2011 edition of the Sphere Handbook: WHAT IS NEW?

The Humanitarian Charter

1.   Background

The Sphere Project is an attempt by the operational agencies of the international humanitarian community to define common standards for the provision of assistance in a spirit of quality and accountability. But Sphere is not just a manual of humanitarian good practice. It is a statement about rights and duties and about the implications of the 'right to life with dignity' and a 'right to humanitarian assistance' for humanitarian practice.

It is these aspects of rights and duties that are covered by the Humanitarian Charter. It sets the role of humanitarian agencies in a wider framework of roles and responsibilities (see 2 below) and articulates the moral and legal basis for the standards that follow. It is based on the belief that the provision of international humanitarian assistance and protection is not simply a charitable act or an expression of solidarity, but an obligation whose origins lie in the principle of humanity and the related humanitarian imperative. We all share a moral duty to assist those affected by disaster and armed conflict, and that duty is reflected (though not always clearly stated) in national and international law and practice.
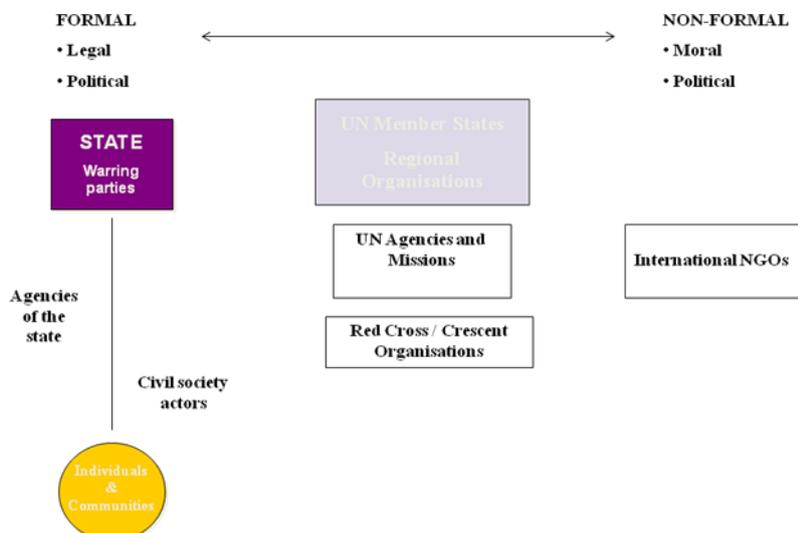
The Charter is a statement of shared belief by those humanitarian agencies that endorse Sphere and make a commitment to the Sphere 'Minimum Standards'. They recognize that working towards reaching these standards will depend on a number of factors (like the political situation) that are beyond their control and their responsibility. But the Charter insists that the humanitarian imperative comes first and that in any given situation, the role of humanitarian agencies may be essential for the protection of life and dignity. Therefore, the Charter insists on respect for the necessary 'humanitarian space' so that this role can be played effectively.

2.   Conceptual framework for the Humanitarian Charter

The role of humanitarian agencies must be understood within a wider framework of social, political, legal and moral relationships. In legal terms – national sovereignty, international law – the crisis-affected state and its people are at the centre of this wider framework. But the Charter begins with the social ties that bind people together and move them to assist their neighbours in times of crisis. The role of civil society institutions is often crucial, and the Charter argues that assistance is best delivered and received where there is a combination of voluntary and official action.

International humanitarian agencies must build on existing capacities and roles: of the affected populations and the relevant governing authorities. Agencies must also respect the existing relationship of rights and duties between disaster victims and governing authorities in a given context.

The following diagram illustrates the basic conceptual framework on which both the original and the new Humanitarian Charter are based:

Legally speaking, the primary relationship is that (on the left-hand side of the diagramme) between the individual rights-holders and the state as the duty-bearer. The actors in the middle of the diagram have the mandate to protect and assist, based on international agreements, legal instruments or international humanitarian law. The doctrine of state sovereignty means that, in practice, almost all intervention by these bodies is at the request of or at least with the consent of the government of the state in question.

International non-governmental organizations (NGOs), for their part, have no formal rights or responsibilities in international law other than the right to offer assistance. The state has an obligation to provide humanitarian assistance – and if it cannot (or will not), it is obliged to allow others to do so. But ultimately, the basis for engagement by non-governmental agencies remains a moral rather than a legal one.

3.   Why the need for a revised Charter?

The main reasons for revising the Charter (for the first time since 1998) are developments in thinking, practice and law over the past 12 years and the need to capture the current consensus on humanitarian action. The main developments have been:
-    greater emphasis on the role of the crisis-affected state;
-    greater recognition of the role of crisis-affected communities themselves as humanitarian actors. These views were shaped in particular by the Asian Tsunami of 2004, the Pakistan/Kashmir earthquake of 2005, Cyclone Nargis in Myanmar (2008), and the Szechuan earthquake in China (2008);
-    growing engagement of humanitarian agencies in the protection of civilians in conflict-related crises. This engagement needed to be based more solidly on the relevant legal frameworks;
-    a growing body of norms and practice around internally displaced people and continuing concern with refugee protection.

On a more structural level, there was the need to:
-    reinforce the link between the Charter and the following standards, while ensuring the Charter's readability as a stand-alone document;
-    make the text more easily understandable;
-    clarify the definition and use of the principles included in the Charter.

4.   What is new in the Humanitarian Charter?

a.   Clearer focus on the moral and legal basis for the Sphere Standards

While the basic concepts and a lot of the language from the original Charter are retained in the new Charter, the moral and legal basis for humanitarian action and for the Sphere Standards is more clearly articulated.

The Charter is based on both ethical and legal foundations and refers to 'moral and legal rights'.

Moral foundation and overarching 'moral duty':

> *The principle of humanity* is the basis for *the humanitarian imperative*

The **moral principle of *humanity*** (as defined in the text) is the primary source and motive for humanitarian action, to be both universally shared and universally applicable. This principle is also reflected in the Red Cross and Red Crescent Movement's 'Fundamental Principles', which have been adapted by many other humanitarian actors for their own use.

The Charter considers the principle of humanity to be even more fundamental than the international legal principles cited, which in many ways derive from it. This **interplay between the legal and moral is a feature of the Charter**, and the distinction and connection between the two are now made clearer. In particular, it establishes that the Common Principles it articulates are not found as such in international law, but are based on an amalgam of legal and moral elements and have a strong basis in both. In that sense, the document is **aspirational and a statement of belief rather than a straightforward statement of legal norms**.

This strong moral element remains the bedrock of **humanitarianism**. The Charter thus presents a consensus around minimum moral and legal principles, providing a normative backdrop to the more practical minimum standards that follow.

> *The right to life with dignity* <u>is the basis for</u> *the right to humanitarian assistance + right to protection and security*

Legal foundation

The current Charter includes a companion resource, 'Key Documents that Inform the Sphere Humanitarian Charter' (Annex 1 of the Handbook). The authors felt that the previous list of 'Sources' did not constitute a sufficient resource for trainers and others who wanted to gain a better understanding of the legal and policy basis of the Charter. The companion resource includes important policy and 'soft law' developments in the field of humanitarian action, as well as new developments in international treaty law. Even so, this list is selective and concentrates on the universal human rights and vulnerabilities most associated with disaster response.

b. Who is the 'we' that speaks through the Charter?

In the first paragraph, the subject of the Charter – 'we the humanitarian agencies' – is now defined as being composed of **'local, national and international agencies'**, based on the understanding that Sphere is intended to be global in application and that its users include local and national agencies as well as international ones.

Non-traditional actors: The term 'agency' is intended to cover those organizations which have *as a primary purpose* the provision of humanitarian assistance. On this basis, the term could include governmental institutions and donor bodies (bilateral and multilateral) as well as UN and non-governmental agencies. It would not include military or private sector actors who might undertake humanitarian assistance activities as an adjunct to their primary purpose. *Agency* is used here in both a specialized sense and in its more literal sense of 'working on behalf of another'.

Universal significance of the Common Principles: Although 'we the agencies' are the subject of the Charter (that is, the parties making the explicit commitment), the Common Principles are intended as a statement of universal principle to which all could and should subscribe.

c. Key terms

Some of the key terms have changed. The Charter now uses:

- **'Conflict'** instead of 'armed conflict', given that the definition of the latter in international humanitarian law entails a specific level of violence and other conditions. The intention is to refer to *any* situation of violent conflict or forcible repression.

