

## 2.3 Nutrition Problems

Trainer's Note

### *Session at a Glance:*

Content	Activity	Time
1 Introduction	Brief Oral Presentation	5 minutes
2 Recurrent problems	OH presentation with plenary discussion	30 minutes
3 Sphere and Sudan 1998	Analysis of written case study and facilitated discussion	45 minutes
4 Conclusions	Brief Oral summary of main points	10 minutes
<b>Total Session Time: 90 minutes</b>		

**Required Materials:** 2.3 OH set, flipcharts, prepared case study documents for Sudan 1998:

- 2.3.1 Sphere and Sudan – 1998...
- 2.3.2 Another View
- 2.3.3 Sphere Response

### Trainer's Notes:

#### **1. Introduction – 5 minutes**

This session on nutrition problems, like the other “problem” sessions, is intended to show the types of recurrent problems that seem to persist in disaster-affected, and particularly, refugee camp populations. Explain that the point of these “problem” sessions is to show very practical ways to address these problems in a realistic rather than theoretical way. The Sphere guidance that follows in the next session can then be discussed as “solutions”.

If you are not a nutritionist yourself, it is critical that you read through the background material and Sphere chapter very closely and explain your “tour guide” status to the group. If there are nutritionists in the group, work closely with them to help explain the more arcane areas of the presentation.

#### **2. Recurrent Problems – 30 minutes**

Using the OH slides prepared for this session, present each problem and read out the associated questions as well as the possible answers. Use your own examples and stories to enhance each of these problems and call for examples from others in the group who have experienced them. Keep the session lively and moving quickly. If you have a professional nutritionist (or more) integrate them into this session, by talking through the session with them beforehand and calling on their expertise or explanation for finer points and for illustration of the broad points presented in the problems.

### **3. Sphere and Sudan 1998 – 45 minutes**

This part of the session is a case study. There are 3 separate short articles comprising several pages to read. These are also attached to the end of this Trainer's Note for your review. Non-nutritionists and those with little or no camp experience will have difficulty with some of the key terms and concepts. You must provide adequate time for this part of the session. It will take 45 minutes to allow for at least 20 minutes of reading time and 25 minutes of discussion. Even if there are no skilled nutritionists in the group the key concepts and arguments (pro and con) will come out. Use the questions on the animated OH to facilitate the discussion. As each question comes up, facilitate a quick brainstorm and catch as many answers as possible. As you work through each of the questions, look for repetition and points that re-enforce one another. Finally, draw on the flipcharts and brainstorming from each question to come to a conclusion on the case... typically that **Sphere is designed to illustrate what standards should be achieved, but provides little advice in extreme situations where the standards and associated indicators can not be reached. As such, it is more useful in this instance as an advocacy and proposal design tool than as a strategic field guide for emergency triage.**

### **4. Conclusions – 10 minutes**

**“Nothing provides a magic solution for every problem”** However, Sphere does provide a useful goal and key touchstone for program design and advocacy.

Although nutritionists will run nutrition programs, it is extremely useful for all design staff and field practitioners to understand the basics of nutrition programs, the associated terminology, and key concepts. The Sphere and Nutrition session that follows will provide a good introduction to these points.

### ***2.3.1 Sphere and Sudan – 1998...***

#### ***This Article is copied from the British Medical Journal***

*BMJ* 2001;323:740-742 ( 29 September )

#### **Education and debate**

## **Raising standards in emergency relief: how useful are Sphere minimum standards for humanitarian assistance?**

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International humanitarian agencies have recently developed a set of standards governing the implementation of relief programmes.<sup>1</sup> The Sphere standards were developed in response to concerns about the quality and impact of humanitarian assistance and are analogous to those set for healthcare services in developed countries.<sup>2 3</sup> Although the standards have been generally welcomed, concerns have been raised about their use.<sup>4 5</sup> One worry is that the main measures apply only to ideal situations in relief camps and that standardisation will prevent relief workers from adapting in more complex situations. Another fear is that politicians could use the standards to obscure their responsibilities to tackle the underlying causes of emergencies. Finally, the indicators could foster unrealistic expectations while ignoring constraints. This could lead to unjustified adverse publicity, liability, and reprisals.<sup>6 7</sup> In this article we describe the standards and assess their usefulness by considering the application of nutritional standards in the 1998 famine in Sudan.

