

CCCM MINIMUM PROVISION OF ASSISTANCE - MINIMUM INTEGRATED ASSISTANCE

HUMANITARIAN RESPONSE IN CAMP-LIKE SETTINGS AGAINST INTERNATIONAL 'MINIMUM STANDARDS'

Summary Table

Please note the blow reflects an indication of integrated minimum assistance packages for IDP hosting sites (collective centres and spontaneous sites) and the phases at which Sphere Standards are met. The activities are indicative and will by no means replace respective clusters' technical guidance.

With regards to the 2017 Humanitarian Pooled Fund, the Shelter/CCCM cluster advocates at a minimum for the medium phase (multi-sector integrated assistance) to be provided in a single location.

INTERNATIONAL MINIMUM (SPHERE) STANDARD	POSSIBLE MINIMUM PACKAGE OF ASSISTANCE	LEVEL OF ALIGNMENT WITH INTERNATIONAL MINIMUM STANDARD
WATER, SANITATION AND HYGIENE		
Hygiene Promotion		
<ul style="list-style-type: none"> ▪ WASH needs of the affected population are met and users are involved in the design, management and maintenance of the facilities where appropriate. ▪ Men, women and children of all ages (IDP's and host communities) 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. ▪ Men, women and children of all ages (IDP's and vulnerable household in host communities) has access to and 	<p><u>Basic</u></p> <ul style="list-style-type: none"> ▪ Systematically provide information on hygiene-related risks and preventive actions using appropriate channels of communication (Eg: Awareness session, IEC Materiel) ▪ Undertake a timely provision of hygiene items to meet the immediate needs of the individual and collective needs: basic hygiene kits, dignity kits and environmental kits (modalities will be defined on case by case) ▪ Provide care-takers of young children and infants with the means for safe disposal of children's faeces ▪ Provide people with specific needs (e.g. incontinence or severe diarrhoea) increased quantities of personal hygiene items or additional items such as soap, bed pans based on individual assessment ▪ Conduct focus groups with IDPs and host communities to identify <p><u>Medium</u> (In addition to basic)</p> <ul style="list-style-type: none"> ▪ Identify key risks of public health importance in consultation with the IDPs and the host communities ▪ Engage communities to adopt individual and collective measures preventing the deterioration in hygienic conditions and increasing health-seeking behaviours. 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT FULL RESPONSE PHASE.</p> <ul style="list-style-type: none"> ▪ Alignment under Basic Response: International minimum standard partially met. ▪ Alignment under Medium Response: International minimum standard partially met. ▪ Alignment under Full Response: International minimum standard met.

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<p>is involved in identifying and promoting the use of hygiene items to ensure personal hygiene, health, dignity and well-being.</p>	<ul style="list-style-type: none"> ▪ Systematically provide hygiene promotion activities and messages addressing key behaviours and misconceptions and are targeted at all user groups ▪ Undertake a timely provision of consumable of hygiene kits on monthly basis (Modalities will be defined on case by case and may involve during phases) ▪ Provide discreet laundering or disposal of menstrual hygiene materials ▪ In recognition of the communal and/or shared family level infrastructure (which is dependent on the phasing), consult the affected, and agree upon the additional hygiene items required to maintain the communal environment (e.g. communal / shared family latrines, solid waste at household and communal areas etc.) <p><u>Full</u> (In addition to medium)</p> <ul style="list-style-type: none"> ▪ Collect public health disease surveillance data, to adapt your response and trigger system for outbreak ▪ Establish a community system for the management and maintenance of facilities as appropriate, and different groups contribute equitably ▪ Engage the community to sustain individual and collective health seeking behaviours through the establishment of self-resilient mechanism or system 	
Water Supply		
<p><u>Water Access and Quantity</u></p> <ul style="list-style-type: none"> ▪ All people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement. <p><u>Water Quality</u></p> <ul style="list-style-type: none"> ▪ Water is palatable, and of sufficient quality to be drunk and used for personal and domestic hygiene 	<p><u>Basic</u></p> <ul style="list-style-type: none"> ▪ Meet immediate and minimum water requirement (from 7.5 to 15l/pers/day) through appropriate water supply system (E.g: Water trucking for first days ; Quick fix rehabilitation/restoration of water systems, repair/provision of pumps, generators) ▪ Ensure that at least 2 safe water containers are available per household (see hygiene promotion) ▪ Meet minimum water quality standards with water supplied with 0.2 to 0.6 mg/l of free residual chlorine (This can be achieved with batch treatment system, household water treatment) ▪ Ensure sufficient and safe collective storage capacity to meet the daily water demand (Installation of water tanks if relevant) ▪ Ensure sufficient and safe water points to reduce queuing time to less than 30 min (Installation of water points) ▪ Regular water quality monitoring 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT MEDIUM RESPONSE PHASE.</p> <ul style="list-style-type: none"> ▪ Alignment under Basic Cluster Response: International minimum standard partially met. ▪ Alignment under Medium Cluster Response: International minimum standard met. ▪ Alignment under Full Response: International minimum standard met and exceeded.

