

PART 3: TRAINER'S GUIDE

The trainer's guide is the third of four parts contained in this module. It is NOT a training course. This guide provides guidance on how to design a training course by giving tips and examples of tools that the trainer can use and adapt to meet training needs. The trainer's guide should only be used by experienced trainers to help develop a training course that meets the needs of a specific audience. The trainer's guide is linked to the technical information found in Part 2 of the module covering "The Humanitarian System: Roles, Responsibilities and Coordination". Also, module 20 on "Monitoring and Evaluation" provides complementary reading to this module.

Module 21 covers those initiatives related to standards and accountability in the humanitarian sector that are most relevant to nutrition in emergencies. This module is intended for people involved in nutrition programme planning and implementation who need a better understanding of the broader framework and discussion of standards and accountability in the delivery of humanitarian aid programmes. It can also be used with senior managers to provide a short practical briefing on standards and accountability.

Navigating your way round these materials

The trainer's guide is divided into six sections:

1. **Tips for trainers** provide pointers on how to prepare for and organize a training course.
2. **Learning objectives** set out examples of learning objectives for this module that can be adapted for a particular participant group.
3. **Testing knowledge** contains an example of a questionnaire that can be used to test participants' knowledge of EFSA either at the start or at the end of a training course.
4. **Classroom exercises** provide examples of practical exercises that can be done in a classroom context by participants individually or in groups.
5. **Case studies** contain examples of case studies (one from Africa and one from another continent) that can be used to get participants to think by using real-life scenarios.
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1. Tips for trainers

Step 1: Do the reading!

- Read Parts 1 and 2 of this module.
- Familiarize yourself with the technical terms from the glossary.
- Read through the following key documents (full details are given in Part 4 of this module):
 - IFRC (1994). *The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief*. Geneva: IFRC.
 - The Sphere Project (2011). *Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*. Geneva: The Sphere Project. Focus on the Humanitarian Charter, Protection Principles and the Core Standards.
 - HAP (2003). *The Principles of Accountability*.
 - HAP 2010 Standard in Humanitarian Accountability and Quality Management
- Read up on the most well-known accountability initiatives in the humanitarian sector.
- Familiarise yourself with the Sphere handbook, especially the Humanitarian Charter, the Core Standards as well as the Food Security and Nutrition standards
- Ensure that you take time to read the exercises and model answers so that you can decide if they meet your training objectives.
- Decide which sessions to include and within sessions, which activities to include.

Step 2: Know your audience!

- Find out about your participants in advance of the training:
 - How many participants will there be?
 - Have any of them got experience of evaluating nutrition programmes?
 - Could participants with experience be involved in the sessions by preparing a case study or contribute through describing their practical experience?

Step 3: Design the training!

- Decide how long the training will be and what activities can be covered within the time available. In general, the following guide can be used:
 - A **60-minute** classroom-based training session can provide a very basic overview of the main standards, quality and accountability initiatives.
 - A **90-minute** classroom-based training session can provide a more in-depth overview of the standards and accountability initiatives and one of the practical exercises to reinforce learning.
 - A **half-day** classroom-based training session can provide a more in depth understanding and include three exercises or a case study. Be sure to include exercises 1 and 2.
 - A **full-day** classroom-based training session is appropriate if Module 21 is used as a standalone course. You could include the case study material in Part 3 where participants work in groups of about four people and present back their findings in plenary or ask them to carry out the practical exercises and report back at the end of the day. This will reinforce their active learning.
 - A **three-day** classroom-based training could cover all eight Sphere training modules and raise awareness of nutrition technical issues through an understanding of Sphere standards, indicators and guidance notes.
Note: at the time of writing the 2011 edition of Sphere is in press and the training materials have not yet been revised.

- Identify learning objectives that are appropriate to your participants – their level of understanding and experience – and the aim and length of the training.
- Decide exactly which technical points to cover based on the learning objectives identified.
- Divide the training into manageable sessions, each of 1-1.5 hours duration.
- Ensure the training is a good combination of activities, e.g., mix PowerPoint presentations in plenary with more active participation through classroom-based exercises, mix individual work with group work.

Step 4: Get prepared!

If you are planning to use PowerPoint presentations (e.g. with notes), do a trial run and time yourself! The following existing presentations may be of use:

Existing Power Points for a session on standards and accountability

Author	Specific session
1. Nutrition Works & Feinstein International Famine Centre, Tufts University. (2007). Sphere Nutrition Training Module.	Sessions 1 to 8 (For details see Annex 3 in PART 2 of Module 21)

(Full references are given in Part 4 of this module)

- Prepare exercises and case studies. These can be based on the examples given in this trainers' guide but should be adapted to be suitable for the particular training context.
- Find any equipment required for the session, such as flipchart stand and papers.
- Prepare a 'kit' of materials for each participant. These should be given out at the start of the training and should include:
 - Timetable showing break times (coffee and lunch) and individual sessions
 - Parts 1 and 2 of this module
 - Pens and paper

REMEMBER

People remember 20% of what they are told, 40% of what they are told and read, and 80% of what they find out for themselves.

People learn differently. They learn from what they read, what they hear, what they see, what they discuss with others and what they explain to others. A good training is therefore one that offers a variety of learning methods which suit the variety of individuals in any group. Such variety will also help reinforce messages and ideas so that they are more likely to be learned.

2. Learning objectives

Below are examples of learning objectives for a session on standards and accountability. The learning objectives for this module aim to ensure that all those involved in emergency nutrition programming recognise their responsibility to provide assistance according to the humanitarian imperative and to provide quality services in a cost-efficient manner. Since malnutrition is not only due to lack of food, but to a much more complex set of inter-related causes specific to each context, nutrition interventions need to tackle malnutrition and its causes with a realistic understanding of what is achievable in the humanitarian environment. While this may not be a technical learning objective, it highlights the fact that humanitarian assistance is not charity but a right. Trainers can develop more specific learning objectives that are appropriate to their group.

Examples of learning objectives

At the end of the training, participants will:

- Understand the distinction between standards and accountability, and how they relate to each other
- Recognize the 10 principles set out in the Red Cross/NGO Code of Conduct.
- Be able to outline the 4 basic elements of accountability to disaster-affected persons.
- Recognize the main accountability initiatives relevant to nutrition in emergencies.
- Understand how nutrition programmes need to be designed so as to be accountable to disaster-affected persons.
- Describe how the Humanitarian Charter might influence the programme strategy in a nutrition emergency
- Understand the different elements of the Sphere Food Security and Nutrition chapter: Minimum standards, key actions, key indicators and guidance notes, and give examples of some standards and indicators.
- Be able to give some examples of minimum Core Standards and key indicators that can be applied to nutrition programmes.
- Be aware of why communities should participate in nutrition programmes.

3. Testing knowledge

This section contains one exercise which is an example of a questionnaire that can be used to test participants' knowledge of nutrition standards either at the start or at the end of a training session. The questionnaire can be adapted by the trainer to include questions relevant to the specific participant group.

Exercise 1: What do you know about standards and accountability?

What is the learning objective?

- To test participants' knowledge about standards and accountability

When should this exercise be done?

- *Either* at the start of a training session to establish knowledge level
- *Or* at the end of a training session to check how much participants have learned

How long should the exercise take?

- 20 minutes

What materials are needed?

- **Handout 1a:** What do you know about standards and accountability?: Questionnaire
- **Handout 1b:** What do you know about standards and accountability?: Questionnaire answers

What does the trainer need to prepare?

- Familiarise yourself with the questions and answers.
- Add your own questions and answers based on your knowledge of the participants and their own objectives.

Instructions

Step 1: Give each participant a copy of Handout 1a.

Step 2: Give participants 15 minutes to complete the questionnaire working alone.

Step 3: Give each participant a copy of Handout 1b.

Step 4: Give participants five minutes to mark their own questionnaires and clarify the answers where necessary.

Handout 1a: What do you know about standards and accountability?: Questions

Time for completion: 15 minutes

Answer all the questions

1. True or false?

The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief is a mechanism for peers to hold each other accountable.