- **'(Common) principles'**, which refer to the various legal and moral principles, including rights and duties. Although the term 'common principles' in this context could be confused with the 'fundamental principles' of the Red Cross, the authors of the Charter considered that using principles in a wider sense in the Charter was both necessary and justified. While the Red Cross principles are for the most part principles of action by humanitarian agencies, a wider body of humanitarian principles govern not only what agencies do but the actions of states, non-state actors and indeed all members of society. These include the basic principles that underpin the Geneva Conventions, such as the requirement to observe the distinction between civilians and combatants and the prohibitions on the use of certain kinds of inhumane weapons. The authors feel that leaving these outside the 'humanitarian principles' would imply that the latter are solely about what *we* do as agencies, rather than about the wider rules governing decent human conduct. As we know, much of the need for humanitarian assistance and protection flows from the failure to observe these wider principles. Some of the basic tenets of human rights and refugee law fall in this same category, as does the moral principle of humanity and the humanitarian imperative that flows from it.

  The Charter talks of common or core principles and then lists a set of rights. Is this confusing? Should 'principles' and 'rights' be distinguished? Partly for the reasons given above, the authors chose not to do so. The Charter understands *principles* to be the primary yardstick by which actions should be informed and judged. According to this thinking, there is thus no reason why the right to humanitarian assistance, for example, should not be such a principle. Indeed, given the rights basis of Sphere as a whole, it seems appropriate that the three core rights articulated in the Charter should head the list of principles.

- **'Non-partisan'** rather than 'neutral' in paragraph 3 (*We call upon all state and non-state actors to respect the impartial, independent and non-partisan role of humanitarian agencies...*). This change was made because:

  o not everyone subscribes to the principle of neutrality;
  o 'neutrality' has a number of different interpretations;
  o the term 'non-partisan' echoes the usage in the Red Cross/NGO Code of Conduct and seems to encapsulate the non-contentious aspects of the concept of neutrality – i.e., not taking sides between warring parties.

d. The 'Our Commitment' section

This section has been substantially revised in order to adapt it to changes made in the Sphere Core Standards. This part of the Charter, and in particular paragraph 13, **lays the ground for the Core and technical standards.** It involves the *commitment to 'make every effort' to ensure that people affected by disasters and armed conflicts have access to at least the minimum requirements for life with dignity and security.* This section also recognizes that there are **limiting factors beyond the control of agencies**. This limitation is recognized throughout the Charter and minimum standards and particularly in relation to **protection**, where the ability of agencies to ensure the security of affected populations may be extremely limited. On this point, see also the 'What is Sphere?' section.

5. What is not in the Charter?

Topics that are either not included or only receive brief reference include justice, disaster prevention, environmental and civil-military issues. Some of these are covered elsewhere in Sphere (civil-military relations are in Core Standard 2). Others, including justice and prevention, were felt to be beyond the ambit of Sphere. For further explanation of this, please see the 'What is Sphere?' chapter.

6. Implications of the Charter for practitioners

By its nature, the Charter is more a statement of principles than a guide to action. The Charter:

- sets the basis for the Protection Principles section that follows, as well as for the Core and Minimum Standards;
- provides the core statement of accountability for delivery against the Sphere Standards without spelling out any accountability mechanism, due to lack of consensus on this issue;
- together with the Protection Principles and the standards, provides a basis on which agencies can reasonably be held to account for their actions. As such it should be seen as *integral* to Sphere, not just as an introductory chapter to the standards;
- is intended as the foundation for any intervention on humanitarian grounds;
- helps guide decisions about roles and responsibilities and provides a basis for humanitarian advocacy. The content relating to the role of the state and of civil society – and the call to non-humanitarian actors to adopt the Charter's principles – can provide a basis for dialogue and consensus with a range of actors as to their respective roles and responsibilities. In that sense, it is intended to help locate international humanitarian action in a much wider frame of reference.

Protection Principles (new addition to the 2011 edition)

The Protection Principles constitute a completely new chapter in the Sphere Handbook. Instead of comparing old and new editions, this document provides some background thinking on protection and the rationale for including it in the Handbook.

1.   Background

The Sphere Project was born out of a desire to ensure better quality and stronger accountability in the delivery of humanitarian response. This aim was primarily motivated by a number of critical changes in the humanitarian world in the 1990s.

Firstly, as part of the 'New World Order' following the fall of the Berlin wall, the international community believed it could address human suffering resulting from gross human right violations. A number of 'humanitarian' military interventions followed. Eventually, armies became involved in the delivery of aid, many development NGOs became operational in humanitarian crises, and new departments in government ministries or international institutions were set up to coordinate or fund humanitarian response.

But delivering humanitarian response or intervening in internal armed conflicts turned out to be extremely complicated. In the Rwandan genocide in 1994, unprecedented numbers of humanitarian agencies and international forces delivered humanitarian aid. But coordination was weak and the quality of the efforts mixed. A multi-donor evaluation concluded that there had been 'unnecessary deaths'. In other words, had humanitarian agencies done a better job, more lives would have been saved. This conclusion was a major accelerator for developing the Sphere Standards.

Secondly, a global discussion started regarding the roles and responsibilities of humanitarian organizations in the protection of people affected by disasters and wars. This included the UNHCR, NGOs and the ICRC. They sought a definition of protection and attempted to develop professional protection standards, which turned out to be a lengthy process. Ten years later, such standards exist, and understanding our role and responsibilities in protection has been part of the process of professionalization in the humanitarian sector. Until recently, protection expertise was largely confined to the mandated agencies: UNHCR and ICRC. There was as yet no broad experience in integrating the protection of rights into humanitarian response. This broad experience does exist today, which is why four protection principles were incorporated into the 2011 Handbook edition.

2.   How are the two aspects of protection reflected in the Sphere Handbook?

On the one hand, protection is a very broad, all-encompassing concept and, on the other, a set of specific activities. The Sphere Project had to come up with its own understanding of what protection means within its own scope and, thereby, had to make the choice between creating a technical chapter on protection activities or an over-arching text supporting all humanitarian activities, be they specifically focused on protection or not.

The result in the Sphere Handbook addresses both aspects of protection. Principles 1 and 2 are very broad and will apply to all humanitarian agencies. Principles 3 and 4 may require some protection-specific actions. Agencies not engaged in *protection-specific* actions should still be aware of these principles and integrate them into their advocacy work where possible.

As a whole, the four Protection Principles are an essential component of humanitarian work. Therefore, every humanitarian agency should follow the Protection Principles, in the same way as they incorporate the Core Standards into their work. The Sphere Protection Principles highlight general protection concerns. More specific aspects of protection (for example, protection of a specific group) can be developed from there.

3.   The four Protection Principles

The diagram contains:

Humanitarian Charter

Protection Principles

Principle 1 — Avoid exposing people to further harm as a result of your actions

Principle 2 — Ensure people's access to impartial assistance

Principle 3 — Protect people from physical and psychological harm due to violence or coercion

Principle 4 — Assist with rights claims, access to remedies and recovery from abuse

References and further reading

a.   Why protection *principles*?

The Protection Principles are based on the fact that the state has the primary (legal) responsibility in the protection of people affected by disaster and armed conflict. Humanitarian agencies need to work on protection when states are unable or unwilling to protect their population. And much of the protection work that humanitarian agencies do in fact is to advocate and promote for those who have the legal mandate to protect the population to discharge these responsibilities.

Humanitarian assistance and protection are intertwined: as a humanitarian worker, you cannot carry out your duties without keeping an eye on the rights of the affected population. Non-discrimination, ensuring that those most in need receive the aid first, is a fundamental principle in humanitarian response.

b.   Links with Humanitarian Charter and Core Standards

The Protection Principles are a practical expression of the right to protection introduced in the Humanitarian Charter. The Humanitarian Charter, the Protection Principles and the Core Standards have to be read together. Furthermore, some important protection aspects are also included in the Core Standards. The Protection Principles are a practical expression of the right to protection (Core Principle 2 in the Humanitarian Charter).

4.   Links with other protection standards and guidelines

Given their global character, the Sphere Protection Principles are complementary to the professional protection standards, such as those developed by ICRC, which are directed at agencies explicitly mandated or stating that they undertake protection activities. The Sphere principles on protection are for all humanitarian agencies. Protection is an essential component of humanitarian work.

