



Applying humanitarian standards to fight COVID-19

Coronavirus is spreading globally. How can individuals, communities, humanitarian actors, local and national authorities best respond to uphold the rights of all affected people?

Sphere and its partner standards can guide our response

In situations of insecurity with the danger of misinformation and stigmatisation, it is important to understand and apply the most important and basic principles and actions to help limit the spread of the virus.

There are tools from the humanitarian sector that can directly support your COVID-19 response. The sector has been gathering important knowledge and evidence around the response to disease outbreaks, including the Ebola outbreak in West Africa in 2014.

One of the most comprehensive tools is the [Sphere Handbook](#). Sphere and the [Humanitarian Standards Partnership](#) (HSP) contain **standards and guidance** which define the minimum response **all crisis-affected people have the right to expect**. They establish **what needs to be in place** for affected populations to survive and recover with dignity. Sphere standards are directly relevant for a public health emergency such as the COVID-19 pandemic, with the Health and Water, Sanitation and Hygiene Promotion chapters being the most important ones.

Our partner standards are equally important, including the **Core Humanitarian Standard** and the following standards which are part of the HSP: **Cash Assistance, Inclusion of older people and people with disabilities, Education in Emergencies, Child Protection** and **Markets and Economic Recovery**.

More importantly, beyond technical advice, the standards provide guidance on the rights of people, information sharing and community engagement:

- a. **Information:** People have the right to understand what is happening and to trust that the measures taken are in their own and the community's best interest. People have the right to clear, transparent and understandable information concerning the outbreak, the actual danger and what is expected of them.
- b. **Dignity:** People are human beings, not just cases. Respecting their human **dignity** is the basis for your response. People who are living with conditions associated with **stigma** or indeed those who fear they may be **stigmatised for having the Coronavirus** can be driven to hide the illness to avoid discrimination. It is important therefore to provide supportive messaging and care.
- c. **Community engagement.** If you want to build trust, share information transparently, involve and include communities directly (including women, children, older people, persons with disabilities and other often excluded groups), listen to them and understand perceptions, social norms and beliefs to avoid the spread of rumours and misinformation.
- d. **Don't forget other needs and others.** Focusing on preventing the spread of the Coronavirus should not make us forget affected people's other needs, nor the long-term needs of the wider population.

How do you do this in a dignified and safe way for affected communities? The technical guidance on the following pages shows you how. It includes links to relevant sections of the various humanitarian standards.

For more information please contact us at info@spherestandards.org
www.spherestandards.org



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1. Sphere standards

The technical guidance is outlined in two sections:

- 1.1 The first section covers fundamental principles which are crucial to a successful, holistic response.
- 1.2 The second covers relevant standards and guidance in the Sphere handbook's WASH and Health chapters.

1.1. Holistic approach

Sphere offers a holistic, people-centred approach to humanitarian work, with the three foundation chapters – **Humanitarian Charter**, **Protection Principles** and **Core Humanitarian Standard** – supporting four technical chapters. For the Coronavirus¹ response, there are three important overarching factors: Firstly, people should be seen as human beings, not just cases. **Human dignity** is paramount. Secondly, **community engagement** is crucial. And thirdly, focusing on preventing the spread of the Coronavirus should not make us forget affected people's **other needs**, nor the long-term needs of the wider population.

a. Human dignity

When you use the Sphere Handbook, please do so in the spirit of the **Humanitarian Charter**. People have a right to life with **dignity**. Always remember the fundamentals of the Protection Principles and the Core Humanitarian Standard: People must always be involved in shaping the response.

The Coronavirus response will only be effective if all affected people can be screened, tested and – if found ill – treated. You will need to identify people who may be hesitant to come forward for treatment. Those who are living with conditions associated with **stigma** or indeed those who fear they may be stigmatised for having the Coronavirus can be driven to hide the illness to avoid discrimination. This may prevent people from seeking health care and discourage them from adopting healthy behaviours. It is important therefore to be supportive and caring. Protection Principles 1 and 2 are directly relevant, as they elaborate on the rights to dignity, protection and assistance:

→ **Protection Principle 1**: *Enhance people's safety, dignity and rights and avoid exposing them to further harm*, discusses protection risks, the importance of context analysis, the treatment of sensitive information and supporting community protection mechanisms (where they are not counter to the public health objectives).

