

MODULE 21

STANDARDS AND ACCOUNTABILITY IN HUMANITARIAN RESPONSE

Part 1: Fact sheet

Part 2: Technical notes

Part 3: Trainer's guide

Part 4: Training resource list

Harmonised Training Package (HTP):
Resource Material for Training on
Nutrition in Emergencies. Version 2, 2011

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Module 21: Standards and accountability in humanitarian response

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The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies

What is the HTP?

The Harmonised Training Package: Resource Material for Training on Nutrition in Emergencies (the HTP) is a comprehensive documentation of the latest technical aspects of Nutrition in Emergencies (NiE). The word **Harmonised** reflects the pulling together of the latest technical policy and guidance, the word **Training** refers to its main application and the word **Package** refers to the bringing together of the subject matter into one place. It is organised as a set of modules by subject, each containing technical information, training exercises and a resource list for use in training course development.

The HTP is an initiative of the IASC Global Nutrition Cluster (GNC) and has been endorsed by the GNC and its member's agencies. In 2007, the IASC GNC commissioned the UK based partnership, NutritionWorks, to develop a training resource to facilitate capacity development in the NiE sector. HTP Version 1 was launched in 2008. HTP Version 2 update in 2010/11 was funded under an USAID OFDA grant to the UK based charity, the Emergency Nutrition Network (ENN). The update was undertaken in an ENN/NutritionWorks collaboration, with NutritionWorks responsible for overall coordination and editorial management, and editorial oversight and module production supported by the ENN.

What the HTP is not

The HTP is not a ready-to-use training course. It cannot be used as an 'off the shelf' package; rather, it should be used as a resource package during a process of course development by experienced trainers.

Who is the HTP for?

The HTP is a primarily a **resource for trainers** in the NiE sector and it can be used by individuals to increase their technical knowledge of the sector. It is designed to provide trainers from any implementing agency or academic institution with information from which to design and implement a training course according to the specific needs of the target audience, the length of time available for training and according to the training objectives. It is written in clear English and will be available in other languages in the future.

How is the HTP organised?

The HTP is organized into four sections containing a total of 21 modules which can be used as stand-alone modules or as combined modules depending on the training needs.

Section 1: Introduction and concepts

1. Introduction to nutrition in emergencies
2. The humanitarian system: Roles, responsibilities and coordination
3. Understanding malnutrition
4. Micronutrient malnutrition
5. Causes of malnutrition

Section 2: Nutrition needs assessment and analysis

6. Measuring malnutrition: Individual assessment
7. Measuring malnutrition: Population assessment
8. Health assessment and the link with nutrition
9. Food security assessment and the link with nutrition
10. Nutrition information and surveillance systems

Section 3: Interventions to prevent and treat malnutrition

11. General food distribution
12. Management of moderate acute malnutrition
13. Management of severe acute malnutrition
14. Micronutrient interventions
15. Health interventions
16. Livelihoods interventions
17. Infant and young child feeding
18. HIV/AIDS and nutrition
19. Working with communities in emergencies

Section 4: Monitoring, evaluation and accountability

20. Monitoring and evaluation
21. Standards and accountability in humanitarian response

Each module contains 4 parts which have a specific purpose as follows:

Part 1: The Fact Sheet – provides an overview of the module’s topic and is designed for non-technical people to obtain a quick overview of the subject area.

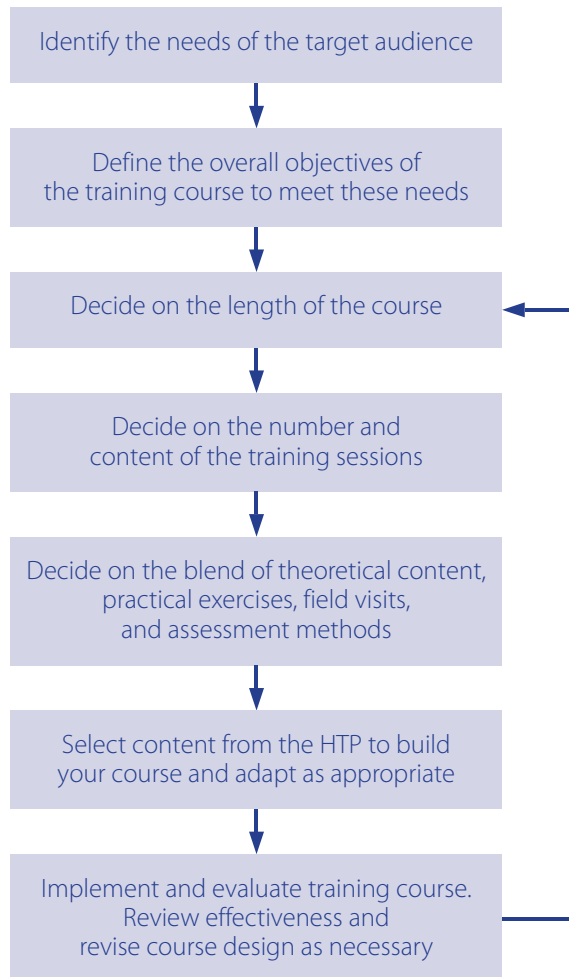
Part 2: The Technical Notes – for trainers and trainees, provides detailed technical guidance on current policies and practice.

Part 3: The Trainers’ Guide – aims to help trainers develop a training course and provides tips and tools which can be adapted to the specific training context.

Part 4: Resources – lists of relevant available resources (including training materials) for the specific technical area.

How to use the HTP

The HTP should be used during a process of course development. The process of course development involves a number of steps and these are summarised in the diagram below.



PART 1: FACT SHEET

The fact sheet is the first of four parts contained in this module. It provides an overview of standards and accountability in nutrition in emergencies. Detailed technical information is covered in Part 2. Words in *italics* are defined in the glossary.

What are standards and accountability?

Standards and Accountability are inextricably linked. On the one hand, Standards establish the thresholds or levels required to achieve the necessary quality for a particular good or service. Accountability is about explicitly giving account of whether such standards have been achieved. And 'giving account' implies a relationship; one 'gives account' to someone for the responsibilities assumed. In this way, a web of accountability relationships exists for any organisation, or individual. Each relationship has a different power dynamic – in terms of decision-making authority, control over resources, access to information, contractual obligation and so forth. Accountability can be understood as a way of reducing the power differential in these relationships, so that the potential to abuse that power is reduced. This is most critical in the relationship between aid-provider and aid-recipient. Evidence that aid providers have abused their power over aid recipients has fuelled a drive towards strengthening the accountability of aid agencies towards disaster-affected populations. It is this form of accountability, therefore, that is the focus of this module.

Standards

A standard can be understood as a descriptor of the quality of a good or service. Standards tend to be based on technical or experience-based evidence as well as principles, and can be qualitative or quantitative in nature. Standards can be legally binding, voluntary moral claims or entitlements that gain their strength through their wide application.

Legal standards are based on international human rights law (IHRL) and international humanitarian law (IHL). Such international legal standards include the right of all human beings to adequate food and to be free from hunger. The right to food is not a right to be fed, but primarily the right to feed oneself in dignity. The right to food requires States to provide an enabling environment in which people can use their full potential to produce or procure adequate food for themselves and their families. In addition, IHL stipulates that the starvation of civilians as a method of combat is prohibited – both in international and non-international armed conflicts.

Principles-based, voluntary standards

i. Humanitarian Principles.

The prime motivation behind humanitarian response to disaster is to alleviate human suffering amongst those least able to withstand the stresses caused by a disaster. This right to offer, and to receive, humanitarian assistance is known as the humanitarian imperative. It is a principle based on humanity and stresses that humanitarian response must be based on need, and no other grounds. This principle is derived from IHL, and forms one of three fundamental principles:

Humanity: to prevent and alleviate human suffering wherever it may be found. To protect life and health and ensure respect for the human being

Impartiality: no discrimination on the basis of nationality, race, religious beliefs, class or political opinions; to relieve the suffering of individuals guided solely by their needs; and to give priority to the most urgent cases of distress

Independence: to maintain autonomy to be able at all times to act in accordance with the principles

In addition, many humanitarian actors, most notably the ICRC (International Committee of the Red Cross) and UN, are guided by

Neutrality: not taking sides in hostilities (non-allegiance) or engaging at any time in controversies of a political, racial, religious or ideological nature

These humanitarian principles have been incorporated into the Red Cross/NGO Code of Conduct. This outlines a set of ten commitments and responsibilities of signatory organisations to guide their humanitarian action. Similarly, the Humanitarian Charter of the Sphere project builds on the commitments made in the Code of Conduct and aims to provide a bridge between, on the one hand, the legal and ethical principles claimed by humanitarian agencies, and, on the other, the technical provisions of quality responses in key sectors of response.

ii. Technical standards

Sphere is perhaps best-known for establishing quality standards for key areas of humanitarian response, including Food Security and Nutrition. There are 18 minimum standards in food security and nutrition. These are qualitative, neutral, statements that are meant to be universal. They specify the minimum levels to be attained in humanitarian response. They are complemented by key indicators which are 'signals' that show whether the standard has been attained. Key Actions provide guidance on possible approaches to meet the standards and guidance notes provide specific points to consider when applying the standards and indicators in different situations. Guidance notes may also describe dilemmas, controversies or gaps in current knowledge.

In addition to the technical areas of humanitarian action, and building on the Humanitarian Charter, Sphere also emphasises the process of engagement through its Minimum Standards in Core Areas. These outline approaches that underpin all the standards in the Handbook. Each chapter, therefore, requires the companion use of the Core Standards to help attain its own standards.

People In Aid supports over 180 member organisations to improve their effectiveness through better management and support of staff and volunteers. A central feature is the People In Aid Code, which is a standard for human resources management in the aid sector. It reflects the belief that staff are the key to delivering effective programmes – including nutrition in emergencies. The Code is most usefully applied at the organisation level, although it can also offer guidance that can inform country-programme systems and partnerships.

Accountability

If standards are understood as the levels of desired quality, then accountability is the means by which to verify where the standards have been achieved. Accountability also includes standards – the levels of desired quality in the accountability process, such as those that inform audit procedures or financial accounting.

Accountability has many dimensions and many definitions. The term 'accountability web' has been used to describe the multi-stakeholder and multi-directional accountabilities of humanitarian organisations – to their board of trustees as well as to their donors, charity law, their partners and the people on whom their work is focused – disaster-affected persons. Agencies have recognised the need to be accountable to their donors and to their agency mission statement or principles, and have put in place systems to do so. These accountabilities continue to dominate agency practices. In contrast, there is currently no incentive, or obligation, to be accountable to affected communities, other than a voluntary commitment to do so. Indeed, people in need perceive that no actor is accountable to them. It is for these reasons that the following initiatives have emerged and are highlighted in this module.

The Humanitarian Accountability Partnership (HAP) is focused precisely on filling this gap. It offers guidance, technical support, advice and inspection services so as to strengthen organisations' accountability to affected persons. HAP has thereby created a critical focus on this area and developed many practical resources for its members and others to use.

The Emergency Capacity Building (ECB) project has identified four basic elements of accountability. At a minimum, humanitarian project staff should:

1. Provide public information to beneficiaries and other stakeholders on their organisation, its plans, and relief assistance entitlements.
2. Conduct ongoing consultation with those assisted.

