



# What Is New in the 2018 Sphere Handbook?

## In-depth guide

This document is for anyone who wants a detailed understanding of the changes between the 2011 and 2018 editions of the Sphere Handbook. It provides an insider's view which contributes to Sphere's organisational documentation of the Handbook editions over the past twenty years. It is also an essential reference for trainers, users, and those who want to have a deeper understanding of the changes and the history of Sphere.

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# 1. Establishing the revision framework

Based on feedback received between 2011 and 2016, and working with the Sphere Board, Sphere identified the following key drivers of the revision which contributed to focusing the revision process:

- **Reaffirmation of focus and values:** In a post-WHS<sup>1</sup> context where a nexus of development and humanitarian action was emerging as a change in the operating concepts, the Sphere Board reaffirmed the Handbook's primary focus on humanitarian **response** and to keep the foundation of the work grounded in the **Humanitarian Principles** as reflected in the Humanitarian Charter. The Board recognised that other actors engaged in preparedness, relief and recovery will continue to contribute to and use the Handbook.
- **Fundamental shifts in how assistance is provided:** Since 2010, practice and research had evolved to expand use of cash transfers for multi-sector programming. This requires Sphere to consider **how** assistance may be provided to reach the standards, as well as the quality of assistance and the accountability of that assistance. This includes finding a balance between service delivery, in-kind programming and cash to meet the standards. The revision was designed to include reflections on the implications of cash-based programming for all sectors as well as for protection, accountability, and quality monitoring.
- **Operating contexts are evolving:** With the majority of the world's population living in cities, Sphere needed to address the underlying assumptions in previous editions which focused on rural and camp-based contexts and consider the rapid worldwide urbanisation (particularly in some of the poorest and most at-risk regions). With displacement lasting for longer and longer periods, protracted crises have become more frequent and longer-lasting while also containing emergency spikes over time. Evidence on urban and long-term displacement could now be integrated into the work.
- **Accountability and participation:** More attention is now paid to supporting accountability to affected populations. With the full integration of the Core Humanitarian Standard into the Sphere Handbook, this was also an opportunity to build linkages with sectoral standards and strengthen a coherent approach to accountability.
- **Users are more diverse:** With 29 language versions available, a growing number of national and municipal authorities, civil defence, military, and non-humanitarian actors use the Handbook for coordination and capacity building. Use by national NGOs and community-based organisations is on the rise. Adapting language, approach and learning to serve these actors was identified as essential. This driver affected the design of the consultations to ensure that this diverse experience and user practice would be reflected in an inclusive process. It also influenced the drafting, editing and production processes, all striving for simple and clear language and design.
- **Access to the Handbook and related tools across multiple platforms:** While hard copies remain a valued resource, a growing number of users access the Handbook in electronic format. Cloud-based platforms for source materials, updated guidance and learning will complement the paper Handbook, along with a variety of tools and smartphone applications. This affected not only the consultation process, but also the design of the final presentation of the standards across different digital formats and developing a living repository of evolving practice (for more information please go to [SphereStandards.org](http://SphereStandards.org)).

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<sup>1</sup> World Humanitarian Summit

## 2. Major changes to the Handbook

Based on the framework which was established to guide the revision, consultations were opened in order to examine those driving influences as well as recognizing other elements which emerged from the revision process itself. New evidence and practice were also intentionally brought into the review of the Handbook: evidence and experience from significant humanitarian contexts is reflected in the Handbook, notably the West Africa Ebola outbreak, the Syrian conflict, Haiti, Nepal, people on the move in Europe, and others.

For chapter-specific changes, see [What is new in each chapter?](#) below.

### 2.1. Changes in content and focus

A few fundamental content shifts characterise the 2018 Handbook:

**The values and philosophy of the integrated Sphere approach are made more visible**, in particular through the inclusion of the 10 Code of Conduct Principles in *What is Sphere?*, to ensure clearer linkages between the Code of Conduct, the Humanitarian Charter and the rest of the Handbook.

**The Core Humanitarian Standard (CHS)** replaced the Sphere Core Standards. This means a more visible presence of accountability and process considerations throughout the Handbook, a clearer reference to community engagement, accountability guidance, in particular around complaints mechanisms, environmental and financial resources management and other elements represented in the CHS.

**Working in more diverse contexts:** With diverse application, and diverse users, the standards have been developed to support practitioners in understanding how to meet the standards in different settings and address different timeframes. This is reflected through a few new elements:

- **Using the standards over time:** The focus of the Sphere standards remains **emergency response**. With the introduction of a **protracted crises** lens, displacement situations, needs and response options start to vary over time and coordination with development actors may become more important. Protracted crises may lead to chronic settlement situations and aging displaced populations. See for example changes to *Shelter and Settlement* (e.g. security of tenure) and *Health* (e.g. palliative care) below.
- **Urban contexts:** As explained under *What is Sphere?*, the entire Handbook was reviewed from an “urban response” lens. The premise remains that the Sphere standards are applicable in all contexts, including urban settings. Where appropriate, specific guidance was added in the technical chapters.
- **Choice of implementation options:** Cash-based assistance (CBA) has become an accepted option for delivering assistance, including for multi-sector responses. Therefore, the Handbook introduces CBA in all chapters as a distinct response option and invites a more rigorous approach to analysis of context and selection of response options. See below the discussion of *What is Sphere?* and technical chapters, particularly *Shelter and settlement*.
- **Support to local and national response and leadership:** This focus is present throughout the Handbook, in particular the guidance notes. It reflects learnings from responses in complex, protracted and urban settings. It also indicates a general recognition of the importance to link humanitarian work with longer-term systems and development work, markets and the private sector where appropriate.
- **Delivering assistance through markets:** This section (appendix to *What is Sphere?* recognises the growing importance of local, national and international markets for humanitarian response. It combines market analysis, cash-based assistance and supply chain management/logistics.

**Community engagement and working with affected populations:** There is stronger wording throughout the Handbook that suggests *working with* affected people instead of simply *consulting* them. Guidance on community engagement is integrated in all chapters, and particularly visible in WASH. The term “**people**” is used in a broad sense, to reflect Sphere’s belief that all individuals have the right to life with dignity and therefore the right to assistance. “People” should be read as including “women, men, boys and girls, regardless of their age, disability, nationality, race, ethnicity, health status, political affiliation, sexual orientation, gender identity or any other characteristic that they may use to define themselves” (Sphere Handbook p10).

**Cross-cutting themes:**

**Inclusion, vulnerability and capacity:** Humanitarian assistance must include everyone affected by crisis or disaster, and in particular stigmatised or marginalised people and groups, or people with reduced capabilities. The Sphere Handbook explicitly mentions the following **inclusion criteria**: sex, age, disability, nationality, race, ethnicity, health status, political affiliation, sexual orientation and gender identity; and promotes consideration for any other characteristic that a person may use to define themselves (see *Understanding vulnerabilities and capacities* in *What is Sphere?*). Various at-risk groups are addressed in the Handbook as cross-cutting themes and introduced in *What is Sphere?*. Notable new themes are **GBV** and **LGBTQI people**. Please see below pages 8-10 on cross-cutting themes).

One noteworthy shift in terminology is that of changing from “vulnerable groups” in 2011 to “**at-risk groups**” in 2018 to strengthen the approach to recognise and support affected communities’ capacities to help themselves. This is made explicit throughout the Handbook and particularly in the foundation chapters, which contain specific guidance on **community self-help**.

**Prevention of sexual exploitation and abuse (PSEA):** More detailed support and guidance on prevention of sexual exploitation and abuse is provided throughout the Handbook, in particular in the Core Humanitarian Standard and in all of the technical chapters. Specific guidance on prevention of sexual harassment and abuse is now also included in the Core Humanitarian Standard. A rigorous focus on preventing and responding to gender-based violence is integrated throughout the technical chapters.

**Shifts in terminology and language:** The 2018 edition is updated to reflect current terminology, and to avoid some terms which may have been poorly used in the past or which have developed unintended meanings or associations. Some chapter-specific terminology changes are mentioned in the chapter sections below. During the revision process, 277 terms were identified in the 2011 Handbook which have either been eliminated or updated to reflect current usage.

The language was edited for Plain English, to make it easy to understand and to translate. Efforts were made to use inclusive language throughout, avoiding terms that could be interpreted as excluding a social group.

**Standards apply throughout the programme cycle:** *What is Sphere?* reminds the reader of the advantages of using standards throughout the programme cycle. This applies to each technical chapter.

## 2.2. Structural changes

This section contains changes which relate to the Handbook as a whole, the relationships between chapters, and the (re)distribution of information among chapters.

**Links between the foundation and technical chapters:** The content of this Handbook edition is clearly divided into two main sections: four foundation chapters and four technical chapters. This distinction is not new but made more explicit. The main message is that these two sections are linked and that one does not make sense without the other. Cross-linkages between chapters and sections are made as appropriate.

Foundation chapters: What is Sphere?; the Humanitarian Charter; the Protection Principles; the Core Humanitarian Standard (this last one is also strongly associated with the technical chapters); Technical chapters: Water supply, sanitation and hygiene promotion (WASH); Food security and nutrition; Shelter and settlement; Health

**Simplified chapter structure and unique numbering of standards within each chapter:** The organisation of standards in the technical chapters is simpler in the 2018 edition, with fewer levels and more straightforward numbering. Each standard within a chapter now has a unique number, so, for example, there are no longer 7 standards all called “Standard 1” in the Food security and nutrition chapter ⊕ *see individual technical chapter analyses for details.*

The information page *How to use this chapter* – previously preceding each individual chapter – is now integrated into *What is Sphere?* Any chapter-specific guidance is included in the chapter introduction: *Essential concepts.*

**Key indicators:** In line with making the Handbook more easily applicable in varying contexts and response phases, the Key indicators were reviewed, revised and reformulated to fit one of three categories: Process indicators, Progress indicators or Target indicators. A detailed explanation can be found under section 3.2.

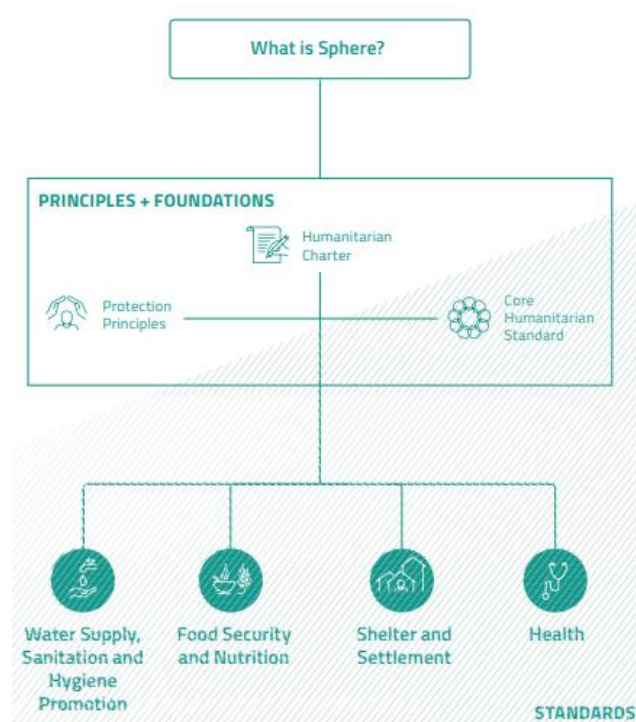
**Key actions and sub-actions:** The Key actions – introduced in 2011 – were maintained. To help practitioners prioritise and work with these key actions concretely, a small number of sub-actions have been added, aligning the actions directly with information previously found in the Guidance notes.

### **Numbering of key actions and guidance notes:**

- Key actions are now numbered for easy reference and for visual consistency with the Key Actions and Organisational responsibilities of the CHS Commitments. As much as possible, Key Actions are ordered chronology or in order of importance.
- The Guidance notes are no longer numbered. This suggests that they are equally important as support to Actions and Indicators.

### 3. What is new in each chapter?

The Sphere Handbook is divided into four foundation chapters and four technical chapters. The Core Humanitarian Standard (as previously the Core Standards) belongs to both sections. All Sphere standards mutually reinforce each other, and their combined use allows for an integrated approach to using standards.



#### 3.1. Foundation chapters

##### 3.1.1. What is Sphere?

The introduction chapter focuses on the Handbook's approach, structure and scope. For this edition, *What is Sphere?* has been completely rewritten and expanded to introduce and reflect the themes that are relevant throughout the Handbook. It focuses more on understanding and working in diverse contexts, using the Handbook throughout the programme cycle and applying a variety of response options. Inclusion is an important theme throughout.

The chapter is now composed of two distinct sections and an Appendix.

##### 1) The Handbook

This section remains similar to 2011, providing the history and philosophy of Sphere, as well as the overall structure of the Handbook. It emphasises the need to work holistically with the Handbook to ensure that the foundations which support all sectoral standards (WASH, Food, Shelter and Health) remain at the core, and that the technical chapters are more inter-linked.

Importantly, the ten principles of the **Code of Conduct** have been inserted in this section. This decision was based on concerns and feedback that the fundamental underpinnings of Sphere's approach remain relevant and important in 2018. The full CoC remains in the Handbook as Annex 2.

This section also explains each element of an individual standard in detail, including explanations of the intent behind the re-written Key actions and Key indicators See [Presentation of technical standards](#) below for further details.

Sphere's companion (or complementary) standards, now represented as the Humanitarian Standards Partnership, are introduced in this section. References and linkages to Sphere's Partner standards are woven throughout the Handbook more fully than in 2011, particularly in the guidance notes.

