### Handout 1: The Nine Commitments activity

##### Facilitator instructions

Cut these into strips and hand one out per participant so that a minimum of 18 are used (two per commitment). Only hand out the statements, not the correlating commitments, which are here as a trainer guide only and can be used to guide the activity debrief.

| Commitment | Statements |
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| **Commitment 1:** Communities and people affected by crisis receive assistance appropriate and relevant to their needs. | Assessment and analysis is a process, not a single event and, as time allows, in-depth analysis should be carried out. The needs of affected communities should not be assumed but identified through assessments that engage them in an ongoing discussion to find appropriate responses. |
| Adapt programmes to changing needs, capacities and contexts. |
| Policies set out commitments which take into account the diversity of communities, including disadvantaged or marginalised people, and to collect disaggregated data. |
| **Commitment 2:** Communities and people affected by crisis have access to the humanitarian assistance they need at the right time. | Use relevant technical standards and good practice employed across the humanitarian sector to plan and assess programmes. |
| Policy commitments ensure: a. systematic, objective and ongoing monitoring and evaluation of activities and their effects; b. evidence from monitoring and evaluations is used to adapt and improve programmes; and c. timely decision-making with resources allocated accordingly. |
| Refer any unmet needs to those organisations with the relevant technical expertise and mandate, or advocate for those needs to be addressed. |
| **Commitment 3:** Communities and people affected by crisis are not negatively affected and are more prepared, resilient and at-risk as a result of humanitarian action. | Local authorities, leaders and organisations with responsibilities for responding to crises consider that their capacities have been increased. |
| Are strategies and actions to reduce risk and build resilience designed in consultation with affected people and communities? |
| Enable the development of local leadership and organisations in their capacity as first-responders in the event of future crises, taking steps to ensure that marginalised and disadvantaged groups are appropriately represented. |
| **Commitment 4:** Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them. | Ensure representation is inclusive, involving the participation and engagement of communities and people affected by crisis at all stages of the work. |
| If an organisation does not share information appropriately with the people it aims to assist, this can contribute to misunderstandings and delays, inappropriate projects that waste resources, and negative perceptions about the organisation that can generate anger, frustration and insecurity. |
| Communicate in languages, formats and media that are easily understood, respectful and culturally appropriate for different members of the community, especially vulnerable and marginalised groups. |
| **Commitment 5:** Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints. | Is information about how complaints mechanisms work and what kind of complaints can be made through them provided to and understood by all demographic groups? |
| The complaints process needs to be clearly explained to communities and staff, and mechanisms are needed for both sensitive (i.e. relating to corruption, sexual exploitation and abuse, or gross misconduct or malpractice) and non-sensitive information (e.g. challenges to use of selection criteria). |
| Are there specific policies, budgets and procedures in place for handling complaints? |
| **Commitment 6:** Communities and people affected by crisis receive coordinated, complementary assistance. | Responding organisations share relevant information through formal and informal coordination mechanisms. |
| Are the programmes of other organisations and authorities taken into account when designing, planning and implementing programmes? |
| Policies and strategies include a clear commitment to coordination and collaboration with others, including national and local authorities, without compromising humanitarian principles. |
| **Commitment 7:** Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection. | Draw on lessons learnt and prior experience when designing programmes. |
| People affected by crisis have also always been innovative in adapting to changing circumstances and support could be provided to involve them in a more systematic process of innovation and development. |
| Longer-term national staff are often key to preserving local knowledge and relationships. |
| **Commitment 8:** Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers. | Male and female staff feel supported by their organisation to do their work. |
| Are staff aware of support available for developing the competences required by their role and are they making use of it? |
| A code of conduct is in place that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people. |
| **Commitment 9:** Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically. | Are services and goods procured using a competitive bidding process? |
| Manage and use resources to achieve their intended purpose, minimising waste. |
| Being more open and transparent with project information, encouraging stakeholders to report abuses of power, careful on-site monitoring but also treating community members with respect can help to reduce corruption risks. Whilst it is important to have robust systems in place to counter corruption, in the early stages of an acute emergency, it may be necessary to have more flexible controls in place for a limited amount of time. |

### Handout 2: case study investigation

**Facilitator instructions**

Cut and hand out one case study to each group of 3-5 people. They key message is that the CHS, particularly when read together with the Sphere technical minimum standards and Protection Principles, can and does support decision making, process and practice in very concrete terms. Support the groups’ presentations during the debrief with additional ideas from the trainer notes below.

