

Using the Sphere Standards in Urban Settings

PART TWO

ABOUT THIS GUIDE

The Sphere Handbook 2018 edition explicitly included, for the first time, specific references to urban settings.

This guide, the 2020 edition of Using the Sphere standards in urban settings, expands on that work. It concentrates on Sphere's four technical chapters covering water supply, sanitation and hygiene promotion (WASH); Food security and nutrition; Shelter and settlement; and Health. Additional tools and approaches for urban response are included: Context analysis, Assessments, Profiling and Targeting; Area-based approaches and Cash and markets.

This guide follows Sphere's 2017 edition of Using the Sphere standards in urban settings, written by Ben Mountfield. It does not replicate the contents of the 2017 edition, but rather provides additional material and information.

All elements of the Code of Conduct, Humanitarian Charter, Protection Principles and Core Humanitarian Standard (CHS) are applicable to urban contexts.

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ABBREVIATIONS

ABA	Area-based approach
CHS	Core Humanitarian Standard
FSN	Food Security and Nutrition
GN	Guidance Note
IASC	Inter-Agency Standing committee
KA	Key Action
KI	Key Indicator
MISMA	Minimum Standard for Market Analysis
WASH	Water, sanitation and hygiene



Using the Sphere Standards in Urban Settings

PART TWO

Sphere's vision is that people affected by crises must be at the centre of decisions about humanitarian protection, assistance, recovery and resilience. They have the right to prompt, effective and quality humanitarian assistance which enables them to survive crises, rebuild their lives and recover their livelihoods with respect and dignity.

The mission of Sphere is to establish, promote and review quality standards for humanitarian action which provide an accountable framework for preparedness, resource allocation, response, monitoring and advocacy, before, during and after disasters and crises.

These Urban Guides support Sphere's vision and mission. While many issues are not unique to urban contexts, they may be more acute, immediate or complex. Urban environments require practitioners to adapt and adjust how they plan and implement their actions. This is the focus of these two guides.



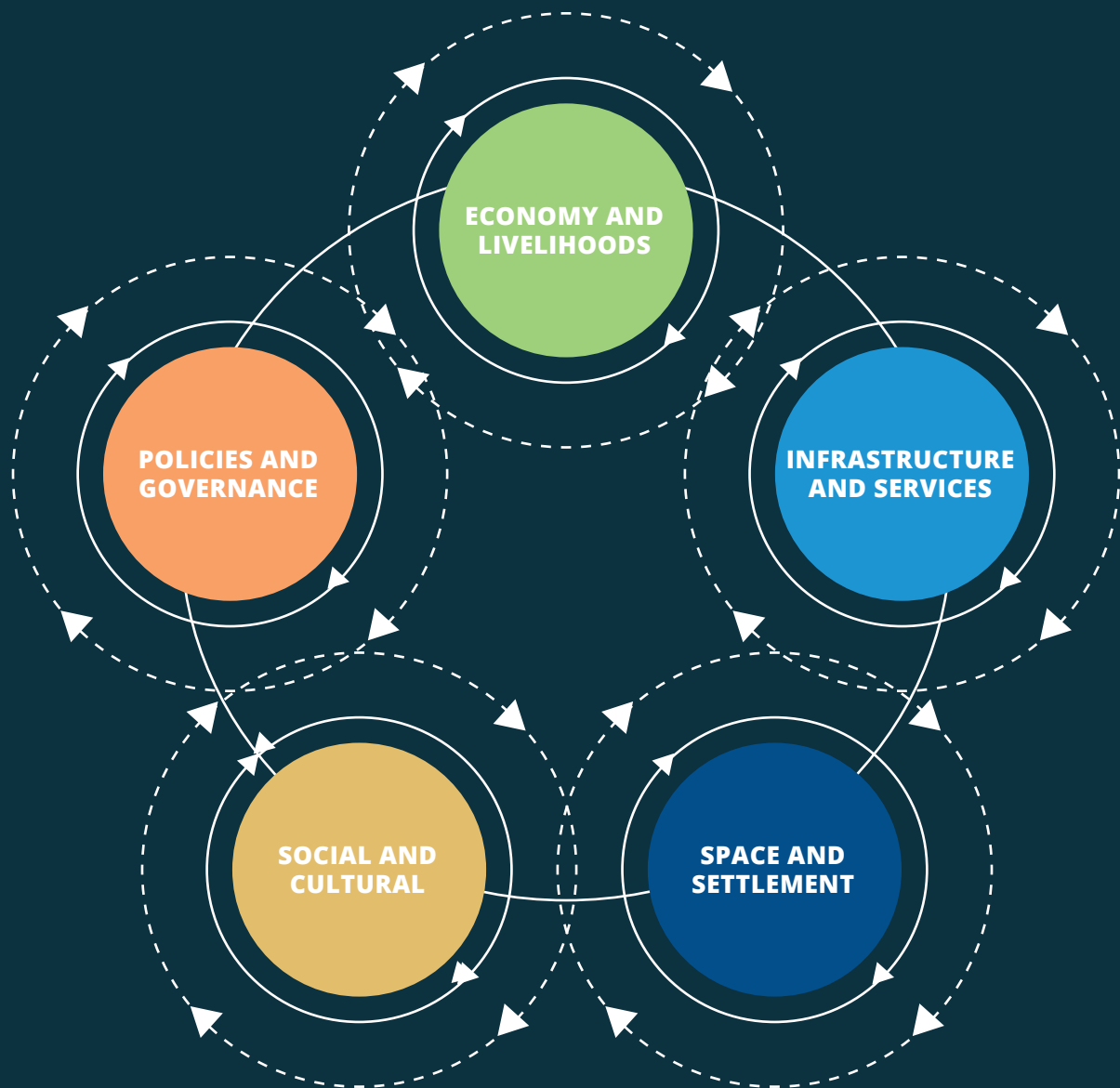
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A note on Covid-19

At the time of this guide's publication the world was responding to Covid-19. Infectious disease outbreaks in densely packed urban areas with shared services are a particular threat. In March 2020 Sphere published a short guide outlining the WASH and health elements in the Sphere Handbook that are particularly relevant for a Covid-19 response. WASH Standard 6 on community engagement and WASH support in disease outbreak was developed based on lessons from the 2014 response to Ebola in West Africa.

This guide provides content throughout that is relevant to disease outbreaks. For further guidance from Sphere visit www.spherestandards.org/coronavirus/.

FIGURE 1: FIVE URBAN SYSTEMS

The urban challenge

Today, over half of the world's population lives in urban areas. Cities are currently growing by around 1.5 million people per week, with about 90% of that growth occurring in Asia and Africa. Latin America, Caribbean and Pacific Island Countries are also experiencing urban growth. By 2050, an additional 2.5 billion people are expected to be living in cities. The number of urban slum dwellers, currently close to one billion, is expected to double by 2050.

Coupled with this dramatic increase is the rising threat of urban crises. The number of naturally triggered disasters has been rising steadily, with more people living in vulnerable places, such as coasts and other flood-prone areas. Disasters fuelled by climate change, including stronger windstorms and sea level rises, cause widespread destruction and loss of life. Disease outbreaks spread fast in urban areas, where population densities are high, and resources shared. Armed conflict has increased in the last decade, and the number of displaced people, both refugees and those internally displaced, is at the highest level ever recorded, with most refugees living in urban areas and not in camps. Incidences of urban violence have also risen in recent years, and deaths from such events can surpass even those caused by armed conflict.

What is an urban setting?

There are many different ways to describe urban settings. Sphere describes the city in terms of

- **density** (of infrastructure and people),
- **diversity** (of people, incomes etc.) and
- **dynamics** (how rapidly things change).

Two complementary ways presented here are

- **systems** (to emphasise the interconnected and often complex nature of city life) and
- **people-centred approaches** (to reinforce that, humanitarian action is concerned foremost with assisting individuals in need).

A systems approach helps to describe the complexity and interactions found within a city. For example, healthcare is often described in terms of a healthcare system (also in Sphere), which includes direct provision of health services, staff (doctors, nurses and the large array of

support workers) and infrastructure (hospitals, clinics and other centres). Other examples would be how markets work, and essential services such as water supply and waste management (all covered in this guide). Five major urban systems are illustrated in Figure 1, which seeks to illustrate the overlapping and dynamic nature of systems. The five systems are:

1. *Economy and livelihoods* – including formal and informal markets, supply chains, jobs and employment
2. *Culture and society* – for example social networks, how societies engage with one another, historical landmarks
3. *Infrastructure and services* – such as water supply, solid waste management, electricity supply, services which are required by residents, but also by other critical infrastructure sectors, such as hospitals, schools and detention centres
4. *Politics and governance* – including both formal and informal power structures, ranging from national and local government to gangs and other gatekeepers
5. *Space and settlements* – city layouts including streets and squares, formal and informal settlements, etc.

A people-centred approach: A systems approach provides a macro-level view of cities, but it is also important to balance this understanding with the people who live in cities. People-centred approaches are at the heart of Sphere's approach to humanitarian action.

➤ *Sphere Handbook: NGO Code of Conduct, Humanitarian Charter, Protection Principles, Core Humanitarian Standard*

Figure 2 shows a people-centred model with two levels of human activity – meeting basic needs and building up assets. Assets can be: *physical* (belongings, land, a property); economic (money, jobs and opportunities, livestock); *social* (including friendships and relationships, connectedness); *human* (for example, knowledge, skills and abilities); *political* (the organisation of power, such as community groups, slum groups or political parties); and *natural* (land, water and the functioning of ecosystems).

In cities, people use some or all these assets in their daily lives, for example to create relationships, organise into groups, earn incomes and access resources. At times of crises, assets can be depleted (e.g. loss of belongings, savings, homes) or destroyed altogether, leaving people trying to meet their basic needs. Assets, however, are what protect people from crises. For example, social relations mean that friends will help each other out. Assets, in short, reduce people's vulnerability and build their capacity. For this reason, the aim of humanitarian response is to meet basic needs and to help build people's assets so they can recover as quickly as possible after a disaster or cope during protracted crises.