This should occur as soon as possible at the beginning of a humanitarian relief operation, and continue regularly throughout it. 'Consultation' means exchange of information and views between the agency and the beneficiaries of its work. The exchange will be about:

 - The needs and aspirations of beneficiaries
 - The project plans of the agency
 - The entitlements of beneficiaries
 - Feedback and reactions from beneficiaries to the agency on its plans and expected results
3. Establish systematic feedback mechanisms that enable:
 - Agencies to report to beneficiaries on project progress and evolution
 - Beneficiaries to explain to agencies whether projects are meeting their needs
 - Beneficiaries to explain to agencies the difference the project has made to their lives
4. Respond, adapt, and evolve in response to feedback received, and explain to all stakeholders the changes made and/or why change was not possible.

Standards and Accountability Promoted by the Global Nutrition Cluster

This remains 'work in progress' for the Global Nutrition Cluster (GNC). Of the various quality and accountability initiatives discussed in this module, Sphere is the only one specifically cited by the GNC at this stage, largely because of its nutrition-specific content (though with little reference to the Core Standards).

As the GNC Lead Agency, UNICEF's own policies may well influence the workings of the GNC. Specifically, the Core Commitments for Children in Humanitarian Action state that UNICEF holds itself accountable to, amongst others, the humanitarian principles; human rights based approaches, and the Sphere Standards. The evidence for how these are reflected in the work of the GNC, however, is not strong.

Key messages

1. Standards may be: legal, based on principles and/or voluntary.
2. Everyone has the right to adequate food and to be free from hunger. Furthermore, the starvation of civilians during war is prohibited.
3. Everyone also has the right to receive humanitarian assistance in times of disaster. This is known as the *humanitarian imperative*.
4. The humanitarian principles of *humanity, impartiality, independence* and *neutrality* provide a principle-based foundation for nutrition in emergencies.
5. There are a number of inter-agency initiatives to improve accountability, quality and performance in humanitarian action. The three with the most relevant to nutrition in emergencies are the Red Cross/NGO Code of Conduct, The Sphere Project and Humanitarian Accountability Partnership.
6. The Code of Conduct sets out ten principles to guide humanitarian action.
7. The Sphere project's Humanitarian Charter reaffirms that all people affected by disaster and conflict have a right to life with dignity; the right to receive humanitarian assistance; and the right to protection and security. However, there is currently no incentive, or obligation for humanitarian agencies to be accountable to affected communities, other than a voluntary commitment to do so.
8. The Sphere standards specify the minimum acceptable levels to be attained in a humanitarian response. The Food Security and Nutrition standards cover assessment, infant and young child feeding, management of acute malnutrition and food security (food transfers, cash transfers and livelihoods).
9. There are 6 Sphere Core Standards that are relevant to all sectors: i. People-centred humanitarian response; ii. Coordination and collaboration; iii. Assessment; iv. Design and response; v. Performance, transparency; vi. Aid worker performance.
10. HAP has outlined 7 Principles of Accountability to which over 40 HAP members have subscribed. They focus on accountability to disaster-affected people.
11. The GNC's attention to standards and accountability is not strong, though there is general endorsement of the Sphere Standards.
12. Nevertheless, the nutrition sector has benefited from a strengthened 'common vocabulary' across diverse agencies, which has contributed to improved peer accountability and learning.
13. One of the main unresolved issues in relation to standards and accountability is that there is no body with overall responsibility for technical standards in nutrition in emergency response.

PART 2: TECHNICAL NOTES

The technical notes are the second of four parts contained in this module. They provide an introduction to standards and accountability in emergencies and are intended for people involved in the planning and implementation of nutrition programmes. Words in *italics* are defined in the glossary

The notes begin with an overview of the importance of standards and accountability and how they relate to one another. The notes then address different types of standards and various accountability frameworks and tools in two successive sections, highlighting challenging areas and providing guidance on accepted current practices. These notes are not a comprehensive review of all initiatives and tools related to quality and accountability, but present the key elements that are most likely to be of relevance to nutrition-related responses to humanitarian crises.

Summary

Standards establish the levels of required quality for particular goods or services. Accountability, especially to disaster-affected populations, is about redressing the disparities in power between aid providers and aid recipients, and giving account on whether standards have been achieved. Words in *italics* are defined in the glossary.

Introduction

Standards and Accountability are inextricably linked. On the one hand, Standards establish the thresholds or levels required to achieve the necessary quality for a particular good or service. Accountability is about explicitly giving account on whether such standards have been achieved. And 'giving account' implies a relationship; one 'gives account' to someone for the responsibilities assumed. In this way, a web of accountability relationships exists for any organisation, or individual. Each relationship has a different power dynamic – in terms of decision-making authority, control over resources, access to information, contractual obligation and so forth. Accountability can be understood as a way of reducing the power differential in these relationships, so that the potential to abuse that power is reduced. This is most critical in the relationship between aid-provider and aid-recipient. Evidence that aid providers have abused their power over aid recipients has fuelled a drive towards strengthening the accountability of aid agencies towards disaster-affected populations. It is this form of accountability, therefore, that is the focus of this module.

Perhaps the first relevant international standard is the Universal Declaration of Human Rights, adopted by the UN in 1948¹. This sets "a common standard of achievement for all peoples and all nations"; Article 1 sets the tone:

"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood."

Through the intervening years, additional international legal instruments, including International Humanitarian Law (IHL), have expanded and elaborated the standards expected of States and other specified stakeholders. In recent years, the right to adequate food, specifically, has been emphasised and recognised in several international conventions. State and non-state actors have responsibilities in fulfilling the right to food, but are not always willing or able to do so. It is in these situations that humanitarian actors, and particularly those specialised in food and nutrition, should intervene.

¹ <http://www.un.org/Overview/rights.html>

Key messages

- Standards may be: legal, based on principles and/or voluntary.
- Everyone has the right to adequate food and to be free from hunger. Furthermore, the starvation of civilians during war is prohibited.
- Everyone also has the right to receive humanitarian assistance in times of disaster. This is known as the *humanitarian imperative*.
- The humanitarian principles of *humanity, impartiality, independence* and *neutrality* provide a principle-based foundation for nutrition in emergencies.
- There are a number of inter-agency initiatives to improve accountability, quality and performance in humanitarian action. The three with the most relevant to nutrition in emergencies are the Red Cross/NGO Code of Conduct, The Sphere Project and Humanitarian Accountability Partnership.
- The Code of Conduct sets out ten principles to guide humanitarian action.
- The Sphere project's Humanitarian Charter reaffirms that all people affected by disaster and conflict have a right to life with dignity; the right to receive humanitarian assistance; and the right to protection and security. However, there is currently no incentive, or obligation for humanitarian agencies to be accountable to affected communities, other than a voluntary commitment to do so.
- The Sphere standards specify the minimum acceptable levels to be attained in a humanitarian response. The Food Security and Nutrition standards cover assessment, infant and young child feeding, management of acute malnutrition and food security (food transfers, cash transfers and livelihoods).
- There are 6 Sphere Core Standards that are relevant to all sectors: i. People-centred humanitarian response; ii. Coordination and collaboration; iii. Assessment; iv. Design and response; v. Performance, transparency; vi. Aid worker performance.
- HAP has outlined 7 Principles of Accountability to which over 40 HAP members have subscribed. They focus on accountability to disaster-affected people.
- The GNC's attention to standards and accountability is not strong, though there is general endorsement of the Sphere Standards.
- Nevertheless, the nutrition sector has benefited from a strengthened 'common vocabulary' across diverse agencies, which has contributed to improved peer accountability and learning.
- One of the main unresolved issues in relation to standards and accountability is that there is no body with overall responsibility for technical standards in nutrition in emergency response.

To this legal foundation has been added numerous voluntary standards, based on principles as well as technical measures of quality. It was in this context that efforts were made to strengthen agencies' accountability – primarily to disaster-affected persons, but also to private donors, institutional donors and national governments.

This module outlines some of the initiatives that address standards and accountability in humanitarian response and their relation to nutrition in emergencies specifically. A more comprehensive overview is provided in Annex 1.

One of the fundamental challenges to the delivery of quality humanitarian assistance is effective coordination among the numerous humanitarian actors. This is explored in Module 2. However, to an extent, the creation of standards that agencies have voluntarily committed to has also supported coordination efforts, for such standards have helped introduce a 'common language' and operational framework that cut across organisational boundaries. The Sphere Project is perhaps the best known in this regard. It aims to provide a practical framework for accountability through sector-specific guidance on standards of delivery – including a chapter on food security and nutrition.

Standards

A standard can be understood as a descriptor of the quality of a good or service. Standards tend to be based on technical or experience-based evidence as well as principles, and can be qualitative or quantitative in nature. Standards can be legally binding, voluntary moral claims or entitlements that gain their strength through their wide application. However, there is a great deal of overlap and inconsistency in terminology, which can cause confusion. For example, *The Guiding Principles on Internal Displacement* are standards rather than principles.

In 1999, a study into quality, standards and human rights reviewed a wide range of standards, including some from the private sector. Three key insights emerged, which are worth reflecting upon in the context of standards and accountability a decade on²:

1. A quality and standards approach should only be adopted if it is in the interests of poor people:
 “The interests of poor people were the impetus behind many of the standards that have emerged over the last 20 years or so. That does not mean that realising this concern comes easily. Indeed, agencies struggle with basics steps such as meaningful participation of, and two-way dialogue with, communities. Yet, a strong ‘people focus’ remains a central essence of humanitarian action.”
2. The potential proliferation of standards is an inherent risk in any standards system:
 “This ‘potential risk’ may indeed have become a reality in the last 10-12 years, resulting in some confusion about which standards to use but also, as to whether they are worth using at all. For it is argued that standards encourage ‘standardisation’ of humanitarian assistance. The Sphere Standards have been prominent targets in this debate, viewed by some NGOs and commentators as a constraint to innovative action.”
3. A lot of fundamental standards for good practice in development work are already written down in signed and ratified conventions of human rights law:
 “Although international human rights law provides the basis for guiding good practice in aid work, there remains the practical challenge of implementing it. This is where voluntary standards come in, as a way of implementing statutory regulations, whether international or national.”

What is still missing, though, is an understanding of how all the above fit together – the relationship between laws, voluntary norms/codes, management tools and independent evaluation/audits (whether these are imposed on, or undertaken voluntarily by, NGOs).

Legal standards

Human Rights

International Human Rights Law (IHRL) is a body of international law that describe the rights of all persons and the concomitant obligations (or duties) of States. IHRL includes *treaties* which have binding legal effect with respect to parties that have signed them. The main treaties in IHRL relevant to humanitarian contexts are: the UN Convention on the Rights of the Child³; the Convention on the Elimination of all Forms of Discrimination Against Women⁴; the International Covenant on Economic, Social and Cultural Rights⁵; and the International Covenant of Civil and Political Rights⁶. Once signed, treaties oblige States to act on the responsibilities and duties included in a treaty, so as to protect and fulfil the human rights in question.

IHRL also includes customary international law, which is derived from custom – the consistent practice of states. An important example of such customary law is the Universal Declaration of Human Rights⁷ of 1948. Introduced as a common standard of achievement for all peoples and all nations, Article 25.1 states that

“...everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control.”

² Hugo Slim (1999) *Future Imperatives: Quality, Standards and Human Rights*, Report of a Study to Explore Quality Standards for the British Overseas Aid Group, Oxford Brookes University, October.

³ UNCRC, 1989: <http://www.ohchr.org/english/law/pdf/crc.pdf>

⁴ CEDAW, 1979: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>

⁵ ICESCR, 1966: <http://www.ohchr.org/english/law/cescr.htm>

⁶ ICCPR, 1966: <http://www.ohchr.org/english/law/ccpr.htm>

⁷ <http://www.ohchr.org/EN/UDHR/Pages/Introduction.aspx>

TECHNICAL NOTES

In some contexts, there is another body of law that outlines State obligations towards certain individuals: International Refugee Law, as articulated in the 1951 Convention Relating to the Status of Refugees⁸, and the 1966 Protocol Relating to the Status of Refugees.⁹ The rights of refugees are pertinent in times of peace and conflict. The UN High Commissioner for Refugees (UNHCR) is mandated by the 1951 Convention to protect and assist refugees. States parties have an obligation to co-operate with UNHCR.

