

ろう。

- 現在、日本には、そのような分野の研究や教育訓練を目指している保健医療教育研究機関が「ないか、ほとんどないか、少ない」ことが問題ではないか。
- 日本赤十字は、世界的な赤十字活動の一環として、長く深い経験を持っているが、それを公開活用すべきではないか。
- 多数の強弱 NGO がいつも、同じ初心者コースをたどりつつ経験を踏むのは無駄ではないか。
- 世界的な趨勢は、ほとんどの地域武力紛争が技術的物質的支援だけでは解決しないことから、広域学際的な方向に進んでいることを理解する必要がある。
- 国連を活用するに、どのような方法があるか。

E. 結論

アンゴラの首都ルアンダは、CHE 状態を抜け出しつつあるかにみえたが、復興開発に活動すべき人材は不足しており、首都圏外では治安は著しく不穏である。アンゴラはなお、CHE と Post-conflict (紛争後) の間にあるともいえる。今後、首都圏以外の地域を含め、周辺国との関係を考慮しながら研究を継続する。

ミャンマーは、度重なる経済制裁下にあり、Complex Humanitarian Emergency に続く Post-conflict 期と類似した状況にある。特に国境地帯少数民族は、隠された人道の危機 (Hidden Humanitarian Emergency) にある。ミャンマーの真の問題は、国内紛争のリスクでもある多数の少数民族を抱合しつつ、近代国家へと脱皮しなければならないことであり、少数民族に対する「人間の安全保障」の観点から対策を講じることが必要である。単に問題を貧困や低開発として捉え

るのではなく、政府の認知を受けていない住民が存在する状況を問題とし、地域住民のエンパワーメント、社会の信頼関係 (Social Trust) 創成、価値観やアイデンティティの創出、アクセスの「公平性 (Equity)」といった要因を改革する必要がある。