##### Group instructions

In your group discuss how you can bring a higher level of quality and accountability to the situation.

Please list at least three ways you could improve the response jointly using the CHS commitments, Sphere technical minimum standards and the Sphere Protection Principles.

Be ready to present your group’s findings.

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| Case study 1  Within 48 hours, seventeen international organisations arrive to provide assistance. One organisation has called a meeting; they are pressing the urgent need for emergency water and sanitation to be addressed. Your organisation will attend the meeting but will advocate for women and children to receive prioritised assistance at key locations. Your initial conversation with the head of this agency indicates that their focus will be on erecting latrines and handing out bottled water for the time being. |
| Case study 2  A quick assessment has indicated that the government is completely overwhelmed. More than 50% of schools have reported damage. It is currently the long break and many children are unaccounted for. The Education Minister has appealed for help in getting the classrooms ready for the school year which is due to start in 10 days. You have a well-established relationship with the Minister and would like to support this proposal, but hundreds of people have begun moving towards those schools still standing, seeking accommodation, food, medical treatment and water. |
| Case study 3  The local economy looks likely to have taken a beating. Fishing (local and export markets), mining, garment production, remittances and a fledgling tourism industry make up the backbone of Sarandeh’s economy. It is quite clear – your organisation will be here for years to come. You would like to make use of some of the innovative programs your organisation trialled in recent similar emergencies in the Pacific. You have had some recognition and success with cash grants to elderly people and single mothers in similar emergencies, but the final report is still being published. Headquarters has been pushing the ‘innovation’ angle very strongly in its public communications so far. |
| Case study 4  The staple food items in Sarandeh are fish, tinned meat and yams. Malnutrition levels are higher in urban areas where poor quality diets have become prevalent. Your agency is going to distribute high quality emergency food rations, initially a dry ration and a hot meal when energy supplies are re-established and needs assessments indicate priority locations. As local markets have been devastated, you have put in a preliminary request with your agency to ship sufficient quantities of emergency food and ready-to-eat meals urgently. |
| Case study 5  The medical system is in crisis. International medical teams have been contacting the Ministry of Health via their national health departments. Several medical teams are ready to deploy immediately and will be self-sufficient throughout their stay. Foreign nurses, doctors and medical students have started arriving in the capital with supplies. As a medical expert with your organisation, you are particularly concerned about cholera, but there are so many possible and likely negative health scenarios, you are not sure where to begin given that most experienced local medical professionals have emigrated. |
| Case study 6  A local organisation has started distributing basic food, diapers, infant feeding formula and water at a location near the outskirts of the city. Increasingly large numbers of people have turned up to each of the four spontaneous distributions so far, which have all been without incident. Your colleagues would like to join forces with this organisation. Is this wise? |
| Case study 7  The Sarandeh Army is the provider of first resort in disasters, according to the 2010 Constitution of the Republic of Sarandeh. A General from the Sarandeh Army has appeared on radio requesting in the local dialect that all affected people go to their nearest school for help – you know this because you are from the ethnic group which speaks this language. You are the Country Director of a well-known Sarandenian organisation, experienced in providing assistance to vulnerable people, including in disasters. The principles of your organisation emphasise neutrality, impartiality and independence. How can Sphere help you establish the extent of your relationship with the armed forces in this disaster? |
| Case study 8  Your organisation has emergency stockpiles in the capital of 5,000 kits containing soap, water purification tablets, stoves, tents, blankets and mosquito nets. You can get more as soon as the port and airport are declared operational. You have sent one colleague on a joint rapid needs assessment to determine the severity of need. The findings won’t be in for at least three days. Already, the local media is starting to publish stories of “delayed response”. Local leaders have come to your office to ask for assistance; some have brought gifts, others have asked to distribute items your organisation can bring in. Your family and neighbours (you are from Sarandeh) have told you that people are beginning to get frustrated with the lack of help. |
| Case study 9  After your agency undertook a joint rapid needs assessment, analysis indicated that the greatest needs were concentrated in Sarandeh’s second city, Delphia an some of its larger rural centres. Stock reports indicate that there should have been 5,000 NFI kits and 2,000 units of emergency shelter in your district warehouse. On arrival, you find a handful of stock, and what remains has been rifled through. The quality of what remains is very poor; you cannot distribute these items. Your agency’s district manager, the son of the local police chief, denies any wrongdoing and claims the warehouse was looted. In your opinion, it is clear that there has been a diversion of goods and poor warehouse management has taken place. You raise these issues with him and he threatens to mobilise the community to prevent your organisation from being able to access the district. |