Five elements of an urban response

An urban response works with the city and takes note of a city's potentials and limitations. Most if not all cities have preparedness plans in place to some degree, as well as regulations, rules and practices. Assumptions of what is possible, the scale of activity, timeframes (actions may last many years) and the levels of coordination needed (especially with government and between organisations) all need careful consideration. So do the skillsets of staff, flexibility in the use of tools and management, logistics, and decisions about who will work with whom and how. The following five points address these challenges.

1. Use the right tools to engage in complexity.

This is relevant at all stages of interventions – from initial assessments, to design, implementation, monitoring, evaluations and learning. A systems view helps in this regard. Tools chosen need to be flexible and not too complex. Adaptive management tools, discussed later in this guide, are a good example. Assessments need to be undertaken and frequently referred to during monitoring, with lessons being fed into decision-making.

Urban needs also need to be addressed by drawing on multidisciplinary skill sets and an integrated approach. The increasing amount and availability of data presents both opportunities and challenges for improving operations. Data that existed before an emergency can be used, as can data from sources like crowd-sourcing and social media.

➤ *Sphere Handbook: Core Humanitarian Standard: all nine commitments*

2. Combine/coordinate sectoral responses.

Relief and recovery efforts ought to be linked as closely as possible, given that different sectors affect each other. For instance, when considering shelter, it is important to also bear in mind other relevant factors, such as legal agreements (for those who rent), ownership, land tenure, protection and access to services, such as electricity, water and sanitation. Collaboration should exist in multisectoral needs assessments and in the design of initiatives, as well as in evaluating programme outputs and outcomes. Collaborative programmes, such as area-based approaches (discussed later), are a good example of multi-sectoral programming.

➤ *Sphere Handbook: CHS Commitment 6*

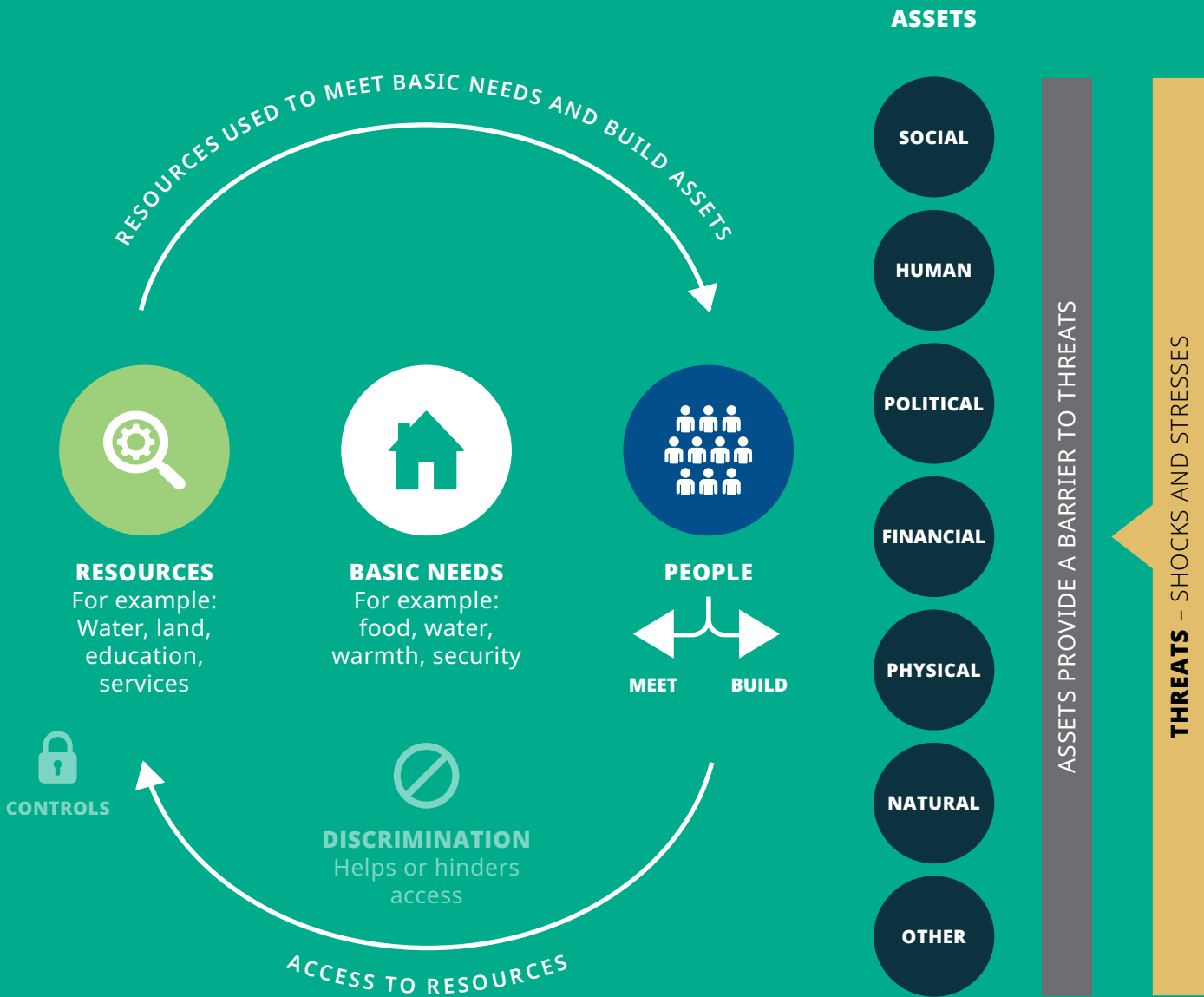
3. Always respect and work with local actors.

Effective approaches are usually those that work with a wide range of local stakeholders, including local and national governments, local NGOs and community-based civil society groups, businesses (formal and informal), and faith-based groups. Other actors include gatekeepers such as gangs and, in conflict situations, armed non-state actors and militias. Government is key. As the Protection Principles chapter notes, "The state or other authorities hold legal responsibility for the welfare of people within their territory or control and for the safety of civilians in armed conflict. Ultimately, it is these authorities that have the duty to ensure people's security and safety through action or restraint".

➤ *Sphere Handbook: Protection Principles*

➤ *Actors and protection are discussed extensively in the 2017 edition of "Using the Sphere standards in urban settings".*

FIGURE 2: A PEOPLE-CENTRED APPROACH



Source: D. Sanderson (2019)

- 4. Support, not provide.** For some organisations this means shifting away from the provision of goods and materials to supporting systems and neighbourhoods in their own efforts at recovery. As the Humanitarian Charter notes in Paragraph 2, “it is firstly through their own efforts, and through the support of community and local institutions, that the basic needs of people affected by disaster or conflict are met” (Sphere, p28). In this regard, a people-centred approach helps. Goods and resources can often be sourced locally, for instance, when a naturally triggered disaster affects a part but not the whole of a city. The context, however, is critical. In protracted situations, stocks often become depleted. The manufacturing industry may be badly affected, and local actors may have to import goods and materials. When they cannot, either because of costs or sanctions, they may have to rely more on humanitarian organisations, which should use, wherever possible, existing systems.
- 5. Be clear about what is achievable.** Large numbers of cities have pre-existing problems that humanitarian aid could tackle. These include informal settlements where people live in conditions below Sphere’s Minimum Standards. Being clear about the mission is essential to ensuring organisations’ activities are as effective and efficient as they can be, and that “mission creep” is prevented. Analysing the context is essential, as is working sensitively and respectfully with local people. Protracted crises may last for decades, and organisations need to consider their roles and added value. Organisations need to be aware of their limitations, of what is achievable and what is not.

➤ *Sphere Handbook introduction (What is Sphere?) p18: Urban settings and the Introduction to the Protection Principles, p36.*

Tools and approaches

Context analysis, assessments, profiling and targeting

Considerable effort needs to be invested in identifying needs and in understanding the context of operations. In this section, the following overlapping and complementary approaches are presented:

- **context analysis**, which involves understanding a location, independent of any crisis;
- **assessments**, or identifying the most vulnerable;
- **profiling and targeting** of vulnerable populations in displacement situations.

Context analysis

Context analysis aims to “help humanitarian actors have a better understanding of the dynamics in a given setting”.¹ Sphere notes that “a context analysis in urban environments should look at the existing resources and opportunities, such as commerce, cash, technology, public spaces, people with specialised skill sets, and social and cultural diversity, alongside risks and protection aspects” (p18). Context analysis may also include gaining some understanding of corruption, taken here to mean the abuse of entrusted power for personal gain.