→ **Protection Principle 2**: *Access to impartial assistance according to need and without discrimination*. This Principle expresses the right to receive humanitarian assistance, one of the Sphere's three rights expressed in the Humanitarian Charter.

b. Community engagement

Poor hygiene is an important factor in the spread of infectious diseases. The Coronavirus is spread by droplets; therefore, hand hygiene can prevent its spread. Hygiene promotion with a focus on handwashing is therefore critical but can only work if the community is fully engaged. This involves building trust and mutual understanding by engaging communities in communications and decision-making.

Hygiene promotion must include a strong focus on regular handwashing and any other safety measures specific to this particular response, for example keeping your distance from other people.

→ For handwashing, see: **Hygiene Promotion Standards 1.1 (Hygiene promotion)** and **1.2 (Hygiene items)**.

Community perceptions and beliefs can support or hinder a response, so it is important to understand and address them. Some social norms may need to be modified to prevent disease transmission. For example, you may need to work with the community to find alternative forms of greeting to replace handshakes, or the way meat and animals are handled in marketplaces. Also identify and encourage specific COVID-19 disease prevention measures which will

¹ **About the Coronavirus COVID-19**

Coronaviruses are a large family of viruses. The most recently discovered coronavirus, first identified in the Hubei region (China) in December 2019, causes disease COVID-19. In severe cases, COVID-19 may result in pneumonia, severe acute respiratory syndrome, kidney failure and death. Some 81,000 cases were reported at the global level as of 26 February 2020. (Source: World Health Organisation)

work within the affected community. If community outreach workers actively go out to find cases or carry out related tasks, they must be trained to do this (see also Health standard 2.1.4, below).

Similarly, effective community engagement can identify and address **rumours and misinformation**. These spread particularly quickly **urban centres**. It is therefore important to identify and engage community and interest groups, for example schools, clubs, women's groups or taxi drivers. Public spaces, media and technology can help. Use technology to promptly provide accurate information on healthcare and services. Secondary and tertiary healthcare providers are often more active in cities, so support these providers' to deliver primary healthcare. Engage them in early warning and response systems for communicable diseases.

→ For community engagement, see: [Introduction to the WASH chapter](#) and [Introduction to WASH standard 6: \(WASH in disease outbreaks and healthcare settings\)](#).

→ For urban guidance, see: [What is Sphere? Section on urban settings](#) and [Introduction to the WASH chapter](#) as well as [Introduction to the Health chapter](#).

c. Other needs of affected people and broader community needs

→ For affected people, psychosocial and palliative care contribute critically to their sense of self, belonging and emotional healing, see: [Health standards 2.6](#) and [2.7](#).

All other health standards of the Sphere Handbook are relevant. These cover maternal and reproductive health, non-communicable diseases, injury, child health care and other issues. They should be continued, both for affected people and beyond. In 2014 in West Africa, many health staff were diverted and deployed to the Ebola response, which left other services in health care unsupported. This meant more maternal deaths, insufficient childhood immunisations leading to disease outbreaks the following year and no continuous care for patients with non-communicable diseases. The number of deaths from abandoned health centres and regions was significant.

1.2. The medical response

There is guidance in the WASH and Health chapters on the medical response to the Coronavirus.

a. WASH Chapter

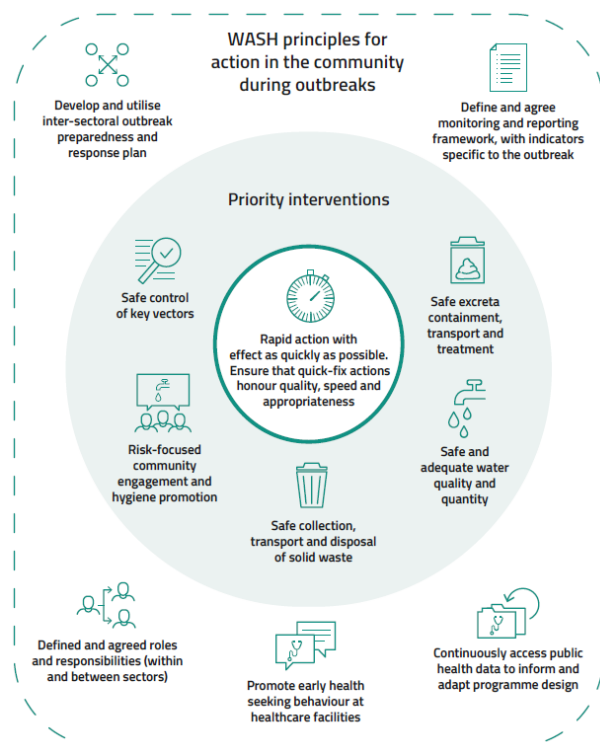
Please use the guidance in the [Hygiene Promotion section](#), including Key actions, Indicators and Guidance notes.