### **Summary points**

In January 2000, the Sphere project published the first handbook describing minimum standards and related key indicators applicable to emergency relief programmes

The handbook aims to stimulate learning and accountability by measuring process and outcome

The standards and key indicators are minimum values for beneficiaries but cannot always be used as planning objectives by humanitarian agencies

Assessment of performance of single agencies must take into account the general context of the emergency, particularly resource availability, access, and interventions

by others

Use of technical standards must be accompanied by an obligation on states to respond to humanitarian emergencies and guarantee the rights of populations

The Sphere project is a consortium of the international humanitarian community set up to establish what is technically and normally possible for relief operations.<sup>8</sup> More than 700 people from 228 relief organisations in 60 countries considered ideas on good practice over three years. The results were published in a handbook in January 2000.<sup>1</sup> The Sphere handbook contains a humanitarian charter and minimum standards, accompanied by key indicators for five sectors of disaster response: water supply and sanitation, nutrition, food aid, shelter and site management, and health services. The charter recognises the basic right to assistance of people affected by disasters, enshrined in international law. It highlights the legal responsibility of states to guarantee these rights. The standards are formulated as principles or objectives, and the box gives examples of standards on nutrition. The key indicators are quantified indices to measure fulfilment of the standards.

The 1998 famine in southern Sudan was another catastrophic episode in the continuing civil war.<sup>9</sup> In January 1998, during a period of severe drought, a resurgence of fighting around the government held towns of Wau and Gogrial displaced about 130 000 people. This destroyed any remaining coping mechanisms and precipitated intense famine. Deliberate manipulation by the warring parties aggravated the desperate situation. By imposing a succession of flight bans and allowing access to only a few sites, the Sudanese government concentrated relief efforts in a few villages. Insecurity on both sides of the frontline restricted movement of aid workers and forced teams to evacuate periodically. Displaced people who had gathered together had no access to clean water, sanitation, or health facilities and, despite relief efforts, had grossly insufficient quantities of food. Malnutrition combined with epidemics of diarrhoea killed tens of thousands of people.

## Examples of Sphere standards for emergency nutrition interventions

### Standard 1: assessment

Before any decisions are made about a programme, aid workers must demonstrate understanding of the basic nutritional situation and conditions that may create a risk of malnutrition

### Standard 2: response

If nutritional intervention is required, the problems must be clearly described and the strategy for response documented

### Standard 3: monitoring and evaluation

The performance and effectiveness of the nutrition programme and changes in the context must be monitored and evaluated

### Standard 4

The public health risks associated with moderate malnutrition are reduced

### Standard 5

Mortality, morbidity, and suffering associated with severe malnutrition are reduced

To have an impact in such a resource depleted situation, relief programmes must ensure that most of the population has access to minimum life sustaining requirements: sufficient general food rations, adequate water, sanitation, and basic health care. Unless these basic requirements are met, additional selective

feeding programmes, aimed at providing special food for those with malnutrition, cannot produce a lasting decrease in mortality.

Relief programmes for areas affected by drought will usually include feeding centres. Supplementary feeding centres provide moderately malnourished people with a weekly ration of enriched blended cereal flour to take home, whereas therapeutic feeding centres provide severely malnourished people with 24 hour inpatient care. Inpatients receive therapeutic milks tailored to their individual metabolic needs, as well as intensive medical and nursing care and systematic broad spectrum antibiotic and antihelminthic drugs.<sup>10</sup>

Most of the humanitarian relief for the 1998 famine was provided by Operation Lifeline Sudan, an umbrella group comprising the United Nations and international and national non-governmental organisations. As in many major emergencies, the World Food Programme provided general rations. Médecins Sans Frontières Holland set up two therapeutic feeding centres in Wau, which had a population of 150 000, and supported the town's hospital. It also ran therapeutic and supplementary feeding centres and supported primary healthcare centres in Panthou, Ajak, and Tieraliet, three villages of 5000-10 000 people controlled by the Sudan People's Liberation Army (figure).

Sphere recognises that factors outside the control of humanitarian agencies affect their ability to meet minimum standards of service provision. Four prerequisites need to be met: everyone involved in humanitarian assistance should share a common goal; there should be access to the afflicted population; sufficient funds should be available; and everyone should be committed to meet minimum standards.