2. Which of these was NOT set up as an accountability initiative? *Circle the correct answer.*

- a) ALNAP
- b) OCHA
- c) People in Aid
- d) Emergency Capacity Building

3. Who has ultimate responsibility for emergency response? *Circle the correct answer.*

- a) United Nations agencies
- b) International signatories of the Code of Conduct
- c) Affected population
- d) National government

4. True or false?

The humanitarian charter reasserts the right of populations affected by disaster to protection and assistance.

5. How many Sphere standards appear in the food security and nutrition chapter? *Circle the correct answer.*

- a) Eight
- b) Twelve
- c) Eighteen
- d) Twenty

6. How many Sphere standards appear in Core Standards chapter? *Circle the correct answer.*

- e) Six
- f) Seven
- g) Sixteen
- h) Seventeen

7. True or false?

Water, sanitation and hygiene promotion sector standards must be prioritized above all others because they have the most direct impact on the nutritional status of a population after food.

8. Which of these is not a standard in Sphere? *Circle the correct answer.*

- a) Appropriateness and acceptability
- b) Food quality and safety
- c) Sustainable source
- d) Distribution

9. True or false?

Quantitative key indicators for nutrition minimum standards are better than qualitative ones to avoid confusion.

10. True or false?

Guidance notes provide specific points to consider when applying the standards and indicators in different situations. They also provide an answer to any dilemmas, controversies or gaps in current knowledge.

Handout 1b: What do you know about standards and accountability?: Answers

1. True or **false**.

The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief is a mechanism for peers to hold each other accountable.

The code of conduct registers signatories' "willingness to incorporate its principles into their work". There is no agency or body, however, who can call the signatories to account and little history of peer pressure among signatories to hold each other to account.

2. Which of these was NOT set up as an accountability initiative?

a) ALNAP

b) OCHA

c) People in Aid

d) Emergency Capacity Building

The United Nations Office of the Coordinator of Humanitarian Affairs (OCHA) has overall responsibility for ensuring coherence of international relief efforts in the field in terms of coordination of humanitarian response, policy development and humanitarian advocacy. However, it has not been set up with an accountability role in mind. The recent humanitarian reform and channelling of donor funds through OCHA may increase the extent to which it incorporates accountability in the future.

3. Who has ultimate responsibility for emergency response?

a) United Nations agencies

b) International signatories of the Code of Conduct

c) Affected population

d) National government

Under present international humanitarian law, the government of the population affected by a disaster has prime responsibility for meeting the needs of the population. It can call upon the international community for support in doing this.

4. **True** or false

The humanitarian charter reasserts the right of populations affected by disaster to protection and assistance.

The Charter also states that populations have a right to life with dignity.

5. How many Sphere standards appear in the food security and nutrition chapter? Eight

i) Twelve

j) Eighteen

k) Twenty

There are 5 minimum standards in nutrition, 11 in food security and 2 in assessment.

6. How many Sphere standards appear in Core Standards chapter? *Circle the correct answer.*

l) Five

m) Six

n) Seven

o) Eight

7. Which nutrition emergency interventions are most conducive to community participation?

- a) **Nutrition surveys**
- b) **Nutrition staff recruitment**
- c) **Supplementary feeding programmes**
- d) **Therapeutic feeding programmes**

In principle, and with the right motivation, all interventions are conducive to meaningful community participation.

7. True or **false**

Water, sanitation and hygiene promotion sector standards must be prioritised above all others because they have the most direct impact on the nutritional status of a population after food.

Context specific analysis of the causes of malnutrition will allow for prioritization of related activities, if at all. Water, health, non-food items and shelter requirements that are not met will all impact negatively on nutritional status eventually.

8. Which of these is not a food aid standard?

- a) Appropriateness and acceptability
- b) Food quality and safety
- c) **Sustainable source**
- d) Distribution

There is no standard that stipulates food aid must be sourced from a sustainable source. Regional food supplies are often looked at as potential sources because of the proximity, however, they should only be used to source food aid if there will be no negative impact on food availability and access in the region as a consequence. Because of this, food is often shipped from further afield.

9. True or **false**.

Quantitative key indicators for nutrition minimum standards are better than qualitative ones to avoid confusion.

Indicators must be chosen on their individual merit. Quantitative indicators are easier to remember but this often causes inappropriate use in a specific context, whereas qualitative indicators encourage more context specific analysis because they are less prescriptive at first glance.

10. True or false

Guidance notes provide specific points to consider when applying the standards and indicators in different situations. They also provide an answer to any dilemmas, controversies or gaps in current knowledge.

Guidance notes do not resolve technical dilemmas and controversies, they simply point them out.

4. Classroom exercises

This section provides examples of practical exercises that can be carried out in a classroom by participants, either individually or in groups. Practical exercises are useful between plenary sessions, as they provide an opportunity for participants to engage actively in the session. The choice of exercise will depend upon the learning objectives and the time available. Trainers should adapt the exercises presented in this section to make them appropriate to the particular participant group. Ideally, trainers should use case examples with which they are familiar.

Exercise 2: Developing your own Code of Conduct for your new NGO.

What is the learning objective?

- To better understand the various contributing influences on NGO ethics, priorities, missions and behaviour.

When should this exercise be done?

- At the end of the session so as to help pull together the various elements covered around: Standards, rights, multiple accountabilities, the approaches to work etc.

How long should the exercise take?

- 45 to 60 minutes

What materials are needed?

- None. This exercise is less to do with remembering specifics but more about drawing out what matters to individuals (for this is what they bring to the humanitarian mission).
- **Handout 2a:** Developing your own Code of Conduct for your new NGO.
- **Handout 2b:** Developing your own Code of Conduct for your new NGO: Model answers

Instructions

Step 1: Ask participants to work individually and develop a list of core elements that they would insert into their NGO's Code of Conduct. These 'elements' can be brief bullet points or single words that matter. Working individually will allow participants to consider as fully as possible what drives and motivates them in humanitarian work and thus how that would translate to their NGO's behaviour and ethics. It might help if some classical music was playing in the background, or soft instrumentals, so that participants aren't sitting in silence. Also, consider having a PowerPoint slide show of images and/or key words to stimulate their thinking. Give them 30 minutes and clarify any comprehension queries.

Step 2: After 25 minutes ask them to try and prioritise the top 3 components of their Code of Conduct.

Step 3: In plenary, (music/slides off) ask each person to state their top-most 'ethic' or 'principle'. Compile responses on a flipchart or on computer if projection facilities are available. Once all have contributed, comment on any commonalities/threads. Ask if anyone would like to explain the reason behind their choice.

Step 4: If there is time, and the group seems engaged, repeat this process for the second-tier of elements/principles (but if somebody repeats something already said, don't note it down again). How many new elements emerged?

Step 5: Ask individuals to keep a record of their Code. Suggest they might like to type it up, or send it as an SMS to themselves, so that they can reflect on it again in the future. They might even wish to amend it in time.

Handout 2a: Developing your own Code of Conduct for your new NGO.

List core elements that would be included in a Code of Conduct for your new NGO:

Handout 2b: Developing your own Code of Conduct for your new NGO: Model answer

Anything could emerge, which is why this exercise is so interesting!

Examples include:

Human rights, humanitarian law, humanitarian principles, faith-based values, accountability principles, legal requirements, staff conduct, organisational priorities, safety and security concerns, national norms etc.

Exercise 3: How many Code of Conduct principles can you remember?**What is the learning objective?**

- To recognise the 10 principles set out in the Red Cross Code of Conduct

When should this exercise be done?

- *Either* at the beginning to gauge participants' knowledge
- *Or* half way through the session as an energiser and to reinforce the points covered about the code

How long should the exercise take?

- 20 minutes

What materials are needed?

- A copy of the Code of Conduct of the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief (Annex 1 in Part 2 of Module 21).
- **Handout 3a:** How many Code of Conduct principles can you remember?
- **Handout 3b:** How many Code of Conduct principles can you remember?: Model answers

Instructions

Step 1: Divide your participants into groups of four and five people. Handout the Code of Conduct and ask them to read the 10 principal commitments. Give them five minutes and clarify any comprehension queries.

