The Sphere Handbook - Key messages on information and communication with the affected population

The Sphere Handbook[1] and its minimum standards describe conditions that must be achieved in any humanitarian response in order for disaster-affected populations to survive and recover in stable conditions and with dignity. They are evidence-based and represent sector-wide consensus on best practice in humanitarian response.

The Sphere Handbook asserts that people have a right to accurate and updated information about actions taken on their behalf and that information can reduce anxiety and is an essential foundation of community responsibility and ownership.

Several of the standards, key actions, key indicators and guidance notes highlight the importance of informing and communicating with the affected population as referenced below:

Protection Principles

Protection Principle 4: Assist people to claim their rights, access available remedies and recover from the effects of abuse. The affected population is helped to claim their rights through **information**, documentation and assistance in seeking remedies. People are supported appropriately in recovering from the physical, psycho-logical and social effects of violence and other abuses.

Guidance note 3. *Information and consultation*: The affected population should be informed by authorities and humanitarian agencies in a language and manner they can understand. They should be engaged in a meaningful consultation process regarding decisions that affect their lives, without creating additional risks (see Core Standard 1 on page 55). This is one way of assisting them to assert their rights.

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Core Standards

Core Standard 1: People-centred humanitarian response. People's capacity and strategies to survive with dignity are integral to the design and approach of humanitarian response.
Key actions (to be read in conjunction with the guidance notes)

Key actions
- Provide **information** to the affected population about the humanitarian agency, its project(s) and people's entitlements in an accessible format and language (see guidance note 4).
- Provide the affected population with access to safe and appropriate spaces for community meetings and **information-sharing** at the earliest opportunity (see guidance note 5).

Guidance note 4. *Sharing information***:** People have a right to accurate and updated **information** about actions taken on their behalf. **Information** can reduce anxiety and is an essential foundation of community responsibility and ownership. At a minimum, agencies should provide a description of the agency's mandate and project(s), the population's entitlements and rights, and when and where to access assistance (see HAP's 'sharing **information**' benchmark). Common ways of sharing **information** include noticeboards, public meetings, schools, newspapers and radio broadcasts. The **information** should demonstrate considered understanding of people's situations and be conveyed in local language(s), using a variety of adapted media so that it is accessible to all those concerned. For example, use spoken communications or pictures for children and adults who cannot read, use uncomplicated language (i.e. understandable to local 12-year-olds) and employ a large typeface when printing **information** for people with visual impairments. Manage meetings so that older people or those with hearing difficulties can hear.

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Core Standard 2: Coordination and collaboration. Humanitarian response is planned and implemented in coordination with the relevant authorities, humanitarian agencies and civil society organisations engaged in impartial humanitarian action, working together for maximum efficiency, coverage and effectiveness.

Guidance notes 1. *Coordinated responses:* Adequate programme coverage, timeliness and quality require collective action. Active participation in coordination efforts enables coordination leaders to establish a timely, clear division of labour and responsibility, gauge the extent to which needs are being collectively met, reduce duplication and address gaps in coverage and quality. Coordinated responses, timely inter-agency assessments and **information**- sharing reduce the burden on affected people who may be subjected to demands for the same **information** from a series of assessment teams. Collaboration and, where possible, the sharing of resources and equipment optimise the capacity of communities, their neighbours, host governments, donors and humanitarian agencies with different mandates and expertise. Participation in coordination mechanisms prior to a disaster establishes relationships and enhances coordination during a response. Local civil society organisations and authorities may not participate if coordination mechanisms appear to be relevant only to international agencies. Respect the use of the local language(s) in meetings and in other shared communications. Identify local civil society actors and networks involved in the response and encourage them and other local and international humanitarian agencies to participate. Staff representing agencies in coordination meetings should have the appropriate **information**, skills and authority to contribute to planning and decision-making.

Guidance note 2. *Common coordination mechanisms* include meetings – general (for all programmes), sectoral (such as health) and cross-sectoral (such as gender) – and information-sharing mechanisms (such as databases of assessment and contextual information). Meetings which bring together different sectors can further enable people's needs to be addressed as a whole, rather than in isolation (e.g. people's shelter, water, sanitation, hygiene and psychosocial needs are interrelated). Relevant information should be shared between different coordination mechanisms to ensure integrated coordination across all programmes. In all coordination contexts, the commitment of

agencies to participate will be affected by the quality of the coordination mechanisms: coordination leaders have a responsibility to ensure that meetings and information are well managed, efficient and results-orientated. If not, participating agencies should advocate for, and support, improved mechanisms.