In Sudan during 1998, none of these underlying assumptions were met. The humanitarian crisis and the response were highly orchestrated by the Sudanese governments and the Sudan People's Liberation Army. Access was severely restricted. The flight restrictions flouted international humanitarian law that obliges states to agree to the provision of humanitarian assistance.<sup>11 12</sup> Large amounts of relief grain were diverted to the military so that the general ration remained well below requirements.<sup>13</sup> Adequate donor funding was available only after June, when pictures of starving children appeared on Western television. In our experience, these findings are not abnormal in large scale complex emergencies.

The relief intervention aimed to provide the greatest amount of good for the greatest amount of people. However, the needs were overwhelming and the resources were grossly inadequate. The utilitarian principle conflicted with the desire to provide minimum levels of individual care described by the Sphere key indicators. Médecins Sans Frontières did not have the capacity to tackle the underlying problem of inadequate food distribution. Therefore, in consultation with Operation Lifeline Sudan, it implemented selective feeding programmes while advocating improvements in the general ration. Although it realised that this intervention would have limited impact if the wider problems were not tackled, it believed that solidarity and advocacy were important reasons justifying an intervention. Médecins Sans Frontières therefore established a field presence knowing that it was unrealistic to meet all Sphere's process and outcome key indicators (tables [1](#) and [2](#)).

Médecins Sans Frontières' solution to this problem was to make admission criteria more stringent but maintain a high level of care. For example, the therapeutic feeding centres admitted only children who were less than 60% of their weight for height instead of the usual level of 70%. Because the centres admitted only the most severely malnourished children, recovery rates inevitably fell below the indicated norm of 75% after two months. The coverage of the feeding programmes in all locations was low, varying from 10% to 33%.

An evaluation of the programme concluded that the intervention could have had greater effect if Médecins Sans Frontières had deviated further from the Sphere standards.<sup>14</sup> It suggested that triage methods, prioritising less intensive treatment for those having better survival chances, would have been more cost effective.<sup>15</sup> Large scale feeding centres with reduced quality of treatment for individuals would have freed up capacity to increase the coverage of the programme. For example, not providing intravenous rehydration would have avoided staff wasting time trying to find parenteral access for patients with little hope of survival. A triage strategy could have achieved lower overall mortality by accepting higher death rates among the most severely malnourished.

Such decisions are extremely difficult and require considerable experience and professional acumen. The Sphere handbook does not help in these dilemmas. As Sphere does not include an indicator for programme coverage, small intensive programmes with low death rates but low coverage and therefore low impact seem more effective than large less intensive programmes with higher death rates but higher coverage and impact. This omission should be corrected in subsequent editions of the standards.

The Sphere handbook defines minimum service standards from the perspective of beneficiaries. However, the assumptions behind these standards, such as unhindered access and adequate resources, are rarely met during large scale humanitarian emergencies. Such constraints restrict the effectiveness of all humanitarian interventions. This case study shows that trying to adhere to preset indicators when needs are overwhelming compared with the available capacity for response could promote inappropriate planning. The Sphere nutritional key indicators emphasise individual cure rates rather than overall impact at the population level. Triage is needed to obtain an optimal balance between quality of individual care and coverage of the programme. Relief workers must be prepared to define innovative approaches aiming at the highest effect possible with the given resources.

The need for triage of entire populations is a sad comment on the state of the "global village." It reflects a failure of politicians and governments to meet their humanitarian responsibilities. Campaigns to point out these obligations under international humanitarian law, as emphasised in the humanitarian charter, must be reinforced. The Sphere handbook must be used as a whole and not just as a technical reference. This minimises the scope for politicians to divert attention away from underlying political failures by scapegoating humanitarian agencies for not meeting technical standards.

The success and immediate uptake of Sphere by humanitarian agencies, donors, and the media has its dangers. It is vital that agencies attempt to uphold standards of interventions and that they are accountable to donors, the media, and to those afflicted by disaster. Nevertheless, in the absence of other tools, politicians and the media might be tempted to judge agencies solely on adherence to Sphere's indicators. A simple comparison of figures could lead to naive assessments. The standards should be seen as references when judging the performance of single agencies. The wider humanitarian community and media need to understand that achievements must be analysed within their context, taking into account available resources, access, and interventions by others.

