

## **Part 3: Annexes**

# **1 Glossary of Key Terms**

**The glossary defines key terms in the context of the Humanitarian Charter and Minimum Standards in Disaster Response.**

## **Accountability**

The responsibility to demonstrate to stakeholders, foremost of whom are disaster-affected people, that humanitarian assistance complies with agreed standards.

## **Disaster**

A situation where people's normal means of support for life with dignity have failed as a result of natural or human-made catastrophe.

## **Disaster affected people/population**

All people whose life or health are threatened by disaster, whether displaced or in their home area.

## **Gender**

Gender encompasses the socially defined sex roles, attitudes and values which communities and societies ascribe as appropriate for one sex or the other. Gender does not describe the biological sexual characteristics by which identify females and males are identified.

## **Groups at risk**

People considered to be exceptionally vulnerable.

## **Host government**

Government of the country in which humanitarian assistance takes place.

## **Humanitarian actor**

An organisation that supports the provision of humanitarian assistance.

## **Humanitarian agency**

A local or international non-governmental organisation, UN body or donor institution whose activities support the provision of humanitarian assistance.

## **Humanitarian assistance**

The provision of basic requirements which meet people's needs for adequate water, sanitation, nutrition, food, shelter and health care.

## **Impartial assistance**

Assistance is that given on the basis of need alone and makes no distinction as to race, creed, nationality, sex, age, physical or mental disability.

## **Indicator**

'Signals' that show whether a standard has been attained. They provide a way of measuring and communicating both the impact, or result, of programmes as well as the process, or methods, used. The indicators may be qualitative or quantitative.

## **Local authorities**

Government or leaders recognised to be in control in the country or region in which the disaster-affected population is located.

## **Minimum standard**

The minimum level (of service) to be attained in humanitarian assistance.

## **Sexual violence**

All forms of sexual threat, assault, domestic violence, interference and exploitation including involuntary prostitution, statutory rape and molestation without physical harm or penetration.

## **Staff**

Employees of humanitarian agencies.

### **Stakeholder**

Anybody affected by, or who can affect, humanitarian assistance.

### **The humanitarian principle**

Prevention and alleviation of suffering, protection of life and health and respect for human dignity.

### **Transparency**

Openness and accessibility of humanitarian agencies, their systems and information.

## **2 Acronyms**

ACC/SCN: United Nations Administrative Committee on Coordination/Subcommittee on Nutrition

ACT: Action by Churches Together

ALNAP: Active Learning Network for Accountability in Practice

CDC: Centers for Disease Control and Prevention

DAC: Development Assistance Committee (OECD)

FAO: Food and Agriculture Organization

IAPSO: Inter-Agency Procurement Services Office (UNDP)

ICRC: International Committee of the Red Cross

INFCD: International Nutrition Foundation for Developing Countries

LWF: The Lutheran World Federation

MISP: Minimum Initial Service Package

MSF: Médecins Sans Frontières

NCHS: National Centre for Health Statistics

NGO: Non-governmental organisation

OCHA: UN Office for Coordination of Humanitarian Affairs

OECD: Organization for Economic Cooperation and Development

OFDA: Office of Foreign Disaster Assistance (USAID)

PTSS: Programme and Technical Support Section (UNHCR)

SCHR: Steering Committee for Humanitarian Response

UNDP: United Nations Development Programme

UNDRO: United Nations Disaster Relief Organization

UNEP: United Nations Environment Programme

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

USAID: United States Agency for International Development

WCRWC: Women's Commission for Refugee Women and Children

WFP: World Food Programme

WHO: World Health Organization

WMO: World Meteorological Organization

### 3 Acknowledgements

#### Sphere Project

##### Staff team

Chair, Project Management Committee - Nicholas Stockton, Oxfam, UK  
 Project Coordinator - Peter Walker, IFRC, Switzerland  
 Project Manager, Phase I - Susan Purdin, Switzerland  
 Project Manager, Phase II - Nan Buzard, Switzerland  
 Project Assistant, Phase II - Catherine Blum, Switzerland  
 Training Manager, Phase II - Sean Lowrie, UK

##### Project Management Committee

James K Bishop, InterAction, USA \* Peter Hawkins, Save the Children Alliance, UK \*  
 Graham Miller, CARE International, Switzerland \* Jean-Marie Kindermans, MSF  
 International, Belgium \* Rebecca Larson, The Lutheran World Federation (ACT),  
 Switzerland \* Gianni Ruffini, VOICE, Belgium \* Nancy Lindborg, Mercy Corps  
 International, USA \* Miriam Lutz, Action by Churches Together (ACT), Switzerland \*  
 Gerald Martone, International Rescue Committee, USA \* Joel McClellan, SCHR,  
 Switzerland \* Pierre Perrin, ICRC, Switzerland \* Ed Shenkenberg, ICVA, Switzerland \*  
 Karel Zelenka, Caritas Internationalis, Vatican City

##### Donors

In addition to contributions by the member organisations of SCHR and by InterAction through a grant provided by the Ford Foundation, funding for the Sphere Project was provided by:

The Australian Agency for International Development (AusAID) \* The Belgian Ministry of Development \* The Canadian International Development Agency (CIDA) \* Danish International Development Assistance (DANIDA) \* The United Kingdom Department for International Development (DFID) \* The European Community Humanitarian Office (ECHO) \* The Netherlands Ministry of Foreign Affairs Humanitarian Aid Division \* The Swedish International Development Cooperation Agency (Sida) \* The New Zealand Ministry of Foreign Affairs and Trade \* The Swiss Agency for Development and Cooperation (SDC) \* The United States Department of State Bureau of Population, Refugees and Migration (US-BPRM) \* The United States Agency for International Development Office of Foreign Disaster Assistance (US-OFDA)

#### Chapter 1: Water Supply and Sanitation

Sector Manager: John Adams, Oxfam GB

John Adams and the Sphere Project would like to thank the peer review group for their contributions to this chapter:

Riccardo Conti, International Committee of the Red Cross, Switzerland \* Eric Drouart, Action Contre La Faim, France \* Jeff Eames, CARE International UK, UK \* Denis Heidebroek, MSF Holland, The Netherlands \* Richard Luff, Oxfam GB, UK \* Uli Jaspers, International Federation of Red Cross and Red Crescent Societies, Switzerland \* Daniel Mora-Castro, Programme and Technical Support Section, UNHCR, Switzerland \* Claude Rakotomalala, Programme and Technical Support Section, UNHCR, Switzerland \* Paul Sherlock, Oxfam GB, UK

Other contributors: Astier Almedom, London School of Hygiene and Tropical Medicine, UK \* Andy Bastable, Oxfam, UK \* Eveline Bolt, IRC International Water and Sanitation Centre, Holland \* Paul Borsboom, SAWA, Agro Business, Holland \* Bernard Broughton, Relief Development Services Pty, Australia \* Sandy Cairncross, London School of Hygiene and Tropical Medicine, UK \* Art Carlson, International Rescue Committee, Rwanda \* M T Chanyowedza, Christian CARE (ACT), Zimbabwe \* Desmond Chavasse, London School of Hygiene and Tropical Medicine, UK \* Riccardo Conti, ICRC, Switzerland \* Sara Davidson, People In Aid, UK \* Tom de Veer, Independent Consultant, Holland \* Florence Descacq, ACF - Côte d'Ivoire, France \* Ben Fawcett, Institute of Irrigation Studies, University of Southampton, UK \* Suzanne Ferron, Independent Consultant, UK \* Tim Foster, RedR International, Switzerland \* Pierre Fourcassier, ACF - Côte d'Ivoire, France \* Banteyehun Haile, American Refugee Committee, Rwanda \* Alden Hendersen, Health Studies Branch, CDC, National Center for Environmental Health, USA \* Robert Hodgson, Exeter University, UK \* Mark Hogan, Concern Worldwide, Ireland \* Sarah House, Water and Engineering Development Group, Loughborough University of Technology, UK \* Modhakiru Katakweba, Oxfam, Tanzania \* Vincent Koch, Oxfam UK and Ireland, Angola \* Bobby Lambert, RedR, UK \* Sue Lim, DRA, Holland \* Peter Lochery, CARE, USA \* Woldu Mahary, Oxfam, UK \* Duncan Mara, Department of Civil Engineering, University of Leeds, UK \* Laura Marks, International Rescue Committee, USA \* Tom McAloon, International Rescue Committee, USA \* Bob Reed, Water and Engineering Development Group, Loughborough University of Technology, UK \* Philippe Rey, ICRC, Switzerland \* Les Roberts, Independent Consultant, USA \* David Saunders, IRC International Water and Sanitation Centre, Holland \* Stefan Spang, ICRC, Switzerland \* Madeleine Thomson, MALSAT Research Group, Liverpool School of Tropical Medicine, UK \* Roger Yates, Oxfam, Tanzania \* MSF Belgium

## Chapter 2: Nutrition

Sector Manager: Lola Gostelow, SCF UK  
Sector Researcher: Anna Taylor, SCF UK

Lola Gostelow and the Sphere Project would like to thank the following people for their substantial contributions to this chapter:

Ken Bailey, World Health Organisation, Switzerland \* Rita Bhatia, UNHCR, Switzerland \* Annalies Borrel, Concern Worldwide, Ireland \* Anne Callanan, World Food Programme, Italy \* Pieter Dijkhuizen, World Food Programme, Italy \* Michael Golden, University of Aberdeen, UK \* Yvonne Grellety, Action Contre La Faim, France \* Susanne Jaspars, independent consultant, UK \* Marion Kelly, UK Department for International Development, UK \* Clare Schofield, London School of Hygiene and Tropical Medicine, UK \* John Seaman, Save the Children Fund UK, UK \* Jeremy Shoham, independent consultant, UK \* Arnold Timmer, UNHCR, Switzerland \* Saskia van der Kam, MSF Holland, Holland \* Zita Weise-Prinzo, World Health Organisation, Switzerland \* Helen Young, Oxfam GB, UK

