

Water Supply and Sanitation	Nutrition	Food Aid	Shelter and Site Planning	Health Services
<p><u>1. Analysis</u></p> <p>Analysis standard 1: initial assessment Programme decisions are based on a demonstrated understanding of the emergency situation and on a clear analysis of the health risks and needs relating to water supply and sanitation.</p> <p>Analysis standard 2: monitoring and evaluation The performance of the water supply and sanitation programme, its effectiveness in responding to health problems related to water and sanitation, and changes in the context are monitored and evaluated.</p> <p>Analysis standard 3: participation The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme.</p>	<p><u>1. Analysis</u></p> <p>Analysis standard 1: initial assessment Before any programme decisions are made, there is a demonstrated understanding of the basic nutritional situation and conditions which may create risk of malnutrition.</p> <p>Analysis standard 2: response If a nutrition intervention is required, there is a clear description of the problem(s) and a documented strategy for the response.</p> <p>Analysis standard 3: monitoring and evaluation The performance and effectiveness of the nutrition programme and changes in the context are monitored and evaluated.</p> <p>Analysis standard 4: participation The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme.</p>	<p><u>1. Analysis</u></p> <p>Analysis standard 1: initial assessment Before any programme decisions are made, there is a demonstrated understanding of the basic conditions that create risk of food insecurity and the need for food aid.</p> <p>Analysis standard 2: monitoring and evaluation The performance and effectiveness of the food aid programme and changes in the context are monitored and evaluated.</p> <p>Analysis standard 3: participation The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme</p>	<p><u>1. Analysis</u></p> <p>Analysis standard 1: initial assessment The initial assessment determines as accurately as possible the health effects of a disaster, identifies the health needs and establishes priorities for health programming.</p> <p>Analysis standard 2: health information system - data collection The health information system regularly collects relevant data on population, diseases, injuries, environmental conditions and health services in a standardised format data in order to detect major health problems.</p> <p>Analysis standard 3: health information system - data review Health information system data and changes in the disaster-affected population are regularly reviewed and analysed for decision-making and appropriate response.</p> <p>Analysis standard 4: health information system - monitoring and evaluation Data collected is used to evaluate the effectiveness of interventions in controlling disease and in preserving health.</p> <p>Analysis standard 5: participation The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme.</p>	<p><u>1. Analysis</u></p> <p>Analysis standard 1: initial assessment The initial assessment determines as accurately as possible the health effects of a disaster, identifies the health needs and establishes priorities for health programming.</p> <p>Analysis standard 2: health information system - data collection The health information system regularly collects relevant data on population, diseases, injuries, environmental conditions and health services in a standardised format data in order to detect major health problems.</p> <p>Analysis standard 3: health information system - data review Health information system data and changes in the disaster-affected population are regularly reviewed and analysed for decision-making and appropriate response.</p> <p>Analysis standard 4: health information system - monitoring and evaluation Data collected is used to evaluate the effectiveness of interventions in controlling disease and in preserving health.</p> <p>Analysis standard 5: participation The disaster-affected population has the opportunity to participate in the design and implementation of the assistance programme.</p>
<p><u>2 Water Supply</u></p> <p>Water supply standard 1: access and water quantity All people have safe access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to shelters to allow use of the minimum water requirement.</p> <p>Water supply standard 2: water quality Water at the point of collection is palatable, and of sufficient quality to be drunk and used for personal and domestic hygiene without causing significant risk to health due to water-borne diseases, or to chemical or radiological contamination from short term use.</p> <p>Water supply standard 3: water use facilities and goods 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 sufficiently safe until it is consumed.