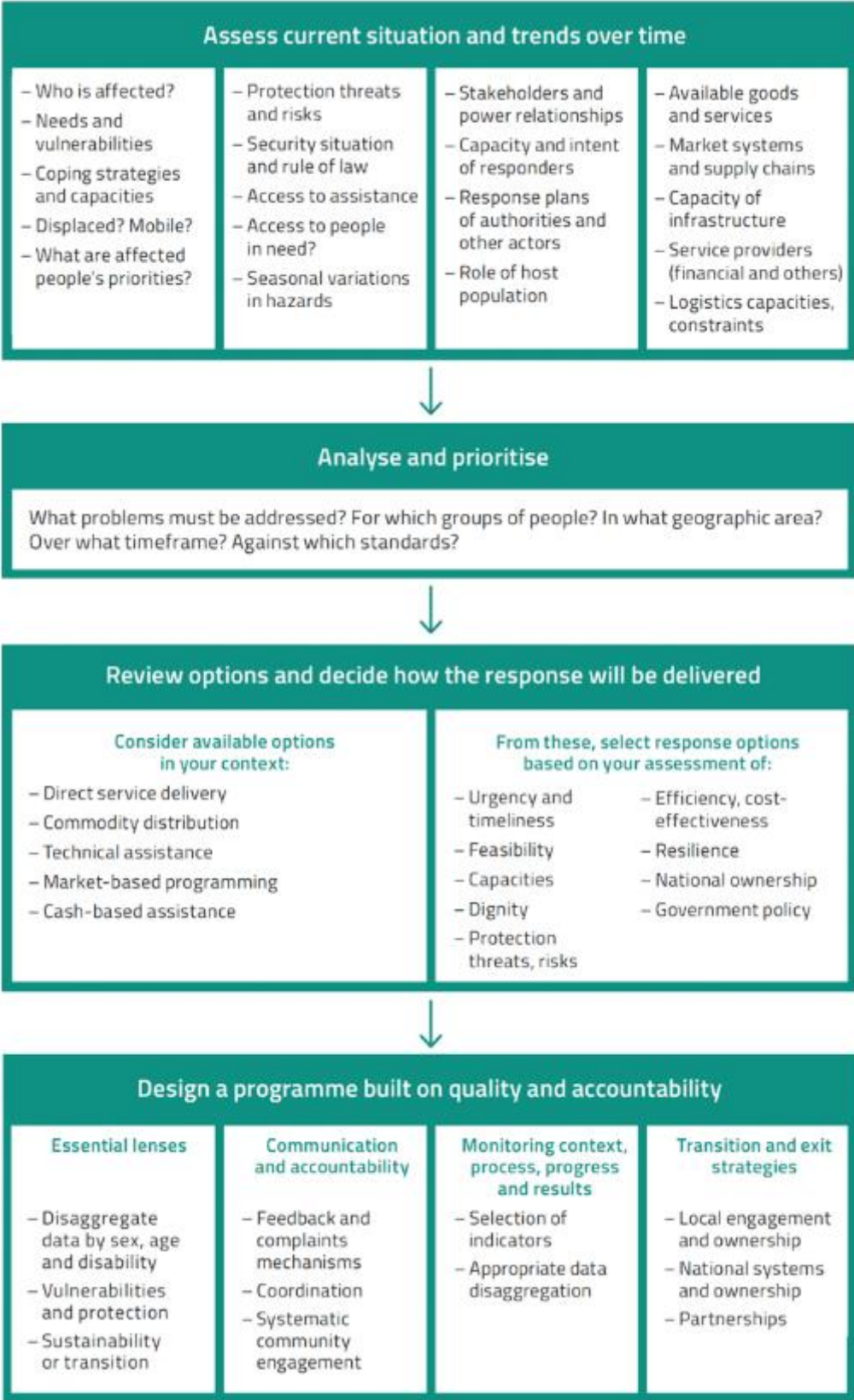
## 2) Using the standards in context

This expanded second part of *What is Sphere?* guides the reader through various aspects related to context-sensitive programming. This includes a section on **applying standards throughout the programme cycle**. While sector-specific programme cycle elements remain in the technical chapters, this section was considered necessary to capture a few programme cycle elements from the previous Sphere Core Standards which are less visible in the Core Humanitarian Standard.

This section also introduces a significant new focus in the Handbook: the **choice of response options and modalities** to meet the standards over the life cycle of a programme. The initial driver for this focus is the increased use of cash-based assistance. However, a thorough understanding of choosing options and modalities assures a good quality response more broadly (see also the *Shelter and Settlement* chapter).

**Community engagement** is a strong element of this section and an important new focus of the Sphere standards. Throughout the Handbook, guidance on community engagement reflects stronger involvement of communities and the importance of humanitarian efforts linked to recovery and development. In general, this shift reflects a stronger sense of ownership by the affected communities of their own recovery efforts, which humanitarian agencies should support.

In support of context-sensitive choices and decisions to be made, Sphere introduced a flow chart that reminds the reader of some key considerations during the first stages of the programme cycle: context analysis, needs assessment, choice of response options and programme design.



Understanding context to apply the standards - English Handbook page 11.



## Understanding vulnerabilities and capacities.

Building on the previous range of cross-cutting themes, which covered individual or group vulnerabilities and contexts which can lead to exclusion or discrimination, notable new themes include *GBV* and *LGBTQI people*. *Mental health and psychosocial support* now includes faith-based support. In line with their importance, the cross-cutting themes are now woven into the introduction, instead of being presented in a separate section at the end of the chapter (see also “Themes” table below).

With a ***new data disaggregation table*** for sex, age and disability disaggregation (SADD), Sphere provides a useful visual support of its guidance to disaggregate data as much as feasible along important factors, but as a minimum for sex, age and disability.

***Disaster risk reduction*** was a theme in 2011. It is no longer explicitly mentioned in the current edition, but Sphere remains a key resource for disaster management.

## Understanding the operational settings (see also “Themes” table below)

Different operational settings, actors and timeframes are discussed in much more detail than before, focusing on the importance of continued context analysis. Those themes are introduced in this chapter and then referenced throughout the Handbook as needed. All elements included in this section are new or updated:

- *Supporting national and local actors*: This theme was present in the 2011 edition but less explicitly. It is a central element of renewing the Sphere Handbook’s focus. The community focus can be found in all technical chapters. This theme is key to supporting long-term recovery and transition to development where applicable.
- *Protracted crises*: This is a new theme. Protracted crises require an evolving approach to meeting needs over time.
- *Urban settings and communal settlements*: The range of settings in which Sphere standards can be applied has been broadened to include urban settings and to refine the range of communal settlements.
- *Settings with domestic or international military forces*: Civil-military relations now receive considerably more visibility. The various levels of engagement are clearly set out, both in *What is Sphere?* and in the CHS Commitment 6.
- *Environmental impact in humanitarian response* now firmly establishes environmental sustainability as a key component of good quality humanitarian response.

## Appendix: Delivering assistance through markets

This appendix was developed upon recognising that guidance on cash and voucher transfers, supply chain management and markets (in the 2011 Food Security chapter) applies to all sectors covered in Sphere, and not just FSN. These three themes also have strong conceptual linkages. Finally, working through markets is recognised as an important element of successful humanitarian programming. This change in guidance is based on new evidence and practice, in particular:

- ***Market analysis***: increased focus on working through local, national and international markets, in particular the potentially disruptive effects of ignoring existing market forces.
- ***Cash-based assistance***: more experience and learning with cash-based assistance; and
- ***SCM and logistics***: broader recognition of the critical importance of functioning supply chains in all sectors, beyond food delivery and distribution.

The appendix includes useful checklists – organised by programme cycle phases – for both cash-based assistance; and supply chain management and logistics.

## Comparison of themes 2018 - 2011

Below is a comparative table summarising the main themes discussed above and grouping them into “vulnerabilities and capacities” and “operational settings”. The third category explains which elements fed into the Markets appendix.

<b>Themes (vulnerabilities and capacities; operational settings; and markets) (the 2011 cross-cutting themes are marked with “CC”)</b>		
<b>2018</b>	<b>2011</b>	<b>Type</b>
<b>Children</b>	CC Theme: Children	Vulnerabilities and capacities
<b>Older people</b>	CC Theme: Older people	
<b>Gender</b>	CC Theme: Gender	
<b>Gender-based violence</b>	(18 instances in 2011 text, 41 in 2018 text)	
<b>Persons with disabilities</b>	CC Theme: Persons with disabilities	
<b>People living with and affected by HIV</b>	CC Theme: HIV and AIDS	
<b>LGBTQI people</b>	(zero instances in 2011 text)	
<b>Mental health and psychosocial support</b>	CC Theme: Psychosocial support	
<b>Supporting national and local actors</b>	(theme present but not explicit)	Operational settings
<b>Protracted crises</b>	(one instance in 2011 text)	
<b>Urban settings</b>	Emerging theme: A number of people were consulted with regard to urban settings.	
<b>Communal settlements (including camps)</b>	A resource person (Gillian Dunn, IRC) advised on Camp coordination and camp management	
<b>Settings with domestic or international military forces</b>	Emerging theme: A number of people were consulted with regard to the civil-military interface and conflict sensitivity.	
<b>Environmental impact in humanitarian response</b>	CC Theme: Disaster Risk Reduction (including environment, climate change and DRR)	Appendix: Delivering assistance through markets
<b>Market analysis</b>	Markets standard in Food Security chapter	
<b>Cash-based assistance</b>	Cash and vouchers standard in Food Security chapter	
<b>Supply chain management and logistics</b>	Supply chain management standard in Food Security chapter	

### 3.1.2. The Humanitarian Charter

The Humanitarian Charter remains the cornerstone of the Sphere Handbook, expressing the moral and legal basis upon which the Sphere standards are built. The Charter was significantly updated and strengthened in the 2011 Handbook edition. Upon review in 2017, it was decided that it did not require another revision. For a detailed account of the changes and improvements made in 2011, see [Appendix: Background to the 2011 revision of the Humanitarian Charter](#).

The Humanitarian Charter was slightly edited to ensure reference to the newly included Core Humanitarian Standard.

Note: Handbook Annex 1, the resources section for the Humanitarian Charter, is renamed from *Key Documents that inform the Humanitarian Charter* to **Legal foundation to Sphere**, reflecting the broader scope of the information it contains. See [Annex 1: Legal foundation to Sphere](#) section below.

### 3.1.3. Protection Principles

The four Protection Principles were first developed for the 2011 edition. For the 2018 revision, the intent, structure and content of the chapter remains largely the same. Its audience remains all humanitarian actors, including protection actors, with guidance for protection specialists referenced for additional support and guidance. Some areas that were found to be confusing or overlapping were identified in the review and clarified through a re-alignment of the four Principles.

The chapter clearly acknowledges the distinction of responsibilities between humanitarian actors and those with specific protection mandates. It includes an expanded discussion of protection activities for all humanitarian actors, emphasising the use of referral pathways to specialised protection actors where warranted.

In the 2018 edition, protection considerations in the technical chapters are more prevalent and cross-linkages more rigorous. This is evidenced by 439 instances of “protection” in the 2018 edition compared to 295 in the previous one. Each Protection Principle references the most relevant CHS Commitment.

#### Realignment of the Principles

This chapter provides guidance on how humanitarian organisations can contribute to protection by **helping people stay safe, access assistance, recover from violence and claim their rights** (PP chapter introduction).

**Protection Principle 1:** The concept of Do no harm by own interventions is expanded to preventing harm more generally. The Principle has a broader focus on understanding protection risks, enhancing protection and supporting people in ways that allow them to protect themselves. The removal of ‘further’ in the Principle indicates that affected people may be at risk of harm without having been already harmed. In many cases, harm may be caused by “inaction” as well as actions made as part of humanitarian programming.

**Protection Principle 2:** Providing impartial access explicitly includes addressing deliberate denial of access and discrimination in access (i.e. barriers linked to mobility, gender, language, etc.). The Principle clarifies that “impartial assistance” means prioritising assistance on the basis of needs alone.

**Protection Principle 3:** Support to recovery from violations: The 2018 version recognises the importance of the individuals’ own coping strategies, to which humanitarians can assist. The definition of physical and psychological harm is widened to include threatened as well as actual

violence and deliberate deprivation. Guidance on referral to specialised protection actors is found here.

**Protection Principle 4:** Legal redress and strengthening the protection environment. This Principle is now more focused on the legal aspects of protection. It includes *support efforts to strengthen respect for rights*, thereby contributing to building a protection environment. Advocacy is mentioned in the chapter introduction as an important element for all four Principles. It is explicitly mentioned in Principle 4 which states that humanitarian actors have a role as advocates, contributing to a stronger protective environment.

## Appendix: Summary of the Professional Standards for Protection Work

This new appendix is a 2-page summary of the ICRC *Professional Standards for Protection Work carried out by humanitarian and human rights actors in armed conflict and other situations of violence*. The Sphere Protection Principles and the Professional Standards complement each other. While the Principles address the humanitarian sector as a whole, the Protection Standards specifically address professional protection specialists.

The Professional Standards were established to create a shared basis for protection work among humanitarian and human rights actors, and to maximise the effectiveness of that work for the affected population. Sphere is one of several initiatives to have contributed to the definition of professional standards in protection work since 2007 when consultations started for the first edition. Sphere was again consulted during the authoring of the new edition, notably to ensure consistency, complementarity and cross-referencing between the Sphere Handbook and the Professional Standards.

### Table of changes

The following table compares the specific wording of the 4 Principles of the 2011 and 1018 editions. Text in **red** denotes wording that has been deleted, font in **green** denotes new text that has been added.

PP	2018	2011
1.	Enhance the safety, dignity and rights of people, and avoid exposing them to harm.	Avoid exposing people to further harm <b>as a result of your actions</b>
2.	Ensure people’s access to impartial assistance <b>according to</b> need and without discrimination	Ensure people’s access to impartial assistance – <b>in proportion</b> to need and without discrimination
3.	<b>Assist people to recover</b> from the physical and psychological <b>effects of threatened or actual</b> violence, coercion or deliberate deprivation	<b>Protect people</b> from physical and psychological <b>harm arising from</b> violence and coercion
4.	Help people claim their rights	<b>Assist</b> people to claim their rights, <b>access available remedies and recover from the effects of abuse</b>

### 3.1.4. The Core Humanitarian Standard on Quality and Accountability (CHS)

As the Core Humanitarian Standard was developed in 2013 and 2014, the content of the Sphere Core Standards was integrated. In that process, organisations and standards initiatives contributing content to the CHS agreed that during the next Sphere Handbook revision, the CHS (enhanced with guidance notes and indicators) would replace the Sphere Core Standards. In 2016 it was decided that the CHS would undergo a partial revision (see below).

Give the above, this section covers two key changes:

- The Core Humanitarian Standard replaces the Sphere Core Standards
- The revision of the CHS Guidance notes, Indicators and Guiding questions

#### The Core Humanitarian Standard replaces the Sphere Core Standards

The Core Humanitarian Standard is now fully integrated into the Sphere Handbook, replacing the previous Sphere Core Standards. The CHS is one standard which harmonized the Sphere Core Standards, the HAP standard and the People In Aid Code. Today, the CHS Alliance, Groupe URD and Sphere jointly manage and hold the CHS copyright.