Step 2: After 5 minutes tell the groups they have 10 minutes to prepare a 10-word mnemonic (a short rhyme or phrase for making information easier to memorise) that can be used to recall the 10 principles. They will need to choose one word per principle to do this. It is important that the 10 words make some sort of sentence, even if not totally correct. You can give the example of a well-known English mnemonic used to remember the colours of the rainbow: "Richard Of York Gave Battle In Vain" which recall the colours: Red Orange Yellow Green Blue Indigo Violet.

Step 3: Get groups to act out loud their pneumonic. Allocate 1 point for every principle remembered correctly, scoring out a possible total of 10 points. Finally, decide as a group which one is the easiest of them to remember and serve as an aide-memoire of the 10 principles of the Code of Conduct.

Handout 3a: How many Code of Conduct principles can you remember?

Write a 10-word mnemonic that covers all 10 of the Code of Conduct principles.

Handout 3b: How many Code of Conduct principles can you remember?: Model answers

This is an example of a mnemonic. Your participants' versions are likely to be better!

Humanity	H	Hairy
Impartial	I	Idiot
Humanitarian	H	How
Needs based	N	Nine
Neutral	N	Nutritionists
Independent	I	Insisted on
Culture	C	Cooking
Local capacity	L	Large
Participation	P	Potatoes
Reduce vulnerability	R	Right
Accountability	A	After
Dignity	D	Dinner

This mnemonic only includes 9 principles. This is because principles 2 and 3 of the Code of Conduct are often merged and summarised as 'impartiality'.

Exercise 4: Accountability helps reduce the risks of corruption and sexual abuse/ exploitation*

Objectives: To start discussion on accountability (information sharing, participation and complaint mechanisms), and how stronger accountability can reduce risks of corruption (including sexual exploitation).

Options for running the session:

Option 1: Role play – 3 participants play the role of a man, a younger woman, and an older woman.

Select the participants who arrive early, and brief them before the workshop begins. (Handout 4a)

Option 2: Small group role play – Give the role play script to participants in groups of 2-4, to act out to each other. (Handout 4a)

For both of these options, participants can discuss the questions in groups of 2-4 before feeding back in plenary.

Time needed:

Role play/reading cartoon: 15 minutes

Discussion in small groups and feeding back: 45 minutes

Resources/equipment needed

1. A role play script (Handout 4a) for each participant
2. For the role play: Optional props include something to simulate a tent (two chairs and a cloth/blanket), a piece of paper that simulates a birth certificate, a GOODFORYOU folder.

* This role play was developed by Lies Dewallef (August 2010, Haiti), who was seconded from RNDDH to HAP. It is available on the HAP website, and uses well-known Creole phrases (in bold).

Handout 4a: Role Play – “Don’t bite the hand that feeds you!”

Nine months after the earthquake in Haiti. Garline is sitting by her tent. She is drying her essential papers and photos. Yesterday someone robbed all her money from her tent because she can't lock anything away. She is crying while she sings: "I can't go on anymore. Please come and help me, God!"

A man approaches:

- Mister X Hello, how are you?
- Garline I'm not that bad.
- Mister X I am a staff member of an NGO and have come to give you a large favour. I have a house for you. I only need your Birth Certificate and 2500 Gourds. It is almost for free. Imagine: your own house.
- Garline Is it true? Do you have a house for me? But I don't have 2500 Gourds. Yesterday someone robbed me. In these rotten tents I can't lock anything away.
- Mister X Oh! Rotten tents! **Never look a gift horse in the mouth.** It's my organisation who gave you this tent. How dare you to complain about it. If you didn't have this tent you would be in an even worse situation. Aren't you ashamed? So, this beautiful girl doesn't have any money to pay for her house, that is a big problem, but maybe we can "arrange" something. You are a beautiful girl and I am good man. (Makes sexual advances)
- Garline (To change the subject, because she doesn't like the advances) My birth certificate is not legible anymore. This is all that is left of it after 7 months in this tent.
- Mister X Oh. That is a big problem. No money, no papers, nothing at all and too "shy" to talk to me (sexual reference). It seems to me that I better go and offer it to someone else, people are fighting for a house. I'm losing precious time here.
- Garline No, sir! Please stay!

An older woman and neighbour overhears the conversation and enters:

- Neighbour (to Garline) Don't listen to that man, he is corrupt.
- Neighbour (to Mister X) But who are you, sir? Which organisation are you from? Do you have a badge? What is your name? Yesterday the organization GOODFORYOU came here to hand out these folders. In the folder you can see clearly what the criteria are for receiving a house for free. So why are you asking her for money or even worse sexual favours?
- Mister X My goodness. **Offering something can turn against you.** If this is how my help is being received, I better leave. (Mister X leaves).

The neighbour addresses Garline:

- Neighbour Garline, my dear, don't listen to him, do you hear me? It's not true what he says. It's not true when people say: **"Don't bite the hand that feeds you"**. We, as victims of the earthquake, have rights too. We have the right to be well informed, we have the right to give our opinion and we have the right to complain. Let me show you this folder GOODFORYOU gave to me yesterday in a meeting they organized for the women. Here it is written clearly that every family who was registered three months ago and who is still living in this camp, will get a house for free. You were registered, weren't you?
- Garline Yes, I was.
- Neighbour Look they even added a photo to shows us how the houses will look like. They told us too that we have the right to complain if someone of their staff doesn't respect the rules. You should complain about this man. He was asking you money, and even other things...
- Garline Yes, I will certainly do that!! **If nobody permits it, there can be no thief.**

Questions for discussion:

1. What might have happened if the neighbour had not appeared?
2. Was the behaviour of Mister X the responsibility of his NGO or Mister X? Why?
3. What steps can the NGO take to prevent this from happening?
4. **“Never look a gift horse in the mouth”**. From your experience can you think of examples of when beneficiaries were not satisfied with the quality of aid or the way it has been delivered?

Handout 4b: Accountability helps reduce the risks of corruption and sexual abuse/exploitation: Model answers

Discussion:

The discussion should be steered around how stronger accountability can reduce risks of sexual abuse and exploitation plus other forms of corruption.

1. What might have happened if the neighbour had not appeared?

Garline may have complied with Mister X's proposition and exchanged sexual favours for a house.

Garline may have borrowed money to be able to pay the 500 Gourd.

Garline may have refused his offer, but he may have tried to do the same thing with another woman in the camp.

Garline might have asked for more information from her neighbours.

Concluding comments:

There is a large power in-balance between the staff member (access to information, items, has power to make decisions that affect the lives of others, etc.), and the beneficiary. Sexual abuse and corruption is an extreme form of power abuse and is the worst breakdown in NGO accountability. The outcomes are potentially negative for both Garline as an intended beneficiary and for the NGO GOODFORYOU.

2. Was the behaviour of Mister X the responsibility of his NGO or Mister X? Why?

Mister X is responsible for his behaviour because: he is an adult; he is working as a paid professional; he may have had training from the NGO; and he may have been asked by the NGO to sign a code of conduct (which clearly stated the behaviours that are not acceptable).

However, the NGO is also responsible for minimizing the risk that their staff (and volunteers) do not use their position of power for personal gain, in particular ensuring that aid is not being used by staff (and volunteers) as a means to gain sexual favours.

Concluding comments:

We know sexual exploitation and abuse, plus other forms of corruption, is a real risk. We know there have been cases where staff and volunteers have exchanged aid in return for sex. While each individual is responsible for their behaviour, NGOs need to put in place measures to reduce the risk that one of their staff member or a volunteer might use their position of power to sexual exploit those with less power, and to quickly detect incidents if this does happen.

3. What steps can the NGO take to prevent this from happening?

For reference, the benchmarks (BM) of the HAP 2010 Standard most relevant to each point is given in brackets.

Possible suggestions include:

- Clear and strong management commitment to reduce risk of corruption and sexual abuse and exploitation linked to the NGO's activities (BM1)
- Commitment is reflected in practice, strategic plans and needed resourcing etc. (BM1)
- Regular monitoring and learning to review if commitment is being implemented, and how the implementation can be improved (BM6).
- Ensure basic information is clearly communicated to beneficiaries and non-beneficiaries. This will include:
 - Messages that that aid is free, and people are selected based on their needs. It is never acceptable for the NGO staff or volunteer to exchange aid for personal gain. Ensure that staff and beneficiaries know that there is a zero tolerance on sexual exploitation (BM2)
 - Clear staff identification, e.g. ensuring staff have and show their ID badge (BM3)
 - Basic information about the NGO and project so that beneficiaries and non-beneficiaries know what is being delivered, how people will be chosen, project time frames etc. In this example the NGO had organized focus group discussions with the women in the camp, and distributed information folders (BM3).
 - How to raise complaints (BM3).