</p> <p><u>3 Excreta Disposal</u></p> <p>Excreta disposal standard 1: access to, and numbers of toilets People have sufficient 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> <p>Excreta disposal standard 2: design and construction People have access to toilets which are designed, constructed and maintained in such a way as to be comfortable, hygienic and safe to use.</p> <p><u>4 Vector Control</u></p> <p>Vector control standard 1: individual and family protection People have the means to protect themselves from disease vectors and nuisance pests when they are estimated to be a significant risk to health or well-being.</p> <p>Vector control standard 2: physical, environmental and chemical protection measures The number of disease-bearing vectors and nuisance animals that pose a risk to people's health and well-being are kept to an acceptable level.</p> <p>Vector control standard 3: good practice in the use of chemical vector control methods Vector control measures that make use of pesticides are carried out in accordance with agreed international norms to ensure that staff, the people affected by the disaster and the local environment are adequately protected, and to avoid creating resistance to pesticides.</p> <p><u>5 Solid Waste Management</u></p> <p>Solid waste management standard 1: solid waste collection and disposal People have an environment that is acceptably free of solid waste contamination, including medical wastes.</p> <p>Solid waste disposal management 2: solid waste containers/pits People have the means to dispose of their domestic waste conveniently and effectively.</p> <p><u>6 Drainage</u></p> <p>Drainage standard 1: drainage works People have an environment that is acceptably free from risk of water erosion and from standing water, including storm water, flood water, domestic wastewater and wastewater from medical facilities.</p> <p>Drainage standard 2: installations and tools People have the means (installations, toolsetc) to dispose of domestic wastewater and water point wastewater conveniently and effectively, and to protect their shelters and other family or communal facilities from flooding and erosion.</p> <p><u>7 Hygiene Promotion</u></p> <p>Hygiene promotion standard 1: hygiene behaviour and use of facilities All sections of the affected population are aware of priority hygiene practices that create the greatest risk to health and are able to change them. They have adequate information and resources for the use of water and sanitation facilities to protect their health and dignity.</p> <p>Hygiene promotion standard 2: programme implementation All facilities and resources provided reflect the vulnerabilities, needs and preferences of all sections of the affected population. Users are involved in the management and maintenance of hygiene facilities where appropriate.</p>	<p><u>2 General Nutritional Support to the Population</u></p> <p>General nutritional support standard 1: nutrient supply The nutritional needs of the population are met.</p> <p>General nutritional support standard 2: food quality and safety Food that is distributed is of sufficient quality and is safely handled so as to be fit for human consumption.</p> <p>General nutritional support standard 3: food acceptability Foods that are provided are appropriate and acceptable to the entire population.</p> <p>General nutritional support standard 4: food handling and safety Food is stored, prepared and consumed in a safe and appropriate manner, both at household and community level.</p> <p><u>3 Nutritional Support to Those Suffering From Malnutrition</u></p> <p>Targeted nutritional support standard 1: moderate malnutrition The public health risks associated with moderate malnutrition are reduced.</p> <p>Targeted nutritional support standard 2: severe malnutrition Mortality, morbidity and suffering associated with severe malnutrition are reduced.</p> <p>Targeted nutritional support standard 3: micronutrient deficiencies Micronutrient deficiencies are corrected.</p>	<p><u>2 Requirements</u></p> <p>Requirements standard The food basket and rations are designed to bridge the gap between the affected population's requirements and their own food sources.</p> <p><u>3 Targeting</u></p> <p>Targeting standard Recipients of food aid are selected on the basis of food need and/or vulnerability to food insecurity.</p> <p><u>4 Resource Management</u></p> <p>Resource management standard Food aid commodities and programme funds are managed, tracked, and accounted for using a transparent and auditable system.</p> <p><u>5 Logistics</u></p> <p>Logistics standard Agencies have the necessary organisational and technical capacity to manage the procurement, receipt, transport, storage and distribution of food commodities safely, efficiently and effectively.</p> <p><u>6 Distribution</u></p> <p>Distribution standard The method of food distribution is equitable, and appropriate to local conditions. Recipients are informed of their ration entitlement its rationale.</p>	<p><u>2 Housing (shelter)</u></p> <p>Housing standard 1: living quarters People have sufficient covered space to provide protection from adverse effects of the climate. They have sufficient warmth, fresh air, security and privacy to ensure their dignity, health and well-being.