The Right to Food

All human beings have the right to adequate food and the right to be free from hunger. The right to food is considered in terms of the right to an adequate standard of living, as stated in the Universal Declaration of Human Rights (as quoted above). It is also enshrined in the 1966 International Covenant on Economic, Social and Cultural Rights, and is protected by regional treaties and national constitutions (see Annex 2).

Box 1: The Right to Food

The right to food can be described as follows:

“The right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.”

Committee on Economic, Social and Cultural Rights

“The right to have regular, permanent and free access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensures a physical and mental, individual and collective, fulfilling and dignified life free of fear.”

United Nations Special Rapporteur on the right to food

The right to food is not a right to be fed, but primarily the right to feed oneself with dignity. The right to food requires States to provide an enabling environment in which people can use their full potential to produce or procure adequate food for themselves and their families... However, when people are not able to feed themselves with their own means, for instance because of an armed conflict, natural disaster or because they are in detention, the State must provide food directly.¹⁰

Although all human rights are generally understood as relevant and applicable at all times for all people, there can be exceptions to this. In emergencies, if a ‘state of emergency’ is formally declared, then the State can choose to suspend some human rights (such as those related to freedom of movement and expression). However, there are some rights that cannot be suspended – such as all the rights contained in the UN Convention on the Rights of the Child, and its additional protocols. Thus, emergencies should not be regarded as an excuse by States to suspend their responsibilities; and IHRL can still be of value in advocating for effective assistance and services.

International Humanitarian Law (IHL)

Often referred to as the ‘law of war’, IHL¹¹ describes the obligations of all parties to a conflict, with specific concern around the protection of non-combatants (and therefore of ensuring access to people in need of humanitarian assistance).

“If the civilian population is suffering undue hardship owing to a lack of the supplies essential for its survival, such as foodstuffs and medical supplies, relief actions for the civilian population which are of an exclusively humanitarian and impartial nature and which are conducted without any adverse distinction shall be undertaken subject to the consent of the High Contracting Party concerned.”¹²

Both in international and non-international armed conflicts, the starvation of civilians as a method of combat is prohibited.¹³

⁸ http://www.unhcr.ch/html/menu3/b/o_c_ref.htm

⁹ http://www.unhcr.ch/html/menu3/b/o_p_ref.htm. The Protocol extends the protection afforded by the 1951 Convention to all refugees, not simply those forced to flee before 1951 or those in Europe.

¹⁰ Excerpts from UNHCHR/FAO, 2010. Pages 3-4

¹¹ IHL is codified in the four Geneva Conventions of 1949 – dealing with four classes of victims: the injured and sick, the shipwrecked, prisoners of war and civilians in enemy hands. In 1977, two Additional Protocols (I and II) to the Geneva Conventions were adopted which update the laws on protection of war victims and on the conduct of hostilities. In addition, there are treaties expressly dealing with illegal weapons (e.g. Conventions prohibiting the use of mines and booby traps).

¹² Additional Protocol II, article 18.2

¹³ Additional Protocol I, article 54.1; and Additional Protocol II, article 14.

The UN General Assembly¹⁴ stated that humanitarian assistance is “of cardinal importance for the victims of natural disasters and other emergencies”, and stressed that “Humanitarian assistance must be provided in accordance with the principles of humanity, neutrality and impartiality”. These are the fundamental principles that guide much humanitarian work (see below).

An individual’s rights derived from IHL arise from the codified duties of the warring parties. This contrasts with an individual’s rights in IHRL, where a person’s claim for the realisation of their rights imposes duties on others (the State primarily).

National laws

The laws of the country affected by a disaster provide the most immediate, obligatory, standards that humanitarian agencies need to meet. National labour laws, legislation on foods and supplements, laws on the marketing of breastmilk substitutes, are all examples of national legal standards relevant to nutrition in emergencies.

Principles-based, voluntary, standards

Humanitarian Principles

The prime motivation behind humanitarian response to disaster is to alleviate human suffering amongst those least able to withstand the stresses caused by a disaster. This right to offer, and to receive, humanitarian assistance is known as the humanitarian imperative. It is a principle based on humanity and stresses that humanitarian response must be based on need, and no other grounds. This principle is derived from IHL, and forms one of three fundamental principles.

- **Humanity:** to prevent and alleviate human suffering wherever it may be found. To protect life and health and ensure respect for the human being
- **Impartiality:** no discrimination on the basis of nationality, race, religious beliefs, class or political opinions; to relieve the suffering of individuals guided solely by their needs; and to give priority to the most urgent cases of distress
- **Independence:** to maintain autonomy to be able at all times to act in accordance with the principles

In addition, many humanitarian actors, most notably the ICRC (International Committee of the Red Cross) and UN, are guided by

- **Neutrality:** not taking sides in hostilities (non-allegiance) or engaging at any time in controversies of a political, racial, religious or ideological nature

The humanitarian principle of neutrality can be very problematic to implement and even contentious. It has been described in two ways: The first is military neutrality, denoting non-interference (and perception of such non-interference) in the conduct of hostilities by any of the warring parties. This definition is broadly uncontested. The second is ideological neutrality, denoting non-engagement in controversies of a political, racial, religious or ideological nature. In contrast to military neutrality, ideological neutrality is the source of much debate.

The Red Cross Movement¹⁵, in claiming ideological neutrality, has explicitly determined its priorities in terms of human suffering not the promotion of justice: “one cannot be one and the same time the champion of justice and charity. One must choose, and the ICRC has long since chosen to be a defender of charity”. However, many organisations and individuals find such a clear-cut demarcation very problematic, as it requires that organisations remain silent about ‘political’ atrocities, including serious human rights abuses. But, organisations often see their humanitarian mission in terms of assistance/protection plus advocacy. The balance between these roles can be very difficult to strike and there are certainly no easy rules to apply. However, it is critical that organisations make decisions with full consideration of the various benefits and costs. Morally, organisations may feel compelled to speak out about gross violations of human rights, but operationally, they must be prepared for possible consequences – be it threatened security of staff, reduced ability to access those in greatest need, or even a jeopardised operational presence. The dilemmas posed by neutrality are exemplified by **Case example 1**.

Red Cross/NGO Code of Conduct

Produced in 1994, the Red Cross/NGO Code of Conduct outlines a set of commitments and responsibilities of signatory organisations that guide humanitarian action. The Code incorporates the three fundamental humanitarian principles discussed earlier, plus operational principles that are based on experience (see **Box 2** and **Annex 3**).

The Code of Conduct has sought to make more explicit the nature of agencies’ accountabilities. It therefore includes three annexes directed at affected governments, donor governments and intergovernmental organisations (such as the UN).

As of October 2010, 458 humanitarian organisations have become signatories to the Code, registering “their willingness to incorporate its principles into their work”. There is no agency or body, however, who can call these signatories to account and little history of peer pressure among signatories to hold each other to honour commitments has been made.

¹⁴ See the Annex to Resolution 46/182 of 19 December 1991, http://www.reliefweb.int/ocha_ol/about/resol/resol_e.html

¹⁵ The International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) and National Red Cross and Red Crescent Societies are collectively known as The International Red Cross and Red Crescent Movement (or more simply the Red Cross Movement)

Case example 1: Neutrality in Somalia: 2010

An article in the New York Times in March 2010, revealed the findings of a report to the UN Security Council, which called into question the neutrality of an UN agency – the World Food Programme (WFP).

The WFP issued a strong defence of its actions and cooperated fully in all follow-up. Although the conclusions are not known at the time of writing, this case study is presented as an example of how **perceptions** about neutrality can be as critical as reality – and is true for any humanitarian agency operating in complex and difficult contexts.

The report questioned why WFP would steer 80 percent of its transportation contracts for Somalia, worth about US\$200 million, to three Somali businessmen, especially when they are suspected of connections to Islamist insurgents. The report described these businessmen as a cartel, who subsequently sold the food illegally.

The New York Times article quoted the report as follows:

“Some humanitarian resources, notably food aid, have been diverted to military uses,” the report said. “A handful of Somali contractors for aid agencies have formed a cartel and become important power brokers – some of whom channel their profits, or the aid itself, directly to armed opposition groups.”

The report stated that fraud was pervasive, with about 30% of aid skimmed by local partners and local WFP personnel, 10% by the ground transporters and 5 to 10% by the armed group in control of the area. That means as much as half of the food never made it to the people who desperately needed it.

An independent investigation was called for into the WFP’s food distribution system in Somalia, to determine whether any of the allegations were founded and to help determine how best to serve the 2.5 million people who were in need of the food aid.

This case example illustrates the fundamental operational relevance of the humanitarian principles, and highlights the importance of ensuring that their respect is consistently demonstrable. The issue is the extent to which an agency puts in place measures to minimise fraud, corruption and inappropriate use of aid resources – whether that is in the targeting of food aid, choice of partners/contractors or the conduct of staff being paid by agencies. Where such measures are knowingly weak or are being overridden, then an agency can become open to serious criticism.

Source: New York Times http://www.nytimes.com/2010/03/10/world/africa/10somalia.html?_r=2&ref=world and BBC News <http://news.bbc.co.uk/1/hi/8560970.stm>

Box 2: Principal Commitments of the Code of Conduct

1. The humanitarian imperative comes first;
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone;
3. Aid will not be used to further a particular political or religious standpoint;
4. We shall endeavour not to be used as an instrument of government foreign policy;
5. We shall respect culture and custom;
6. We shall attempt to build disaster response on local capacities;
7. Ways shall be found to involve program beneficiaries in the management of relief aid;
8. Relief aid must strive to reduce vulnerabilities to future disaster as well as meeting basic needs;
9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources;
10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.

It continues to be used, however. For example, the UK's Disaster Emergency Committee uses the Code as a tool for evaluating humanitarian action. More specifically, the Code has also helped agencies to make very difficult decisions and choices: In 2009, 13 international NGOs were expelled by the government of Sudan. Shortly after, a few were invited back, as long as they agreed to certain conditions regarding their identity and ways of working. This posed a very difficult dilemma for the agencies concerned. Should they accept the conditions of return in order to help address the continuing humanitarian needs, especially in Darfur? Or should they desist from any attempt at manipulating their humanitarian mission? Some turned to the Code of Conduct and used it as an objective framework within which to help analyse the pros and cons of each option. It was thus possible for each agency to arrive at a decision that, although difficult, was thoroughly explored, clearly justified and as unemotional as possible given that serious compromises would have to be made, either way.

Some regard as a weakness the fact that the Code has no body responsible for protecting its integrity – there is no mechanism to monitor whether signatories abide by their commitments, and there is no recognized obligation on the part of Code signatories to do so, other than their stated willingness. Signatory agencies can be accused of using the Code as a certificate of professionalism. Others would argue that by retaining it as a voluntary standard, the core ethic of humanitarianism is preserved.

Humanitarian agencies recognise that humanitarian assistance requires unimpeded access to affected populations, which is not always possible. Conflict situations, especially, pose serious challenges, and some argue that in such contexts, codes and standards are unworkable (see **Case example 2**).

