Sphere Principles and Standards - WASH and Nutrition in Humanitarian Aid

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Johanniter International Assistance
The Sphere Project

To improve the quality and accountability of humanitarian responses with a people-centered, rights-based approach and the definition of minimum standards
# The Sphere Project

## Humanitarian Charter
- The right to life with dignity
- The right to receive humanitarian assistance
- The right to protection and security

## Principles
- put into practice by using the

### Sphere Standards:

## Protection Principles
- Avoid causing harm
- Ensure impartial assistance
- Protect people from violence
- Assist with rights claims, access to remedies and recovery from abuse

## Companion Standards
- Education (INEE)
- Livestock (LEGS)
- Economic recovery (SEEP)
- Child Protection (CPMS)

## Core Standards
- People-centred response
- Coordination and collaboration
- Assessment
- Design and response
- Performance, transparency and learning
- Aid worker performance

## Cross-cutting themes
- Children
- Disaster risk reduction
- Environment
- Gender
- HIV and AIDS
- Older people
- Persons with disabilities
- Psychosocial support
<table>
<thead>
<tr>
<th>Technical Chapters</th>
<th>WASH</th>
<th>Food</th>
<th>Shelter/NFI</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Water supply, sanitation and hygiene promotion</td>
<td>Food security and nutrition assessment</td>
<td>Shelter and settlement</td>
<td>Health systems</td>
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<td></td>
<td>Hygiene promotion</td>
<td>Infant and young child feeding</td>
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<td>Essential health services</td>
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<td></td>
<td>Water supply</td>
<td>Management of acute malnutrition and micronutrient deficiencies</td>
<td>Non-food items: Clothing, bedding and household items</td>
<td>- Control of communicable diseases</td>
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<td>Excreta disposal</td>
<td>Food security</td>
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<td>- Child health</td>
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<td>Vector control</td>
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<td>- Sexual and reproductive health</td>
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<td>Solid waste management</td>
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<td>- Injury</td>
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<td>Drainage</td>
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<td>- Mental health</td>
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<td>- Non-communicable diseases</td>
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</table>
Diarrhoea

- Provide appropriate and adequate toilet facilities (p. 107)
- Ensure sufficient water supply
- Ensure clean water supply, check quality ensuring no contamination with faecal coliform bacteria (p. 100/1)
- Distribution of personal hygiene items, (p. 95)
- Try to establish responsible pathogens (use appendix 4, p. 131 for reference)
- Ensure basic laboratory services to confirm clinical diagnosis (p. 299)
- Implement case management protocols for early treatment of diarrhea (p. 314)
- Maintain case fatality rates below acceptable level (p.317)
- Treat with Antibiotics, ORS and Zinc (p323/4)
- Fill the necessary reporting forms correctly (p. 341/2/3/4)
Anthropometric surveys

• provide an estimate of the prevalence and form of malnutrition in children aged 6 to 59 months. In this context weight for height, height for age and the mid upper arm circumference (MUAC) should be measured and nutrition oedema assessed.

• Measurement of MUAC and nutrition oedema is also suggested to assess the nutritional status of pregnant and lactating women.
• Findings of Nutrition survey:
  – 1.2% of children 6-59 month with acute malnutrition
  – 42% of children 6-59 month with chronic malnutrition

• Interpretation?
Interpretation of assessment findings on population level

<table>
<thead>
<tr>
<th>Type of undernutrition</th>
<th>Preferred method</th>
<th>Prevalence cut-off values for public health significance</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute/Wasting</td>
<td>Weight for height</td>
<td>&lt; 5%: Acceptable</td>
<td>Monitor situation</td>
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<tr>
<td></td>
<td>MUAC</td>
<td>5-9%: Poor</td>
<td>Prevention</td>
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<td></td>
<td>Oedema</td>
<td>10-14%: Serious</td>
<td>Prevention and Treatment</td>
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<td>≥ 15%: Critical</td>
<td>Prevention and Treatment</td>
</tr>
<tr>
<td>Chronic/Stunting</td>
<td>Height for age</td>
<td>&lt; 20%: Low prevalence</td>
<td>Monitor situation</td>
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<td>20-29%: Medium prevalence</td>
<td>Prevention</td>
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<td>30-39%: High prevalence</td>
<td>Prevention and Treatment</td>
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<td>≥ 40%: Very high prevalence</td>
<td>Prevention and Treatment</td>
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</tbody>
</table>

Table 2: Population based classification of prevalence ranges for undernutrition of children under 5y
Positive Deviance Programs
Approche Maman Lumière

What is Positive Deviance/Hearth?
Positive Deviance/Hearth is a community-based approach to address malnutrition with three inextricably linked goals:

1. Rehabilitate malnourished children.
2. Enable families to sustain the rehabilitation of these children at home on their own.
3. Prevent malnutrition among the community’s other children, current and future.
A Resource Guide for Sustainably Rehabilitating Malnourished Children
Johanniter Nutrition Guidance Notes

- Guidance Notes on Food Security to be developed