#### Footnotes:

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(Accepted 18 June 2001)

## 2.3.2 Another View

**This short article from "*Field Exchange*" is parallel, and in relative harmony with the preceding. However, it has a slightly different perspective.**

### **A PRACTITIONERS PERSPECTIVE ON THE APPLICATION OF NUTRITION MINIMUM STANDARDS DURING THE 1998/9 HUMANITARIAN CRISIS IN SOUTHERN SUDAN**

Stephanie Maxwell has worked extensively in southern Sudan as a nutritionist. Stephanie worked as the medical co-ordinator for Medicines Sans Frontiers Holland (MSFH) between May '97 to Mar. '99, and as programme manager during the crisis period. Between mid 1999 to early 2000 she was working as a nutrition consultant for Unicef in the Operation Lifeline Sudan Programme (OLS) for the southern sector. Part of the Unicef assignment included a review of some of the targeted feeding programmes being implemented in southern Sudan.

#### **Introduction and Background :**

The Sphere Project was launched in 1997 to develop a set of universal minimum standards in core areas of humanitarian assistance. The aim of the project is to improve the quality of assistance provided to people affected by disasters, and to enhance the accountability of the humanitarian system in disaster response. The project was however never intended to provide a comprehensive guide for assessing interventions or cover the complete range of potential humanitarian responses. This sometimes get forgotten in the debate over the application of minimum standards during a crisis.

The Minimum Standards specify the minimum acceptable levels to be attained in sectors of humanitarian response. Each standard has a set of key indicators which signal whether the standard has been attained. They provide a way of measuring and communicating both the impact, or result of the programmes as well as the process, or methods used.

This article examines aspects of the influence, use and impact nutrition 'Minimum Standards' had during the response to the 1998/9 humanitarian crisis in southern Sudan. The discussion is largely based upon consideration of Standard 2 for Targeted Nutritional Support for Severe Malnutrition, and some of the key indicators used in the context of the emergency in southern Sudan in 1998/1999. The relevant standard and indicators read as follows:

- Targeted nutritional support standard 2: severe malnutrition: Mortality, morbidity and suffering associated with severe malnutrition are reduced.

#### *Examples of Key indicators:*

- Proportion of exits from a therapeutic feeding programme who have died is <10%.
- Proportion of exits from therapeutic feeding programme recovered is >75%.
- Proportion of exits from therapeutic feeding programme defaulted <15%.
- There is a mean weight gain of >8g per kg per person per day.
- Nutrition worker to patient ratio is at least 1:10.

## RECALLING THE CONTEXT

### The 1998 food crisis in southern Sudan

The multiple factors that brought about the humanitarian crisis, and shaped the humanitarian response are well documented (see Co-ordinating a Humanitarian Response in Sudan (Murphy et al) in Field Exchange Issue 6, as an example). The principal constraints that characterised the 1998 humanitarian crisis and response in southern Sudan are summarised as follows;

- Humanitarian agencies were initially denied access to the affected population by the Government of Khartoum.
- Limited infra-structure and poor communication systems.
- Logistical constraints, especially when airstrips were wet and/or too short, making it impossible for vital cargo planes to land.
- Working in flat, flooded and swampy conditions.
- Lack of experienced international and national professionals.
- The overwhelming scale of the problem.
- Inadequate co-ordination of the humanitarian response.

Furthermore, one of the key prerequisites for an efficient and effective emergency nutrition intervention was not fulfilled during the early stages of the crisis. An adequate general food ration was not provided for all in need;

- General Nutritional Support Standard 1: Nutrient Supply: The nutritional needs of the population are met.

## ASSESSING THE INFLUENCE, USE AND IMPACT OF THE NUTRITION MINIMUM STANDARDS DURING THE 1998/9 HUMANITARIAN CRISIS IN SOUTHERN SUDAN.

### The awareness of the Sphere Project and the Minimum Standards

There was limited awareness among field staff of the existence of internationally established minimum standards for humanitarian assistance. Generally, it was agency head office staff rather than 'front-line' staff who were aware of the project. In some instances, Minimum Standards were invoked as a basis for assessing the performance of agency interventions. In retrospect, a number of critical observations about the role and application of the minimum standards can be made:

#### 1. Example of adapting guidelines and protocols 'signalling' that the standard can not always be attained

The two boxes below describe aspects of the therapeutic feeding programmes implemented by an MSF section in 1998 and my personal experience of adapting guidelines when faced with a complex and over-whelming situation. This high lights potential conflict with SPHERE project minimum standards and the key indicators used to measure attainment of those standards. The standard in question is standard two for targeted nutritional support for severe malnutrition while the relevant key indicators are "There is a mean weight gain of > 8g per kg per person per day" and "Nutritional and medical care is provided to people who are severely malnourished, according to clinically proven therapeutic care protocols".