Core Standards

1.   Background

The Core Standards (previously the "Minimum Standards common to all chapters") are also called the "people and processes standards". They describe processes that are essential to achieving all the Sphere Minimum Standards. They are a practical expression of affected people's right to assistance that supports life with dignity.

2.   What is new in the revised Core Standards?

See p 52 of the Sphere Handbook

The Core Standards chapter has been substantially revised in terms of structure as well as content.

Structural changes:

In comparison to the structure of the "Common Standards" (2004 edition), the Core Standards do not closely follow the project management cycle. There was consensus that it is difficult to reflect current best practices for integral approaches like coordination and a people-centred focus within a project management cycle structure, or at least that it is difficult to do so without considerable repetition within each standard.

Content changes:

The Core Standards are situated more explicitly within the accountability tools available to the sector, providing links and internal coherence with major initiatives such as People In Aid, the Quality Compas, the Emergency Capacity-Building Project (ECB) and the Humanitarian Accountabiity Partnership (HAP).

The Core Standards reflect general developments in the humanitarian sector approach and changes in the working context of humanitarian response. Concretely, they reflect recognition that:

-   the humanitarian response should support the **capacity** of the people affected by disaster rather than disempower them through a non-participatory, externally led, intervention;

-   because of an increasingly complex humanitarian response environment, often with large numbers of aid agencies, increasing information demands and a diversification of actors involved (such as, for example, the military), there is an essential need to **coordinate** with other aid agencies (and other actors such as

the private sector) and to better understand the social, environmental, political and cultural **context** in which the response takes place;

- disasters impact on people's psychosocial condition; it is therefore important to address **psychosocial needs** within the humanitarian response. The Core Standards address people's social and emotional well-being and their potential to help themselves, and recognize the importance of respecting and designing the response for a life with dignity;

- opportunities to **reduce the risk** to people from future hazards during a response and to use emergency response to **reduce vulnerability and enhance capacities** need to be mentioned. This is critical in a context of increasing evidence of environmental degradation and the impact of climate change.

Overall, the standards feature more emphasis on **cross-cutting themes**, in particular psychosocial approaches, the older people and the disabled, risk reduction and early recovery. They are more sensitive to conflict situations – in response to perceptions that the 2004 edition was overly focused on natural disasters.

The 2004 standards' attention to **vulnerability** has been strengthened; this edition underlines the importance of recognising capacity as well as vulnerability, and of understanding vulnerability in conjunction with an analysis of context.

The **Assessment Standard** has built on the 2004 version, laying more emphasis on assessing the immediate and wider context, the capacity of affected people and states to respond and the psychosocial impact of crisis. Assessment phasing (for example, going progressively deeper to seek information as time permits) also gets more emphasis. The 2004 Response Standard has been expanded to include Design, reflecting the importance of careful use of assessment and emerging data. The standard explains the need for continual re-appraisal of project approaches in a changing and volatile context where needs are likely to change over time and new opportunities for risk reduction may be identified. The 2004 Targeting Standard has been incorporated into the other standards, particularly Standards 1, 3 and 4, to reflect its cross-cutting nature and avoid repetition.

This chapter has **two new standards**: People-Centred Humanitarian Response, and Coordination. The former builds on the Participation Standard of 2004, but goes further and emphasises community self-help, explicit support to community networks and projects and the need to include individual and community action in the process of response and recovery. The newly created Coordination Standard responds to the need for collaboration, information-sharing and joint accountability with other agencies in order to promote an effective response. The current demand for effective coordination reflects the growing presence of non-humanitarian actors (such as the military and private sector) in humanitarian response.

Monitoring and Evaluation (separate standards in 2004) have been combined into one Performance, Transparency and Learning Standard. This reflects current thinking, which takes a more integrated view of accountability approaches. The new standard expresses a broader understanding of performance (that, for example, includes quality assurance, organizational and management performance) and includes an emphasis on the use of the findings. With the increasing focus on transparency in the sector, this element is emphasized and integrated into performance in this edition.

The two **Aid Worker Standards** of the 2004 edition have also been combined. The new standard acknowledges the inherent role of the sending organization in enabling effective aid worker performance, hence incorporating organizational responsibilities within the standards set for aid workers themselves.

Minimum Standards in Water Supply, Sanitation and Hygiene Promotion

1.   **Background and new developments in the WASH sector**

The WASH cluster approach to emergency response: The introduction of the cluster approach is one of the significant changes in the WASH sector, bringing in important initiatives on coordination, accountability, management of programming and quality of programme delivery to enhance the quality and effectiveness of humanitarian response.
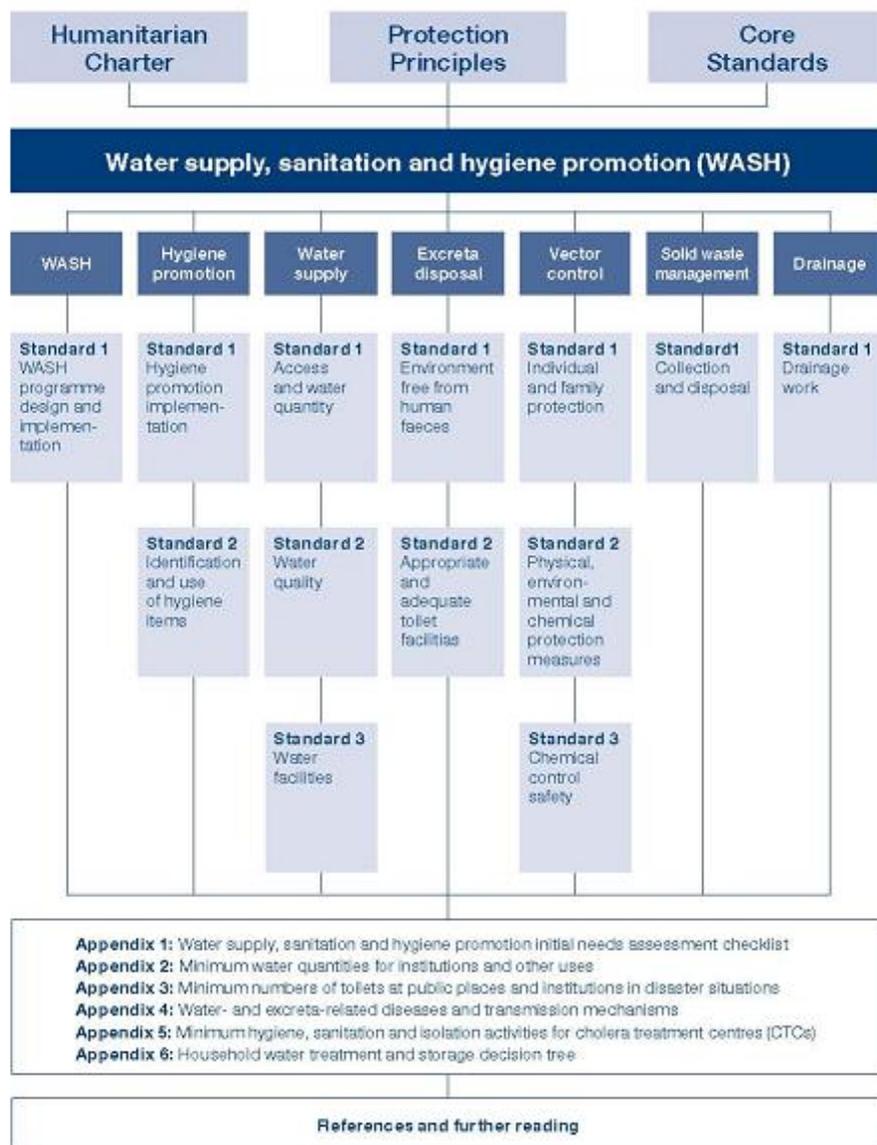
All the WASH cluster approach initiatives to strengthen system-wide preparedness, coordination and technical quality have been integrated into the Handbook's revised WASH chapter. WASH survey tools – including the Rapid Assessment, Comprehensive Assessment and Monitoring tools developed by the cluster approach – have been referred to and used to improve the tools previously provided in the 2004 Handbook.