F. 健康危険情報

バイオテロが、地域紛争とリンクする危険性はあるが、本研究では、その部分には触れない。

G. 研究発表

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H. 知的財産権の出願・登録状況

該当事項なし

(資料1) 地図

図1: アンゴラ

図2: ミャンマー

(資料2) 基礎指標

表1: アンゴラ及び南部アフリカ諸国

表2: ミャンマー

(資料3) ミャンマーの歴史

図 1 アンゴラ

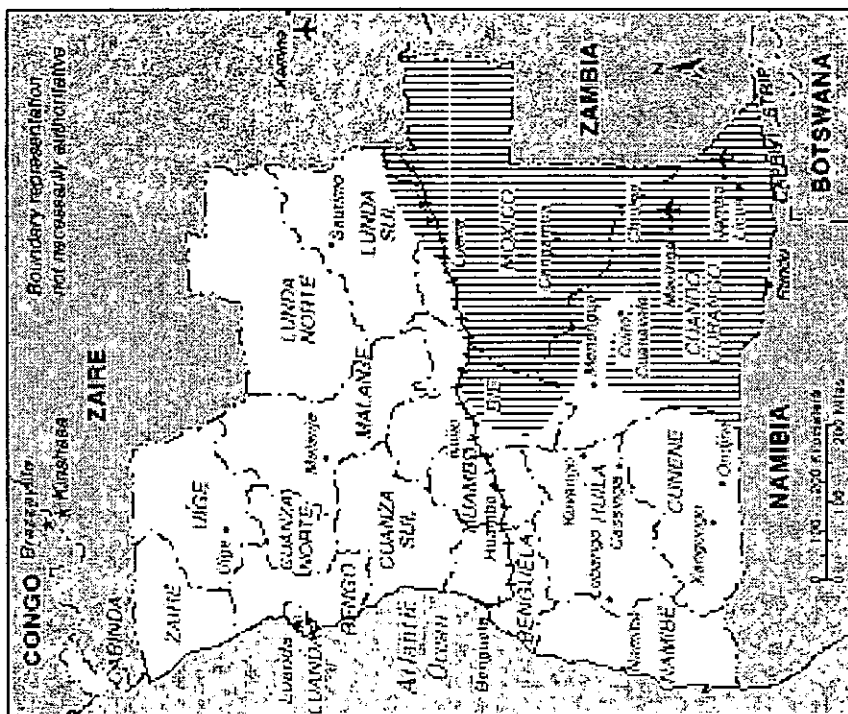


図 2 ミャンマー

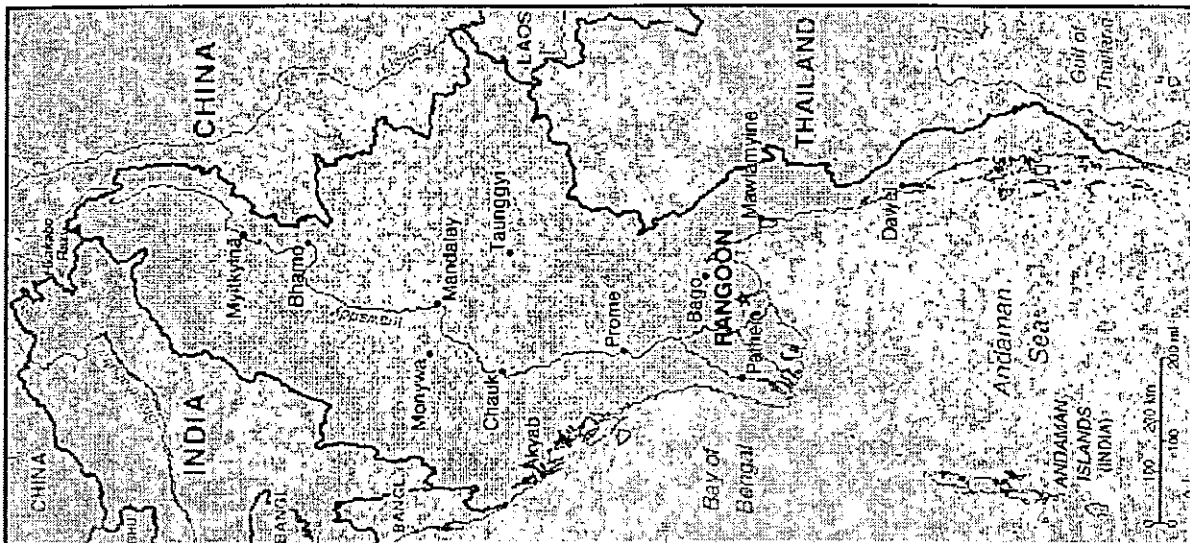


表 1 アンゴラと南部アフリカ諸国の状況数

	アンゴラ	南アフリカ	ザンビア	ジンバブエ	ボツワナ
人口 (100 万人)	13.5	44.3	10.6	13.0	1.6
民族 (%)	オビンブドウ 37 キンブドウ 25 バコンゴ 13	ネイティブ 75 白人 14 カラード 9	ほぼネイティブ	ショナ 75 ヌデベレ 18	ボツワナ 95
宗教 (%)	伝統宗教 47 カソリック 38 プロテスタント 15	キリスト 68 伝統他 30	キリスト 50-70 イスラム ヒンズー	伝統+キリスト 50 キリスト 25 伝統 25	伝統 50
主産業	農業 鉱業(ダイヤ、鉄) 石油	鉱業(金、ダ イヤ、鉄) 農業 工業	農業 鉱業(銅、コバ ルト) 工業	農業(煙草、砂糖) 鉱業(クロム、ア スベスト、ニッケ ル、金)	農業 牧畜 鉱業(ダイヤ、 銅、石炭)
エネルギー消費 (Kcal/人)	595	2681	630	861	—
失業率 (%)	↑	30	—	6.0	15.8
年間インフレ率 (%)	659	9	48	28	9
絶対貧困 (%)	—	11	64	36	33
GNI /capita (US\$)	500	2900	320	480	3630
5 歳未満児死亡率 (出生 1000 対)	260	71	202	123	110
平均余命 (年)	45	50	42	43	39
成人識字率 (%)	—	85	78	93	77
成人 HIV 感染率 (%)	5.5	20.1	21.5	33.7	38.8
妊産婦死亡率 (出生 10 万対)	—	—	650	700	330
合計特殊出生率	7.2	2.9	5.8	4.7	4.1

表 2: ミャンマー (Union of Myanmar) の基礎資料

◆ 一般概要

面積: 676,578 Km² (日本の 1.8 倍)

人口: 48,364,000 人

0 - 14 才 28.1%、15 - 64 才 67%、65 以上 4.9%

人口密度: 67 人/Km²

都市: 首都 ヤンゴン (人口 4,100,000 人)。マンダレー、モーラミヤイン、バゴー

民族: 多民族 135 (政府公式発表)

ビルマ族 68%、シャン族 9%、カレン族 7%、ラキネ族 4%、中国系 3%、インド系 2%、モン族 2%。

少数民族は総人口の 1/3 (約 1500 万人)、居住地域は国土の半分以上、さらに、国境地帯での麻薬栽培や武装闘争。

言語: 公用語はビルマ語、他 100 種以上の言語・方言

宗教: 仏教 90%、キリスト教 4%、イスラム教、ヒンドゥー教、他

◆ 政治体制

連邦制、ただし軍事独裁制。

元首: タン・シュエ State Peace and Development Council (国家平和発展評議会) 議長。国民民主連盟 (NLD、アウン・サン・スー・チー議長)、国民統一党、連邦団結発展協会などあるが、現在の活動は限定的。

現内閣: 2003 年 9 月成立、キン・ニユン首相

議会: 廃止。三権分立も未成立。民主化への 7 ステップのロードマップはある。

司法: 独立性無

憲法: 1974 以降、起草作業凍結、上記ロードマップでは、憲法制定会議召集が第 1 ステップと位置付けられている。

1988 年の民主化運動時に、NLD 議長に就任したアウン・サン・スー・チー氏の再々拘束と同メンバーの収監、行動制限。

◆ 国際関係

国連のほとんどの機関に加盟、ASEAN に加盟、非同盟、近隣外交重視。

◆ 経済・産業

通貨: チャット (Kyat)

