

SPHERE HANDBOOK 2018

DRAFT 2

Update for MHPSS RG

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Sphere

*Humanitarian Charter and Minimum Standards
in Humanitarian Response*

History of Sphere

- Sphere Project was launched in 1997 by NGOs in response to criticism of aid provided during the 1994 Rwandan crisis
- Sphere Project standards are based on vast consultations, especially by and with NGO staff
- The handbook combines:
 - minimum requirements for survival with dignity
 - conceptualized as universal human rights
 - concern for quality and accountability of responses
- Led and owned by civil society
- By far the most used normative document in the humanitarian field
 - In 25 languages
 - Broad acceptance by humanitarian sector
 - Promoted by IASC

MHPSS in Sphere: Progress to date

1st edition (1998, 2000)

- good humanitarian practice (promotion of dignity, participation etc) emphasized throughout (*also in Common Standards?*)
- no MHPSS mentioned explicitly

2nd edition (2004)

- good humanitarian practice (promotion of dignity, participation etc) emphasized throughout – also in Common Standards
- 4 mental health and 8 social interventions in MH standard in health services chapter

3rd edition (2011)

- good humanitarian practice (promotion of dignity, people-centred responses) emphasized throughout – also in Core Standards
- PSS covered within a new protection principles chapter
- 7 mental health key actions in MH standard in health action chapter

Structure of book 2011 (2018)


- **What is Sphere? (introduction)**
- **Humanitarian Charter** (ethical/legal backdrop)
- **Protection Principles** (4 of them)
- **Core Standards (Core Humanitarian Standard on Quality and Accountability (CHS))**
- **Chapters with Minimum Standards** (*and each with key actions as inspired by our IASC guidelines*)
 - WATSAN
 - Food/nutrition
 - Shelter, settlement, NFIs
 - Health action
- **Key documents that inform Humanitarian Charter**
- **Code of conduct**

What is the same....

Humanitarian Charter is the cornerstone of Sphere

- Not being revised
- More closely linked and woven into the chapters

Core principles of Sphere guide all process and content

- Dignity: All people have intrinsic human dignity and the right to control their lives and choices
 - Evidence: Underpins standards and practical tools designed for field workers
 - Collaboration: Leadership and engagement by diverse constituents and inclusive, consultative processes that distil the collective knowledge of the sector.
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Major Changes in 2018

1. Core Humanitarian Standard replaces Core Standards

- Harmonization of Sphere Core Standards, HAP Standard, People in Aid Code, and Groupe URD/Compas.
- The 9 Commitments and Key Actions remain unchanged
- Review of Performance Indicators, Guiding Questions and Guidance Notes



2. Focus on Accessibility of Language/structure

- Simplification of language to ease understanding and future translation.
- Working with Translators without Borders (TWB) as editors, consistency or language and terminology
- Clearer linkages with Partner standards, with user practice in mind
- Emphasizing a shorter (or at least not longer) revision.

3. Adding new sections:

- Annex on "Delivering Through Markets"

Where we are and timeline ahead

Revision process formally started in Jan 2017

- Draft 1 was completed by March and submitted for consultation

Online Consultative Process: until 31 May 2017

- Share today's discussion with colleagues

All other forms of consultation: until 30 June 2017


Draft 2 for validation from ~~mid-September 2017~~ xxx October 2017

- Online and in-person events will be scheduled.
- Comments can be provided online as well.

November/ December: Chapter Authors and Sphere team integrate comments 2nd consultation . Sphere team will reach out to Thematic Experts for guidance as needed

Publication and launch in Q2 of 2018.

Activities by PSS Thematic expert

1. Online consultation on MHPSS in Sphere on May 24th (47 participants / contributors)
 2. Online consultation on June 7th on Faith-sensitive psychosocial approaches, consisting of the advisory group of the project 'Faith-sensitive PSS' that is led by LWF and Islamic Relief Worldwide (10 participants and contributors)
 3. Feedback from 11 individuals that sent directly to us, or reached us through the Sphere secretariat
 4. Invited review on 'PSS in the CHS' by Mike Wessells (co-thematic expert on PSS in the past revisions)
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Online consultation 24 May 2017 (to discuss draft 1)

