The Sphere Project: everybody's business

"Leaders hail peace as refugees die of cold' ran a headline on the Kosovars in the UK daily. *The Independent*, last October. The rights of people who are displaced in their own country are rarely a priority in the political negotiations and trade-offs between states and warring parties in countries affected by violent conflict. Such rights to protection and assistance enshrined in international humanitarian law (IHL) and human rights conventions, are at best ignored or manipulated by governments for their own strategic political interests, and at worst cynically violated for military gain. Aid agencies pick up the pieces and occasionally speak out, but their voices are rarely heeded. Speaking out has its own risks, and getting in and doing the job is often the first concern.

Agencies know this is not good enough. Confronted by continued evidence of human need, of the failures of the international community, and of 'bad aid', poor performance and lack of accountability, agencies have set out unequivocally what – by right – the women, men and children caught up in the crossfire of conflict or the devastation of natural disasters should expect of humanitarian assistance

The *Humanitarian Charter and Minimum Standards in Disaster Response* (printed as a preliminary edition in December 1998 by the Sphere Project) provides humanitarian agencies with a new framework for rights-based humanitarian assistance and accountability. Signalling a major shift in thinking, Sphere gives agencies the chance to join forces in improving their own practices and to challenge states on their legal humanitarian responsibilities – with the overriding aim of tackling system-wide failures to protect the life and dignity of disaster-affected people.

The idea of humanitarian assistance based on human rights is not new. What is new, and significant, is the way it is expressed, and the fact that it stands as a collective statement of many dozens of agencies. Through Sphere, organizations have redefined their humanitarian role in terms of their ethical responsibilities to disaster-affected people, rather than their traditionally assumed 'right' to provide aid. This achievement and how it came about is a story of vision and commitment, intense debate, argument and unprecedented consensus among over 200 agencies. Through Sphere, humanitarian organizations have achieved two important things:

● they have articulated the argument for the universal right to assistance, which has never been attempted before by non-governmental organizations (NGOs): and, critically,

● they have succeeded in reaching agreement on core principles and actions.

Whether agencies fulfil the demands presented by Sphere clearly depends on sufficient resources and access, but also on how well they integrate the Humanitarian Charter and Minimum Standards into their organizations. Will it, like so many evaluation reports, just sit on the shelf, or will the distinctive blue-and-white binder be found on every aid worker's desk, thumbed and tatty with use? In this chapter, we explore how Sphere came into being and take a look at the challenges faced by agencies who undertake "consistently to achieve [the Minimum Standards] ..and expect to be held to account accordingly."

Pressure for change

Sphere responds to direct criticism of humanitarian aid and to wider trends drawing humanitarian agencies into new roles. Increasingly, in the late 1990s, agencies working in emergencies have been battered by accusations of poor performance, and depicted as competitive corporate entities driven more by funding than humanitarian imperatives. Aid stood accused of fuelling conflict. Charity's role was challenged The problem was less one of compassion fatigue as of compassion discredited.

The collapse of the old world order and further fragmentation of conflict in post-Cold War years led to widespread foreign-policy paralysis. This was most evident in the lead-up to the Rwanda genocide, and aid agencies were sucked into the vacuum. The multidonor evaluation of Rwanda in 1996 knocked away old certainties and delivered a searing criticism of the international community's impotence to prevent tragedy in central Africa. But the evaluation also exposed the proliferation of inexperienced and incompetent NGOs fighting for donor funds: "It is unacceptable that an NGO with little or no relevant experience is able to send personnel to a humanitarian relief operation and engage in activities that discredit or undermine the overall effort, provide unacceptably poor standards of service and care to their beneficiaries; and then leave without any recourse. Such activities would not be tolerated in Western countries, where many of the NGOs in question are based."

Governments in countries with recent histories of conflict, instability and humanitarian programmes became less prepared to tolerate large numbers of NGOs doing their own

thing. Meanwhile, the decline in humanitarian aid donations after its 1994 peak corresponded with concerns within governments that "the substantial humanitarian expenditures were not always consistent with overall foreign policy objectives".

At the same time, the widening gulf between rich and poor within and between countries and whole regions – as a result of the combined impact of neo-liberal economic policies, globalization and the corrosive effects of structural adjustment – was exposing more people to risk, poverty and suffering. So the rising demand for global humanitarian relief, shrinking aid budgets and poor past performance combined to make greater transparency and accountability in delivering aid more urgent than ever.