Implementation/use of water treatment at household level (Point of Use Water Treatment-PoUWT):
Since the publication of the 2004 Sphere Handbook, various water treatment approaches at household level – consisting of chlorine-based chemical disinfection (in tablet and solution form), combined flocculation and disinfecting chemicals in sachet forms, household-level slow sand filtration (including ceramic or traditional pot filters) boiling and SODIS solar disinfection – have been emphasized and frequently used in emergency humanitarian response. In order to adequately cover these varied response approaches on the ground and the minimum standards and guidelines in water treatment at household level in the Handbook, the revised WASH chapter now explains these approaches and their application and mentions that appropriate training is required before particular household water treatment systems are introduced during an emergency response.

The Water Safety Plan (WSP): The Water Safety Plan is not entirely new for the WASH sector, but it was usually considered useful only for long-term water supply and, therefore, was not addressed in the 2004 Handbook. However, it is important to consistently ensure the safety of drinking water from source through to consumer; risk assessment/management of water sources is always important; WSP is therefore briefly dealt with now in the revised Handbook (along with sanitary survey) under the guidance notes on Water quality standard 2, and reference materials are provided.

2.   What is new in the revised WASH chapter?

Humanitarian Charter	Protection Principles	Core Standards

Water supply, sanitation and hygiene promotion (WASH)

WASH	Hygiene promotion	Water supply	Excreta disposal	Vector control	Solid waste management	Drainage
Standard 1 WASH programme design and implementation	Standard 1 Hygiene promotion implementation	Standard 1 Access and water quantity	Standard 1 Environment free from human faeces	Standard 1 Individual and family protection	Standard1 Collection and disposal	Standard 1 Drainage work
	Standard 2 Identification and use of hygiene items	Standard 2 Water quality	Standard 2 Appropriate and adequate toilet facilities	Standard 2 Physical, environmental and chemical protection measures		
		Standard 3 Water facilities		Standard 3 Chemical control safety		

Appendix 1: Water supply, sanitation and hygiene promotion initial needs assessment checklist
Appendix 2: Minimum water quantities for institutions and other uses
Appendix 3: Minimum numbers of toilets at public places and institutions in disaster situations
Appendix 4: Water- and excreta-related diseases and transmission mechanisms
Appendix 5: Minimum hygiene, sanitation and isolation activities for cholera treatment centres (CTCs)
Appendix 6: Household water treatment and storage decision tree

References and further reading

See p 82 of the Sphere Handbook

The WASH chapter stresses the importance and integral nature of hygiene promotion to all of the chapter sections. The main aim is to encourage a more holistic approach to WASH programming and to lay down an integrated mechanism for the promotion of hygiene (the software component) and the provision of water and sanitation facilities (the hardware component). The aim of promoting good personal and environmental hygiene to protect the affected communities' health will thus be attained. This is clearly presented in the "Hygiene improvement in emergencies" diagram, which shows how linking environment, hygiene promotion and access to hardware facilities will promote the ultimate outcome of WASH disease prevention.

Hygiene promotion standard 2: identification and use of hygiene items. This standard, included in the 2004 Handbook chapter on shelter (under hygiene non-food items) was transferred to the WASH chapter as this standard is highly relevant to WASH and the hygiene promotion aspect of programming.

The guidance notes of relevant sections have been substantially edited, in particular:

- **Water supply section:** Water quality standard 2 has two new guidance notes:
  - Household–level water treatment
  - Point of Use Water Treatment (PoUWT) using chlorine

- **Excreta disposal section:** The two standards in this section have been revised to denote
  - An environment free from human faeces
  - Appropriate and adequate toilet facilities
  - Regarding toilets for difficult environment (such as in floods and high water table situations), various excreta containment methods are discussed, including the use of temporary plastic disposable bags

- **Solid-waste management section:** The management of dead bodies is addressed in the guidance notes with the inclusion of references**.**

Appendices:

The appendices are substantially improved, and new appendices have been added:

- **Appendix 1** (Water supply, sanitation and hygiene promotion initial assessment): the checklist has been substantially improved to cover hygiene promotion

- **New Appendix 5** (Minimum hygiene, sanitation and isolation activities for cholera treatment centres (CTCs)): this new appendix will assist practitioners at field level, given the importance of cholera prevention and treatment for a WASH response in emergencies.

- **New Appendix 6** (Household water treatment and storage decision tree): this new addition will help field workers to make quick decisions on the use of household-level water treatment.

Finally, as in the other technical chapters, **the cross-cutting themes** are more strongly mainstreamed, the need to refer to the **Humanitarian Charter, the Protection Principles and the Core Standards** for all humanitarian work done is emphasised and cross-referencing is improved.

3.   Expected consequences of the changes for practitioners

The most important consequence will be a more holistic approach towards the "software" (hygiene promotion) and "hardware" aspects of WASH programming. With the inclusion of the WASH section, it is expected that WASH engineers and WASH hygiene promoters will work more closely as one team in order to successfully address the public health needs of disaster-affected communities during emergencies.

Water treatment at household level as well as the recent development of safe excreta disposal mechanisms such as the use of Urine Diversion (UD) toilets and disposable bags in emergencies are now options covered in the Handbook.
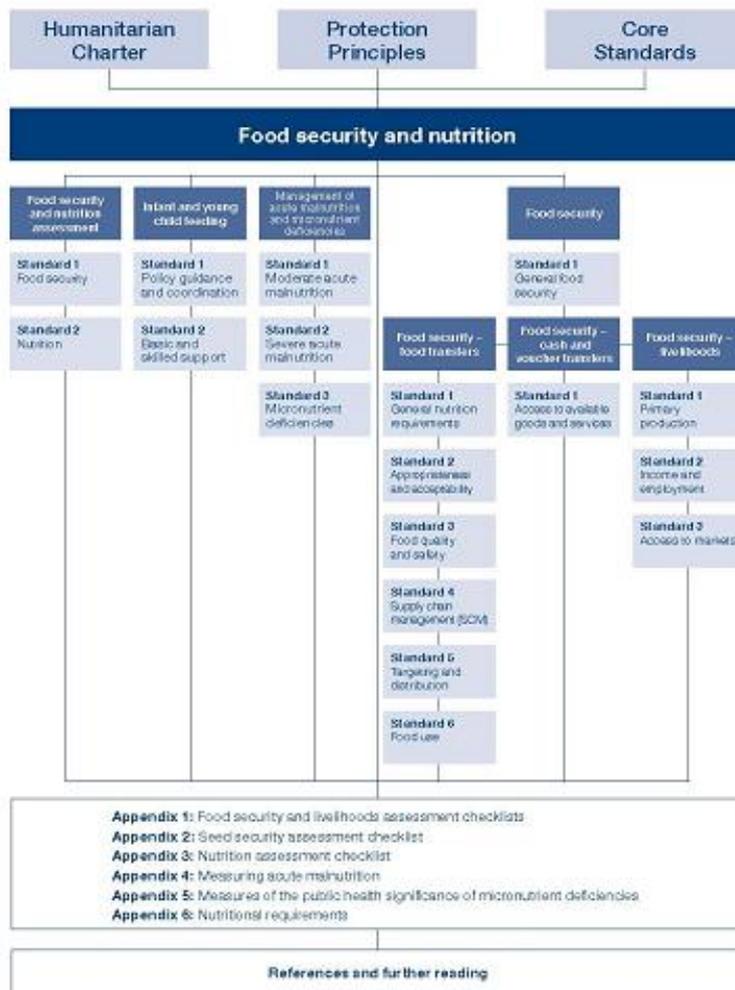
The new appendices and references will undoubtedly provide more information and widen the views and horizons of WASH practitioners in the field.

Minimum Standards in Food Security and Nutrition

1.   Background

Over recent years, the scale and significance of hunger and poverty have become ever more apparent. Large-scale complex emergencies in the context of a global financial crisis, dramatic hikes in basic food prices and increasingly protracted crises have all called for clear recognition of poverty as a significant underlying cause of under-nutrition and spotlighted the need to strive to attain Millennium Development Goal 1, reduction of poverty and hunger.