国内総生産: \$730 億

一人当たり GNI: \$220 (2001)

経済成長率: 5.3% (2002)

インフレ率: 53.7% (2002)

絶対貧困層: 人口の 25% (2000)

政策: 民間貿易自由化、外国投資誘致による市場経済化、観光振興を目指しているが、

(資料 2) 基礎指標

非現実的な為替レート (公式 1 ドル=5 キャットが、実際は 900 キャットなど) や硬直した経済政治体制から、外貨不足著しい。

主要産業: 農業 (サトウキビ、野菜、果物、米)、牧畜、林業

天然資源: 石油、天然ガス、(木材)

エネルギー使用: 307 Kcal/人 (日本 3,519 Kcal)

就労: 総労働人口 約 2,370 万人、農業 70 %、工業 7 %、サービス業 23 % (2001)

失業率: 5.1 % (2001)

◆ 国家治安・軍備

軍備 志願制、陸軍 330,000 人、海軍 10,000 人、空軍 9,000 人、人民警察 65,000 人、
民兵 役 40,000 人

軍備費 対 GDP 比 2.4% 一人当たり \$22、兵器補給 ロシア、中国、北朝鮮からの
武器購入

国境地帯の治安不穏

主要武装集団: 22 (Martin Smith)

国境地域武装集団の戦闘員数: 38,700 人 (International Campaign to Ban Landmines)

内戦による年間死者: 10,000 人 (Martin Smith)

国境地域の年間麻薬生産 2000 トン

国内避難民数: 229,000 人 (UNHCR)、百万以上という推定もある (Martin Smith)

送出避難民数: 推定 100 万人以上 (Martin Smith)、国西部はインド、バングラデシュ
へ、東側は中国、タイへ。

強制移住者 東部シャン州で 48,000 人 (1999、Lahu National Development Organization)

強制労働者 強制労働を逃れるため 300,000 人が国内避難民化したという報告
(Martin Smith)

強制児童労働(性暴力/地雷原横行) 報告多数あり(ILO)

政治活動 自由な政党活動、集会・結社の禁止

政治犯(「良心の囚人」)数 2,000 人 (JICA 事務所)

◆ 保健・栄養・人口・教育・女性 (2001)

5 歳未満児死亡率: 出生 1000 対 109

乳児死亡率: 出生 1000 対 77

平均余命: 56 年 (男性に対する女性の平均余命 109)

人口増加率: 1.6 %

都市化率: 28 %

妊産婦死亡率: 出生 10 万対 1100

合計特殊出生率: 3.0

避妊法使用率: 10 %

妊婦健診率: 76 % 訓練を受けた妊娠介助者による分娩: データなし

安全な飲み水使用率: 72 % (都市 89 % 農村 66 %)

適切な衛生施設使用率: 64 % (都市 84 %、農村 57 %)

(資料 2) 基礎指標

成人 HIV 感染率: 1.99 % (UNDP)、AIDS 患者 400,000 人 (Martin Smith)

もっと高いと推定されるが不明 (Chris Beyrer)

マラリア: 人口 100,000 人対 256 (UNDP)

結核: 100,000 人対 33 (UNDP)

低出生体重児: 16 %

5 歳未満児栄養障害率: 重度 9 %、中等度 36 %

成人識字率: 85 % (男性 89 %、女性 81 %)