Table 1: The CHS and the Core Standards at a glance

2018 CHS Commitments/Quality criteria	2011 Sphere Core Standards
<ol style="list-style-type: none"> <li>1. Appropriate and relevant response</li> <li>2. Effective and timely response</li> <li>3. Strengthened local capacities and avoidance of negative effects</li> <li>4. Communication, participation, feedback</li> <li>5. Complaints welcomed and addressed</li> <li>6. Coordinated and complementary response</li> <li>7. Continuous learning and improvement</li> <li>8. Supported, effective, fairly treated staff</li> <li>9. Resources responsibly used for intended purposes</li> </ol>	<ol style="list-style-type: none"> <li>1. People-centred humanitarian response</li> <li>2. Coordination and collaboration</li> <li>3. Assessment</li> <li>4. Design and response</li> <li>5. Performance, transparency and learning</li> <li>6. Aid worker performance</li> </ol>

**Table 2: Quick Location Guide for the Core Standards in the CHS**

This matrix compares the content of the 9 CHS Commitments to the 2011 Core Standards. The Protection Principles (applies equally to the 2011 or 2018 edition) have been added to the matrix as there is some overlap with this chapter as well.

This is designed for those familiar with the Core Standards to help them find the equivalent information in the CHS.

**Darker shading means more content overlap between CHS and Core Standards (CS)**

	CS1 People-centred	CS2 Coordination and collaboration	CS3 Assessment	CS4 Design and response	CS5 Performance, transparency, learning	CS6 Aid worker performance	Protection Principles
<b>CHS 1 – Assessment</b> Appropriate and relevant response							
<b>CHS 2 – Design, implementation</b> Effective and timely response							
<b>CHS 3 – Local capacities</b> Strengthened local capacities and avoidance of negative effects							
<b>CHS 4 – Communication</b> Communication, participation, feedback							
<b>CHS 5 – Complaints mechanisms</b> Complaints welcomed and addressed							
<b>CHS 6 – Coordination</b> Coordinated and complementary response							
<b>CHS 7 – Learning</b> Continuous learning and improvement							
<b>CHS 8 – Staff performance</b> Supported, effective, fairly treated staff							
<b>CHS 9 – Resources</b> Responsibly used for intended purposes							

Table 4: Summary of CHS and Core standards differences

Topic	2018 CHS	2011 Sphere CS
<b>New elements</b>		
Publicly communicates expectations of staff behaviour	Explicit	Not addressed
Monitor expenditures against budget	Explicit	Not addressed
Consultation in the design and implementation of complaints-handling processes	Includes an explicit call for consultation with those affected by crisis	Consultation is not addressed (although complaints-handling mechanisms are)
<b>Difference of emphasis</b>		
Prioritise urgent needs	Implicit	Explicit
Engage others to address unmet needs	Calls for taking a proactive role	Implicit through coordination
Strengthen local capacities	Given more prominence	Given less prominence
Provide for extensive communication with those affected by crisis	More extensive	Less extensive
Help people obtain their rights	Not explicit	Protection Principle 4 calls for taking a proactive role
Support staff safety, security, well-being	Less explicit	More explicit
Balance quality, cost and timeliness	Explicit	Implicit

## The revision of the CHS Guidance notes, Indicators and Guiding questions

The Core Humanitarian Standard was established in 2014 and expanded in 2015 to include Performance indicators, Guiding questions and Guidance notes (GN). It is the content of these new elements that was opened for review and revision, while the Commitments, Quality criteria, Key actions (KA) and Organisational responsibilities (OR) intentionally remain unchanged.



### Notable changes

#### Content changes

The revision remained fairly light and the overall structure and content are maintained. There are a few notable changes to the newly introduced sub-actions and Guidance notes:

**New:** Guidance to establish a zero-tolerance policy on sexual harassment and abuse in the workplace is new and can be found under Organisational responsibility 8.9, supported by a corresponding guidance note. While the Core Humanitarian Standard clearly outlined prevention of sexual exploitation and abuse, it was previously silent on this important issue of workplace safety and dignity in humanitarian settings.

#### Strengthened:

- child protection in external communications (Commitment 8),
- environmental considerations (Commitments 3 and 9),
- coordination between civil and military actors (Commitment 6)
- coordination with national and local government authorities (Commitment 6)
- psychosocial considerations including self-help and community self-protection (throughout)
- stronger inclusion of market-based approaches in assessment, analysis, delivering assistance and monitoring (throughout)

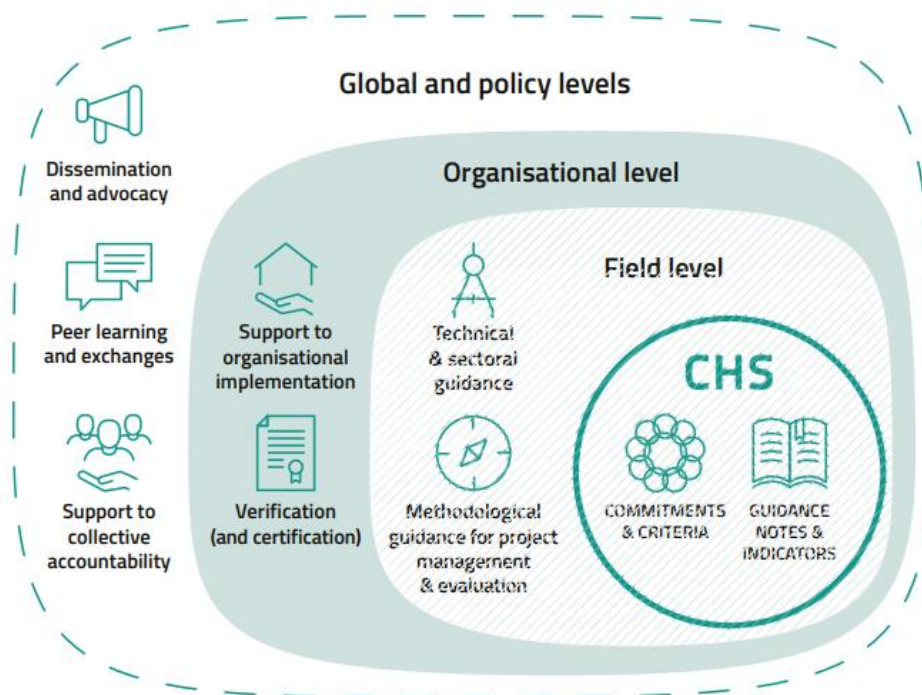


- clearer guidance on systematic disaggregation of data (SADD) (throughout)
- stronger inclusion of disability considerations, also with regards to data disaggregation (throughout)
- emergency psychosocial training support for staff in field positions, conducting assessments, etc. (Commitment 8)

### Structural changes:

- the Performance indicators have been slightly edited and four new performance indicators added in Commitments 4, 6, 8 and 9,
- The Guidance notes have been updated and some elements reformulated as actions and brought up to support the KA/OR more directly and to make the information easier and quicker to reference for operational staff. The original KA and GN are in bold, to be easily distinguished from additional guidance.
- The footnotes in the 2015 CHS GN+I have been integrated in the main guidance text
- The Guiding Questions have been transformed into one compiled appendix which can be found in the online Handbook, HSP App and PDF versions. The questions can be used to support programme design or as a tool for reviewing a project, response or policy.

The figure below shows various levels of CHS implementation, ranging from field level to organisational and global policy levels.



*Using the Core Humanitarian Standard (English HB p 53)*

## 3.2. Technical standards

Most changes to the technical chapters were already discussed in section 2 of this document. Here, before discussing each chapter individually, the newly formulated key indicators are presented in some detail.

### Key indicators

Since the inception of Sphere, indicators have been arguably the most challenging—and most used—elements for each standard. They help measure whether a standard is being achieved, serving as signals to review progress, re-evaluate and adapt the overall programme.

In earlier editions, indicators were often phrased as outcome statements. To make them useful in context, they had to be unpacked and interpreted. In this Handbook edition, the indicators are already unpacked and presented as units of measurement to achieve the standard. Here is what you need to know:

- None of the indicators have numbers in them.
- Where necessary and available, minimum goals or targets are listed *below* the indicator. Numeric components are used where there is evidence or consensus on a minimum for quality coverage.
- This means that **the indicators themselves are not adapted to context**. It is the goals or targets in measuring the work which may be adapted – based on context, established baselines and agreed timelines.

#### There are 3 different types of indicator:

1. **Process indicators** are objective statements which must be achieved to meet the standard. Success or failure to meet these types of indicators is noted by a simple “yes or no” answer. For example: *“Standardised protocols are used to analyse food security, livelihoods and coping strategies”*. As such, these indicators are useful in that they can be objectively assessed as being met or not.
2. **Progress indicators** provide the units of measurement (or scales) to be used but does not set a specific target level or benchmark to be measured against because their application in context will vary widely but must be consistently measured against an established baseline to move towards achievement of the standard. The progress indicators are new to the 2018 Handbook. For these indicators, the correct approach is to **establish a measurable baseline using the scale provided in the indicator, determine a context-specific, realistic and time-bound goal, then monitor progress in achieving the goal**.

These indicators are particularly useful for setting a common strategic goal with partners and stakeholders in the field. Example: *“Percentage of affected population that report the mechanism to receive food was appropriate”*. Note that the indicator does not specify what that percentage should be.

3. **Target indicators** set specific thresholds which represent the measurable minimums below which the standard is likely not being met, e.g. *“Percentage of children aged six months to 15 years who have received measles vaccination: 95 per cent”*. These types of indicators represent widely agreed norms and in some cases are seen as critical to the success of programmes and for attaining the standards they support.

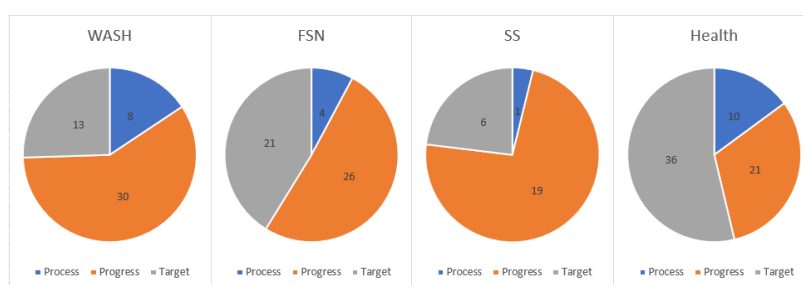
## Indicator analysis

The new **Progress** indicators are the most prevalent type of indicator in the 2018 edition. In the 2011 edition, indicators were not categorised, but for the purpose of the following analysis they have been retroactively identified as either *Non-target*; or *Target*.

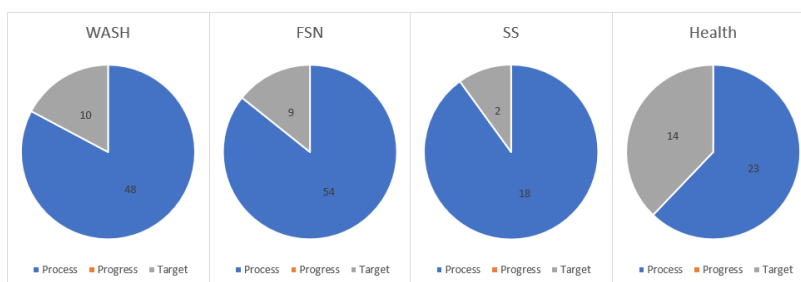
Although the number of technical standards has fallen from 60 to 53, the total number of indicators has risen slightly from 178 to 195. The number of indicators with a stated numerical target has risen dramatically from 35 to 76 with growth in every technical chapter, notably Health.

80% of the non-target indicators are now Progress indicators with measurable numerical scales (but no target). The 23 Process indicators are formulated to be easily observable as achieved (“yes”) or not achieved (“no”) – so are also measurable.

2018					
Type	WASH	FSN	SS	Health	Total
Process	8	4	1	10	23
Progress	30	26	19	21	96
Target	13	21	6	36	76
<b>Total</b>	<b>51</b>	<b>51</b>	<b>26</b>	<b>67</b>	<b>195</b>
Standards	14	14	7	18	53



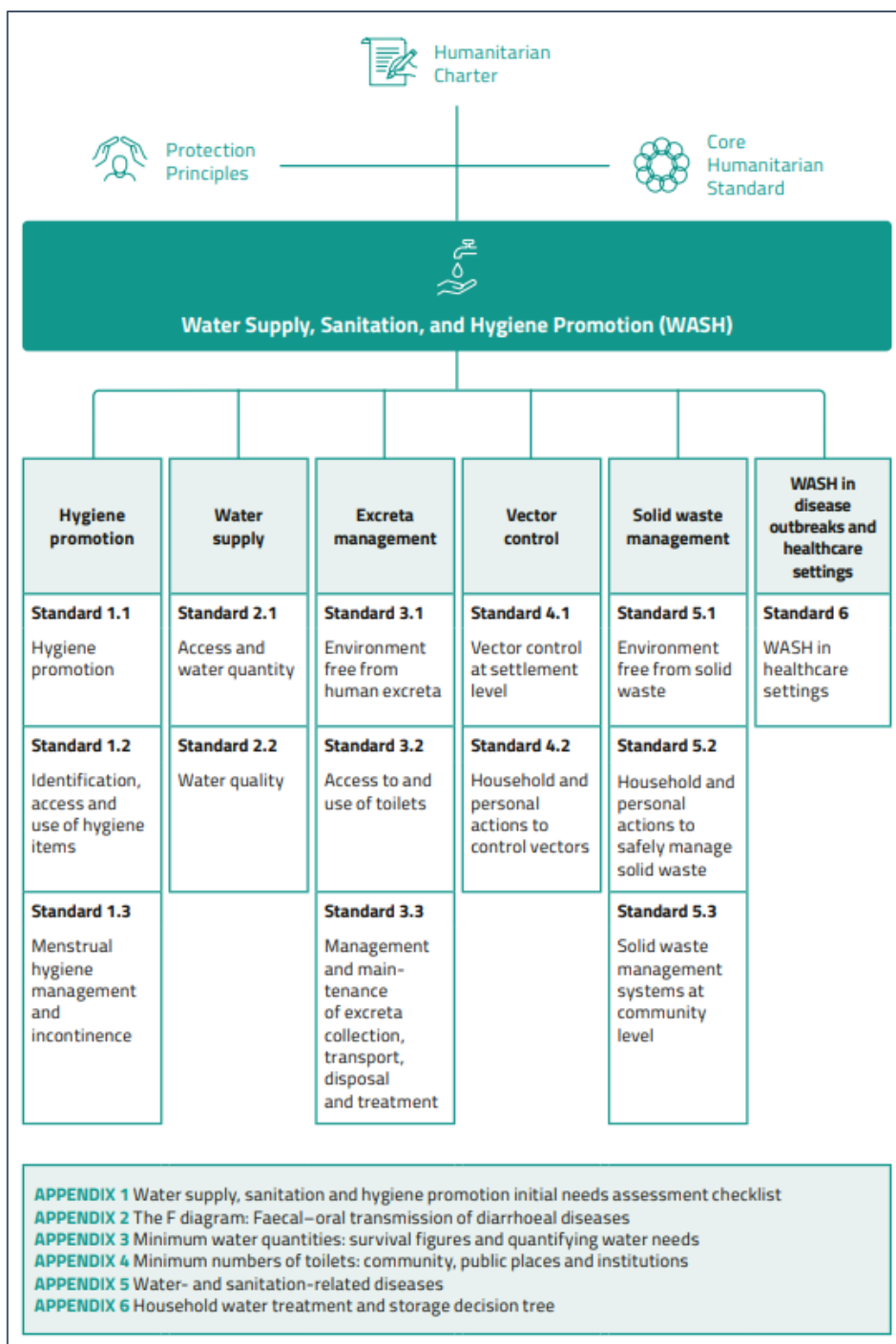
2011					
Type	WASH	FSN	SS	Health	Total
Non-target	48	54	18	23	143
Progress					
Target	10	9	2	14	35
<b>Total</b>	<b>58</b>	<b>63</b>	<b>20</b>	<b>37</b>	<b>178</b>
Standards	14	18	10	18	60