→ [Standard 1.1 \(Hygiene promotion\)](#) requires that *People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them.*

→ [Standard 1.2 \(Hygiene items\)](#) requires that *Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.*

→ [WASH standard 6 \(WASH in healthcare settings\)](#) states: *All healthcare settings maintain minimum WASH infection prevention and control standards, including in disease outbreaks.* This standard is directly applicable to the COVID-19 response and should be used **in its entirety**. It again highlights hygiene promotion and working with communities. The diagram provides an overview of key community-based WASH actions during an outbreak. COVID-19 specific interventions should be taken e.g. relating to **hand hygiene**.

→ For related health actions, see the [Communicable diseases standards 2.1.1](#) to [2.1.4](#) (below).



b. Health Chapter

The Health chapter has two sections: i) Health systems and ii) Essential healthcare.

i) Health systems

A well-functioning health system can respond to all healthcare needs in a crisis so that even during a large-scale disease outbreak, other healthcare activities can continue. The health system encompasses all levels, from national, regional, district and community to household carers, the military and the private sector. It is important to understand the impact of the crisis on health systems to determine priorities for humanitarian response.

The Health systems section with its five standards is relevant in its entirety. Particular attention should be paid to:

- **Health systems standard 1.1 (Health service delivery)** includes Guidance notes on availability; acceptability; affordability; community level care; Appropriate and safe facilities; Infection Prevention and Control (IPC).
- **Health systems standard 1.2 (Healthcare workforce)** includes a Guidance note on Quality, highlighting the importance of training workforce appropriately for a particular response.
- **Health systems standard 1.3 (Access to essential medicines and medical devices)**.
- **Health systems standard 1.5 (Health information)** has a section on disease surveillance. It is linked to **communicable diseases standard 2.1.2** (Surveillance, outbreak detection and early response).

ii) Essential healthcare – Section on Communicable diseases

All four standards in the section on Communicable diseases (Health standards 2.1.1 – 2.1.4) are extremely relevant. They cover Prevention (2.1.1); Surveillance, outbreak detection and early response (2.1.2); Diagnosis and case management (2.1.3); and Outbreak preparedness and response (2.1.4). Particular attention should be paid to:

- **Standard 2.1.1 (Prevention)**: *People have access to healthcare and information to prevent communicable diseases.* This standard links back to community engagement. Key action 2 addresses fears and rumours, linking back to engaging and understanding communities. Equally important are Key actions 4 and 5 covering prevention and control measures. Please read Guidance notes on risk assessments, intersectoral prevention measures, health promotion and vaccination (if is developed, currently there is no approved vaccine)
- **Standard 2.1.2 (Surveillance, outbreak detection and early response)**: *Surveillance and reporting system provide early outbreak detection and early response.* This standard should be looked at in its entirety. It links with health systems standard 1.5 (health information, see above)
- **Standard 2.1.3 (Diagnosis and care management)**. The Key Actions are critical. They include clear risk communication and messaging (KA1), using standard case management protocols (KA2) and having adequate laboratory and diagnostic capacity (KA3). Ensuring that treatment for people receiving long-term care is not disrupted (KA 4) is also highlighted. Important Guidance notes for this standard are: Treatment protocols; Acute respiratory infections (but no antibiotic needed for viral infections except for secondary bacterial infections); and Laboratory testing.
- **Standard 2.1.4 (Outbreak preparedness and response)**. Key actions cover Preparedness and response plan (KA1), Control measures (KA2), Logistic and response capacity (KA3) and Coordination (KA4). The Guidance notes cover Outbreak preparedness and response plans; Outbreak control, Case fatality rate (still estimated at 2% for COVID-19); and Care of children.

Let's share lessons learned

Sphere collates and disseminates emerging practice and evidence in the Coronavirus response. If you have comments on this document or any good practice to share, please contact handbook@spherestandards.org.

