Sphere and Coordination  
Answers to Quiz

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|  | **Answer** | **Source** |
| **1** | **True**: It is also important to share this information in a format that can be readily used by other humanitarian agencies. | Commitment 6 of the Core Humanitarian Standard (CHS), key action 6.4 (page 71) |
| **2** | **True:** Monitor activities and outcomes regularly to ensure that hygiene promotion and WASH programmes evolve. Coordinate with health actors to monitor the incidence of WASH-related diseases such as diarrhoeal disease, cholera, typhoid, trachoma, intestinal worms, and schistosomiasis. | WASH standard 1. Hygiene promotion, page 96 |
| **3** | **False**: It is the affected state’s role to coordinate the humanitarian response of assisting organisations. Humanitarian agencies have an essential role to play by supporting the state’s coordination function. However, in some contexts, alternative coordination mechanisms may be appropriate if, for example, state authorities are themselves responsible for abuse and violations or their assistance is not impartial or the state is willing to play a coordination role but lacks capacity. In these situations, coordination meetings may be separately or jointly led by the local authorities with the UN or NGOs. Many large-scale humanitarian emergencies are now typically coordinated through the “Cluster Approach”, with groups of agencies working in the same sector under a lead agency. | The Humanitarian Charter, section 2 (page 28–29) |
| **4** | **False:** Agencies should be able to use other programme information from other humanitarian agencies to inform, analyse, and select geographical areas and response plans. | Commitment 6 of the CHS, key action 6.2 of the CHS (page 70) |
| **5** | **False:** Staff representing agencies in coordination meetings should have the appropriate information, skills, and authority to contribute to planning and decision-making. | Commitment 6 of the CHS, organisational responsibility standard 6.5 of the CHS (page 71) |
| **6** | **False:** Agencies should collaborate with others to strengthen advocacy on critically shared humanitarian concerns. | Commitment 6 of the CHS, key action 6.3 of the CHS (page 71) |
| **7** | **True:** Agencies should regularly update coordination groups on progress, reporting any major delays, agency shortages, or spare capacity. | Commitment 6 of the CHS, key actions 6.3 and 6.4 of CHS (page 71) |
| **8** | **False:** Because it is not owned by any one response organisation, the Handbook enjoys broad acceptance by the humanitarian sector as a whole. It has become one of the most widely known and internationally recognised sets of standards for humanitarian response and is used as an inter-agency communication and coordination tool. The principal users of the Sphere Handbook are practitioners involved in planning, managing, or implementing a humanitarian response. This includes staff and volunteers of local, national, and international humanitarian agencies. In the context of fundraising and project proposals, the Minimum Standards are also frequently referred to. Other actors, such as government and local authorities, the military, or the private sector, are also encouraged to use the Sphere Handbook. It may be useful in guiding their own actions, but also in helping them to understand the standards used by the humanitarian agencies with whom they may interact. | Sphere, page 4 |
| **9** | **False:** Coordinate with child protection and sexual and gender-based violence partners to establish referral pathways and information-sharing protocols. Train nutrition staff in how to provide supportive and confidential referrals for caregivers of children exposed to physical, sexual or emotional violence, exploitation, or abuse. | Link with other actors, of the food and nutrition management of malnutrition standard 2.2: Severe acute malnutrition (page 181) |
| **10** | **True:** Meetings which bring together different sectors can further enable people’s needs to be addressed as a whole, rather than in isolation (e.g. people’s shelter, water, sanitation, hygiene, and psychosocial needs are interrelated). Relevant information should be shared between different coordination mechanisms to ensure integrated coordination across all programmes. | Commitment 6 of the CHS, key actions 6.3 and 6.4 of CHS (page 71) |
| **11** | **False:** The 2005 Humanitarian Reform established the Cluster Approach, which is the main way humanitarian actors coordinate. Clusters are groups of humanitarian organisations (UN and non-UN) working in the main sectors of humanitarian action, e.g., shelter and health, who coordinate in order to avoid gaps and duplication in assistance to affected communities. They are created: when clear humanitarian needs exist within sectors, when there are numerous actors within sectors, and when national authorities need coordination support. Clusters provide a clear point of contact and are accountable for adequate and appropriate humanitarian response. Clusters promote partnership between international humanitarian actors, national and local authorities, and civil society. | e-learning: [www.buildingabetterResponse.org](http://www.buildingabetterResponse.org), which includes key modules on the humanitarian architecture and its implication for implementing actors |
| **12** | **False:** The military brings particular expertise and resources, including security, logistics, transport, and communication. However, its activities can blur the important distinction between humanitarian objectives and military or political agendas and create future security risks. Any association with the military should be in the service of, and led by, humanitarian agencies according to endorsed guidelines. Some agencies will maintain a minimum dialogue to ensure operational efficiency (e.g. basic programme information sharing) while others may establish stronger links (e.g. use of military assets). In all cases, humanitarian agencies must remain clearly distinct from the military to avoid any real or perceived association with a political or military agenda that could compromise the agencies’ independence, credibility, security, and access to affected populations. | Commitment 6 of the CHS, key action 6.1 of CHS (page 70) |
| **13** | **True:** The private sector can bring commercial efficiencies, complementary expertise, and resources to humanitarian agencies. Information-sharing is needed to avoid duplication and to promote humanitarian good practice. Partnerships between the private and humanitarian sector must strictly be for the benefit of humanitarian objectives. | Commitment 6 of the CHS, key action 6.1 of CHS (page 70) |
| **14** | **False:** Coordination should occur at and between all levels of healthcare from national to community and with other sectors such as WASH, nutrition, and education, as well as with cross-sectoral technical working groups such as mental health and psychosocial support, gender-based violence and HIV. | Health standard 1. Health systems (page 298) |
| **15** | **True:** Coordination with local authorities and other responding agencies helps ensure that needs are met, that efforts are not duplicated, and that the quality of food security and nutrition responses is optimised. | Essential concepts in shelter and settlement (page 244) |