一般家庭でのラジオ普及率: 96 %

TV 普及率: 6 %

教育体制 5 (義務教育)・4・2 制、

小学校数 35,877

中学校数 2,091、

高等教育機関 51

小学校就学率 (net) 男児 84 % 女児 83 % (1995 - 99)、5 年間就学率 69 %

中学校進学率 (gross) 男女児 35 %

主要新聞: 国営紙 1 (Myanmar Alliance) 他、New Light of Myanmar、The Myanmar Times、

The Yangon Globe、The Irrawady など、

ただし、内容は政府広報紙的なものが多い印象。

ラジオ、TV 国営、ただしホテルなどではケーブル TV 受信可、また、中国国境では中国放送受信可

ミャンマーの歴史

- 1890 頃まで 各地に王朝
- 1824 第一次英緬戦争（～1826）国土一部を英に割譲
- 1852 第二次英緬戦争 下ビルマ英領となる
- 1885 最後のコンバウン王朝滅亡
- 1886 ビルマ全土英領インドの1州になる
- 1906 青年仏教徒連盟 (YMBA) 結成
- 1920 YMBA を中心にビルマ人団体総評議会 (GCBA) 設立
ラングーン大学設立、第一次学生ストライキ
- 1930 反英独立を目指すタキン党結成 (アウン・サンら)
- 1936 ラングーン大学第二次学生ストライキ
- 1938 全国的反英運動
- 1940 日本軍大佐鈴木敬司ラングーン入り (南機関)
- 1941 日本、中国への物資経路遮断のための南機関設置、アウン・サンら「三十人志士」
ビルマ脱出、独立義勇軍結成。日本、対英米宣戦布告。
- 1942 日本軍とビルマ独立義勇軍、ビルマ進軍。ラングーン占領、軍政布告。
- 1943 日本軍、ビルマ独立任命
- 1944 日本、インパール戦敗退
- 1945 日本敗戦、ビルマに英植民地統治復活
- 1946 ビルマ、パサバラ党、英に早期独立要求
- 1947 アウン・サン-アトリー協定、制憲議会開催。アウン・サンら暗殺。
- 1948 ビルマ連邦として独立。共産党武装闘争、カレン民族機構蜂起、人民義勇軍
一部反乱
- 1951 第1回総選挙
- 1954 日緬平和条約、賠償と経済協力協定調印(ODAの最初)
- 1956 第2回総選挙
- 1960 第3回総選挙
- 1962 ネ・ウィンクーデターで政権につく
- 1964 社会主義計画党以外に解散命令
- 1965 全私立小学・中学・高校の国有化
- 1967 ラングーンで反中国人暴動
- 1971 新憲法起草委員会設置
- 1974 新憲法公布、ビルマ連邦社会主義共和国、米騒動、ウ・タント国連事務総長の
遺体をめぐる学生反政府運動
- 1975 学生労働者の反政府ストライキ
- 1976 ネ・ウィン暗殺計画
- 1980 全宗派仏教会議
- 1981 ネ・ウィン 大統領引退
- 1983 殉難者廟爆破事件（韓国閣僚ら17名死亡）、北朝鮮と断交

(資料 3) ミャンマーの歴史

- 1988 学生による民主化デモ拡大、アウン・サン・スー・チー氏始めて演説
民主化運動への抑圧、
ビルマ式社会主義から市場経済へ転向
- 1989 日本、軍事政権承認、国名をミャンマーに、首都をヤンゴンに
アウン・サン・スー・チー自宅軟禁 (1989/7)
- 1990 総選挙 NLD 圧勝、軍事政権の弾圧強化
カレン解放区に「ビルマ連邦国民連合政府」樹立
- 1991 アウン・サン・スー・チー、ノーベル平和賞受賞
- 1992 SLORC 議長にタン・シュエ、政治犯解放始まる
- 1993 国民会議開催、少数民族との交渉活発になる
- 1995 アウン・サン・スー・チー解放、NDL 国民会議ボイコット
- 1997 軍事政権 国家平和発展評議会 (SLDC)に改称
- 1999 タイのミャンマー大使館占拠
- 2000 アウン・サン・スー・チー再自宅軟禁
- 2001 近隣首脳の訪緬活発
- 2002 軍事政権へのクーデター未遂事件
タイ国境で軍事衝突
アウン・サン・スー・チー解放
- 2003 アウン・サン・スー・チー再監禁

The Economic Impact of the Mental Health Effects of Mass Violence

Richard Mollica
Director
Harvard Program in Refugee Trauma (HPRT)

1. Magnitude of the Problem

The mental health consequences of mass violence are no longer invisible. The Global Burden of Disease (GBD) study (Murray and Lopez, 1996) was the first major scientific overview to establish the economic and developmental costs of depression. The GBD study has revealed that the global burden of mental illnesses such as depression and alcoholism have been seriously underestimated by traditional approaches that take into account only death and not disability. While psychiatric conditions are usually not associated with death, they account for a large proportion of the GBD (11 %). Murray and his colleagues developed and introduced the concept of “disability adjusted life years,” (or DALYs) a measure that expresses years of premature death and years lived with a disability of specified severity and duration. Based upon the use of DALYs, the GBD of depression across nations was ranked 4th in 1990, preceded only by lower respiratory infection (ranked 1st), diarrheal diseases (2nd), and prenatal diseases (3rd). GBD data anticipate depression moving globally to rank second by 2020.

The GBD data focused only marginally on the high prevalence of depression and related disability found in post-conflict societies as compared to non-traumatized societies. It is likely that the disease burden of mental health conditions (e.g., depression) associated with mass violence in post-conflict societies is greater than what was reported in the GBD study. The GBD study alludes to the latter possibility by suggesting that the disease burden caused by war will be ranked seventh in 2020.

Recent scientific studies further underscore and contextualize the GBD study’s findings. HPRT’s Bosnian refugee study in 1996 (Mollica et al., 1999) reported a high rate of disability (25.2 %) associated with depression (39.2 %) and posttraumatic stress disorder (PTSD; 26.3 %). The study subjects were traumatized from the war in Bosnia, having experienced an average of 6.5 unduplicated trauma events; 18 % had experienced one or more torture events. The subjects were followed for three years after the initial survey. In the 1999 follow-up study (Mollica et al., 2001) published in *The Journal of the American Medical Association*, it was found that 45 % of the original respondents continued to maintain their psychiatric disorders (i.e., depression and PTSD) and that 46 % of those originally disabled remained disabled. Psychiatric disorders and disability were related at both time points. One of the most disconcerting findings was the potential association of premature death among the elderly who had suffered from depression.