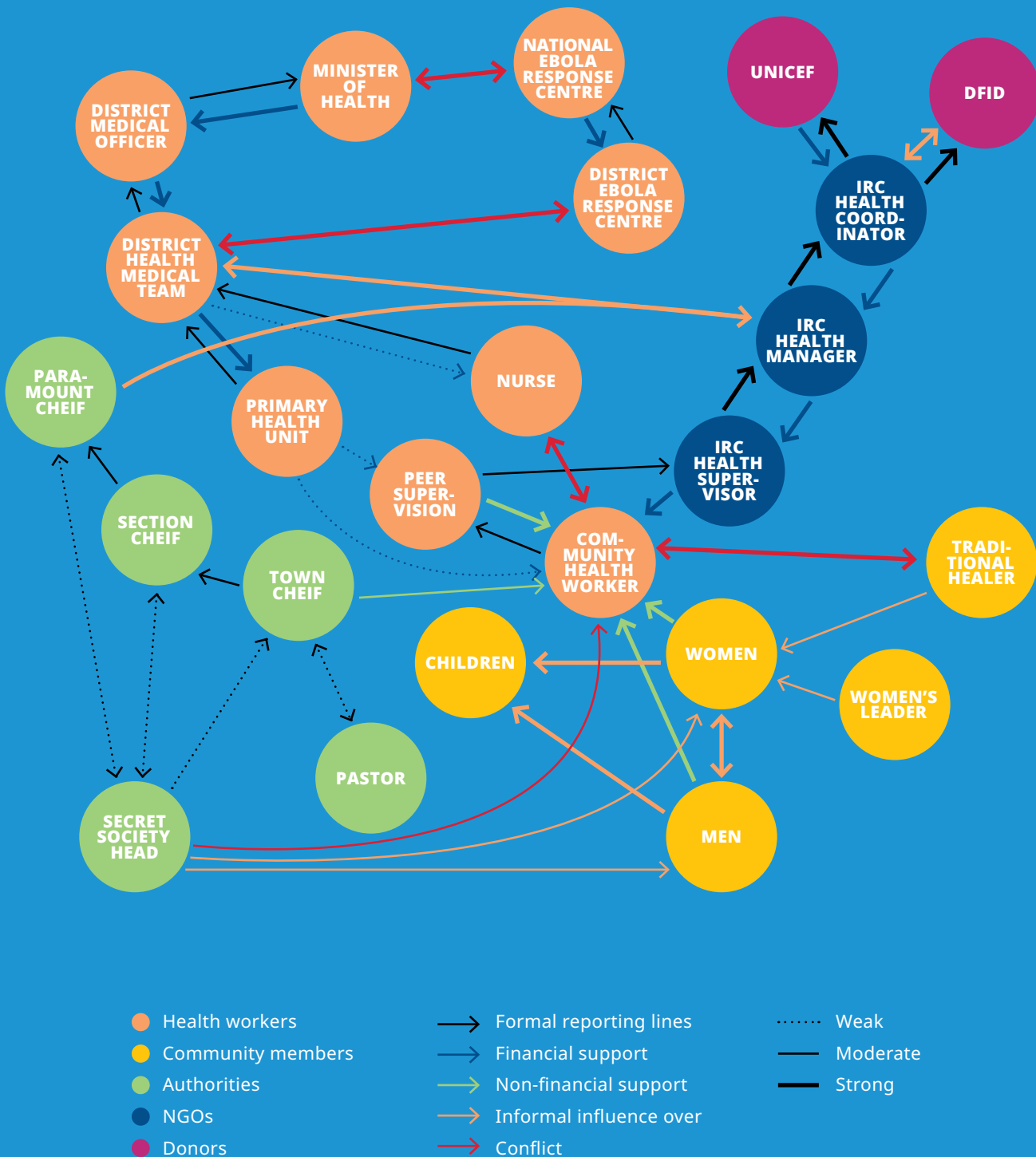
➤ *Sphere Handbook:*

- **What is Sphere?** section on Urban settings
- **Protection Principle 1: GN**
- **CHS Commitment 1, KA 1.3**
- **CHS Commitments 3 and 9** on corruption
- **FSN Chapter Appendix 6:** Nutritional Requirements
- **Health standard 1.3: GN**

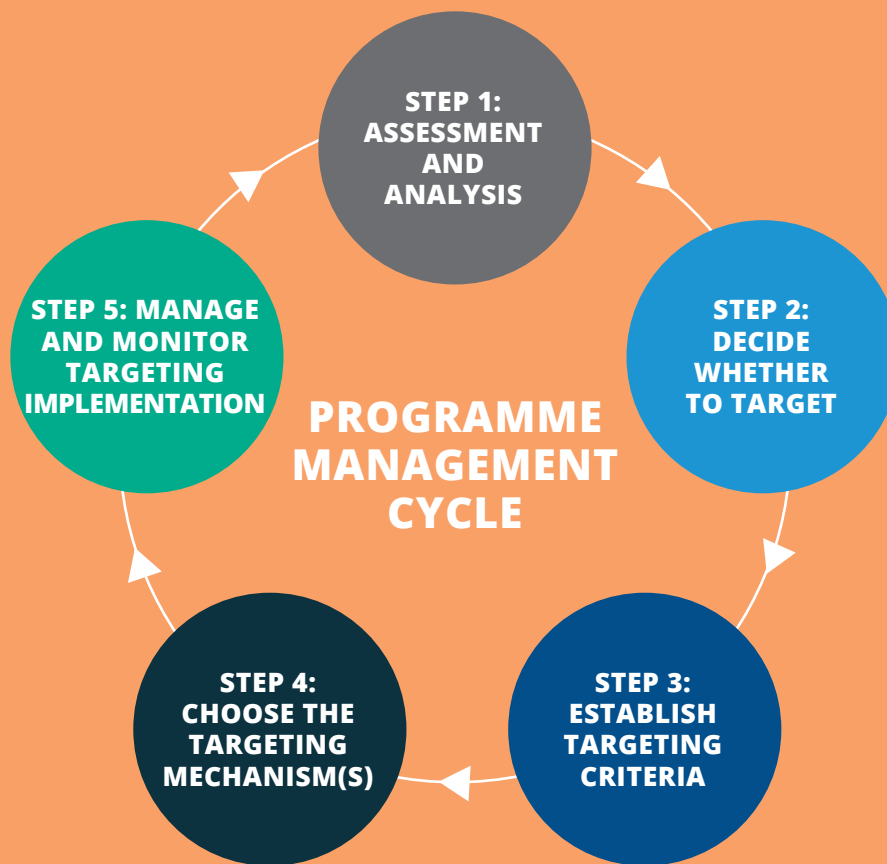
➤ *Using the Sphere standards in urban settings (2017)*

¹ *Urban context analysis toolkit, IRC, 2017, p. 3*

FIGURE 3: STAKEHOLDER ANALYSIS IN SIERRA LEONE



Source: IRC, Urban context analysis toolkit, 2017

FIGURE 4: FIVE STEPS IN URBAN TARGETING

**1 Assessment
– understanding
needs and
vulnerabilities**

Linkages between assessment, response analysis and targeting

How to design and implement vulnerability assessments to inform targeting

How to use response analysis findings to inform targeting

Checklist to guide programming

**2 Response analysis
– defining priorities
and objects for
programmes**

Benefits and risks of blanket distribution

Checklist to guide programming

**3 Programme
design and
implementation
set up**

Defining vulnerability; types of vulnerability criteria; their appropriateness for targeting multi-sectoral assistance in urban contexts; key considerations for their use

How to identify vulnerability criteria

Checklist to guide programming

SUPPORTING TOOL 1: Selecting targeting indicators

**4 Programme
implementation**

Overarching considerations when selecting the targeting mechanism

The range of targeting mechanisms; the main advantages and risks of these in an urban context and possible solutions; guidance on the step by step process for geographical targeting

Checklist to guide programming

SUPPORTING TOOL II: Selecting

targeting mechanisms

SUPPORTING TOOL III: geographical vulnerability indicators

ANNEX D: Methodological guidance for implementing CBT and Scorecards

5 Monitoring

Verification processes

Communication and feedback mechanisms Including appeal and redress process

Monitoring

Checklist to guide programming

ANNEX D; Methodological guidance for implementing CBT and Scorecards

Protection Principle 1 supports context analysis: “Understand the context and anticipate the consequences of humanitarian action that may affect the safety, dignity and rights of the affected population. Work with partners and groups of affected women, men, boys and girls to do regular risk analysis as the situation changes over time”.

There are different forms of context analysis that are useful in urban settings. Examples include

- social network analysis for mapping relationships;
- conflict analysis, which can be used to analyse the root causes and wider context of conflict;
- market analysis (see below: Cash and Markets and *Minimum Standard for Market Analysis*);
- stakeholder analysis, which looks at different key actors and how they relate. This can be presented graphically – see Figure 3, from Sierra Leone (Note: this is an example; stakeholders will vary in each urban setting).

Assessments

Assessments in cities can be complex. It can be difficult, for example, to identify those who should receive priority assistance. Vulnerability may be obvious and relate to a loss of assets, as when people are made homeless by an earthquake. Vulnerability may, however, also be hidden, as many people move to cities to be “invisible”. Displaced people may be dispersed throughout a city and may live with host families. During a pandemic, poorer people living in dense slums may be especially vulnerable. Furthermore, those living in poverty may be indistinguishable from those considered vulnerable from a humanitarian perspective. In such situations, in protracted emergencies where the needs of host populations and displaced people are closely aligned, the best approach may lie in “entire-neighbourhood” responses rather than in responses focused on individuals.² Where possible, multi-sector assessments should be undertaken³.

Sphere emphasises the importance of adequate assessments. The examples provided above are applicable for all technical standards.

➤ *Sphere Handbook: CHS Commitment 1: KA 1.1: “Conduct a systematic, objective and ongoing analysis of the context and stakeholders”*

➤ *Sphere Handbook: Protection Principle 2: “Ensure people’s access to impartial assistance, according to need and without discrimination”*

➤ *Sphere Handbook: All technical chapters provide appendices with assessment checklists*

➤ *Appendix 2: Recommended tools and Further reading: Tools*

➤ *Appendix 2: Recommended tools and Further reading: Assessments*

➤ *Sphere publication: Sphere for Context, Assessment, Monitoring, Evaluation and Learning*

Profiling and targeting in displacement settings

Profiling is an assessment approach useful for internal displacement situations. It involves “identifying internally displaced groups or individuals... in order to take action to advocate on their behalf, to protect and assist them and, eventually, to help bring about a solution to their displacement”.⁴ Profiling gathers information not just on displaced people, but also on host families and non-displaced neighbours.

➤ *Appendix 2: Recommended tools and Further reading: Tools*

➤ *Appendix 2: Recommended tools and Further reading: Profiling*

Targeting is the process “by which individuals or groups are identified and selected for humanitarian assistance programmes, based on their needs and vulnerability. It is a way to focus limited resources on those within the population that would most benefit from support”.⁵ There are challenges to targeting, including cost and coverage, the accuracy of data and the fluidity of communities (who may be seasonally based in a city for only a few months of the year).

Figure 4 identifies five steps for urban targeting. Importantly, step 2 is “decide whether to target”, reinforcing the point made earlier that an entire-neighbourhood response may be a better option.

² *Displaced in Cities: Experiencing and Responding to Urban Internal Displacement Outside Camps*. ICRC, 2018

³ Patel, R.B., King, J., Phelps, L. and Sanderson, D.

⁴ IDMC and OCHA, 2008

⁵ G. Smith et al, 2017

Area-based approaches

Area-based approaches (ABAs) “provide multi-sectoral support and include multiple stakeholders, considering the whole population living in a specific geographic area with high levels of need”.⁶ ABAs are known by a number of different names, including settlements approaches, place-based approaches and neighbourhoods approaches. Figure 5 identifies four characteristics of ABAs.

ABAs are complex to manage given the complexity of urban life. This adds to the complex nature of urban recovery and protracted crises settings. However, essential service systems such as water, wastewater and electricity, can be used as vehicles to reach a broad section of the population.