2.   What is new in the revised food security and nutrition standards?

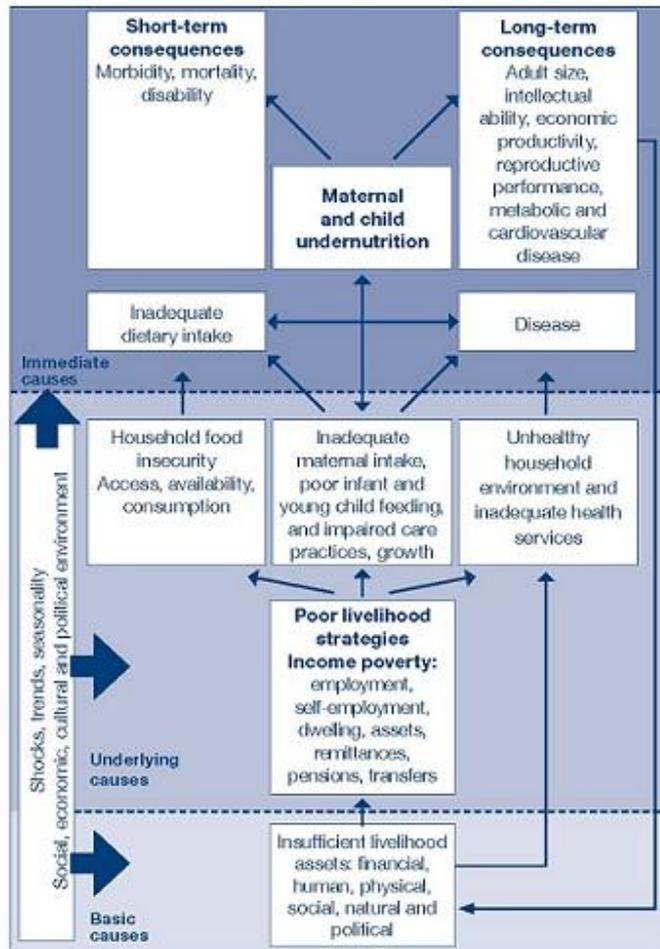**See table p 142 of the Sphere Handbook**

What is new in the chapter introduction:
The introduction discusses in greater detail the **obligations of states** to respect the right to food and to protect and fulfill access to food.

A more coordinated conceptual approach to food security, nutrition and poverty:

The chapter has been restructured to reflect and promote a more integrated approach to the prevention and treatment of malnutrition and sustaining livelihoods in emergencies. Central to this is the **conceptual framework of the causes of under-nutrition** (p. 146 of the English edition). The framework identifies poverty as an underlying cause of under-nutrition, relates poverty and under-nutrition to mothers and children, and details the short- and long-term consequences of under-nutrition.

Conceptual framework of the causes of undernutrition

Short-term consequences Morbidity, mortality, disability		**Long-term consequences** Adult size, intellectual ability, economic productivity, reproductive performance, metabolic and cardiovascular disease
	Maternal and child undernutrition	
Inadequate dietary intake		Disease

Immediate causes

Household food insecurity Access, availability, consumption	Inadequate maternal intake, poor infant and young child feeding, and impaired care practices, growth	Unhealthy household environment and inadequate health services

Poor livelihood strategies Income poverty: employment, self-employment, dwelling, assets, remittances, pensions, transfers

Underlying causes

Insufficient livelihood assets: financial, human, physical, social, natural and political

Basic causes

Shocks, trends, seasonality

Social, economic, cultural and political environment

See p 146 of the Sphere Handbook

This conceptual framework underpins the entire food security and nutrition chapter. In the 2004 Handbook edition, the framework provided an introduction to malnutrition *within* the nutrition component. Recognising that *all* areas covered in this chapter as well as many others dealt with in the three other technical chapters lie within this conceptual framework, the authors brought it forward in the chapter as a base upon which to promote coordination and an integrated response to crises.

A number of key definitions have been updated, such as "food security", "livelihoods" and "(mal)nutrition". The food security section places greater emphasis on livelihoods as the framework through which food security is analysed.

A large number of new tools and standards developed in recent years within the food security and nutrition sector are integrated and can be found in the References section at the end of the chapter.

The standards have been restructured to help practitioners to more easily find the appropriate ones.

What is new per section:

Section 1: Food security - assessment and analysis

These standards encourage joint assessment with all sectors at the initial stages of an emergency, and consideration of integrated in-depth assessments where appropriate. They refer more often to the "pillars" of food security, with stronger focus on local "systems" and market analysis as key elements to assess, as well as on food consumption indicators and coping strategies. This edition also includes meaningful and practicable indicators of food diversity.

The text on nutrition assessment emphasises the importance of going beyond anthropometric surveys, and refers to the conceptual framework (see above) as a basis on which to assess both the extent and the underlying causes of under-nutrition. Assessment checklists in the appendices have been updated to reflect this. When covering anthropometric surveys, reference has been made to the SMART methodology, an internationally recognised standardised methodology for anthropometric and mortality surveys.

For more coherence between assessment and implementation, additional insights for response analysis are included, focusing on the possibility of different ways to transfer goods to disaster-affected populations (cash versus in-kind transfers or a combination of both).

Section 2: Infant and young child feeding

Two new standards on infant and young child feeding have been included. Infant and young child feeding (IYCF) is often not prioritised during rapid onset emergencies. Careful attention to infant and young child feeding and support for good practice can save lives. Preserving breastfeeding in particular is important not just for the duration of any emergency, but has lifelong impacts on child health and on women's future feeding decisions. Bearing this in mind, the 2011 version emphasises IYCF as a priority in emergencies and reflects the policy and coordination activities and basic and skilled levels of interventions to be considered in emergencies.

Section 3: Management of acute malnutrition and micronutrient deficiencies

This section emphasises management rather than only treatment of malnutrition, and the importance of prevention as a component of this. For the definition of malnutrition, the 2011 Handbook edition has adopted the WHO standards, based on the WHO Multicentre Growth Reference Study and middle-upper arm circumference (MUAC) as admission criteria for programmes treating acute malnutrition.

Section 4: Food security – general food security

The general food security minimum standard is now stronger due to its new position in the Handbook, overarching the three subsequent minimum standards: food transfers, cash and vouchers and livelihoods.

Prioritizing life-saving responses remains the "raison d'être" of this standard. Ensuring adequate food consumption is the most common objective in acute food insecurity. The most efficient transfer (in-kind, cash and a combination of both) is introduced here and linked with new references to market analysis (EMMA, MIFIRA)[1].

Good practice standards, guidelines and evaluations all emphasise the importance of including markets in preparedness, emergency situation and response analysis. However in practice, emergency practitioners have often overlooked the potential and actual role of markets in emergency and early recovery responses. This may be due to uncertainty on how to understand or work with traders and other market actors in an emergency setting, and unfamiliarity with the private sector.

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[1] EMMA is the Emergency Market Mapping and Analysis Toolkit. It has been designed to assist front-line humanitarian staff in sudden-onset emergencies to better understand and make use of market systems within the first few weeks of the emergency and the early days of the response.

The Market Information and Food Insecurity Response Analysis (MIFIRA) tool is a framework to evaluate the feasibility of supplementing food aid with cash or vouchers. MIFIRA is organized around two primary questions. First, are local markets functioning well? Second, if markets are not functioning well enough to supply aid, is there sufficient food available nearby to meet the shortfall?

Section 4a: Food security – food transfers

Food aid is now mostly treated in the sections "Food security - food transfers". The term "Food aid" can be considered to be replaced by "food transfers". People can gain access to food either by receiving one of three types of transfer, or a mixture thereof: in-kind food transfer, cash transfer or voucher transfer (please note that cash transfers and voucher transfers are not the same thing). The term "food assistance" covers all three types of transfer.

The *general nutrition requirements* minimum standard was previously included in the nutrition section, but has been moved to ensure that food transfers meet minimum requirements.

Appropriateness and acceptability guidance notes now specify that vulnerable people should participate in consultations on food choice, and recognise that choice of food commodities should also be influenced by people's ability to store food, and water requirements.

The *food quality and safety* minimum standard actively invites practitioners to consult beneficiaries about the quality of food distributed rather than note the absence of complaints, and is more specific on the quality of food labelling, transportation and storage.

The *supply chain management (SCM)* minimum standard recognises that even an efficient SCM needs effective targeting and distribution systems in order to ensure that food reaches intended beneficiaries. It also recognises that for food storage and preparation at community or household levels, it is important that all beneficiaries can use the food received. The guidance notes for this standard have been extensively updated with information on stimulating local markets through local purchase, avoiding the use of food for the payment of services, the logistics cluster, the importance of local language for documentation and information, and the rigorous vetting of service providers. The SCM logistics checklist (Appendix 8 in the 2004 Handbook) was not retained as it largely overlaps with the text in the SCM standard.