- Ensure staff understand what the NGO considers acceptable and non-acceptable behaviour
 - Ask staff and volunteers to sign a code of conduct, which clearly states that aid must not be used for personal gain (including sexual abuse and exploitation). (BM2)
 - Brief / train staff to ensure they understand the code of conduct (BM2)
 - Monitor how well the Code of Conduct is understood (BM6)
- Involve beneficiaries in designing programmes, and identifying associated risks (BM4)
 - For example with different groups in the community, including those who may be more at risk from exploitation, identify protection risks associated with a programme and how these could be reduced
- Ensure there is a mechanism by which staff and beneficiaries can safely raise complaints with the NGO, if something happens (BM5).
 - Set up a complaint mechanism so that people are able to raise complaints.
 - Ensure people know where and how to complain when something like this happens
 - Ensure that complaints are kept confidential, and there is no retaliation against the complainer.

Concluding comments:

Use the points identified by the participants, plus the suggestions above, to refer to the HAP 2010 Standard, and each of the six benchmarks.

4. *"Don't bite the hand that feeds you" or "Don't criticize the one who gives you something"*

From your experience, can you think of examples when beneficiaries were not satisfied with the quality of aid or the way it has been delivered?

Participants often have examples, either based on the general way in which NGOs operate in that country or specific projects they have been part of. Asking them to share any examples they may have can be motivational for then discussing how this can be addressed. As part of the discussion prompt them to reflect on why the quality was not good? Why did it not meet the needs of the people? Again link the discussion back to the benchmarks.

Overall concluding points:

We can define accountability as *the responsible use of power*. For HAP this includes three main elements:

- Taking account of the needs of intended-beneficiaries when making decisions that will affect them
- Giving account to beneficiaries and others, explaining decisions and actions.
- Being held to account by beneficiaries and others by providing avenues for complaints and concerns (related to the decisions made and actions taken) to be raised and responded to.

Strong accountability can reduce the risk of corruption, and sexual abuse and exploitation. It is also linked to better quality programmes – i.e. programmes that are 'fit for purpose'. For example, by engaging with affected-people and understanding their needs, NGOs can design programmes that more closely meet these needs.

Exercise 5: The McDonalds of humanitarianism: Debate

What is the learning objective?

- To be aware of the current debates about universal standards for humanitarian response

When should this exercise be done?

- At the end of the theoretical part of the session

How long should the exercise take?

- 30 to 40 minutes

What materials are needed?

- Handout 5a:** The McDonalds of humanitarianism: Debate

Instructions

Step 1: (15 to 20 min.) Handout the article in Handout 3a and divide the participants into two groups. Allocate one group the task of arguing 'for' and the other group the task of arguing 'against' the use of standards according to what is presented in the hand out and any ideas of their own. Each group should make a few notes and nominate 1 or 2 spokespersons to lead the debate.

Step 2: (20 min.) Allow each group to present their case in turn and facilitate a debate on the pros and cons of the creation of standards.

Some discussion points groups can come up with, include:

FOR standards	AGAINST standards
Sphere is only a tool and must be used in a sensible, context-specific way and not just applied blindly.	Donors will dictate when and where humanitarian agencies should intervene.
The right to protection should be provided by governments and when humanitarian agencies intervene they should advocate for these rights to be upheld.	The military can use the standards and claim to be doing humanitarian work.
Standards help agencies to set realistic targets based on contextual analysis and capacity and therefore advocate for adequate funding.	Beneficiaries will resort to law suits to be able to assert their rights.
Standards can help agencies measure how well they have done and be able to communicate this to beneficiaries.	

Handout 5a: The McDonalds of humanitarianism: Debate

Time for completion: 20 minutes

In your group, the facilitator will allocate you the task of arguing either 'for' or 'against' the case of creating standards. Read the article below and in your group elaborate a list of arguments to present your allocated position (for or against).

Nominate a spokesperson (or 2) to represent your group in a debate against the other group. The facilitator will moderate the debate.

McSphere: Franchising humanitarian aid

By the end of this decade, multinational companies will be supplying mass relief items to clients and consumers (formerly known as beneficiary populations). The relief will be delivered according to contractual obligations derived from a new disaster law that lays out standards and technical specifications.

A small number of civilian organisations are involved in some soft-sector programmes, such as education, psycho-social health care and community services, but only if they have been accredited.

In difficult, insecure situations, military forces will take over from the multinationals. In the past, these military have been extensively trained in aid techniques in order to ensure that they do not repeat the mistakes made in the 1990s.

The clients, in turn, have the option of legal representation in situations where the goods delivered to them are not in accordance with strictly prescribed uniform standards.

This transformation from the presently diverse, divided and dispersed aid community will not be an easy task. However, this process cannot fail because it is an integral part of the globalization process. In fact, it will move forward like a steamroller. Those who initially had some fears and complaints about standardisation initiatives, such as the Sphere project, a manual containing a Humanitarian Charter and a set of Minimum Standards in Humanitarian Response, will be silenced by governments and donors who ensure that there is only room for actors who cooperate and buy in to the system.

This above scene describes the 'humanitarian community' in 2010.

The obvious question is how valid and real is this vision? And how much of the above is actually true?

A group of predominantly French NGOs have repeatedly pointed to what is called "the dangers of the normative approach". They point out that manuals and guidelines will not help to resolve daily battles, for example, in negotiating humanitarian access and carrying out operations that require hard choices between principles and pragmatism. They fear that initiatives, such as the Sphere project, will lead to a one-size-fits-all approach where the differences in approaches between actors and organisations are entirely levelled. It is also suggested that there will no longer be room for innovation, originality or individual choices since Sphere is an exclusive move towards the standardization and homogenization of relief.

From an insider's viewpoint, it appears that some of the criticism of the Sphere initiative is based on misinterpretation and an insufficient understanding of, or desire to understand, all the aspects of the project. The Sphere project was not conceived to become the McDonalds of humanitarianism.

At the same time, Sphere is not meant to be a panacea for the difficulties of humanitarian actors in meeting all needs. It aims to be a tool in reducing the number of deaths by increasing staff competency.

Sphere also tries to define a set of core standards based on rights deriving from human rights law, humanitarian law and refugee law. As such, these standards can also serve as important advocacy benchmarks.

The debate concerning the value and impact of Sphere remains unresolved. Several French NGOs and the Sphere project seem to have very different perspectives as they try to convince each other of their certain correctness: there is a need to explore common ground. A debate is needed about the real value of standards.

Hence, the debate will, and should, continue as a genuine humanitarian community is all about debate. In fact, such a debate may help to ensure that we do not accept the institutionalization and manipulation of humanitarian action. Hopefully, humanitarian aid will not be franchised in 2010: largely thanks to Sphere and its critics.

By Ed Schenkenberg van Mierop, Executive Director of ICVA.

Exercise 6: How much community participation can you measure?**What is the learning objective?**

- To be aware of how communities can participate in nutrition programmes

When should this exercise be done?

- At the end of the theoretical part of the session

How long should the exercise take?

- 60 minutes

What materials are needed?

- Flip chart paper, marker pens and hanging space
- **Handout 5a:** How much community participation can you measure?

Instructions

Step 1: Divide participants into groups of three or four. Make sure at least one person in each group has some humanitarian field experience. Distribute Handout 6a and ask them to complete the task in 30 minutes. Each group should work on a scenario of their choice.

Step 2: Ask the groups to hang up their presentations for everyone to see. Give the participants 10 minutes to read each other's work and ask them to comment on similarities and differences between the answers. It is likely that this will lead to an interesting debate.

Handout 6a: How much community participation can you measure?