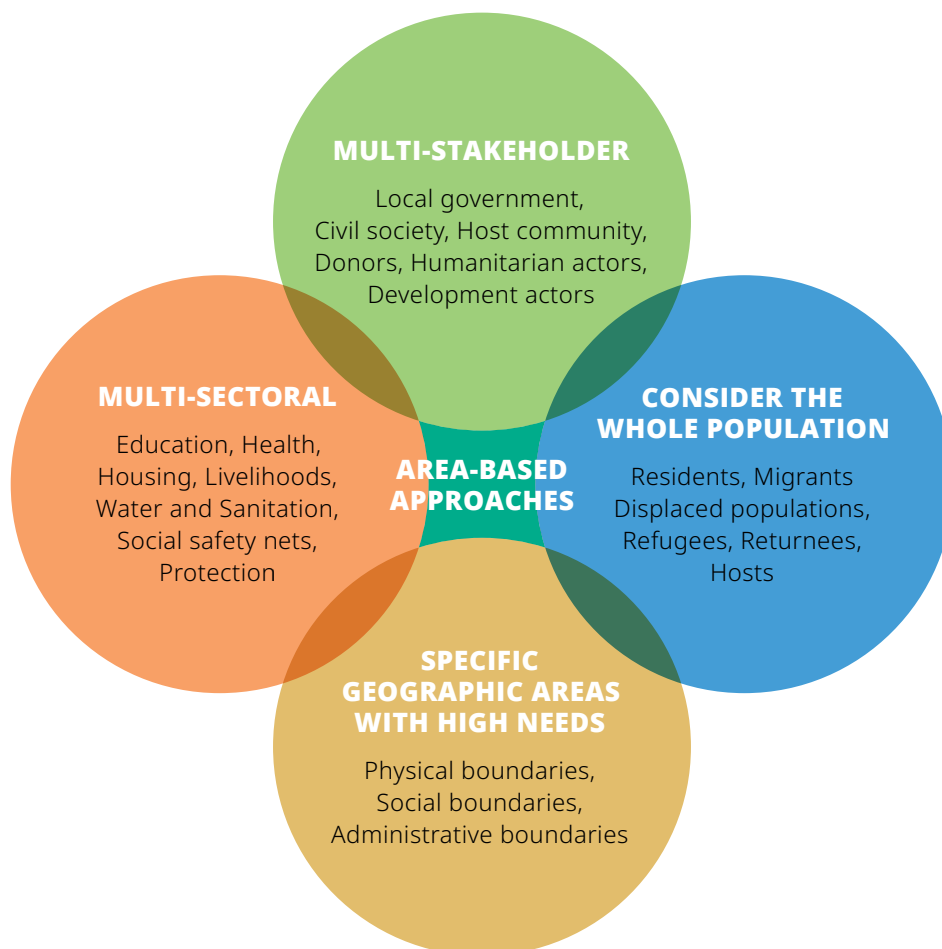
Enacting ABAs in the project management cycle

Successful ABAs promote local ownership to the extent possible through all stages of the project management cycle

➤ *Sphere Handbook: CHS commitments 1, 2 and 3 in particular (see Appendix 1)*

Table 1: (see next page) shows 10 project management activities for implementing ABAs. These activities are part of the project management cycle of assessment and design; implementation; and monitoring and evaluation.

FIGURE 5: CHARACTERISTICS OF AREA-BASED APPROACHES.



Source: Global Shelter Cluster, 2019

TABLE 1: IMPLEMENTING AREA-BASED APPROACHES

ACTIVITY	EXPLANATIONS	FURTHER READING
ASSESSMENT AND DESIGN		
1. Multi-agency, multi-sector participatory assessments	Assessments should be participatory, involving local organisations, government and neighbourhood groups	Appendix 2: References for assessments section
2. Focus on location	Focusing on location emphasises the perspectives and realities of affected populations, who may not see their lives in terms of sectors	Shelter Standard 2, Location and settlement planning Appendix 2: References for context analysis
3. Realistic timeframes	Recovery programmes may take years, which may be beyond the traditional relief to recovery timeframes of some organisations. This should be recognised from the outset, for instance through approaches that adopt a more support-than-provide approach (discussed earlier in this guide)	What is Sphere? Understanding context to apply the standards, Figure 1 Appendix: Context analysis: IMPACT and UCLG (2016)
4. People-centred actions	Supporting affected populations in their own recovery using tools and approaches such as participatory assessments throughout the implementation period	A people-centred approach is emphasised throughout Sphere. See also CHS Commitment 4: response is based on participation
IMPLEMENTATION		
5. Work with existing structures	To avoid duplication, use what is already there, for example existing community and neighbourhood structures, utilities and “ways of doing things”.	All technical Sphere chapters. Example: WASH: Hygiene Promotion standard 1.1, GN 1 Appendix 2: References for implementation / collaboration
6. Collaboration	Organisations cannot afford to work in isolation but must collaborate to achieve the best results possible.	Collaboration is stressed throughout Sphere Appendix 2: References for implementation / collaboration
7. Iterative project management tools	Humanitarian project management needs to keep up with fast-changing, dynamic urban environments. Flexible tools, such as adaptive management, should be considered	Management is referred to throughout Sphere CHS Commitment 9 Appendix 2: References for Implementation / Iterative project management
8. Flexible organisational approaches	Organisations benefit from flexible approaches, in particular Human resources and finance functions in project management planning and implementation. Logistics and purchasing must also be agile	CHS Commitments 8 and 9 Sphere Handbook: Appendix to What is Sphere?: Delivering assistance through markets (including logistics)
9. Plan for scaling up	Wherever possible, consideration should be given to scaling up activities from one area to another. This is intended to avoid the “silo” approach, where one neighbourhood receives assistance, but another does not. In protracted crises, scaling up also means adopting an integrated approach, like working concurrently with IDPs and host communities	Communicable diseases standard 2.1.4: Outbreak preparedness and response; GN Appendix: References for implementation / scaling up
MONITORING AND EVALUATION		
10. Measure contribution, not attribution	Wherever possible, use evaluation approaches that seek to measure the holistic, process-driven nature of ABAs. One approach to this is to measure an ABAs contribution to wider outcomes, rather than to a particular initiative Example: Humanitarian actors engage in water and sanitation activities to prevent the deterioration in WASH conditions and to achieve positive health outcomes.	CHS Commitment 7 Appendix 2: References for monitoring and evaluation

Source: Sanderson D. and Sitko P. 2017

Cash and markets

The Sphere Handbook states that “Cash-based assistance, a form of market-based programming, is increasingly used to meet humanitarian needs” (*What is Sphere?* p9). Cash works well in cities, as cities are largely based around cash and markets. Cash gives agency to affected households; it stimulates and supports local markets; and it is a cost-efficient means of supplying assistance to affected people, (sending money is a fraction of the cost of sending food). Cash also builds on a city's strengths – its financial infrastructure (banks, ATMs, etc.) – and can help recoup costs for delivery of essential services, such as health, water, wastewater, solid waste and electricity.

Sphere further notes that “Cash-based assistance can be used to meet multi-sector needs as well as sector-specific needs. It can also be used to address discriminatory practices that restrict women's access to assets and their decision-making around the management of assets. Multi-purpose grants can be an effective way to provide assistance and meet standards across sectors. [...] All cash-based assistance should be informed by a multi-sectoral analysis of needs, dynamics, market functionality and a feasibility assessment” (*What is Sphere?* p10).

The Urban Cash Transfer decision tree in Figure 6 provides some helpful guidance. For such transfers to work, building trust with stakeholders is vital. This particularly includes government, which may have restrictions on cash transfer modalities. Cash should also be aimed at achieving various outcomes across sectors, rather than being tied to one particular sector.

Markets

Urban markets come in many shapes and sizes. They are both physical and non-physical spaces; they can be formal or informal, as when people sell goods without paying government taxes. Informal markets in low- and middle-income countries are often substantial, especially for poor urban dwellers. Markets are an essential engine of urban life and supporting them assists in disaster recovery.

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- *Sphere Handbook: CHS Commitment 3: KA 3.6 notes that it is important to “Design and implement programmes that promote early disaster recovery and benefit the local economy”*

 - *Sphere Handbook: Appendix to What is Sphere?: Delivering assistance through markets*

 - *Minimum Standard for Market Analysis (MISMA)*

 - *Appendix 2: Recommended tools and Further reading: Market analysis tools*

Applying the Sphere technical standards

This section explores urban aspects of Sphere’s technical standards. As stated in the 2017 Urban Guide, there are no Sphere standards that are irrelevant in urban settings. The standards are expressions of universally applicable human rights and therefore also apply in urban settings.

On occasion, specific indicators or guidance may not be directly applicable to urban settings and should be interpreted accordingly. For example, the intention of Water supply standard 2.1 is to ensure reasonable access to water without wasting too much of people’s productive time. This concept is valid everywhere and the standard should guide thinking around urban water provision, even if indicators like “distance to nearest water point” (indicator 5) or “Queuing time at water sources” (indicator 6) may need to be interpreted differently where piped water is available.

➤ *Using the Sphere standards in urban settings (2017), p5*

The guidance below complements, and provides an urban lens for, the standards and guidance in the Sphere Handbook.

Water supply, sanitation and hygiene promotion (WASH) chapter

Urban residents rely on the supply of essential services. This makes them especially vulnerable to service disruption during a crisis. When implementing water, sanitation and hygiene promotion (WASH) programmes in towns and cities, consider, among other things:

- the different types of ownership (public and/or private),
- operation and maintenance of municipal water and sewer systems,
- the age and rate of deterioration of the infrastructure and the need to repair it.

Residents in informal settlements may access water from boreholes or wells, and/or purchase water from vendors (public or private, formal or informal), which can be of poor quality and extremely expensive compared with a piped water supply.

Sanitation in informal settlements may be extremely poor, especially in cases where options for excreta disposal are limited. Understanding and addressing the impact of such conditions on health and dignity (for example menstrual hygiene management) is critical. There are also protection concerns related to public sanitation in urban settlements. These can include safety concerns, the fear of harassment and limited privacy.

WASH programming requires engagement with a complex web of stakeholders. Assessments, which can include actor mapping, are important ways to better understand the aims, areas of expertise and mandates of the different actors and their relationships (see above: Assessments).