Agencies were keen to respond proactively to criticism post-Rwanda. And as donors stepped up the pressure for more effective aid, agencies quickly realized the value of creating their own 'best practice' benchmarks to pre-empt the imposition of standards from elsewhere. The concept of minimum standards of performance linked to a beneficiaries' charter began to germinate Cross-agency umbrella groups – InterAction and the Steering Committee for Humanitarian Response (SCHR) – combined efforts to develop the concept, resulting in the Sphere Project in 1997

The criticisms of aid identified in the Rwanda evaluation had struck a chord – in particular the need to ensure consistent quality of service, to improve consultation with recipients of assistance, and the need for a mechanism to monitor the performance of individual NGOs. Agencies felt the guidance on ethical behaviour in the *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response* (1994) wasn't sufficient on its own (see box 8.5) Nor was it enough to improve staff training. Standards with universal application to guide and measure performance, agreed across the board, were seen as essential to continue improving aid delivery and accountability.

But aid evaluations were also clear that the primary responsibility for failure to protect and assist people affected by disasters rested with political actors. So people's needs had to be redefined in terms of their rights. And states or warring parties had to be reminded of their responsibilities under international humanitarian law, refugee law and human rights conventions.

As Peter Walker, coordinator of the Sphere Project, recalls, "One of our key concerns early on was that any standard we came up with should be as universal as possible, and should be driven by the needs and rights of disaster-affected people – not by donors. We were also looking to tie the standards into processes which held relevance to states, not just agencies All this resulted in us thinking in terms of linking assistance to people's rights, not just their physiological needs."

Sphere: the document

Sphere's *Humanitarian Charter and Minimum Standards* together embody these ideas. Drawn up during a year of intensive, inter-agency consultation, Sphere links humanitarian principles and basic human rights to agreed minimum standards in the five key sectors of water supply and sanitation, nutrition, food aid, shelter and site planning, and health services.

The Humanitarian Charter is the cornerstone of the document. It expresses agencies' commitment "to achieve defined levels of service for people affected by calamity or armed conflict, and to promote the observance of fundamental humanitarian principles." It establishes a rights-based framework for humanitarian assistance by identifying three fundamental principles explicitly linked to existing laws and conventions:

* the right to life with dignity;

* the distinction between combatants and non-combatants; and

* the principle of *non-refoulement*.

Ten international instruments are referenced, including IHL, international refugee law, the Universal Declaration of Human Rights and the four Geneva Conventions. From this foundation, Sphere articulates agencies' own ethical obligations; it reiterates the wider, legal responsibilities of states and warring parties to safeguard the lives and dignity of those affected by calamity or conflict; and it expresses support for those mandated to provide assistance and protection (UN High Commissioner for Refugees (UNHCR) and the International Committee of the Red Cross (ICRC)).

The Minimum Standards relate directly to agencies' responsibilities. The right of disaster victims to 'life with dignity' translates into defined levels of service in the five key sectors. And given the widespread failure to protect disaster victims, agencies pledge to "continue to advocate that governments and other parties meet their obligations under international law and refugee law".

This commitment to the standards, and the promise to be held accountable, offer agencies the opportunity to collectively lobby the international community to ensure the rights of the most vulnerable are heeded.

The Humanitarian Charter is followed in five sections by the Minimum Standards for water supply and sanitation, nutrition, food aid, shelter and site planning, and health services.

From process to entity

Sphere's reputation ran ahead of it – before it was even off press, field staff were asking for copies. The year-long consultative process that shaped Sphere helped establish the concept of Minimum Standards in the minds of many. With this stage complete, Sphere has its own lessons for the future, starting with two key success factors: the collective 'buy-in' to the project and the collaboration that led to the final document.

There was a remarkable international, multi-agency, multi-donor 'buy in' to Sphere, with 640 named individuals and 228 organizations participating in the consultation process that produced the Humanitarian Charter and Minimum Standards. The inter-agency Steering Committee for Humanitarian Response, which aims to improve cooperation among agencies, and InterAction in the USA decided to combine their efforts, and the Sphere Project got underway in the summer of 1997 VOICE (a European consortium of agencies working in emergencies), the ICRC and the International Council of Voluntary Agencies (ICVA) joined as non-voting members of the management committee UN agencies lent their support, including the UNHCR, the UN Office for the Coordination of Humanitarian Affairs and the World Health Organization (WHO). And in November 1997, UN Secretary-General Kofi Annan expressed support for Sphere and the contribution of NGOs in "enhancing the capacity of the international community towards an effective and coordinated response to emergencies."