</p> <p><u>3 Clothing</u></p> <p>Clothing standard The people affected by the disaster have sufficient blankets and clothing to provide protection from the climate and to ensure their dignity, safety and well-being.</p> <p><u>4 Household Items</u></p> <p>Household items standard 1: items for households and livelihood support Families have access to household utensils, soap for personal hygiene and tools for their dignity and well-being.</p> <p>Household items standard 2: environmental concerns Fuel economic cooking implements and stoves are made available, and their use is promoted.</p> <p><u>5 Site Selection</u></p> <p>Site standard 1: site selection The site is suitable to host the number of people involved.</p> <p>Site standard 2: site planning Site planning ensures sufficient space for household areas and supports people's security and well-being. It provides for effective and efficient provision of services and internal access.</p> <p>Site standard 3: security Site selection and planning ensures sufficient personal liberty and security for the entire affected population. .</p> <p>Site standard 4: environmental concerns The site is planned and managed in such a way as to minimise damage to the environment.</p>	<p><u>2 Measles Control</u></p> <p>Measles control standard 1: vaccination In disaster-affected populations, all children 6 months to 12 years old receive a dose of measles vaccine and an appropriate dose of vitamin A as soon as possible.</p> <p>Measles control standard 2: vaccination of newcomers Newcomers to displaced settlements are vaccinated systematically. All children 6 months to 12 years old receive a dose of measles vaccine and an appropriate dose of vitamin A.</p> <p>Measles control standard 3: outbreak control A systematic response is mounted for each outbreak of measles within the disaster-affected population and the host community population.</p> <p>Measles control standard 4: case management All children who contract measles receive adequate care in order to avoid serious sequelae or death.</p> <p><u>3 Control of Communicable Diseases</u></p> <p>Control of communicable diseases standard 1: monitoring The occurrence of communicable diseases is monitored.</p> <p>Control of communicable diseases standard 2: investigation and control Diseases of epidemic potential are investigated and controlled according to internationally accepted norms and standards.</p> <p><u>4 Health Care Services</u></p> <p>Health care services standard 1: appropriate medical care Emergency health care for disaster-affected populations is based on an initial assessment and data from an ongoing health information system, and serves to reduce excess mortality and morbidity through appropriate medical care.</p> <p>Health care services standard 2: reduction of morbidity and mortality Health care in emergencies follows primary health care (PHC) principles and targets health problems that cause excess morbidity and mortality.</p>
<p><u>8 Human Resource Capacity and Training</u></p> <p>Capacity standard 1: competence Water supply and sanitation programmes are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.</p>	<p><u>4 Human Resource Capacity and Training</u></p> <p>Capacity standard 1: competence Nutrition interventions are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.</p> <p>Capacity standard 2: support Members of the disaster-affected population receive support to enable them to adjust to their new environment and to make optimal use of the assistance provided to them.</p> <p>Capacity standard 3: local capacity Local capacity and skills are used and enhanced by emergency nutrition programmes.</p>	<p><u>7 Human Resource Capacity and Training</u></p> <p>Capacity standard 1: competence Food aid programmes are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.</p> <p>Capacity standard 2: local capacity Local capacity and skills are used and enhanced by food aid programme</p>	<p><u>6 Human Resource Capacity and Training</u></p> <p>Capacity standard 1: competence Shelter and site interventions are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.</p> <p>Capacity standard 2: local capacity Local skills and capacity are used and enhanced by shelter and site programmes.</p>	<p><u>5 Human Resource Capacity and Training</u></p> <p>Capacity standard 1: competence Health interventions are implemented by staff who have appropriate qualifications and experience for the duties involved, and who are adequately managed and supported.</p> <p>Capacity standard 2: support Members of the disaster-affected population receive support to enable them to adjust to their new environment and to make optimal use of the assistance provided to them.</p> <p>Capacity standard 3: local capacity Local capacity and skills are used and enhanced by emergency health interventions.</p>