➤ *Sphere Handbook: WASH chapter Appendix 1: WASH initial needs assessment checklist*

➤ *Sphere Handbook: WASH and Protection Further Reading (online only)*

Hygiene promotion

Sanitation facilities are only used when they are clean and well-maintained. This can be achieved either by the community or by paid personnel. Both can also communicate messages on good hygiene. Urban hygiene promotion can be challenging because of broad social, economic and cultural differences. While it may be difficult to tailor specific messages (the simpler the message, the better), consider working through special interest groups such as children’s clubs, mothers’ groups and sports societies. Household visits, poster campaigns, neighbourhood message boards, social media and mobile phone messages can also be helpful.

Water supply

Water supply ranges from piped water in wealthier parts of a city to wells, surface water and the vendors who sell water in informal settlements. When the water supply is disrupted in a crisis, humanitarian interventions should avoid distorting the long-term, formal market for water delivery. Organisations should follow the principle of “do no harm” when engaging with informal vendors in terms of the price and quality of water delivered. When humanitarian organisations pay for the water they purchase, they can generate high demand that causes prices to rise. As a result, water can become prohibitively expensive for individual households buying directly from a vendor.

Restoring water supply systems requires technical specialists, who may be in short supply immediately after a disaster or in a protracted crisis or armed conflict setting. Engage local technical specialists – engineers or employees from the water and sanitation service provider or utility company – and be conscious that repair takes time. Considering energy supply is also key, given that the urban water supply relies on energy availability. In protracted crises, a fuller set of options, even if only partial, may be available. These include repairs, rehabilitation, and the construction of new infrastructure and/or expansion of existing infrastructure.

Activities can often be preventative and centred around stabilising service provision and/or reducing the rate at which a service declines. They should be aimed at ensuring the proper operation and maintenance of service systems through the provision of spare parts, consumables and, in some cases, training and capacity building to safeguard the population. Outbreaks of disease, such as cholera or Covid-19, may require “physical distancing”, including the management of shared water points.

Solid waste management

Supporting existing solid waste disposal systems, usually managed by municipal authorities, is essential. When these are not functioning, or have never functioned, neighbourhood-level management is important. This will include collection, sorting (waste pickers may have a role to play) and removal. Waste management provides opportunities for income generation. People who empty pit latrines on a small scale, for example, play an essential role in cities, particularly in low-income areas. Care should be taken to prevent the accumulation of waste to prevent negative health impacts. A waste management strategy should also include the proper disposal of plastic waste and drinking water bottles.

Excreta management

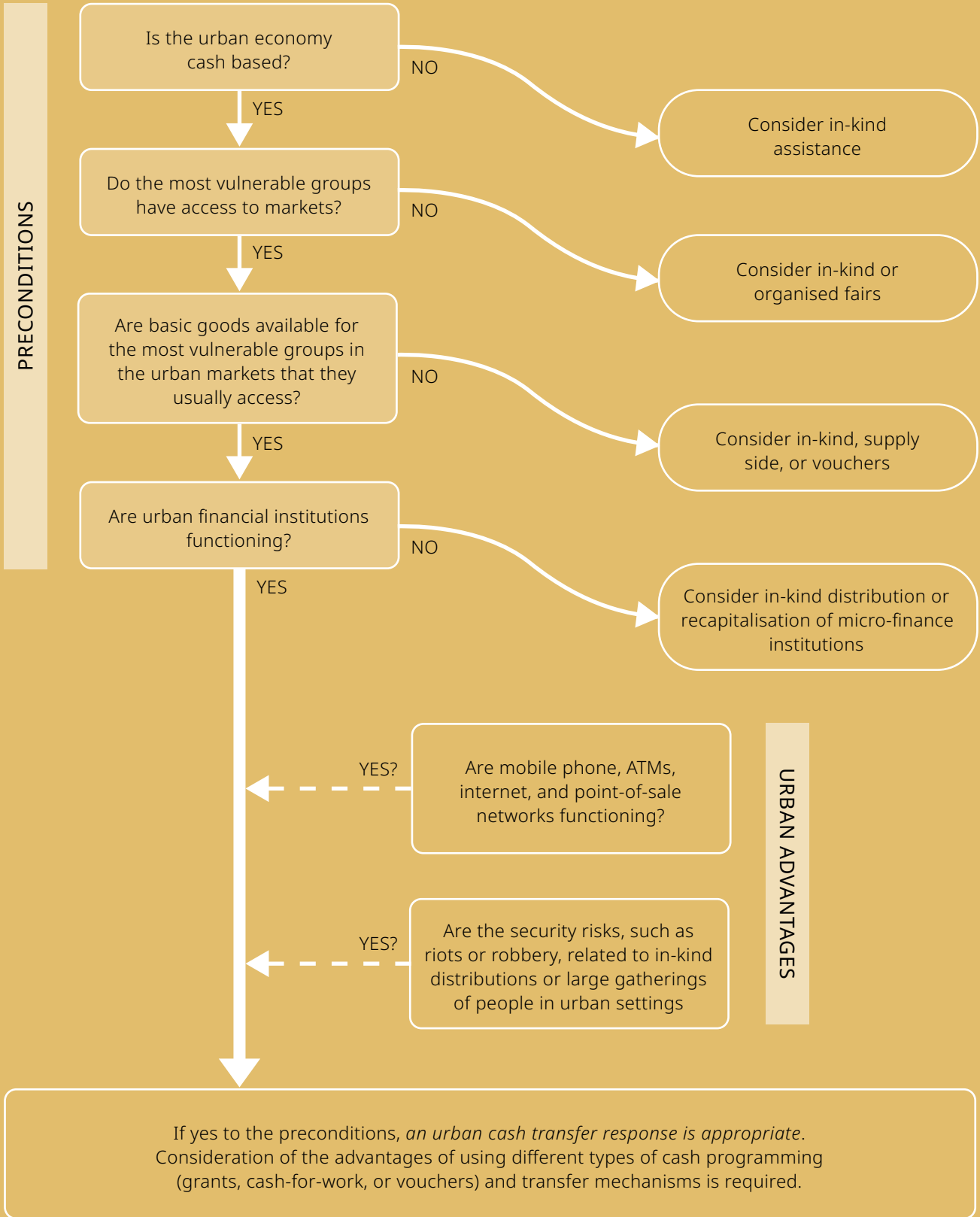
Urban sanitation varies widely, from the use of sewage systems, latrines, and cesspits to open defecation. Household sources of water waste can include toilets and grey water from sinks. Consider the need to treat and reuse these household wastes, including the collection, transmission, treatment and discharge from toilets and grey water (if there is no storm water system).

After a rapid onset disaster, people may have no access to sanitation, and in a protracted crisis, access to quality services may diminish. Prolonged disease outbreaks require careful management of sanitation facilities, with high degrees of hygiene wherever possible. In conflict settings, restoring services to pre-crisis levels and reconstruction at scale can take months, years or decades depending on the extent of the destruction and deterioration of the delivery system. Repairs and rehabilitation may depend on securing safe access.

Safe excreta disposal in urban areas requires access to sites for sludge removal and land for safe disposal. Solutions to these issues must be given priority. Effective on-site sanitation systems allow for pit-emptying, pit replacement and the safe disposal of pit contents. Toilets are often located in shared facilities.

➤ *For the required number of toilets for a given population see Sphere Handbook: WASH chapter, Appendix 4: Minimum numbers of toilets: community, public places and institutions.*

**FIGURE 6: DECISION TREE:
WHEN TO USE CASH TRANSFERS.**



Source: Cross T. and Johnston, A. 2017

Wastewater collection, transmission and treatment require reliable energy. Where septic tanks need to be pumped out, humanitarian organisations should ensure that the vendor performing the service does not simply dump the waste in unauthorised places or areas where it would pose a risk to people, animals, agriculture and the general environment. In the absence of appropriate regulations, humanitarian actors must uphold the “do no harm” principle (*Sphere Handbook: Shelter standard 7: GN1: Environmental impact assessment*).

WASH in disease outbreaks and healthcare settings (important for Covid-19 response)

Good hygiene reduces the incidence of disease. This involves regular and thorough handwashing with clean water and soap. The establishment of handwashing stations, especially in low-income settlements, is an option. The costs of water may be high, and organisations may have to subsidise its supply or advocate for free or cheaper water. Shared facilities, such as water sources and toilets, should be cleaned regularly. Immediate response should involve reducing transmission of faecal-oral diseases and minimising the high-risk practice of open defecation or “flying toilets,” where plastic bags of excreta are dumped in public spaces. Figure 7 indicates WASH principles for disease outbreaks in communities.

During a pandemic, support for essential service providers should be reinforced to ensure access to safe water, sanitation and health care. Guaranteeing access to safe water is a critical preventative measure for COVID-19. It is part of the area-based approach, which targets the population at large. Interventions must include facilities such as detention centres, health facilities, community centres for internally displaced people, migration centres, places of worship and refugee camps. These are places where there is little to no space for physical distancing and the risk of transmission is high. Such facilities require adequate stocks of consumables, including soap and chlorine for the chlorination of water. They should also undergo large-scale environmental cleaning and disinfection.

➤ *Sphere guidance on Covid-19:*
www.spherestandards.org/coronavirus

➤ *Appendix 2: Recommended tools and Further reading: Covid-19 response in urban settings*

Vector-borne diseases

Vulnerability to vector-borne diseases can be reduced by reducing people's exposure to insects and other biting bugs. This can be achieved by improving shelter conditions, removing stagnant water and ensuring that sanitation systems are working. Better nutrition and the dressing of injuries to avoid infection are also critical. In situations where wastewater and solid waste management is not working, other vector-control interventions need to be carried out at the area and/or facility level rather than just the household. Spraying is an example. This may not always be addressed as it falls between the health and WASH sectors, but it is important.

➤ *Sphere Handbook: WASH chapter, Appendix 5: List of water- and sanitation-related diseases*

➤ *Sphere Handbook: Essential healthcare – communicable diseases standards 2.1.1 to 2.1.4 and Health systems standard 1.5.*

➤ *See below: Health chapter*

WASH in protracted emergencies

In protracted emergencies, activities that help ensure continuous service delivery are critical. That may involve paying salaries, ensuring maintenance and other measures to achieve financial stability. Central government and development actors may be able to provide support to restore services. Humanitarian responses can help provide spare parts and sub-contract repairs and rehabilitation work to local construction companies. Humanitarian organisations should operate in a support mode rather than a substitution mode, where possible.