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<p>without causing significant risk to health.</p> <p><u>Water Use Facilities and Goods</u></p> <ul style="list-style-type: none"> People have adequate facilities and supplies to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains safe until it is consumed. 	<ul style="list-style-type: none"> Emergency and communal bathing and laundry points are designed and located in consultation with women and girls (Material used should be local) <p><u>Medium</u></p> <ul style="list-style-type: none"> Define water demand for domestic purpose to ensure identified individual and collective measures can be implemented (see hygiene promotion) Increase water supply system capacity to meet the demand <p><u>Full</u></p> <ul style="list-style-type: none"> Regular water table monitoring Water supply system provided reinforce the local market (public or private). This can include: <ul style="list-style-type: none"> Reinforce water vendors systems to ensure safe, equitable and affordable access to drinking water Medium scale restoration, rehabilitation, connecting to existing water networks, extension of water supply Retrofitting of critical water sources (e.g. wells, boreholes) and connecting them to water supply systems to augment service delivery Connecting WASH services to municipal systems/services and building capacity of local authorities Demand driven approach is implemented for individual bathing and laundry (Material used should be local) 	
Excreta disposal		
<p><u>Access of safe excreta disposal</u></p> <ul style="list-style-type: none"> People have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night. <p><u>Design, Construction and Use of Toilets</u></p> <ul style="list-style-type: none"> Toilets are sited, designed, constructed and maintained in such 	<p><u>Basic</u></p> <ul style="list-style-type: none"> Demand driven approach is recommended Latrines are available for all targeted groups <ul style="list-style-type: none"> Rehabilitation should be considered, including connection to municipal system and desludging storage stage If new latrines are installed, they are designed and located in consultation with women and girls (Material used are local when relevant) 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT <u>MEDIUM</u> RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under Basic Cluster Response: International minimum standard partially met.

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<p>a way as to be comfortable, hygienic and safe to use.</p>	<ul style="list-style-type: none"> ▪ Provision and maintenance of handwashing station with water and soap for each emergency latrines ▪ Maintenance of sanitation facilities ensure that facilities are clean (See hygiene promotion) <p><u>Medium</u></p> <ul style="list-style-type: none"> ▪ Decommissioning of sanitation facilities when closing IDPS hosting sites <p><u>Full</u></p> <ul style="list-style-type: none"> ▪ Demand driven approach is implemented for individual sanitation facilities (Material used should be local) 	<ul style="list-style-type: none"> ▪ Alignment under Full Response: International minimum standard met and exceeded.
Solid waste management		
<ul style="list-style-type: none"> ▪ People have an environment that is acceptably uncontaminated by solid waste, and have the means to dispose of their domestic waste conveniently and effectively 	<p><u>Basic</u></p> <ul style="list-style-type: none"> ▪ In conjunction with the affected population, organise a system to ensure that household waste is put in containers for regular collection for safe disposal. If relevant, ensure provision of individual and communal items for household and collective collection points. ▪ All waste generated by populations living in settlements is removed from the immediate living environment on a daily basis and from the settlement environment a minimum of twice a week ▪ Final disposal and treatment is identified in agreement with relevant local authorities. Based on the final disposal location, a transport system will be organised to avoid more than 3 days of solid waste storage within the IDPs hosting site. Undertake final disposal of solid waste in such a manner and place as to avoid creating health and environmental problems for the host and affected populations ▪ Organise periodic solid waste clean-up campaigns <p><u>Medium:</u></p> <ul style="list-style-type: none"> ▪ Controlled safe disposal of solid waste with a consequent minimum risk of solid waste pollution to the environment <p><u>Full</u></p> <ul style="list-style-type: none"> ▪ Consider the potential for small-scale business opportunities or supplementary income from waste recycling ▪ Provide personnel who deal with the collection and disposal of solid waste material and those involved in material collection for recycling with appropriate protective clothing and immunisation against tetanus and hepatitis B 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT BASIC RESPONSE PHASE.</p> <ul style="list-style-type: none"> ▪ Alignment under Basic Response: International minimum standard not met. ▪ Alignment under Medium Cluster Response: International minimum standard met. ▪ Alignment under Full Response: International minimum standard met and exceeded.