Humanitarian Charter

The Sphere project's Handbook begins with a Humanitarian Charter, which "provides the ethical and legal backdrop to the Minimum Standards that follow in the Handbook. In part it is a statement of established legal rights and obligations; in part a statement of shared belief".¹⁶ See Box 3.

The Charter builds on the commitments made in the Code of Conduct (discussed above) and aims to provide a bridge between, on the one hand, the legal and ethical principles claimed by humanitarian agencies, and, on the other, the technical provisions of quality responses in key sectors of response.

The extent to which the Charter is used by agencies is little known beyond anecdotal references to its importance as a 'foundation' for humanitarian response. Arguably, it has offered a less operational instrument than the Code of Conduct, but has served as a bridge between international legal instruments (human rights, humanitarian and refugee law) and the technical standards that follow. One of the ambitions behind the 2011 revision of the Charter is that it should become a stronger point of reference for agencies.

Case example 2: The dilemmas of operating in complex emergencies: Somalia 2010

Somalia was experiencing severe drought, crop failures, rising food prices and hyperinflation. Figures estimated that the proportion of malnourished children had risen to 20 per cent. In addition, escalation in the fighting had forced thousands of families to flee their homes. The number of internally displaced people within Somalia had increased by around 40% to over 1.5 million people.

In the face of such humanitarian need, the call for a humanitarian response was strong. Save the Children had been providing some support remotely, through national partner organisations, but wished to respond further by scaling up feeding and livelihood programmes. These would require an operational presence.

In October 2010, a security assessment was undertaken to gauge the feasibility of doing so. It was undertaken by two persons, a Somali and a British national. Both were abducted by armed gunmen from a guesthouse compound in Adado, a Somali town near the Ethiopian border. The Somali aid worker was released on the same day, and his British colleague 6 days later.

Although the situation was successfully resolved for the two staff-members concerned, the humanitarian needs remained unresolved. For an organisation that claims and believes in the humanitarian imperative, this poses a terrible dilemma. On the one hand, the organisation has an obligation to protect and support its staff; on the other, it has a humanitarian mission that requires it to operate in difficult and dangerous contexts. What level of risk is acceptable and manageable for humanitarian organisations to be able to respond?

¹⁶ *Humanitarian Charter and Minimum Standards in Humanitarian Response*. The Sphere Project, 2011.

Box 3: The Sphere Project: Humanitarian Charter

This Charter expresses our shared conviction as humanitarian agencies that all people affected by disaster and conflict have a right to receive protection and assistance to ensure the basic conditions for life with dignity.

As humanitarian agencies we interpret our role in relation to the needs and capacities of affected populations and the responsibilities of their governments or controlling powers. Our role in providing assistance reflects the reality that those with primary responsibility are not always fully able to perform this role themselves, or may be unwilling to do so...

We offer our services as humanitarian agencies on the basis of the principle of humanity and the humanitarian imperative, recognising the rights of all people affected by disaster and conflict — women and men, boys and girls. These include the rights to protection and assistance reflected in the provisions of international humanitarian law, human rights and refugee law. For the purposes of this Charter, we summarise these rights as follows:

- *The right to life with dignity*
- *The right to receive humanitarian assistance*
- *The right to protection and security*

While these rights are not formulated in such terms in international law, they encapsulate a range of established legal rights and give fuller substance to the humanitarian imperative.

Technical standards

There are several examples of technical standards that are specifically relevant to nutrition responses in emergencies. These cover general programming, nutrition programming, staff and personnel issues and accountability.

Sphere

Sphere is perhaps best-known for establishing quality standards for key areas of humanitarian response. These include Food Security and Nutrition (Annex 4 provides an overview of the issues covered by these minimum standards).

However, in addition, and building on the Humanitarian Charter already discussed, Sphere also emphasises the *process* of engagement through its Minimum Standards in Core Areas. These are “approaches that underpin all the standards in the Handbook. Each chapter, therefore, requires the companion use of the Core Standards to help attain its own standards”.

There are six Core Standards:

1. People-Centred Humanitarian Response – which recognises that the participation, capacity and strategies of disaster-affected people to survive with dignity are integral to humanitarian response
2. Coordination and Collaboration – which addresses the need for an effective response to be coordinated and implemented with other agencies and governmental authorities engaged in impartial humanitarian action
3. Assessment – which describes the need for assessments to systematically understand the nature of the disaster, identify who has been affected and how, and to assess people’s vulnerability and capacities.
4. Design and Response – which underscores the importance of designing response based on assessment findings, addressing unmet needs in relation to the context and capacity of affected people and states to meet their own needs.
5. Performance, Transparency and Learning – where the effectiveness, quality and appropriateness of a response is continually examined, and agencies adapt their strategies in accordance with monitoring information and feedback from people affected by disaster. Information about the performance of an agency’s response needs to be shared.
6. Aid Worker Performance – which recognises that humanitarian agencies have an obligation to people affected by disaster to employ aid workers with the appropriate knowledge, skills, behaviour and attitudes to deliver an effective humanitarian response. Equally, agencies are responsible for enabling aid workers to perform satisfactorily through effective management and support for their emotional and physical well-being.

Experience to date has shown that these core standards (or the Common Standards of the 2004 edition) have not received the operational attention that was originally desired. The 2011 edition seeks to redress this by emphasising their central importance in all areas of programming at the beginning of each of the technical chapters, including Food Security and Nutrition. In many respects, the Core Standards and accompanying indicators are about accountability to disaster-affected persons (discussed further in the Accountability section below), and thus would need to be integrated throughout a response to nutrition in emergencies – through the assessment, priority-setting, partnership-formulation, programme design, monitoring and learning stages.

How Sphere has been used

The Sphere standards and key indicators have been most useful in guiding proposal writing, preparing log frames and improving monitoring systems. The key indicators identified at the programme design stage have contributed to some agencies strengthening their ability to monitor and report, more systematically than before, their progress and shortcomings. Evaluations of emergency responses commonly assess whether Sphere minimum standards were met and, if not, the reasons why.

Sphere has also been used extensively in training staff and partners. Extensive resources are available to download from the Sphere website¹⁷.

The use of the Sphere minimum standards in 'normal' non-emergency contexts also deserves more attention. This is especially true of chronic situations of food insecurity and nutritional vulnerability or cyclical events affecting resource poor countries. **Case example 3** identifies how using Sphere highlighted the need for more coherence and accountability in non-emergency situations to deal with the causes of malnutrition.

Case example 3: Evaluation of the nutrition response using Sphere in Bangladesh: 1998

A review of 15 relief agencies, using standards developed by the Sphere Project, found that agencies met between 8 and 83 per cent of the specific Sphere indicators that were assessed. Agencies were generally successful in areas of core humanitarian response, such as targeting the vulnerable (83 per cent) and monitoring and evaluating the process of disaster response (75 per cent). Areas in which performance was poor included:

- Preliminary nutritional analysis
- Recipient participation and feedback
- Disaster preparedness during non-emergency times
- Monitoring of local markets and impact assessment

The results point to both strengths and gaps in the quality of humanitarian response in developing nations such as Bangladesh. However, they also raise the question of implementing a rights-based approach to disaster response in nations without a commitment to meeting positive human rights in non-disaster times.

Source: O'Donnell, Max, et al., 'Nutritional Response to the 1998 Bangladesh Flood Disaster: Sphere Minimum Standards in Disaster Response', *Disasters*, 26(3), September 2002.

¹⁷ <http://www.sphereproject.org/content/view/14/33/lang,English/>

Case example 4: Failure to meet nutritional requirements in Tanzanian refugee camps: 2003

A Sphere evaluation in 2003 identified that refugees in Tanzania were particularly concerned with the food ration they were receiving. The general ration had been reduced from the equivalent of 2100 kcals/person/day to 1200 kcals/person/day by the implementing agency on the basis that the refugees had other food sources and that the reduced ration would cover the gap as set out in the food aid Sphere minimum standard 1:

“The food basket and rations are designed to bridge the gap between the affected population’s requirements and their own food sources.” (Sphere Project 2004, p. 157)

All the refugees interviewed by the Sphere evaluation team explained that they were unable to bridge the gap either by growing food within the camp, or by purchasing or bartering in the surrounding communities. The team concluded that the reason was complicated for why refugees received less food in Tanzania, but was most probably due to the implementing agency having insufficient funds to provide enough food. This is an example of how the minimum standard can be used to advocate for more funds from donors.

Source: Adapted from *The Sphere Project Evaluation Report, 2004*

It is recognised that too great an emphasis on meeting key indicators can have unintended detrimental side effects. For example, humanitarian workers may feel overwhelmed by the needs and the conditions of the response, that achievement of the standards seems impossible and therefore Sphere is dismissed as irrelevant or too time-consuming – that it will be brought in at a later stage. This defeats the very purpose of Sphere.

As mentioned above, lack of funding is often given as a reason why minimum standards are not achieved. The Sphere Project could work with the Good Humanitarian Donorship initiative to consider what options there are to work towards a satisfactory resolution, as **Case example 4** shows.

Some of the stronger critiques against Sphere include the concern that the application of minimum standards can create differences in the standards of living between emergency-affected and surrounding populations. Since this relationship is often a tenuous one, explicit attention needs to be paid to this problem – whether or not Sphere is being used by the agencies concerned. It is not Sphere that is causing the disparity but rather a limited humanitarian response. This has occurred on countless occasions. For example, the Darfur crisis led to provision of assistance to Sudanese refugees who then fled to neighbouring Chad, setting up camps among extremely poor Chadian villages. While the nutritional situation of the Chadians was not as severe as that of the Sudanese refugees, access to water, health services and sustainable livelihoods was equally dire for both populations in 2004.

Also often cited as a concern is that the use of Sphere minimum standards will lead to a one-size-fits-all approach, where the differences in approach between humanitarian actors are levelled off. The addition of ‘key actions’ in the 2011 edition of the handbook may well reinforce these concerns and even see them played out in practice more.

This could lead to a universal standard of delivery that becomes reduced to the lowest commonly-achievable level. This is not acceptable to agencies that feel they can meet the needs of affected population groups to higher standards or in innovative approaches that do not constitute ‘key actions’. The dilemma remains that affected populations are not in a position to choose which agency will provide nutritional support to them in an emergency. This was obvious during the Asian tsunami response in 2005, where the proximity of populations being covered by different agencies allowed recipients of aid to compare agencies and judge which ones they felt best responded to their needs. A different quality of response is unfair and utterly undermines the rights-based foundation of Sphere.

People In Aid

Established in 1995, People In Aid supports over 180 member organisations to improve their effectiveness through better management and support of staff and volunteers. A central feature is the People In Aid Code, which is a standard for human resources management in the aid sector. It reflects the belief that staff are the key to delivering effective programmes – including nutrition in emergencies. The Code is most usefully applied at the organisation level, although it can also offer guidance that can inform country-programme systems and partnerships.