### 3.2.1. Water Supply, Sanitation and Hygiene Promotion (WASH)

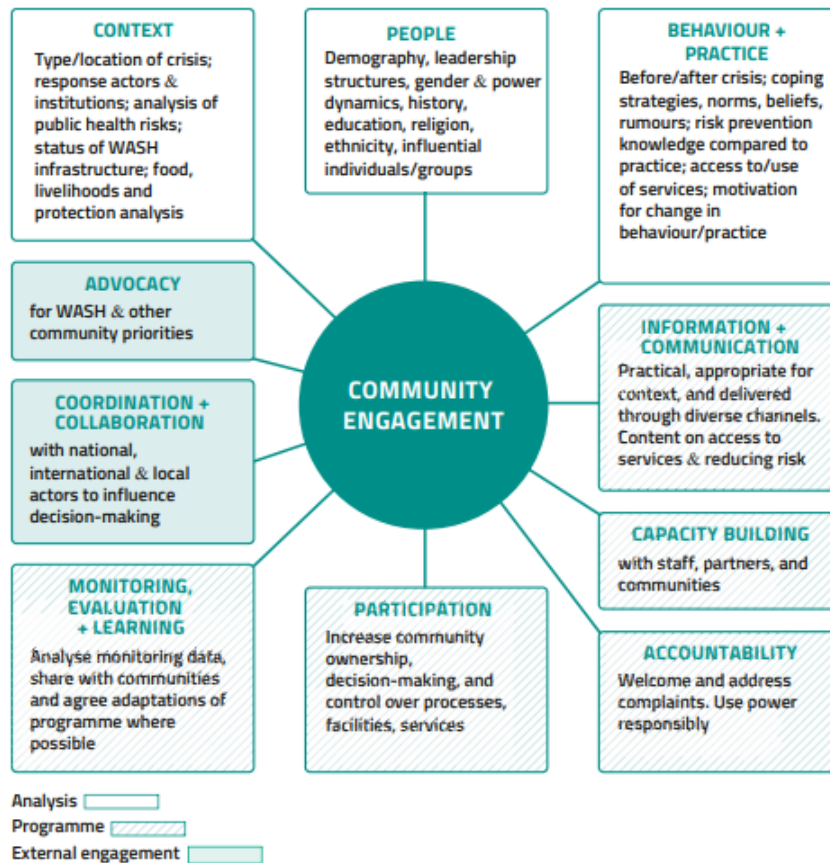
The WASH chapter has strengthened its focus on community-based programming due to the importance of hygiene promotion. This comes through in the Chapter introduction, the standards and the section introduction to section 6 (WASH in disease outbreaks and healthcare settings).

The chapter is simplified (from 7 to 6 sub-sections, with 2 sections deleted and one new section added).



## Notable changes

**Community engagement:** The Chapter introduction has a specific focus on community engagement. This is particularly important for WASH, to reduce public health risks through effective collaboration between communities, government entities and response teams. The other section with explicit focus on community engagement is the introduction of section 6 (WASH in disease outbreaks and healthcare settings). The following figure (Handbook p93) illustrates the centrality of community engagement:



## New standards

**Hygiene standard 1.3: Menstrual hygiene management and incontinence:** This new standard brings these issues to heightened visibility and plainly urges program designers to make fully transparent and open plans for their inclusion in all response planning. Menstrual hygiene was referenced in the 2011 edition but is greatly expanded now. Recognition and guidance on assisting those with incontinence is completely new content.

**WASH Standard 6: WASH in healthcare facilities:** This new standard is based to some extent on information found in the 2011 WASH appendices (e.g. *Appendix 2 and 3 on minimum water quantities and minimum numbers of toilets in public institutions*, and *Appendix 5 focusing on cholera treatment centres*) but expands and raises the importance of this aspect of response planning.

This is a pioneering standard as the WASH and Health authors worked closely together to produce this cross-sector standard. Much of this content is based on learning from the 2014 West Africa Ebola response, and highlights the importance of a cross-sector response to this disease.

## Merged, split or otherwise significantly adjusted standards

In three sections, a single standard has been split into three, following the logic of focusing first on *settlement* level, then *household*, and thirdly *community or institutional* level. The new structure highlights the need for personal and overall programme management actions, and generally expands guidance.

### **Section 3. Excreta management:**

*Standard 3.1: at settlement level (Environment free from human excreta)*

*Standard 3.2: at household level (Access to and use of toilets)*

*Standard 3.3: at community level (Management and maintenance of excreta collection, transport, disposal and treatment)*

This standard expands on previous content and provides heightened focus on maintenance of systems and desludging operations common in long-term settlements.

### **Section 4. Vector control:**

*Standard 4.1: at settlement level (Vector control at settlement level)*

*Standard 4.2: at household level (Household and personal actions to control vectors)*

### **Section 5. Solid waste management (split from one to three standards)**

*Standard 5.1: at settlement level (Environment free from solid waste)*

*Standard 5.2: at household level (Household and personal actions to safely manage solid waste)*

*Standard 5.3: at community level (Solid waste management systems at community level)*

## Retired standards

**WASH standard 1: WASH programme design and implementation:** This standard highlighted the need for WASH programming to be based on assessment of needs and conducted in a participatory manner. The key content of this standard is now captured elsewhere, particularly *What is Sphere*, the WASH Chapter introduction (*Essential concepts*), the Hygiene promotion section and CHS Commitments 1 (appropriateness and relevance) and 4 (communication, participation and feedback).

**Water supply standard 3: Water facilities:** This standard addressed the issue of planning and providing appropriate jerry cans, buckets, wash basins and similar items to support the overall WASH goals. Components of this retired standard are now found in *Standard 1.2 – Identification, access to and use of hygiene items*.

**Drainage standard 1: Drainage work:** It was decided that the WASH chapter should focus on “Water in”, and the Shelter and Settlement chapter on “Water out”. Accordingly, the drainage content of this standard (smaller-scale problems of flooding, poor drainage and steep slopes for site development) is now highlighted in *Shelter and Settlement Standards 2 (Site planning)* and *7 (Environment)*. The Shelter and Settlement chapter still covers larger scale drainage issues such as selecting sites and dealing with settlement-wide scale drainage issues with acceptable slope.

**Vector control standard 3: Chemical control safety:** This standard addressed concerns and cautions in the use of chemical insecticides for the control of vectors – primarily mosquitoes contributing to malaria. The issue has been retired as a standard, although there is guidance on the use of such chemicals in *Standard 4.1 – Vector control at settlement level*. The primary difference is the inferred guidance in the new edition to use chemicals only as a last resort – rather than acknowledging the practice as an equally valid option as was inferred in the 2011 edition.

## Appendices:

Appendix 2: *The F diagram* is new – it illustrates the faecal-oral transmission of diarrhoeal diseases.

### Table of changes

Content in the 2018 Edition	Comparable content in the 2011 Edition
Not addressed as a standard, but key content is captured elsewhere – particularly in <i>Essential WASH concepts</i> , in Hygiene standard 1.1, in WASH section 6: <i>WASH in disease outbreaks and healthcare facilities</i> and the Core Humanitarian Standard	<p>WASH standard 1: WASH programme design and implementation</p> <p>WASH needs of the affected population are met and users are involved in the design, management and maintenance of the facilities where appropriate.</p>
<p>Hygiene standard 1.1: Hygiene promotion</p> <p>People are aware of key public health risks related to water, sanitation, and hygiene, and can adopt individual, household and community measures to reduce them.</p>	<p>Hygiene promotion standard 1: Hygiene promotion implementation</p> <p>Affected men, women and children of all ages are aware of key public health risks and are mobilised to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided.</p>
<p>Hygiene standard 1.2: Identification, access to and use of hygiene items</p> <p>Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.</p>	<p>Hygiene promotion standard 2: Identification and use of hygiene items</p> <p>The disaster-affected population has access to and is involved in identifying and promoting the use of hygiene items to ensure personal hygiene, health, dignity and well-being.</p>
<p>Hygiene standard 1.3: Menstrual hygiene management and incontinence</p> <p>Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.</p>	<p>Much of this content was not addressed in the 2011 edition. Guidance on providing for menstrual hygiene was included in the Guidance notes of Hygiene promotion standard 2: Identification and use of hygiene items. Guidance for assistance to those with incontinence was absent.</p>
<p>Water supply standard 2.1: Access and water quantity</p> <p>People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs.</p>	<p>Water supply standard 1: Access and water quantity</p> <p>All people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene.</p> <p>Public water points are sufficiently close to households to enable use of the minimum water requirement.</p>
<p>Water supply standard 2.2: Water quality</p> <p>Water is palatable and of sufficient quality for drinking, cooking, and for personal and domestic hygiene, without causing a risk to health.</p>	<p>Water supply standard 2: Water quality</p> <p>Water is palatable and of sufficient quality to be drunk and used for cooking and personal and domestic hygiene without causing risk to health.</p>

Content in the 2018 Edition	Comparable content in the 2011 Edition
<p>Not included as a standard, although similar content is found in <i>standards 1.2: Identification, access to and use of hygiene items</i> and <i>2.1: Access and water quantity</i>.</p>	<p><b>Water supply standard 3: Water facilities</b></p> <p>People have adequate facilities to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains safe until it is consumed.</p>
<p><b>Excreta management standard 3.1: Environment free from human excreta</b></p> <p>All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.</p>	<p><b>Excreta disposal standard 1: Environment free from human faeces</b></p> <p>The living environment in general and specifically the habitat, food production areas, public centres and surroundings of drinking water sources are free from human faecal contamination</p>
<p><b>Excreta management standard 3.2: Access to and use of toilets</b></p> <p>People have adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times.</p>	<p><b>Excreta disposal standard 2: Appropriate and adequate toilet facilities</b></p> <p>People have adequate, appropriate and acceptable toilet facilities, sufficiently close to their dwellings, to allow rapid, safe and secure access at all times, day and night.</p>
<p><b>Excreta management standard 3.3: Management and maintenance of excreta collection, transport, disposal and treatment</b></p> <p>Excreta management facilities, infrastructure and systems are safely managed and maintained to ensure service provision and minimum impact on the surrounding environment.</p>	<p>Not included as a standard in this edition, however similar content is found in Excreta disposal standard 2.</p>
<p><b>Vector control standard 4.1: Vector control at settlement level</b></p> <p>People live in an environment where breeding and feeding sites are targeted to reduce the risks of vector-related problems.</p>	<p><b>Vector control standard 2: Physical, environmental and chemical protection measures</b></p> <p>The environment where the disaster-affected people are placed does not expose them to disease-causing and nuisance vectors, and those vectors are kept to a reduced level where possible.</p>
<p><b>Vector control standard 4.2: Household and personal actions to control vectors</b></p> <p>All affected people have the knowledge and means to protect themselves and their families from vectors that can cause a significant risk to health or well-being.</p>	<p><b>Vector control standard 1: Individual and family protection</b></p> <p>All disaster-affected people have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to cause a significant risk to health or well-being.</p>
<p>Retired as a standard in this edition, although similar guidance can be found in reduced scope under <i>standard 4.1: Vector control at settlement level</i>.</p>	<p><b>Vector control standard 3: Chemical control safety</b></p> <p>Chemical vector control measures are carried out in a manner that ensures that staff, the disaster-affected population and the local environment are adequately protected and that avoids creating chemical resistance to the substances used.</p>