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	<ul style="list-style-type: none"> Establish a self-sufficient system for the collection, transport and safe disposal of solid waste (E.g: Support technical and financial capacity for municipal waste collection services) 	
Drainage		
<ul style="list-style-type: none"> People have an environment in which the health and other risks posed by water erosion and standing water, including stormwater, floodwater, and domestic wastewater are minimised. 	<p><u>Basic</u></p> <ul style="list-style-type: none"> Provide appropriate drainage facilities so that dwelling areas and water distribution points are kept free of standing wastewater and that stormwater drains are kept clear Hygiene promotion activities address adequate grey and black water management at the household and communal level Seek an agreement with the affected population on how to deal with the drainage problem and provide sufficient numbers of appropriate tools for small drainage works and maintenance where necessary Ensure that all water points and hand washing facilities have effective drainage to prevent muddy conditions 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT BASIC RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under First-Line Cluster Response: International minimum standard not met. Alignment under Full Response: International minimum standard met and exceeded.
Vector control		
<ul style="list-style-type: none"> People have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to cause a significant risk to health or well-being 	<p><u>Basic</u></p> <ul style="list-style-type: none"> Know your enemy: Collaborate with experts to understand the life-pattern of the vector which can include common breeding site; reproduction cycle; seasonality, migration pattern Hygiene promotion activities raise the awareness of all affected people who are at risk from vector-borne diseases about possible causes of vector-related diseases, methods of transmission and possible methods of prevention Pay special attention to the protection of high-risk groups such as pregnant and feeding mothers, babies, infants, older people, those with restricted mobility and the sick <p><u>Medium:</u></p> <ul style="list-style-type: none"> Help the affected population to avoid exposure to mosquitoes during peak biting times by using all non-harmful means (such as mosquito nets, etc.) that are made available to them <p><u>Full:</u></p> <ul style="list-style-type: none"> Undertake a full vector control program with the health authorities to reduce the level of mosquitoes (Dengue and Malaria vectors) 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT MEDIUM RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under First-Line Cluster Response: International minimum standard not met. Alignment under Full Response: International minimum standard met and exceeded.

INTERNATIONAL MINIMUM (SPHERE) STANDARD	POSSIBLE MINIMUM PACKAGE OF ASSISTANCE	LEVEL OF ALIGNMENT WITH INTERNATIONAL MINIMUM STANDARD
FOOD SECURITY AND AGRICULTURE		
General Food Security		
<p><u>General Food Security</u></p> <ul style="list-style-type: none"> People have availability and access to adequate and appropriate food in a manner that ensures their survival, prevents erosion of assets and upholds their dignity. <p><u>Primary Production</u></p> <ul style="list-style-type: none"> Primary production mechanisms are protected and supported. 	<p><u>Basic</u></p> <ul style="list-style-type: none"> Unconditional in kind Relief food (meeting FSAC's endorsed minimum food basket criteria) will be distributed to recently displaced people in need of urgent food assistance and not yet stabilized. <p><u>Medium</u></p> <ul style="list-style-type: none"> As soon as the displaced population will be stable enough relief food (general food assistance) will either be replaced or complemented by Cash or voucher transfers. Cash/ voucher transfers will be contingent on a detailed market and contextual analysis depending on local market functionality (beneficiary preferences, availability of food in the required quantities and quality, capacity to supply food, proximity of markets to target households, traders' interest in participating in cash/voucher transfers, security and stability etc.) <p><u>Full</u></p> <ul style="list-style-type: none"> IDPs will be assisted in rural host communities through conditional Cash for Work/Assets (CFW/A) oriented at agriculture assets rehabilitation Agricultural inputs (e.g. seeds, hand tools etc.) will be provided to boost agricultural production + food marketing and processing. IDPs, hosts hosting IDPs, and host communities will be assisted through rehabilitation of key agricultural, livestock and fisheries assets focusing on livelihoods restoration such as animal health, agricultural inputs, cereal production, vegetable/home gardening, provision of fisheries inputs etc. The aforementioned activities will be directed to IDPs, hosts hosting IDPs and vulnerable host communities with able bodied members, access to land, and access to productive assets 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT FULL-CLUSTER RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under Basic Response: International minimum standard partially met. Alignment under Medium Response: International minimum standard partially met. Alignment under Full Response: International minimum standard met.
Food Aid Planning		
<p><u>Ration Planning</u></p> <ul style="list-style-type: none"> Rations for general food distributions are designed to bridge the gap between the affected 	<ul style="list-style-type: none"> The ration to be provided will be as per the FSAC endorsed minimum/survival food basket which provides 75% of the monthly household food needs The food basket conforms to the daily calorific needs of individuals as per SPHERE standards 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET.</p>

