

اصلاحات تایپی

صفحه	بخش		غلط	درست
۴	تشکر و قدردانی - امنیت غذایی	بولت پنج	قدمات	اقدامات
۱۳	چگونگی کاربرد استانداردها	خط اول	پیپر	پیروی
۳۸	مدیریت اطلاعات حساس	بولت ۱۰ - خط دوم	تا باید	باید (تا حذف شود)
۴۵	دسترسی به منابع جبران و غرامت	بولت ۷ خط آخر	صص	ص

اصلاحات صفحه بندی

- در بخش های از متن که ارجاع به مطلبی در سایر صفحه ها با ذکر شماره صفحه داده شده است، در برخی موارد شماره صفحه ارجاع شده، چند صفحه جابجا شده است.



منشور بشر دوستانه و حداقل استانداردهای امداد رسانی در بحران



مترجم: کنسرسیوم بین المللی پناهندگان در ایران

چاپ ۲۰۰۴



پروژه Sphere منشور بشردوستانه و حداقل استانداردهای امداد رسانی در بحران

منشور بشر دوستانه و حداقل استانداردهای امداد رسانی در بحران



منشور بشردوستانه و حداقل استانداردهای امداد رسانی در بحران یک ابتکار عمل بین المللی و چشمگیری است که باعث بهبود تاثیرگذاری در پاسخگویی کمک های بشر دوستانه می شوند. ویرایش جدید این کتاب راهنما به طور کامل بازبینی و اطلاعات آن به روز شده است و پیشرفت های اخیری را که در عملکرد بشردوستانه صورت گرفته است و اظهار نظر افرادی را که در میدان کار می کنند، و همچنین موسسات تحقیقاتی، متخصصین حمایتی، جنسیت، کودکان، سالمندان، معلولین HIV/AIDS و محیط را مدنظر قرار می دهند. این کتاب راهنمای بازبینی شده، حاصل تلاشی همگانی و گسترده است که اراده و تجارب مشترک جامعه بشردوست را بازگو کرده و باعث بهبود دانش فعلی در برنامه های امداد رسانی بشردوستانه می شود.

اساس این کتاب را منشور بشردوستانه تشکیل می دهد که خود بر پایه اصول و پیش بینی های حقوق بشر بین المللی و قانون پناهندگی و اصول آیین رفتاری هلال احمر و سازمان های غیردولتی استوار است. این کتاب بیانگر اصول کلی است که فعالیت های بشردوستانه را اداره نموده و بر حقوق جوامع برای برخورداری از حمایت و امداد تاکید می نماید. حداقل استانداردها در فصل اول قرار دارند که بیانگر جزییات استانداردهای لازم در فرآیند طراحی و اجرای برنامه ها می باشند. چهار بخش فنی دیگر نیز وجود دارند که به بیان موارد آب، بهداشت و ارتقا سطح بهداشتی، امنیت غذایی، تغذیه و کمک های غذایی، پناهگاه، اسکان و اقلام غیرغذایی و نیز خدمات بهداشتی می پردازند.

به عنوان یک ابزار عملی، منشور بشردوستانه را می توان برای تعیین اهداف گسترده پروژه مورد استفاده قرار داد، ضمن اینکه حداقل استانداردها همراه با شاخص های حمایتی و نکات راهنمایان باعث ارزیابی تحلیلی از نیازهای برنامه و تعیین چارچوب برای ارتقاء سطح پایش و ارزیابی می شود. به طور کلی، Sphere ابزار قدرتمندی برای هماهنگی و حمایت است زیرا دارای دیدگاهی چندبعدی بوده و به اصول عملی مرتبط می باشد.

مترجم: کنسرسیوم بین المللی پناهندگان در ایران

۲۰۰۴

چاپ ۲۰۰۴

این کتاب برای فروش نمی باشد.