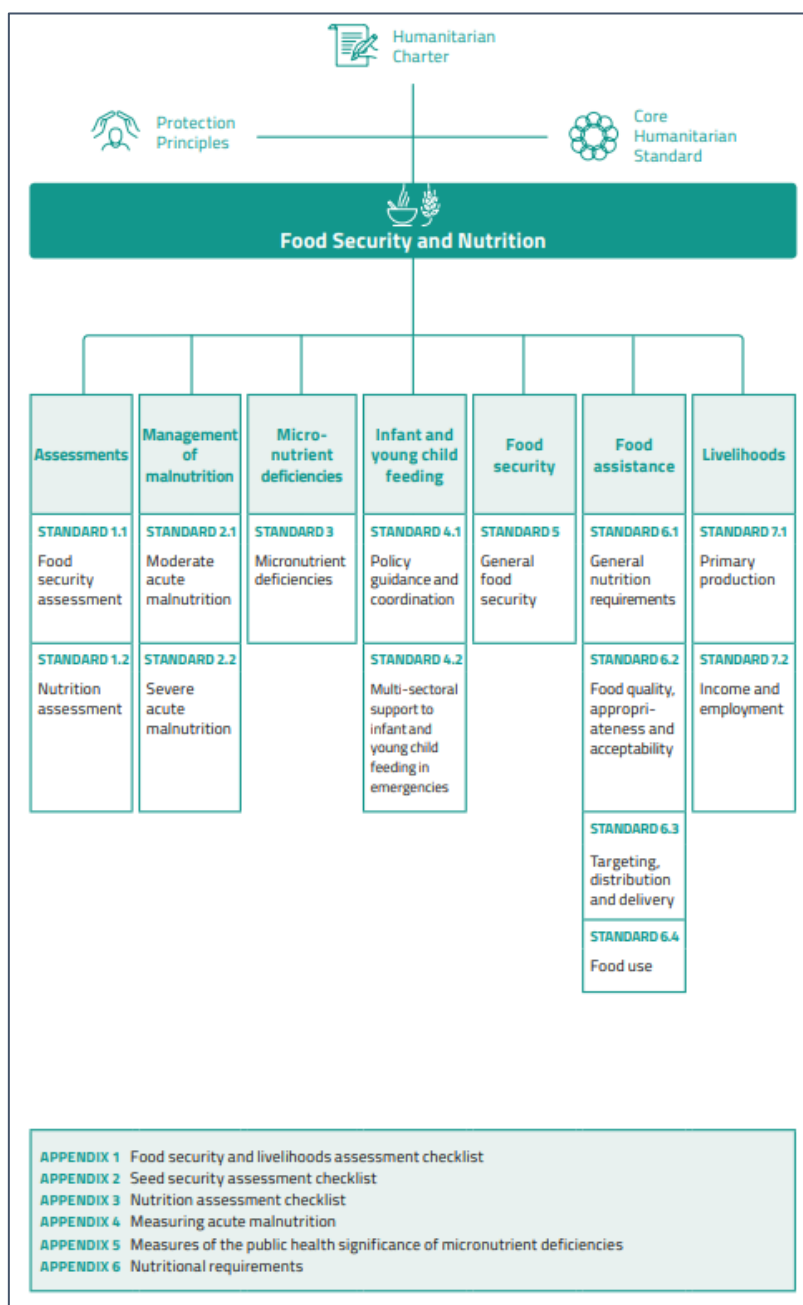
Content in the 2018 Edition	Comparable content in the 2011 Edition
<p>Solid waste management standard 5.1: Environment free from solid waste</p> <p>Solid waste is safely contained, to avoid pollution of the natural, living, learning, working and communal environments.</p>	<p>Solid waste management standard 1: Collection and disposal</p> <p>The affected population has an environment not littered by solid waste, including medical waste, and has the means to dispose of their domestic waste conveniently and effectively.</p>
<p>Solid waste management standard 5.2: Household and personal actions to safely manage solid waste</p> <p>People can safely collect and potentially treat solid waste in their households.</p>	
<p>Solid waste management standard 5.3: Solid waste management systems at institutional level</p> <p>Designated public collection points do not overflow with waste, and final treatment or disposal of waste is safe and secure.</p>	
<p>Retired as a WASH standard. Main elements were moved to the Settlement chapter, under <i>Shelter and Settlement standard 2: Location and settlement planning</i> (Key action: dwelling areas and services are kept free of standing water) and <i>standard 7: Environmental sustainability</i>: Guidance note on erosion.</p>	<p>Drainage standard 1: Drainage work</p> <p>People have an environment in which health risks and other risks posed by water erosion and standing water, including stormwater, floodwater, domestic wastewater and wastewater from medical facilities, are minimised.</p>
<p>WASH Standard 6: WASH in healthcare facilities</p> <p>All healthcare facilities maintain minimum WASH infection prevention and control standards, including in outbreaks.</p>	<p>Not listed as a standard, however similar guidance can be found in the Appendices to the WASH chapter in this edition.</p>
<p><b>Appendices</b></p> <ol style="list-style-type: none"> <li>1. Water supply, sanitation and hygiene promotion initial needs assessment checklist</li> <li>2. The F diagram: Faecal-oral transmission of diarrhoeal diseases <b>(NEW)</b></li> <li>3. Minimum water quantities survival figures and quantifying water needs</li> <li>4. Minimum numbers of toilets: community, public places and institutions</li> <li>5. Water- and sanitation-related diseases</li> </ol> <ol style="list-style-type: none"> <li>6. Household water treatment and storage decision tree</li> </ol>	<p><b>Appendices</b></p> <ol style="list-style-type: none"> <li>1. Water supply, sanitation and hygiene promotion initial needs assessment checklist</li> <li>2. Minimum water quantities for institutions and other uses</li> <li>3. Minimum numbers of toilets at public places and institutions in disaster situations</li> <li>4. Water- and excreta-related diseases and transmission mechanisms</li> <li>5. Minimum hygiene, sanitation and isolation activities for cholera treatment centres (CTCs) <b>(DELETED – Content moved to new WASH standard 6)</b></li> <li>6. Household water treatment and storage decision tree</li> </ol>

### 3.2.2. Food Security and Nutrition

The Food Security and Nutrition chapter retains the same general content and guidance as in previous editions, with a simplified structure. Three standards were moved from this chapter to the *Delivering assistance through markets* Appendix. No new standards were added. The broad approach of this chapter, embracing immediate and underlying causes to undernutrition is maintained (see Figure 7: Causes of undernutrition, p. 161).

During the revision process, the options of creating two separate chapters and of integrating the content into one unified chapter were discussed. In the end the two sectors of *Food security* and *Nutrition* are maintained as distinct sections in one chapter, due to the considerable links between the two.

The two assessment standards (*Food security assessment* and *Nutrition assessment*) are maintained.



## Notable changes

**Moving from “Food aid” to “Food assistance”:** Since the late 2000’s, food assistance is the term preferred to food transfers or food aid. “While food aid is a tried and tested model, [...] it sprang from a largely unidirectional, top-down vision: people were hungry; we fed them. Food assistance, by contrast, involves a more complex understanding of people’s long-term nutritional needs and of the diverse approaches required to meet them”<sup>2</sup>.

**Food Assistance Standard 6.2: Food quality, appropriateness and acceptability** is a merger of two **food transfers** standards from the 2011 edition: *Appropriateness and acceptability*, and *Food quality and safety*.

## Retired standards

**Three standards were moved** from this chapter to *What is Sphere – Appendix: Delivering assistance through markets*:

- Food security - Food transfers standard 4: Supply chain management (SCM)
- Food security - Cash and voucher transfers standard 1: Access to available goods and services
- Food security - Livelihoods standard 3: Access to markets

These standards were relocated because cash-based programming, supply-chain management and access to markets are now seen as key considerations for all sectors.

There are no new standards in the 2018 edition. All standards have been reviewed, updated, and simplified for easier reading and translation.

## Appendices

Appendix 4: Measuring acute malnutrition. This appendix now gives guidance on measuring the mid upper arm circumference (MUAC) in adults and, specifically, pregnant women. Different guidelines and cut-off points are used depending on organisations and response contexts. Sphere provides overall cut-off points. MUACS for older people are now mentioned as well, without providing actual cut-off points. (see Handbook p226 and 227).

Appendix 6: the table for the average global population structure was deleted because it was felt to be too generic. The link to the website which supports the development of specific population structures is provided.

## Table of changes

Content in the 2018 Edition	Comparable content in the 2011 Edition
<p>Food security and nutrition assessment standard 1.1: Food security assessment</p> <p>Where people are at risk of food insecurity, assessments are conducted to determine the degree and extent of food insecurity, identify those most affected and define the most appropriate response.</p>	<p>Food security and nutrition assessment standard 1: Food security</p> <p>Where people are at increased risk of food insecurity, assessments are conducted using accepted methods to understand the type, degree and extent of food insecurity, to identify those most affected and to define the most appropriate response.</p>

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<sup>2</sup> Food assistance: cash and in-kind, World Food Programme (WFP). <http://www1.wfp.org/food-assistance>

Content in the 2018 Edition	Comparable content in the 2011 Edition
<p>Food security and nutrition assessment standard 1.2: Nutrition assessment</p> <p>Nutrition assessments use accepted methods to identify the type, degree and extent of undernutrition, those most at risk and the appropriate response.</p>	<p>Food security and nutrition assessment standard 2: Nutrition</p> <p>Where people are at increased risk of undernutrition, assessments are conducted using internationally accepted methods to understand the type, degree and extent of undernutrition and identify those most affected, those most at risk and the appropriate response.</p>
<p>Management of malnutrition standard 2.1: Moderate acute malnutrition</p> <p>Moderate acute malnutrition is prevented and managed.</p>	<p>Management of acute malnutrition and micronutrient deficiencies standard 1: Moderate acute malnutrition</p> <p>Moderate acute malnutrition is addressed.</p>
<p>Management of malnutrition standard 2.2: Severe acute malnutrition</p> <p>Severe acute malnutrition is treated.</p>	<p>Management of acute malnutrition and micronutrient deficiencies standard 2: Severe acute malnutrition</p> <p>Severe acute malnutrition is addressed</p>
<p>Micronutrient deficiencies standard 3.1: Micronutrient deficiencies</p> <p>Micronutrient deficiencies are corrected.</p>	<p>Management of acute malnutrition and micronutrient deficiencies standard 3: Micronutrient deficiencies</p> <p>Micronutrient interventions accompany public health and other nutrition interventions to reduce common diseases associated with emergencies and address micronutrient deficiencies.</p>
<p>Infant and Young Child Feeding Standard 4.1: Policy guidance and coordination</p> <p>Policy guidance and coordination ensure safe, timely and appropriate infant and young child feeding.</p>	<p>Infant and young child feeding standard 1: Policy guidance and coordination</p> <p>Safe and appropriate infant and young child feeding for the population is protected through implementation of key policy guidance and strong coordination.</p>
<p>Infant and Young Child Feeding Standard 4.2: Multi-sectoral support to infant and young child feeding in emergencies</p> <p>Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks, is culturally sensitive and optimises nutrition, health and survival outcomes.</p>	<p>Infant and young child feeding standard 2: Basic and skilled support</p> <p>Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks and optimises nutrition, health and survival outcomes.</p>
<p>Food Security Standard 5.1: General food security</p> <p>People receive food assistance that ensures their survival, upholds their dignity, prevents the erosion of their assets and builds resilience.</p>	<p>Food security standard 1: General food security</p> <p>People have a right to humanitarian food assistance that ensures their survival and upholds their dignity, and as far as possible prevents the erosion of their assets and builds resilience.</p>
<p>Food Assistance Standard 6.1: General nutrition requirements</p> <p>The basic nutritional needs of the affected people, including the most vulnerable, are met.</p>	<p>Food security – food transfers standard 1: General nutrition requirements</p> <p>Ensure the nutritional needs of the disaster-affected population, including those most at risk, are met.</p>

Content in the 2018 Edition	Comparable content in the 2011 Edition
<p><b>Food Assistance Standard 6.2: Food quality, appropriateness and acceptability</b></p> <p>The food items provided are of appropriate quality, are acceptable and can be used efficiently and effectively.</p>	<p><b>Food security – food transfers standard 2: Appropriateness and acceptability</b></p> <p>The food items provided are appropriate and acceptable to recipients so that they can be used efficiently and effectively at the household level.</p> <p><b>Food security – food transfers standard 3: Food quality and safety</b></p> <p>Food distributed is fit for human consumption and of appropriate quality.</p>
<p><b>Food Assistance Standard 6.3: Targeting, distribution and delivery</b></p> <p>Food assistance targeting and distribution is responsive, timely, transparent and safe.</p>	<p><b>Food security – food transfers standard 5: Targeting and distribution</b></p> <p>The method of targeted food distribution is responsive, timely, transparent and safe, supports dignity and is appropriate to local conditions.</p>
<p>Content from the 2011 standard is now relocated to <i>What is Sphere – Appendix: Delivering assistance through markets</i>.</p>	<p><b>Food security – food transfers standard 4: Supply chain management (SCM)</b></p> <p>Commodities and associated costs are well managed using impartial, transparent and responsive systems.</p>
<p><b>Food Assistance Standard 6.4: Food use</b></p> <p>Storage, preparation and consumption of food is safe and appropriate at both household and community levels.</p>	<p><b>Food security – food transfers standard 6: Food use</b></p> <p>Food is stored, prepared and consumed in a safe and appropriate manner at both household and community levels.</p>
<p>Content from the 2011 standard is now relocated to <i>What is Sphere – Appendix: Delivering assistance through markets</i>.</p>	<p><b>Food security – cash and voucher transfers standard 1: Access to available goods and services</b></p> <p>Cash and vouchers are considered as ways to address basic needs and to protect and re-establish livelihoods.</p>
<p><b>Livelihoods Standard 7.1: Primary production</b></p> <p>Primary production mechanisms receive protection and support.</p>	<p><b>Food security – livelihoods standard 1: Primary production</b></p> <p>Primary production mechanisms are protected and supported.</p>
<p><b>Livelihoods Standard 7.2: Income and employment</b></p> <p>Women and men receive equal access to appropriate income-earning opportunities where income generation and employment are feasible livelihood strategies.</p>	<p><b>Food security – livelihoods standard 2: Income and employment</b></p> <p>Where income generation and employment are feasible livelihood strategies, women and men have equal access to appropriate income-earning opportunities.</p>
<p>Content from the 2011 standard is now relocated to <i>What is Sphere – Appendix: Delivering assistance through markets</i>.</p>	<p><b>Food security – livelihoods standard 3: Access to markets</b></p> <p>The disaster-affected population's safe access to market goods and services as producers, consumers and traders is protected and promoted.</p>