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<p>population's requirements and their own food resources.</p> <p><u>Appropriateness and Acceptability</u></p> <ul style="list-style-type: none"> The food items provided are appropriate and acceptable to recipients and can be used efficiently at the household level. <p><u>Food Quality and Safety</u></p> <ul style="list-style-type: none"> Food distributed is of appropriate quality and is fit for human consumption. 	<ul style="list-style-type: none"> The FSAC minimum food basket rations do not provide full requirements as populations have access to markets and still have the capacity to purchase additional food. The FSAC minimum/survival food basket rations are balanced from a nutrition point of view: Approximately 11 percent of the energy is supplied by proteins and 18.7 percent by fat. Rations per beneficiary household is determined depending on their current livelihood situation, with a combination of the following: <ul style="list-style-type: none"> cash for work/ cash for assets; Relevant quantity of concentrate/ animal feed; Relevant quantity of seeds (wheat seed, sorghum seed, vegetable seed etc.) Relevant number of hand tools e.g. pick axe, rake etc. Nets, hooks, monofilaments etc. IDPs are assisted with cash/value voucher transfers of \$108 as per the FSAC minimum food basket 	
SHELTER, NON-FOOD ITEMS¹		
Shelter and Settlement		
<p><u>Strategic Planning</u></p> <ul style="list-style-type: none"> Existing shelter and settlement solutions are prioritised through the hosting of affected households, and the security, health, safety and well-being of the affected population are ensured. <p><u>Access to Impartial Assistance</u></p> <ul style="list-style-type: none"> People can access humanitarian assistance according to need and without adverse discrimination. Assistance is not withheld from people in need, and access for 	<p><u>Basic</u></p> <ul style="list-style-type: none"> People in outdoor and informal settings and people in in abandoned, unfinished or public buildings receive basic shelter materials (tents, tarpaulins, plastic sheeting, poles, ropes) People in abandoned, unfinished or public buildings receive sealing off kits (plastic sheeting, wood, tools, nails, ropes, clear sheet) Advocacy for immediate access to safety & safe location of camp like settings Facilitating access to services by carrying out mapping exercises, information sessions and referrals Establish a clear site management structure- considering Gender balance Establish systems for IDPs to access services within the site Establish of Site Representative Committee <p><u>Medium</u></p>	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT MEDIUM RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under First-Line Cluster Response: International minimum standard partially met. Alignment under Second Response: International minimum standard met. Alignment under Full Response: International minimum standard met and exceeded.

¹ Note that CCCM is detailed as a stand-alone sector of intervention below.

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<p>humanitarian agencies is provided as necessary to meet the Sphere standards.</p> <p><u>Physical Planning</u></p> <ul style="list-style-type: none"> Local physical planning practices are used where possible, enabling safe and secure access to and use of shelters and essential services and facilities, as well as ensuring appropriate privacy and separation between individual household shelters. <p><u>Covered Living Space</u></p> <ul style="list-style-type: none"> People have sufficient covered space to provide dignified accommodation. Essential household activities can be satisfactorily undertaken, and livelihood support activities can be pursued as required. <p><u>Design</u></p> <ul style="list-style-type: none"> The design of the shelter is acceptable to the affected population and provides sufficient thermal comfort, fresh air and protection from the climate to ensure their dignity, health, safety and well-being. <p><u>Construction</u></p> <ul style="list-style-type: none"> The construction approach is in accordance with safe local building practices and maximises local livelihood opportunities. 	<ul style="list-style-type: none"> People in outdoor and other informal to improved abandoned, public or unfinished buildings are assisted in finding sites, negotiating tenure, private sector partnerships, rental support, soft loans, assistance to relocate. People in outdoor and other informal to improved abandoned, public or unfinished buildings are assisted in upgrading safety and habitability of spaces through cash/vouchers and technical advice for improved sealing off of windows and doorways. Ensuring safety of stairwells and ledges, ensuring WASH and cooking facilities, ensuring climatic appropriateness People living in insecure shelter arrangements to rental or hosted arrangements are assisted in securing tenure through supporting public-private partnerships, municipal level links to the government for support, identification of vacant housing units and families willing to host, tenure agreements, 3-month phased assistance. People living in insecure shelter arrangements to rental or hosted arrangements are assisted in upgrading safety and habitability of spaces through cash/vouchers for shelter upgrades and rental support, ensuring households have the resources to undertake minor repairs/upgrades addressing privacy, safety, security etc. and funds to reduce rental costs over 1st 3 months. Establish a monitoring system that verifies that there is an acceptable level of Community participation at site as well monitor and manage adequately the abuse of participation and power through corruption, nepotism, pressure and the pursuit of self interest <p><u>Full</u></p> <ul style="list-style-type: none"> People in outdoor and other informal settings receive plastic sheeting replacement (average 20% per year) People in formal managed camps and settlements receive tents or plastic sheeting replacement (average 20% per year) People in abandoned, unfinished or public buildings receive tenure support in terms of renegotiating ongoing tenure; may incur rental support costs or physical upgrades In host family and rental situations receive rental or hosting support (tapered cash support for 3-6 months) Technical advice is provided to the national authorities on transitional shelter options, structural building assessments and repair. 	