While little is known about the impact of depression on economic behavior in post-conflict societies, associated high levels of hopelessness and despair affecting more than 40 % of citizens living in local towns and villages is likely having a negative impact on social and economic development (Mollica, 2000). For example, in a recent study of a random selection of primary health care patients seeking care at five primary health care centers in Middle Bosnia Canton (BiH), HPRT found that almost 40 % were suffering from serious depression and related disability (unpublished).

In industrialized countries, the impact of mental illness on the labor market, measured in terms of job performance and productivity, has been well established (e.g., Geballe, 2001). In the U.S., depression is associated with the highest rate of work-related disability. For example, total annual cost in the U.S. due to depression in 1990 was estimated at US\$ 43.7 billion, due to reduced productivity (55 %), treatment costs (28 %), and suicide-related mortality costs (17 %). Those with depression have been found to be 27 times more likely to miss work, with 44 % of those with depression reporting having missed at least one day of work in three months,

compared to 2 % of the general population. Research on PTSD has indicated that the average amount of days worked for people with PTSD is 3.6 days a month less than non-traumatized coworkers, resulting in an annual loss of US\$ 3 billion per year (Kessler, 2000; Walker et al., 2003), measured in terms of productivity.

The above data points to the significant economic costs of mental illness among highly traumatized civilian populations in the following areas:

- Days of work lost (per week)
- Quality of job performance
- Ability to plan for economic activities (e.g., farming)
- Increase in domestic violence
- Increase in high-risk behavior (e.g., HIV/AIDS)
- Increase in diabetes, cardiovascular disease, and stroke
- Premature death among the elderly
- Negative impact on social capital, neighborliness
- Higher suicide rates
- Poor school performance by children and adolescents

Research is now beginning to directly establish the linkages between mental health and economic outcomes in post-conflict countries with studies currently being undertaken by HPRT and others to further clarify this critical relationship.

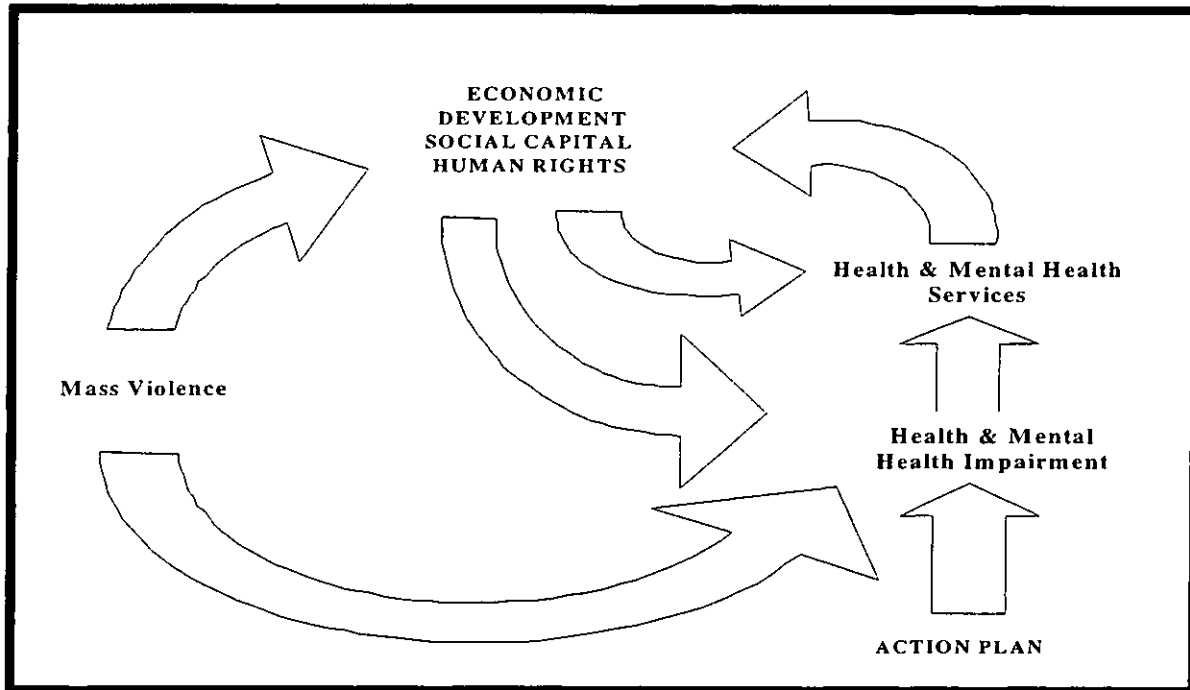
2. Approaches to Mental Health and Economic Recovery in Post-conflict Countries

The World Bank recognizes the importance of mental health for the recovery and economic development of post-conflict societies (Baingana, 2003; Coli et al., 1998; Colletta & Cullen, 2000; Holzman et al., 1998). Systematic and standardized approaches that can guide Bank operations in culturally diverse settings currently do not exist. As the field of mental health and post-conflict recovery advances, current best practices must be summarized and systematized for the World Bank and all international development agencies to use in developing and implementing operations.