Time for completion: 30 minutes

Imagine you are designing a supplementary feeding programme for a nutrition emergency in a country of your choice. You will need to decide as a group on one scenario. (You may want to refer to the Food Security and Nutrition chapter of the Sphere handbook or Module 13 on the management of moderate acute malnutrition to remind yourself of the general modalities of such a programme.)

In your group, compile a list of indicators you could use to measure the extent to which the community has participated in three aspects of the programme design. Complete the table below with indicators you could use and prepare a flip chart with your answers in such a way that other groups can read your answers. The columns of the table show what to measure when assessing levels of community participation during three key moments of decision during the design of a supplementary feeding programme. The rows of the table show three community groups; you are free to add others if you wish.

You will be asked to hang up your flip chart on the space provided.

Decisions/ community groups	1. The need for a supplementary feeding programme in this community	2. Where to have the feeding programme located	3. Who to include in the feeding programme and who not to include
Community elders and/or chiefs (traditional structure)			
Ministry of Health (including a doctor, nurse) (government structure)			
Women's groups (primarily mothers and grandmothers)			
Any others the group wishes to add			

5. Case studies

Two case studies are included here. Case studies are useful for getting participants to think through real-life scenarios. They also provide an opportunity for participants to work in a group and develop their analytical and decision-making skills. Trainers should develop their own case studies which are contextually appropriate to the particular participant group. Ideally, trainers should use scenarios they are familiar with.

Exercise 7: Using the minimum standards as an evaluation tool

What is the aim?

- To describe the differences between Sphere minimum standards, key actions, key indicators and guidance notes

When should this exercise be done?

- At the end of teaching Module 21

How long should the exercise take?

- About 90 minutes

What materials are needed?

- **Handout 5a:** Using the minimum standards as an evaluation tool: Instructions
- **Handout 5b:** Case study I: Malawi
- **Handout 5c:** Case study I: Malawi: Model answers
- **Handout 5d:** Case study II: Lebanon
- **Handout 5e:** Case study II: Lebanon: Model answers
- Flip charts, coloured pens, display board and pins
- At least four copies of the Sphere 2011 handbook, or hand outs of the sections covering the Core Standards and Food Security and Nutrition standards.

What does the trainer need to prepare?

- Prepare a case study from a context familiar to the participants based on the template in Hand outs 7b and 7d. These examples are from existing training materials but you should ideally collect relevant information for the particular area that you are training in.

Instructions

If possible, distribute the hand out the day before this activity, so that participants can read it in advance. If this is not possible, make sure you allocate 15 additional minutes for participants to read the case study, especially if English is not their first language.

Step 1: Divide the participants into groups of up to five people. Hand out the instructions.

Step 2: Allocate a case study and two of the four topics for investigation for each group to work on from Hand outs 7a or 7b. If you have more than four groups you can use the same topics again.

Step 3: Give the groups 45 minutes to answer the questions.

Step 4: Give each group five minutes for feedback in plenary.

Handout 7a: Using the minimum standards as an evaluation tool: Instructions

Time for completion: 45 minutes

Spend up to 15 minutes reading through the case study you have been given.

In your group, and once you have all had time to read through, nominate a rapporteur to record the main points and a spokesperson to provide feedback to the wider group. Answer the questions below.

Task:

Evaluate the response to the humanitarian crisis. There are two programming areas that you are to evaluate using the Sphere Minimum Standards as an evaluation tool. These will be allocated to you from the list below:

- Assessment and analysis
- Infant and young child feeding
- Management of acute malnutrition
- Food-based support to food security
- Other options to support food security

For each programming area, address the following three questions:

1. Which Sphere standards and indicators would you wish to see being applied?
2. Given the context, are there specific indicators that may not be appropriate? Why? Is this a legitimate reason? What would more appropriate option(s)?
3. What other issues relating to Sphere does this scenario raise?

Handout 7b: Case study I: Malawi

Background

Malawi is a predominantly rural, landlocked country with a population of about 11.4 million. There are three regions (central, southern and northern) with a total of 27 districts. The country gained independence in 1964 and its first president, Dr. Hastings Banda of the Malawi Congress Party, became president for life. He was eventually forced, by church-led civil society, to announce a referendum on multi-party democracy. Balkili Muluzi of the United Democratic Front was elected in 1994, re-elected in 1999 and recently it has been announced that the Government of Malawi will seek to change the constitution to enable him to stand for a third term in 2004. Malawi is chronically poor and over 60 per cent of Malawians live below the poverty line. Although women constitute 87 per cent of the agricultural labour force, they are marginalized, have less access to resources and benefits, and are unable to fully participate in economic and political life.

Food security

Agriculture is the most important sector of the economy and the majority of rural households are small-holder farmers who are largely reliant on a single harvest of maize for their own consumption. Other cereals and root crops are produced in much smaller quantities. The major cash crop is tobacco while fish from Lake Malawi is important as a staple food for lakeshore communities.

Population density is high and rural small holdings are generally not large enough to produce sufficient food for household needs. Small-holder farmers have become more dependent on off-farm earning opportunities for cash or food, most often in the form of agricultural labour or ganyu. There is usually a hungry season of two to three months, before the harvest in April and May. People are used to this, and have various ways of coping, such as reducing the number of meals per day and increasing consumption of wild fruits. There is a chronic lack of access to seeds and fertilizer. Rural unemployment is high, wages are low and agricultural production generates little income. Malawian farmers are socially and economically vulnerable and unable to cope with production shocks.

Health and nutrition

Infant and under-five mortality rates are estimated at 104 and 189 per 1000 live births, respectively, and maternal mortality is at 1120 per 100,000 live births. Malaria and anaemia are common, especially in low-lying southern areas and near the lake, while cholera outbreaks occur regularly. The use of latrines is usually very low and there is no well-established system of hygienic waste disposal. Water points are shared by people and livestock for washing, drinking and bathing.

The prevalence of HIV and AIDs is high and rising. The number of AIDS-related deaths is currently estimated to be 70,000 each year. The 16 to 20 per cent infection rate translates into 0.8 million to 1 million infected people, one in four of whom will be experiencing chronic illness in any given period. There are 400,000 orphans under 16 years old. Wasting and stunting levels in children have remained static over the past decade. In the year 2000, a national survey found stunting stood at 49 per cent and wasting at 5.5 per cent.

The humanitarian crisis

After a bumper harvest in most of the country in the 1999 and 2000 agricultural season, small-holder farmers experienced significant production shortfalls in the 2000 and 2001 season. At the same time, the national grain reserves were sold off, including 15,000 MT of donor grain. This was not replaced, leaving the country without emergency stocks. The usual relief assistance provided by the government to see rural populations through the hungry season was therefore not available.

Growing shortages forced the Agricultural and Marketing Board (ADMARC) to suspend price fixing on maize in October 2001. The price of a kilogram increased overnight by over 300 per cent, from 5 MK to 17 MK. By December 2001 the food scarcity and increased maize prices were starting to have negative effects on rural communities. There was anecdotal evidence of starvation in some areas and nutrition rehabilitation units reported increased numbers of malnourished children. The president finally declared a state of disaster on 27 February 2002.

The humanitarian response

A combination of assessments, food aid distribution and therapeutic and supplementary feeding programmes was implemented in affected areas.

Food security and nutrition assessments

SCUK carried out household economy assessments in three livelihood zones in southern and central Malawi in October 2001. The method relies on non-random sampling and qualitative techniques of data collection. The results led SCUK to conclude that populations in rural Malawi were facing significant deficits in their annual food requirements. SCUK also undertook cluster sample nutritional surveys in two districts in December 2001 and February 2002. The results showed a significant increase in global acute malnutrition from 10.5 to 19 per cent in one district (Salima) but the prevalence remained static (at 12 per cent) in the other district (Mchinji). SCUK was deeply concerned and called for immediate action to be taken.

FAO and WFP used information generated from the assessments to re-determine beneficiary figures for food aid, refine targeting and mobilize more humanitarian resources. Nutrition data was not collected in the assessment but was available from district-level surveys (usually undertaken by NGOs using cluster sampling). A national level survey was carried out by UNICEF in December 2002. Results from the nutritional surveys found no increase in malnutrition rates (either acute or chronic).