Other contributors: Carla Abou-Zahr, WHO, Switzerland \* Lesley Adams, Oxfam GB \* Tahmid Ahmed, ICDDR, Bangladesh \* David Alnwick, UNICEF \* A M M Anisul Anwal, Ministry of Health and Family Welfare, Bangladesh \* Iqbal Anwar, Radd MCH FP Centre Bangladesh \* Judith Appleton, Independent Consultant, UK \* Selena Bajraktarevic, UNICEF, Bosnia \* Theresa Banda, Ministry of Health, Malawi \* Hilary Baroi, Church of Bangladesh Social Development Programme, Bangladesh \* George Beaton, independent consultant, Canada \* Nathan Belete, World Vision \* Chris Besse, Merlin, UK \* Aminul Haque Bhuyan, University of Dhaka, Bangladesh \* John Borton, Overseas Development Institute, UK \* Dominique Bounie, Lille Institute of Food and Agriculture, France \* Francesco Branca, Istituto Nazionale della Nutrizione, Italy \* Andre Briend, INSERM, France \* Vincent Brown, Epicentre, France \* Kate Bruck, Dr Cynthia's Clinic, Thailand \* Judy Bryson, Africare, USA \* Ann Burgess, independent consultant, UK \* Brent



Burkholder, CDC, USA \* Christine Cambrezy, WFP, Somalia \* Kathy Carter, Institute of Child Health, UK \* Jenny Cervinskis, Micronutrients Initiative, Canada \* Gene Charoonruk and Uraiporn Chittchang, Mahidol University, Thailand \* Françoise Chome, Sustain, USA \* Ian Christopholos, SIDA, Sweden \* Ed Clay, Overseas Development Institute, UK \* William Clay, FAO, Italy \* Graeme Clugston, WHO, Switzerland \* Karen Codling, UNICEF, Thailand \* Bruce Cogill, IMPACT \* Marc Cohen, Bread for the World Institute \* Steve Collins, Independent Consultant, UK \* Suzanne Cotter, WHO, Bosnia \* Joanne Csete, UNICEF, USA \* Ariane Curdy, ICRC, Switzerland \* Helena Dalton, International Rescue Committee, Thailand \* Frances Davidson, USAID Nutrition Section, USA \* Austin Davis, LSE/MSF, UK \* Danielle Deboutte, WHO/EHA, Switzerland \* Vicki Denman, CRS, USA \* Pat Disket, Cranfield University, UK \* Rhoda Eliasi, National Economic Council, Malawi \* Mendez England, FFP, USA \* Linda Ethangatta, UNICEF OLS, Kenya \* Margie Ferris-Morris, formerly USAID, USA \* Anna Ferro-Luzzi, National Institute of Nutrition, Italy \* Lourdes Fidalgo, Ministry of Health, Mozambique \* Aida Filipovic, Institute of Public Health, Sarajevo \* Wilma Freire, PAHO, USA \* David Garms, FFP/USAID, USA \* Veronique Genaille, UNHCR, Kenya \* Yvonne Grellety, ACF, France \* Laura Guimond, Mercy Corps International Child Survival Program, USA \* Alistair Hallam, Overseas Development Institute, UK \* John Hammock, Tufts University, USA \* Steven Hansch, Refugee Policy Group, USA \* Pirko Heinonen, UNICEF, Somalia \* Jeya Henry, Oxford Brookes University, UK \* Hege Hetzberg, NORAD, Norway \* Moazzem Hossain, Save the Children UK, Bangladesh \* Janet-Marie Huddle, World Vision, Canada \* Zahidul Islam, Grameen Health Programme, Bangladesh \* Safia Jama, UNICEF, Somalia \* Omani Jasna, Public Health Institute, Bosnia \* Linley Karlton, Uppsala University, Sweden \* Lawson Kasamale, Red Cross, Malawi \* Judit Katona-Apte, WFP, Italy \* Kathy Krasovec, USAID \* Fred Kuhila, Programme Against Malnutrition, Zambia \* Natehalai (Kitty) Lanmg, ARC TRAT, Thailand \* Bruce Laurence, Merlin, UK \* Bernt Lindtjorn, University of Bergen, Norway \* Dr Luecha, Department of Health, Thailand \* Mary Lung'aho, CRS, USA \* Jane Macaskill, Nairobi/Somalia \* Sharon MacDonald, CDC Nutrition Division, USA \* Kandarasee Malanong, Ministry of Public Health, Thailand \* Gabrielle Maritim, University of Nairobi, Kenya \* David Marsh, Save the Children US, USA \* Rabia Mathai, IFRC, Bangladesh \* Fedai Mawlar, Voluntary Health Services Society, Bangladesh \* Jenny McMahon, ICRC, Kenya \* Judiann McNulty, CARE \* Cathy Mears, independent consultant, UK \* David Meek, World Vision, USA \* Andrea Menefee, International Rescue Committee, Thailand \* Zahra Mirghani, UNHCR, Tanzania \* Sheikh Mohiuddin, Ad-din Hospital, Bangladesh \* Alain Moren, RNSP, Belgium \* Saul Morris, IFPRI \* Yasmine Motarjemi, WHO, Switzerland \* Ellen Muehlhoff, FAO, Italy \* Chizuru Nishida, WHO, Switzerland \* Eric Noji, WHO, Switzerland \* Ted Okada, Food for the Hungry International, USA \* Ben Okech, Ministry of Health, Kenya \* Omawale Omawale, UNICEF, DPRK \* OMNI, USAID Project \* Fiona O'Reilly, Emergency Nutrition Network, Ireland \* Christophe Paquet, Epicentre, France \* Abe Parvanta, CDC, USA \* Chris and Monika Pearson, Uppsala University, Sweden \* Nina Pillai, Overseas Development Institute, UK \* Rachel Pinniger, Tribhuvan University, Nepal \* Claudine Prudhon, ACF, France \* Randy Purviance, ADRA, USA \* Sonya Rabenack, ACC/SCN, Switzerland \* Shah Mahfuzur Rahman, Institute of Public Health, Bangladesh \* Anne Ralte, IMPACT, USA \* Emma Roberts, TEAR Fund, UK \* Anna de Roos, ECHO, Bangladesh \* Aileen Robertson, WHO Regional Office Europe, Denmark \* S K Roy, ICDDR, Bangladesh \* Terrence T J Ryan, Food Aid Management, USA \* Serge Rwamasirabo, USAID Rwanda \* Abdus Sabur, Save the Children UK, Bangladesh \* Erminio Sacco, WFP, Somalia \* Helen Samatebele, Programme Against Malnutrition, Zambia \* Andy Seal, Institute of Child Health, UK \* Mary Serdula, CDC, USA \* Louise Serunjogi, Makerere University, Uganda \* Dr Shazahan, Helen Keller Institute, Bangladesh \* S Shao, Tanzania Food and Nutrition Centre, Tanzania \* Catherine Siandwazi, Commonwealth Regional Health Secretariat, Tanzania \* Sangsom Sinawat, Ministry of Public Health, Thailand \* Jose Solis, PAHO, USA \* Bernhard Staub, Tanganyika Christian Refugee Service, Tanzania \* Anne Swindale, IMPACT, USA \* Kerry Sylvester, independent consultant, Mozambique \* Judith Tagwira, Ministry of Health, Zimbabwe \* M Q K Talukder, Institute of Mother and Child, Bangladesh \* Haile Selassie Tekie, Relief Society of Tigray, Ethiopia \* Andy Tembon, SCF

UK, Rwanda \* Aster Tesfaye, Jesuit Refugee Service, Ethiopia \* Andrew Tomkins, Institute of Child Health, UK \* Michael Toole, MacFarlane Burnet Centre for Medical Research, Australia \* Benjamin Torun, INCAP, Guatemala \* Stuart Turner, World Vision, UK \* Daniel Valle, Red Cross, USA \* Albertine van der Veen, Independent Consultant, Holland \* Michel van Herp, MSF International, Belgium \* Fabienne Vautier, MSF Belgium \* Anna Verster, WHO/EMRO, Egypt \* M A Wahed, ICDDR, Bangladesh \* Jane Wallace, ACC/SCN, Switzerland \* Boonyuen Warasai, Ministry of Public Health, Thailand \* Fiona Watson, Institute of Child Health, UK \* Katy Watt, Nutrition Consultant, UK \* Elizabeth Westaway, Cardiff University, UK \* Carole Williams, Nutrition Consultant, UK \* Rukia Abdillahi Yacoub, UNICEF, Sudan \* Oliver Yambi, UNICEF, Kenya \* Tayech Yimer, Save the Children UK, Ethiopia

### **Chapter 3: Food Aid**

Sector Manager: Harlan Hale, CARE, USA

Harlan Hale and the Sphere Project would like to thank the following people for their substantial contributions to this chapter:

Rita Bhatia, UNHCR, Switzerland \* Delphine Borione, World Food Programme, Italy \* Analies Borrel, Concern Worldwide, Ireland \* Rick Brennan, Centre of Excellence in Disaster Management \* Lola Gostelow, Save the Children Fund, UK \* Charles Kelly, independent consultant \* Isabelle Le Normand, Action Contre La Faim, France \* Thomas J Ryan, Food Aid Management, USA \* Anne Ralte, consultant to USAID, USA \* Anna Taylor, Save the Children Fund, UK