- منتشر شده توسط:
 پروژه Sphere
 حق چاپ پروژه Sphere سال ۲۰۰۴
 صندوق پستی ۳۷۲، شمین دو کرت CH-1211، ژنو ۱۹، سوئیس
 تلفن: +۴۱۲۲۷۳۰۲۵۰۱ ، نمابر: +۴۱۲۲۷۳۰۴۹۰۵
 پست الکترونیک: info@sphereproject.org
 آدرس اینترنتی: <http://www.sphereproject.org>

- پروژه Sphere
 این پروژه حاصل برنامه کمیته تدارکاتی برای کمک های بشردوستانه در هنگام بحران (SCHR) و نتیجه ارتباط متقابل بین ICVA و VOICE می باشد. پروژه Sphere در سال ۱۹۹۷ به منظور تعیین حداقل استانداردهای بین المللی برای موارد بسیار مهم در کمک های بشردوستانه آغاز به کار نمود. هدف این پروژه بهبود کیفیت کمک ها به افراد آسیب دیده از بحران و ارتقا سطح پاسخگویی سازمان های امداد رسان برای مقابله با بحران می باشد.
 منشور بشردوستانه و حداقل استانداردهای امداد رسانی در بحران، حاصل تجارب گروهی بسیاری از افراد و سازمان ها در این زمینه است. بنابراین، نباید تصور کرد که این استانداردها زائیده نظرات و دیدگاه های یک فرد یا یک سازمان است.

ویرایش اول ۱۹۹۸
 اولین ویرایش نهایی ۲۰۰۰
 ویرایش جدید ۲۰۰۴
 شابک ۹۷۶-۹۱۳۹-۰۹۷

کاتالوگ این کتاب در کتابخانه مجلس آمریکا و انگلستان وجود دارد.

تمام حقوق این کتاب محفوظ می باشد. این کتاب حق چاپ داشته اما می توان به هر روشی بدون پرداخت هزینه برای مقاصد آموزشی و نه برای فروش آن را مجدداً تولید نمود. برای چنین مصارفی باید مجوز رسمی از دفتر این پروژه کسب شود که معمولاً خیلی فوری صادر می شود. برای کپی کردن این کتاب در شرایط دیگر، مصرف مفاد آن در دیگر نشریات، ترجمه و تطبیق آن باید مجوز کتبی از صاحب امتیاز چاپ دریافت گردد و مبلغی نیز باید برای دریافت این مجوز پرداخت گردد.

این کتاب برای انجام پروژه Sphere در سراسر جهان و توسط آکسفام جی بی توزیع شده است.
 از طریق انتشارات آکسفام، ۲۷۴ جاده بانبری، آکسفورد OX2 7DZ، انگلستان
 تلفن +۴۴۱۸۶۵۳۱۱۳۱۱ و نمابر +۴۴۱۸۶۵۳۱۲۶۰۰
 پست الکترونیک: publish@oxfam.org.uk
 آدرس اینترنتی: www.oxfam.org.uk/publications

نیز تمامی دفاتر این سازمان در سراسر دنیا قابل تهیه می باشد. آکسفام جی بی یک موسسه ثبت شده با شماره ثبت ۲۰۲۹۱۸ و عضوی از سازمان آکسفام اینترنتشنال می باشد.

ترجمه کتاب Sphere به زبان فارسی توسط کنسرسیوم بین المللی پناهندگان در ایران صورت گرفته است.

- گروه ترجمه:
- مترجم ارشد: خانم ناتالی حق وردیان
- مترجم: علی رضا غریب
- طراحی گرافیک: خانم پریسا بهمنی
- ویراستار: خانم پگاه امیر دیوانی
- نمونه خوانی: خانم نازنین کاظمی
- مدیر آموزش Sphere: خانم نازنین کاظمی
- انتشارات: ناصری

نازنین کاظمی
 نماینده کشوری کنسرسیوم بین المللی پناهندگان در ایران

این کتاب برای فروش نمی باشد.