- **Introduction by Mark van Ommeren and Peter Ventevogel**
- **Pre-recorded comments 'voices of the global MHPSS community'**
 - Mike Wessells (Columbia University, NYC)
 - Alison Schafer (World Vision, Kenya)
 - Mohamed el Shazly (UNHCR, Iraq)
 - Inka Weissbecker (IMC, Ukraine)
 - Patrick Onyango (TPO Uganda)
 - Aladin Borja (IOM, South Sudan)
- **Feedback and discussion through chat throughout the seminar**
- **End of webinar survey**

Introduction




In draft 1:

- Extensive section on MHPSS plus many references

MHPSS feedback:

- Some suggestions to strengthen it further

In draft 2:

- Chapter made much shorter and more readable with short section on MHPSS.
 - PSS Focal points pushed to extend it (a bit)
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New MHPSS text in intro

Mental health and psychosocial support (MHPSS) is essential to alleviate suffering, to promote and maintain a life with dignity, to enable good decision-making, to cope with disaster, and to contribute to community life. People react differently to the stress of a humanitarian crisis. Some are more likely to be overwhelmed by distress, especially if they have been forcibly displaced; separated from family members; survived violence (e.g. rape, torture); or experienced previous mental health problems. Emergency situations lead to increased rates of mental health problems, which may be directly (e.g. because of trauma or loss) or indirectly (e.g. on-going threats, lack of opportunities, or erosion of family and community supports) related to the emergency. Pre-existing mental health problems may worsen and increase associated protection risks, such as stigma and discrimination against people with psychosocial disabilities. MHPSS responses require complementary supports and coordinated responses across different sectors (see MHPSS pyramid in Mental Health Standard). Social and cultural considerations in the provision of basic services and security are essential to reducing distress among affected populations. Strengthening community psychosocial support and self-help creates a protective environment, allowing those affected to help each other towards social and emotional recovery. Focused individual, family, or group interventions – including clinical interventions – are important, but do not necessarily have to be provided by mental health professionals: they can also be provided by non-specialists, if trained and supervised.

Protection Principles



MHPSS Observations on Draft 1 – Protection Principles)

Protection Principles 2011

Principle 1: Avoid causing further harm as a result of your actions

Principle 2: Ensure people's access to impartial assistance

Principle 3: Protect people from physical and psychological harm due to violence or coercion

Principle 4: Assist with rights claims, access to remedies and recovery from abuse

Protection Principles 2018

Principle 1: Enhance the safety, dignity and rights of people and avoid exposing them to further harm

Principle 2: Ensure people's access to impartial assistance

Principle 3: Reduce the impact of harm from violence, coercion and deprivation

Principle 4: Assist people to claim their rights and access available remedies

New structure October draft

Prevention

Response

Remedy

MHPSS Observations on Draft 1 – Protection Principles

Protection Principles: guiding document of the revision indicates that the 4 protection principles are being reworded.

- **Principle 3 (most relevant to MHPSS), 2011:** *"Help reduce the impact of physical and psychological harm arising from violence, coercion and deliberate deprivation."* → **2018 proposed revision:** *"reduce the impact of harm from violence, coercion and deprivation."*
- Protection Principle 3's guidance notes have been expanded to include additional considerations relevant to MHPSS.
- Protection Principle 4 no longer includes substantial notes on MHPSS. Four such notes were relevant to MHPSS in the 2011 version and seem to have moved in part to principle 3.

What is now in draft 2?

PP 2: Protection Principle 2 (Response):

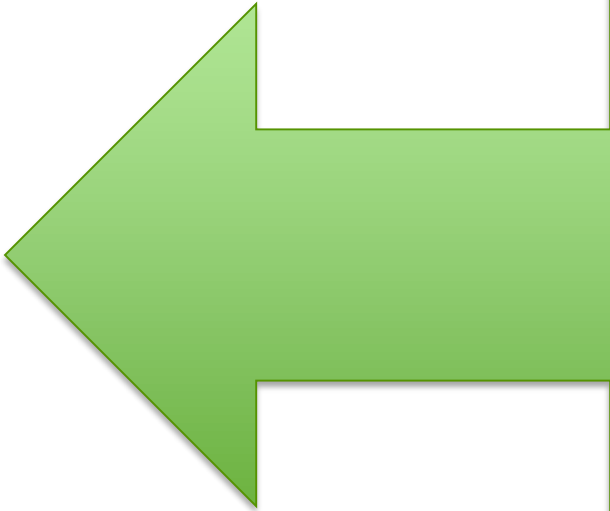
Reduce the impact of physical and psychological harm arising from violence, coercion, deliberate deprivation and other threats.