After appraising the situation in one site which had a limited number of locally available qualified staff, a high level of insecurity for international staff, and resolute mothers who were reluctant to sit in a centre all day - I recommended that a simplified TFC regime be put in place.

I recommended a two tier TFC. The two tiers were for children who did or did not have an appetite based on the assumption that those without appetite required more supervision. Malnourished children with an appetite would either come in the morning or the afternoon for approximately four hours depending on the allocated shift. Children without an appetite would be encouraged to spend more than half a day at the centre. All children received a take home ration of made up milk and BP5 biscuits. If necessary, and with time and sufficient training, I assumed that it would be possible to build on the simplified model so that it would eventually have the characteristics of a conventional TFC. The rationale for such a design was;

- to free up time for mothers thereby reducing the likelihood of other children being admitted
- due to the limited number of qualified national staff available such a system meant that there were less children at the centre at any given time so that the TFC could more easily adhere to another of the key SPHERE indicators "Nutrition worker to patient ratio is at least 1:10".
- to enable national staff to run the programme if international staff were evacuated for security reasons.

This deliberately simplified TFC regime deviated from certain aspects of standard therapeutic care protocols/guidelines e.g. a 3 phase system with 12-24 hour supervision. Understandably, this received critical attention from certain experienced MSF team members. Their concerns were real and justifiable, MSF had years of experience and who was I to adapt internationally recognised MSF nutrition guidelines. "Minimum standards for therapeutic feeding were not being met"

Eventually, the team agreed to implement the suggested design. During the course of the programme children successfully gained weight (but at a slower rate than 8gms/kg/day) and the approach was replicated in other sites later on in the crisis. It is difficult to scientifically establish the merits of this particular intervention (after several weeks the programme was closed due to insecurity and some of the relevant data was lost). However, in Panthou during the later stages of the crisis the above design was implemented and the recovery rates were 75%. I believe such an approach was appropriate and effective for the given context.

## **2. Example of the limitations of the Sphere Project as a tool to assess programme quality and whether minimum standards were being attained.**

During the crisis some MSF programmes reduced the admission criteria for the TFC from <70% wt-for-ht to <60% wt-for-ht in order to be able to cope with the overwhelming numbers. It could be argued that the Minimum Standards for targeted support to reduce mortality, morbidity and suffering associated with severe malnutrition were being met as far as possible, given the difficult circumstances encountered (including an inadequate and erratic general food ration). However, some of the relevant indicators for the minimum standard such as the "proportion of exits from a therapeutic feeding programme who have died is <10%" and the "proportion of exits from therapeutic feeding programme recovered is > 75%" could *no* longer be reasonably applied as children < 60% wt-for-ht are likely to suffer higher mortality. If such indicators were applied without consideration for the context one would conclude (unfairly) that the programme was of poor quality and ineffective.

A number of critical observations about the role and application of minimum standards can be drawn from these experiences:

### **a) Assessing standards in a particular context.**

While the Sphere Project offers a set of standards and indicators, neither these standards or other internationally recognised nutritional guidelines were able to prepare or offer solutions for "front line

workers" for the array of constraints and challenges faced by humanitarian agency staff during the 1998 food crisis.

**b) Distinguishing between innovative and poorly managed programmes.**

During the crisis, there appeared to be inadequacies in the capacity of some commentators to distinguish between organisations which had adopted 'innovative approaches' to deal with the overwhelming situation (which in some cases meant deviating from guidelines), and organisations which were implementing poorly managed targeted feeding programmes (which was unfortunately also the case). The use of the Sphere Project as a tool did little to strengthen (and may even have undermined) the capacity to make such distinctions. In some situations, optimal programme design (as advocated in guidelines) had to be modified in order to maximise the achievement of the minimum standard.

There were certainly instances where this apparent deviation from standard protocols/guidelines was perceived as a failure to meet standards as suggested by SPHERE (e.g., the key indicator suggested as a means of assessing attainment of the minimum standard is adherence to standard protocols). The overall situation was not helped by the fact that professionals did not appear to readily agree on the most appropriate strategy for nutrition interventions, given the complex and challenging circumstances.