##### Facilitator notes: suggested answers to the case studies (these notes are meant to guide the facilitator during the debrief)

**Case study 1.** Within 48 hours, seventeen international organisations arrive to provide assistance. One organisation has called a meeting; they are pressing the urgent need for emergency water and sanitation to be addressed. Your organisation will attend the meeting but will advocate for women and children to receive prioritised assistance at key locations. Your initial conversation with the head of this agency indicates that their focus will be on erecting latrines and handing out bottled water for the time being.

1. **CHS Commitments**: Commitment 1 – (1.1, 1.2, 1.5); Commitment 6 (6.3, 6.4, 6.5, 6.6)

a) Commitment 1 – this example refers to the need for rapid and reflexive assessment of needs. Needs assessments and analysis should form the foundation of programming. Assessments should be rapid initially in order to commence response and resource mobilization, and should become more detailed and extensive as conditions permit. Programs should adapt as new information comes to light. Organizations should avoid mandate bias by using objectively verifiable and disaggregated data.

b) Commitment 6 – the case study refers to a need to strengthen coordination structures. Humanitarian actors should form working groups or clusters to share data and information relating to needs, response, gaps and constraints. This will enhance the effectiveness of the response.

2. **Technical minimum standards**: The group may wish to look at standards for WASH to ensure the needs of vulnerable groups are addressed in the first seven days following the disaster. The trainer should emphasise the importance of rapid needs assessment data to justify the WASH intervention, but it can be assumed there will be need based on the type of disaster and displacement. Therefore, groups should consider (at a minimum) WASH standard 1 (p. 89, guidance note 1 on assessment), water supply standard 1 (p. 97, guidance notes 1 on water source selection, 2 on needs, 4 on quantity/coverage, 7 on access and equity), water supply standard 2 (p. 100, guidance notes ALL), water supply standard 3 (p. 103, guidance note1 on water collection and storage and 2 on communal bathing and washing facilities), excreta disposal standard 1 (p. 105, guidance notes 1 on safe excreta disposal, 2 on defecation areas and 3 on disatance of defecaton systems from water sources), excreta disposal standard 2 (p. 107, guidance notes 2 on public toilets, 3 on family toilets, 5 on safe facilities, 7 on water and anal cleansing material, 8 on handwashing, 9 on menstruation, 11 on toilets in difficult environments).

3. **Protection Principles**: Protection Principles Principle 1 (ensure response is appropriate and will not expose people to harm through action or inaction), Protection Principles Principle 2 (ensure assistance meets the needs of all, especially vulnerable groups, in this case particularly the young, the elderly, those unwell due to the disaster, and those requiring water to continue medical treatment for e.g. HIV).

**Case study 2.** A quick assessment has indicated that the government is completely overwhelmed. More than 50% of schools have reported damage. It is currently the long break and many children are unaccounted for. The Education Minister has appealed for help in getting the classrooms ready for the school year which is due to start in 10 days. You have a well-established relationship with the Minister and would like to support this proposal, but hundreds of people have begun moving towards those schools still standing, seeking accommodation, food, medical treatment and water.