Other contributors: Ibrahim (Abe) Parvanta, CDC, USA \* Lesley Adams, Independent Consultant \* Rennata Becker, German Agro-Action \* François Belanger, Epicentre, France \* Bob Bell, CARE \* Mark Bowden, Save the Children, UK \* Ann Callanan, WFP, Italy \* Thoric Cederstrom, Save the Children, USA \* Jendra Cekan, CRS \* Willian Clay, FAO-Nutrition \* Bruce Cogill, Impact Project USAID \* Jim Cornelius, CFGB \* Annegre de Roos, Independent Consultant \* Serge Depotter, MSF International, Belgium \* Agnes Dhur, ICRC, Switzerland \* Tim Frankenberger, CARE, USA \* Georg Frerks, Agricultural University, Wageningen, Holland \* Michael Golden, University of Aberdeen, UK \* Jennifer Graef, FAM, USA \* Yvonne Grellety, ACF, France \* Dave Hagen, USAID/FFP-ER \* Steve Hansch, Independent Consultant \* David J. Garms, USAID, USA \* Susan Jaspars, Independent Consultant, UK \* Al Kehler, CFGB \* Marion Kelly, DFID, UK \* Anders Ladekarl, Danish Refugee Council, Denmark \* Lauren Landis, SCF, USA \* Francoise Ledru, VOICE, Belgium \* Sean Lowrie, CARE, Canada \* Mary Lung'aho, Catholic Relief Services, USA \* Frances Mason, ACF, France \* Paul Maurie Boulanger, AEDES \* Catherine Mears, independent consultant, UK \* Walter Middleton, World Vision \* Chizuru Nishida, WHO \* Mario Ochoa, ADRA \* Stefan Peterson, MSF/Uppsala University, Sweden \* Veronique Priem, MSF, France \* Bill Ralston, CIDA \* Jeremy Shoham, ENN/RNIS/LSHTM, UK \* Piet Spaarman, Caritas, Holland \* Stein Stoa, Norwegian Refugee Council, Norway \* Jo Thomas, Concern Worldwide, Ireland \* Marge Tsitouris, CARE \* Bernd V Dreesmann, EuronAid, Holland \* Albertien van der Veen, Independent Consultant, Holland \* Michel van Herp, MSF International, Belgium \* Saskia van der Kam, MSF Holland \* Rudy von Bernuth, Save the Children, USA \* Jane Wallace, ACC/SCN \* Shaun Walsh, FHI \* Jackie Wood, CARE, Canada \* Helen Young, Oxfam, UK \* Dutch Interchurch Aid (ACT) \* Global Network on Food Security

### **Chapter 4: Shelter and Site Planning**

Sector Manager: Philip Wijmans, The Lutheran World Federation (ACT), Cambodia  
Sector Researcher: Tom Corsellis, University of Cambridge, UK

Philip Wijmans and the Sphere Project would like to thank the following people for their substantial contributions to this chapter:

Ad Hordijk, Matrix Consultants for Development, The Netherlands \* Gatachew Jembere, The Lutheran World Federation (ACT), Zambia \* Barend Leeuwenberg, MSF Holland, The Netherlands \* John Nduna, The Lutheran World Federation (ACT), Tanzania \* Brian Neldner, The Lutheran World Federation (ACT), Australia \* Wolfgang Neumann, UNHCR, Switzerland \* Todd Stowell, The Lutheran World Federation (ACT), Nepal \* Elizabeth Umlas, UNHCR, Switzerland \* Gerro Vonk, MSF Holland, The Netherlands

Other contributors: Krister Åkesson, Church of Sweden Aid (ACT), Sweden \* Jaap Aantjes, LWF (ACT), Rwanda \* Richard Agullas, ELCSA-LWF, South Africa \* Allen Armstrong, LWF (ACT), Nepal \* Inu Arya, LWF (ACT), Cambodia \* Dirk Bakker (ZA), ICCO (ACT), Holland \* Henk Bakker, ICCO (ACT), Holland \* John Barrett, AIT, Thailand \* Krishan Batra, UNDP/IAPSO, Denmark \* Andrew Chalinder, UNICEF, Botswana \* Arno Coerver, LWF (ACT), Mauritania \* John Cosgrave, InterWorks Europe, Ireland \* Howard Dalzell, Concern Worldwide, Ireland \* John Damerell, LWF (ACT), Angola \* Rudelmar de Faria, LWF (ACT), El Salvador \* Martin Dillon, LWF (ACT), Uganda \* Paevo Faerm, LWF (ACT), Ethiopia \* Tim Foster, RedR International, Switzerland \* Dennis Frado, Lutheran Office for World Community, USA \* Laura Gibbons, ODI, UK \* Hannelore Hensle, Bread for the World Projects (ACT), Germany \* Mark Hogan, Concern Worldwide, Ireland \* Hossein Kalali, University of Geneva/ Swiss Cooperation for Development, Switzerland \* Kroslak, LWF, Russia \* Sean Lowrie, CARE Emergency Unit, Canada \* Ingela Lundborg, Church of Sweden Aid (ACT), Sweden \* Meena-Mbvumbe, LWF (ACT), Malawi \* Jim Mason, LWF (ACT), Kenya \* Cyrus Mechat, University of Geneva/ Swiss Cooperation for Development, Switzerland \* Pamela Meggitt, Lutheran Development Service, Swaziland \* Enos Moyo, ELCSA-LWF (ACT), South Africa \* Babar Mumtaz, Development Planning Unit, University College London, UK \* Gail Neudorf, CARE, Kenya \* Hermine Nikolaison, LWF (ACT), Croatia \* Stichting Oecumenische Hulp, Dutch Interchurch Aid (ACT), Holland \* Patrick Oger, MSF \* Lars Olsson, WHO, Switzerland \* Duane Poppe, LWF (ACT), Tanzania \* William Power, Concern Worldwide, Ireland \* Eric Ram, World Vision International, Switzerland \* Joe Riverson, World Vision International, Liberia \* Craig Sanders, UNHCR, Switzerland \* Tapio Saraneva, Finnchurchaid (ACT), Finland \* Don Schramm, Disaster Management Center of the University of Wisconsin-Madison, USA \* Sarah Scott, ODI, UK \* David Shearer, Institute of Strategic Studies, UK \* Paul Sitnam, LWF (ACT), Angola \* Rudi Slooff, WHO, Switzerland \* Atle Sommerfeldt, Norwegian Church Aid (ACT), Norway \* Bernard Staub, LWF (ACT), Bosnia \* Mamane Sukati, Lutheran World Development Service, Swaziland \* John Svendsen, UNDP-IAPSO, Denmark \* Jens Tang, Meteorologist, Denmark \* Gerrit ten Velde, LWF (ACT), Mozambique \* Reinier Thiadens, UNHCR, Switzerland \* Paul Thomson, Disaster Management Center of the University of Wisconsin-Madison, USA \* Jan v Bentum, ICCO, Holland \* Koenraad Van Brabant, ODI, UK \* John Watt, IFRC, Switzerland \* Jacques Willemse, Dutch Interchurch Aid (ACT), Holland \* Henk Zomer, Dutch Interchurch Aid (ACT), Holland \* MSF Holland \* Canadian Lutheran World Relief (ACT), Canada \* DanChurchAid (ACT), Denmark \* Christian Aid (ACT) \* Evangelical Lutheran Church in America (ACT), USA \* Evangelische Zentralstelle für Entwicklungshilfe (Protestant Association for Cooperation in Development), Germany \* LWF (ACT), Haiti \* LWF (ACT), India \* LWF (ACT), Jerusalem \* LWR (ACT), Kenya \* PLWF/LWF (ACT), Peru \* Leo Siliamaa, LWF (ACT), Zimbabwe

## Chapter 5: Health Services

Sector Managers: Joachim Kreysler IFRC, Switzerland and Jean Roy, CDC/IFRC, USA and Switzerland

Joachim Kreysler, Jean Roy and the Sphere Project would like to thank the following people for their substantial contributions to this chapter:

Sue Chowdhury, Oxfam GB, UK \* Carole Collins, Oxfam GB, UK \* Danielle Deboutte, World Health Organization, Switzerland \* Myriam Henkens, MSF Belgium, Belgium \* Sandra Krause, American Refugee Committee, USA \* Bruce Laurence, Merlin, UK \* Jean Long, Concern Worldwide, Ireland \* Serge Male, UNHCR, Switzerland \* Eric Noji, World Health Organization, Switzerland \* Jean Marc Olive, World Health Organization, Switzerland \* Pierre Perrin, International Committee of the Red Cross, Switzerland \* Stefan Seebacher, International Federation of Red Cross and Red Crescent Societies, Malaysia \* Harald Siem, Emergency and Humanitarian Action, World Health Organization, Switzerland \* Ronald Waldman, Columbia University, USA