**c) The application of Minimum Standards and their respective indicators.**

Where programme design is modified in order to maximise attainment of standards the relevant key indicators for any given standard may not be appropriate or attainable, and if applied, may indicate poor programme performance.

**d) The misleading nature of the term 'Minimum Standards'**

Some professionals argue the standards, and their respective indicators, are *appropriate* for accessible and relatively safe refugee settings while in complex emergencies, they may be the ideal, but not really achievable. For example, water supply standards were not achievable throughout most of southern Sudan during the '98 crisis. But the term 'Minimum Standards' suggests they should be achievable. In certain situations, when standards and their indicators are unrealistic, the Sphere Project is considerably weakened as a tool to challenge poor practice. Perhaps a more appropriate and less confusing term may be 'international references' or 'international standards'.

**e) Using the Minimum Standards as a measure for greater accountability**

Though well intentioned, the attempts to make agencies more accountable by promoting the adoption of the Minimum Standards in southern Sudan, did not always achieve its objective. One reason appears to be that criticism was being received defensively. In addition, due to the strains experienced by the main co-ordination body (in this case, the UN) and the lack of capacity found in local authority structures, some professionals assumed an *ad hoc* watch dog role. As there was no agreed mandate for such a role, this had, at times, the inadvertent effect of making agencies less willing to be transparent and did little to improve accountability.

**f) The 'right' to comment**

At the onset of the crisis, MSF was among a number of agencies who publicly voiced their concern over the World Food Programme's capacity to meet the scale of needs facing the vulnerable population. However, a number of MSF workers questioned whether it was appropriate for MSF to continue to comment on the capacity of WFP to respond to the situation when MSF could also be criticised for not adhering to Minimum Standards. This was one of the reasons why MSF reduced efforts to high-light the difficulties facing WFP.

**g) The impact of the Sphere Project in shaping the response to the crisis.**

Even with greater awareness of the project, it is unlikely that the project would have greatly helped to improve the quality and efficiency of the response, for the following reasons:

- The Sphere Project would not have offered practical solutions to the constraints being faced by practitioners
- Many of the Sphere Project standards would have appeared unrealistic, and it is possible that the 'baby would have been thrown out with the bath water'.
- Where programmes had adapted their interventions and therefore appeared not to attain the Minimum Standards; indicators could no longer be appropriately applied in order to determine the quality and effectiveness of the intervention.

One factor which would have significantly helped to improve the effectiveness and quality of the overall nutrition response, would have been a wider use of internationally recognised *operational* nutrition guidelines (even though I have later recommended that these need to be revised to provide recommendations on 'optimal' practice in the face of overwhelming circumstances). This is particularly true for agencies that had large numbers of inexperienced professional staff, and/or agencies with limited institutional experience of selective feeding programmes. Several agencies which I visited, that were implementing feeding programmes, struggled with practical issues like maintaining adequate registration books. Such difficulties could have easily been solved by the greater use of recognised nutrition operational guidelines.

### **3. SUGGESTIONS FOR STRENGTHENING THE SPHERE PROJECT**

The Sphere Project should be commended and supported for aiming to improve practice within the humanitarian arena. However, the Project has weaknesses. Below are some suggestions to help minimise these weaknesses and maximise the value of Sphere.

#### **Reconsider the term 'minimum'**

The term 'minimum' is misleading and confusing and should be replaced by the term 'international standards' or 'international references'.

#### **Address the fact that Minimum Standards in certain contexts are unrealistic.**

Criteria could be established to determine under what circumstances and how, minimum standards can be adapted to specific contexts: but always with the eventual aim of achieving international Standards. An additional chapter (e.g.) could be devoted to this. This process should also be supported by revising existing guidelines to include recommendations for situations where standard protocols cannot be adhered to, and compromise measures may need to be introduced.

These measures may go some way towards reducing the intimidating aspects of the standards and prevent innovative ideas being stifled for fear of falling short of the standards.

#### **Promote the use of operational guidelines**

The Sphere Project should more actively promote the use of recognised agency operational guidelines in order to compliment the Sphere Project document.