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<p><u>Environmental Impact</u></p> <ul style="list-style-type: none"> The adverse impact on the environment is minimised by the settling of the affected households, the material sourcing and construction techniques used. 		
Non-Food Items		
<p><u>Clothing and Bedding</u></p> <ul style="list-style-type: none"> The people affected have sufficient clothing, blankets and bedding to ensure their dignity, safety and well-being. <p><u>Personal Hygiene</u></p> <ul style="list-style-type: none"> Each affected household has access to sufficient soap and other items to ensure personal hygiene, health, dignity and well-being <p><u>Cooking and Eating Utensils</u></p> <ul style="list-style-type: none"> Each affected household has access to cooking and eating utensils <p><u>Stoves, Fuel and Lighting</u></p> <ul style="list-style-type: none"> Each affected household has access to communal cooking facilities or a stove and an accessible supply of fuel for cooking needs and to provide thermal comfort. Each household also has access to appropriate means of providing sustainable artificial lighting to ensure personal security. <p><u>Tools and Equipment</u></p>	<p><u>Basic</u></p> <ul style="list-style-type: none"> Basic/minimum NFIs are provided to people in in outdoor and other informal settings and to people in in abandoned, unfinished or public buildings, and in “formal managed” sites and settlements. Basic package comprised of: <ul style="list-style-type: none"> Plastic sheet kitchen set jerry can jerry can for kerosene mattress, pillows, blankets towels hygiene kit stove People in abandoned, unfinished or public buildings receive sealing off kits, comprised of: <ul style="list-style-type: none"> plastic sheeting wood tools, nails ropes clear sheet <p><u>Provision under Full Response</u></p> <ul style="list-style-type: none"> People in outdoor and other informal settings, in abandoned, unfinished or public buildings, and in “formal managed” sites and settlements receive basic NFI support in terms of replenishment of acclimatisation items blankets/ clothing, kerosene distributions, through cash/ vouchers. 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT <u>BASIC</u> RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under Basic Response: International minimum standard met. Alignment under Full Response: International minimum standard met and exceeded.

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<ul style="list-style-type: none"> Each affected household responsible for the construction or maintenance and safe use of their shelter has access to the necessary tools and equipment. 		
HEALTH and Nutrition		
Health Systems and Infrastructure		
<p><u>Prioritising Minimum Package of Health Services</u></p> <ul style="list-style-type: none"> Priority Health Interventions should address – but not limited to - the three groups of conditions: Maternal, Neonatal and Child health; NCD; and Injuries there is sufficient evidence on the effectiveness of interventions in socio-economic contexts in Yemen, and that the system will require support for years to come, at all levels. The list of priority interventions can be provided by a local health system, the set of delivery sites and facilities to first-referral facilities responsible for providing health services to the district population. 	<p><u>Mobile Clinic/Team</u></p> <ul style="list-style-type: none"> Limited curative care including IMCI, ANC/PNC, EPI, SAM screening and referral, FP (short-acting methods), IEC <p><u>Primary Health Care Unit</u></p> <ul style="list-style-type: none"> Limited curative care including IMCI, ANC/PNC, EPI, SAM screening and management/Referral, FP (short-acting methods), IEC, Refill of NCD prescriptions. <p><u>Primary Health Center</u></p> <p>As primary health care unit plus:</p> <ul style="list-style-type: none"> Curative care (OPD) including IMCI, TB and others, FP, NCD management, Normal Deliveries (selected facilities), 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT MEDIUM RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under Minimum Response: the mentioned interventions according to the type of health facility are provided .