Sphere

Route de Ferney, 150 | Geneva | Switzerland

info@spherestandards.org

spherestandards.org

2. The Core Humanitarian Standard

The CHS Alliance published a dedicated webpage explaining the relevance of each Commitment in the Core Humanitarian Standard (CHS). For further guidance, please consult the [CHS Alliance webpage](#).

How to meet CHS Commitments in our response to the global pandemic

This is a public health, social and economic crisis that is truly global in scale. With restrictions in travel and movement, national and localised health care, civil society and humanitarian organisations will play a critical role. All people should have equal access to health services and treatment, without discrimination, and be treated with dignity and respect.

Key CHS Commitments of relevance for the response to this pandemic are:

- **Commitment 1: Humanitarian response is appropriate and relevant**
COVID-19 is exacerbating the risks of the most vulnerable people. Considering the diverse needs of people **and** adapting the response to make sure it is inclusive to different groups is more important than ever.
- **Commitment 2: Humanitarian response is effective and timely**
To respond to COVID-19, programmes will need to quickly adapt. Quick and effective decisions are required as the situation rapidly evolves. This reinforces the need for flexibility and adaptability.
- **Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects**
COVID-19 is resulting in travel restrictions for aid workers and repatriation of international staff. The already great contributions of national and local partners will significantly increase. The impact of COVID-19 on behaviour is unknown but it will likely bring changes and social disruption that may lead to increased risks of sexual exploitation and abuse, challenges to public safety, fraud and other criminal activity. Therefore, pay increased attention to potential negative behaviour.
- **Commitment 4: Humanitarian response is based on communication, participation and feedback**
To succeed in the fight against COVID-19, people must understand, accept and respect the rules put in place to manage the spread. While communication is critical, some classic methods of engaging with communities (such as group discussion, face-to-face meetings) are compromised. Social norms will need to be modified to prevent disease transmission.
- **Commitment 6: Humanitarian response is coordinated and complementary**
Our response to COVID-19 demands coherent collaboration at a time when our resources will be stretched.
- **Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably**
Everyone is exposed to the risks of this pandemic and will experience additional stress in response to COVID-19.



3. The Humanitarian Standards Partnership

Sphere established the **Humanitarian Standards Partnership** (HSP) with six other humanitarian standards initiatives. The aim of the Partnership is to improve the quality and accountability of humanitarian action across all sectors and promote a harmonised approach to support users in the application of standards.

The seven initiatives which compose the HSP are:

- **Sphere Standards** (Sphere)
- **Minimum Standards for Child Protection in Humanitarian Action/CPMS** (Alliance for Child Protection in Humanitarian Action)
- **Livestock Emergency Guidelines and Standards** (LEGS)
- **Minimum Economic Recovery Standards / MERS** (SEEP Network)
- **Minimum Standards for Education** (Inter-agency Network for Education in Emergencies / INEE)
- **Minimum Standard for Market Analysis / MISMA** (Cash Learning Partnership / CaLP)
- **Humanitarian Inclusion Standards for Older People and People with Disabilities** (HelpAge International, Age and Disability Capacity Program / ADCAP)

The following pages provide additional guidance from relevant standards in the HSP.



4. Cash Assistance

The Cash Learning Partnership (CaLP) has a dedicated [webpage](#) to the Covid-19 response.

Guidance and resources

→ You can share resources, learning and questions [at this link](#).

Key points are summarised in [this live COVID-19 and Cash and Voucher Assistance \(CVA\) guidance](#), which CaLP continuously updates as more resources are added.

The COVID and CVA guidance is intended to help organisations understand and prepare for likely impacts of COVID-19 on their work, consider whether CVA is right for the contexts in which they operate and – if so – the considerations at each stage of the programme cycle for how to deliver safely and effectively.

Upcoming events

The webpage includes a section to announce webinars, panel discussions and other events.

Latest

The webpage includes a list of guidance and documents from CaLP members.



5. Inclusion of older people and people with disabilities

HelpAge developed key messages to support this COVID-19 guidance.

To compliment the guidance in Sphere, it is important to ensure we leave no one behind and the following guidance from the [Humanitarian Inclusion Standards for Older People and People with Disabilities](#) address the following relevant issues:

- Older people and people with disabilities and/or chronic illnesses face further risks and consequences, as well as anxieties, adding to the ongoing challenge of surviving a humanitarian setting.
- The people most often cited as being at serious risk are largely older people, people with disabilities and/or chronic illnesses. They are often excluded in a humanitarian setting.
- Being excluded, it can be harder for older people and people with disability in the humanitarian setting to take the most effective steps to protect themselves from the coronavirus outbreak.
- COVID-19 coronavirus threatens not only older people and people with disabilities' health, but their independence.