This 'buy in' to Sphere was maintained with finance from participating agencies and grants from institutional donors Support from governments in nine countries, plus the European Community Humanitarian Office (ECHO), amounted to US$ 300,000 for Phase I.

Agencies were represented on the management committee that guided the project's direction. Staff were seconded from CARE, the Lutheran World Federation (LWF), Save the Children Fund, Oxfam, the International Federation of Red Cross and Red Crescent Societies and the US Centers for Disease Control (CDC) to research and produce the Minimum Standards. Out of this de facto commitment during the first year of Sphere, a number of agencies agreed to pilot the Minimum Standards in Phase II of the project.

Collaboration crucial

Collaboration was the heart of the project and proved essential in ensuring the credibility and authority of the final text. Consultation from August 1997 to April 1998 drew in

hundreds of people – principally from NGOs, the International Red Cross and Red Crescent Movement, the UN system, donor and academic institutions, and to a lesser extent, from agencies based in the South and representatives of governments of countries with recent histories of conflict.

The project's name was intended to capture this spirit from the outset, as Susan Purdin, the Sphere Project's manager for the first phase, recalls. "It's about all of us, it doesn't have a top and bottom; everyone has to be involved to make it work. The process itself was essential to the accomplishment of the work."

Consultation was structured around managers for the five sectors, all of whom are aid practitioners. Each had a 'sphere' of people round them, with whom to confer. Jean Roy, joint sector manager for health outlines the process of drawing up the Minimum Standards undertaken by himself and colleague Jo Kreysler "We dug up all the recent credible references, mostly journal articles, on emergencies and refugee situations. We then looked for common themes relating to technical areas, recurrent problems and questions, and made an exhaustive list which was reviewed by a small group of knowledgeable people at WHO, UNHCR, CDC and elsewhere. The list was rearranged in terms of priorities, topics and subtopics. The results of this brainstorming were presented at a UNHCR meeting in November 1997 which included many international emergency and refugee specialists. The feedback was used for our first broad approach to approximately 150 reviewers internationally."

It was hard going at times, particularly over the arduous negotiations to reach agreement on the text of the Humanitarian Charter. But it was also immensely rewarding. Looking back, one of those involved felt that agreement was eventually possible because people respected strong differences of view, yet remained willing to compromise to reach consensus.

Workshops were held in Bangladesh, Bosnia and Herzegovina, China, Côte d'Ivoire, Guinea, Senegal, Tanzania, Thailand and Viet Nam. These enabled feedback from agencies and promoted Sphere further afield. But the opportunity for southern NGOs to provide input was limited. And Sphere participants disagreed over whether seeking the views of refugees or internally displaced people would add anything to the final document. John Adams, sector manager for water supply and sanitation, met Liberian refugees in Côte d'Ivoire. "They thought it [Minimum Standards based on rights] was a nice idea, but were well aware of their rights as refugees. What concerned them more was what mechanisms there would be to articulate these rights. This view isn't unexpected, but talking to the people most affected would have raised questions and generated ideas for applying the standards in practice."

The lack of consultation with those receiving humanitarian assistance exposes a weakness in the process. Potentially rich and diverse perspectives were lost. Structural factors and lack of time (just one year from concept through to print) clearly limited what could be done. But if agencies are serious about accountability, the voices of the afflicted must be heard in the second phase when implementation gets underway. Participating agencies with networks in the South will look at how to involve and support their partners. Phase II will also aim to include eastern European and Islamic aid agencies.

A look at the Minimum Standards

Sector managers knew they had to produce universally agreed standards, formulated on the basis of existing practice and knowledge. But beyond this they were in new territory First, there needed to be agreement on the overall purpose of humanitarian assistance How to define the 'emergency situations' where the Humanitarian Charter and Minimum Standards would be used? For Sphere, the overarching goal of humanitarian assistance is 'to alleviate human suffering brought about by calamity and conflict through protecting life with dignity in ways that support durable recovery wherever possible." Sphere's focus is the first few weeks of an emergency, when life-saving actions are critical. But it could be applied to any disaster: "The Humanitarian Charter and Minimum Standards apply to any situation

where people's normal means of support for life with dignity have failed, as a result of natural or human-made disaster, in any country, on any continent."