Figure 1 illustrates HPRT's conceptual model based upon existing evidence on the relationship between mass violence, often associated with poverty and rapid social change, health and mental health outcomes, and social capital and economic development (Martin 1996; Mollica, 1999; Mollica et al. 2000; Putnam 1993).

As Figure 1 reveals, and as demonstrated by HPRT and others in their interventions in conflict-affected societies, it is feasible and culturally effective to begin with an action plan that emphasizes the integration of health and mental health services, and one that links the latter to economic development, social capital, and human rights. For example, HPRT's recent World Bank Project in BiH has demonstrated that an integrated and culturally valid approach to mental health reform through the primary health care setting can dramatically improve the level of mental health competence within the primary health care sector (WHO, 2001). HPRT is now in the process of demonstrating the effectiveness of this approach on reducing functional disability and improving economic outcomes (Schoenbaum et al., 2002). Based upon HPRT results, the Ministry of Health of BiH was awarded a contract to introduce HPRT's mental health model through the Stability Pact Project in the Balkan States.

Figure 1. Impact of Mass violence on Health, Mental Health, Economic Development, Social Capital and Human Rights



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Shelter/Housing Who Does What , When and How

Riccardo Conti, Valérie Meilhaud, François Rueff
Water and Habitat Unit
International Committee of the Red Cross (ICRC)

Shelter and housing is extremely important at the onset and during emergencies, this paper aims at defining the role of each component of assistance program in defining, implementing ,monitoring and evaluating the different phases of the action.

1. Shelter/Housing

The ICRC can propose a shelter program after or during conflict when there is :

- A large influx of persons / HH out of their home location
- Civilian persons / HH staying in their home location in war damaged zone
- A large influx of population back in their home location
- Civilian population staying out of their home location in housing condition qualitatively lower than the residents.

Before any shelter intervention or in parallel with, the situation regarding water and sanitation has to be studied and if needed, an intervention planned. In case of large influx, transit premises and emergency camps (see Site Planning Paper) can be needed for theoretically short-term stay before final relocation.

The ICRC has also an advocacy role to play in front of responsible states and humanitarian actors for preparation and co-ordination for emergency phase as well as during transition periods, where civilians can remain long-time in unacceptable situation.

2. Shelter/Housing definition and standard

"A shelter is a rudimentary housing, sometimes temporary."

A shelter is for one household (family or extended family): the minimum is a room/space closed. They can be grouped in collective way, from 50 persons up to 500 000 persons, organised or not by authorities / humanitarian organisations: building/spontaneous settlements / large tent / tents camps /collective centers/ trains...

In all cases, following needs have to be addressed jointly regarding the access to:

- Water, sanitation, waste disposal
- Energy (wood, gas, fuel, electricity, sun, wind)
- Health and food
- If medium/long term schools, social facilities, self-sufficiency (work / land)

The "Sphere Standard": 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."

The sphere standard is a good objective, even if high and is not even respected for the whole population of any country in the world (1 % EU, Georgia 60 %, Afghanistan 80 %). The "shelter answer " has to be as close as possible with the average local living/building condition.

3. Sheltering Types and Needs

- | | | |
|--------------|---|---|
| Individual : | 1 | New construction: |
| | | - light (huts, plastic sheeting +poles, Tents) |
| | 2 | - heavy (apartment or house) |
| | | Existing App/House, which needs |
| | 3 | - minor repairs (roof cover, door and windows) |
| | 4 | - major repairs (structure, roof cover and structure) |
| | 5 | - evacuation and relocation (unsafe construction) |
| Shared : | 6 | Private housing in host family |
| | 7 | Collective centers (internal partition) |

Following needs have to be also considered:

- electricity: can be important for safety and security.
 - flooring: can be important for hygiene, climate
 - ventilation: important for hygiene, climate and security
 - safety risk prevention (fire security, flooding; or fall in stairs or unprotected areas)
 - increasing of the living space (overcrowding)
- The problem of energy for cooking and heating is a major problem: or it damages environment or it needs a structural answer (supply networks) and cost money.
 - The problems of water, sanitation, and waste disposal (cooking and laundry) are worsening when the persons are gathered (tents, collective centers). In general, persons have to change their normal behaviour when obliged to share these facilities
 - Collective centers are often created in premises not designed for accommodation purpose: schools, factories, farms
 - Just after war, sheltering needs are mixed at a different percentage according the intensity of war and the existing building standard. Then, if there is no reconstruction state means, they are worsening due to lack of investment/maintenance and/or looting.
 - For major repairs regarding structure, technical expertise is mandatory: security and cost efficiency.