An evaluation of the People In Aid Code

“...found a consistent conviction that the improvements to [human resource] and management practice which have followed engagement with the Code have resulted in corresponding improvements in organisational effectiveness.¹⁸”

¹⁸ Swarbrick A., 2007. *Making a difference? Evaluating the impact of The People In Aid Code*. People In Aid 2007. <http://www.peopleinaid.org/pool/files/code/Code%20Effectiveness%20Report%20Final.pdf>

Box 4: People In Aid Code of Good Practice

Guiding Principle: People are central to the achievement of our mission

- Principle 1: Human Resources Strategy
Human resources are an integral part of our strategic and operational plans
- Principle 2: Staff Policies and Practices
Our human resources policies aim to be effective, fair and transparent
- Principle 3: Managing People
Good support, management and leadership of our staff is key to our effectiveness
- Principle 4: Consultation and Communication
Dialogue with staff on matters likely to affect their employment enhances the quality and effectiveness of our policies and practices
- Principle 5: Recruitment and Selection
Our policies and practices aim to attract and select a diverse workforce with the skills and capabilities to fulfil our requirements
- Principle 6: Learning, Training and Development
Learning, training and staff development are promoted throughout the organisation
- Principle 7: Health, Safety and Security
The security, good health and safety of our staff are a prime responsibility of our organisation

The relevance of People In Aid goes beyond simply being another example of standards appropriate to the humanitarian sector. For it has been argued that for accountability to affected populations to be realised, it needs first to be modelled internally:

“Accountability towards affected persons is possible when the organisation is accountable to its own staff and members. Organisational cultures that tolerate abuse of power by management, or that fail to provide a trusted means of bringing grievances to the fore, are likely to undermine and impede efforts to promote accountability to affected communities.¹⁹”

HAP

The Humanitarian Accountability Partnership (HAP) has developed a standard on accountability. This is discussed in the section that follows.

Accountability

If standards are understood as the levels of desired quality, then accountability is the means by which to verify where the standards have been achieved. But which standards, and achieved by whom?

Accountability also includes standards – the levels of desired quality in the accountability process, such as those that inform audit procedures, or financial accounting.

Accountable for What to Whom?

Accountability has many dimensions and many definitions. The SCHR²⁰ peer review coined the term ‘accountability web’ to describe the multi-stakeholder and multi-directional accountabilities. So humanitarian organisations, for example, are accountable to their board of trustees as well as to their donors, charity law, their partners and the people on whom their work is focused – disaster-affected persons. Organisations are accountable to their board for fulfilling their mission and using their resources to best effect; they are accountable to donors for carrying out the work for which funding was granted; they are accountable to partners for working in a supportive relationship of mutual respect; and they are accountable to people affected by crisis for doing the right thing and doing it well.

But this doesn't seem to be the perception held by those very people in whose name humanitarian action is undertaken – see Figure 1 overleaf.

¹⁹ SCHR 2010. *SCHR Peer Review on Accountability to Disaster-Affected Populations. An Overview of Lessons Learned*. January 2010. [http://www.reliefweb.int/rw/lib.nsf/db900sid/JBRN-82WEFF/\\$file/schr_jan2010.pdf?openelement](http://www.reliefweb.int/rw/lib.nsf/db900sid/JBRN-82WEFF/$file/schr_jan2010.pdf?openelement)

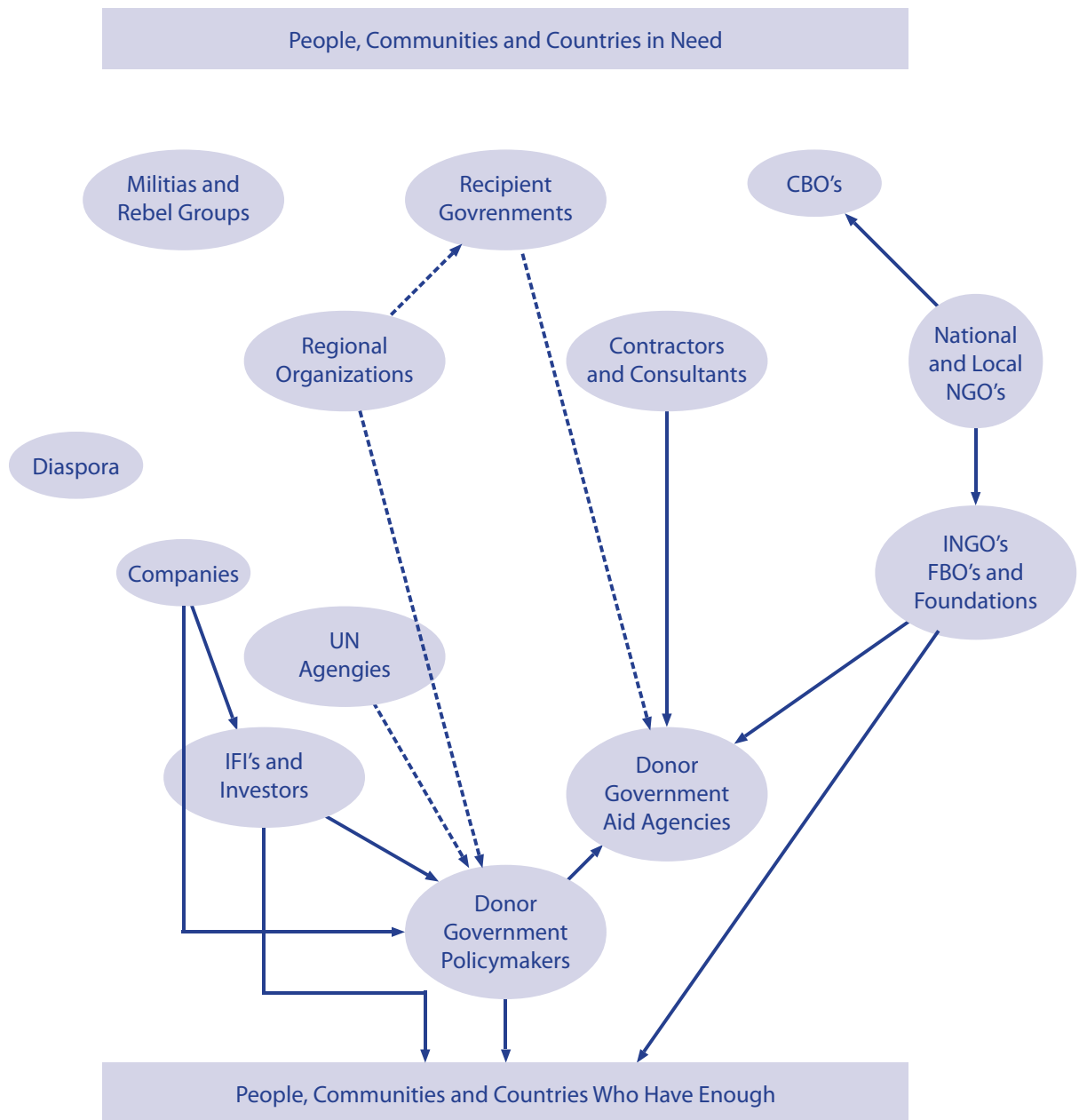
²⁰ The Steering Committee for Humanitarian Response was created in 1972 and is an alliance of 8 major international humanitarian organisations and networks.

This diagram should send a shocking reminder to humanitarian organisations about the continuing inadequacy of accountability efforts directed at disaster affected persons – people in need perceive that no actor is accountable to them. It is for this reason that much of the discussion that follows is centred on accountability to people of concern.

Accountability to affected persons

Agencies have recognised the need to be accountable to their donors and to their agency mission statement or principles, and have put in place systems to do so. These accountabilities continue to dominate agency practices. In contrast, there is currently no incentive, or obligation, to be accountable to affected communities, other than a voluntary commitment to do so.

Figure 1: Perceptions of Accountability Relationships Held by Affected Communities²¹



²¹ The Listening Project Issue Paper: *Structural Relationships in the Aid System*. March 2010. http://www.cdainc.com/cdawww/pdf/issue/lp_issue_paper_relationships_in_the_aid_system_mar2010_Pdf.pdf

Box 5: HAP Principles of Accountability, 2010

HAP Humanitarian Accountability Partnership

"making humanitarian action accountable to beneficiaries"

Principles of Accountability

- 1) Commitment to humanitarian standards and rights
Members state their commitment to respect and foster humanitarian standards and the rights of beneficiaries.
- 2) Setting standards and building capacity
Members set a framework of accountability* to their stakeholders.
Members set and periodically review their standards and performance indicators, and revise them if necessary.
Members provide appropriate training in the use and implementation of standards.
- 3) Communication
Members inform, and consult with, stakeholders, particularly beneficiaries and staff, about the standards adopted, programmes to be undertaken and mechanisms available for addressing concerns.
- 4) Participation in programmes
Members involve beneficiaries in the planning, implementation, monitoring and evaluation of programmes and report to them on progress, subject only to serious operational constraints.
- 5) Monitoring and reporting on compliance
Members involve beneficiaries and staff when they monitor and revise standards.
Members regularly monitor and evaluate compliance with standards, using robust processes.
Members report at least annually to stakeholders, including beneficiaries, on compliance with standards.
Reporting may take a variety of forms.
- 6) Addressing complaints
Members enable beneficiaries and staff to report complaints and seek redress safely.
- 7) Implementing partners
Members are committed to the implementation of these principles if and when working through implementation partners.

* Framework of accountability includes standards, quality standards, principles, policies, guidelines, training and other capacity-building work. The framework must include measurable performance indicators. Standards may be internal to the organisation or they may be collective, e.g. Sphere or People in Aid.



Box 6: Basic Elements of Accountability

At a minimum, humanitarian project staff should:

1. Provide public information to beneficiaries and other stakeholders on their organisation, its plans, and relief assistance entitlements.
2. Conduct ongoing consultation with those assisted.
This should occur as soon as possible at the beginning of a humanitarian relief operation, and continue regularly throughout it. 'Consultation' means exchange of information and views between the agency and the beneficiaries of its work. The exchange will be about:
 - The needs and aspirations of beneficiaries
 - The project plans of the agency
 - The entitlements of beneficiaries
 - Feedback and reactions from beneficiaries to the agency on its plans and expected results
3. Establish systematic feedback mechanisms that enable:
 - Agencies to report to beneficiaries on project progress and evolution
 - Beneficiaries to explain to agencies whether projects are meeting their needs
 - Beneficiaries to explain to agencies the difference the project has made to their lives
4. Respond, adapt, and evolve in response to feedback received, and explain to all stakeholders the changes made and/or why change was not possible.

The solid lines and arrows represent the accountability relationships between one actor and another. The dotted lines show the flows that occur in some situations, and are often part of the environment in which international assistance efforts take place.

The Humanitarian Accountability Partnership (HAP) is focused precisely on filling this gap. It offers guidance, technical support, advice and inspection services so as to strengthen organisations' accountability to affected persons. HAP has thereby created a critical focus on this area and developed many practical resources for its members and others to use. One primary resource is the Principles of Partnership (Box 5).

In terms of implementing these principles, a useful starting point, perhaps, are the four basic elements of accountability identified by the **ECB**²² (Box 6).

One example of how the fourth HAP principle of accountability – on participation – and the third ECB element of accountability – on feedback mechanisms – have been realised in programming comes from Myanmar. As part of its evaluation of the cyclone Nargis response in 2008, Save the Children consulted with children and produced a booklet to inform children and adults about the evaluation results (Case example 5).

It can, however, be extremely difficult for humanitarian agencies to meet the goals they have set themselves, due to a combination of internal and external factors. There is a recognition that much more progress needs to be made to improve the quality of response and to be accountable to beneficiaries, as **Case example 6** shows.

In terms of accountability generally, not related to any one initiative specifically, lessons from the SCHR Peer Review may offer useful insights²³.

- The term 'accountability' is not well-understood amongst staff of participating organisations, particularly at the level of country programmes. Moreover, the term itself can frequently block individuals' understanding, so that accountability is kept at a distance, as policy-level rhetoric rather than a responsibility that needs to be acted upon.
- Partnership and membership relations pose specific challenges to promoting and ensuring accountability to disaster-affected persons. There is an inherent tension between on the one hand, working in a relationship based on trust and mutual respect, and on the other, working to ensure that the relationship results in a quality (accountable) response. Control and trust are often approached as competing concerns, yet trust can be built through a process of shared control.