پروژه Sphere



منشور بشردوستانه

و

حداقل استانداردهای

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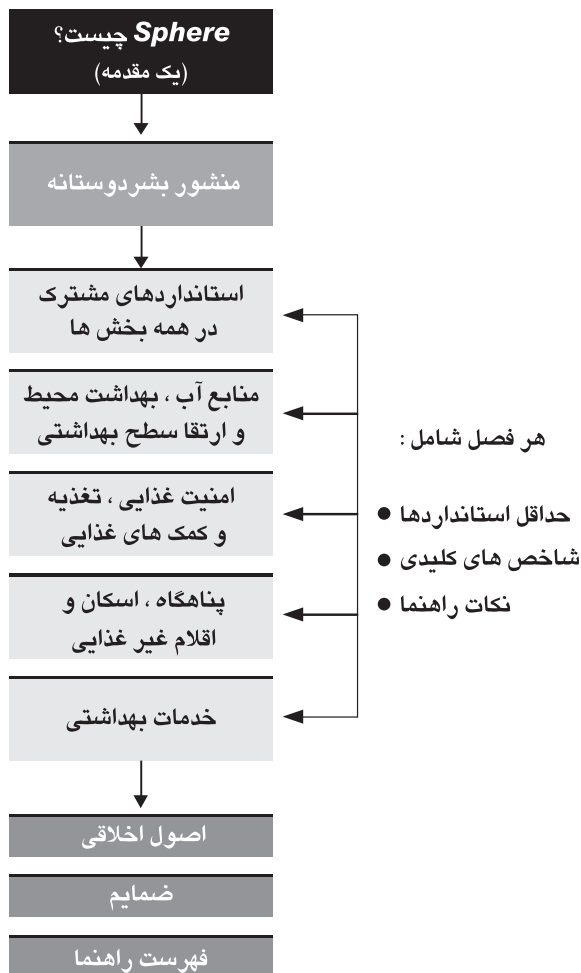
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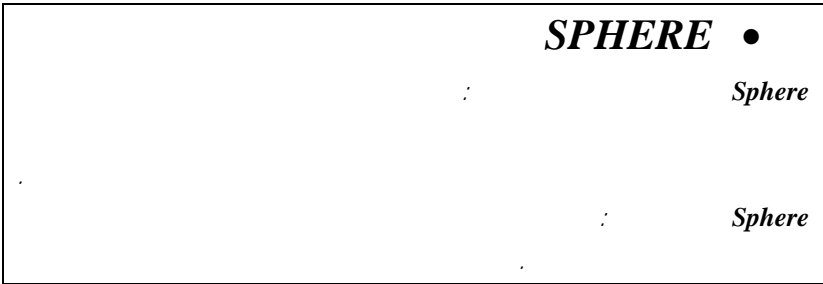
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تفاوت بین استانداردها و شاخص ها

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شناسایی آسیب پذیری ها و ظرفیت های جمعیت آسیب دیده در بمران