4. Targeting of Beneficiaries

Taking into consideration the presence of others humanitarian actors (co-ordination, burden sharing), the targeting will be a mix of the following criteria:

- Geographical: war zone
tense zone (neighbouring of war zone)
hosting zone
 - Technical: population without shelter
population with inadequate shelter
(which does not correspond to the local average)
- and within a possible social criteria: category (widows, disabled, orphans)
level of destitution

5. Nature of ICRC Answer

a) Preparation and implementation

- general survey
- needs analysis (qualitative and quantitative shelter needs)

- intervention proposal (beneficiaries selection criteria, what and how) including the definition of the general "standard answer" (material list, cost, purchase, logistic)

For the implementation, as soon as assessed needs goes out of the general standard distribution (tents or plastic sheets), an assessment of each beneficiary (or group of beneficiaries) is needed to precise the shelter situation and the individual answer. As building material is heavy, an household distribution is also mandatory.

- the follow up and the final evaluation has also to be "individual" oriented

This implies a **technical involvement**: architectural and civil engineering expertise, recommended at all steps and mandatory until the proposal phase
technical monitoring teams
heavy logistical means.

b) Possible ICRC Interventions

Nature

- ✓ Tools Only
 - ✓ Material Only
 - ✓ Material + Tools
 - ✓ Material + Tools + Training
 - ✓ Building Rehabilitation
 - ✓ Engineering support/consulting for emergency site planning

Other natures of intervention (cash for material...) can be proposed.

Through

- support to household with direct implementation (ICRC staff or contractor) or indirect one (local partner)
- support to structure (town, district, ..) by burden sharing (material/manpower, food for work...)

With the research of maximum involvement of possible stakeholders (if possible, confirmed on a Memorandum of Understanding, defining the sharing of responsibilities):

- beneficiaries and/or their representatives
- owners of the building or the land
- civil/military authorities at local, regional, national level
- public services

Their involvement in the Shelter Program can be in terms of support or active participation to :

- ▶ Guaranty of authorisation/security for shelter location and their inhabitants
- ▶ Identification of household beneficiaries
- ▶ Assessment of household needs

- ▶ Design of the shelter standard answer (technology, quantities, quality)
- ▶ Distribution/ warehousing
- ▶ Construction itself (with/ without payment, food for work)
- ▶ Follow up/evaluation
- ▶ Maintenance

c) Selection of the nature of the intervention

The points in the joint table need to be assessed during the general survey and will have major influence in the feasibility, the designing and the programming of a shelter program.

The implementation of the program will be hampered if:

- Beneficiaries are not convinced by the stability of the general situation and security of the location.
- Shelter answer is not appropriate (need more investment, too complicated)
- Local authorities are not supporting the temporary/permanent settlement of beneficiaries.
- Climatic conditions are not taken into account in the implementation timing (rain, snow).
- The economic value of the donation is too high: jealousy, threat, eviction, and selling...

d) Sharing of tasks and responsibilities within ICRC Assistance Division

"In many countries, people consider shelter their most important economic asset, a critical contribution to both sustaining life, and supporting productive activities. Shelter thus, has economic, social, political, and cultural importance." USAid Shelter Policy.

The sharing of tasks regarding shelter / housing issues between "Water and Habitat" and "Ecosec" units should be precise and streamlined as it is confusing mainly when related to general distribution of household individual equipment: p.e. plastic sheeting, heating / cooking stoves, shelter material, tents or even complete shelter.

A constructive approach should be to propose joint assessment Ecosec/WH in order to assess the complete "emergency household needs" and to define together a plan of action in terms of :