Core Standard 5: Performance, transparency and learning. The performance of humanitarian agencies is continually examined and communicated to stakeholders; projects are adapted in response to performance.

Key Indicator (to be read in conjunction with the guidance notes)
• Accurate, updated, non-confidential progress **information** is shared with the people targeted by the response and relevant local authorities and other humanitarian agencies on a regular basis.

Guidance notes 1. *Monitoring* compares intentions with results. It measures progress against project objectives and indicators and its impact on vulnerability and the context. Monitoring **information** guides project revisions, verifies targeting criteria and whether aid is reaching the people intended. It enables decision-makers to respond to community feedback and identify emerging problems and trends. It is also an opportunity for agencies to provide, as well as gather, **information**. Effective monitoring selects methods suited to the particular programme and context, combining qualitative and quantitative data as appropriate and maintaining consistent records. Openness and communication (transparency) about monitoring **information** increases accountability to the affected population. Monitoring carried out by the population itself further enhances transparency and the quality and people's ownership of the **information**. Clarity about the intended use and users of the data should determine what is collected and how it is presented. Data should be presented in a brief accessible format that facilitates sharing and decision-making.

Water supply, sanitation and hygiene promotion (WASH)

Introduction to the minimum standards 1.Water supply, sanitation and hygiene promotion (WASH)

 The aim of any WASH programme is to promote good personal and environmental hygiene in order to protect health, as shown in the diagram below. An effective WASH programme relies on an **exchange of information** between the agency and the disaster-affected population in order to identify key hygiene problems and culturally appropriate solutions.

WASH standard 1: WASH programme design and implementation: WASH needs of the affected population are met and users are involved in the design, management and maintenance of the facilities where appropriate

Key indicators

- All WASH staff **communicate** clearly and respectfully with those affected and **share** project **information** openly with them, including knowing how to answer questions from community members about the project.

Hygiene promotion standard 1: Hygiene promotion implementation. Affected men, women and children of all ages are aware of key public health risks and are mobilised to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided.

Key actions (to be read in conjunction with the guidance notes)

- Systematically provide information on hygiene-related risks and preventive actions using appropriate channels of mass **communication** (see guidance notes 1–2).

- Identify specific social, cultural or religious factors that will motivate different social groups in the community and use them as the basis for a hygiene promotion **communication** strategy (see guidance note 2).

- Use interactive hygiene **communication** methods wherever feasible in order to ensure on-going dialogue and discussions with those affected (see guidance note 3).

Guidance note 1. *Targeting priority hygiene risks and behaviours:* The understanding gained through assessing hygiene risks, tasks and responsibilities of different groups should be used to plan and prioritise assistance, so that the **information** flow between humanitarian actors and the affected population is appropriately targeted and misconceptions, where found, are addressed.

Guidance note 2. *Reaching all sections of the population:* In the early stages of a disaster, it may be necessary to rely on the mass media to ensure that as many people as possible receive important information about reducing health risks. Different groups should be targeted with different information, education and communication materials through relevant communication channels, so that information reaches all members of the population. This is especially important for those who are non-literate, have communication difficulties and/or do not have access to radio or television. Popular media (drama, songs, street theatre, dance, etc.) might also be effective in this instance. Coordination with the education cluster will be important to determine the opportunities for carrying out hygiene activities in schools.

Hygiene promotion standard 2: Identification and use of hygiene items. The disaster-affected population has access to and is involved in identifying and promoting the use of hygiene items to ensure personal hygiene, health, dignity and well-being.

Key indicators (to be read in conjunction with the guidance notes)

- All women, men and children have access to **information** and training on the safe use of hygiene items that are unfamiliar to them (see guidance note 5).

- **Information** on the timing, location, content and target groups for an NFI distribution is made available to the affected population (see guidance notes 3–5).

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Food Security and Nutrition

Food security – food transfers standard 4: Supply chain management (SCM). Commodities and associated costs are well managed using impartial, transparent and responsive systems.

Guidance note 13. *Providing information***:** Relevant **information** should be provided to appropriate stakeholders rather than to all stakeholders to avoid misunderstandings. The use of local media, traditional methods of news dissemination and current technologies (mobile phone text messages, email) should be considered as a way of keeping local officials and recipients informed about deliveries and reinforcing transparency.

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Food security – food transfers standard 6: Food use. Food is stored, prepared and consumed in a safe and appropriate manner at both household and community levels.

Guidance note 2. *Sources of information***:** Mechanisms are needed for sharing **information** and collecting **feedback** from beneficiaries, **particularly women** (see Core Standard 1, guidance notes 2 and 6 on pages 56–57). For dissemination of instructions about food, schools and safe learning spaces should be considered as suitable locations. Accessible formats or diagrams may be needed for people with different **communication** requirements (see Core Standard 1, guidance note 4 on page 57).