The *targeting and distribution* minimum standard refers to the importance of local consultation including with recipients and, in particular, with potentially vulnerable groups, for planning efficient and equitable distribution. The key indicators refer very clearly to the need to analyse vulnerability, to receive agreement from the affected population, to respect specific needs of certain groups of people, with a quantitative indicator introduced for distance and time to reach food distribution points.

The guidance notes to this standard have been substantially re-written and now include stronger reference to the need to consult people for targeting (to minimise exclusion and inclusion errors), on gathering accurate and detailed information for registration, distribution methods for dry and wet rations. The wider cultural and security environment is described for the choice of distribution points. There is more guidance on the dissemination of information and options to be considered if there is not enough food available for distribution.

The *food use* minimum standard, called "Food handling" in the 2004 Handbook edition, has been re-named because it relates more to food use than to handling. It is now placed after the "Targeting and distribution" standard.

The "Food hygiene" guidance note has additional text on community kitchens, which are frequently used in disaster response. The "Household items and fuel" guidance note is now the "Fuel, potable water and household items" guidance note, and the "Access to grinding mills" guidance note is now entitled "Access to food processing facilities".

Section 4b: Food security – cash and voucher transfers minimum standard[2]

This new standard is included in the food security section because the experience in cash and vouchers transfers has mostly been collected in the context of food assistance. It is important to note that cash and vouchers can be (and are already being) used for other sectoral interventions (WASH, shelter and non-food Items, as well as health). Its inclusion reflects growing recognition of the role that cash and vouchers can play in delivering effective, efficient humanitarian action and, most importantly, in improving the choice and dignity of disaster-affected populations.

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[2] The result of fruitful collaboration with the Cash Learning Partnership (CaLP)

There is growing recognition and interest in the humanitarian sector in the use of cash and voucher mechanisms where appropriate to improve programme effectiveness, dignity and choice for beneficiaries and to stimulate local economies and markets. Civil society, the Red Cross and Red Crescent Movement, UN agencies, NGOs and institutional humanitarian donors are all increasingly engaging in cash-and-vouchers-based programming.

The experience of humanitarian agencies and donors in responding to the needs of people affected by large-scale disasters such as the 2004 Asian tsunami and the 2005 Pakistan earthquake has highlighted the need to enhance capacity on cash transfer programmes, consolidate learning and coordination of cash transfer responses.[3]

More mainstreaming remains to be done and the use of cash transfers in other sectors (shelter, WASH, health) needs to be strengthened and better documented. Key principles on cash programming in humanitarian response are:

1. Cash is a tool (e.g., a means to support needy people), not a new sector in its own right
2. Cash gives choice and promotes dignity – it is often the preferred type of support for some recipients
3. In theory, cash can be faster, more reliable and more cost-effective than in-kind assistance
4. Cash is not appropriate in all contexts. Therefore good needs assessments and context analyses are crucial
5. Cash requires as much scrutiny as other modes of intervention (risks of diversion, corruption, security incidents, etc.)
6. To prevent cases of misuse, monitoring the impact is important
7. Monitoring markets is vital (prices, supply chain, access, etc.)
8. Cash can be combined with other in-kind items, e.g., food, seeds, etc.
9. Technical expertise is required as much (if not more) for cash as for distribution of other items such as food
10. Conditionality (i.e., attaching conditions to the cash transfers) should only be established if it benefits recipients

Section 4c: Food security – livelihoods:

Livelihoods are the means by which households obtain and maintain access to the resources necessary to ensure their immediate and long-term survival. These resources include financial capital (such as cash, credit, savings), physical resources (houses, machinery), natural resources (land, water), human resources (labour, skills), social resources (networks, norms) and political resources (influence, policy). Households use these assets to increase their ability to withstand shocks and to manage risks that threaten their lives. For people affected by disasters, the preservation, recovery and development of the resources necessary for their food security and future livelihoods should be a priority.

Whilst food transfers remain the main way of meeting basic food needs when disasters happen, agencies have increasingly implemented a range of food security and livelihoods programmes to help meet basic needs and reduce risks. These have included interventions that reduce expenditure, such as fuel-efficient stoves and grinding mills, and vouchers or grants to increase access to a range of goods or services, such as vouchers for milling or non-food items, cash for work on road rehabilitation or solid-waste disposal, and grants for basic needs or livelihood recovery.

The 2011 version of the Handbook includes references to new material to support primary production such as the Livestock Emergency Guideline and Standards (LEGS)[4] and the Seed Security Network (SADC).

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[3] This is captured in a study conducted by ODI in 2005 `Agencies could have made more use of cash in many sectors such as: emergency food and non-food assistance, unconditional cash grants soon after the disaster, assistance with providing shelter (assistance with rent, help for host families, or providing cash for building and repair direct to beneficiaries), and supporting livelihoods recovery (with cash provided for asset purchase and/or to cover start-up and initial running costs). Moreover, the tsunami experience and learning from it has highlighted many ways in which cash transfers could be more effective if designed and implemented differently'

[4] The LEGS minimum standards are Sphere companion standards. LEGS aims at improving the quality of livestock programmes in humanitarian disasters based on rights. It focuses on regions prone to repeated or large-scale disasters – rapid onset, slow onset, complex. It enables humanitarian actors to design and implement projects which help to protect and/or rebuild livestock assets.

3.   Expected consequences of the chapter revision for emergency practitioners

A very active consultative process has assured an evidence-based chapter which addresses both the prevention and treatment levels of response to under-nutrition in disaster settings. This chapter should support the planning and implementation of integrated programmes to address the prevention and treatment of under-nutrition through better preparedness, integrated assessment and quality interventions that meet the Sphere minimum standards.

The chapter should help meet the minimum nutrition needs of disaster-affected populations and ensure that they maintain their dignity by holding humanitarian actors, including donors, to account to the revised Sphere Minimum Standards. The food security and nutrition minimum standards will also directly facilitate the nutrition and food security clusters to achieve their mandate at global and national levels. It will serve as the ultimate set of shared standards of a broadened food security and nutrition partnership group, supporting strengthened system-wide preparedness and technical capacity to respond to humanitarian emergencies.
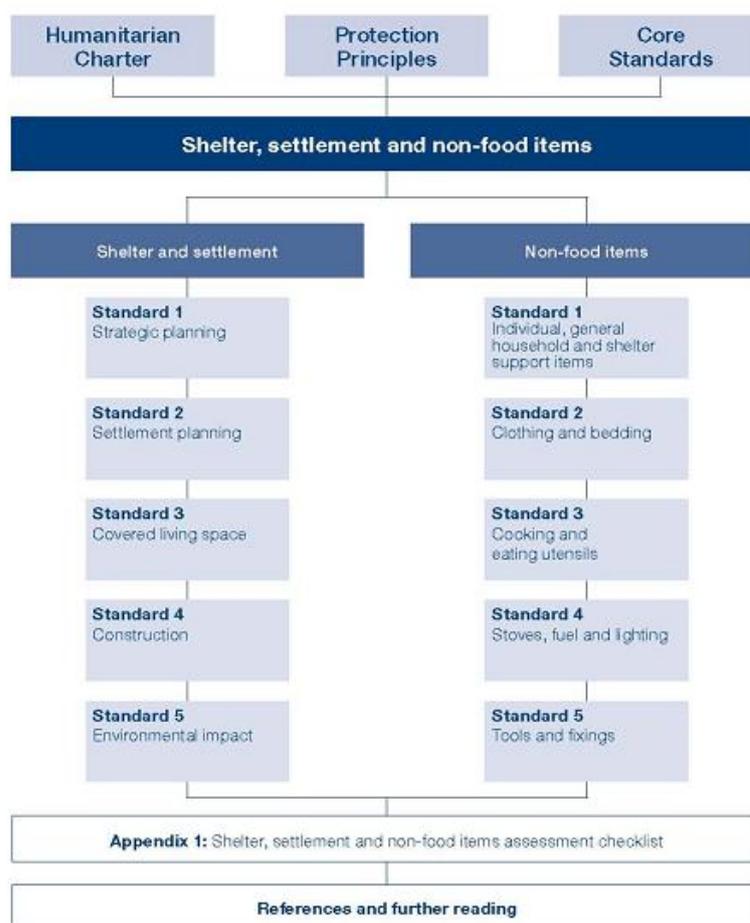
Minimum Standards in Shelter, Settlement and Non-Food Items

1. Background

The most significant sectoral development has been increasing recognition by field practitioners and decision-makers of a number of key factors that should inform humanitarian response. These include:

- The need to consider transitional and longer-term recovery/reconstruction issues during the initial or emergency response phase and, hence, the need for expanded guidance on these issues, plus restructuring and reprioritising of key actions to ensure informed decision-making by users, in the related Sphere chapters.
- Enhanced approaches to and understanding of interagency coordination, the need for strategic planning, the use of a wide range of programming options including cash, the integration of risk and vulnerability reduction as a key goal, and the "embedding" of cross-cutting issues in relation to individual responses.
- Access to non-food items or relief assistance as being far more than just distribution, and greater emphasis on the use of cash, vouchers and access to local markets.