1. **CHS Commitments**: Commitment 1 (1.1, 1.2. 1.3, 1.4, 1.5, 1.6), Commitment 2 (2.1, 2.2, 2.3, 2.6), Commitment 3 (3.2, 3.3, 3.5, 3.6)

a) Together these commitments stress that understanding of the context and the immediate needs are paramount. Organisations must be able to put their mandate, skill and resource biases aside and respond to the need. Where gaps are found, organisations should be brought in which are equipped to respond. Commitment 3 stresses the need to work within local disaster plans (evacuation to school centres may be an example) but also to support local leaders to plan exit strategies and early recovery to ensure people are safely able to return to their homes and that children’s medium-long term education is taken into account.

2. **Technical minimum standards**: Minimum standards relating to settlement and shelter will be useful. The group should consider Shelter and Settlement standard 1: Strategic Planning (p. 249, guidance notes 1, 3, 4, 6, 7 and 9), Shelter and Settlement Standard 3: Covered Living Space (p. 258, guidance notes 2, 3, 6, 10).

This group is chiefly to examine CHS commitments relating to provision of assistance based on need, in a timely fashion which does not replace or jeopardise existing structures. As such, minimum standards which support life-saving activities should be included in ways which address the cross-cutting themes of gender, older people and persons with disabilities. In particular, any minimum standard guidance notes cited by the group which support the needs of children in disasters is considered acceptable.

3. **Protection Principles**: Protection Principles principle 1 (ensure response is appropriate and will not expose people to harm through action or inaction), Protection Principles principle 2 (ensure assistance meets the needs of all, especially vulnerable groups, in this case particularly the young, the elderly, those unwell due to the disaster, and those requiring water to continue medical treatment for e.g. HIV). Protection Principles principle 3 (protect people from physical and psychological harm arising from violence and coercion) can also be included where evacuations compromise freedom of movement and might be seen as coercive.

**Case study 3**. The local economy looks likely to have taken a beating. Fishing (local and export markets), mining, garment production, remittances and a fledgling tourism industry make up the backbone of Sarandeh’s economy. It is quite clear – your organisation will be here for years to come. You would like to make use of some of the innovative programs your organisation trialled in recent similar emergencies in the Pacific. You have had some recognition and success with cash grants to elderly people and single mothers in similar emergencies, but the final report is still being published. Headquarters has been pushing the ‘innovation’ angle very strongly in its public communications so far.

1. **Commitments**: Commitment 1 (1.2, 1.3, 1.6), Commitment 2 (2.1, 2.4, 2.5, 2.7), Commitment 3 (3.2, 3.4, 3.5, 3.6), Commitment 7 (7.1, 7.2, 7.3, 7.4, 7.5, 7.6)

a) The commitments addressed here should focus on the importance of needs assessment, timely response, analysis, reflexive programming, resilience and early recovery, and the careful use of innovative practice within a culture of learning.

2. **Technical minimum standards**: This group is chiefly to examine CHS commitments relating to provision of assistance based on need, in a timely fashion which does not replace or jeopardise existing structures and does not bring harm as a result of untested and inappropriate innovations. As such, minimum standards which support early recovery activities (especially food security standards) should be included in ways which address the cross-cutting themes of disaster risk reduction, gender, psychosocial support, older people and persons with disabilities.

3. **Protection Principles**: Protection Principles principle 1 (ensure response is appropriate and will not expose people to harm through action or inaction), Protection Principles principle 2 (ensure assistance meets the needs of all, especially vulnerable groups, in this case particularly the young, the elderly, the displaced and those from marginalized groups. Protection Principles principle 4 (assist people to claim their rights, access available remedies and recover from the effects of abuse) will also ensure recovery and rehabilitation.

