INTER-AGENCY STANDING COMMITTEE PRINCIPALS MEETING

Cluster Working Group on Emergency Shelter Executive Summary and Table of Cost Estimates

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I Executive Summary

1.1 How to improve humanitarian response in Emergency Shelter

The framework for improving humanitarian response in emergency shelter is guided by the principles of predictability, effectiveness, timeliness, responsibility and accountability, which have been highlighted in the IASC Principals' meeting of 12 September 2005. Following the Principals' meeting, the permanent Emergency Shelter Cluster Working Group was formed. To this end, the members of the cluster met on 28 September, 11 October, 12 October, 26 October, 2 November, 9 November and 30 November 2005. Participants were drawn from UNHCR, UNICEF, Catholic Relief Services (CRS) (representing ICVA/SCHR/InterAction), ICRC, IFRC, IOM, OCHA, UN-HABITAT, OHCHR, IASC, UNDP, and WFP as well as NRC and Care International. UNHCR has been endorsed as the cluster lead for emergency shelter in complex emergencies; the same role for natural disasters will be decided at a later stage.

The report is structured along the broad outline provided in paragraph 21 of the Summary Records of the IASC Principals' Meeting of 12 September. It begins with outlining three key elements that must be addressed during the next phase in order to improve effectiveness and predictability in this sector, vis-à-vis (a) increasing the number of qualified professionals available for rapid deployment, (b) strengthening of stockpiles of shelter and related NFIs, and (c) developing an emergency shelter strategy and guidelines and tools for assessments, intervention and monitoring. It also reviews capacities and gaps vis-à-vis all these elements and assesses global resource requirements for addressing these gaps.

1.2 Capacities and Gaps

The mapping of the global gap in the emergency shelter sector needs to consider the key issues of personnel, stockpiling of NFI associated with shelter, including long-term agreements with suppliers, logistics and training arrangements (please refer to page 5 of Final report). A capacity mapping matrix has been developed for this purpose (please refer to Annex 2 of the Final

report). This matrix has proven useful in identifying capacities and gaps using the target figure of a new emergency of up to 500,000 people and is based on the agreed global resource requirements.

1.3 Non-UN actor involvement

To date the involvement of the non-UN actors in the cluster has been strong and has included IFRC, IOM, Care International and CRS, representing ICVA / SCHR / Interaction. The ICRC is also participating in the discussions on clusters in the form of exchange of technical and planning information. However, the ICRC has decided not to play a role in the clusters as such (i.e. is not a "cluster member"), but has stated its readiness to work with this new system. While the cluster has been working in the spirit of collaboration thus far, it does recognize that there is a need to increase NGO participation at the global level, which mirrors cooperation at the field level. Fruitful discussions with representatives of a range of leading NGOs have taken place. We are currently exploring how to best structure this input in a manageable way. Agencies contacted and who have expressed an interest in contributing include Care International, NRC, CRS, World Vision, Oxfam, MSF Belgium, IRC, Save The Children (US), Caritas, Mercy Corps, CHF and ACTED. OFDA have also been included in the provisional discussions regarding expanding the non-UN participation. The importance of engaging with national partners in affected countries must also be borne in mind.

1.4 Cross-cutting issues

The report also addresses cross cutting issues related to human rights, age, gender, diversity, HIV/AIDS, environment and participatory approaches and makes explicit how important it is to incorporate these issues into emergency shelter activities. (please refer to Annex 3 of the Final report).

1.5 Co-ordinated Response Planning & Preparedness measures & Implementation Plan: Phased Introduction and Priority Recommendations for 2006

The coordinated response planning and preparedness measures proposed for the cluster include the phases of assessment, preparation for intervention, implementation and monitoring and reporting. The global cluster roles and responsibilities have been identified in the Outcome Statement of the IASC Principals' meeting of 12 September 2005 and have been detailed in Section VII of the Final report. The priority activities proposed for 2006 include preparation of a shelter strategy, including guidelines, standard operating procedures, monitoring indicators and reporting mechanisms; establishing standards; building stockpiles and augmenting staff capacity for rapid response; training and capacity building; risk mapping; and information management. These activities are subject to availability of resources, including dedicated staff and financial resources, for the cluster lead and participating agencies.

1.6 Outstanding issues

Key aspects that need clarification include issues of inter-cluster coordination, as well as those relating to linkages and operating and reporting procedures between national and global-level clusters. It is also unclear how exactly the cluster system will be operationalised and administered, vis-à-vis human financial resources. All aspects of accountability from the ERC through global to national clusters needs to be established, along with corresponding authority

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and reporting lines. Broader guidance on coordination with bilateral assistance is also needed. (please refer to Section IX of the Final report).

1.7 Cluster-specific resource requirements

The dedicated human and financial resources required to put in place the global cluster preparedness measures and enhanced capacities would be approximately US\$ 1.5 million. This amount does not include the costing of pre-disaster purchasing and transportation costs for shelter and related NFIs and immediate staff deployment at the outset of the emergency estimated at approximately US\$ 33.9 million, which would be required for any one emergency affecting 500,000 persons (it should be noted that this amount would normally be included in the relevant CAP). Please refer to Annex 5 of the Final report.

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