Other contributors: Andrea Ammon, Robert Koch Institute, Germany \* Thomas Baker, Red Cross, USA \* Rita Bhatia, UNHCR, Switzerland \* Vincent Brown, Epicentre, France \* Brent Burkholder, CDC, USA \* Gilbert Burnham, Johns Hopkins University School of Hygiene and Public Health, USA \* Kate Burns, UNHCR, Switzerland \* Manuel Carballo, ICMHC, Switzerland \* Christine Chevalier, MSF Switzerland \* Maire Connolly, WHO/ICA, Switzerland \* Alphonse daSilva, AMP, France \* Claude de Ville de Goyet, PAHO/WHO, USA \* Flavio del Ponti, Swiss Disaster Policy, Switzerland \* Pat Disket, Cranfield University, UK \* Kolude Doherty, UNHCR, Switzerland \* Mohamed Dualeh, UNHCR, Switzerland \* Marcel Dubouloz, HDCA, Switzerland \* Marcel Furic, Caritas Internationalis, Switzerland \* Anne Golaz, CDC, USA \* Lola Gostelow, Save the Children, UK \* Brian Gushulak, IOM Medical Services, Switzerland \* Harlan Hale, CARE, USA \* Hilde Haug, UNFPA, Switzerland \* Nobuhide Hayashi, AMDA, Kenya \* Jean Herve Bradol, MSF, France \* Mark Hogan, Concern, Ireland \* Kijura Inomzoda, Red Crescent Society, Tajikistan \* Hector Jalipa, World Vision - Somalia, Kenya \* Nenad Javornik, Croatia \* Robert Kesala, IFRC Regional Health Delegate, Zimbabwe \* Jean-Marie Kindermans, MSF International, Belgium \* Renee Kotz, American Red Cross, USA \* Nance Kyloh, USAID, Switzerland \* Mary Lange, US BPRM, Switzerland \* Rebecca Larson, The Lutheran World Federation (ACT), Switzerland \* Jennifer Leaning, Medicine and Global Survival, USA \* Philippe Leborgne, ACF, France \* Maura Lennon, GOAL, Ireland \* Annie Lloyd, Oxfam, UK \* Jean-Dominique Lormond, MSF International, Switzerland \* William Lyerly, USAID, USA \* Alexander Malyavan, UNICEF, Switzerland \* Michael Marx, University of Heidelberg, Germany \* Jean Paul Menu, WHO, Switzerland \* Eric Mercier, UNICEF, USA \* Nancy Mock, Tulane University, USA \* Alain Moren, Epicentre, France \* Cleopas Msuya, IFRC Regional Health Delegate, Kenya \* Jayne Mutonga, AMREF, Kenya \* Geir Nergard, IFRC Regional Delegation, Kazakhstan \* David Newberry, CARE, USA \* Ishmael Noko, The Lutheran World Federation (ACT), Switzerland \* Michael Pelly, IFRC, Switzerland \* Lyle Petersen, Robert Koch-Institut, Germany \* Mit Philips (Kinshasa assignee), MSF, Belgium \* Daniel Pierotti, UNFPA, Switzerland \* Jean Pierre Revel, IFRC, Switzerland \* Peter Poore, Save the Children, UK \* Eric Ram, World Vision International, Switzerland \* Arthur Reingold, University of California at Berkeley, USA \* Remi Russbach, Geneva Foundation to Protect Health in War, Switzerland \* Hakan Sandbladh, IFRC, Switzerland \* Khalid Shibib, WHO, Switzerland \* Ola Skuken, IFRC, Somalia Delegation, Kenya \* Barbara Smith, International Rescue Committee, USA \* Paul Spiegel, Johns Hopkins University, USA \* Robert Steinglass, BASICS, USA \* Philippe Stoeckel, Association pour l'Aide à la Médecine Préventive, France \* Peter Strebel, Centers for Disease Control and Prevention, USA \* Michael Toole, Macfarlane Burnet Centre for Medical Research, Australia \* Maarten Van Cleeff, Royal Tropical Institute, Netherlands \* Laetitia Van Haren, Refugee Policy Group, Switzerland \* Carlos Wandscheer, Médecins du Monde, France \* Ralph Watts, ADRA, USA \* Christopher Wood, AMREF, Kenya \* Brad Woodruff, Centers for Disease Control and Prevention, USA \* Takako Yasukawa, WHO Emergency and Humanitarian Action, Switzerland

## Other Contributors

Mike Aaronson, Save the Children Fund, UK \* \* Imadulddin Abdulrahim, Islamic African Relief Agency, Ethiopia \* Susanta Adhikari, Christian Commission for Development

(ACT), Bangladesh \* Gilberto Aguirre, Council of Evangelical Churches (ACT), Nicaragua \* Juana Albornoz G. Confraternidad Cristiana de Iglesia de Chile (ACT), Chile \* Kate Alley, UNICEF, Switzerland \* Mary Anderson, Local Capacities for Peace Project, USA \* Tim Andrews, World Vision, Guinea \* Oldrich Andrysek, IFRC \* Jennifer Ashton, UNHCR, Switzerland \* Marie-Pierre Auger, ECHO, Guinea \* Helen Awan, Overseas Development Institute, UK \* Tom Baker, American Red Cross \* Rebecca Bardach, America Refugee Committee, Sarajevo \* Mikael Barfod, ECHO, Belgium \* David Bassiouni, UNOCHA, USA \* Luntan Bayarmaa, IFRC \* Dana Beegun, InterAction, USA \* Claude Belleau, UNV, Switzerland \* Judy Benjamin, Women's Commission for Refugee Women and Children, USA \* Jon Bennet, Norwegian Refugee Council \* Choloka Beyani, Oxfam, UK \* Helen Bishop, Concern Universal, Guinea \* Dounia Bitar, UNHCR, Switzerland \* Richard Blewitt, British Red Cross, UK \* Lucie Blok, MSF, Switzerland \* Myra Blyth, World Council of Churches (ACT), Switzerland \* Ian Bray, Oxfam, UK \* Marie Breton-Ivy, The Lutheran World Federation (ACT), Switzerland \* Rachel Brett, Quaker UN Office, Switzerland \* Lucy Brown, American Red Cross \* William Brownfield, US Bureau for Population, Refugees and Migration, Switzerland \* David Bryer, Oxfam, UK \* Margie Buchanan-Smith, ActionAid, UK \* Skip Burkle, University of Hawaii Center for Excellence, USA \* Polly Byers, USAID, USA \* Edmund Cain, UNDP, USA \* Sara Canna, IFRC, Switzerland \* David Cardan, UNOCHA, Guinea \* Kevin Carew, American Refugee Committee, Sarajevo \* Andrew Carl, Conciliation Resources, UK \* Chris Carr, IFRC, Switzerland \* Rob Carr, UNICEF, USA \* Nils Cartensen, ACT, Switzerland \* Matthew Carter, CAFOD, UK \* Louisa Chan, WHO, Switzerland \* David Church, VOICE, Belgium \* Roger Clark, Department for International Development, UK \* Maureen Connelly, UNHCR, Switzerland \* \* Peggy Creese, UNICEF, Switzerland \* Diane Crocombe, Oxfam, UK \* Chris Cushing, UN Staff College, Italy \* Marc D'Silva, Catholic Relief Services, Guinea \* Gary Dahl, America Refugee Committee, Thailand \* James Darcy, Oxfam, UK \* Steve Davey, IFRC \* Sara Davidson, People In Aid, UK \* Will Day, CARE, UK \* Gloria De Sagarra, UNHCR, Switzerland \* Sean Deely, IFRC, Switzerland \* Sarah Degnan Kambou, Ethiopia \* Flavio Del Ponte, Swiss Disaster Relief, Switzerland \* Penny Panayiota Deligiannis, Diaconia Agapes (ACT), Albania \* Kerry Demuz, Oxfam, Sri Lanka \* Gregorie De Sacy, Solodarites, Sarajevo \* Mary Diaz, Women's Commission for Refugee Women and Children, USA \* Deborah Doane, British Red Cross, UK \* Karen Donovan, Independent Consultant, UK \* Bernard Doyle, UNHCR, Switzerland \* Joelle Dubois, Oxfam, Belgium \* Jon Ebersole, CETI, Switzerland \* Jan Eijkenaar, ECHO, Belgium \* Hussein El Obeid, Humanitarian Aid Commission, Sudan \* Judy El-Bushra, Acord, UK \* Cirre Emblen, American Red Cross \* Paul Emes, IFRC, Switzerland \* Liz Eyster, UNHCR, Switzerland \* Christine Forgière, Rights and Humanity, UK \* Salamo Fulivai, YWCA, Fiji \* Sarah Galietsky, Overseas Development Institute, UK \* Michael Golden, University of Aberdeen, UK \* Elena Gonzalez-Romero, ECHO, Belgium \* Lorelei Goodyear, International Rescue Committee, USA \* Brewster Grace, Quaker UN Office, Switzerland \* Sean Greenaway, ECHO, Belgium \* Andres Griekspoor, MSF, Switzerland \* Martin Griffiths, UNOCHA, USA \* Birte Hald, Danchurchaid/Folkekirkens Nodhjaelp (ACT), Denmark \* Teresa Hanley, British Red Cross, UK \* Caroline Harford, Red Cross/Red Crescent Country Delegation, Russia \* Julia Hausermann, Rights and Humanity, UK \* Robert Hayward, Christian Aid (ACT), UK \* Ralph Hazleton, CARE International, Switzerland \* Pirkko Heinonen, UNICEF, East Africa \* Daniel Helle, ICRC \* Peter Henderson, USAID, USA \* Peter Herby, ICRC \* Maurice Herson, Oxfam, UK \* Rudolph Hinz, The Lutheran World Federation (ACT), Switzerland \* Michael Hoffman, American Red Cross, USA \* Mary Hope Schwoebel, InterAction, USA \* Nap Hosang, University of California at Berkeley, USA \* Shamsul Huda, Association of Development Agencies in Bangladesh, Bangladesh \* Janet Hunt, ACFOA, Australia \* Salvatore Ippolito, UNHCR, Switzerland \* Bernard J Vrbán, Red Cross/Red Crescent Country Delegation, Sarajevo \* Safia Jama, UNICEF, East Africa \* Riad Jarjour, Middle East Council of Churches (ACT), Cyprus \* Samardic Jasna, Red Cross/Red Crescent Country Delegation, Sarajevo \* Rome Johan Ketters, Caritas International \* Sally Johnson, Oxfam, UK \* Gerry Jones, American Red Cross, USA \* Ivan Joseph, Caritas, India \* Kristin Kalla, Independent Consultant, USA \* Mukesh Kapila, Department for International Development, UK \* Geshe Karrenbrock, UNHCR,