The following points are useful to ensure activities are inclusive and mainstreamed.

Key messaging to ensure inclusion of older people and people with disabilities in water, sanitation and hygiene (WASH) activities

- **Water, sanitation and hygiene supplies** Ask older people and people with disabilities about their water usage and hygiene practices, and how supplies need to be adapted for them. Consider specific adaptations or alternatives to standard supplies, such as smaller water containers that would be easier to carry, portable partitions to allow privacy during personal care, and adapted hygiene items such as catheters.
- **Accessible Information** Use a range of communication channels and different formats to provide information about hygiene promotion and WASH facilities, using simple language, to make it accessible to everyone (see Key inclusion standard 2, Key action 2.1, Guidance notes on information barriers).
- **Outreach** Use outreach strategies such as home delivery or volunteers to deliver supplies to older people and people with disabilities who may face barriers to reaching distribution points, despite efforts to make them accessible.
- **Hygiene Promotion** Support all distributions with relevant, accessible and clear hygiene promotion messages, tailored to the needs, capacities and practices of older people and people with disabilities.

Key messaging to ensure older people and people with disabilities are included in health activities

- **Mapping** Map the location of health facilities, and visit them to identify barriers to access affecting older people and people with disabilities
- **People who are hard to reach** Organise consultations with the community to identify older people and people with disabilities who may be hard to reach, such as those who stay at home or in their shelter, and people who have difficulty reaching health facilities.
- **Hygiene Institutional Care** Visit institutions housing older people and people with disabilities, such as psychiatric hospitals and care homes, to assess how the health needs of residents are being addressed. If these institutions are inadequately staffed (for example, if staff have abandoned them during the emergency) arrange for professionals from other facilities and members of the local community to provide healthcare and other services to residents.
- **Monitoring access** Monitor the number of older people and people with disabilities using health services. Ask older people and people with disabilities to tell you what the essential treatments are, follow-up services, drugs, and medical equipment, including assistive products on which they rely.

For more information, contact, **Diana Hiscock**, HelpAge International's Global Disability Advisor, at diana.hiscock@helpage.org. Also visit www.helpage.org/adcap



Inter-agency Network for
Education in Emergencies

6. Education in Emergencies

The Interagency Network for Education in Emergencies (INEE) is collecting, vetting and curating a [list of resources](#) to support the provision of education in places affected by COVID-19, with particular focus on distance learning, alternative education, e-learning, and psychosocial support.

In line with the holistic approach outlined above and the [foundational standards](#) that underpin all INEE guidance, suggestions for utilising relevant sections of the [INEE Minimum Standards](#) follow:

ACCESS AND LEARNING ENVIRONMENT, INEE Minimum Standards Domain 2

During times of crisis, access to education, which is a vital right and resource, is often extremely limited. Education plays a crucial role in helping affected people cope with their situation and establish normality in their lives. It can provide life-saving knowledge and skills for survival, and may offer opportunities for change that will improve equity and quality of education.

Domain 2, Standard 1: Equal Access

All individuals have access to quality and relevant education opportunities.

Key Actions

- A range of **flexible, formal and non-formal education opportunities** is progressively provided to the affected population to fulfil their education needs (see guidance notes [3](#), [4](#), [5](#)).
- **Sufficient resources** are available and ensure continuity, equity and quality of education activities (see guidance note [8](#)).
- Learners have the **opportunity to enter or re-enter the formal education system as soon as possible** after the disruption caused by the emergency.

PROTECTION AND WELLBEING

Domain 2, Standard 2: Protection and Well-being

- Learning environments are secure and safe, and promote the protection and the **psychosocial well-being of learners, teachers and other education personnel**.

Key Actions:

- Teachers and other education personnel acquire the skills and knowledge needed to create a supportive learning environment and to promote learners' psychosocial well-being (see guidance notes [2](#), [3](#), [8](#))

HEALTH AND NUTRITION

Domain 2, Standard 3: Facilities and Services

- Education facilities promote the safety and well-being of learners, teachers and other education personnel and are linked to health, nutrition, psychosocial and protection services.