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	<ul style="list-style-type: none"> ▪ Essential Newborn Care (selected facilities), ▪ Basic Laboratory.. <p><u>District Hospital</u></p> <ul style="list-style-type: none"> ▪ Curative care including OPD and Inpatient. ▪ Round-the-clock ER. ▪ IMCI, TB, NCD. ▪ ANC/PNC, Normal and complicated deliveries, BEmONC (selected facilities). ▪ Essential Newborn Care + management of sick and LBW newborns (selected facilities) ▪ EPI, ▪ SAM with medical complications. ▪ Basic laboratory. <p><u>Governorate Hospital</u></p> <p>As district hospital plus:</p> <ul style="list-style-type: none"> ▪ CEmONC. ▪ Radiology. 	
Communicable Diseases		
<p><u>Prevention</u></p> <ul style="list-style-type: none"> ▪ People have access to information and services that are designed to prevent the communicable diseases that contribute most significantly to excess morbidity and mortality. <p><u>Measles Prevention</u></p> <ul style="list-style-type: none"> ▪ All children aged 6 months to 15 years have immunity against measles. 	<p><u>Basic</u></p> <ul style="list-style-type: none"> ▪ Life-saving health care services provided through static facilities, mobile teams, and deployment of rapid response teams, including: ▪ Disease Early Warning System (EWARN) ▪ Vaccination Campaigns as needed ▪ Stockpiling of supplies for outbreaks (e.g. Cholera) <p><u>Medium</u></p> <ul style="list-style-type: none"> ▪ Disease Early Warning System (EWARN) ▪ Mass Vaccinations (Measles/Polio priority) and Vit-A supplementation 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT <u>FULL</u> RESPONSE PHASE.</p> <ul style="list-style-type: none"> ▪ Alignment under Basic Response: International minimum standard partially met. ▪ Alignment under Medium Response: International minimum standard partially met.

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<p><u>Diagnosis and Case Management</u></p> <ul style="list-style-type: none"> People have access to effective diagnosis and treatment for those infectious diseases that contribute most significantly to preventable excess morbidity and mortality. <p><u>Outbreak Preparedness</u></p> <ul style="list-style-type: none"> Measures are taken to prepare for and respond to outbreaks of infectious diseases. <p><u>Outbreak Detection, Investigation and Response</u></p> <ul style="list-style-type: none"> Outbreaks of communicable diseases are detected, investigated and controlled in a timely and effective manner <p><u>HIV/AIDS</u></p> <ul style="list-style-type: none"> People have access to the minimum package of services to prevent transmission of HIV/AIDS. 	<p><u>Full</u></p> <ul style="list-style-type: none"> Vaccination, strengthen and support DoH services DoH facilities are supported for outbreak response Capacity Building, support for staff salaries, medication, equipment. Support local services; strengthen referral systems in hard to reach areas where access allows. 	<ul style="list-style-type: none"> Alignment under Full Response: International minimum standard met.
Control of Non-Communicable Diseases		
<p><u>Injury</u></p> <ul style="list-style-type: none"> People have access to appropriate services for the management of injuries. <p><u>Reproductive Health</u></p> <ul style="list-style-type: none"> People have access to the Minimum Initial Service Package (MISP) to 	<p><u>Basic</u></p> <ul style="list-style-type: none"> Life-saving health care services provided through static facilities, mobile teams, and deployment of rapid response teams, including: <ul style="list-style-type: none"> Trauma care and referral of wounded Provision of trauma kits, high energy biscuits and diarrhoea treatment kits in target locations Emergency reproductive Healthcare <p><u>Medium</u></p> <ul style="list-style-type: none"> Management of Chronic Diseases 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT BASIC RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under Basic Response: International minimum standard partially met. Alignment under Medium Response: International minimum standard met.