Activities

1. Support family, community and individual mechanisms of protection, mental health and psychosocial support. Examples may include:
2. Help people affected by violence and other people in acute need of services to gain access to referral services. Carefully consider their needs, types of support and efforts they are making themselves.

Information and reporting

1. Understand and follow the mechanisms for reporting violations of human rights and safe sharing of relevant information
2. Security and law enforcement agencies, police, military and peacekeeping forces play an important role in ensuring the physical security of people. When safe to do so, alert political, law enforcement or military actors to violations of human rights.

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- **Identifying, activating and strengthening local resources that support psychosocial well-being, for example, supporting women's and youth groups**
 - **providing appropriate care for separated children;**
 - **organising family tracing and reunification processes for separated families;**
 - **keeping families together, including non-traditional families;**
 - **enabling people from a village or support network to live in the same area; and**
 - **supporting positive coping mechanisms such as culturally appropriate burials, religious ceremonies and practices;**
 - **organising structured, supportive educational activities for children through non-formal means (eg child friendly spaces).**

What is now in draft 2?

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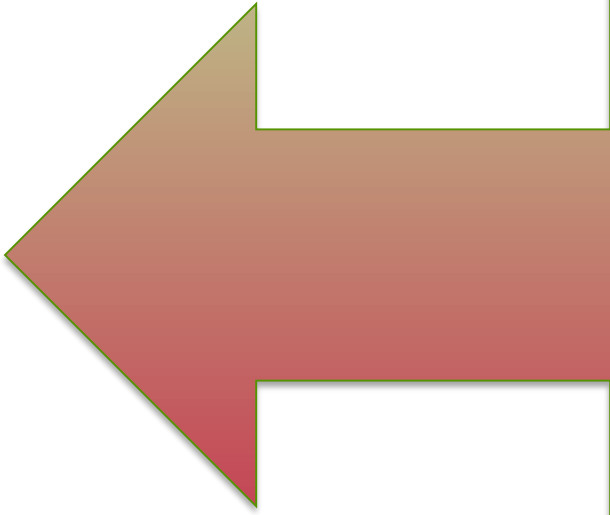
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Activities

1. Support family, community and individual mechanisms of protection, mental health and psychosocial support. Examples may include:
2. Help people affected by violence and other people in acute need of services to gain access to referral services. Carefully consider their needs, types of support and efforts they are making themselves. [This may include:](#)

Information and reporting

1. Understand and follow the mechanisms for reporting violations of human rights and safe sharing of relevant information
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- **supporting survivors of physical and sexual assault to access healthcare, psychosocial and other services and community psychosocial supports that are sensitive to their age, gender, disability and other relevant factors;**
 - **ensure that response to physical and sexual assault include staff collaborating from both protection and health; and**
 - **supporting women's and girls' access to services for intimate partner violence, effects of child marriage or complications from female genital cutting.**

Core Humanitarian Standards



MHPSS Observations on Draft 1 – Core Standards

Core Standards: The 2018 revision contains a single Core Humanitarian Standard (CHS) followed by 9 commitments with key actions.

- The 2011 handbook contained 6 core standards, many of which mentioned MHPSS
- 2011 Standard 1 covered “Support local capacity by identifying community groups and social networks at the earliest opportunity and build on community-based and self-help initiatives (see guidance note 1 on local capacities and how it related to PSS) but this text seems partly lost in CHS.
- This new CHS standard is jointly prepared by actors in an effort to harmonise standards, which will make it unlikely that the core text will be changed.
- **Comments and additions are only requested for:**
 - Performance indicators
 - Guiding questions
 - Guidance notes

What is now in draft 2?