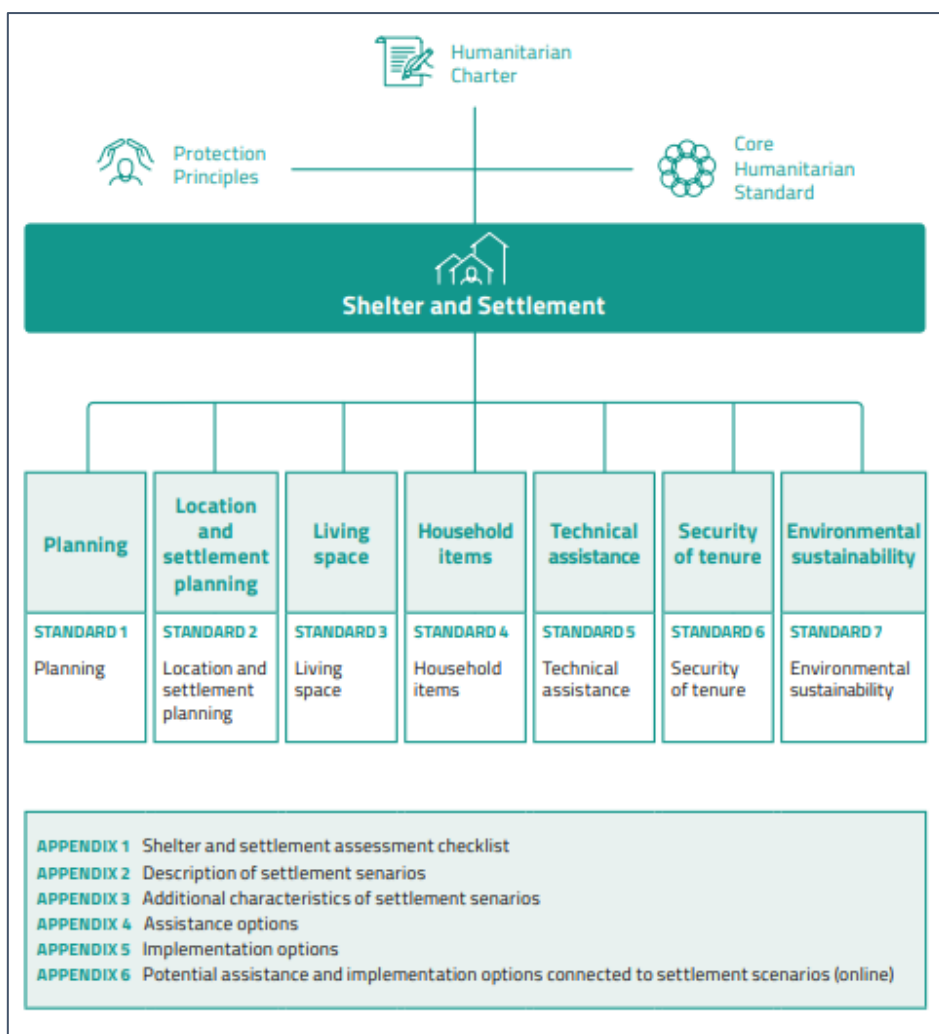
Content in the 2018 Edition	Comparable content in the 2011 Edition
<p><b>Appendices:</b></p> <ol style="list-style-type: none"> <li>1. Food security and livelihoods assessment checklists</li> <li>2. Seed security assessment checklist</li> <li>3. Nutrition assessment checklist</li> <li>4. Measuring acute malnutrition</li> <li>5. Measures of the public health significance of micronutrient deficiencies</li> <li>6. Nutritional requirements</li> </ol>	<p><b>Appendices:</b></p> <ol style="list-style-type: none"> <li>1. Food security and livelihoods assessment checklists</li> <li>2. Seed security assessment checklist</li> <li>3. Nutrition assessment checklist</li> <li>4. Measuring acute malnutrition</li> <li>5. Measures of the public health significance of micronutrient deficiencies</li> <li>6. Nutritional requirements</li> </ol>

### 3.2.3. Shelter and Settlement

This chapter underwent the most radical structural change. The dual structure of 10 standards divided evenly into 2 parts (Shelter and settlement standards and NFI standards) was replaced by a sequence of seven consecutive standards. At the same time, the number of appendices went from 1 to 6.

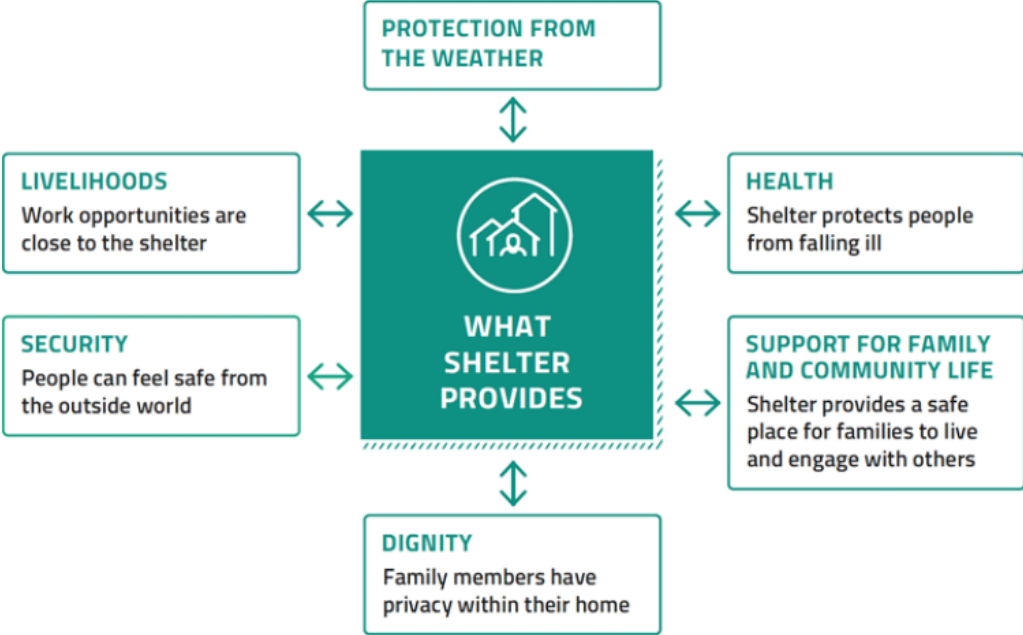
The background to these changes lies in the evolving nature of displacement. In increasingly diverse and protracted displacement situations, the location and design of shelters and settlement sites are increasingly important. It is necessary to plan for the support of neighbourhoods and communities where shelters are situated. Working in urban contexts requires expertise in urban planning and design, and knowledge of rights, regulations, laws and policies relating to housing, land and property.

The diversity of post-crisis settlement scenarios requires careful consideration. This includes selecting the most effective and appropriate type(s) of assistance, according to specific categories of the affected populations, and ways of delivering the assistance. The new appendices provide an overview of the wide range of types and durations of shelter and settlement contexts with an overview of response options for each.



### Notable changes

**Broader ranges of scenarios and response option:** While still addressing temporary settlements and quick onset disasters as before, the 2018 edition moves still further towards incorporating other scenarios and response options. It addresses not only the support of displaced people to return to their dwellings, clearing debris and locating settlements at a safe distance from threats, but also provides guidance for protracted crises, large-scale migration across country borders and settlement in urban areas. The 2018 edition is therefore more easily applicable in various shelter response settings. It also makes explicit links to other sectors and to broader issues of protection and development, as is expressed in Figure 8: *What Shelter provides*:



*What shelter provides (Figure 8)*  
 Some of the functions of appropriate emergency shelter. Shelter programmes should support families to meet these needs.

The appendices are an integral part of the standards.

Standard 7 on Environmental sustainability introduces a stronger focus on not only reducing environmental impact but also keeping in mind longer-term sustainability.



## New standards

**Standard 4: Household items:** According to the definition provided in the new introduction to this chapter, “*Shelter*” is the household living space including the items necessary to support daily activities. In line with this definition, and to reduce repetition, the 4 relatively short Non-food items (NFI) standards from this chapter in the 2011 edition are now combined in *Shelter and Settlement Standard 4: Household items*.

The new standard captures the key messages and information in a single standard, but in less detail. “Household items” is a practical and concise term to refer to shelter-specific NFIs. (Consideration is given to other NFIs elsewhere in the Handbook, e.g. sanitary kits in WASH.)

The 5<sup>th</sup> NFI standard of the 2011 edition, concerning tools and fixings, is not reflected in the new edition. Elements of it can be found in *Shelter and settlement standard 5: Technical assistance*.

**Standard 5: Technical assistance** is an evolution of the *Construction* standard in the 2011 edition, with a significant shift in focus. The new standard, “*People have access to appropriate technical assistance in a timely manner*”, is more concise yet broader in scope, and implies a higher level of participation than the previous standard.

**Standard 6: Security of tenure:** This new standard represents a significant change in emphasis compared to the single Guidance note in the 2011 edition that touches briefly on the subject of tenure. It reflects the increased importance of urban and long-term displacement, which means that people need more permanent, often urban, solutions with a specific set of access and protection issues.

## Retired standards

The retired NFI standards are:

- Non-food items standard 1: Individual, general household and shelter support items
- Non-food items standard 2: Clothing and bedding
- Non-food items standard 3: Cooking and eating utensils
- Non-food items standard 4: Stoves, fuel and lighting
- Non-food items standard 5: Tools and fixings

## Appendices: Settlement scenarios and assistance options

As a departure from previous editions and unlike other chapters in the new 2018 edition, the Shelter and Settlement chapter introduces a taxonomy of different settlement scenarios for consideration by humanitarian responders in **five new appendices**: Appendices 2 to 5 in the printed Handbook and Appendix 6 online. The classification is designed to explicitly widen the scope of the chapter to shelter and settlement situations beyond rural camps. The Appendices provide additional characteristics of a range of shelter situations and a palette of programme options for response. This content is greatly expanded from the graphic presentation of typologies in the introduction to the 2011 Shelter chapter, *Shelter settlement options and response scenarios*.

## Table of changes

Content in the 2018 Edition	Comparable content in the 2011 Edition
<p><b>Shelter and settlement standard 1: Planning</b></p> <p>Shelter and settlement interventions are well planned and coordinated to contribute to the safety and well-being of affected people and promote recovery.</p>	<p><b>Shelter and settlement standard 1: Strategic planning</b></p> <p>Shelter and settlement strategies contribute to the security, safety, health and well-being of both displaced and non-displaced affected populations and promote recovery and reconstruction where possible</p>
<p><b>Shelter and settlement standard 2: Location and settlement planning</b></p> <p>Shelters and settlements are located in safe and secure areas, offering adequate space and access to essential services and livelihoods.</p>	<p><b>Shelter and settlement standard 2: Settlement planning</b></p> <p>The planning of return, host or temporary communal settlements enables the safe and secure use of accommodation and essential services by the affected population.</p>
<p><b>Shelter and settlement standard 3: Living space</b></p> <p>People have access to living spaces that are safe and adequate, enabling essential household and livelihoods activities to be undertaken with dignity.</p>	<p><b>Shelter and settlement standard 3: Covered living space</b></p> <p>People have sufficient covered living space providing thermal comfort, fresh air and protection from the climate ensuring their privacy, safety and health and enabling essential household and livelihood activities to be undertaken</p>
<p><b>Shelter and settlement standard 4: Household items</b></p> <p>Household items assistance supports restoring and maintaining health, dignity, safety and the undertaking of daily domestic activities in and around the home.</p>	<p><b>Non-food items: clothing, bedding and household items standards:</b></p> <ul style="list-style-type: none"> <li>• Standard 1: Individual, general household and shelter support items</li> <li>• Standard 2: Clothing and bedding</li> <li>• Standard 3: Cooking and eating utensils</li> <li>• Standard 4: Stoves, fuel and lighting</li> </ul>
<p>Tools for maintaining shelter and pursuing other livelihood activities are not included in the new edition.</p>	<p><b>Non-food items: clothing, bedding and household items Standard 5: Tools and fixings</b></p> <p>The affected population, when responsible for the construction or maintenance of their shelter or for debris removal, has access to the necessary tools, fixings and complementary training.</p>
<p><b>Shelter and settlement standard 5: Technical assistance</b></p> <p>People have access to appropriate technical assistance in a timely manner.</p>	<p><b>Shelter and settlement standard 4: Construction</b></p> <p>Local safe building practices, materials, expertise and capacities are used where appropriate, maximising the involvement of the affected population and local livelihood opportunities.</p>

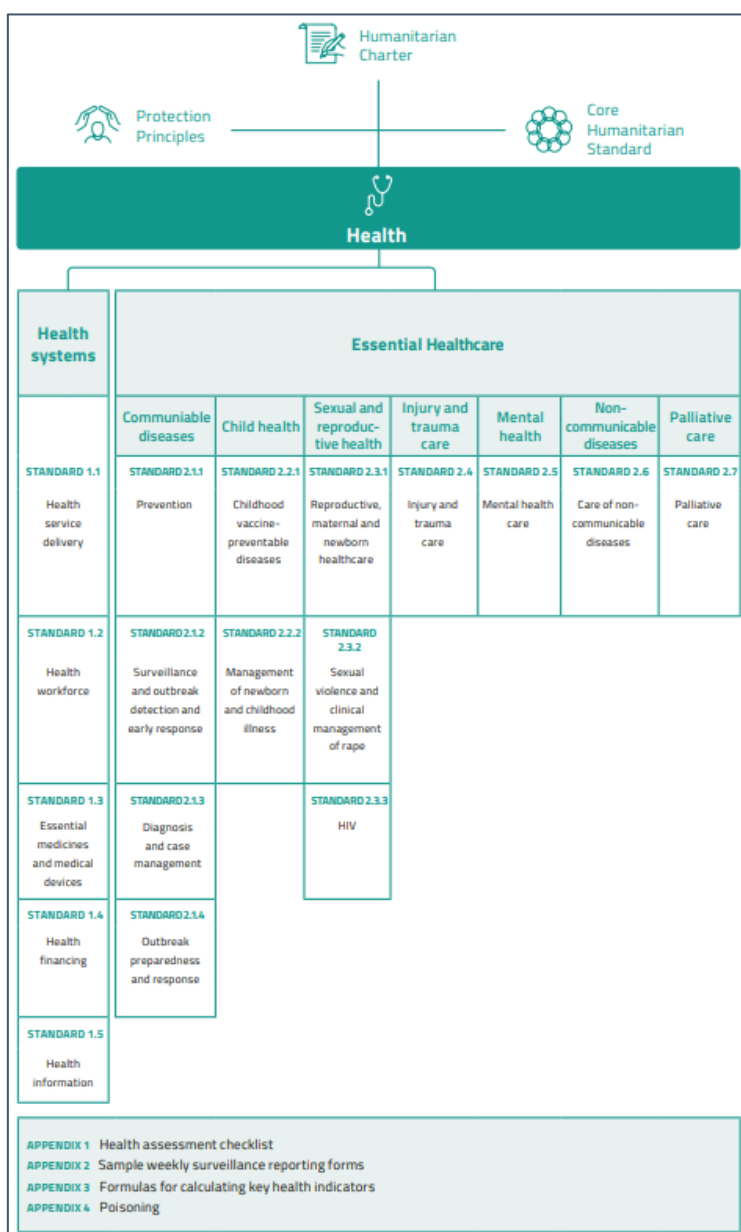
Content in the 2018 Edition	Comparable content in the 2011 Edition
<p>Shelter and settlement standard 6: Security of tenure</p> <p>The affected population has security of tenure in their shelter and settlement options.</p>	<p>While there is no comparable standard in the 2011 edition, there is a mention of tenure in Guidance note 2: <i>Housing, land and property ownership, rights and usage</i> of Shelter and settlement standard 2: <i>Settlement planning</i>.</p>
<p>Shelter and settlement standard 7: Environmental sustainability</p> <p>Shelter and settlement assistance minimises any negative programme impact on the natural environment.</p>	<p>Shelter and settlement standard 5: Environmental impact</p> <p>Shelter and settlement solutions and the material sourcing and construction techniques used minimise adverse impact on the local natural environment.</p>
<p><b>Appendices:</b></p> <ol style="list-style-type: none"> <li>1. Shelter and settlement assessment checklist</li> <li>2. Description of settlement scenarios</li> <li>3. Additional characteristics of settlement scenarios</li> <li>4. Assistance options</li> <li>5. Implementation options</li> <li>6. Potential assistance and implementation options connected to settlement scenarios <b>(online only)</b></li> </ol>	<p><b>Appendices:</b></p> <ol style="list-style-type: none"> <li>1. Shelter and settlement assessment checklist</li> </ol>

### 3.2.4. Health

The overall chapter structure and most of the content remain the same. It remains separated into two broad sections: *Health Systems* and *Essential Health Services*. The overall number of standards also remains the same although two standards have been retired and two new ones added. Standards numbering is simplified.