²² Emergency Capacity Building Project. *Impact Measurement and Accountability in Emergencies: The Good Enough Guide*, 2007.

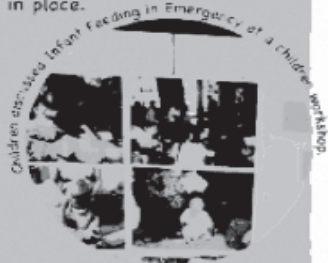
²³ [http://www.reliefweb.int/rw/lib.nsf/db900sid/JBRN-82WEFF/\\$file/schr_jan2010.pdf?openelement](http://www.reliefweb.int/rw/lib.nsf/db900sid/JBRN-82WEFF/$file/schr_jan2010.pdf?openelement)

Case example 5: Giving Feedback Following Evaluations.²⁴

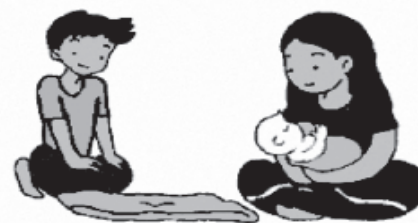
What children say about Nutrition & Health

Children said they were worried about babies whose mothers were away working, as they did not breastfeed their children. They also worried about babies who lost their mothers during Nargis. Similar to mothers and caretakers, children were aware and had knowledge about nutrition – especially on the best way to feed babies and young children. Some suggested that there should be a scale to regularly weigh babies in the village.

Nevertheless, there were still some malnourished pregnant women and mothers. However support and referrals were not always in place.



I like mothers who breastfeed their babies. I don't like to see mothers who go away and do not stay with their children and breastfeed them. Babies must be breastfed to be healthy.



What children say about Food & Livelihoods

We were very happy to receive food when there was nothing for us to eat. We were able to replace our work tools such as boats and fishing nets. Therefore, we could start working again. Some of us are raising animals that we received from Save the Children and hope to sell them to earn some money.



In some poor villages, children said their families used cash grants to get food and work tools (e.g. fishing nets) while in better-off villages, children said their families invested into small businesses such as grocery stores or boat rental. In general, children were happy with the livelihood support to their families.

Yet, some working children whose houses were seriously damaged said they needed to work harder to save money to repair their houses before the rainy season. Many of them still used tarpaulin sheets to cover the damaged parts of the houses.

Children said there were a few agencies distributing food after the cyclone, including Save the Children staff. There was enough food for everyone.

Save the Children consulted with the children before stopping food distribution.



²⁴ Excerpts from: *Young Voices, Big Impressions: Children's feedback on out post-Nargis response*. Save the Children 2009.

Case example 6: Accountability to recipients in the north Caucasus: 2005

The Danish Refugees Council (DRC) provided food aid to over 200,000 mainly displaced people in Ingushetia, Chechnya and Dagestan in 2005. Responding to a growing number of queries from recipients, the DRC developed a formal mechanism for receiving and processing complaints, queries and feedback so that concerns could be dealt with efficiently and effectively. It set up nine information centres, and assigned a team of 25 staff in its regional office to hear, document, process and investigate complaints.

Ensuring that food was distributed to the intended recipients in a timely and efficient manner was the greatest challenge, as people's location and family status changed and donor criteria shifted for their selection. *"Managing the complex logistics for such a large and mobile population requires a good information flow to identify the right people to receive the right aid in the right way"* observed the HAP accountability advisor who reviewed the project at the DRC's request.

HAP found the DRC dealt with between 5000 and 10,000 individual queries and complaints each month. Because most queries were about food aid entitlement, the system helped to ensure that aid reached the intended recipients. *"The mechanism increased the DRC's transparency and significantly improved its level of accountability to the recipients and the overall quality of programme,"* concluded HAP.

HAP also identified numerous additional benefits of the system: it increased a sense of recipient dignity, maintained a trusting and transparent relationship between agency and the population, and offered a structure that could be modified to provide a more comprehensive range of information to recipients, and solicit complaints about matters other than food aid. The system succeeded in improving food distribution, increasing dignity, trust and security.

Source: Humanitarian Accountability Partnership, *The Humanitarian Accountability Report*, HAP, 2005.

- Individual staff make it possible for organisations to realise their responsibility and commitment to accountability towards affected populations. It is perhaps due to their personal commitment and drive that accountability to disaster-affected persons rests most securely.
- Accountability to disaster-affected populations is not only an important principle, but it also has important implications: accountability requires organisations to change the way they work, by creating a different relationship with persons of concern where the aim is to diminish the power disparity between them. Learning from the peer review points to the need for attention to both policies/systems and attitudes/behaviours.

Standards and Accountability Promoted by the Nutrition Cluster

This remains 'work in progress' for the Global Nutrition Cluster (GNC). Of the various quality and accountability initiatives discussed in this module, Sphere is the main one specifically cited by the cluster, largely because of its nutrition-specific content. As Lead Agency, UNICEF's own policies may well influence the workings of the GNC. Specifically, the Core Commitments for Children in Humanitarian Action²⁵ state that UNICEF holds itself accountable to, amongst others, the humanitarian principles, human rights based approaches, and the Sphere Standards. The evaluation of the overall Cluster Approach²⁶ has several general findings relevant to standards and account-

ability: At the country level, cluster members have adopted common positions concerning specific operational issues and supported the development and dissemination of local standards (page 9). For example, Clusters agreed on common cash for work or food for work rates and strategies in Uganda, Haiti and Myanmar; clusters agreed on a common composition of food parcels in Uganda (page 51); the nutrition cluster in Haiti worked closely with government to develop appropriate nutrition standards. Nevertheless the evaluation found no evidence that clusters had developed mechanisms for monitoring adherence and compliance to relevant standards (page 52) and pointed to the need for greater effort to strengthen the role of clusters in defining, adapting, using and promoting relevant standards (page 13).

The evaluation points out that:

"An effective accountability relationship requires standards against which to assess behavior, information about relevant actions and the possibility to reward or sanction them. The cluster approach conceptualizes accountability predominantly as hierarchical accountability between cluster lead organizations and the Humanitarian Coordinator. Beyond this, clusters can also offer valuable opportunities to strengthen peer accountability and to enhance accountability to affected populations. In all case study countries bar one, accountability to the Humanitarian Coordinator is minimal. Instead, clusters have started to make valuable contributions to strengthening peer accountability (page 44)."

²⁵ Available in English, French and Spanish: http://www.unicef.org/publications/index_21835.html

²⁶ IASC Cluster Approach Evaluation, 2nd Phase. Synthesis Report, April 2010.

Case example 8: Using 3 Quality and Accountability Initiatives in Emergency Response²⁷

In August 2007, an earthquake struck the coast of Peru, killing over 500 people and leaving 75,000 families homeless. CARE Peru recruited a dedicated team to ensure that the organisation's commitment to be accountable to disaster-affected communities was realised in its response efforts.

International standards and guidelines were reviewed and a simple accountability framework was then developed. This formed the basis for a set of accountability mechanisms that were built in to projects:

1. Public information to the affected populations;
2. Mechanisms for participation of affected people in CARE's decision making
3. Feedback from affected communities, and adapting the response accordingly
4. Application of Sphere standards in the response

A checklist of Sphere standards was distributed to all staff. It was used with suppliers to monitor the quality of goods; and with donors/funders to advocate for a shelter design that was Sphere-compliant.

To help field staff communicate key information in a clear and consistent manner, a generic information sheet on CARE was created using ECB's Good Enough Guide *Tool 1: How to present your agency, a need to know check list*. Project managers adapted this by adding more specific project information and identified opportunities for information sharing during continuous project monitoring.

In accordance with CARE's commitment to the HAP Standard, a complaints and response mechanism was launched after two months. Public meetings, workshops, radio, leaflets and posters communicated to communities and government what the complaints mechanism was for and how it worked. Complaints could be made through a new free telephone line, CARE's web page, CARE offices and field staff.

Over four months, 300 complaints were received and responded to. Few calls came in from the highland areas, so focus group sessions and individual interviews were undertaken there. The results of feedback included both compliments and complaints, such as:

Families who have received tents from CARE are on my land – after verifying that the land was indeed private, CARE helped negotiate a resolution.

We have been poorly treated by CARE staff – managers spoke to the staff member concerned.

Field staff recognised that they had not always acted respectfully towards community members. Managers learned they needed to provide support to staff to ensure their wellbeing in such contexts.

I am grateful to CARE as they visited me and attended to my problem – the complaints mechanism improved relationships with communities. CARE's follow-up and communication on decisions made, even that no further action was taken following investigations, was greatly appreciated.

Overall, accountability made a difference. Strengthened accountability enabled CARE to reach vulnerable populations that may not have otherwise been reached, to resolve problems that may otherwise have remained unknown, and to uphold the dignity of the affected population.

Organisational commitment to accountability is essential. Obstacles encountered required top-level commitment from CARE Peru to be overcome. Key lessons:

Early efforts must be made to embed accountability into project processes Accountability must be seen as part of the core work of project teams, and not as something carried out in parallel by dedicated accountability staff.

A complaints mechanism risks being seen as a threat to staff Fear that complaints would threaten the jobs of staff needed to be overcome – through learning by doing, reassurance and a gradual acceptance that the complaints mechanism improved the quality of work.

Trust in the complaints mechanism helps build relationships Critical was how complainants were treated: with respect, calm (often in the face of initial anger/frustration) and kindness.

Accountability is not just about having a complaints mechanism A complaints mechanism should not divert attention from other efforts to involve women, men, girls and boys from day one of an emergency response.

²⁷ Based on a case study written by Clare Smith of CARE International, cited in: *Taking the initiative. Exploring quality and accountability in the humanitarian sector: an introduction to eight initiatives*. July 2009. The Sphere Project

Regarding accountability²⁸ to affected populations, no evidence was found of clusters actively promoting participatory approaches by their members. Moreover, most clusters failed to communicate their work effectively (p.59). One of the few exceptions was the Food Security and Agricultural Livelihoods Cluster in Uganda, which used community consultations to validate its action plan and produced a video to help communicate their plans and activities.

All in all, these findings suggest the need for more active and proactive efforts by the Clusters, including the GNC, to ensure that aspirations of quality and accountability are consistently realised in practice.

Conclusion: Standards and Accountability

One is accountable to someone for something. For humanitarian agencies, the organisational priority, systems and procedures tend to be skewed towards accountability to donors for financial probity and operational performance. There is far less of an imperative for agencies to be accountable to people affected by emergencies. After all, the viability of an organisation doesn't depend on it whereas an organisation does depend on financial backing and on retaining its legal status.

The food security and nutrition chapter of the Sphere Handbook is the most concrete example of the concerted efforts taken by the nutrition community in order to arrive at operational standards that provide greater transparency and accountability in humanitarian response. We have seen that inter-agency initiatives that seek to improve quality of programme delivery and accountability towards the beneficiaries of humanitarian aid are not embraced by all humanitarian actors. The main criticism is that these initiatives remain statements of intent and that no single humanitarian agency can hope to comply with Sphere standards. They only serve, they say, to gauge the accountability of all actors responsible for delivering humanitarian assistance to the population.

Nevertheless the expression on food security and nutrition standards has led to the recognition by the nutrition community of how a common vocabulary can help agencies measure their progress in assessment and programme delivery. The nutrition sector is well placed to support local capacity and improve programming by applying and reporting upon technical advances in the nutrition sector. It is also well placed to draw out some of the similarities between humanitarian and non-disaster situations in terms of the right to food, and freedom from hunger. Initiatives such as the Sphere Project and the Code of Conduct aim to address some of the shortfalls in intent. However, there is a challenge that remains for the nutrition community, namely, how to ensure that the attention given to technical advances is put into a broader context of what a quality response encompasses. For that is the essence of accountability which places affected communities, donors and implementing actors in a more balanced relationship.

