coalition of organizations committed to following a code of accountability principles; we have an internal humanitarian Accountability Framework.

CARE works closely with communities to ensure our programs are transparent, accountable, and effective:

* For many of our programs we have developed feedback and complaints mechanisms so local communities, beneficiaries and staff can contact us directly if they have questions or complaints about our work
* CARE follows up and responds questions or complaints promptly through our field staff; CARE follows up and takes appropriate action (most questions or complaints have turned out to be simple misunderstandings about CARE’s role. In a few cases, a question has actually lead to CARE discovering a minor problem with a project, such as a delay in delivery of materials or communities not being properly informed about how to participate in a new project. In those cases, CARE worked together with the community to resolve the problem and ensure the project is running smoothly).

1. **Key messages and general questions about CARE**

Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE has more than six decades of experience delivering emergency aid during times of crisis. We place special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. In 2016, CARE worked in 94 countries around the world fighting global poverty and injustice.

**Q: How does CARE work – what is its structure?**

A: CARE International is a global confederation which has its secretariat in Geneva. We are governed by an international Council and a Supervisory Board. In addition to coordinating board functions, the secretariat is responsible for maintaining policy standards and ethics for the confederation. <http://www.care-international.org/about-us/governance.aspx>

**Q: How does CARE decide where to work?**

A: We choose to work in countries and areas where we feel there is a gap in current provision, and where with our resources, expertise and experience we will be able to make a tangible difference to the lives of people living in poverty.

**Q: Isn’t CARE a US organisation? Is the US office the head office?**

A: Founded in 1945, CARE began as an American organisation sending relief parcels to people in Europe after the Second World War. CARE evolved into a global humanitarian organization that works in 94 countries and helping more than 65 million people. We place special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. Women are at the heart of CARE's community-based efforts to improve basic education, prevent the spread of HIV, increase access to clean water and sanitation, expand economic opportunity and protect natural resources. CARE also delivers emergency aid to survivors of war and natural disasters, and helps people rebuild their lives.

**Q: Does CARE have any religious affiliation?**

A: No. We are not a religious charity, and do not have any religious affiliation.

**Q. How is CARE funded?**

**A:** CARE is a confederation with member countries around the world, so we can raise funds for our major programmes from a number of different international sources, including institutional and corporate, private donors, and UN agencies.

**Q: Why does CARE focus on women?**

A: Six decades of experience have shown us that when you empower a woman or girl, she becomes a catalyst for change in her community. When you give her a chance to start a business, learn to read, or participate in politics — she creates ripples of change that lift up men, boys and communities as well.

Discrimination, harassment and an uneven burden of family responsibilities often mean girls start their lives with disadvantages boys never encounter. CARE engages women and girls at key moments in their lives to help them overcome these disadvantages: at birth with our maternal and infant health programs, at school with our girls’ education and leadership programs and at work with our village savings and loans programs. CARE’s work does not end there. To empower women and girls, we must also address their most critical needs, which is why we also take on food security, climate change, HIV/AIDS and emergencies — major challenges for the world’s poor, regardless of gender.

In emergencies, we focus our support on women and girls, knowing that they are the most vulnerable after disasters and during conflicts.

**Q: How can CARE tell if its work is really having an impact – how do you measure your impact?**

A: CARE’s projects are regularly monitored and evaluated during their implementation and appropriate adjustments are made to ensure sustainability. Upon completion, projects are evaluated to determine their impact and effectiveness. Lessons learned are shared with other CARE Country Offices and staff through workshops, policy documents and the CARE International network. CARE works to maximise efficiencies by creating models that can be replicated in other countries and other situations.

Please have a look at CARE’s [latest impact report on how we support women and girls in emergencies](http://www.care-international.org/files/files/Empowering_women_and_girls_affected_by_crises.pdf).

**Q: How does CARE work with local partners?**

A: CARE recognizes the significant contribution of local partners to disaster response. They are the first on the ground, providing aid to populations affected by disasters. They are best placed when it comes to knowing what people need and what is culturally appropriate. They are also here to stay so can connect disaster response to long-term efforts to fight poverty in their country. CARE supports the work of local partners by complementing their action during disaster response. CARE also offers funding and skills to further enhance their capacity to respond to emergencies. When selecting partners, CARE follows strict criteria to ensure partners are legitimate and financially sound, and provide fair and impartial aid.

**Q: A large percentage of your funds come from governments. Doesn’t this compromise your independence?**

A: CARE accepts funds both from government and non-government sources, but we ensure that our humanitarian aid is provided in a neutral, impartial and independent manner. We do this by carrying out our own needs assessments, and providing assistance purely on the basis of need and vulnerability without discrimination on the basis of race, ethnicity, political affiliation, gender or religion. (*If pressed, to provide the following*: “If maintaining impartiality is at risk, we will take pertinent decisions accordingly, which could include closing of programming, to ensure that our humanitarian aid is provided in a neutral, impartial and independent manner.” *Background example: we closed in North Korea in 2000*.)

**Q: How do you avoid duplicating other organisations’ work?**

A: Co-ordination is critical for a successful response to a disaster. We work closely with all organisations in disaster-affected areas, both national and international, to make sure duplication does not happen and we reach everyone in need.

The United Nations’ Office for Co-ordination of Humanitarian Affairs (OCHA) works with the government of the affected country to lead the co-ordination. CARE attends the co-ordination meetings, where we share information and work with others to solve problems. We also find out who is best placed to help and how. By supporting other organisations, and working together, we make sure we meet the needs of the people affected. This is not always an easy task because of the scale of some emergencies and the challenges we face. For example, after Pakistan’s 2006 earthquake, it was extremely difficult to reach people cut off by snow in the mountains, but through working with other agencies we were able to help.

**Q: Is there any evaluation of your work afterwards?**

A: We always carry out evaluations of our work both during and after the completion of the emergency response. We are committed to being transparent and improve and build on lessons learnt and best practices. The large majority of evaluations are carried out by independent investigators. We also often do joint evaluations with other agencies and donors especially in complex large-scale crisis. All our evaluations are published mainly through the [Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)](http://www.alnap.org/) platform so that lessons learnt are shared and benefit all involved.

1. The 2012 Commission on Population and Development specifically recognized the sexual and reproductive health and rights of adolescents and identifies this age group as one whose needs have largely been ignored. Nearly 13 million adolescent girls give birth each year in developing countries, most often before they are physically, emotionally or economically prepared. Complications arising from unsafe abortion, pregnancy and childbirth remain a leading cause of death among young women aged 15 to 19. Recognizing the human rights of girls and women, the dangers of early pregnancy, and that girls who delay marriage and their first pregnancy are more likely to stay in school and secure productive employment, adolescents should be provided with comprehensive sexuality education, and access to contraceptives, counseling and services. [↑](#footnote-ref-1)
2. Jan Egeland, former chief humanitarian at the UN, quoted in: http://www.aljazeera.com/indepth/opinion/2012/01/201212673450167297.html [↑](#footnote-ref-2)
3. http://www.un.org/apps/news/story.asp?NewsID=44811#.U0Kxsk1BvIU [↑](#footnote-ref-3)