Sphere's scope of application is potentially very wide, but the core area of emergency activity is defined specifically in terms of the standards required of the five key sectors. Each sector contains distinct sections which reflect the division of activities and responsibilities in an emergency. For example, when it comes to health interventions, priority areas are control of measles and other communicable diseases and health-care services.

All five sector chapters are headed by analysis standards, including assessment, monitoring and evaluation, and conclude with standards for human resource capacity and training. Though Sphere holds back from directly addressing management questions, these cross-cutting sections hint at some of the key organizational practices and systems needed to ensure effective humanitarian response.

The Minimum Standards "specify the minimum acceptable levels to be attained in each area". Looking closer, each of these standards is supported by indicators, and backed up by guidance notes. These serve as benchmarks, intended to help staff plan interventions and to "provide a way of measuring and communicating both the impact, or result of programmes, as well as the process, or methods used " For example, in the area of general nutritional support to the population, people's nutrient needs are met when the following indicators are satisfied:

● levels of moderate malnutrition are stable at, or declining to, acceptable levels;

● there are no cases of scurvy, pellagra or beriberi;

● rates of xerophthalmia or iodine-deficiency disorders are not of public health significance;

● there is access to a range of foods – staple (cereal or tuber), pulses (or animal products), fat sources, etc.; and

● there is access to vitamin C-rich or fortified foods or appropriate supplements.

Other 'process' indicators follow, and each section concludes with 'guidance notes and critical issues' which explain why each standard is important and describe dilemmas, controversies or gaps in current knowledge.

Sphere makes three big assumptions before any of the Minimum Standards can be effectively met: agencies must have sufficient access, security and resources to operate But this seldom happens in reality. Political factors and the continuing global decline in aid volume could prevent standards being reached. The Humanitarian Charter clearly states that circumstances beyond agencies' control could limit their ability to meet Minimum Standards. But by setting and operating to measurable criteria, agencies will be in a stronger position to persuade donors to allocate resources in a more rational, just and 'humanitarian' manner. Agencies have the chance to use Sphere as a joint platform for advocacy, based on a common humanitarian language offered by the Humanitarian Charter and Minimum Standards.

James Orbinski, president of the Médecins sans Frontières (MSF) International Council, argues that "the technical aspects of the Sphere standards are indeed a valuable accomplishment and tool," but adds: "standards of any kind must not become a cover for masking the active or passive failure to achieve humanitarian principles, responsibilities and goals." He points to the role of ICRC and MSF in Rwanda during 1994, when they may have failed to reach adequate medical and surgical standards, but simply by being present on the ground, they "played a pivotal role...in publicly advocating for international protection of a population against genocide." So Sphere can only be judged within the parameters it sets itself. The big issues – safeguarding humanitarian space, witnessing or protection of populations in danger, providing agencies sufficient resources – remain. As Nick Stockton, emergencies director at Oxfam, points out: "Sphere is not the new panacea for humanitarianism, able to resolve all ills within the system."

But even within its own parameters, can Sphere meaningfully apply universal standards in specific contexts? Its Minimum Standards are a distillation of current knowledge and experience derived from many different countries and cultures. The standards are intended to be as appropriate for nutrition in Afghanistan as for health in Honduras True for all situations yet adaptable to context. specific and measurable. Surely this is a contradiction? Then there is the problem of ensuring human dignity – which depends very much on the cultural context.

Water supply and sanitation sector manager John Adams offers a helpful clarification: "A bed net is not a universal right, but protection from malaria is. We should be hard and fast about rights and needs. but should recognize that the goods and services people are entitled to in order to meet those needs depend on the context."

The minimum standard for design and construction of toilets is a good example of how a universal standard can in fact embrace context and issues of human dignity (see box 8.1).

Finding ways of translating rights-based Minimum Standards into assistance that meets people's critical needs and ensures their dignity will challenge everyone's thinking and will demand great innovation. imagination and flexibility.

This should counter a further concern – that the Minimum Standards are too prescriptive. and will lead to uniformity among agencies, stifling the individual flair that makes NGOs distinctive. Very little in Sphere tells agencies how to behave or how they should work. If anything, the universal nature of the standards widens the scope for agencies to develop and improve ways of working.