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<p>respond to their reproductive health needs.</p> <p><u>Mental and Social Aspects of Health</u></p> <ul style="list-style-type: none"> People have access to social and mental health services to reduce mental health morbidity, disability and social problems. <p><u>Chronic Diseases</u></p> <ul style="list-style-type: none"> For populations in which chronic diseases are responsible for a large proportion of mortality, people have access to essential therapies to prevent death. 	<ul style="list-style-type: none"> Support to people with Disability Mental Health and Psychosocial support services <p><u>Full</u></p> <ul style="list-style-type: none"> DoH facilities are supported for – outbreak response, maternal, neonatal and child health care, RH, treatment of injured to support IDPs in camps and host communities. Capacity Building, support for staff salaries, medication, equipment. Support local services; strengthen referral systems in hard to reach areas where access allows. 	<ul style="list-style-type: none"> Alignment under Full Response: International minimum standard met.
Nutrition		
<p><u>General Nutrition Support</u></p> <ul style="list-style-type: none"> The nutritional needs of the population are met. The nutritional and support needs of identified at-risk groups are met. <p><u>Correction of Malnutrition</u></p> <ul style="list-style-type: none"> Moderate malnutrition is addressed. Severe malnutrition is addressed. Micronutrient deficiencies are addressed. 	<p><u>Provision under Basic</u></p> <ul style="list-style-type: none"> Life-saving health care services provided through static facilities, mobile teams through referrals carried out by the on-site PHC, and deployment of rapid response teams (including nutritional supplementation and therapeutic care) Nutritional supplementation and referral Promotion of Infant and Young Child Feeding in Emergency (IYCF-E) 	<p>✓ INTERNATIONAL MINIMUM STANDARD IS MET AT MEDIUM RESPONSE PHASE.</p> <ul style="list-style-type: none"> Alignment under Basic Response: International minimum standard partially met. Alignment under Medium Cluster Response: International minimum standard met.
PROTECTION		
<p><u>Avoiding Exposure to Further Harm</u></p> <ul style="list-style-type: none"> Those involved in humanitarian response take steps to avoid or 	<p><u>Basic</u></p> <ul style="list-style-type: none"> Main PC: Establishment and/or support to Community-Based Protection Networks (CBPNs) who will engage in: protection monitoring; referral of persons with specific needs to specialized protection 	<p>– INTERNATIONAL MINIMUM STANDARD IS PARTIALLY MET</p>

INTERNATIONAL MINIMUM (SPHERE) STANDARD	POSSIBLE MINIMUM PACKAGE OF ASSISTANCE	LEVEL OF ALIGNMENT WITH INTERNATIONAL MINIMUM STANDARD
<p>minimise any adverse effects of their intervention, in particular the risk of exposing people to increased danger or abuse of their rights.</p> <p><u>Protection from Physical and Physiological Harm</u></p> <ul style="list-style-type: none"> People are protected from violence, from being forced or induced to act against their will and from fear of such abuse. <p><u>Claiming Rights, Accessing Remedies, Recovering from Abuse</u></p> <p>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, psychological and social effects of violence and other abuses.</p>	<p>assistance; and awareness-raising activities on displacement-related rights, availability of humanitarian assistance or feedback mechanisms</p> <ul style="list-style-type: none"> Main PC: Provision of legal assistance (e.g. on arbitrary arrest and detention, civil documentation, HLP, or family law matters for GBV survivors) Main PC: multi-purpose cash assistance for vulnerable IDPs (<i>only</i> where appropriate following an assessment regarding the possibility of this modality causing on-site tension) Child Protection: Deployment of mobile teams to document grave child rights violation (i.e. Monitoring & Reporting Mechanisms by UNICEF only), alerting stakeholders Child Protection: Case management for conflict-affected children (i.e. identification of urgent CP needs and response from relevant service providers) Child Protection: Psycho-social support for conflict-affected children GBV: Identification of GBV survivors, provision of case management and referral to multi-sectoral response (while using GBVIMS data collection methods) GBV: Provision of psycho-social support for GBV survivors GBV: Establishment of safe spaces for GBV survivors and those at risk <p><u>Medium²</u></p> <ul style="list-style-type: none"> Main PC: Human rights / international humanitarian law monitoring and reporting (by OHCHR only) Main PC: Provision of psychosocial support to conflict-affected adults (i.e. one-on-one counselling and group-support sessions) Child Protection: Identification and registration of unaccompanied and separated children, and provision of family tracing and reunification (FTR) services Child Protection: Provision of information to children and community members on how to protect themselves against injury/death due to mines/UXO/ERW Child Protection: Provision of medical referral and rehabilitation assistance to children with conflict associated injuries and disabilities GBV: Provision of information and awareness raising on GBV prevention and response GBV: Distribution of dignity kits 	<ul style="list-style-type: none"> Alignment under Basic Response: International minimum standard partially met. Alignment under Medium Response: International minimum standard partially met. Alignment under Full Response: International minimum standard partially met.