'Technical sections'

NB: Not all technical areas are covered:

Some areas have sister standards with companion standards:

- **Education:**
 - Minimum Standards for Education: Preparedness, Response, Recovery (INEE)
- **Child protection:**
 - Minimum Standards for Child Protection in Humanitarian Action (Alliance for Child Protection in Humanitarian Action)
- **Livestock**
 - Livestock Emergency Guidelines and Standards (LEGS)

Covered in Sphere:

1. WASH
 2. Nutrition and Food security
 3. Shelter/ NFI
 4. Health Action
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Nutrition and Food Security Standards



MHPSS Observations on Draft 1 – Food Security and Nutrition

Food Security and Nutrition Standards: The update of this chapter contains 17 standards with a number of MHPSS references.

- Discussion of coping strategies in guidance note for Food Security and Assessment Standard 1 has been expanded in 2018 revision.
- Standard 2 of Infant and Young Children feeding mentions the integration of breastfeeding into psychosocial services as well as considering referral to psychosocial services in the guidance notes. This integration of psychosocial services is **not mentioned** in draft 1 of the 2018 revision.

What is in draft 2?

Strong suggestions from MHPSS TE:

- Key action: Support activities around infant stimulation and early child development care practices within nutrition programs
 - NOT BEEN ACCEPTED (OR FORGOTTEN?)
- Add a note that: 'Children of mothers with depression tend to be at higher risk of malnutrition'
 - NOT BEEN ACCEPTED (OR FORGOTTEN?)

Health Action Standards



Some changes in draft 2

- Added in Health Systems Standard 6 (Leadership and coordination)
 - “Coordinate health activities with other relevant sectors (such as nutrition or WASH), and with cross-sectoral working groups (such as for MHPSS and HIV) at all levels to ensure synergies in response.”

Some changes in draft 2

- In new standard for end of life care:
 - “Mental health and psychosocial support: Increase the capacity at health facilities to identify and manage significant mental health conditions in patients and caregivers and provide psychosocial care that meets the needs of patients, their caregivers and health care providers.”

Spiritual and religious support

- “Identify relevant local faith leaders by using contacts within faith groups, and by establishing protocols for identifying faith traditions of patients and matching with local actors. These spiritual care providers can act as a resource for patients, carers and humanitarian actors.
- Orient local faith leaders to key principles of psychosocial support for patients facing major health issues by providing training on key psychosocial principles
- Establish reliable mechanisms for referral in both directions between health care system and relevant faith actors/spiritual leaders for any patient, caregiver or family member who requests it.
- Ensure support for safe and dignified burial practices in collaboration with the local community, according to national or international guidance”


8 9 key actions in the Mental Health Standard

- 1: Develop programmes on the basis of identified needs and resources and taking into account sociocultural context.
- 2: Enable community members including marginalised people to strengthen community self-help and social support.
3. Orient staff and volunteers to offer psychological first aid.
- 4: Ensure the availability of basic clinical mental health care for priority conditions at every health centre.
- 5: Initiate the integration of psychological interventions for disabling emotional problems into services.
- 6: Protect rights of people with mental disorders in the community, hospitals and institutions.
- 7: Minimise harm related to alcohol and drugs.
8. Ensure that mental health and psychosocial supports are coordinated across sectors
- 9: As part of early recovery and during protracted crises, initiate actions to develop a sustainable mental health system.

Key indicators for MH standard 8 in draft 1 and 5 in draft 2

- Percentage of secondary health care services (such as general hospitals) with trained and supervised staff and systems for the management of mental health problems
- Percentage of primary health care services with trained and supervised staff and systems for the management of mental health problems
- Number of people participating in community self-help and social support activities.
- Percentage of people who receive clinical management of mental disorders through health services (NB disaggregate data by age and sex and also by mental health conditions).
- Percentage of people with mental health problems who report improved functioning and reduced symptoms (NB disaggregate data by age and sex and also by mental health conditions and outcomes).

In short

- Significant changes in draft 2 compared to draft 1
 - Need to scrutinize what has been changed
 - At this stage it is unlikely that 'bold new ideas' will be incorporated
 - More chance is to emphasize on concrete edits that have been proposed and considered but were not taken on board.
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Next actions

- 1. New draft soon to be released. Comments are important.**
- 2. PV and MVO can advocate, but only when supported by the MHPSS field.**

Thank you!

*Please take a moment to complete our Post-Survey,
instructions will be sent to your registration email.*



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