Switzerland \* Innocent Kaseke, Christian Care (ACT), Zimbabwe \* Lex Kassenberg, CARE International, Belgium \* Chris Kaye, UNOCHA, Switzerland \* Jim Kelly, Catholic Relief Services, Sarajevo \* Randolph Kent, Independent Consultant, USA \* Michael Kiernan, InterAction, USA \* Suzanne Kindervatter, InterAction, USA \* Andrew Kishindo, AACC (ACT), Kenya \* Alimamy Koroma, Council of Churches (ACT), Sierra Leone \* Michele Kuhn, ICRC \* Sasi Kumar, Oxfam, Sudan \* Peter R Kunze, ADRA, Switzerland \* Jane Kusin, Royal Tropical Institute, Holland \* Sarah Lachat, IFRC \* Philip Lam, Hong Kong Christian Council (ACT), China \* Warren Lancaster, British Red Cross, UK \* Natalia Langlais, Department for International Development, UK \* Jones Laviwa, Churches Action in Relief and Development (ACT), Malawi \* Nick Leader, Overseas Development Institute, UK \* Françoise Ledru, VOICE, Belgium \* Gail Lerner, World Council of Churches, USA \* Iain Levine, Amnesty International United Nations Office, USA \* Reynold Levy, International Rescue Committee, USA \* Tan Li Ying, Amity Foundation, China \* Claire Light, Oxfam, UK \* Santhe Loizos, InterAction, USA \* Jean Long, Trinity College, Ireland \* Barbara Luckhurst, RedR International, UK \* Paula Lynch, US Bureau for Population, Refugees and Migration, USA \* Joanna Macrae, Overseas Development Institute, UK \* Kirsi Madi, UNICEF, Switzerland \* Jok Madut Jok, University of California at Los Angeles, USA \* Gianni Magazzeni, UNCHR, Switzerland \* John Magrath, Oxfam GB \* Kaanaeli Makundi, The Lutheran World Federation (ACT), Switzerland \* Juan Manuel Acena, Movimiento Por La Paz El Desarme Y La Libertad, Spain \* Gabrielle Martim, University of Nairobi, Kenya \* Simon Maxwell, Overseas Development Institute, UK \* Monique McClellan, Independent Consultant, Switzerland \* Peter McDermott, UNICEF, Switzerland \* Therese McGinn, Columbia University, USA \* John McGrath, Oxfam, UK \* Jennie Meadows, Save the Children Fund, UK \* Bob Medrala, CCSDPT, Thailand \* Anita Menghetti, USAID, USA \* J K Michael, Church's Auxiliary for Social Action (ACT), India \* Larry Minear, Brown University, USA \* Dahawi, Ministry of Social Planning, Sudan \* John Mitchell, British Red Cross, UK \* Barbara Monahan, CARE, USA \* Moises Moraga, Accion Medica Cristiana (ACT), Nicaragua \* Nicholas Morris, UNHCR, Switzerland \* Pat Morris, InterAction, USA \* Jeremy Mortimer, IFRC, Switzerland \* Mutawa Musyimi, National Council of Churches (ACT), Kenya \* Doris Mwangi, Equipe d'Urgence de la Biodiversité \* Andrew Natsios, World Vision Relief and Development, USA \* Gawher Nayeem Wahra, Oxfam, Bangladesh \* Paula Nersesian, BASICS, USA \* Wolfgang Neumann, UNHCR, Switzerland \* Kathleen Newland, Carnegie Endowment for International Peace, USA \* Ackbar Noor, ICVA, Sarajevo \* Emmanuel Nsabimana, Council of Churches (ACT), Rwanda \* Mary O'Reilly, America Refugee Committee, Uganda \* Ron Ockwell, Independent Consultant, France \* Xavier Ortegat, VOICE, Belgium \* Karen Otsea, IPAS, USA \* Robert Painter, UNOCHA, Guinea \* Dragana Pandurevi, Red Barnet, Sarajevo \* David Pardoe, Canadian Red Cross \* Jeffrey Pereira, Caritas, Bangladesh \* Katherine Perkins, US Bureau for Population, Refugees and Migration, USA \* Karen Perrin, Handicap International, Sarajevo \* Sue Pfiffner, IFRC \* Ian Piper, IFRC \* William Power, Concern, Ireland \* Marion Pratt, USAID, USA \* Zoran Radic, International Rescue Committee, Sarajevo \* K Rajaratnam, United Evangelical Lutheran Churches (ACT), India \* White Rakuba, Council of Churches (ACT), South Africa \* Angela Raven-Roberts, UNICEF, USA \* Stephen Richards, International Rescue Committee, USA \* Marie-Jeanne Richiardione, IFRC, Switzerland \* Cyril Ritchie, InterAid International, Switzerland \* Peterson, Robert Koch Institute, Germany \* Lloyd Rollins, UMCOR (ACT), USA \* Berta Romero, InterAction, USA \* Giovanni Rufini, VOICE, Belgium \* Sharon Rusu, UNHCR, Switzerland \* Frank Rwakabwohe, Church of Uganda, Uganda \* Serge Rwamashirabo, USAID, Rwanda \* Salomon S Sanny, Association Beninoise de Lutte Contre La Faim et La Misère du Peuple, Republic du Benin \* Muhodzic Sanela, WFP, Sarajevo \* Baldo Santo Lucherini, Caritas, Chile \* David Shearer, Institute for Strategic Studies, Switzerland \* Ed Shenkenberg, ICVA, Switzerland \* Shoko Shimosawa, UNHCR, Switzerland \* Christine Simon, EU/CE Regional Food Security, Ivory Coast \* Hugo Slim, Oxford Brookes University, UK \* Gavic Smilijka, Centre for Torture Victims, Sarajevo \* Thomas Soderman, Sweden Red Cross \* Holly Solberg, CARE, USA \* Jacques Stroun, ICRC \* Meinrad Studer, ICRC \* Jane Swan, InterAction, USA \* Brita Sydhoff, Norwegian Refugee Council, Switzerland \* Julia Taft, US Bureau for Population, Refugees and Migration, USA

\* Nermina Tankovic, Sphere Project Intern, Bosnia/UK \* Yousef Tariq, Irish Refugee Council \* John Telford, Independent Consultant, Ireland \* Niall Tobis, Trocaire, Ireland \* Susan Toole, Women's Commission for Refugee Women and Children, USA \* Luc Trouillard, Caritas International \* Herman Van Aken, Dutch Interchurch Aid/Stichting Oecumenische Hulp (ACT), Holland \* Sergio Veirra de Mello, UNOCHA, USA \* Rudy Von Bernuth, Save the Children Fund, USA \* Carlo Von Flue, ICRC \* Margareta Wahlstrom, IFRC, Switzerland \* Bill Warnock, World Vision, Sarajevo \* John Watt, IFRC, Switzerland \* Peter Webber, CARE, Guinea \* George Weber, IFRC, Switzerland \* Merri Weinger, WHO, Switzerland \* Hannah Weiss, Sphere Project Intern, USA/Switzerland \* Thomas Weiss, Brown University, USA \* Monica Wernette, UNAIDS, Switzerland \* Joe William, Caritas, Sri Lanka \* Chandran Williams, YGRO Ltd., Sri Lanka \* Roy Williams, USAID, USA \* June Wyer, World Council of Churches (ACT), UK \* Robert Yallop, CARE, Australia \* Jennifer Yumie Song, Sphere Project Intern, USA/Korea \* Anthony Zwi, London School of Hygiene and Tropical Medicine, UK \* Médecins du Monde, France, Ivory Coast, Spain, USA \* AMREF, Kenya, USA \* Canadian Food Grains Bank, Canada \* Church World Service (ACT), USA \* DROP, India \* ENDA-Tiers Monde, Senegal \* Hungarian InterChurch Aid (ACT), Hungary \* KWAHO, Kenya \* London School of Economics \* Ministry of Health, Benin \* Ministry of Health, Tanzania \* Ministry of Water, Zambia \* National Centre for Disaster Management, India \* National Economic Council, Malawi \* Non-governmental Organizing Committee (NGOCC), Zambia \* Norwegian Church Aid (ACT), Norway \* SMSF, Zaire \* Water and Sewage Corporation, Ghana

## **Sphere Participating Agencies**

### **Steering Committee for Humanitarian Response**

CARE International (CARE Australia, CARE Austria, CARE Canada, CARE Denmark, CARE France, CARE Germany, CARE Italy, CARE Japan, CARE Norway, CARE UK, CARE USA) \* Caritas Internationalis \* International Federation of Red Cross and Red Crescent Societies \* International Save the Children Alliance \* Médecins Sans Frontières International (MSF Belgium, MSF France, MSF Holland, MSF Spain, MSF UK, MSF USA) \* Oxfam \* The Lutheran World Federation (ACT) \* Save the Children Alliance \* World Council of Churches (ACT)

### **InterAction members**

Action Against Hunger \* Adventist Development and Relief Agency International \* African Medical and Research Foundation \* Africare \* Aga Khan Foundation USA \* American Friends Service Committee \* American Jewish Joint Distribution Committee, Inc \* American Jewish World Service \* American Near East Refugee Aid \* American Red Cross, International Services Department \* American Refugee Committee \* Ananda Marga Universal Relief Team \* Baptist World Alliance (ACT) \* CARE \* Catholic Medical Mission Board, Inc \* Catholic Relief Services - USCC \* Child Health Foundation \* Children's Survival Fund, Inc \* Christian Children's Fund \* Christian Reformed World Relief Committee \* Church World Service, Inc (ACT) \* Council of Jewish Federations \* Counterpart International, Inc \* Direct Relief International \* Doctors of the World \* Doctors Without Borders USA / MSF-USA \* Episcopal Church of the USA (ACT) \* Presiding Bishop's Fund for World Relief (ACT) \* Food for the Hungry International \* Friends of Liberia \* Grassroots International \* Interchurch Medical Assistance, Inc \* International Aid, Inc \* International Executive Service Corps \* International Medical Corps \* International Orthodox Christian Charities (ACT) \* International Rescue Committee \* Islamic African Relief Agency USA \* Latter-day Saint Charities \* Lutheran World Relief (ACT) \* MAP International \* Mercy Corps International \* National Peace Corps Association \* OIC International \* Operation USA \* Oxfam America \* Planning Assistance \* Points of Light Foundation \* Refugees International \* Relief International \* Salvation Army World Service Office \* Save the Children \* Service and Development Agency, Inc \* SHARE Foundation: Building a New El Salvador Today \* Solar Cookers International \* Unitarian Universalist Service Committee \* United Israel Appeal \* United Methodist Committee on Relief (ACT) \*

US Committee for Refugees \* US Committee for UNICEF \* Volunteers in Technical Assistance \* World Relief Corporation \* World Vision Relief and Development