Over the long term, official service providers (public and/or private) are responsible for the provision of water and sanitation services, not humanitarian organisations. Remembering this can help organisations decide whether to support or substitute for service providers. When substituting for a service, develop a clear plan for (re-) establishing services in a sustainable way, including the transfer of responsibilities back to official service providers. Coordinating and collaborating with local actors on immediate response will build the resilience of water and sanitation utilities. It will help these providers adapt to new conditions and prepare for future crises.

In protracted urban conflict settings, WASH providers should try to reduce the rate at which services decline. For example, the continuous delivery of water even at the most basic level reduces the chances of a public health crisis and prevents further displacement by those who lack water access. Humanitarian organisations can support services. They can, for example, give service providers spare parts (such as pumps, pipes and fittings) and ingredients for water treatment, such as aluminium sulphate, silica sand and sodium hypochlorite, which can be difficult to find in local markets after years of protracted conflict, or if sanctions have been imposed. Ensuring the operational continuity of services requires a focus on people (operators, technicians, engineers), hardware (infrastructure and equipment), and consumables (chemicals for water treatment, fuel for generators).

➤ *Appendix 2: Recommended tools and Further reading: WASH in protracted emergencies*

Cash and WASH

Cash is increasingly used for WASH activities in urban emergencies. Given the complexity of towns and cities, there is a growing recognition that WASH actors (and indeed other sectoral experts) may be better placed as facilitators of services rather than providers. This means that cash, complemented by other forms of WASH programming, can help households access WASH goods and services. Cash interventions in urban areas have typically focused on improving access to drinking water through vendors, kits for water storage and treatment, repair of piped water networks and maintenance of water supply.

➤ *See above: Cash and markets*

➤ *Appendix 2: Recommended tools and Further reading: Cash and WASH*

Food security and nutrition chapter

Crises including conflict, disasters and disease outbreaks can worsen food security, including availability and access to food, and the way in which food is stored and used. Food shortages in towns and cities can result in social unrest and inflate prices and competition between different groups.

Food security and nutrition assessments

As discussed earlier in this guide, and emphasised within Sphere, assessments are essential aspects of all interventions. Food security is a multisectoral issue that links to a wide number of areas, including transport, supply chain distribution, health, livelihoods and agricultural processing. There is a wealth of information and guidance on food security assessments, including in urban areas.

Management of malnutrition

The identification of malnutrition in urban areas is difficult. Many cities are home to low-income settlements or overcrowded tenements where rates of malnutrition and infant mortality may be higher than in rural areas. Urban food consumption patterns may also differ, requiring responses that take into account the purchase of food from street markets and vendors. Another important element to consider is the growing rate of obesity in urban areas, in both low- and middle-income countries. Sphere provides detailed information on micronutrient deficiencies and the feeding of infants and young children.

➤ *Sphere Handbook: FSN Chapter Appendix 5: Measures of the public health significance of micronutrient deficiencies*

Cash and markets for food access and supply

Cash is often the best way to address urban food insecurity. When used in the right context (for example working with local food providers), it can improve access to food, diversify diets, be a driver of more consistent consumption patterns and reduce negative coping strategies such as the sale of production assets to buy food. Small, frequent cash grants are generally spent on food. Large, one-time grants, by contrast, are often used to replace assets, purchase equipment or buy food staples in bulk to achieve savings (ultimately reducing diversity in the diet).⁷

Where possible, use existing markets immediately after a disaster. Work with street vendors instead of external food providers to prevent unfair competition and damage to existing markets. Also conduct a market analysis. See above, Cash and Markets, and Assessments.

Combining cash and livelihood programming are key elements for addressing food security in urban conflict and disaster situations. Livelihoods are crucial to post-crisis recovery, and appropriate support for them can reduce the need for other humanitarian assistance during the crisis itself. Emergency food, along with support for livelihoods recovery, can be an effective way of helping small business owners and other vulnerable people who may have lost a part or all their income as a result of a disaster.

Food security in conflict

The four pillars of food security identified by the UN Food and Agriculture Organization (FAO) and the World Food Programme (WFP) are availability, access, utilisation and stability (which refers to maintaining consistency across the first three pillars). Conflict diminishes stability. Past food assessments have found that urban households are vulnerable to a host of factors affecting food security, including food price increases, increases in basic non-food prices, inflation, exchange rate fluctuations, changes to policies and regulations, unemployment, general economic decline, illness and disease (including HIV, AIDS, and epidemics), crime, death, separation and divorce, conflict, population influx and disasters.

Shelter and settlement chapter

Cities offer varied forms of shelter, from individual houses, high rise apartments and shared accommodation and shacks in informal settlements, to makeshift housing in parks and on the street. The existing housing stock may be underutilised, while other types of buildings, such as factories, can be repurposed for temporary shelter. Crises can offer opportunities to renegotiate and rethink typologies and standing arrangements, such as rental agreements. The figure below illustrates some of the different post-crisis options. These include sheltering people with host populations and cash-based options, such as providing funds for rent (as with other sectoral responses, cash-based approaches are increasingly used in urban shelter-related responses). If schools are used to house people, then care should be taken that education is not unduly disrupted.

➤ *Sphere Handbook: Essential concepts in shelter and settlements (chapter introduction)*

➤ *Sphere Handbook: Shelter chapter, Appendices 2 and 3: Description of settlement scenarios*

The approaches to shelter and settlement response should be sufficiently flexible to reflect and respect the needs and nature of individual living situations. After an urban disaster such as an earthquake, many people may live in spontaneous or planned camps, while others flee the city to stay with family and friends. Tents within camps provide a cost-effective and affordable option in the short-term, though there are protection concerns in camps. Shelter responses should wherever possible focus on reusing and/or reconstructing existing buildings through local financial mechanisms. In protracted crises, this may involve rental agreements with landlords and legal support to ensure access to services and prevent illegal evictions.

The condition of buildings used post-disaster and in protracted crises can be a concern and potential issues include:

- Safety – is the building at risk of collapse?
- Condition and quality of services – do the toilets work? Is there a risk of electrocution due to faulty wiring?
- Temperature – will the building become too hot through poor ventilation? Will it be too cold in winter?
- Access for older and/or disabled people – is there wheelchair access? if an apartment building, is there a lift and does it work?

Planning

This standard discusses participatory planning, referring to the need to work with local actors, using context and other analyses, to align efforts with pre-existing administrative endeavours, including master plans, zoning maps, hazard maps, and administrative maps. Planning should also consider timeframes, as transitional shelters may take months or years to arrive.

➤ *See above: context analysis and area-based approaches which emphasise a people-centred approach to shelter recovery*

FIGURE 7: WASH IN DISEASE OUTBREAKS

Source: Sphere Handbook, WASH section 6: WASH in disease outbreaks.
 This figure emphasises the need for cross-sectoral coordination (for instance between WASH and Health), a clear understanding of roles and evidence-based actions.

Location and settlement planning

This is essential in short-term recovery and situations of protracted displacement. The location and nature of settlements can be a great source of tension after rapid-onset disasters such as earthquakes and floods. Local government planning departments are often overwhelmed and under-resourced, even at pre-crisis times. Humanitarian response actors have a duty to both support and work with them (see Shelter standard 2, Key actions 1 and 2). The location of a camp is a critical planning decision. It is often made quickly but can have a lasting impact on the city's recovery and future development. In many crises, temporary housing becomes permanent, resulting in long-term, unintended consequences in the recovery phase. The Inter-Agency Standing Committee (IASC) has warned against the use of temporary shelters⁸. Shelters can be costly, take too long to arrive, be culturally inappropriate and reduce incentives for permanent shelter recovery. That said, practitioners need to carefully consider which investments will assist the neediest in the best possible way, balancing short term need against longer term investments in recovery.

Living space

The use of space varies considerably in urban areas. Inhabitants often sacrifice space for lower costs and better locations. Migrant workers may stay in bunkhouses (shared accommodation) while others take turns in sharing a bed. Households may share spaces, for example for communal cooking. All this variation means that Sphere's minimum space standards per person, while important, are not rigid. Many urban dwellers living in informal settlements in non-crises times do not meet those standards.

➔ *Sphere Handbook: Shelter Standard 3, Guidance notes*

Household items

Sphere recommends providing household item assistance to support the restoring and maintaining of health, dignity and safety, and the undertaking of daily domestic activities in and around the home.

Technical assistance

Technical assistance may require urban planners, as well as competent builders, architects and engineers. Legal assistance may be needed for sorting out rental agreements, and for providing help against illegal evictions during protracted emergencies and other disputes. Construction activities must adhere to building codes and uphold safety. Water, sewage, electricity and other infrastructure should always be essential considerations. Other issues include tenure arrangements and government support for construction activities. The standard's Indicator 1: "Percentage of programmes where local authorities are involved in defining construction standards and in the monitoring of construction activities" should be 100%. This also applies to affected informal settlements. Reconstruction may provide an opportunity for upgrading previously disregarded neighbourhoods.

Security of tenure

In cities, hundreds of millions of households have weak security of tenure, and renting rooms, apartments and (formal and informal) housing is commonplace. After a crisis, these situations can become more complex, as land is often contested and ownership unclear. Renters may not be able to stay where they are. Others may be forced out by changes in laws around reconstruction. Land that may appear vacant may be owned by absentee landlords; people living in informal settlements on contested land may be excluded from formal rebuilding efforts. Some neighbourhoods may not want rubble cleared for fear of losing the location of their property. Relocation of communities to new settlements is often not advised. There have been cases, however, where this has proven successful for those who were living in poor conditions and did not have rights to the land⁹.

In protracted crises, humanitarian actors may find themselves offering expert advice on forced evictions. Women, women- and children-headed households and people without the right documentation are particularly vulnerable. Key actions for this standard include due diligence and understanding – to the extent possible – of how tenure systems work.