² At the medium scale, it is understood that all basic scale activities are covered.

INTERNATIONAL MINIMUM (SPHERE) STANDARD	POSSIBLE MINIMUM PACKAGE OF ASSISTANCE	LEVEL OF ALIGNMENT WITH INTERNATIONAL MINIMUM STANDARD
	<ul style="list-style-type: none"> ▪ On-going protection, gender & GBV mainstreaming <p><u>Full</u>³</p> <ul style="list-style-type: none"> ▪ Main PC: Deliver capacity building for local authorities, humanitarian partners and communities members on protection issues ▪ GBV: Provision of income generating activities, life skills building and cash assistance to GBV survivors and those at risk of GBV ▪ GBV: Conduct capacity building for service providers and partners on GBV services package, survivor-centred care, safe referrals and Psychological First Aid (PFA) <p>GBV: Strengthen GBV multi sectoral coordination mechanisms including area hub-level SOPs and referral pathways, and GBV response coordination meetings</p>	
CCCM		
<p><u>IDP hosting sites are provided with minimum assistance in a dignified, orderly manner</u></p> <ul style="list-style-type: none"> ▪ Ensuring site management systems are in place ▪ IDP population living in displacement sites have been recorded at the household level ▪ regularly collect demographic information disaggregated by sex and age to an agreed reporting cycle ▪ displacement sites have unrestricted humanitarian access ▪ Number and percentage of displacement sites where gaps in services identified by site managers 	<p><u>Basic</u></p> <ul style="list-style-type: none"> ▪ Site monitoring carried out and minimum services are ensured and/or advocate for ▪ Demographic information disaggregated by sex and age to an agreed reporting cycle is regularly collected ▪ Site management support (to the authorities) structure minimally in place through roving teams ▪ All IDPs in displacement sites have access to shelter ▪ All IDPs in displacement sites have access to at least one NFI distribution in the last three months ▪ IDP population has access to potable water supply within walking distance ▪ Number and percentage of displacement sites where IDP population has access to WASH infrastructure. ▪ Number and percentage of displacement sites with food/nutrition needs where at least one food distribution has taken place within the past month 	<ul style="list-style-type: none"> ▪ INTERNATIONAL MINIMUM STANDARD IS MET AT MEDIUM RESPONSE PHASE ▪ Alignment under Basic Response: International minimum standard partially met. ▪ Alignment under Medium Response: International minimum standard partially met. ▪ Alignment under Full Response: International minimum standard partially met.

³ At the full scale, it is understood that all basic and medium scale activities are covered.

INTERNATIONAL MINIMUM (SPHERE) STANDARD	POSSIBLE MINIMUM PACKAGE OF ASSISTANCE	LEVEL OF ALIGNMENT WITH INTERNATIONAL MINIMUM STANDARD
<p>are referred, monitored and followed up for response</p> <p><u>Representative governance structures are in place in IDP hosting sites</u></p> <ul style="list-style-type: none"> ▪ Common services are targeted to reach vulnerable groups in IDP hosting sites ▪ Specific services exist for vulnerable groups in IDP hosting sites ▪ Consultations with all strata of displaced populations takes place about their needs to inform planning and programs in IDP hosting sites ▪ Site management personnel (including partners) have undertaken the IASC Gender E-learning course <p><u>Communication with the Community and Accountability to affected population have developed and functional systems in IDP hosting sites</u></p>	<ul style="list-style-type: none"> ▪ Number and percentage of displacement sites that have functioning health services within walking distance that IDP populations can attend <p><u>Medium</u></p> <ul style="list-style-type: none"> • Ensuring that agreed standards for assistance to collective centres and spontaneous settlements are followed as integrated packages; • Establishing and ensuring community engagement, participation and communications systems towards self-reliance • Establishing specific self-governance and community participation processes within collective centres and spontaneous settlements • At site level, coordinating and monitoring services provided by different agencies, including identifying gaps in the provision of protection and assistance and avoiding duplication of activities. Communicate these gaps to the authorities and the international community in a structured manner; • Enabling the community to perform minimum upkeep and maintenance; • Directly communicate with collective centre resident • Provide on the job technical support to authorities representatives regarding site management • Site managers (where available) are provided with CCCM training • Referral mechanisms are functional <p><u>Full</u></p> <ul style="list-style-type: none"> ▪ All of the above ▪ Feedback mechanisms at site level are functional ▪ Communication with communities is a regular occurrence through well-defined various systems (including service maps) 	