The main shifts in emphasis concern a heightened focus on support and development of existing health systems where possible, and *protection* of health services themselves in conflict situations (see Health chapter introduction). Both shifts reflect developments and observations of health-focused humanitarian responders over the last decade. New standards in the chapter increase the level of attention paid to treatment of survivors of rape and palliative care for terminally ill and aging populations.

The Health systems standard *Leadership and coordination* was removed, as well as the overarching *Prioritising health services*.



## Notable changes

The overall structure of the Health chapter is very similar to that of the 2011 edition.

**Crude mortality rate:** The Chapter introduction, *Essential concepts in health*, discusses two key indicators which are the most useful to monitor and evaluate the severity of a crisis: *Crude mortality rate (CMR)* and the more sensitive *under-five crude mortality rate (U5CMR)*. A doubling or more of the baseline CMR or U5CMR indicates a significant public health emergency and requires an immediate response.

These two important indicators were moved to the Chapter introduction from the *Prioritising health services standard*, which no longer exists in the 2018 edition. Both indicators still figure in *Appendix 3: Formulas for calculating key Health indicators*.

Moving CMR indicators from a single standard to the chapter introduction is based on the premise that “the aim of healthcare in a crisis is to reduce excess morbidity and mortality”, and that actions taken to meet most health standards will influence this single indicator.

This move also sends a strong message that this indicator should not be used like others in the Handbook. While usual Sphere indicators are designed to send a warning signal when a certain threshold is breached, CMR is a very slow indicator, requiring many days of data to make accurate readings. By the time the emergency threshold is reached, it is too late to react to the problem.

**Protection:** The Chapter introduction includes *special considerations to protect healthcare*.

## New standards

The new standards both address issues that have been highlighted and much discussed over the past decade. There is now an increased focus on survivors of sexual violence and rape and on the treatment of terminally ill and older persons with dignity via palliative care. The two new standards are:

**Sexual and reproductive health standard 2.3.2: Sexual violence and clinical management of rape.** This is a new standard, building and expanding on content that was previously in the 2011 *Reproductive health* standard (2011 edition). The standard states that “People have access to healthcare that is safe and responds to the needs of survivors of sexual violence.” It clarifies that all health responses must include consideration, drugs and trained staff to deal with situations of sexual violence. The indicators for this standard further call for ready access to post-exposure prophylaxis (PEP) kits and emergency contraception to be available to rape survivors.

There is a limited discussion of this topic in the *Reproductive health* standard in the 2011 edition. The high proportion of aid now being directed to people affected by violent conflict with rape often being used as a weapon of war is a key driver for this new standard.

**Essential healthcare standard 2.7: Palliative care.** This standard states that “People have access to palliative and end-of-life care that relieves pain and suffering, maximises the comfort, dignity, and quality of life of patients, and provides support for family members.” This approach is indeed new and reflects, in part, the aging of affected communities that results from longer and chronic displacement situations – a trend which has continued over the last decade. Ebola and long-term displacement also accentuate the need to care for terminally ill patients of all ages. Links to the Non-communicable diseases chapter are ensured.

Directing limited resources to terminally ill people may be counterintuitive but providing dignity in death is important for those that survive them and builds social cohesion. Further reading: Aid when there is “nothing left to offer”<sup>3</sup>.

**Appendices:** An appendix on poisoning was added, reflecting the realities of warfare against civilians.

## Retired standards

The two retired standards are:

**Health systems standard 6: Leadership and coordination.** The issues of leadership and coordination are now addressed in the CHS in *Commitment 6 – Communities and people affected by crisis receive coordinated, complementary assistance*.

**Essential health services standard 1: Prioritising health services.** The issue of providing prioritised health services to reduce excess mortality has been moved to the introduction of the Health chapter.

## Other changes:

**The MISP (Minimum Initial Service Package):** SRH Standard 1 in the 2011 edition was dedicated to the MISP. By the end of the 2017/18 Sphere Handbook revision, the MISP was still under revision itself. Sphere could not reference a document that is not in the public domain but retained in essence the content of the MISP without directly quoting it. The MISP 2011 is still in the reference section of the Health chapter, and so is the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. This publication contains detailed references to the MISP.

**People living with and affected by HIV:** In the 2011 Handbook, the term PLHIV (People Living with HIV) was used. Since then, the sector decided this term was too narrow, including only individuals with the HIV virus, and not their families, friends and communities. Therefore “and affected by” was added.

## Table of changes

Content in the 2018 Edition	Content in the 2011 Edition
<b>Section 1: Health systems</b>	<b>Section 1: Health systems</b>
<b>1.1: Health service delivery</b> People have access to integrated quality healthcare which is safe, effective and patient-centred.	<b>1: Health service delivery</b> People have access to effective, safe and quality health services that are standardised and follow accepted protocols and guidelines.
<b>1.2: Health workforce</b> People have access to healthcare workers with adequate skills at all levels of healthcare.	<b>2: Human resources</b> Health services are provided by trained and competent health work-forces who have an adequate mix of knowledge and skills to meet the health needs of the population.
<b>1.3: Essential medicines and medical devices</b> People have access to essential medicines and medical devices that are safe, effective and of assured quality.	<b>3: Drugs and medical supplies</b> People have access to a consistent supply of essential medicines and consumables.

<sup>3</sup> <https://humanitarianhealthethics.net/home/news-and-events/hhe-in-geneva-september-2018/>

Content in the 2018 Edition	Content in the 2011 Edition
<p><b>1.4: Health financing</b></p> <p>People have access to free priority healthcare for the duration of the crisis.</p>	<p><b>4: Health financing</b></p> <p>People have access to free primary healthcare services for the duration of the disaster.</p>
<p><b>1.5: Health information</b></p> <p>Healthcare is guided by evidence through the collection, analysis and use of relevant public health data.</p>	<p><b>5. Health information management</b></p> <p>The design and delivery of health services are guided by the collection, analysis, interpretation and utilisation of relevant public health data.</p>
<p>This content is not addressed as a standard in this edition. Similar content can be found in the CHS Commitment 6.</p>	<p><b>6: Leadership and coordination</b></p> <p>People have access to health services that are coordinated across agencies and sectors to achieve maximum impact.</p>

Content in the 2018 Edition	Content in the 2011 Edition
<b>Section 2: Essential healthcare</b>	<b>Section 2: Essential health services</b>
<p>This content has been moved from standard level to the Chapter introduction because of its overarching importance for any healthcare response.</p>	<p><b>1: Prioritising health services</b></p> <p>People have access to health services that are prioritised to address the main causes of excess mortality and morbidity.</p>
<b>2.1. Communicable diseases</b>	<b>2.1: Control of communicable diseases</b>
<p><b>2.1.1: Prevention</b></p> <p>People have access to healthcare and information to prevent communicable diseases.</p>	<p><b>1: Communicable disease prevention</b></p> <p>People have access to information and services that are designed to prevent the communicable diseases that contribute most significantly to excess morbidity and mortality.</p>
<p><b>2.1.2: Surveillance, outbreak detection and early response</b></p> <p>Surveillance and reporting systems provide early outbreak detection and early response.</p>	<p><b>3. Outbreak detection and response</b></p> <p>Outbreaks are prepared for, detected, investigated and controlled in a timely and effective manner.</p> <p>Note: this content has been divided and expanded into 2 separate standards in the new edition.</p>
<p><b>2.1.4: Outbreak preparedness and response</b></p> <p>Outbreaks are adequately prepared for and controlled in a timely and effective manner.</p>	
<p><b>2.1.3: Diagnosis and case management</b></p> <p>People have access to effective diagnosis and treatment for infectious diseases that contribute most significantly to morbidity and mortality.</p>	<p><b>2. Communicable disease diagnosis and case management</b></p> <p>People have access to effective diagnosis and treatment for those infectious diseases that contribute most significantly to preventable excess morbidity and mortality.</p>
<b>2.2: Child health</b>	<b>2.2: Child health</b>
<p><b>2.2.1: Childhood vaccine-preventable diseases</b></p> <p>Children aged six months to 15 years have immunity against disease and access to routine Expanded Programme on Immunization (EPI) services during crises.</p>	<p><b>1: Prevention of vaccine-preventable diseases</b></p> <p>Children aged 6 months to 15 years have immunity against measles and access to routine Expanded Programme on Immunization (EPI) services once the situation is stabilised.</p>

<b>Content in the 2018 Edition</b>	<b>Content in the 2011 Edition</b>
<p><b>2.2.2: Management of newborn and childhood illness</b></p> <p>Children have access to priority healthcare that addresses the major causes of newborn and childhood morbidity and mortality.</p>	<p><b>2. Management of newborn and childhood illness</b></p> <p>Children have access to priority health services that are designed to address the major causes of newborn and childhood morbidity and mortality.</p>
<p><b>2.3: Sexual and reproductive health</b></p>	<p><b>2.3: Sexual and reproductive health</b></p>
<p><b>2.3.1: Reproductive, maternal and newborn healthcare</b></p> <p>People have access to healthcare and family planning that prevents excessive maternal and newborn morbidity and mortality.</p>	<p><b>1. Reproductive health</b></p> <p>People have access to the priority reproductive health services of the Minimum Initial Service Package (MISP) at the onset of an emergency and comprehensive RH as the situation stabilises.</p>
<p><b>2.3.2: Sexual violence and clinical management of rape</b></p> <p>People have access to healthcare that is safe and responds to the needs of survivors of sexual violence.</p>	<p>Note: this content has been divided and expanded into 2 separate standards in the new edition. Also see MISP below.</p>
<p><b>2.3.3: HIV</b></p> <p>People have access to healthcare that prevents transmission and reduces morbidity and mortality due to HIV.</p>	<p><b>2. HIV and AIDS</b></p> <p>People have access to the minimum set of HIV prevention, treatment, care and support services during disasters.</p>
<p><b>2.4: Injury and trauma care</b></p>	<p><b>2.4: Injury</b></p>
<p><b>2.4: Injury and trauma care</b></p> <p>People have access to safe and effective trauma care during crises to prevent avoidable mortality, morbidity, suffering and disability.</p>	<p><b>1: Injury care</b></p> <p>People have access to effective injury care during disasters to prevent avoidable morbidity, mortality and disability.</p>
<p><b>2.5: Mental health</b></p>	<p><b>2.5: Mental health</b></p>
<p><b>2.5: Mental health care</b></p> <p>People of all ages have access to healthcare that addresses mental health conditions and associated impaired functioning.</p>	<p><b>1. Mental health</b></p> <p>People have access to health services that prevent or reduce mental health problems and associated impaired functioning.</p>
<p><b>2.6: Non-communicable diseases</b></p>	<p><b>2.6: Non-communicable diseases</b></p>
<p><b>2.6: Care of non-communicable diseases</b></p> <p>People have access to preventive programmes, diagnostics and essential therapies for acute complications and long-term management of non-communicable diseases.</p>	<p><b>1: Non-communicable diseases</b></p> <p>People have access to essential therapies to reduce morbidity and mortality due to acute complications or exacerbation of their chronic health condition.</p>
<p><b>2.7: Palliative care</b></p>	<p>This content was not addressed as a standard in the 2011 edition. Some similar content was included in the What is Sphere introduction under the heading <i>“Outline of the cross-cutting themes”</i>.</p>
<p><b>2.7: Palliative care</b></p> <p>People have access to palliative and end-of-life care that relieves pain and suffering, maximises the comfort, dignity and quality of life of patients, and provides support for family members.</p>	



Content in the 2018 Edition	Content in the 2011 Edition
<p><b>Appendices</b></p> <ol style="list-style-type: none"> <li>1. Health assessment checklist</li> <li>2. Sample weekly surveillance reporting forms</li> <li>3. Formulas for calculating key health indicators</li> <li>4. Poisoning <b>(new)</b></li> </ol>	<p><b>Appendices</b></p> <ol style="list-style-type: none"> <li>1. Health assessment checklist</li> <li>2. Sample weekly surveillance reporting forms</li> <li>3. Formulas for calculating key health indicators</li> </ol>

### 3.3. Annexes

The annexes are unchanged from the 2011 edition. Only Annex 1 underwent a process of significant updating:

#### Annex 1: Legal foundation to Sphere

This annex is an evolution of the 2011 Annex 1, *Key Documents that inform the Humanitarian Charter*. The annex includes legal documents that inform Sphere’s legal and moral foundation: The Humanitarian Charter. The list of documents, and the comments which accompany each document, have been reviewed and updated.

