

Sphere Principles and Standards - WASH and Nutrition in Humanitarian Aid

Dr. Oliver Hoffmann
Johanniter International Assistance



The Sphere Project

To improve the quality and accountability of
humanitarian responses
with a people-centered, rights-based approach
and the definition of minimum standards



The Sphere Project

Humanitarian Charter <ul style="list-style-type: none">• The right to life with dignity• The right to receive humanitarian assistance• The right to protection and security	Principles <p>put into practice by using the</p> Sphere Standards:	Protection Principles <ul style="list-style-type: none">• Avoid causing harm• Ensure impartial assistance• Protect people from violence• Assist with rights claims, access to remedies and recovery from abuse
Companion Standards <ul style="list-style-type: none">• Education (INEE)• Livestock (LEGS)• Economic recovery (SEEP)• Child Protection (CPMS)	Core Standards <ul style="list-style-type: none">• People-centred response• Coordination and collaboration• Assessment• Design and response• Performance, transparency and learning• Aid worker performance	Cross-cutting themes <ul style="list-style-type: none">• Children• Disaster risk reduction• Environment• Gender• HIV and AIDS• Older people• Persons with disabilities• Psychosocial support





The Sphere Project

Technical Chapters			
WASH	Food	Shelter/NFI	Health
<ul style="list-style-type: none">• Water supply, sanitation and hygiene promotion• Hygiene promotion• Water supply• Excreta disposal• Vector control• Solid waste management• Drainage	<ul style="list-style-type: none">• Food security and nutrition assessment• Infant and young child feeding• Management of acute malnutrition and micronutrient deficiencies• Food security	<ul style="list-style-type: none">• Shelter and settlement• Non-food items: Clothing, bedding and household items	<ul style="list-style-type: none">• Health systems• Essential health services<ul style="list-style-type: none">– Control of communicable diseases– Child health– Sexual and reproductive health– Injury– Mental health– Non-communicable diseases







Diarrhoea

- Provide appropriate and adequate toilet facilities (p. 107)
- Ensure sufficient water supply
- Ensure clean water supply, check quality ensuring no contamination with faecal coliform bacteria (p. 100/1)
- Distribution of personal hygiene items, (p. 95)
- Try to establish responsible pathogens (use appendix 4, p. 131 for reference)
- Ensure basic laboratory services to confirm clinical diagnosis (p. 299)
- Implement case management protocols for early treatment of diarrhea (p. 314)
- Maintain case fatality rates below acceptable level (p.317)
- Treat with Antibiotics, ORS and Zinc (p323/4)
- Fill the necessary reporting forms correctly (p. 341/2/3/4)






Anthropometric surveys

- provide an estimate of the prevalence and form of malnutrition in children aged 6 to 59 months. In this context weight for height, height for age and the mid upper arm circumference (MUAC) should be measured and nutrition oedema assessed.
- Measurement of MUAC and nutrition oedema is also suggested to assess the nutritional status of pregnant and lactating women.



- 
- Findings of Nutrition survey:
 - 1,2% of children 6-59 month with acute malnutrition
 - 42% of children 6-59 month with chronic malnutrition
 - Interpretation?

Interpretation of assessment findings on population level

Type of undernutrition	Preferred method	Prevalence cut-off values for public health significance	Intervention
Acute/Wasting	Weight for height MUAC Oedema	< 5%: Acceptable 5-9%: Poor 10-14%: Serious ≥ 15%: Critical	Monitor situation Prevention Prevention and Treatment Prevention and Treatment
Chronic/Stunting	Height for age	< 20%: Low prevalence 20-29%: Medium prevalence 30-39%: High prevalence ≥ 40%: Very high prevalence	Monitor situation Prevention Prevention and Treatment Prevention and Treatment

Table 2: Population based classification of prevalence ranges for undernutrition of children under 5y



Positive Deviance Programs

Approche Maman Lumière

What is Positive Deviance/Hearth?

Positive Deviance/Hearth is a community-based approach to address malnutrition with three inextricably linked goals:

1. Rehabilitate malnourished children.
2. Enable families to sustain the rehabilitation of these children at home on their own.
3. Prevent malnutrition among the community's other children, current and future.

A Resource Guide for Sustainably Rehabilitating Malnourished Children





Johanniter Nutrition Guidance Notes

- Guidance Notes on Food Security to be developed