## **International Committee of the Red Cross**

### **VOICE members**

Osterreichisches Hilfswerk International \* SOS Kinderdorf International \* World Vision-GEV \* Caritas Secours International \* Handicap International Bureau De Liaison \* Oxfam Solidarité en Belgique \* ASF Dansk Folkehjælp \* Danchurchaid (ACT) \* Danish Refugee Council \* Suomen World Vision \* Action Contre La Faim \* Aide Medicale Internationale \* ATLAS \* France Libertés \* Médecins du Monde International \* Pharmaciens Sans Frontières \* Secours Catholique/Caritas France \* Secours Populaire Français \* Triangle "Generation Humanitaire" \* Adventist Development and Relief Agency \* Arbeiter-Samariter-Bund Deutschland E V \* Caritas Deutsche \* Deutsche Welthungerhilfe E V \* Diakonie Emergency Aid (ACT) \* Johanniter-Unfall-Hilfe E V \* Malteser Hilfsdienst E V \* Medico International E V \* World Vision Deutschland E V \* Concern Worldwide \* GOAL \* Trocaire \* World Vision Ireland \* Associazione Amici dei Bambini \* Associazione Volontari per il Servizio Internazionale-Milano \* Centro Regionale d'Intervento per la Cooperazione-CRIC \* Cesvi-Cooperazione e Sviluppo \* Comitato Collaborazione Medica \* Coordinamento delle Organizzazioni Non Governative per la Cooperazione Internazionale allo Sviluppo \* Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario \* Comitato Internazionale per lo Sviluppo dei Popoli \* Comitato Italiano Permanente Emergenze Oltremare \* Cooperazione Internazionale \* Intersos \* Movimento Laici Americo Latina \* Movimondo \* Volontari Nel Mondo-FOCSIV \* Caritas-NL \* Dutch Relief and Rehabilitation Agency \* Dutch Interchurch Aid (ACT) \* Memisa Medicus Mundi \* World Vision Nederland \* ZOA Refugee Care \* Norwegian People's Aid \* Assistencia Medica Internacional \* Caritas \* Medicus Mundi Navarra \* Movimiento por la Paz el Desarme y la Libertad \* Paz y Tercer Mundo \* Caritas-Sverige \* Lutherhjälpen Church Of Sweden Aid (ACT) \* PMU Interlife \* Star of Hope International \* Action by Churches Together (ACT) \* The Lutheran World Federation (ACT) \* ActionAid \* CAFOD \* Christian Aid UK (ACT) \* Concern Universal \* Health Unlimited \* Helpage International UK \* Mercy Corps International/Scottish European Aid \* Oxfam GB \* Save the Children Fund UK \* Tear Fund UK \* World Vision UK \* International Rescue Committee

### **ICVA Members**

ActionAid \* Adventist Development and Relief Agency, International \* Afghan NGOs Coordination Bureau \* Africa Humanitarian Action \* African Association for Literacy and Adult Education \* All Africa Conference of Churches (ACT) \* Amel Association \* American Joint Distribution Committee \* Anatolian Development Foundation \* Asian Institute for Rural Development \* Asian NGO Coalition for Agrarian Reform and Rural Development \* Asociacion Latinoamericana de Organizaciones de Promocion \* Asociacion Latinoamericana para los Derechos Humanos \* Asociacion Nacional de Centros de Investigacion, Promocion Social y Desarrollo \* Asociacion Regional para las Migraciones Forzadas \* Asociacion Beninoise de Lutte Contre La Faim et La Misere du Peuple \* Association of Development Agencies in Bangladesh \* Association for Sarva Seva Farms \* Association for Social Advancement \* Association of Voluntary Agencies for Rural Development \* Australian Council for Overseas Aid \* British Refugee Council \* Canadian Council for International Cooperation \* Canadian Council for Refugees \* CARE International \* CARE USA \* Chinese Refugees' Relief Association \* Christian Children's Fund, Inc. \* Christian Relief and Development Association (ACT) \* Church World Service (ACT) \* Confederation of Environmental and Development NGOs of Central Africa \* Conseil des Organisations Non Gouvernementales d'Appui au Developpement \* Consejo de Educacion de Adultos de America Latina \* Consejo de Instituciones de Desarrollo \* Convergencia de Organismos Civiles por la Democracia \* Coordinacion de ONG y Cooperativas para el Acompañamiento de la Poblacion Damnificada por el Conflicto



Armado Interno \* Danish Refugee Council \* Diakonia (ACT) \* EMO-BARAKA, Union Pour la Promotion du Paysan \* Encuentro de Entidades no Gubernamentales para el Desarrollo \* Episcopal Church Center of the USA (ACT) \* Equilibre Suisse \* European Association of Non Governmental Organisations for Food Aid and Emergency Aid \* Federacion de Organismos no Gubernamentales de Nicaragua \* Feed the Children International \* Forum of African Voluntary Development Organizations \* Fundacion Augusto Cesar Sandino \* General Union of Voluntary Societies \* Gonoshahajjo Sangstha \* Handicap International \* Human Appeal International \* Indian Institute of Youth and Development \* Individuell Manniskohjalp \* InterAction \* Inter-Africa Group \* InterAid International \* International Catholic Migration Commission \* International Islamic Relief Organisation \* International Rescue Committee \* International Social Service \* Islamic Relief Agency \* Jesuit Refugee Service \* Lebanese NGO Forum \* LINK-NGO Forum \* Lutheran Immigration and Refugee Service \* The Lutheran World Federation (ACT) \* Mauritius Council of Social Service \* National NGO Council of Sri Lanka \* Netherlands Organisation for International Development Cooperation \* Non-Governmental Organisation Coordinating Committee \* Norwegian Refugee Council \* Organisation for Industrial Spiritual and Cultural Advancement-International \* PACS/PRIES/Instituto Politicas Alternativas para o Cone Sul \* Philippine Development NGOs for International Concerns \* Queen Alia Fund for Social Development \* Réseau Africain Pour le Développement Intègre \* Rural Development Foundation of Pakistan \* Lanka Jathika Sarvodaya Shramadana Sangamaya Inc \* Secours Populaire Français \* Sudanese Women General Union \* Voluntary Health Association of India \* World Council of Churches (ACT) \* World University Service/Servicio Universitario Mundial \* World Vision International \* Yayasan Indonesia Sejahtera

#### **ICVA Associate Members**

Refugee Studies Programme, Oxford University \* Caritas Internationalis \* International Committee of the Red Cross \* International Federation of Red Cross and Red Crescent Societies \* Médecins du Monde \* Médecins Sans Frontières International

## 4 Summary of the Minimum Standards

This section provides an overview of the minimum standards for each of the five sectors described in chapters 1 – 5: water supply and sanitation, nutrition, food aid, shelter and site planning, and health services. Each chapter provides indicators, guidance notes and contextual information, all of which are essential to the interpretation and application of the standards.

### Minimum Standards in Water Supply and Sanitation

#### 1 Analysis

##### **Analysis standard 1: initial assessment**

Programme decisions are based on a demonstrated understanding of the emergency situation and on a clear analysis of the health risks and needs relating to water supply and sanitation.

##### **Analysis standard 2: monitoring and evaluation**

The performance of the water supply and sanitation programme, its effectiveness in responding to health problems related to water and sanitation, and changes in the context are monitored and evaluated.

##### **Analysis standard 3: participation**

The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme.

#### 2 Water Supply

##### **Water supply standard 1: access and water quantity**

All people have safe access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to shelters to allow use of the minimum water requirement.

##### **Water supply standard 2: water quality**

Water at the point of collection is palatable, and of sufficient quality to be drunk and used for personal and domestic hygiene without causing significant risk to health due to water-borne diseases, or to chemical or radiological contamination from short term use.

##### **Water supply standard 3: water use facilities and goods**

People have adequate facilities and supplies to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains sufficiently safe until it is consumed.

#### 3 Excreta Disposal

##### **Excreta disposal standard 1: access to, and numbers of toilets**

People have sufficient numbers of toilets, sufficiently close to their dwellings to allow them rapid, safe and acceptable access at all times of the day and night.

**Excreta disposal standard 2: design and construction**

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

**4 Vector Control****Vector control standard 1: individual and family protection**

People have the means to protect themselves from disease vectors and nuisance pests when they are estimated to be a significant risk to health or well-being.

**Vector control standard 2: physical, environmental and chemical protection measures**

The number of disease-bearing vectors and nuisance animals that pose a risk to people's health and well-being are kept to an acceptable level.

**Vector control standard 3: good practice in the use of chemical vector control methods**

Vector control measures that make use of pesticides are carried out in accordance with agreed international norms to ensure that staff, the people affected by the disaster and the local environment are adequately protected, and to avoid creating resistance to pesticides.

**5 Solid Waste Management****Solid waste management standard 1: solid waste collection and disposal**

People have an environment that is acceptably free of solid waste contamination, including medical wastes.

**Solid waste disposal management 2: solid waste containers/pits**

People have the means to dispose of their domestic waste conveniently and effectively.

**6 Drainage****Drainage standard 1: drainage works**

People have an environment that is acceptably free from risk of water erosion and from standing water, including storm water, flood water, domestic wastewater and wastewater from medical facilities.

**Drainage standard 2: installations and tools**

People have the means (installations, tools etc) to dispose of domestic wastewater and water point wastewater conveniently and effectively, and to protect their shelters and other family or communal facilities from flooding and erosion.

**7 Hygiene Promotion****Hygiene promotion standard 1: hygiene behaviour and use of facilities**

All sections of the affected population are aware of priority hygiene practices that create the greatest risk to health and are able to change them. They have adequate information and resources for the use of water and sanitation facilities to protect their health and dignity.

**Hygiene promotion standard 2: programme implementation**

All facilities and resources provided reflect the vulnerabilities, needs and preferences of all sections of the affected population. Users are involved in the management and maintenance of hygiene facilities where appropriate.

## **8 Human Resource Capacity and Training**

### **Capacity standard 1: competence**

Water supply and sanitation programmes are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.