Box 8.1 Minimum standards for the disposal of excreta

The proper disposal of excreta is as critical as a supply of clean water – especially in emergency situations. Not only reducing transmission of disease, it helps maintain people's sense of dignity and well-being. The text below is taken from the Sphere chapter on water supply and sanitation.

People have access to toilets which are designed, constructed and maintained in such a way as to be comfortable, hygienic and safe to use.

Key indicators

Technically sound design and construction specifications, approved by the intended users, are used for all forms of household and public toilets.

Cleaning and maintenance routines for public toilets are in place and function correctly.

Toilets are designed, built and located to have the following features

• they are easy to keep clean enough to invite use and not to present a health hazard;

• they are accessible and easy to use by all sections of the population including children, old people, pregnant women and handicapped people;

• they are lit at night if necessary;

• hand-washing facilities are close by;

• they minimize fly and mosquito breeding,

• they allow for the disposal of women's sanitary protection, or provide women with the necessary privacy for washing and drying sanitary protection cloths, and

• they provide a degree of privacy in line with the norms of the users.

Latrines and soakaways in most soils are at least 30 metres from any groundwater source and the bottom of any latrine is at least 1.5 metres above the water-table. Drainage or spillage from defecation systems does not run towards any surface water source or shallow groundwater source.

People are provided with tools and materials for constructing, maintaining and cleaning their own toilets if appropriate.

Guidance note

Acceptable facilities: successful excreta disposal programmes are based on an understanding of people's varied needs, and on the participation of the users in the use of facilities they may not be accustomed to and which they may not find easy or attractive to use. Design, construction and location of toilets must take account of the preferences of intended users.

Some criticize Sphere for focusing only on the early, critical stage of an emergency. This was deliberate so as to get this core area right. Rehabilitation and protection issues may be addressed later. The Humanitarian Charter and Minimum Standards do, however, acknowledge the importance of working in ways that help to reduce future vulnerability and promote durable recovery. Preparedness is implicit: agencies preparing to meet the Minimum Standards will need to assess their own capacity and fill gaps in their systems and training where needed.

Sphere steers clear, however, of dealing with the organizational practices and systems agencies need to have in place to make the principles of the Humanitarian Charter and the Minimum Standards a reality. 'Accountability' is frequently invoked, but it is up to agencies to decide what this means in practice. Some argue that stimulating a debate on how agencies work would be more useful than setting technical standards, since this is where many of the problems besetting the humanitarian system originate. A summary of key principles of 'organizational best practice' including accountability, coordination and participative programme planning was drafted, but was not included because of a lack of consensus on what it should say. Taking advantage of the diversity of their networks, the International Federation, World Council of Churches and LWF will try, during Sphere's second phase, to compile best practice in operational management which is as universally applicable as possible

Nonetheless, buried within the standards are some coded messages about the management practices necessary for humanitarian assistance: "The analysis standards apply before any programme takes place and throughout the programme cycle. Analysis starts with an immediate initial assessment that identifies the impact of the disaster and whether and how to respond. It continues with monitoring, which identifies how well the programme is responding to needs and determines whether changes are required; and with evaluation which determines the overall effectiveness of the programme and identifies lessons for the future." In Sphere, analysis (which includes needs-assessment) means understanding the dynamics of the situation and how it is changing. This information-based management cycle is clearly articulated in the analysis standards for health services (see box 8.2).

Coordination, cooperation and consultation are emphasized throughout the analysis standards. For all sectors, assessment should follow "internationally accepted procedures [using] appropriately experienced personnel [and] conducted in cooperation [with all parties, including] representatives of the affected population". The needs of "groups that are at risk of additional harm" must be considered, and recommendations on external assistance should be made in a report "shared with other sectors, local authorities, representatives of

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Box 8.2 Analysis standards for appropriate and effective interventions

Standardized methods of analysis can help rapidly identify acute humanitarian needs and ensure resources are directed accordingly. The following analysis standards come from the Sphere chapter on minimum standards in health services.

1. Initial assessment

The initial assessment determines as accurately as possible the health effects of a disaster, identifies the health needs and establishes priorities for health programming.

2. Health information system – data collection

The health information system regularly collects relevant data on population, injuries, diseases, environmental conditions and health services in a standardized format in order to detect major health problems.

3. Health information system – data review

Health information system data and changes in the disaster-affected population are regularly reviewed and analysed for decision-making and appropriate response

4. Health information system – monitoring and evaluation

Data collected is used to evaluate the effectiveness of interventions in controlling disease and in preserving health.