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Infant and young child feeding standard 1: Policy guidance and coordination. Safe and appropriate infant and young child feeding for the population is protected through implementation of key policy guidance and strong coordination.

Guidance note 1. *Policy guidance, coordination and communication***:** Key policy guidance documents to inform emergency programmes include the Operational Guidance on IFE and the Code. Additional guidance can be found in the References and further reading section. WHA Resolution 63.23 (2010) urges member states to ensure that national and international preparedness plans and emergency responses follow the Operational Guidance on IFE. Disaster preparedness includes policy development, orientation and training on IFE, identifying sources of Code-compliant BMS and of complementary food. A lead coordinating body on IYCF should be assigned in every emergency. Monitoring and reporting on Code violations is an important contribution to aid accountability. Clear, consistent **communication** to the affected population and in press releases has a critical influence on the response.

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Shelter, Settlement and Non-Food Items

Ensure that the right to information on entitlements is communicated in a way that is inclusive and accessible to all members of the community.
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Shelter and settlement standard 1: Strategic planning
Shelter and settlement strategies contribute to the security, safety, health and well-being of both displaced and non-displaced affected populations and promote recovery and reconstruction where possible.

Key actions
Ensure access to non-food items, shelter solutions (such as tents or shelter kits), construction materials, cash, technical assistance or **information** or a combination of these, as required (see guidance notes 5–6).

Guidance note 5. *Types of shelter assistance:* Combinations of different types of assistance may be required to meet the shelter needs of affected populations. Basic assistance can include personal items, such as clothing and bedding, or general household items, such as stoves and fuel. Shelter support items can include tents, plastic sheeting and toolkits, building materials and temporary or transitional shelters using materials that can be reused as part of permanent shelters. Manual or specialist labour, either voluntary or contracted, may also be required, as well as technical guidance on appropriate building techniques. The use of cash or vouchers to promote the use of local supply chains and resources should be considered, subject to the functioning of the local economy. Cash can also be used to pay for rental accommodation. **Information** or advice distributed through public campaigns or local centres on how to access grants, materials or other forms of shelter support can complement commodity-based assistance.

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Shelter and settlement standard 3: **Covered living space**
People have sufficient covered living space providing thermal comfort, fresh air and protection from the climate ensuring their privacy, safety and health and enabling essential household and livelihood activities to be undertaken.

Guidance note 6. Participatory design: All members of each affected household should be involved to the maximum extent possible in determining the type of shelter assistance to be provided. The opinions of those groups or individuals who typically have to spend more time within the covered living space and
those with specific accessibility needs should be prioritised. This should be informed by assessments of existing typical housing. Make households aware of the disadvantages as well as advantages of unfamiliar 'modern' forms of construction and materials which may be seen as improving the social status of such households (see Core Standard 1 on page 55).

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Non-food items standard 1: Individual, general household and shelter support items
The affected population has sufficient individual, general household and shelter support items to ensure their health, dignity, safety and well-being.

Guidance note 5. Distribution: Efficient and equitable distribution methods should be planned in consultation with the affected population. The population should be informed of any such distributions and any registration or assessment process required to participate. Formal registration or the allocation of tokens should be undertaken. Ensure that vulnerable individuals or households are not omitted from distribution lists and can access both the **information** *and* the distribution itself. A grievance process should be established to address any concerns arising during registration or distribution. Relevant local authorities should be consulted on which distribution locations are most suitable for safe access and receipt of the non-food items, as well as for safe return of recipients. The walking distances involved, the terrain and the practicalities and cost implications of transporting larger goods such as shelter support items should be considered. The monitoring of distributions and the use of the provided non-food items should be undertaken to assess the adequacy and

appropriateness of both the distribution process and the non-food items themselves (see Food security – food transfers standard 5 on page 192).

Health Action

Essential health services – control of communicable diseases standard 1: Communicable disease prevention. People have access to **information** and services that are designed to prevent the communicable diseases that contribute most significantly to excess morbidity and mortality.

Essential health services – control of communicable diseases standard 3: Outbreak detection and response. Outbreaks are prepared for, detected, investigated and controlled in a timely and effective manner.

Guidance note 8. *Outbreak response*: Key components of outbreak response are coordination, case management, surveillance and epidemiology, laboratory, specific preventive measures such as water and sanitation improvement depending on disease, risk communication, social mobilisation, media relations and **information** management, logistics and security.