⁸ *Final strategy for Meeting Humanitarian Challenges in Urban Areas. IASC, 2019*

⁹ *See for example the relocation by people themselves to Canaan in Haiti after the 2010 earthquake, summarised in M. Stephenson, 'Learning from People's Actions: Canaan, Port-au-Prince, Haiti', Box 6.5 in IFRC, World Disasters Report (Geneva: IFRC, 2016).*

Environmental sustainability

This standard states that “Shelter and settlement assistance minimises any negative programme impact on the natural environment”. In urban post-crisis areas, environmental concerns include, but are not limited to:

- careful disposal of waste materials such as debris after a rapid-onset disaster and the explosive remnants of war in conflict settings;
- preventing resettlement actions that negatively affect farmland;
- managing water and energy resources; and
- enacting recovery efforts in line with environmentally sensitive urban and land-use planning.

Shelter chapter Appendices 4 and 5: Assistance and implementation options

When considering shelter and settlement assistance options (Appendix 4) and implementation options (Appendix 5), the following three considerations are particularly relevant in urban settings:

- Use cash – where markets exist, using cash in urban areas offers more options. It also offers a more tailored approach to shelter needs. For example, cash may be used to rebuild a roof or to pay rent in protracted crises.

Cash transfer programmes help local people take their own decisions through “owner driven” approaches to reconstruction rather than “donor driven” ones. In a rapid onset disaster, they can help people purchase local materials and support local markets and vendors. When technical assistance is paired with such transfers, the technical quality of shelter reconstruction usually improves.

➤ See above: *Cash and Markets*

- Use local skills – when engaging in reconstruction, use local construction materials and employ local workers. This not only contributes to recovery, but also creates opportunities for income generation and the development of skills. Liaise with training institutions, technical schools and certifying institutions to help build the necessary capabilities. Shelter reconstruction programmes, for example, often include high quality training and certification – recognised by employers – for masons, carpenters and craftspeople.
- Consider area-based approaches (ABAs) – Long-term reconstruction programmes work well when based on the foundations of good urban planning. ABAs after a disaster apply good practices within the frameworks of urban planning and long-term development.

➤ See above: *Area-based approaches*.

Health chapter

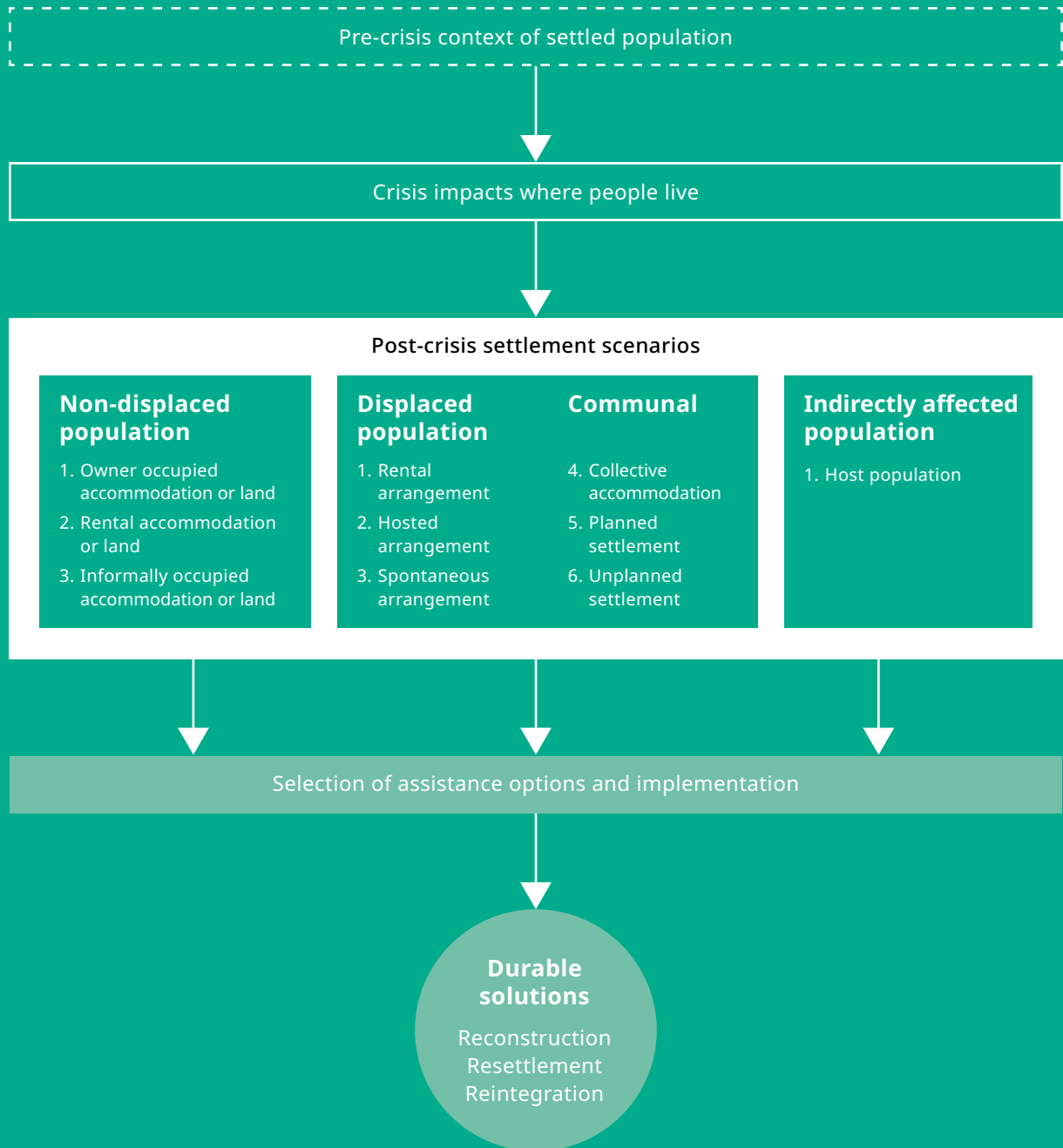
Conflicts and disasters affect access to urban health systems. Disease outbreaks can thrive in cities, especially in densely packed low-income settlements with poor hygiene standards and limited access to healthcare. Damage to infrastructure and medical equipment and the loss of health care providers as a result of a conflict or disaster disrupt critical services at a time when demand for them is on the rise. Such damage to healthcare is expensive and can take years to recover from.

WHO puts the health impacts of urban disasters into four key categories:¹⁰

- Communicable diseases (➤ Sphere Health standards 2.1.1 to 2.1.4);
- Non-communicable diseases (NCDs), such as kidney disease which requires dialysis and may be affected by disruptions in the delivery of medication (➤ Sphere Health standard 2.6);
- Mental health and psychosocial (MHPSS) disorders resulting from, or exacerbated by, trauma (➤ Sphere Health standard 2.5);
- Trauma caused by crisis (➤ Sphere Health standard 2.4).

10 WHO, *Technical Report: Health Systems in Urban Disasters* (2013)

FIGURE 8: POST-CRISIS SETTLEMENT SCENARIOS



Health and urban displacement

In cities, underlying health issues, such as malnutrition and chronic illness, can be exacerbated by disaster or conflict.¹¹ Infection can spread more easily in situations of population movement and density, where there is low vaccination coverage and large groups of people have poor immunity, and when there is a low capacity to detect and respond to outbreaks. Similarly, a pre-existing deficit in public health infrastructure, water and sanitation will affect the severity of crises and people's ability to recover. Mental health needs are likely to spike because of post-traumatic stress disorder (PTSD), depression and anxiety (see below: Protection and healthcare). Increased rates of urban violence, resulting from conflict or disaster, may be accompanied by higher levels of gender-based violence, as well as more injury and trauma.

Displaced urban people should be integrated into existing health services. In doing so, it is important to understand pre-existing challenges for healthcare provision and access. For example, tensions may arise between host and displaced populations if health services, already at capacity, become even more overstretched.

The health of displaced people, however, cannot be improved by health services alone. A multi-sectoral approach must include greater access to income-earning opportunities, better food security and nutrition, access to adequate housing, education and WASH services.

Health systems

WHO recommends thinking about health as six linked sub-systems of governance, financing, workforce, service delivery, medicine, technology and information.¹² These are reflected in Sphere's Health systems section.

When one action is taken within a sub-system, it can produce unintended consequences, both positive and negative, in others. For example, strengthening health information management can assist with disease surveillance, the coordination of service delivery and the management of technology used for hosting patient records. A systems approach is useful at all stages of the project management cycle. For example, in the recovery phase, advocating for better policies and planning can help strengthen

health information management. Monitoring health needs and the ways in which they are met requires a recognition that it is common to use more than one health provider.

Good practice in the response and recovery of urban health systems builds on existing capacities. This includes improving pre-existing health care systems, rebuilding them, or working through them. Prioritise long-term, sustainable interventions for more advanced levels of treatment alongside short-term life-saving measures in emergency care. This prevents further devastation of existing systems, which can take years to rebuild. Also keep in mind that other aspects of urban life such as shelter, transport, public infrastructure and personal security affect the health of people and performance of the six sub-systems.

➤ *Appendix 2: Recommended tools and Further reading: Health systems*

Essential healthcare

Essential healthcare is defined by Sphere as healthcare relating to communicable diseases, child health, sexual and reproductive health, injury and trauma care, mental health, non-communicable diseases and palliative care. See Sphere for extensive guidance outlining essential minimum healthcare in these areas. This section categorises the health impacts of urban disasters. It highlights key aspects of response and recovery, including trauma and other factors to consider, such as the spread of misinformation. It also looks at specific health issues for urban refugees. For a health assessment checklist see **Sphere Health chapter, Appendix 1**.

Crises inevitably lead to a range of health needs. Conflicts cause physical wounds from gunshots, bombs and other explosives. Disease outbreaks can have lasting, debilitating health impacts. Earthquakes can cause crush injuries. All crises can lead to a range of short- and long-term mental health disorders.

¹¹ Deola, C and Patel, R. 2014

¹² WHO, 2017

The next 3 sections are all particularly relevant for Covid-19 responses.

Disease outbreaks

Hygienic conditions, including clean water and good sanitation, are key to tackling disease outbreaks. “Physical distancing” and self-isolation to prevent or slow down transmission may also be needed. In low-income settlements, this can be particularly difficult, a problem compounded by poor access to health facilities with limited capacity. According to GAVI, the Vaccine Alliance, key actions in low-income urban settlements include:

- Strengthen routine immunisation, to prevent against known threats, as well as to connect people with health services;
- Strengthen health systems, including the issuing of personal protective equipment and increasing testing capacity;
- Plan, coordinate and manage health, water and sanitation provision;
- Provide timely and accurate information, in particular to counter rumours (see below).