**Case study 4**. The staple food items in Sarandeh are fish, tinned meat and yams. Malnutrition levels are higher in urban areas where poor quality diets have become prevalent. Your agency is going to distribute high quality emergency food rations, initially a dry ration and a hot meal when energy supplies are re-established and needs assessments indicate priority locations. As local markets have been devastated, you have put in a preliminary request with your agency to ship sufficient quantities of emergency food and ready-to-eat meals urgently.

1. **CHS Commitments**: Commitment 1 (1.1, 1.2, 1.3, 1.4, 1.5, 1.6), Commitment 2 (2.1, 2.2, 2.4, 2.6, 2.7), Commitment 3 (3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7), Commitment 4 (4.1, 4.2, 4.3, 4.4, 4.7), Commitment 5 (5.1, 5.2, 5.4). Commitment 6 (6.1, 6.2, 6.3, 6.4) is also relevant, by ensuring coordination with other actors in the food sector, including the private sector, host government and other humanitarian response sectors such as WASH and health.

a) These commitments underscore the need to understand clearly the priority needs of diverse groups within the community, to engage with vulnerable groups and other groups to ensure the food needs of the most vulnerable are met in an appropriate way without replacing local support structures or creating dependency. Particular attention should be paid to how these commitments support the minimum standards in achieving positive food security and nutrition outcomes.

2. **Technical minimum standards**: By using the minimum standards in food security and nutrition in conjunction with the CHS, the group will be able to identify how to proceed. The group should consider to Food Security and Nutrition Assessment standard 1 (p. 150, guidance note 1, 2, 3, 5, 7, 8, 9 and 10. Guidance note 9 works closely with CHS Commitment 4 to ensure community involvement in planning its response. Food Security standard 1: General Food Security (p. 176, guidance notes 2, 3, 4, 5, 6, 7 and 8) together with Food Security Standard 1: General Nutrition Requirements (p. 180, guidance notes 1, 2, 4, 5, 6, 7, 8) will also support planning for an immediate food transfer and will indicate which type of food should be distributed, by who and to whom, taking vulnerable groups into account and ensuring several cross-cutting themes, including the environment, are addressed. Participation is also sought through Food security – food transfers standard 2: Appropriateness and acceptability (p. 184, guidance notes 1, 4) and will address the issues of acceptability of ready-to-eat meals, dry rations and the processes used to cook/prepare/serve them. Food security – food transfers standard 3: Food quality and safety (p. 186) will support CHS Commitments 2, 3 and 5 which address poor performance and the impact of harmful interventions, further addressed by the Protection Principles. Food Security – Food Transfers standard 5: Targeting and Distribution (p. 192, guidance notes 3 and 4) provides support on wet and dry food distribution.

3. **Protection Principles**: Protection Principles principle 1 (ensure response is appropriate and will not expose people to harm through action or inaction), Protection Principles principle 2 (ensure assistance meets the needs of all, especially vulnerable groups). Negative coping mechanisms are likely where response is inadequate, including the room for sexual abuse and exploitation.

**Case study 5**. The medical system is in crisis. International medical teams have been contacting the Ministry of Health via their national health departments. Several medical teams are ready to deploy immediately and will be self-sufficient throughout their stay. Foreign nurses, doctors and medical students have started arriving in the capital with supplies. As a medical expert with your organisation, you are particularly concerned about cholera, but there are so many possible and likely negative health scenarios, you are not sure where to begin given that most experienced local medical professionals have emigrated.

1. **CHS Commitments**: Commitment 1 (1.1, 1.2, 1.4, 1.6), Commitment 2 (2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7), Commitment 3 (3.3, 3.4, 3.6, 3.7, 3.8), Commitment 4 (4.3, 4.6), Commitment 6 (6.1, 6.2, 6.3, 6.5, 6.6), Commitment 8 (8.1, 8.2, 8.3, 8.4, 8.5, 8.7, 8.8)

a) The main focus of this scenario is the assessment and analysis of the health needs of the community, the capacity of the local systems and the recruitment, capacity and coordination of newly arrived responders. Supporting local health capacity is an essential part of a health response. Agencies will need to work within existing structures, including staffing and importation of medicines, and often these systems will be weak or weakened by the crisis. Groups should look at ways to support capacity to build future systemic resilience to health crises. They should also address the issue of technical standards of foreign practitioners and the quality and consistency of care afforded to people affected by crisis.