The last case example provides a fitting note to end on, since it underscores the practical feasibility of much of what has been discussed in this module. But this takes committed individuals to drive practice forward.

²⁸ The Inter-Agency Steering Committee (IASC) is developing an "accountability framework" to explain the overall humanitarian architecture, including the links between clusters, Humanitarian Coordinators and Humanitarian Country Teams.

Annex 1: Inter-agency accountability initiatives

A fuller explanation of eight major initiatives, and how they complement each other in the effort to improve the quality and accountability of humanitarian response, is given in "Taking the initiative. Exploring quality and accountability in the humanitarian sector: an introduction to eight initiatives"²⁹.

1. Active Learning Network for Accountability and Performance in humanitarian action (ALNAP)

ALNAP is an international network that aims to promote a culture of learning across the humanitarian sector in order to improve performance. ALNAP was established in 1997 and is involved in the production of an annual *Review of Humanitarian Action*, which monitors the performance of humanitarian action through a synthesis of evaluative reports provided by members; monitors the quality of the evaluations themselves, using an *ALNAP quality proforma*; works with agencies to improve their evaluation skills; maintains a database of evaluation reports; and produces practical tools, such as guidance booklets and training modules. ALNAP has over 50 full members and nearly 400 observer members, and has a secretariat based at the Overseas Development Institute in London. Retrieved 16 July 2009 from www.alnap.org.

2. Humanitarian Accountability Partnership – International (HAP-I)

HAP-I was founded in 2003 by a group of humanitarian agencies committed to making humanitarian work more accountable to its intended beneficiaries. HAP-I is building a system of voluntary self-regulation, and is currently developing self-evaluation and peer review techniques for accreditation and certification of compliance with the HAP-I Accountability Principles. HAP-I is registered as a Swiss NGO, with a Secretariat based in Geneva, and has a vision of an international humanitarian system that is accountable. Retrieved 16 July 2009 from www.hapinternational.org.

3. People In Aid

Formally established in 1995, People In Aid's first output was the People In Aid Code of Best Practice in the management and support of aid personnel. The Code, now revised as the Code of Good Practice, comprises seven principles defined by indicators and which are monitored and assessed by agencies, using the social audit process. People In Aid's mandate as a central resource to the sector, supporting agencies in improving the quality of their human resources management, is further carried out through workshops, published guidelines, research and exchange of information between the 70+ members around the world. Retrieved 16 July 2009 from www.peopleinaid.org.

4. Coordination SUD – Synergie Qualité

Coordination SUD is the national coordination committee of French international solidarity NGOs. It produced the Synergie Qualité methodology in 2003. The conviction behind this approach is that the quality of international solidarity actions must be grasped in a multi-dimensional way. Quality includes ethical principles, organizational factors at NGO headquarters, technical know-how, and relationships between members of the NGO and the local actors (beneficiary populations and southern partners). This conviction led to the formulation of a coherent set of principles and methods based on five themes: humanitarian ethics, governance within the agency, human resources management, project cycle and the role of the affected populations. Retrieved 16 July 2009 from www.coordinationsud.org.

5. Quality COMPAS (Criteria and Tools for the Management and Piloting of Humanitarian Assistance)

Produced by the Groupe U.R.D. (Urgence. Rehabilitation. Development) sur la qualité dans l'action humanitaire, Quality COMPAS undertakes research, evaluation and training in humanitarian action. It has its roots in operational research carried out from 1999 to 2004 in different contexts and different types of humanitarian projects, alongside operational aid workers. It is the first method of quality assurance produced specifically for humanitarian projects, based on a series of questions and centred on affected populations. It enables steering and evaluation of projects, with the aim of improving the quality of service provided to these populations.

Today, it is complemented by an information handling system (Dynamic COMPAS), which makes it possible to record key data about the project. Groupe U.R.D. is now supporting leading humanitarian organizations as they adopt this method and its tools. Retrieved 16 July 2009 from www.compasqualite.org/en/index/index.php.

²⁹ The Sphere Project, July 2009 <http://www.sphereproject.org/content/view/481/228/lang,english/>.

6. The Emergency Capacity Building Project's Accountability and Impact Measurement Initiative:

The Emergency Capacity Building (ECB) Project is a collaborative effort of the seven agencies of the Inter-Agency Working Group on Emergency Capacity.³⁰ These agencies and their partners address issues of staff capacity, accountability, impact measurement, risk reduction, and the use of information and communication technologies (ICTs) in emergencies, with the objective of improving the speed, quality and effectiveness of emergency response. ECB's work focuses on impact measurement and accountability. It strives to recognize the important humanitarian standards developed by ALNAP, HAP-International and Sphere and, by working with them, helps to bring together practices in the field that will improve accountability to people affected by disasters. It has also provided impact measurement of the work undertaken by publishing, in early 2007, a brief guide entitled 'Impact Measurement and Accountability in Emergencies: The Good Enough Guide'. The Guide was developed by the ECB and offers a set of basic guidelines on how to be accountable to local people and measure programme impact in emergency situations. It also contains a variety of tools on needs assessment and profiling. It is aimed at humanitarian practitioners, project officers and managers with some experience in the field, and draws on the work of field staff, NGOs, and inter-agency initiatives, including Sphere, ALNAP, HAP International, and People In Aid. Retrieved 16 July 2009 from www.ecbproject.org.

³⁰ CARE International, Catholic Relief Services, the International Rescue Committee, Mercy Corps, Oxfam GB, Save the Children US, and World Vision International.

Annex 2: Recognition of the right to food³¹

The right to adequate food is recognized in several agreements under international law, including the Universal Declaration of Human Rights, adopted in December 1948 (article 25), and the International Covenant on Economic, Social and Cultural Rights, adopted by the General Assembly in December 1966 and entered into force in January 1976.

“Everyone has a right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

(Article 25 in the Universal Declaration of Human Rights).

“The States Parties...recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement in living conditions. The States Parties will take adequate steps to ensure the realization of this right, recognizing to this effect the essential importance of international cooperation.” “The States Parties...recognize the fundamental right of everyone to be free from hunger, shall take, individually and through international cooperation, the measures, including specific programmes, which are needed.”

(Article 11 in the International Covenant on Economic, Social and Cultural Rights).

Obligations of States and warring parties to provide humanitarian assistance

Human rights law and humanitarian law define the legal responsibilities of states or warring parties to provide assistance or to allow it to be provided, and refrain from behaviour that violates fundamental human rights.

International Covenant on Economic, Social and Cultural Rights:

“Each party to the present covenant undertakes to take steps, individually and through international assistance and cooperation, especially economic and technical, to the maximum of its available resources, with a view to progressively achieving the full realization of the rights recognized in the present covenant by all appropriate means, including particularly the adoption of legislative measures.” (Article 2). Many states have adopted such legislation; however this is not consistent between states.

4th Geneva Convention part 3:

“To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring food and medical supplies of the population; it should in particular, bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied territories are inadequate” (Article 55).

“If the whole or part of the population of an occupied territory is inadequately supplied, the Occupying Power shall agree to relief schemes on behalf of the said population, and shall facilitate them by all the means at its disposal. Such schemes, which may be undertaken either by States or by impartial humanitarian organizations such as the ICRC, shall consist in particular of the provision of consignments of foodstuffs, medical supplies and clothing.” (Article 59).

“The Occupying Power shall in no way whatsoever divert relief consignments from the purpose for which they were intended, except in cases of urgent necessity, in the interests of the population of the occupied territory and with the consent of the Protecting Power.” (Article 60).

Additional Protocols:

“If the civilian population is suffering undue hardship owing to a lack of supplies essential for its survival, such as foodstuffs and medical supplies, relief actions for the civilian population which are of an exclusively humanitarian and impartial nature in character and conducted without any adverse distinction shall be undertaken subject to the consent of the High Contracting Party concerned.” (Additional Protocol 2; Article 18 – referring to non-international armed conflict).

Convention of the Rights of the Child 1990

“State Parties shall take appropriate measures to combat disease and malnutrition... through the provision of adequate nutritious foods, clean drinking water and health care’ and ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition [and] the advantages of breastfeeding.”

³¹ Source: The Sphere Project, Nutrition Module, Session 1, Handout 1, 2004.

Annex 3: The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief

Key Excerpts:³²

Purpose

This Code of Conduct seeks to guard our standards of behaviour. It seeks to maintain the high standards of independence, effectiveness and impact to which disaster response agencies aspire. It is a voluntary code, outlining 10 principles of conduct. Three annexes describe the working environment that we would like to see created by Host Governments, Donors and Inter-Governmental Organisations.

The Code of Conduct

1. The humanitarian imperative comes first

The right to receive humanitarian assistance, and to offer it, is a fundamental humanitarian principle which should be enjoyed by all citizens of all countries. As members of the international community, we recognise our obligation to provide humanitarian assistance wherever it is needed. Hence the need for unimpeded access to affected populations is of fundamental importance in exercising that responsibility. The prime motivation of our response to disaster is to alleviate human suffering.

2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.

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

Humanitarian aid will be given according to the need of individuals, families and communities.

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

Non-governmental humanitarian agencies act independently from governments. We therefore formulate our own policies and implementation strategies. We will never knowingly – or through negligence – allow ourselves, or our employees, to be used to gather information of a political, military or economically sensitive nature for governments or other bodies that may serve purposes other than those which are strictly humanitarian, nor will we act as instruments of foreign policy of donor governments.

5. We shall respect culture and custom

6. We shall attempt to build disaster response on local capacities

Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies.

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

Effective relief and lasting rehabilitation can best be achieved where the intended beneficiaries are involved in the design, management and implementation of the assistance programme.

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

We will strive to implement relief programmes which actively reduce the beneficiaries' vulnerability to future disasters and help create sustainable lifestyles.