➤ *See above: WASH section above*

➤ *Sphere guidance on Covid-19: www.spherestandards.org/coronavirus*

➤ *Appendix 2: Recommended tools and Further reading: Health and disease outbreaks*

Protection and healthcare

In the immediate response phase, programmes should be implemented to identify population groups, such as women and children, older people and people with disabilities, who may be vulnerable to gender-based or intimate partner violence as well as trafficking or exploitation. Abuse can increase when disease outbreaks cause household members to self-isolate indoors. Older refugees from middle-income countries may need treatment for chronic diseases, such as diabetes.

Sensitivity to culture and religion is crucial and may in some cases require female health providers and separate facilities for women.

Fees for primary health care and emergency health services should not be charged in the emergency phase, but care should be taken to not undermine pre-existing medical payment systems once this phase has passed. Constraints on accessing health services should be taken into account. These include financial and legal barriers. For example, people may not have registered with the UN Refugee Agency (UNHCR) or may lack identification documents. Longer-term interventions should include physical and psychological rehabilitation.

➤ *Sphere Handbook: Protection Principles*

➤ *Sphere Handbook: Health standard 2.5: Mental health*

➤ *Appendix 2: Recommended tools and Further reading: Protection and healthcare*

The spread of rumours and misinformation

Immediately providing accurate information about healthcare and available services is critical to counteracting the spread of rumours and misinformation. People fleeing to towns and cities often lack knowledge about health services. This places them at an increased risk of communicable disease. Rumours may spread quickly during disease outbreaks, conveying inaccurate messages about how diseases are transmitted or cured.

There are various methods of outreach to share better data, stop rumours and help new arrivals access food, work, shelter and social support networks. Secondary and tertiary healthcare providers, with training and the right equipment (including personal protective equipment) can assist in the delivery of primary care. They should also be engaged in early warning and response activities for communicable diseases and to address misinformation.

➤ *Sphere Handbook: CHS commitments 4 and 5*

➤ *Sphere guidance on Covid-19: www.spherestandards.org/coronavirus*

➤ *Appendix 2: Recommended tools and Further reading: Health*

Appendix 1: Sphere's Foundation Chapters

The Sphere Handbook reflects Sphere's commitment to a principled and rights-based humanitarian response. It is based on fundamental respect for people's right to be fully involved in decisions regarding their recovery. The foundation chapters outline the ethical, legal and practical basis for humanitarian response and underpin all technical sectors and programmes.

They describe commitments and processes to ensure a good quality humanitarian response and encourage responders to be accountable to those affected by their actions. These chapters help the user apply the Minimum Standards more effectively in any context. Reading a technical chapter without also reading the foundation chapters risks missing essential elements of the standards. The foundation chapters:

What is Sphere?

This chapter outlines the Handbook structure, its use and underlying principles. Importantly, it illustrates how to use the Handbook in practice.

The Humanitarian Charter

The Humanitarian Charter is the cornerstone of The Sphere Handbook, expressing the shared conviction of humanitarian actors that all people affected by crisis have a right to receive protection and assistance. This right ensures the basic conditions for life with dignity. The Charter provides the ethical and legal backdrop to the Protection Principles, the Core Humanitarian Standard and the Minimum Standards. It builds on the 1994 **Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief**.

The Code of Conduct remains an integral component of The Sphere Handbook (Annex 2).

Its 10 Core Principles are:

1. *The humanitarian imperative comes first.*
2. *Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.*
3. *Aid will not be used to further a particular political or religious standpoint.*
4. *We shall endeavour not to act as instruments of government foreign policy.*
5. *We shall respect culture and custom.*
6. *We shall attempt to build disaster response on local capacities.*
7. *Ways shall be found to involve programme beneficiaries in the management of relief aid.*
8. *Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.*
9. *We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.*
10. *In our information, publicity and advertising activities, we shall recognise disaster victims as dignified human beings, not hopeless objects.*

Protection Principles

The four Protection Principles are a practical translation of the legal principles and rights outlined in the Humanitarian Charter. They inform all humanitarian response, covering four fundamental protection areas:

1. *Enhance the safety, dignity and rights of people, and avoid exposing them to harm.*
2. *Ensure people's access to assistance according to need and without discrimination.*
3. *Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation.*
4. *Help people claim their rights.*

The Core Humanitarian Standard

The Core Humanitarian Standard (CHS) consists of nine commitments that describe essential processes and organisational responsibilities to enable quality and accountability in achieving the Minimum Standards. Each commitment is supported by a quality criterion which states what the commitment means for humanitarian organisations.

Here are the nine quality criteria in plain English¹³:

We will do our best to:

1. understand and meet your needs.
2. give support when you need it.
3. provide support that helps you to recover and prepares you to respond to a similar emergency in the future. We should not harm you.
4. inform you about the support you can expect and how you should be treated. We will do our best to give you a say in decisions about the support provided.
5. ensure that you can report problems if you are unhappy with the support we provide or with the way our staff treat you. No one should harm you if you make a complaint. We will take action in response to complaints.
6. work together with other organisations that provide support. We try to combine our knowledge and resources to better meet your needs.
7. learn from experience so that the support we give you improves over time.
8. ensure that the people who work for us have the skills and experience to support you.
9. manage resources in a way that is responsible, limits waste and has the best result for you.

FIGURE 9: THE CORE HUMANITARIAN STANDARD



Source: Sphere Handbook p50

¹³ https://corehumanitarianstandard.org/files/files/CHS_Plain_Language_English.pdf

Appendix 2: Recommended tools and Further reading

Urban humanitarian response

Sanderson D, *Urban humanitarian response good practice review*. ODI/ALNAP, 2019
<https://goodpracticereview.org/12/>

Understanding urban complexity

Urban competency framework, <http://urbancrises.org/wp-content/uploads/2019/02/6.-Urban-Competency-Framework.pdf>

Urban displacement

IDMC Global Report on Internal Displacement 2019, focus on urban displacement, <https://www.internal-displacement.org/global-report/grid2019/>

Context analysis

Campbell L: *What's Missing? Adding Context to the Urban Response Toolbox*. ALNAP/ODI, 2018
<https://www.alnap.org/help-library/whats-missing-adding-context-to-the-urban-response-toolbox>

Consultation on humanitarian responses in urban areas perspectives from cities in crisis. IMPACT, UCLG, 2016 https://issuu.com/uclgcglu/docs/cities_in_crisis

Meaux A and Osofisan W, *A Review of Context Analysis Tools for Urban Humanitarian Response*. IRC, 2016 <https://www.rescue.org/sites/default/files/document/1215/10797iied.pdf>

Urban Context Analysis Toolkit. IRC, 2017
<http://pubs.iied.org/10819IIED>

Multisectoral assessment tools

NRC's Urban Multi-sector Vulnerability Assessment Tool (UMVAT), for use in displacement situations. <http://pubs.iied.org/pdfs/10823IIED.pdf> *Rapid Humanitarian Assessments in Urban Settings: Technical Brief*. ACAPS, 2015
www.alnap.org/resource/20125

Strengthening Preparedness for COVID-19 in Cities and Urban Settings. WHO, 28 April 2020
<https://www.who.int/publications-detail/strengthening-preparedness-for-covid-19-in-cities-and-urban-settings>

Tracking the Development of Urban Food Security Assessment Tools. Global Food Security Cluster and WFP, 2015
https://fscluster.org/sites/default/files/documents/gFSC-WFP%20Adapting%20to%20an%20Urban%20World%20-%20Revised%20DESK%20REVIEW_June%202015.pdf

Urban profiling

Jacobsen K and Nichols R, *Developing a Profiling Methodology for Displaced People in Urban Areas, Final Report*. Tufts University, 2011
<https://www.preparecenter.org/sites/default/files/78668794-developing-a-profiling-methodology-for-displaced-people-in-urban-areas.pdf>

Sitko P and Massella A, *Urban Profiling For Better Responses To Humanitarian Crises*. Global Alliance for Urban Crises, 2019
<http://www.urbancrises.org/downloads>

Further profiling guidance on www.urbancrises.org

Urban targeting

Patel, R.B. King, J. Phelps, L. and Sanderson, D. *What practices are used to identify and prioritize vulnerable populations affected by urban humanitarian emergencies? A systematic review*. Humanitarian Evidence Programme. Oxfam GB, 2017
<https://policy-practice.oxfam.org.uk/publications/what-practices-are-used-to-identify-and-prioritize-vulnerable-populations-afvec-620190>

Smith, G Mohiddin, L and Phelps, L. *Targeting in urban displacement contexts. Guidance note for humanitarian practitioners*. IIED, 2017
<http://pubs.iied.org/10826IIED>

Implementation

Collaboration and Working with existing structures

Alcanya, T and Al-Murani, F. *Urban humanitarian response: why local and international collaboration matters. Briefing*. IIED, 2016
<http://pubs.iied.org/17378IIED>

Basedow, C Westrope and Meaux, A *Urban Stakeholder Engagement and Coordination: Guidance Note for Humanitarian Practitioners*. IIED, 2017 pubs.iied.org/pdfs/10821IIED.pdf

Iterative project management

Chambers R and Ramalingam B, *Adapting Aid: Lessons from Six Case Studies*, IRC and Mercy Corps, 2016

Scaling up

Nine Steps for a Scaling Up Strategy. WHO, 2010 <http://www.expandnet.net/PDFs/ExpandNetWHO%20Nine%20Step%20Guide%20published.pdf>

Monitoring and evaluation

Few, R et al., *Contribution to Change: An Approach to Evaluating the Role of Intervention in Disaster Recovery*. IT Publications, 2014 http://www.opml.co.uk/sites/default/files/bk-contribution-change-intervention-disaster-recovery-221113-en_0.pdf

Area-based approaches

British Red Cross' Haiti Urban Regeneration and Reconstruction Programme (URRP). Final Evaluation. Advise Services, 2016 <https://www.alnap.org/help-library/british-red-cross-haiti-urban-regeneration-and-reconstruction-programme-urrrp>

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