Food aid

A massive food aid operation was launched in Malawi led by WFP. This targeted 3.2 million Malawians between August 2002 and March 2003. General rations were provided to households based on a district by district population percentage figure in need. In principle, vulnerable groups were targeted (including PLWHA). In practice, community-based targeting of households was practiced, meaning that community leaders decided which villages should receive food and which specific households within that village would receive rations. The ration consisted of cereal (maize), pulses, oil and corn soy blend. A crop and food supply assessment mission in April and May 2002 relied largely on food availability figures but was backed up with some household level data collected in non-randomly sampled districts. Findings from the mission prompted a large-scale food aid response to 3.2 million Malawians.

A series of 'rolling' emergency food security assessments was carried out by the National Vulnerability Assessment Committee in August 2002, December 2002 and March 2003. This was part of a multi-agency regional initiative, led by the Regional Vulnerability Assessment Committee (involving WFP, SADC-FANR, FEWS NET, SCUK, FAO and IFRC). Assessments were carried out simultaneously in six countries in the region, including Malawi. The method used combined a questionnaire approach with SCUK's household economy approach. Purposive sampling was employed and three questionnaires were administered to key staff and informants at district and community

Supplementary feeding

Supplementary feeding has been in existence since 1972 in Malawi. This was a WFP-supported programme in 10 districts and administered through MCH clinics. Underweight children were targeted and given a take-home ration of 'Likuni phala', a food developed and supplied locally and made up of beans, maize, and groundnuts. In 2002, emergency supplementary feeding programmes were established throughout the country. Targeting criteria had changed. Instead of targeting underweight children, a decision was taken to target beneficiaries on the basis of weight-for-height (wasting). This new criteria was incorporated into new national guidelines and protocols produced in 2002 and health staff were given training. Many NGOs were involved in managing supplementary feeding programmes in different districts. Some had previous experience while others did not.

Therapeutic care

Before the crisis, therapeutic care was carried out in nutrition rehabilitation units (NRUs) attached to hospitals and clinics. These were poorly resourced and staffed. With the onset of the crisis, a number of NGOs including Action Against Hunger (AAH) provided extra support to the NRUs. Extra food, medicines and cash were provided by UNICEF and WFP. In addition, there was a pilot community therapeutic care project in one district run by Concern. This involved treating (second phase) severe malnutrition at home rather than as inpatients. The theory is that this type of care will encourage more mothers to come forward to get their children treated.

Map of Malawi



Handout 7c: Case study I: Malawi: Model answers

Assessment and analysis

1. Which Sphere standards and indicators would you wish to see being applied?

Core Standard 1: People-Centred Humanitarian Response; Core Standard 3: Assessment; Core Standard 4: Analysis and Design; Food Security and Nutrition Assessment standard 1: food security (Where people are at increased risk of food insecurity, assessments are conducted using accepted methods to understand the type, degree and extent of food insecurity; identify those most affected; and define the most appropriate response); and Food security and nutrition Assessment Standard 2: Nutrition (Where people are at increased risk of undernutrition, assessments are conducted using internationally accepted methods to understand the type, degree and extent of undernutrition and identify those most affected, those most at risk, and the appropriate response).

2. Given the context, are there specific indicators which may not be met, and if so is this legitimate?

Discuss different methodologies used by different agencies for the assessments, and whether these fit the Sphere standards, key actions and key indicators.

Infant and Young Child feeding

1. Which Sphere standards and indicators would you wish to see being applied?

Core Standard 1: People-Centred Humanitarian Response; Core Standard 2: Co-ordination and Collaboration; Core Standard 3: Assessment; Core Standard 4: Analysis and Design; Core Standard 5: Performance, Transparency and Learning; Core Standard 6: Aid Worker Performance; Infant and young child feeding standard 1: Policy guidance and coordination; Infant and young child feeding standard 2: Basic and skilled support.

Management of Acute Malnutrition

1. Which Sphere standards and indicators would you wish to see being applied?

Core Standard 1: People-Centred Humanitarian Response; Core Standard 2: Co-ordination and Collaboration; Core Standard 3: Assessment; Core Standard 4: Analysis and Design; Core Standard 5: Performance, Transparency and Learning; Core Standard 6: Aid Worker Performance; Management of Acute Malnutrition standard 2: Moderate acute malnutrition; Management of Acute Malnutrition standard 2: Severe acute malnutrition; and Management of malnutrition standard 3: micronutrient deficiencies.

2. Given the context, are there specific indicators that may not be appropriate? Why? Is this a legitimate reason? What would more appropriate option(s)?

No information is given on the specific needs of at-risk groups other than a mention of PLWHA, but these should still be strongly considered.

Consideration should be given to national systems, policies and strategies concerning malnutrition.

Social transfers and other food security interventions could be designed explicitly to help manage moderate acute malnutrition. These offer viable alternatives to the food-based approaches in Sphere.

3. What other issues relating to Sphere does this scenario raise?

The DEC report notes that the crisis was exaggerated. It was also believed that the basic causes of poverty and HIV and AIDS was not fully understood. Sphere might encourage agencies to give an 'emergency response' where more long-term issues are of a greater priority. For example, although there was a period in which rates of malnutrition increased, and food shortages were significant, this period passed fairly quickly. Hence it could be argued that it was inappropriate to change the existing systems to 'emergency systems' (e.g., introduction of W/H instead of W/A), and it might have been better to have strengthened the 'development' strategies that were already in place.

Food-based support to food security

1. Which Sphere standards and indicators would you wish to see being applied?

Core Standard 1: People-Centred Humanitarian Response; Core Standard 2: Co-ordination and Collaboration; Core Standard 3: Assessment; Core Standard 4: Analysis and Design; Core Standard 5: Performance, Transparency and Learning; Core Standard 6: Aid Worker Performance; Food security standard: General Food Security; Food security, food transfers standard 1: General nutrition requirements; Food security, food transfers standard 2: appropriateness and acceptability; Food security, food transfers standard 3: food quality and safety; Food security, food transfers standard 4: supply chain management; Food security, food transfers standard 5: Targeting and distribution; and Food security, food transfers standard 6: food use.

2. Given the context, are there specific indicators that may not be appropriate? Why? Is this a legitimate reason? What would more appropriate option(s)?

The food ration may be culturally and nutritionally appropriate, however, there is no information available to know whether households have the cooking fuel, milling facilities for the maize and cooking utensils to cook (Food security, food transfers standard 2: appropriateness and acceptability).

Other options to support food security

1. Which Sphere standards and indicators would you wish to see being applied?

Core Standard 1: People-Centred Humanitarian Response; Core Standard 2: Co-ordination and Collaboration; Core Standard 3: Assessment; Core Standard 4: Analysis and Design; Core Standard 5: Performance, Transparency and Learning; Core Standard 6: Aid Worker Performance; Food security, cash and voucher transfers standard: access to available goods and services; Food security, livelihoods standard 1: primary production; Food security, livelihoods standard 2: income and employment; and Food security, livelihoods standard 3: access to markets.

Handout 7d: Case study II: Lebanon

The humanitarian crisis

In July 2006, a military offensive began over Lebanon by the Israeli Defence Forces in retaliation for the kidnapping of two Israeli soldiers by Hezbollah. Heavy shelling led to massive displacement of almost 1 million people within Lebanon and into neighbouring countries. A humanitarian crisis developed as people fled and were cut off from their normal means of subsistence. Many watched their homes and possessions being completely destroyed. Air strikes lasted for 33 days leading to a halt in trade and movement of goods as well as massive destruction.

The bombardments lasted almost five weeks and were directed at southern Lebanon and the southern suburbs of the capital city of Beirut. These are precisely the areas with the highest poverty indicators in the country. The bombardment led to the displacement of an estimated 974,184 people, (almost one quarter of the Lebanese population), resulting in a death toll of 1187, of which half are believed to be civilians. A further 4398 were injured, one third of these believed to be children. Structural damage included the destruction of 15,000 homes and a further 15,000 that were uninhabitable; 900 factories and commercial buildings; 107 bridges; 680 km of road and 27 fuel stations along with damage to airports, ports, water and sewage treatment plants, dams and electrical plants. The Government of Lebanon estimated \$4 billion will be needed for repairs alone. The environmental damage of the warfare is yet to be quantified but it included an oil spill affecting half of the Lebanese coast and with unknown effects on crop production. The timing of the conflict decimated Lebanon's summer tourist season, which brings in \$2.5 billion to the country and is one of its most important sectors. The bombardment was followed by another four weeks of embargoes, stopping all but humanitarian aid imports and thus further delaying the recovery process as trade was stifled and business confidence plummeted.