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دیدگاه‌ها و محدودیت‌های کتاب راهنمای Sphere

منشور بشر دوستانه





۱. اصول

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منشور بشردوستانه اهمیت اصول ذیل را
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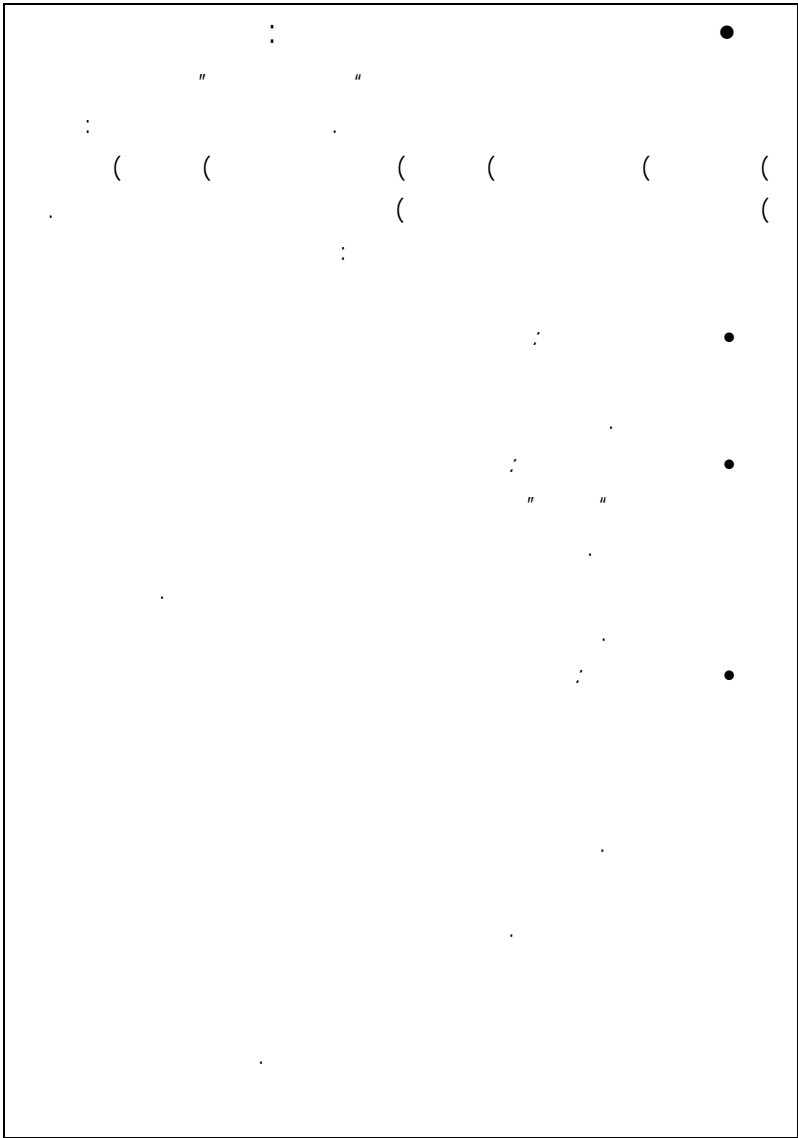
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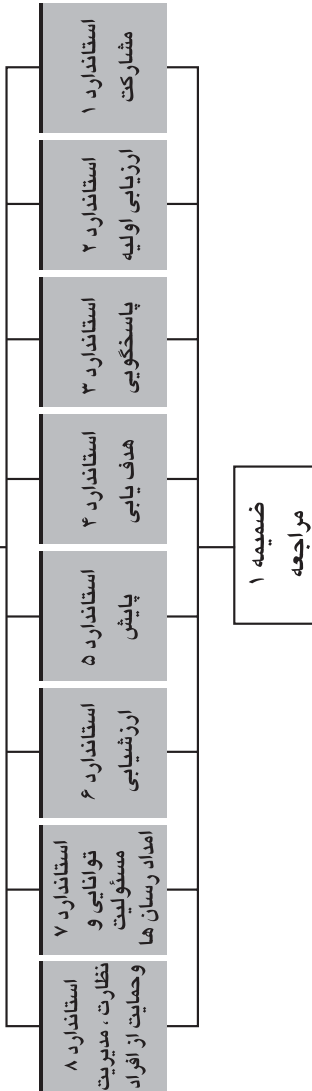
حداقل استانداردهای مشترک
در همه فصول