2. **Technical minimum standards**: The minimum standards in Health Action will give considerable technical support to this scenario, particularly around staffing and support to strengthen the existing health structures of the country. See Health Systems standard 1: Health Services Delivery (p. 296, guidance note 2, 4, 7, 8), Health Systems standard 2: Human Resources (p. 301, guidance notes 1, 2), Health Systems standard 6: Leadership and Coordination (p. 307, guidance notes 1, 2, 3), Essential Health Services standard 1: Prioritizing Health Services (p. 309, guidance notes 1, 2 – here there are strong linkages to Commitments 2, 3 and 4 around quality of care and technical expertise), Essential Health Services – control of communicable diseases standard 1: Communicable Disease Prevention (p. 312, guidance note 1), Essential Health Services – control of communicable diseases standard 3: Outbreak Detection and Response (p. 316, guidance notes 1, 2).

3. **Protection Principles**: Protection Principles Principle 1 (ensure response is appropriate and will not expose people to harm through action or inaction), Protection Principles Principle 2 (ensure assistance meets the needs of all, especially vulnerable groups). Protection Principles Principle 4 (assist people to claim their rights, access available remedies and recover from the effects of abuse) covers the rights of people affected by abuse, neglect and harm to seek effective remedial medical care by a system which supports their needs, including the need for confidentiality.

**Case study 6**. A local organisation has started distributing basic food, diapers, infant feeding formula and water at a location near the outskirts of the city. Increasingly large numbers of people have turned up to each of the four spontaneous distributions so far, which have all been without incident. Your colleagues would like to join forces with this organisation. Is this wise?

1. **Commitments**: Commitment 1 (1.1, 1.2, 1.3, 1.6), Commitment 2 (2.1, 2.3, 2.4, 2.5, 2.6), Commitment 3 (3.1, 3.3, 3.6), Commitment 4 (4.2, 4.3, 4.5), Commitment 6 (6.2, 6.3, 6.4, 6.6), Commitment 8 (8.5)

a) Groups should consider the decision making process. They should find ways to help them balance the need for timely response based on useful local information, with the potential and known risks which people, particularly vulnerable individuals, face at such distributions of food and commodities. Distributions such as these can cause considerable friction within communities and often do not reach those people most in need.

2. **Technical minimum standards**: Minimum standards on Food Security and Non-Food Items will support decision making. Food Security – food transfers standard 5: Targeting and distribution (p. 192, guidance notes 1, 3, 4, 5, 6) and Non-Food Items standard 1: Individual, general household and shelter support items (p. 269, guidance notes 1, 5 and 6) provide guidance on how to effectively and safely distribute such items and important Protection Principles considerations. On the issue of breast-milk substitutes (BMS), the following standards apply: Infant and Young Child Feeding standard 1: policy guidance and coordination (p. 159, guidance note 1, 2), Infant and Young Child Feeding standard 2: Basic and Skilled Support (p. 161, guidance notes 2, 4, 5), Food Security – Food Transfers standard 2: Appropriateness and Acceptability (p. 184, guidance note 5).

3. **Protection Principles**: Protection Principles Principle 1 (ensure response is appropriate and will not expose people to harm through action or inaction), Protection Principles Principle 2 (ensure assistance meets the needs of all, especially vulnerable groups). Principle 1 is particularly important in relation to the issue of BMS and the harmful effects it can cause when widely promoted.

**Case study 7**.The Sarandeh Army is the provider of first resort in disasters, according to the 2010 Constitution of the Republic of Sarandeh. A General from the Sarandeh Army has appeared on radio requesting in the local dialect that all affected people go to their nearest school for help – you know this because you are from the ethnic group which speaks this language. You are the Country Director of a well-known Sarandenian organisation, experienced in providing assistance to vulnerable people, including in disasters. The principles of your organisation emphasise neutrality, impartiality and independence. How can Sphere help you establish the extent of your relationship with the armed forces in this disaster?