Background

Lebanon is a small upper-middle-income country (10,452 km²) with a GDP per capita of \$4360 (UNDP 2004). Its population is estimated at 4 to 4.6 million, of whom 88 per cent are urban dwellers. More than one third of the population is concentrated in Beirut and its suburbs. The rest of the population is distributed in the five other *mouhafazat* (districts). The average family size is 4.8 people, but there is a significant regional and social disparity and 11 per cent of families have more than eight members.

Lebanon has a service-oriented economy based on trade, construction and tourism, with a weak agricultural sector that only employs 9 per cent of the country's labour force. The Lebanese economy is therefore highly dependent on **remittances** from Lebanese working abroad. Since these remittances are frequently made through private channels, no reliable figure exists of the actual total size. However, all sources estimate that expatriates send \$5 to \$8 billion to Lebanon each year. The socio-demographic context is marked by four important and interconnected phenomena:

- Clear and **rapid urbanization** shows the sharpest decrease in rural population in Mediterranean and Middle East countries. The massive rural exodus has been from disadvantaged regions in the Bekaa and the south, which is related to poverty and war and has led to the growth of urban slums in the southern suburbs of Beirut.
- Mass **emigration into foreign countries** all over the world, from both urban and rural areas, has been motivated mainly by the security conditions during the civil war (1975-1991) and the ensuing unemployment and socioeconomic conditions. Up to 1.3 million people have left the country (UNDP 2000), mainly professionals and skilled workers looking for better opportunities and leaving a population relying heavily on remittances.
- A **large number of immigrant workers**, mainly Syrian labourers and female Asian and East-Asian domestic workers, live in precarious conditions and are estimated to account for more than 1 million people.
- The presence of 405,000 officially registered **Palestinian refugees** also who live in 12 refugee camps throughout the country.

Before the last crisis, Lebanon was still struggling to recover from about two decades of a devastating civil war (1975-1990) and Israeli occupation (1977-2000). As a result of the 15-year civil war, the country's infrastructure and the physical assets of all principal sectors were destroyed or severely damaged, the administration and the public institutions were severely affected, the income level in 1991 was one third of what it was in 1975, one quarter of the population was displaced, and one fifth left the country.

Food security

The main staple food in Lebanon is bread, hence wheat is one of the major food imports as Lebanon only produces 10 per cent of its cereal consumption requirements. In 2005, Lebanon produced 189,000 MT of wheat. It is estimated that this year Lebanon will produce 145,000 MT (See <www.fao.org>). However, this figure may actually go down as the war coincided with the main harvest season (June to August). The quality of wheat produced by Lebanon is not good enough for bread making and has to be blended at a ratio of 80/20, with imported wheat (mainly from Europe, Syria and the United States) to meet the quality specifications for bread making. Estimates of cereal import requirements for 2006 and 2007 (June/July) were 800,000 MT. By 30 June 2006, only 305,000 MT had been imported. Imports usually increase in volume during the summer months to meet increased demands due to the tourist season.

Agricultural production is private, diverse and primary crops include wheat, barley and maize for animal feed, vegetables, potatoes, fruit, olives, tobacco, along with minor amounts of cash crops such as flowers and avocado. Some 25 per cent of the 400,000 hectares of cultivated lands are irrigated, with the main agricultural areas in the Bekaa Valley, Akkar plain, coastal plains and central mountain range foothills. Goats, cattle and sheep are the primary livestock raised in Lebanon. Agriculture remains an important source of income in rural areas, and most families either conduct or participate in agricultural production and/or animal husbandry for livelihoods or part-time activities. Agricultural output in the southern region and Bekaa Valley were particularly affected by the civil war.

An estimated 8000 families rely on **fishing** for their livelihoods, including fishermen themselves as well as fish cleaners, market sellers and boat repairers. Fishing communities congregate around Tripoli, Beirut (Quazai), Saida, Sarafand and Tyre.

Nutrition

The traditional Lebanese diet is a typical Mediterranean diet rich in grains and cereals, fruits and vegetables and olive oil. As processed foods and items high in sugar and fat content become widely available, affordable and aggressively promoted by the food industry, they are being absorbed into the traditional diet, especially among youth. The prevalence of obesity among adults is at more than 15 per cent. Childhood obesity is also expected to be on the increase. Since 1965, food availability has increased significantly, keeping pace with the growing population, and even allowing for a rise in dietary energy supply (DES) per capita of more than 25 per cent, (from 2427 kcal/day in 1965 to 3180 kcal/day in 2000).

The basic health and nutrition statistics in the country show a nationwide under-five mortality rate of 31 per 1000 live births, a fertility rate of 2.3 births per woman, stunting prevalence of 12.2 per cent, underweight prevalence of 3 per cent, and low birth weight rates of 6 per cent. Gaps between rural and urban areas are acknowledged, for example, 100 per cent of the urban population has access to improved sanitation versus 87 per cent in rural areas.

Although malnutrition, in terms of undernutrition, is not visible or mentioned as a problem in Lebanon, risk factors such as water, sanitation, care practices, infant feeding practices, elderly care practices, access to health facilities and access and availability to fresh produce were considered in this assessment.

The humanitarian response

A broad response over several areas was launched in a timely manner.

Food security and nutrition assessments

A sector-wide United Nations Flash Appeal for the Lebanon Crisis was launched with rapid assessment findings, including food aid and food security needs, within 10 days of the start of the crisis. SCUUK carried out its own food security assessment in early August in hard hit rural areas in the south and WFP carried out a rapid needs assessment in August to reassess food and nutrition needs. No nutrition surveys were carried out. The Government of Lebanon launched a Recovery Assessment Report within one month, specifying all sector needs. Whereas food security and health featured prominently, nutrition did not. NGOs concerned with infant feeding practices carried out separate assessments.

Food aid

The food commodities and rations distributed as part of the humanitarian response were very diverse in terms of quantity and quality and were directed at the internally displaced persons (IDPs) in collective centres or at the populations trapped in the conflict area and cut off from their normal supplies. Immediate response included ad hoc food parcels being distributed by local civil society groups and NGOs, notably Caritas, based on local food purchases. The bulk of these were being distributed in the collective centres, where over 150,000 IDPs had gathered, and also informally through families hosting people during the conflict. It is difficult to quantify the aid delivered but it is undoubtedly this system that met the needs of the displaced during the first weeks of the conflict.

The Government of Lebanon's High Relief Commission's distributed a family food basket and an infant food basket through its own purchase and in-kind donations from various countries based on the following rations:

Food basket/family/5 persons/week:

Rice 3 kg , sugar 2 kg , tea 0.5 kg , cheese 2 kg, tuna cans 185 g , meat 500g , spaghetti 3 rolls , peas 2 kg , ghee 1 kg, oil 1.5 L , jam 2 kg, milk 1.8 kg

Children basket under two years/week:

Children milk 3 small cans, cerelac 2 cans, 1 baby milk bottle , 1 biscuit box, pampers 1 bag, children powder 1 can , underwear 2 sets, 2 pairs of socks, children soap 2 bars

WFP began a three-month emergency response operation in Lebanon within the first two weeks of the conflict in order to provide food supplies for the affected population. United Nations humanitarian convoys were prioritized for travel towards southern Lebanon to reach those most in need by the time the ceasefire was brokered five weeks after the hostilities began. The cessation of hostilities led to a mass return of the internally displaced to their places of origin in southern Lebanon and the southern suburbs of Beirut. Access to these areas was, however, still hampered by the presence of unexploded ordinances and Israeli military presence along border towns. Humanitarian aid followed the returnees. WFP rapidly expanded its caseload, delivering enough food to municipalities to cover 15-day rations for 500,000 people.