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استانداردهای مشترک



مقدمه

ارتباط با مراجع قوانین بین المللی

اهمیت استانداردهای مشترک در همه فصول

فصل اول

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رابطہ با دیگر فصل ها

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آسیب پذیری ها و ظرفیت های جمعیت آسیب دیده از بمران

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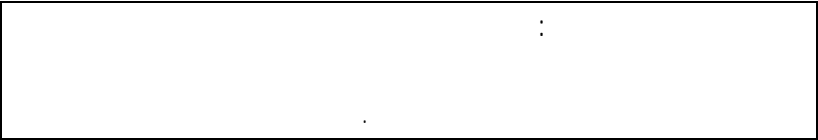
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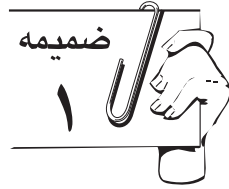
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فصل اول



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فصل ۲:

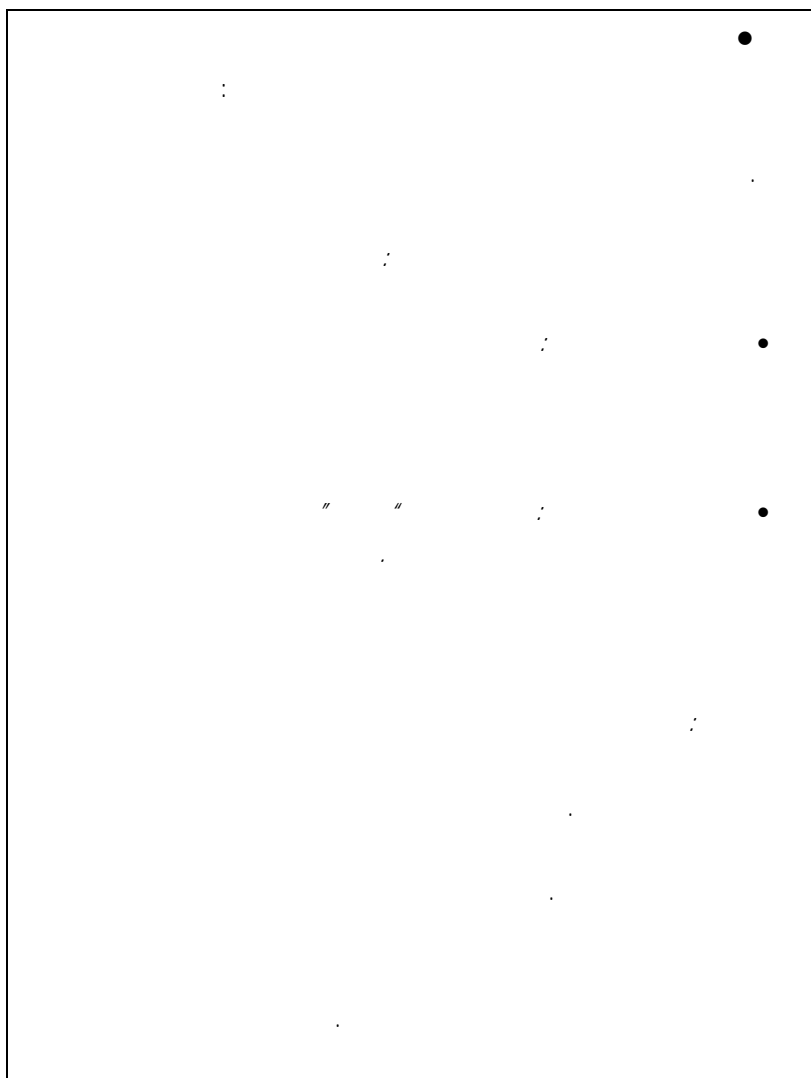
حداقل استانداردها در پروژه های

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بهداشت محیط

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منابع آب، بهداشت محیط و ارتقا سطح بهداشتی



ضمیمه ۱
چک لیست نیازسنجی اولیه آب و بهداشت محیط

ضمیمه ۲
راهنمای برنامه ریزی برای دستیابی به حداقل کیفیت آب برای موسسات و مصارف دیگر

ضمیمه ۳
راهنمای برنامه ریزی برای حداقل تعداد دستشویی ها در اماکن عمومی و موسسات

ضمیمه ۴
بیماری های حاصل از آب و فضولات و ساز و کار آن

ضمیمه ۵
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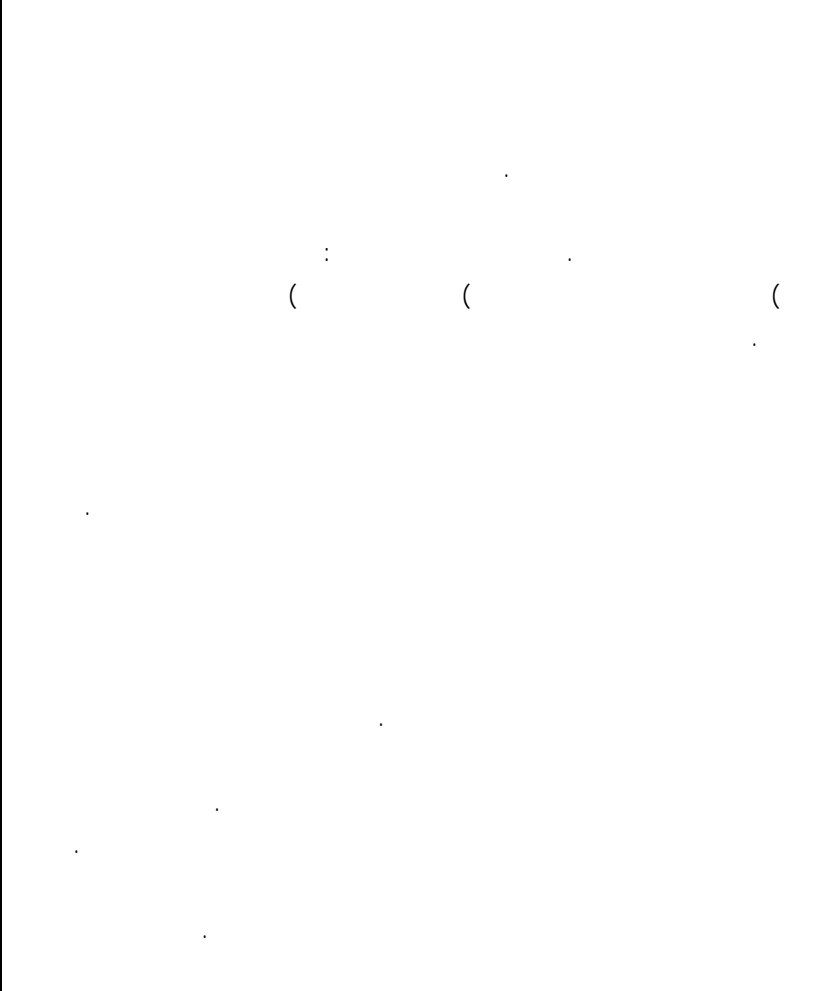
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1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