The major change (apart from the title) is that the section on *Humanitarian policy frameworks, guidelines and principles on disasters and humanitarian assistance* has been placed online (only) for the 2018 edition and re-named *Humanitarian policy frameworks, guidelines and principles on human rights, protection and vulnerability in emergency preparedness and response*. This will allow for continuous updating as new resources become available. The documents in this section are grouped under the heading of: general standards (including the Humanitarian Standards Partnership); gender equality and protection from gender-based violence; children in emergencies; and refugees and internally displaced persons (IDPs)

#### Annex 2: The Code of Conduct

This annex is unchanged. The Code of Conduct is the foundation for the Humanitarian Charter and therefore for Sphere’s values. The ten principles are reproduced in the Handbook introduction (*What is Sphere?*) to emphasise the continued importance of this text.

#### Annex 3: Acronyms and abbreviations

Terms that are directly explained in the text where they appear are not included in this annex.

# Appendix 1: Background to the 2011 revision of the Humanitarian Charter

*This appendix is reproduced as is from a document produced at the time of the previous revision.*

## 1. Background

The Sphere Project represents an attempt by the operational agencies of the international humanitarian community to define common standards for the provision of assistance. The primary motivation behind the project was to enhance the quality and accountability of humanitarian assistance delivered by the international humanitarian system. But while the project has been largely concerned with the performance of humanitarian agencies, this has been accompanied from the beginning by a desire to locate their actions in a wider framework of roles and responsibilities. In other words, Sphere is not just a manual of humanitarian good practice: it is a statement about rights and duties. In many ways, Sphere could be described as a working out of the idea of the 'right to life with dignity' and a 'right to humanitarian assistance', an attempt to articulate the minimum content of these rights and their implications for humanitarian practice.

It is these aspects of Sphere 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.

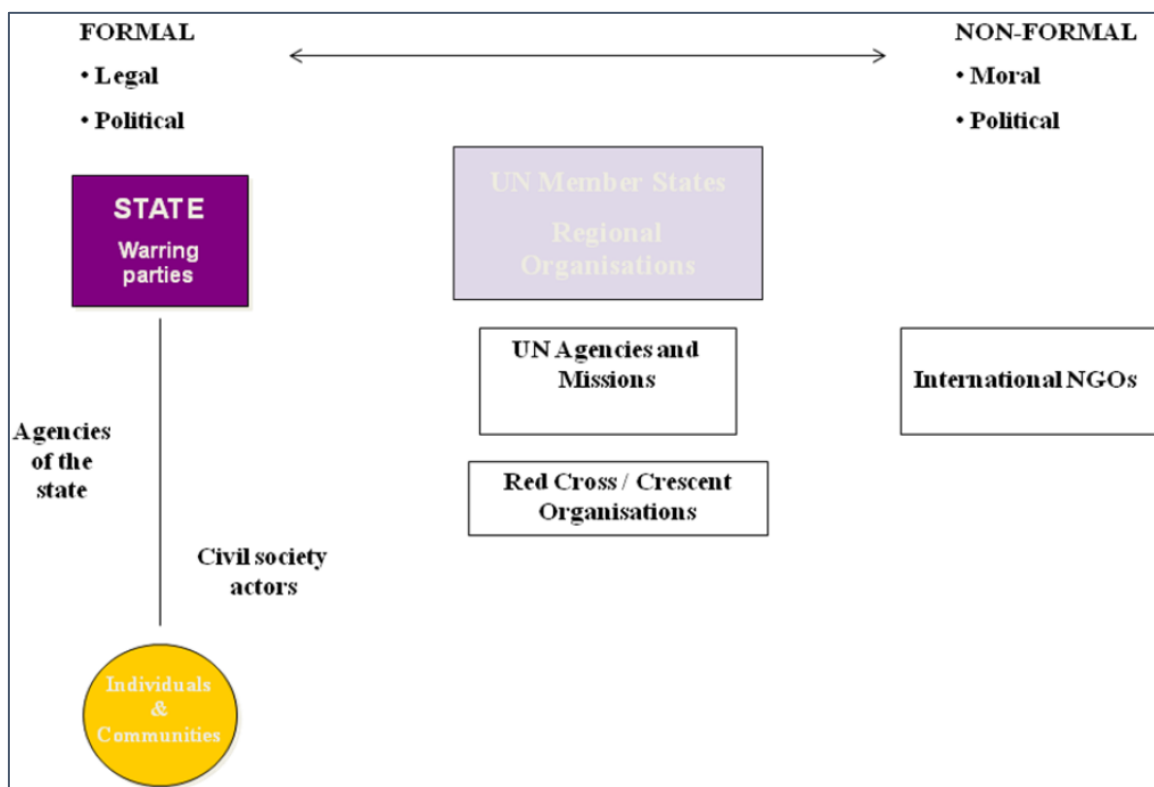
Ultimately, the Charter is a statement of shared belief by those humanitarian agencies that endorse Sphere. In committing themselves to minimum standards of assistance, agencies recognise that the achievement of those goals is likely to be contingent on a number of factors beyond their control — and for which they have no formal responsibility. But the Charter insists that the humanitarian imperative takes precedence, and that in any given situation the role of humanitarian agencies may be essential for the protection of life and dignity. So, while recognising that their role is by no means unique, 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 has to be understood within a wider framework of social, political, legal and moral relationships. In formal, legal terms this centres on the relationship between the crisis-affected state and its people. This is partly a matter of the sovereign responsibilities of the state, partly a matter of established international law. But the Charter begins with the social ties that bind people and cause people to assist their neighbours in times of crisis. The role of civil society institutions is often crucial in this, and the Charter argues that it is in the combination of voluntary and official action that people's best chance lies of receiving the assistance they need.

The role of international humanitarian agencies must be considered in the light of people's own capacities; the role of the relevant governing authorities in assisting them; and the relationship

of rights and duties that exists between disaster victims and the 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:



In formal (legal) rights terms, the primary relationship is that on the left-hand side between the individual rights holders and the state as the duty bearer. Those actors in the middle of the diagram above have 'supervening' responsibilities to protect and assist deriving from their mandates, agreements or legal instruments like the UN Charter, human rights 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 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 basic concepts and quite a lot of the language from the original Charter are retained in the new Charter. The Charter was not revised at the time of the 2004 revision of Sphere, but for the 2011 version it was felt that the time had come to re-write it. There were a number of reasons for this. One was that the link between the Charter and the following Standards was not felt to be clear in the original version, and those links needed to be strengthened. Another was that the original version was felt to be a 'minimalist' text and perhaps too dense to be easily understandable. Many felt that the principles involved needed to be given more explanation.

Perhaps the main reason for wanting to revise the Charter was that thinking and practice (and in some respects the law) had developed somewhat in the intervening ten years, and that the 2011 revision presented an opportunity to capture what was believed to be the current

consensus on humanitarian action. Increasingly over the past few years, greater emphasis has been placed on the role of the crisis-affected state and greater recognition given to 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). With respect to conflict-related crises, the growing engagement of humanitarian agencies in the protection of civilians appeared to warrant a fuller account of the relevant legal frameworks. Likewise, the growing body of norms and practice around internally displaced people and the continuing concern with refugee protection deserved recognition.

The reference group established to review the need for a new Charter in the 2011 version agreed that in the light of the factors above, a new draft was warranted. They also felt that the Charter, while being more closely linked to the Standards, should also be readable as a 'standalone' document. The new version has been drafted with this in mind.

#### **4. What is new in the revised Charter?**

The most significant change to the Charter lies in the fuller articulation of the moral and legal basis for humanitarian action and for the standards that followed. In essence this runs as follows:

On overarching 'moral duty':

*Principle of humanity => Humanitarian imperative*

On 'moral and legal rights':

*Right to life with dignity => right to humanitarian assistance + right to protection and security*

The Charter is based on both ethical and legal foundations. We take the moral principle of *humanity* (as defined in the text) to be both universally shared and universally applicable. We also take it to be the primary source and motive for humanitarian action, as reflected also in the 'Fundamental Principles' of the Red Cross and Red Crescent Movement which have been adapted by many others for their own use. We take the principle of humanity to be more fundamental even 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, but we have tried to make the distinction between the two clearer in this draft as well as the connection between them. In particular, the text now reflects the fact that the Common Principles articulated in the Charter are not found as such in international law; they are based on an amalgam of legal and moral elements and have a strong basis in both. The document is in that sense aspirational and a statement of belief rather than a straightforward statement of legal norms.

Clearly it is important to distinguish between matters of moral belief and statements of law, and we have tried to do this more explicitly in the current draft. So why include the moral element? Because this remains the bedrock of humanitarianism. Agencies do not do what they do because the law demands it, and the norms governing the practice of states and their agents go beyond the purely legal. However, we believe the Charter does not go beyond the realm of accepted moral and legal principles. Rather it attempts to encapsulate a consensus around minimum moral and legal standards, providing a normative backdrop to the more practical minimum standards that follow.

One significant addition to the Charter from the previous edition is the inclusion of a companion resource, 'Key Documents that Inform the Sphere Humanitarian Charter'. Previously the Charter was followed by a one-page list of 'Sources' which were primarily international treaties. The drafters felt that this did not provide a sufficient resource for trainers, or for others who wanted to gain a better understanding of the legal and policy basis of the Charter. Also, given that the revision was aiming to take account of important policy and 'soft law' developments in the field of humanitarian action, as well as new developments in international treaty law, it was felt that a more extensive list of documents would be more useful. Even so, this list was necessarily highly selective, and concentrated on the universal human rights and vulnerabilities most associated with disaster response, as well as significant documents representing a broad consensus amongst humanitarian actors, including both United Nations and humanitarian agencies.

## **5. Who is the 'we' that speaks through the Charter?**

We have revised the first paragraph to make it clearer who is the subject of the Charter, namely 'we the humanitarian agencies'. This is then further elaborated as 'local, national and international agencies', based on the understanding that Sphere is intended to be global in application and that its potential subscribers include local and national agencies as well as international ones. Some of those consulted argued for using the term *actor* rather than agency, but after consulting the Sphere Board we retained the slightly narrower formulation *agency*. This is intended to cover those organisations which have *as a primary purpose* the provision of humanitarian assistance. On this basis, it could include governmental institutions and donor bodies (bilateral and multilateral) as well as UN and non-governmental agencies; but 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 specialised sense and in its more literal sense of 'working on behalf of another'.

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.

## **6. On the use of key terms**

Most of the changes we have made to terminology are relatively minor, but some are more significant. In particular, we have used 'conflict' rather than 'armed conflict', given the restricted definition of the latter in IHL that entails a certain threshold of violence and other conditions. The intention is to refer to any situation of violent conflict or forcible repression.

We have used the term '(common) principles' to include all of the various legal and moral principles, including rights and duties. Some argued that it is confusing to use the term 'common principles' in this context and that it risks confusion with the 'fundamental principles' of the Red Cross referred to above. Here it seems to us that using principles in a wider sense in the Charter is both necessary and justified. The Red Cross principles are for the most part principles of humanitarian *action*, intended to guide the actions and behaviour of specialised humanitarian agencies. These are of course very important, and the incorporation of the Code of Conduct into the Charter reflects this (many of the principles are contained in the Code). But there is a wider body of humanitarian principles that govern not 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 requirement to observe the

distinction between civilians and combatants and the prohibitions on the use of certain kinds of inhumane weapon. Not to include these within the ambit of 'humanitarian principles' (this is after all *humanitarian law*) seems to us to be a serious distortion. To do so would be to imply that humanitarian principles 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.

A second concern was raised by some that it was confusing to talk of common or core principles and then list a set of rights. In other words, they felt that 'principles' and 'rights' should be distinguished. Partly for the reasons given above, we don't agree. We understand *principles* to be the primary touchstones by which actions should be informed and judged. There is no reason why (say) the right to humanitarian assistance should not be such a principle. Indeed, given the rights basis of Sphere as a whole, it seems appropriate that the three core rights that are articulated in the Charter should head the list of principles.

We have used the term '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 is in part because not everybody subscribes to the principle of neutrality, and that principle has a number of different interpretations. The phrase 'non-partisan' echoes the usage in the Red Cross/NGO Code of Conduct and seems to us to encapsulate the non-contentious aspects of the concept of neutrality – i.e. that we will not take sides between warring parties.

## **7. On the 'Our Commitment' section**

This section has been substantially revised since the last version. In part this is because of changes made to the Common Standards section. This part of the Charter, and in particular paragraph 13, is intended to lay the ground for the Common Standards as well as for the sectoral standards that follow. It involves a commitment to 'make every effort' to ensure that people affected by disasters and armed conflict have access to at least the minimum requirements for life with dignity and security. This is a necessary qualification, since clearly there may be limiting factors here beyond the control of agencies. That qualification applies throughout Sphere and particularly in relation to protection, where the ability of agencies to ensure the security of affected populations may be extremely limited and is likely to depend on their ability to influence others. On this point, see also the 'What is Sphere?' section.

## **8. On the scope of the Charter**

There were a few topics that some felt should feature in the Charter, but which have either not been included or given only passing reference. These include justice, disaster prevention, environment and civil-military issues. Some of these are covered elsewhere in Sphere, like civil-military relations (see Common Standards). Others, including justice and prevention, were felt to be beyond the ambit of Sphere. Further explanation of this is contained in the opening chapter of the Handbook ('What is Sphere?').

## **9. On the implications of the Charter for practitioners**

By its nature, the Charter is more a statement of principles than a guide to action. It sets the basis for the Protection Principles section that follows, as well as for the Core and Minimum Standards. It is intended as the foundation for any intervention on humanitarian grounds, and should help guide decisions about roles and responsibilities, as well as providing a basis for humanitarian advocacy. It also provides the core statement of accountability for delivery against the Sphere Standards, although as with the earlier Charter, it does not spell out any particular accountability mechanism – in part because so little consensus exists on this issue.

Nevertheless, taken with the Protection Principles and the Standards, it does provide a basis on which agencies can reasonably be held to account for their actions. As such it should be seen as *integral* to compliance Sphere, not just an introductory chapter to the standards.

With respect to advocacy, the content relating to the role of the state and of civil society – and the call to non-humanitarian actors to adopt the principles of the Charter – are intended in part to 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.