Other agencies involved in food ration distribution included:

- ICRC (monthly family food parcels and relief items for over 52,000 families)
- Mercy Corps (providing food and relief items for 180,000 people)
- Islamic Relief (providing food and relief items for 130,000 people)
- World Vision (providing food and relief items for 40,000 people)

Widespread distribution of milk and milk products (mostly powder milk and some UHT milk) was also reported. Lebanese mothers are no strangers to infant formula and milk powder, as only 27 per cent of the Lebanese mothers exclusively breastfeed for six months and milk consumption is high among children. However, the precarious water situation, unavailability of cleaning facilities and the electricity outages presented clear risks of contamination. None of the distributions came with cautionary messages or handling tips. The distribution of bottles with the milk was potentially encouraging mothers to bottle feed rather than breastfeed at a time when protection and promotion of breastfeeding was much needed. A joint statement on infant feeding was recently endorsed (7 September 2006) by the MOPH giving clearance for advocacy and training interventions aimed at limiting the inappropriate use and handling of milk.

Supplementary feeding and therapeutic feeding

None of the assessments warranted this type of nutrition response other than school feeding initiatives with micronutrient supplementation programmes by UNICEF.

Food security interventions

Food security interventions to restore livelihoods and access to food were implemented by FAO and some international NGOs such as Oxfam and Action Against Hunger.

Map of Lebanon



Handout 7e: Case study II: Lebanon: Model answers

Assessment and analysis

1. Which Sphere standards and indicators would you wish to see being applied?

Core Standard 1: People-Centred Humanitarian Response; Core Standard 3: Assessment; Core Standard 4: Analysis and Design; Food Security and Nutrition Assessment standard 1: food security (Where people are at increased risk of food insecurity, assessments are conducted using accepted methods to understand the type, degree and extent of food insecurity; identify those most affected; and define the most appropriate response); and Food security and nutrition Assessment Standard 2: Nutrition (Where people are at increased risk of undernutrition, assessments are conducted using internationally accepted methods to understand the type, degree and extent of undernutrition and identify those most affected, those most at risk, and the appropriate response).

2. Given the context, are there specific indicators that may not be appropriate? Why? Is this a legitimate reason? What would more appropriate option(s)?

Discuss different methodologies used by different agencies for the assessments, and whether these fit the Sphere standards, key actions and key indicators.

Humanitarian access is a major issue since the affected population may not easily be reached – some fled north to safe havens, whereas others remained in the south, blockaded by the open fire.

Infant and Young Child Feeding

1. Which Sphere standards and indicators would you wish to see being applied?

Core Standard 2: Co-ordination and Collaboration; Core Standard 3: Assessment; Core Standard 4: Analysis and Design; Infant and young child feeding standard 1: Policy guidance and coordination; Infant and young child feeding standard 2: Basic and skilled support.

2. Given the context, are there specific indicators that may not be appropriate? Why? Is this a legitimate reason? What would more appropriate option(s)?

Advocacy and public information campaigns may need to be prioritised to ensure that carers understand the new risks associated with artificial feeding and to encourage breastfeeding (and relactation) instead.

Management of Malnutrition

Not applicable

Food-based support to food security

1. Which Sphere standards and indicators would you wish to see being applied?

Core Standard 1: People-Centred Humanitarian Response; Core Standard 2: Co-ordination and Collaboration; Core Standard 3: Assessment; Core Standard 4: Analysis and Design; Core Standard 5: Performance, Transparency and Learning; Core Standard 6: Aid Worker Performance; Food security standard: General Food Security; Food security, food transfers standard 1: General nutrition requirements; Food security, food transfers standard 2: appropriateness and acceptability; Food security, food transfers standard 3: food quality and safety; Food security, food transfers standard 4: supply chain management; Food security, food transfers standard 5: Targeting and distribution; and Food security, food transfers standard 6: food use.

Remember the food availability issue appears to be greater than food access. Consider the cooking facilities available to the population, as they are unlikely to have access to kitchens and to water. Consider religious taboos or restrictions and that this is also mainly an urban population accustomed to buying processed foods and most likely facing difficulties using basic grains. Consider, too, the role of women in this society.

2. Given the context, are there specific indicators that may not be appropriate? Why? Is this a legitimate reason? What would more appropriate option(s)?

The food ration may be culturally and nutritionally appropriate. however, there is no information available to know whether households have the cooking fuel, milling facilities for the maize and cooking utensils to cook (Food security, food transfers standard 2: appropriateness and acceptability).

Other options to support food security

1. Which Sphere standards and indicators would you wish to see being applied?
Since food availability is the primary constraint, non-food options (cash transfers, employment, access to markets etc.) may need to be phased in over the medium-term.
2. Given the context, are there specific indicators that may not be appropriate? Why? Is this a legitimate reason?
What would more appropriate option(s)?
The case study information appears to refer to the first four to five weeks of the crisis, longer-term impact assessments are needed to design better programmes.
3. What other issues relating to Sphere does this scenario raise?
Protection of civilians and safe access to beneficiaries

6. Field based exercises

The section outlines ideas for exercises that can be carried out as part of a field visit. Field visits require a lot of preparation. An organization that is actively involved in programming or nutrition surveillance has to be identified to 'host' the visit. This could be a government agency, an international NGO or a United Nations agency. The agency needs to identify an area that can be easily and safely visited by participants. Permission has to be sought from all the relevant authorities and care taken not to disrupt or take time away from programming activities. Despite these caveats, field based learning is probably the best way of providing information that participants will remember.

Exercise 8: What standards do you use?

What is the learning objective?

- To find out how various actors involved in nutrition in emergency programming view standards and accountability

When should this exercise be done?

- At the end of the session

How long should the exercise take?

- At least 1 day. Participants will need 1 hour to prepare, then time to travel and carry out the interview and write up their findings. The feedback session should be planned for the following day if possible.

What materials are needed?

- **Handout 8a:** What standards do you use?

What does the trainer need to prepare?

- A list of possible governments, donors, United Nations agencies, Red Cross societies, international NGOs, local NGOs and programmes with beneficiaries of nutrition in emergency programmes that participants can select from to decide who to interview. (You may be able to contact several key people in advance.)

Instructions

Step 1: Divide participants into groups of two.

Step 2: Give each participant a copy of Handout 8a with the questions and help the pairs choose appropriate interview candidates.

Step 3: Give the groups enough time, at least a day, to carry out the interview. It may be necessary to help them arrange transport and telephone facilities.

Step 4: Think through the probable answers the interviews are likely to produce and help the participants discuss their feedback in plenary on the agreed date.

Handout 8a: What standards do you use?

Time for completion: 1 days

Complete this exercise in pairs.

Once you have finished, you will share your findings in the classroom with the rest of the groups in the class.

Part 1 – 1 hour

The aim of the field visit is to interview a representative of a local government donor, a United Nations agency, Red Cross Movement, international NGO, local NGO or beneficiary who is involved in nutrition in emergencies responses in any way. Who you choose to interview will depend on where you are and what level of representation the person has (from the affected community, field office level, country level, regional level or headquarter level).

A 30-minute suggested interview could run as follows below:

1. Make introduction and state the purpose of the interview. If the interviewee is a beneficiary, then be very clear that your enquiry is an 'academic' one and that you have no influence on the programmes/services that aid agencies are providing.
2. Agree on a specific example of a 'nutrition in emergencies' intervention for the interview (e.g., a project financed, implemented, or received by the representative).
3. Inquire what mechanisms are in place to assess the quality of the aid received (You may need to probe and ask if they have any standards to monitor against or how they chose their monitoring indicators. If it is a beneficiary, make sure you ask how the beneficiaries assess the quality of the aid received).
4. Inquire if the IFCR Code of Conduct applies to the programme in any way (You may need to explain what this is).
5. Finally, get opinions on what is the best way of improving nutrition programming responses.

Part II – 1 to 3 hours, including travel

Conduct the interview explaining who you are and that you are doing this as part of a training course. Write up your interview notes and prepare to provide feedback to the rest of the group.

Part III – Feedback in plenary

Questions to discuss in plenary: The whole group will discuss the interview findings with help from the facilitator in plenary.