2. What is new in the revised shelter, settlement and non-food items chapter?

See p 242 of the Sphere Handbook

Much of the content of the 2004 edition has been retained, albeit revised, edited and updated to reflect evolving practice since 2004. Given the inclusion of additional content, primarily related to enhanced coverage of cross-cutting issues and sector developments, some of the 2004 edition text – such as examples to aid understanding and application – has been cut.

Included in the introduction is a diagram outlining shelter and settlement options and response scenarios as they relate to **non-displaced** and **displaced populations** after disaster. Although in practical terms the shelter and non-food item needs may be the same for both populations after disaster, the settlement options are very different and will in turn impact on the type of shelter assistance to be provided.

The following standards have been merged and/or changed

- Under "Shelter and Settlement", "Physical planning" standard 2 has become "Settlement planning" to reflect its focus on space planning issues rather than the strategic issues covered by standard 1.
- Also under "Shelter and Settlement", the former "Design" standard has been merged within standard 3 "Covered area" and standard 4 "Construction".
- Under "Non-Food Items", a new standard 1 has been introduced to provide an overarching standard on ensuring access to relief items, including the provision of cash and vouchers and access to local markets.
- Under "Non-Food Items", the standard on personal hygiene has been moved to the "Water Supply, Sanitation and Hygiene Promotion" chapter.

The use of key actions as well as a limited number of key indicators has also enabled a major review, revision and reprioritisation of themes under these headings. A number of former key indicators have now been incorporated into the guidance notes to ensure that key actions reflect the major thematic issues to be addressed subject to context.

The thematic issues incorporated in the key actions and indicators also reflect developments in both the sector and in overall humanitarian action. New content primarily consists of new or expanded guidance on cross-cutting issues, both in the key actions and the guidance notes.

In the 2004 edition, promotion of livelihoods was less of a priority, with the focus primarily on response and not recovery/early recovery. In the 2011 edition, enabling early recovery is an explicit theme, with supporting guidance to match.

While Sphere is still primarily intended for the humanitarian response phase, the guidance given in the 2011 edition should also inform preparation for and recovery from disaster. Without significantly affecting content, this orientation has influenced the language and guidance on use of the content.

3. Expected consequences for practitioners

The revised chapter will promote greater alignment and consistency with current sectoral guidance, particularly complementary interagency guidance emerging from the shelter cluster. This in turn will promote a more consistent and coherent response.

The enhanced inclusion of the emerging range of programmatic approaches (e.g., use of cash and vouchers) and the higher profile of key cross-cutting issues will advance recognition that this is the accepted way of doing business.

The use of key actions provides a ready framework of best practices to inform the development of response strategies, as well as a checklist of issues to inform preparedness and recovery.

The chapter reflects the current "best practice" as recognised across the different geographical contexts and by different users.

Minimum Standards in Health Action

1.   Background

The Health Action chapter reflects changes in the context in which disaster-affected populations live.

The 2004 edition's health chapter was influenced by the health care needs of disaster-affected populations in camp settings. But increasingly, affected populations live in **non-camp settings** dispersed among local populations. At the same time, more disasters are happening in urban contexts. Hence the need to make the Sphere standards more relevant in urban contexts and emergencies in non-camp situations.

The cluster approach, introduced by the Humanitarian reform process, is intended to improve coordination outside of refugee situations. This has implications for the way health responses are coordinated and how health clusters lead agencies and partners work together.

Health system strengthening: There is increasing recognition of the need to support and/or strengthen local health systems while providing life-saving health services. Decisions made and actions taken in the initial phase of a disaster response have long-term consequences. Adopting a systemic approach during disaster response provides an opportunity for "building back better". In order to promote common understanding of what a health system is about and what it constitutes, the World Health Organization (WHO) in 2007 published a framework for health systems strengthening.

The emerging international consensus is that the health care cost recovery mechanisms known as **user fees**, introduced during the 1980s and 1990s, create financial barriers that prevent people, especially poor and vulnerable people who cannot afford to pay, from accessing health services. These practices are maintained during disasters in countries that have a national policy of user fees. In this regard, the Global Health Cluster produced a position paper on removing user fees for primary health care services during humanitarian crises (IASC Health Cluster, 24 March 2010).

Infectious diseases remain the major causes of excessive morbidity and mortality in populations affected by disasters, particularly in complex emergencies or natural disasters characterized by population displacement. We continue to see outbreaks of communicable diseases in many disaster situations (e.g., the recent cholera outbreak in Haiti).

The health of newborns needs more attention than it received in the 2004 edition. Although management of childhood illnesses is included under communicable diseases control, many argue that this is not adequate since 40% of child deaths concern newborn babies, whether in emergency or non-emergency situations. Addressing the health of newborns should thus be a priority during disaster response. A new section on child health has now been included in the Handbook.

The demographic and epidemiological profile of disaster-affected populations: The number of older people has been growing steadily worldwide owing to a general increase in life expectancy. With the ageing population, the disease profile of many countries including low- and middle-income countries is changing and chronic diseases are creating an extra burden on top of infectious diseases. In this context, acute complications and exacerbations of chronic diseases have become a common problem in many disasters.
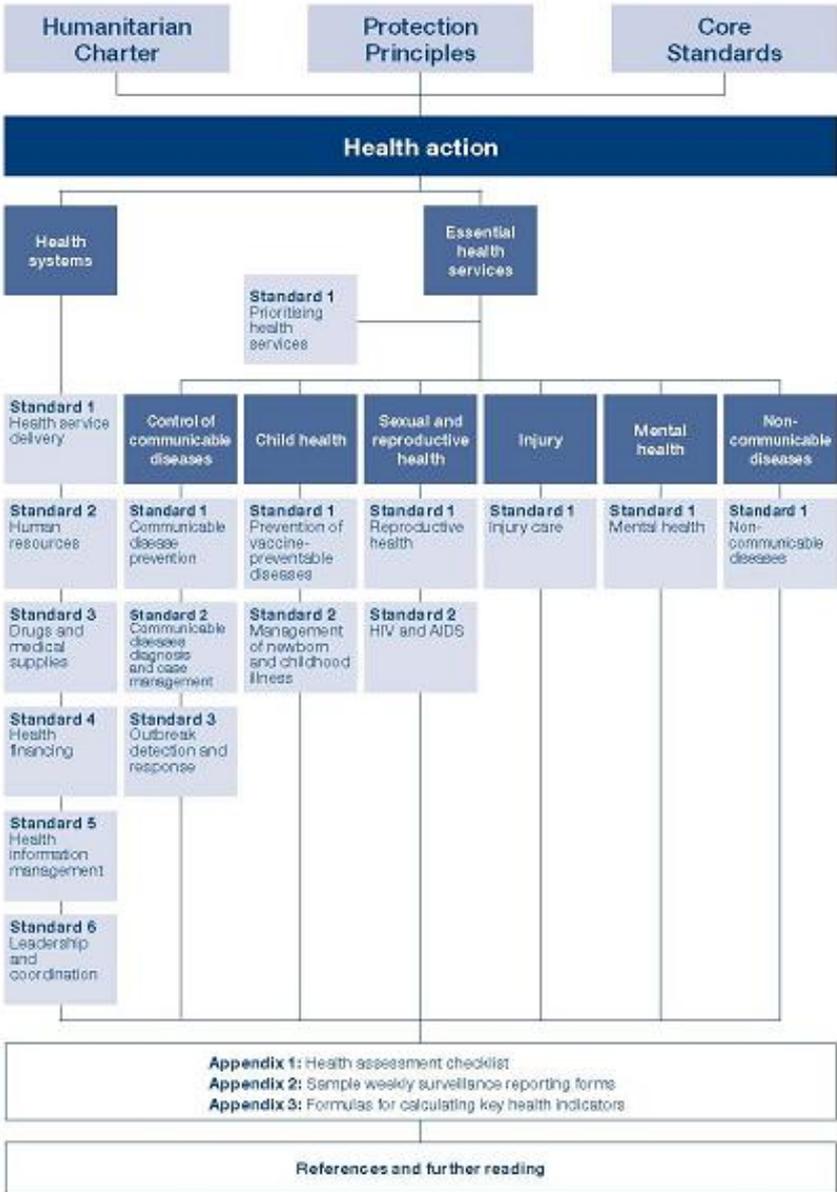
Mental and social health: The 2004 edition contained a standard on the mental and social aspects of health. This included eight social intervention indicators and four psychological/psychiatric intervention indicators. Although social interventions can be understood as contributing to "social health", many actors responsible for such interventions were uncomfortable with their inclusion in a section on health services. In the same way, many practitioners were unhappy with the listing of reproductive health and injury standards under non-communicable diseases. Both sets of interventions have been moved to other sections of the Handbook (see Essential Health Services section, below).