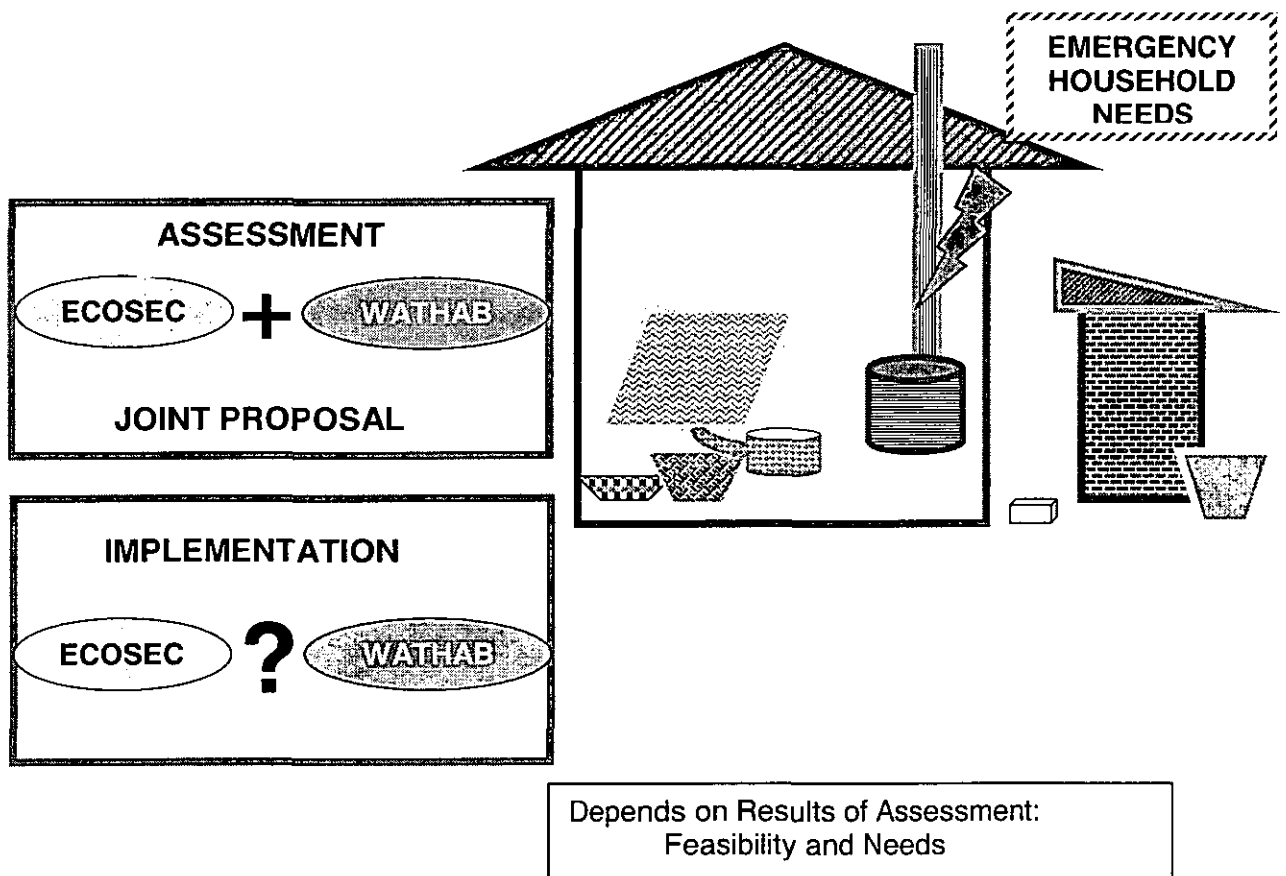
- household items (food, hygiene, clothing, beddings, cooking sets...)
- shelter material and stoves
- household water and sanitation

The added value of an engineering involvement in the designing of the shelter / stove answer for the beneficiaries can be in quantity or quality for examples:

- additional distribution (wood) can be needed to insure a minimum environment protection on a medium term.
- more plastic sheeting can be needed to cover also common needs (warehouse, schools..) or even individual storage.
- set of appropriate tools can be distributed also by household (or groups of household) to enable the persons to create their own latrines but also the rainwater channels around their shelter.
- attention can be raised in terms of proper use of the distributed material (ventilation/fire prevention) and disseminated during/after distribution phases.

- installing of stoves requires not only respect of basic rules (position inside the shelter, proper outlet and maintenance) but also fuelling energy which has to be provided if not available.
- defining adapted practical guidelines for shelter material distribution, implementation, follow up and monitoring
- improved selection of technical items according to technical assessment (stoves, shelter material, tents...)

After the assessment phase, it is up to the ICRC team (HOD, Ecosec and WatHab) to define the need or not to have an engineering presence for the implementation phase. In case there is a social criteria used for the beneficiaries targeting, the Ecosec support to a WatHab program in terms of beneficiaries identification is more than needed.



The fact that "shelter material and stove have a high cost" makes that it can be considered as an economic support (material for sell). This approach is never appropriate and can be problematic for the beneficiaries themselves (theft, storage, installation). However, distribution of a bit more in quantity will sometimes allow to recreate productive activities (stall, animal house..). Attention thus needs to be paid on monitoring (proper use of the shelter material) and correctives steps proposed.

6. Base line data, Outputs, Outcomes and Impacts

Assessing detailed needs can be already a challenge for :

- *identifying the beneficiaries and their needs (security, large geographical areas)*
- defining the quantities related to each degree of damages/destruction
- gathering real figures of people in needs (reliability of sources)

However a baseline data (target population/ quantitative needs) is mandatory.

The quantitative outcome of a shelter program can easily be measured in terms of: X shelters build/improved sheltering X persons.

The quantity of material distributed is not interesting if all material has been used for the planned purpose: the quantity of unused or badly used material measures the efficiency (output) of the program.

The "qualitative output" aspect can be measured through:

- the involvement of stakeholders
- the average quality level of the provided shelter in comparison with standard

The long-term impact is difficult to quantify but a shelter program will have incidences at various level:

- environmental: by avoiding beneficiaries to destroy the surrounding of their housing.
- economical: by supporting/creating work possibilities and structures
by paying building and transport companies, their workers and families directly on the household economy (capitalisation)
- social : by improving the living condition of the beneficiaries (health and well being).

7. Advocacy

Advocacy is not a Water and Habitat speciality but there should some efforts done in this domain at least to provide global and specific information to the ICRC management and services whose are in contact with donors, authorities etc...

Those efforts should be done in terms of gathering and presenting of information toward an external audience advocating on living conditions of victims with a general approach:

- general and technical assessment
- reviews and evaluation reports

This can be a proper way to remind to the authorities their responsibilities in terms of housing / infrastructure: war damages, social housing, displaced persons.... It is also a way to request the involvement of other humanitarian actors (emergency, transition period, development).

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