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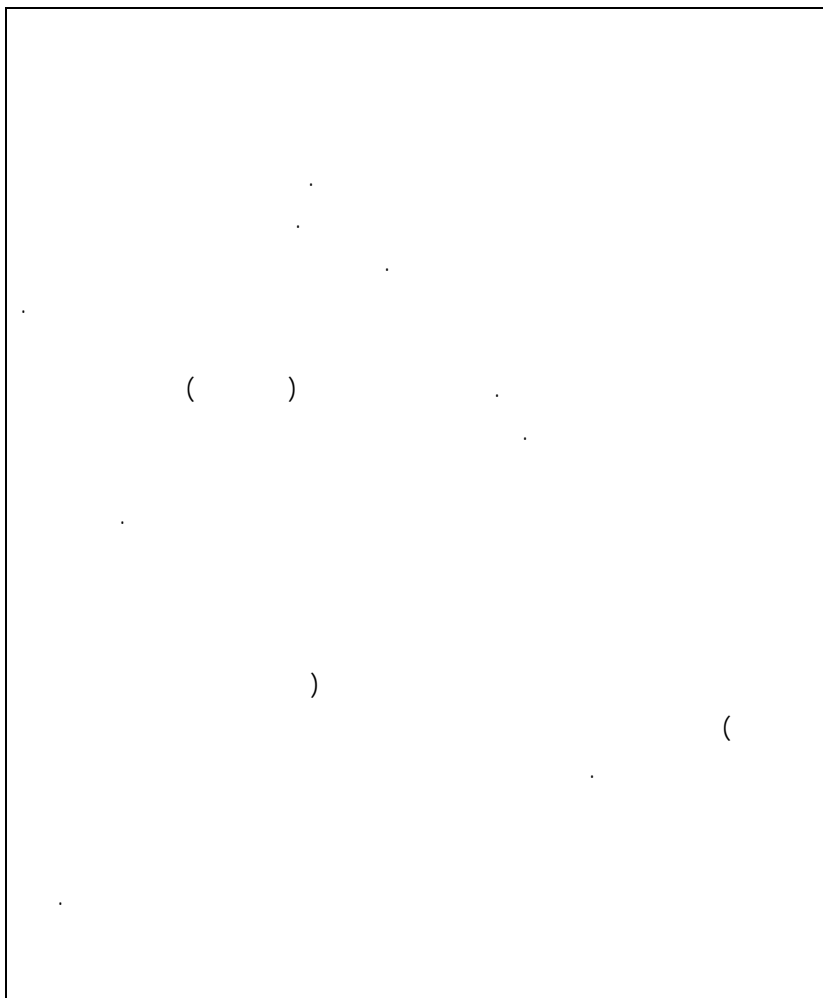
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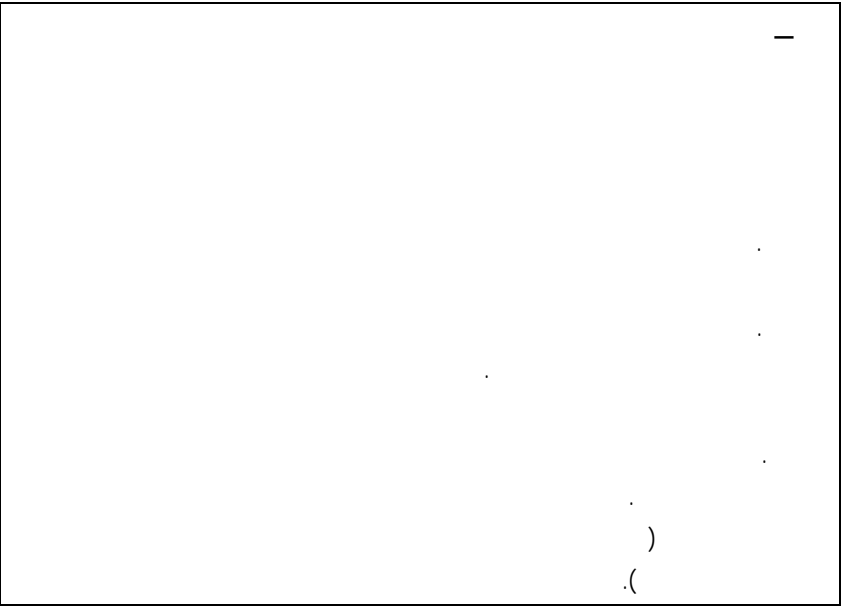
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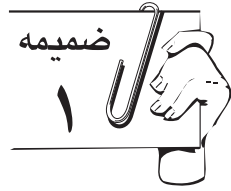
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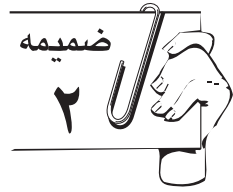
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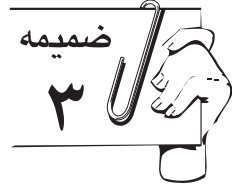
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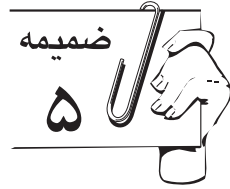