Anti-retroviral therapy (ART) can be provided in low-resource settings, including in disaster situations, as experience shows. Provision of such types of services was unthinkable when the 2004 edition was published.

Since 2004, a number of **technical guidelines and manuals** have been created and updated, including the Health Cluster guide, core indicators and position papers; the inter-agency field manual on "Reproductive Health in

Humanitarian Settings"; IASC guidelines for addressing HIV in humanitarian settings; IASC guidelines on mental health and psychosocial support in emergency settings and the WHO manual on communicable diseases control in emergencies. The 2011 Handbook edition draws on experiences and consensus gained through these inter-agency processes.

2.   What is new in the health action chapter?

See p 290 of the Sphere Handbook

The 2011 edition is organised into two main sections – **health systems** and **essential health services.**

The reasons for this change are two-fold: in the 2004 edition with the three main sections of *health systems and infrastructure*, *communicable diseases* and *non-communicable diseases*, standards such as reproductive health, injury and mental health were classified under *non-communicable diseases.* This was technically incorrect and politically inappropriate. All of the preventive and curative health services are now listed under essential health services and organized around common themes.

Overall, the 2011 edition contains 17 standards including four new standards on health systems: human resources, drugs and medical supplies, health financing, management of newborn and childhood illnesses.

Health systems section

The health systems section provides the reader with background information about health systems and the six building blocks as defined by WHO. Consistent with the WHO framework for health system strengthening, this section contains six standards on health service delivery, human resources, drugs and medical supplies, health financing, health information management, leadership and coordination. The adoption of the WHO health system framework will promote the use of a common framework for emergency response and recovery so that humanitarian response lays the foundation for the long-term recovery and sustainability of the health system.

- **Standard 1: Health service delivery** (re-named): To be consistent with the health system building blocks, the 2004 edition's standard on clinical services has been renamed "health services" and included under the health system section.

- **Standard 4: Health financing** (new): Reflecting on the financial barriers to accessing primary health care and the risks imposed by user fees in countries that have a national policy of such fees, the Health Financing Standard reflects the basic humanitarian principle that health services provided as humanitarian assistance should be free of charge.

Essential health services section

- The **Control of communicable diseases sub-section** retained three standards on communicable diseases prevention, diagnosis and case management, and outbreak detection and response; the standards on measles prevention and HIV/AIDS moved to child health and sexual and reproductive health sections, respectively.

  Control of communicable diseases standard 3: Outbreak detection and response (new) is a merger of the 2004 standards on outbreak preparedness and on outbreak detection, investigation and response.

- A sub-section on **child health** (new) has been created in order to provide adequate guidance on common causes of childhood illnesses and death. The sub-section contains two standards:
  - **prevention of vaccine-preventable diseases** (former standard on measles prevention, now not limited to measles prevention);
  - **management of newborn and childhood illness** (this new standard was introduced because 40% of child deaths occur in newborns, both in emergency and non-emergency situations).

- A new section on **Sexual and reproductive health** has been created containing two standards:
  - reproductive health;
  - HIV and AIDS (this standard was moved from communicable diseases to the sexual and reproductive health section).

- **Mental health and social aspects of health**: These aspects, formerly grouped under the 2004 edition's health chapter, are now covered in the health chapter, the Protection Principles and as a cross-cutting issue. The health chapter has retained a standard on mental health while the social aspects are now addressed as cross-cutting themes throughout the Handbook. In recognition of the cross-cutting nature of psychosocial support, it is also included in Protection Principle 3.

- Further guidance notes on **malaria and dengue prevention and control and pneumonia prevention** are included under the communicable diseases and child health sections.

- As the demographic and epidemiological transition continues, there is increasing evidence of acute complications from **chronic diseases** in disasters. As a result, the 2011 edition supports and encourages:
  - maintaining treatment for chronic diseases and avoiding its sudden discontinuation in an emergency;
  - ensuring treatment for people identified with acute complications and exacerbations of chronic diseases during an emergency that endangers their immediate health (e.g., severe hypertension to stroke);
  - identification and facilitation of referral options where relevant services for chronic disease are provided.

Some standards and content have been shifted:

The standards on **supporting national and local health systems** and **primary health care** (Health systems and infrastructure standards 2 and 4) have been replaced by three new standards on health systems: human resources, drug and medical supplies and health financing.

However, supporting national and local health systems and primary health care are basic principles that underpin health services delivery; they are therefore stressed throughout the health chapter.

It has also been recognized that **prioritizing health services** is not a health system building block as such; rather, it is an overarching principle in the delivery of essential health services. Thus the health systems and infrastructure standard 1 – prioritising health services – has been moved from the health systems section to the essential health services section.

3.   Expected consequences of this chapter for practitioners

Achievement of the health standards depends to a large extent on a correct understanding and implementation of the principles and standards included under the Humanitarian Charter, the Protection Principles and Core Standards. Health practitioners are strongly encouraged to read these chapters while applying the health action standards. Cross-reference to these standards and other technical chapters are made throughout the health chapter.

The 2011 edition places greater emphasis on strengthening health systems and essential health services by common themes. Although each section can be read separately, health actors are encouraged to read the whole chapter to understand how the standards fit together.

References and further readings on health systems and all the essential services are included at the back of the chapter. Handbook users are encouraged to read the reference materials for a broader understanding of the issues discussed. The guidance offered in the Handbook is up to date to the time of publication.

Cross-cutting themes

Cross-cutting themes of the 2011 edition are: Children, Disaster risk reduction, Environment, Gender, HIV and AIDS, Older people, Persons with disabilities, Psychosocial support.

In an attempt to consolidate their input, the revision focal points for the cross-cutting issues drafted a text which is reproduced in the introduction to each technical chapter, entitled "Vulnerabilities and capacities of disaster-affected populations". It states that "to be young or old, a woman or an individual with a disability or HIV does not, of itself make a person vulnerable or at increased risk. Rather it is the interplay of factors that does so […] (see for example p.86, introduction to the WASH chapter).

Of all the cross-cutting themes, that of psycho-social support underwent the most significant changes in terms of where in the Handbook it is treated.

Psycho-social support

Whereas in the 2004 edition, the theme was mostly covered in the health chapter, The Handbook now contains four areas of particular relevance to psychosocial support:

1. Protection Principles 3 and 4 emphasize psychosocial issues (Protection Principle 3: Protect people from physical and psychological harm arising from violence and coercion; Protection Principle 4: Assist people to claim their rights, access available remedies and recover from the effects of abuse)

2. The Core Standards - applicable throughout the Handbook - emphasize building on community capacities and strengthening self-help (Core Standard 1: People-centered humanitarian response)

3. Psychosocial and social considerations are integrated as a formal cross-cutting theme throughout the Handbook

4. A rewritten standard focusing on mental health as a health sector activity (Essential Health Services - Mental health standard 1). This mental health standard now emphasizes community self-help and social support, the provision of psychological first aid, capacity-building of the primary health care system, care for people with mental disorders in institutions, minimising harm related to substance use, and initiating plans for developing a community mental health system.