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

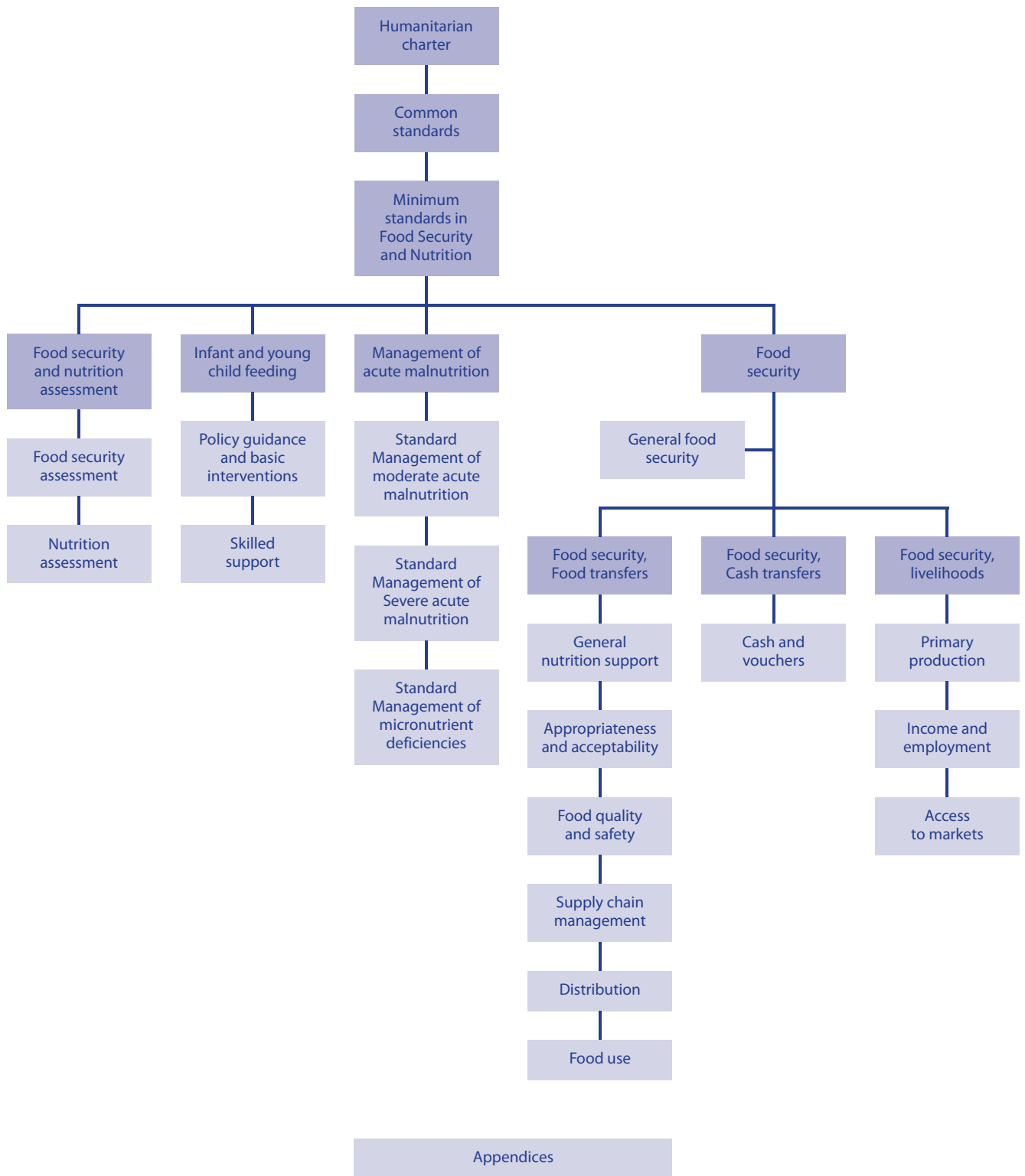
We often act as an institutional link in the partnership between those who wish to assist and those who need assistance during disasters. We therefore hold ourselves accountable to both constituencies.

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

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

³² The full text can be found at <http://www.ifrc.org/publicat/conduct/> in English, French and Spanish

Annex 4: Overview of the Sphere Standards on Food Security and Nutrition



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.
6. **Field-based exercises** outline ideas for field visits that may be conducted during a longer training course.

CONTENTS

1. Tips for trainers

2. Learning objectives

3. Testing knowledge

Exercise 1: What do you know about nutrition standards?

Handout 1a: What do you know about nutrition standards?: Questionnaire

Handout 1b: What do you know about nutrition standards?: Questionnaire answers

4. Classroom exercises

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

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

Exercise 3: How many code of conduct principles can you remember?

Handout 3a: How many code of conduct principles can you remember?

Handout 3b: How many code of conduct principles can you remember?: Model answers

Exercise 3: Developing your own Code of Conduct for your new NGO.

Exercise 4: The McDonalds of humanitarianism: Debate

Handout 4a: The McDonalds of humanitarianism: Debate

Exercise 5: How much community participation can you measure?

Handout 5a: How much community participation can you measure?

5. Case studies

Exercise 6: Using the minimum standards as an evaluation tool

Handout 6a: Using the minimum standards as an evaluation tool: Instructions

Handout 6b: Case study I: Malawi

Handout 6c: Case study I: Malawi: Model answers

Handout 6d: Case study II: Lebanon

Handout 6e: Case study II: Lebanon: Model answers

6. Field-based exercises

Exercise 7: What standards do you use?

Handout 7a: What standards do you use?

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.

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.

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.

PART 4: TRAINING RESOURCE LIST

The training resource list is the fourth of four parts contained in this module. It provides a comprehensive list of reference material relevant to this module including guidelines, training courses and reference manuals. Part 4 provides background documents for trainers who are preparing training material.

What can you expect to find here?

1. An inventory of existing **guidelines** and **evaluation/learning reports** listed alphabetically by agency name with details about their availability.
2. A list of known **training resources** listed alphabetically by agency name with brief descriptions of what is available.
3. Material/references that might provide useful background information in preparing training course.

Guidelines, Manuals and Evaluations

1. **ALNAP** activities, new developments and publications can be found on ALNAP's website
Contact: www.alnap.org
2. **ECB (2007). *Emergency Capacity Building Project. Impact Measurement and Accountability in Emergencies: The Good Enough Guide.***
3. **FAO (2010). *Fact Sheet No. 34: The Right to Adequate Food.* UN Office of the High Commissioner for Human Rights and FAO, Oct 2010**
<http://www.reliefweb.int/rw/lib.nsf/db900SID/ASAZ-8A5GWH?OpenDocument>
4. **FAO (2009). *Methodological Toolbox on the Right to Food:***
 - 1) Guide on legislating for the right to food
 - 2) Methods to monitor the human right to adequate food – Vol. I
 - 2) Methods to monitor the human right to adequate food – Vol. II
 - 3) Guide to conducting a right to food assessment
 - 4) Right to food curriculum outline
 - 5) Budget work to advance the right to foodhttp://www.fao.org/righttofood/publi_02_en.htm

TRAINING RESOURCE LIST

5. **HAP (2010). *The 2010 edition of the HAP Standard in Accountability and Quality Management*.**
<http://www.hapinternational.org>
6. **HAP (2003). *The Principles of Accountability*.**
<http://www.hapinternational.org/projects/standard/development/principles-of-accountability.aspx>
7. **IASC (2010). *Cluster Approach Evaluation, 2nd Phase. Synthesis Report, April*.**
8. **IFRC (1994). *The Code of Conduct for the International Red Cross and Red Crescent Movement and NGO's in Disaster Relief*. Geneva: IFRC.**
Contact: <http://www.ifrc.org/publicat/conduct/> in English, French and Spanish
9. **ODI/HPN (2003). *Special issue of Humanitarian Exchange on Neutrality. Number 25, December 2003*.**
Articles include: 'Does it still make sense to be neutral?'; 'With us or against us? NGO neutrality on the line'; 'Limits to neutrality in Iraq'; 'Taking a stand: solidarity and neutrality in humanitarian action'; 'Neutrality in humanitarian assistance: a case study from Zimbabwe'; 'Humanitarianism, Islam and the West: contest or cooperation?'
10. **ODI/Davis, A. (2007, February). *Concerning Accountability in Humanitarian Action*. ODI Network Paper No. 58. London: ODI.**
11. **SCHR, 2010. *SCHR Peer Review on Accountability to Disaster-Affected Populations. An Overview of Lessons Learned*. January 2010. Gostelow L. et al.**
[http://www.reliefweb.int/rw/lib.nsf/db900sid/JBRN-82WEFF/\\$file/schr_jan2010.pdf?openelement](http://www.reliefweb.int/rw/lib.nsf/db900sid/JBRN-82WEFF/$file/schr_jan2010.pdf?openelement)
12. **UNICEF, 2010. *Core Commitments for Children in Humanitarian Action*.**
http://www.unicef.org/publications/index_21835.html
13. **The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*. Geneva: The Sphere Project.**
The new edition of the Sphere Handbook takes into account recent developments in humanitarian practice in water and sanitation, food, shelter and health, together with feedback from practitioners in the field, research institutes and cross-cutting experts in protection, gender, children, older people, disabled people, HIV/AIDS and the environment. It is the product of an extensive collaborative effort that reflects the collective will and shared experience of the humanitarian community, and its determination to improve on current knowledge in humanitarian assistance programmes.
Availability: Will be available in English, French, Spanish, Arabic in hard copy; CD-ROM and electronically via the sphere website (below)
Contact: www.sphereproject.org
An introduction to eight initiatives. July 2009
http://www.sphereproject.org/component/option,com_docman/task,doc_view/gid,282/lang,spanish/
Quality and Accountability Initiative: Questions and answers. Geneva: The Sphere Project.
<http://www.sphereproject.org>
Van Dyke, M., et al. (2004, January). *The Sphere Project Evaluation Report*. Geneva: The Sphere Project.
Walker, P. (2005). 'Cracking the code: the genesis, use and future of the Code of Conduct'. *Disaster*, 29: 4. Medford: Feinstein International Famine Center, Tufts University.

Technical Papers

Standards and Accountability

14. The Universal Declaration of Human Rights. Available in all languages:
<http://www.ohchr.org/EN/UDHR/Pages/Introduction.aspx>
15. UN Convention on the Rights of the Child, 1989:
<http://www.ohchr.org/english/law/pdf/crc.pdf>
16. UN Convention on the Elimination of all Forms of Discrimination Against Women, 1979:
<http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>
17. International Covenant on Economic, Social and Cultural Rights, 1966:
<http://www.ohchr.org/english/law/cescr.htm>
18. International Covenant of Civil and Political Rights, 1966:
<http://www.ohchr.org/english/law/ccpr.htm>
19. Convention Relating to the Status of Refugees, 1951:
http://www.unhchr.ch/html/menu3/b/o_c_ref.htm
20. Protocol Relating to the Status of Refugees, 1966:
http://www.unhchr.ch/html/menu3/b/o_p_ref.htm
21. UNHCHR/FAO, 2010 The Right to Adequate Food. Fact Sheet No.34.
<http://www.fao.org/righttofood/publi10/FactSheet34en.pdf>
22. International Humanitarian Law:
The four Geneva Conventions of 1949, and subsequent Additional Protocols (of 1977 and 2005) can be found at:
<http://www.icrc.org/eng/war-and-law/treaties-customary-law/geneva-conventions/index.jsp>

Other technical papers

23. **Hilhorst, D.**, 2005. Dead letter or living document? Ten years of the Code of Conduct for Disaster Relief. *Disasters* 29: 4, 351-369
24. **Kelly J.**, 2009. When NGOs beget NGOs: Practicing Responsible Proliferation. *The Journal of Humanitarian Assistance*, April 29, 2009. Published by Feinstein International Centre.
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Training Resources

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These training modules aim to improve the technical capacity for humanitarian response in nutrition. They are aimed at staff with some responsibility for designing or monitoring nutrition related projects and aim to ensure an understanding of the scope and content of Standards in the Food Security, Nutrition and Food Aid chapter of the Sphere handbook, the key indicators, and the scientific/practical rationale behind these. The training modules include a lesson plan, handouts and visual materials for each of the eight sessions below:

- Session 1. Introduction to Nutrition Module
- Session 2. Assessment and Analysis
- Session 3. General Nutrition Support
- Session 4. Moderate Malnutrition
- Session 5. Severe Malnutrition
- Session 6. Micronutrient Deficiency Diseases
- Session 7. Constraints and Gaps
- Session 8. Case Study

Contact: www.sphereproject.org

Sphere videos, e.g. Echoes of Accountability from the Field:

<http://www.sphereproject.org/content/blogsection/7/83/12/12/lang,English/>

ECB. A variety of films explaining and demonstrating accountability in practice are available on the ECB website:

<http://www.ecbproject.org/goodenoughguide-films>

FAO. The Right to Food. Curriculum Outline

http://www.fao.org/righttofood/publi09/curriculum_outline.pdf

HAP. Case studies and tools are available on the HPA website:

<http://www.hapinternational.org/projects/field/case-studies.aspx>

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