Key Actions:

- **Skills-based health and hygiene education** is promoted in the learning environment (see guidance note [6](#)).

School-based **health and nutrition services** are available to address hunger and other barriers to effective learning and development (see guidance note [7](#)).

- Schools and learning spaces are linked to child protection, health, nutrition, social and psychosocial services (see guidance note [8](#)).

For more guidance on [contextualizing](#) and applying the INEE Minimum Standards, including support for [INEE Minimum Standards training](#) or any other technical or [capacity building](#) needs, please reach out to **Natalie Brackett** at minimumstandards@inee.org Also visit inee.org.



7. Child Protection

Infectious diseases like COVID-19 can disrupt the environments in which children grow and develop. In addition to the immediate impacts on their health and that of their caregivers, the social and economic disruptions caused by COVID-19 outbreaks will heighten children's risk of abuse, neglect, exploitation and violence. The [2019 Minimum Standards for Child Protection](#) in Humanitarian Action provide critical actions to keep children safe and support children and family's well-being in COVID 19 outbreaks.

Child protection and humanitarian actors should analyze the outbreak's effects on the well-being and protection of children, their families and communities. Importantly, COVID 19 outbreaks may require both a dedicated child protection response and work across sectors to support children's protection and well-being.

Key Child Protection Risks

Children may become separated from or lose parents and caregivers to the disease ([Standard 13](#)), experience significant psychosocial distress ([Standard 10](#)), and have limited access to education and protection services. Parents and caregivers will be under increased stress, which may lead to increased rates of physical and emotional maltreatment ([Standard 8](#)). Some caregivers may lose livelihoods, and the most vulnerable may resort to negative coping mechanisms, like child labour ([Standard 12](#)) or child marriage ([Standard 9](#)). Limited supervision and increased isolation may also make reporting concerns more difficult. Children alone in health facilities may be particularly vulnerable to violence, abuse and exploitation, including SGBV.

Key Strategies for Child Protection Response

Consider actions at the child, family, community and society level to prevent and respond to COVID 19-related child protection risks. Priority key actions will include:

- Develop adaptive strategies for identifying, responding to and referring child protection cases, including community reporting, help lines, and other phone or online mechanisms (see also [Standard 18](#))
- Identify and implement alternate strategies for providing psychosocial support to children, including mobile and distance approaches, at-home kits (see [Standard 15](#) Group Activities for Child well-being)
- Establish or strengthen safe, family-based alternative care arrangements, and ensure children who are temporarily separated from their caregivers have regular opportunities to communicate with them (see [Standard 19](#) Alternative Care).

Priority Actions Across Sectors

A multi-sectoral, child-protection sensitive response prevents additional harms and risks to children and caregivers, ensures their needs are addressed holistically, and leads to better outcomes for children. At a minimum, Health ([Standard 24](#)), WASH ([Standard 26](#)), Education ([Standard 23](#)), and Nutrition ([Standard 25](#)) actors should incorporate child protection risks and concerns into their response in line with the relevant standards in the CPMS. For the health sector, critical key actions include:

- Establish clear, child-friendly intake and discharge procedures to reduce risks of family separation
- Collaborate with CP actors ensure to psychosocial support for children under-going treatment
- Establish or strengthen child safeguarding systems in health facilities, including child-friendly reporting mechanisms.

For more detailed guidance, on child protection and COVID 19, please refer to the [Technical Note: Protection of Children during Coronavirus Pandemic](#). For more on the 2019 CPMS, please consult the [Alliance website](#) or email at cpms.wg@alliancecpha.org.



8. Markets and Economic Recovery

This guidance is provided by the SEEP Network.

You can browse the full content of [the Minimum Economic Recovery Standards](#) online.

Markets play a critical role in how people survive, as well as being physical places where people meet to buy and sell goods. As COVID-19 disrupts the normal activities and relationships of communities we can look to the [Minimum Economic Recovery Standards](#) for some guidance on what to do. Now, when social distancing is recommended is the ideal time to **review the Assessment & Analysis standards** and, in accordance with Standard 1, prepare for future market assessments (noting we can already start predicting the effects on markets based on what is happening elsewhere). This is an ever-changing crisis, so also look to **Standard 6** of the **Assessment & Analysis Standards** to continually monitor and assess the situation and iterate.