#### **Create the necessary environment to promote accountability and transparency**

It is a matter of urgency to improve existing accountability systems and to ensure the correct environment is created to encourage agencies to be accountable and transparent. The current Ombudsman project (instigated at the World Disasters Forum in 1997) seeks to encourage agencies to adhere to the main codes and standards in humanitarian work. The project, co-ordinated by the British Red Cross, is investigating the feasibility of creating an accountability mechanism for humanitarian assistance. The Ombudsman will provide a mechanism to "help bridge the accountability gap between agencies and the claimants" of humanitarian assistance by having an independent office to investigate complaints or problems.

#### **Strengthen the link between the policy maker and the practitioner**

The link between the policy maker, researcher and practitioner needs to be strengthened. Practitioners need to be better informed of latest research findings and their link to policy development while policy makers need to be better appraised of the realities on the ground. The Sphere Project has taken the initiative to raise awareness of appropriate intervention standards around the world. This is undoubtedly a positive step and should be applauded. However, the project can only have limited impact unless there is a corresponding commitment by the agencies to institutionalise the principles, policies and values of the Project while assisting practitioners to apply these in a flexible and appropriate manner.

### 2.3.3 – Sphere Response

## **This was the response to the preceding article that appeared in "Field Exchange" it was prepared by the Sphere team.**

"Humanitarian practitioners are becoming more technically proficient, and the above article is an excellent exploration of the dilemmas of operating in a difficult situation, while maintaining loyalty to as scientific and ethical an approach as possible. The Author raises valid questions about the application of the Minimum Standards and Key Indicators.

The Sphere Minimum Standards were developed to reflect a qualitative level of disaster provision applicable across all operating environments. The standards define the requirements for life with dignity in relatively general terms, while the indicators attach either qualitative or quantitative values to associated standards. It would be a disservice to the rights of populations affected by disasters to call the levels reflected in the current Sphere handbook international – hopefully international would be higher!

It might be argued that agencies and staff were effective given the limitations of Sudan in 1998. The Humanitarian Charter and Minimum Standards make a line in the sand (the right to dignity, quantified in the five basic sectors) from which we can measure our programmes, describe a particular context, and justify results and the indicators we use to measure those results. Perhaps one way to look at the Key Indicators in the Sphere handbook is to insist that they be maintained as written. They are minimal after all, and what NGOs need to do better is describe in more credible detail what the reality is in the field. With this line in the sand that fixed indicators would help define, humanitarians can describe needs and report on their results with reference to something concrete. (Thus there is a big difference between inappropriate indicators and unattainable ones). Obviously in Sudan in 1998 there was a pretty big gap between the line and the reality on the ground. That gap can be explained in terms of time to implement an operation, resources and other contextual factors like security and access.

The Sphere handbook does not contain operational guidelines because it is a book of Minimum Standards and indicators. How agencies and their staff will respond in a particular situation will depend on their mandate, capacity and experience. One might argue that “front line workers” could better lobby for resources and support by explaining their operating context with reference to that “line in the sand”. Whether agencies have time to do this analysis, reporting and advocacy is another matter, and a problem that we all face.

Distinguishing between innovative and poorly managed programmes is compromised when one applies only a technocratic application of the quantitative indicators.. The difference between innovation and shoddy programming is in the ability to articulate the analysis done and the assumptions made about the cause-effect relationship between actions and the impact on people’s ability to live with dignity.

Accountability requires some sort of standard, and so the creation of the Minimum Standards is an important step in improving accountability. The Sphere Project is in fact a process, and that process is continuing to evolve and improve. A revised edition of the handbook will be published in the year 2003, based on the suggestions, advice and feedback from practitioners in the field, and lessons learned from the application of the handbook in practice. Those comments should be directed to the Project Office using the following email: [sphere@ifrc.org](mailto:sphere@ifrc.org).

Let us remember that a situation where one has to reduce TFC entrance criteria, or even to have to have a TFC, is a horrible injustice facing people in the developing world. The fact that most humanitarian workers must make decisions when in a dilemma, based on minimal information, with inadequate resources and access is one of the most difficult things about field work. It is also one of the things that humanitarian agencies don’t speak about enough. The essence of accountability in this particular context would not be to say whether a standard is being met or not, but to measure the gap between what was possible and what is

aspired, and to explain why that gap exists. This article explains why the Minimum Standards were not met, and any donor would understand. Any recipient would also understand, but the fundamental question remains, why does this happen in the year 2000? The humanitarian system needs to blow the whistle on injustices, and having a common language to work from will only strengthen our unique and independent actions