## **Minimum Standards in Nutrition**

### **1 Analysis**

#### **Analysis standard 1: initial assessment**

Before any programme decisions are made, there is a demonstrated understanding of the basic nutritional situation and conditions which may create risk of malnutrition.

#### **Analysis standard 2: response**

If a nutrition intervention is required, there is a clear description of the problem(s) and a documented strategy for the response.

#### **Analysis standard 3: monitoring and evaluation**

The performance and effectiveness of the nutrition programme and changes in the context are monitored and evaluated.

#### **Analysis standard 4: participation**

The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme.

### **2 General Nutritional Support to the Population**

#### **General nutritional support standard 1: nutrient supply**

The nutritional needs of the population are met.

#### **General nutritional support standard 2: food quality and safety**

Food that is distributed is of sufficient quality and is safely handled so as to be fit for human consumption.

#### **General nutritional support standard 3: food acceptability**

Foods that are provided are appropriate and acceptable to the entire population.

#### **General nutritional support standard 4: food handling and safety**

Food is stored, prepared and consumed in a safe and appropriate manner, both at household and community level.

### **3 Nutritional Support to Those Suffering From Malnutrition**

#### **Targeted nutritional support standard 1: moderate malnutrition**

The public health risks associated with moderate malnutrition are reduced.

#### **Targeted nutritional support standard 2: severe malnutrition**

Mortality, morbidity and suffering associated with severe malnutrition are reduced.

### **Targeted nutritional support standard 3: micronutrient deficiencies**

Micronutrient deficiencies are corrected.

## **4 Human Resource Capacity and Training**

### **Capacity standard 1: competence**

Nutrition interventions are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.

### **Capacity standard 2: support**

Members of the disaster-affected population receive support to enable them to adjust to their new environment and to make optimal use of the assistance provided to them.

### **Capacity standard 3: local capacity**

Local capacity and skills are used and enhanced by emergency nutrition programmes.

## **Minimum Standards in Food Aid**

### **1 Analysis**

#### **Analysis standard 1: initial assessment**

Before any programme decisions are made, there is a demonstrated understanding of the basic conditions that create risk of food insecurity and the need for food aid.

#### **Analysis standard 2: monitoring and evaluation**

The performance and effectiveness of the food aid programme and changes in the context are monitored and evaluated.

#### **Analysis standard 3: participation**

The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme

### **2 Requirements**

#### **Requirements standard**

The food basket and rations are designed to bridge the gap between the affected population's requirements and their own food sources.

### **3 Targeting**

#### **Targeting standard**

Recipients of food aid are selected on the basis of food need and/or vulnerability to food insecurity.

## **4 Resource Management**

### **Resource management standard**

Food aid commodities and programme funds are managed, tracked, and accounted for using a transparent and auditable system.

## **5 Logistics**

### **Logistics standard**

Agencies have the necessary organisational and technical capacity to manage the procurement, receipt, transport, storage and distribution of food commodities safely, efficiently and effectively.

## **6 Distribution**

### **Distribution standard**

The method of food distribution is equitable, and appropriate to local conditions. Recipients are informed of their ration entitlement its rationale.

## **7 Human Resource Capacity and Training**

### **Capacity standard 1: competence**

Food aid programmes are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.

### **Capacity standard 2: local capacity**

Local capacity and skills are used and enhanced by food aid programme

## **Minimum Standards in Shelter and Site Planning**

### **1 Analysis**

#### **Analysis standard 1: initial assessment**

Programme decisions are based on a demonstrated understanding of the emergency situation and on a clear analysis of people's needs for shelter, clothing and household items.

#### **Analysis standard 2: monitoring and evaluation**

The performance and effectiveness of the shelter and site programme and changes in the context are monitored and evaluated.

#### **Analysis standard 3: participation**

The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme.

### **2 Housing (shelter)**

**Housing standard 1: living quarters**

People have sufficient covered space to provide protection from adverse effects of the climate. They have sufficient warmth, fresh air, security and privacy to ensure their dignity, health and well-being.

**3 Clothing****Clothing standard**

The people affected by the disaster have sufficient blankets and clothing to provide protection from the climate and to ensure their dignity, safety and well-being.

**4 Household Items****Household items standard 1: items for households and livelihood support**

Families have access to household utensils, soap for personal hygiene and tools for their dignity and well-being.

**Household items standard 2: environmental concerns**

Fuel economic cooking implements and stoves are made available, and their use is promoted.

**5 Site Selection****Site standard 1: site selection**

The site is suitable to host the number of people involved.

**Site standard 2: site planning**

Site planning ensures sufficient space for household areas and supports people's security and well-being. It provides for effective and efficient provision of services and internal access.

**Site standard 3: security**

Site selection and planning ensures sufficient personal liberty and security for the entire affected population. .

**Site standard 4: environmental concerns**

The site is planned and managed in such as way as to minimise damage to the environment.

**6 Human Resource Capacity and Training****Capacity standard 1: competence**

Shelter and site interventions are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.

**Capacity standard 2: local capacity**

Local skills and capacity are used and enhanced by shelter and site programmes.

## **Minimum Standards in Health Services**

### **1 Analysis**

#### **Analysis standard 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.

#### **Analysis standard 2: health information system - data collection**

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

#### **Analysis standard 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.

#### **Analysis standard 4: health information system - monitoring and evaluation**

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

#### **Analysis standard 5: participation**

The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme.

### **2 Measles Control**

#### **Measles control standard 1: vaccination**

In disaster-affected populations, all children 6 months to 12 years old receive a dose of measles vaccine and an appropriate dose of vitamin A as soon as possible.

#### **Measles control standard 2: vaccination of newcomers**

Newcomers to displaced settlements are vaccinated systematically. All children 6 months to 12 years old receive a dose of measles vaccine and an appropriate dose of vitamin A.

#### **Measles control standard 3: outbreak control**

A systematic response is mounted for each outbreak of measles within the disaster-affected population and the host community population.

#### **Measles control standard 4: case management**

All children who contract measles receive adequate care in order to avoid serious sequelae or death.

### **3 Control of Communicable Diseases**

#### **Control of communicable diseases standard 1: monitoring**

The occurrence of communicable diseases is monitored.

#### **Control of communicable diseases standard 2: investigation and control**



Diseases of epidemic potential are investigated and controlled according to internationally accepted norms and standards.

#### **4 Health Care Services**

##### **Health care services standard 1: appropriate medical care**

Emergency health care for disaster-affected populations is based on an initial assessment and data from an ongoing health information system, and serves to reduce excess mortality and morbidity through appropriate medical care.

##### **Health care services standard 2: reduction of morbidity and mortality**

Health care in emergencies follows primary health care (PHC) principles and targets health problems that cause excess morbidity and mortality.

#### **5 Human Resource Capacity and Training**

##### **Capacity standard 1: competence**

Health interventions are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.

##### **Capacity standard 2: support**

Members of the disaster-affected population receive support to enable them to adjust to their new environment and to make optimal use of the assistance provided to them.

##### **Capacity standard 3: local capacity**

Local capacity and skills are used and enhanced by emergency health interventions.

## 5 The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief

Prepared jointly by the International Federation of Red Cross and Red Crescent Societies and the ICRC 1

### Purpose

This Code of Conduct seeks to guard our standards of behaviour. It is not about operational details, such as how one should calculate food rations or set up a refugee camp. Rather, it seeks to maintain the high standards of independence, effectiveness and impact to which disaster response NGOs and the International Red Cross and Red Crescent Movement aspires. It is a voluntary code, enforced by the will of the organisation accepting it to maintain the standards laid down in the Code.

In the event of armed conflict, the present Code of Conduct will be interpreted and applied in conformity with international humanitarian law.

The Code of Conduct is presented first. Attached to it are three annexes, describing the working environment that we would like to see created by Host Governments, Donor Governments and Inter-governmental Organisations in order to facilitate the effective delivery of humanitarian assistance.

### Definitions

**NGOs:** NGOs (Non-Governmental Organisations) refers here to organisations, both national and international, which are constituted separately from the government of the country in which they are founded.

**NGHAs:** For the purposes of this text, the term Non-Governmental Humanitarian Agencies (NGHAs) has been coined to encompass the components of the International Red Cross and Red Crescent Movement - The International Committee of the Red Cross, The International Federation of Red Cross and Red Crescent Societies and its member National Societies - and the NGOs as defined above. This code refers specifically to those NGHAs who are involved in disaster response.

**IGOs:** IGOs (Inter-Governmental Organisations) refers to organisations constituted by two or more governments. It thus includes all United Nations Agencies and regional organisations.

**Disasters:** A disaster is a calamitous event resulting in loss of life, great human suffering and distress, and large scale material damage.

## **The Code of Conduct**

### **Principles of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes**

#### **1 The Humanitarian imperative comes first**

The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries. As members of the international community, we recognise our obligation to provide humanitarian assistance wherever it is needed. Hence the need for unimpeded access to affected populations is of fundamental importance in exercising that responsibility. The prime motivation of our response to disaster is to alleviate human suffering amongst those least able to withstand the stress caused by disaster. When we give humanitarian aid it is not a partisan or political act and should not be viewed as such.

#### **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**

Wherever possible, we will base the provision of relief aid upon a thorough assessment of the needs of the disaster victims and the local capacities already in place to meet those needs. Within the entirety of our programmes, we will reflect considerations of proportionality. Human suffering must be alleviated whenever it is found; life is as precious in one part of a country as another. Thus, our provision of aid will reflect the degree of suffering it seeks to alleviate. In implementing this approach, we recognise the crucial role played by women in disaster-prone communities and will ensure that this role is supported, not diminished, by our aid programmes. The implementation of such a universal, impartial and independent policy, can only be effective if we and our partners have access to the necessary resources to provide for such equitable relief, and have equal access to all disaster victims.