This scenario is modelled on sensitive military disaster response activities in regions where it is common for the host government’s armed forces to be involved in humanitarian activities, often mandated by the constitution to be the coordinators or providers of first resort (namely, Asia Pacific region). The purpose of this case study is to have the group consider the impact of partnering with the military in a sensitive post-conflict setting and especially the impact on perceptions of neutrality and impartiality this will have on the local community whose trust, acceptance and participation must be sought.

1. **CHS Commitments**: Commitment 1 (1.2, 1.4, 1.5), Commitment 3 (3.3, 3.5, 3.6, 3.7, 3.8), Commitment 4 (4.2, 4.3, 4.4, 4.6), Commitment 5 (5.2, 5.4, 5.7), Commitment 6 (6.1).

a) There are two threads in this scenario. The first is about impartial assistance – you know the local leadership, in this case the military, is providing information to communities in one language. This can cause perceptions of bias and favoritism. The second issue is the perception of lack of neutrality or independence with working alongside the military, particularly in a sensitive post-conflict setting such as Sarandeh.

2. **Technical minimum standards**: There are no specific minimum standards which relate to the decision-making process of this group. Instead, encourage them to focus on the issues relating to inclusion, perceptions of bias and the extent of the relationship with the military.

3. **Protection Principles**: Protection Principles Principle 1 (ensure response is appropriate and will not expose people to harm through action or inaction), Protection Principles Principle 2 (ensure assistance meets the needs of all, especially vulnerable groups). Protection Principles Principle 4 (assist people to claim their rights, access available remedies and recover from the effects of abuse) covers the rights of people affected by abuse, neglect and harm.

**Case study 8**. Your organisation has emergency stockpiles in the capital of 5,000 kits containing soap, water purification tablets, stoves, tents, blankets and mosquito nets. You can get more as soon as the port and airport are declared operational. You have sent one colleague on a joint rapid needs assessment to determine the severity of need. The findings won’t be in for at least three days. Already, the local media is starting to publish stories of “delayed response”. Local leaders have come to your office to ask for assistance; some have brought gifts, others have asked to distribute items your organisation can bring in. Your family and neighbours (you are from Sarandeh) have told you that people are beginning to get frustrated with the lack of help.

1. **CHS Commitments**: Commitment 1 (1.1, 1.3, 1.4, 1.6), Commitment 2 (2,1, 2.2, 2.4), Commitment 3 (3.1, 3.3, 3.4, 3.5, 3.6, 3.7), Commitment 4 (4.1, 4.2, 4.3, 4.4, 4.5), Commitment 5 (5.1, 5.2, 5.3, 5.5). Commitment 6 (6.2, 6.4)

a) The key issues to consider are the balance between timely and premature response in order to save lives (based on lack of detailed analysis of solid data), and the need to manage expectations of the community. Groups addressing this scenario should find a case for either acting or waiting. Some of the issue they might consider are whether there are sufficient stocks to do a blanket distribution, or whether a targeted distribution to vulnerable groups, which would take time to identify, might expose them to further harm. Another consideration is the quality and uniformity of items and whether in a sensitive post-conflict country such as Sarandeh, whether inequitable or delayed distribution of commodities might cause ruptures within the community. Involvement of the community and deep inclusion in planning the response is vital, as is communication of the plans and development of a strong and credible complaints mechanisms. A third consideration is around the need to coordinate NFI distribution with other sectors, particularly WASH (soap, water tabs), health (mosquito nets) and shelter (stoves, blankets, etc) as their distribution (or lack of) will have an impact on outcomes in those sectoral areas.