As the smallest businesses tend to rely on face-to-face interactions, we know they are the most likely to suffer a loss of customers and income, which can have ramifications on food security as well as access to other basic needs such as cleaning products and clean water -- which will be key in containing the virus. Look at the [Enterprise and Market System Development Standards](#) for guidance on implementing early market system analyses (**Standard 2**) and working with existing market actors (**Standard 4**). Support businesses to innovate on how they can reach their customers and provide their products/services safely and minimise the cost of doing so (**Standard 5**). Recognizing that jobs will be affected as business contract or expand during and after the crisis, take care to review the [Employment Standards](#) for considerations around decent and sustainable employment. In line with the [Financial Services Standards](#), reach out to financial institutions such as MFIs and banks, who may face problems with customer loan repayments (for example, some banks are already delaying mortgage repayments by 3 months). Recognize that financial institutions will have their own social distancing challenges (note that some mobile network operators are decreasing the costs of mobile money to encourage cashless transactions). In accordance with [Asset Distribution Standards](#), look for ways to protect existing assets so that productive assets are not sold under the duress of medical bills or due to loss of income. Be careful to ensure any assets distributed are not undermining local vendors, stockpiled or sold on at inflated prices. Consider **Standard 4** and work with local market actors and government to support suppliers in new ways to distribute stock safely and ensure replenishment in the supply chains.

Importantly, this disease is exposing how vulnerable the elderly and chronically ill population are not only to the disease but to accessing goods and services vital for them to survive whilst isolated. **Cross-cutting themes of gender** (particularly with women being the main caregivers), **disability** and **protection** play a key part in making sure they are supported and their needs understood. Finally, look to the [Core Standards](#) to ensure that any intervention implemented meets the most basic responsibilities of economic recovery activities, in alignment with the Core Humanitarian Standard.

For additional information, contact **Sonya Salanti** at salanti@seepnetwork.org or visit www.mershandbook.org.



9. Supporting livestock-based livelihoods

Many livestock keeping communities around the world are already vulnerable to natural and man-made disasters, and some will become more vulnerable as a result of the pandemic, as many emergency response operations are restricted or put on hold. However, some activities are continuing, albeit in many cases under different and difficult operating environments, and **LEGS standards and guidance** may be helpful in these circumstances. There is also the need to understand the impacts of COVID-19 on livestock and their owners to plan for the post-COVID-19 recovery phase, to address the impacts both of the pandemic and of other disasters which have continued to affect livestock keeping communities, and again LEGS guidance can be applicable here.

The **LEGS Livelihoods Objectives** emphasise the importance of considering livelihoods in disaster response. The COVID-19 pandemic is an economic as well as a health crisis, and whilst the primary focus of most operations is rightly on saving lives, the impact on livelihoods will become increasingly acute. This should be recognised and addressed wherever possible. Planning for recovery (see below) should also be part of current activities.

The **LEGS Core Standards** remain relevant and important for any emergency response, in particular *Standard 1: Participation* and the rights of affected communities to be engaged in decision making that affects their lives; and *Standard 2: Preparedness*, which highlights the importance of preparing and planning to address the impacts of the crisis.

The **LEGS Assessment Checklists** emphasise the importance of understanding the role of livestock in livelihoods and the impact of any given crisis on production and management. This information is vital to ensure that livelihoods are appropriately supported.

The major disruption to movement, markets and services during the current crisis has an impact on livestock production and ultimately on the food security and livelihoods of affected communities. In these contexts particular **LEGS Technical Standards** for example: commercial destocking, veterinary support and feed supplies. Livestock-keepers currently in IDP or refugee camps may find it very difficult to access feed and water for their livestock – see also the LEGS Policy Brief **Addressing the Challenges of Livestock in Camps** (available on the LEGS website resources page).

It is also important to begin preparations for the recovery phase as soon as possible. The **LEGS Core Standard 2: Preparedness** provides the basis for this process, including the development of detailed plans and drawing on any assessment information collected during the crisis. Each of the six LEGS technical chapters of LEGS includes a standard on assessment and planning, supported by **Decision Trees** for each intervention. These encourage detailed planning of activities based on local information and needs and are followed by the related **LEGS Technical Standards** which may be applied in a post-COVID-19 response, depending on local needs and contexts.

For more information, see the [LEGS website COVID-19 page](#) or contact Cathy Watson, LEGS Coordinator, at coordinator@livestock-emergency.net.