#### **3 Aid will not be used to further a particular political or religious standpoint**

Humanitarian aid will be given according to the need of individuals, families and communities. Notwithstanding the right of NGHAs to espouse particular political or religious opinions, we affirm that assistance will not be dependent on the adherence of the recipients to those opinions. We will not tie the promise, delivery or distribution of assistance to the embracing or acceptance of a particular political or religious creed.

#### **4 We shall endeavour not to act as instruments of government foreign policy**

NGHAs are agencies which act independently from governments. We therefore formulate our own policies and implementation strategies and do not seek to implement the policy of any government, except in so far as it coincides with our own independent policy. We will never knowingly - or through negligence - allow ourselves, or our employees, to be used to gather information of a political, military or economically sensitive nature for governments or other bodies that may serve purposes other than those which are strictly humanitarian, nor will we act as instruments of foreign policy of donor governments. We will use the assistance we receive to respond to needs and this assistance should not be driven by the need to dispose of donor commodity surpluses, nor by the political interest of any particular donor. We value and promote the voluntary giving of labour and finances by concerned individuals to support our work and recognise the independence of action promoted by such voluntary motivation. In order to protect our independence we will seek to avoid dependence upon a single funding source.

## **5 We shall respect culture and custom**

We will endeavour to respect the culture, structures and customs of the communities and countries we are working in.

## **6 We shall attempt to build disaster response on local capacities**

All people and communities - even in disaster - possess capacities as well as vulnerabilities. Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies. Where possible, we will work through local NGHAs as partners in planning and implementation, and co-operate with local government structures where appropriate. We will place a high priority on the proper co-ordination of our emergency responses. This is best done within the countries concerned by those most directly involved in the relief operations, and should include representatives of the relevant UN bodies.

## **7 Ways shall be found to involve programme beneficiaries in the management of relief aid**

Disaster response assistance should never be imposed upon the beneficiaries. Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme. We will strive to achieve full community participation in our relief and rehabilitation programmes.

## **8 Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs**

All relief actions affect the prospects for long-term development, either in a positive or a negative fashion. Recognising this, we will strive to implement relief programmes which actively reduce the beneficiaries' vulnerability to future disasters and help create sustainable lifestyles. We will pay particular attention to environmental concerns in the design and management of relief programmes. We will also endeavour to minimise the negative impact of humanitarian assistance, seeking to avoid long-term beneficiary dependence upon external aid.

## **9 We hold ourselves accountable to both those we seek to assist and those from whom we accept resources**

We often act as an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. We therefore hold ourselves accountable to both constituencies. All our dealings with donors and beneficiaries shall reflect an attitude of openness and transparency. We recognise the need to report on our activities, both from a financial perspective and the perspective of effectiveness. We recognise the obligation to ensure appropriate monitoring of aid distributions and to carry out regular assessments of the impact of disaster assistance. We will also seek to report, in an open fashion, upon the impact of our work, and the factors limiting or enhancing that impact. Our programmes will be based upon high standards of professionalism and expertise in order to minimise the wasting of valuable resources.

## **10 In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects**

Respect for the disaster victim as an equal partner in action should never be lost. In our public information we shall portray an objective image of the disaster situation where the capacities and aspirations of disaster victims are highlighted, and not just their vulnerabilities and fears. While we will cooperate with the media in order to enhance

public response, we will not allow external or internal demands for publicity to take precedence over the principle of maximising overall relief assistance. We will avoid competing with other disaster response agencies for media coverage in situations where such coverage may be to the detriment of the service provided to the beneficiaries or to the security of our staff or the beneficiaries.

## **The Working Environment**

Having agreed unilaterally to strive to abide by the Code laid out above, we present below some indicative guidelines which describe the working environment we would like to see created by donor governments, host governments and the inter-governmental organisations - principally the agencies of the United Nations - in order to facilitate the effective participation of NGHAs in disaster response.

These guidelines are presented for guidance. They are not legally binding, nor do we expect governments and IGOs to indicate their acceptance of the guidelines through the signature of any document, although this may be a goal to work to in the future. They are presented in a spirit of openness and cooperation so that our partners will become aware of the ideal relationship we would seek with them.

## **Annex I : Recommendations to the governments of disaster affected countries**

### **1 Governments should recognise and respect the independent, humanitarian and impartial actions of NGHAs**

NGHAs are independent bodies. This independence and impartiality should be respected by host governments.

### **2 Host governments should facilitate rapid access to disaster victims for NGHAs**

If NGHAs are to act in full compliance with their humanitarian principles, they should be granted rapid and impartial access to disaster victims, for the purpose of delivering humanitarian assistance. It is the duty of the host government, as part of the exercising of sovereign responsibility, not to block such assistance, and to accept the impartial and apolitical action of NGHAs. Host governments should facilitate the rapid entry of relief staff, particularly by waiving requirements for transit, entry and exit visas, or arranging that these are rapidly granted. Governments should grant over-flight permission and landing rights for aircraft transporting international relief supplies and personnel, for the duration of the emergency relief phase.

### **3 Governments should facilitate the timely flow of relief goods and information during disasters**

Relief supplies and equipment are brought into a country solely for the purpose of alleviating human suffering, not for commercial benefit or gain. Such supplies should normally be allowed free and unrestricted passage and should not be subject to requirements for consular certificates of origin or invoices, import and/or export licences or other restrictions, or to importation taxation, landing fees or port charges.

The temporary importation of necessary relief equipment, including vehicles, light aircraft and telecommunications equipment, should be facilitated by the receiving host government through the temporary waving of licence or registration restrictions. Equally, governments should not restrict the re-exportation of relief equipment at the end of a relief operation.

To facilitate disaster communications, host governments are encouraged to designate certain radio frequencies, which relief organisations may use in-country and for international communications for the purpose of disaster communications, and to make such frequencies known to the disaster response community prior to the disaster. They should authorise relief personnel to utilise all means of communication required for their relief operations.

### **4 Governments should seek to provide a coordinated disaster information and planning service**

The overall planning and coordination of relief efforts is ultimately the responsibility of the host government. Planning and coordination can be greatly enhanced if NGHAs are provided with information on relief needs and government systems for planning and implementing relief efforts as well as information on potential security risks they may encounter. Governments are urged to provide such information to NGHAs.

To facilitate effective coordination and the efficient utilisation of relief efforts, host governments are urged to designate, prior to disaster, a single point-of-contact for incoming NGHAs to liaise with the national authorities.

### **5 Disaster relief in the event of armed conflict**

In the event of armed conflict, relief actions are governed by the relevant provisions of international humanitarian law.

## **Annex II : Recommendations to donor governments**

### **1 Donor governments should recognise and respect the independent, humanitarian and impartial actions of NGHAs**

NGHAs are independent bodies whose independence and impartiality should be respected by donor governments. Donor governments should not use NGHAs to further any political or ideological aim.

### **2 Donor governments should provide funding with a guarantee of operational independence**

NGHAs accept funding and material assistance from donor governments in the same spirit as they render it to disaster victims; one of humanity and independence of action. The implementation of relief actions is ultimately the responsibility of the NGHAs and will be carried out according to the policies of that NGHAs.

### **3 Donor governments should use their good offices to assist NGHAs in obtaining access to disaster victims**

Donor governments should recognise the importance of accepting a level of responsibility for the security and freedom of access of NGHAs staff to disaster sites. They should be prepared to exercise diplomacy with host governments on such issues if necessary.

## **Annex III : Recommendations to inter-governmental organisations**

### **1 IGOs should recognise NGHAs, local and foreign, as valuable partners**

NGHAs are willing to work with UN and other inter-governmental agencies to effect better disaster response. They do so in a spirit of partnership which respects the integrity and independence of all partners. Inter-governmental agencies must respect the independence and impartiality of the NGHAs. NGHAs should be consulted by UN agencies in the preparation of relief plans.

### **2 IGOs should assist host governments in providing an overall coordinating framework for international and local disaster relief**

NGHAs do not usually have the mandate to provide the overall coordinating framework for disasters which require an international response. This responsibility falls to the host government and the relevant United Nations authorities. They are urged to provide this service in a timely and effective manner to serve the affected state and the national and international disaster response community. In any case, NGHAs should make all efforts to ensure the effective co-ordination of their own services.

In the event of armed conflict, relief actions are governed by the relevant provisions of international humanitarian law.

### **3 IGOs should extend security protection provided for UN organisations, to NGHAs**

Where security services are provided for inter-governmental organisations, this service should be extended to their operational NGHAs partners where it is so requested.

### **4 IGOs should provide NGHAs with the same access to relevant information as is granted to UN organisations**

IGOs are urged to share all information, pertinent to the implementation of effective disaster response, with their operational NGHAs partners.

## **Note**

1. Sponsored by: Caritas Internationalis\*, Catholic Relief Services\*, The International Federation of Red Cross and Red Crescent Societies\*, International Save the Children Alliance\*, Lutheran World Federation\*, Oxfam\*, The World Council of Churches\*, The International Committee of the Red Cross. (\* members of the Steering Committee for Humanitarian Response)



## **Humanitarian Charter and Minimum Standards in Disaster Response**

Natural disasters and armed conflicts leave millions of people in need of aid every year. To meet this challenge, the humanitarian system must be committed more than ever to serve the rights of disaster-affected people.

In a remarkable international initiative aimed at improving the effectiveness and accountability of disaster response, the Sphere Humanitarian Charter and Minimum Standards in Disaster Response sets out for the first time what people affected by disasters have a right to expect from humanitarian assistance. The cornerstone of this book is the Humanitarian Charter, which is based on the principles and provisions of international humanitarian, human rights and refugee law, and on the principles of the Red Cross and NGO Code of Conduct. It describes the core principles that govern humanitarian action and asserts the right of populations to protection and assistance. The Charter is followed by minimum standards in five core sectors - water supply and sanitation, nutrition, food aid, shelter and site planning, and health services.

The second, revised edition incorporates feedback from field offices and from technical and gender reviews.

The Sphere Project

Oxfam Publishing ISBN 0-85598-44-7