2. **Technical minimum standards**: Considerations of the group should include what type of settlement response is likely, based on the level of displacement, and which items are not included in the current kit. Minimum standards relating to Non-Food Items standard 1: Individual, general household and shelter support items (p. 269, guidance notes 1, 3, 4, 5, 6 and 7), NFI standard 2: Clothing and Bedding (p. 271, guidance notes 1-5), NFI Standard 3: Cooking and Eating Utensils (p. 273, guidance notes 1, 2), NFI standard 4: stoves, fuel and lighting (p. 274, guidance notes 1, 3).

3. **Protection Principles**: Protection Principles Principle 1 (ensure response is appropriate and will not expose people to harm through action or inaction) – this is particularly important when considering the impacts of either inequitable distribution, or of inaction. It is also relevant when considering the exposure to risk from some of the items, particularly stoves and blankets, which pose fire and respiratory risks. Protection Principles Principle 2 (ensure assistance meets the needs of all, especially vulnerable groups). Protection Principles principle 4 (assist people to claim their rights, access available remedies and recover from the effects of abuse) covers the rights of people affected by abuse, neglect and harm.

**Case study 9**. After your agency undertook a joint rapid needs assessment, analysis indicated that the greatest needs were concentrated in Sarandeh’s second city, Delphia an some of its larger rural centres. Stock reports indicate that there should have been 5,000 NFI kits and 2,000 units of emergency shelter in your district warehouse. On arrival, you find a handful of stock, and what remains has been rifled through. The quality of what remains is very poor; you cannot distribute these items. Your agency’s district manager, the son of the local police chief, denies any wrongdoing and claims the warehouse was looted. In your opinion, it is clear that there has been a diversion of goods and poor warehouse management has taken place. You raise these issues with him and he threatens to mobilise the community to prevent your organisation from being able to access the district.

1. **CHS Commitments**: Commitment 8 (8.1, 8.2, 8.4, 8.7), Commitment 9 (9.1, 9.2, 9.3, 9.5, 9.6)

a) The key issues to consider are of hiring the most competent staff and supporting them to do their jobs effectively, and the issue of corrupt action in the workplace.

b) Groups addressing this scenario should decide whether the agency has been at fault, whether the staff member should be supported instead of sanctioned, and whether the threat of mobilizing the community is real.

2. **Minimum standards** on shelter and NFIs should be consulted in order to determine what the appropriate standards are relating to quality and consistency of commodities.

3. **Protection Principles**:

* Protection Principle 2 (ensure assistance meets the needs of all, especially vulnerable groups) is of use here to gain leverage by negotiating with the staff member regarding the right of the affected population to receive assistance, and to be outside of his tactics.
* Protection Principles Principle 3: (Protect people from physical and psychological harm arising from violence and coercion.) In this case, the harm and coercion comes from the staff member with local influence, who threatens indirect harm to his community in order to protect himself. Guidance note 6.
* Protection Principles Principle 4: (assist people to claim their rights, access available remedies and recover from the effects of abuse) guidance note 2 and 3 covers the issues of strong community relations in order to mitigate the threat of the hostile staff member.

### Handout 3 (optional): comparison with the former Sphere Core Standards

##### Facilitator instructions: cut out the cards and hand the full set to each table

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| Core Standard 1  People-centred humanitarian response | Core Standard 2  Coordination and collaboration | Core Standard 3  Assessment | Core Standard 4  Design and response | Core Standard 5  Performance, transparency and learning |
| Core Standard 6  Aid worker performance | CHS Commitment 1  Communities and people affected by crisis receive assistance appropriate and relevant to their needs. | CHS Commitment 2  Communities and people affected by crisis have access to the humanitarian assistance they need at the right time. | CHS Commitment 3  Communities and people affected by crisis are not negatively affected and are more prepared, resilient and at-risk as a result of humanitarian action. | CHS Commitment 4  Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them. |
| CHS Commitment 5  Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints. | CHS Commitment 6  Communities and people affected by crisis receive coordinated, complementary assistance. | CHS Commitment 7  Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection. | CHS Commitment 8  Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers. | CHS Commitment 9  Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically. |