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بیماری های حاصل از آب و فضولات و سازه کار انتقال آن

آب آلوده فقر بهداشتی فقر بهداشت فردی آلودگی غلات	بیماری های باکتریایی انتقال از راه دهان بیماری های غیر باکتریایی انتقال از راه دهان	وبا ، شیگلوز ، اسهال ، سالمونلوز و غیره حصبه ، شبه حصبه و غیره اسهال خونی آمیبی ، ژیراردیاز هیپانتیت آ ، عفونت ماده خاکستری نخاع ، اسهال روتاویروس	منتقل شونده از راه آب یا بعلت شستشو با آب
آب غیر کافی فقر بهداشت فردی		عفونت های چشمی و پوستی تیفوس شپشی و تب عود کننده حاصل از شپش	بیماری های حاصل از شستشو با آب یا کمبود آب
مناطق باز آلودگی خاک	کرم های پهن مربوط به خاک	کرم حلقوی ، کرم قلاب دار ، کرم های پهن و غیره	نوعی انگل روده حاصل از مدفوع
گوشت نیم پز آلودگی خاک	انسان - حیوان	کرم پهن نیتازیس	کرم های نواری گوشت خوک و کوساله
آلودگی آب	توقف طولانی مدت در آب آلوده	شیستوزومیاز کرم رشته ای کلونورکیاز و غیره	بیماری های آبی
نیش زندگی در کنار آب زاد و ولد حشرات در آب محیط زیست آلوده	نیش پشه ها و مگس منتقل شده توسط پشه ها و سوسک ها	مالاریا ، تب دانگ ، بیماری خواب ، بیماری کرم نخشی شکل و غیره اسهال و اسهال خونی	ناقان و ویروسی آب ناقان و ویروسی مدفوع



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<http://www1.umn.edu/humanrts>

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فصل ۳:

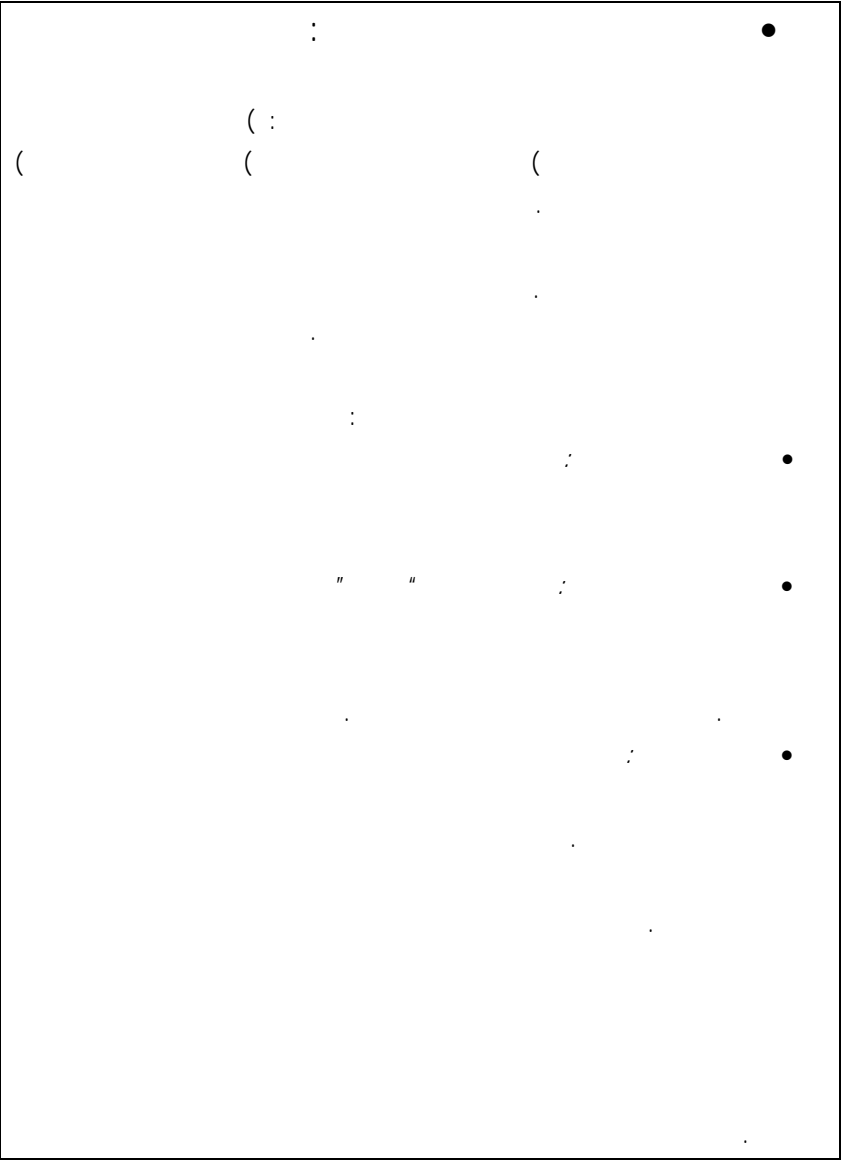
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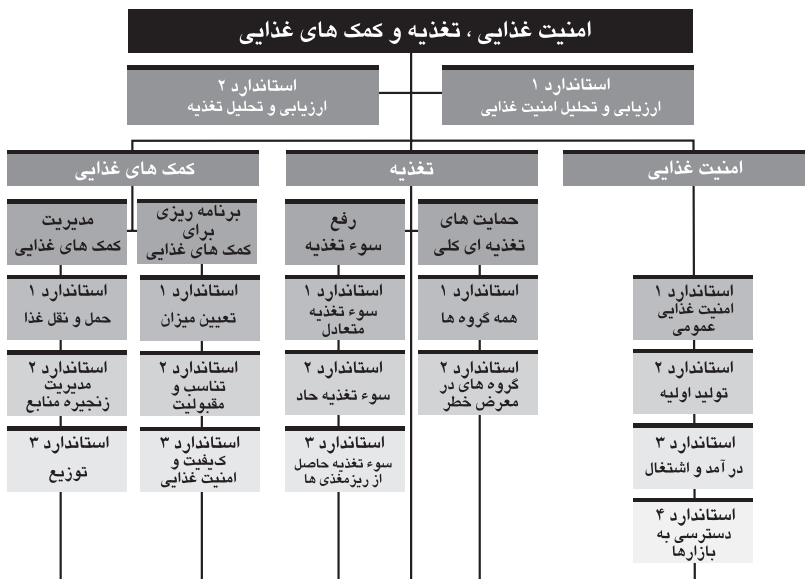
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استاندارد ارزیابی و
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استاندارد ۱
امنیت غذایی کلی

استاندارد ۲
تولید اولیه

استاندارد ۳
درآمد و اشتغال

استاندارد ۴
دسترسی به بازار

ضمیمه ۱
چک لیست امنیت غذایی برای روش شناسی و گزارش نویسی

ضمیمه ۲
چک لیست ارزیابی امنیت غذایی

ضمیمه ۳
پاسخ های امنیت غذایی

ضمیمه ۹
مراجع

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استاندارد ۱
سوء تغذیه متعادل

استاندارد ۱
همه گروه ها

استاندارد ۲
گروه های در معرض خطر

استاندارد ۲
سوء تغذیه حاد

استاندارد ۳
سوء تغذیه حاصل از
ریزمغذی ها

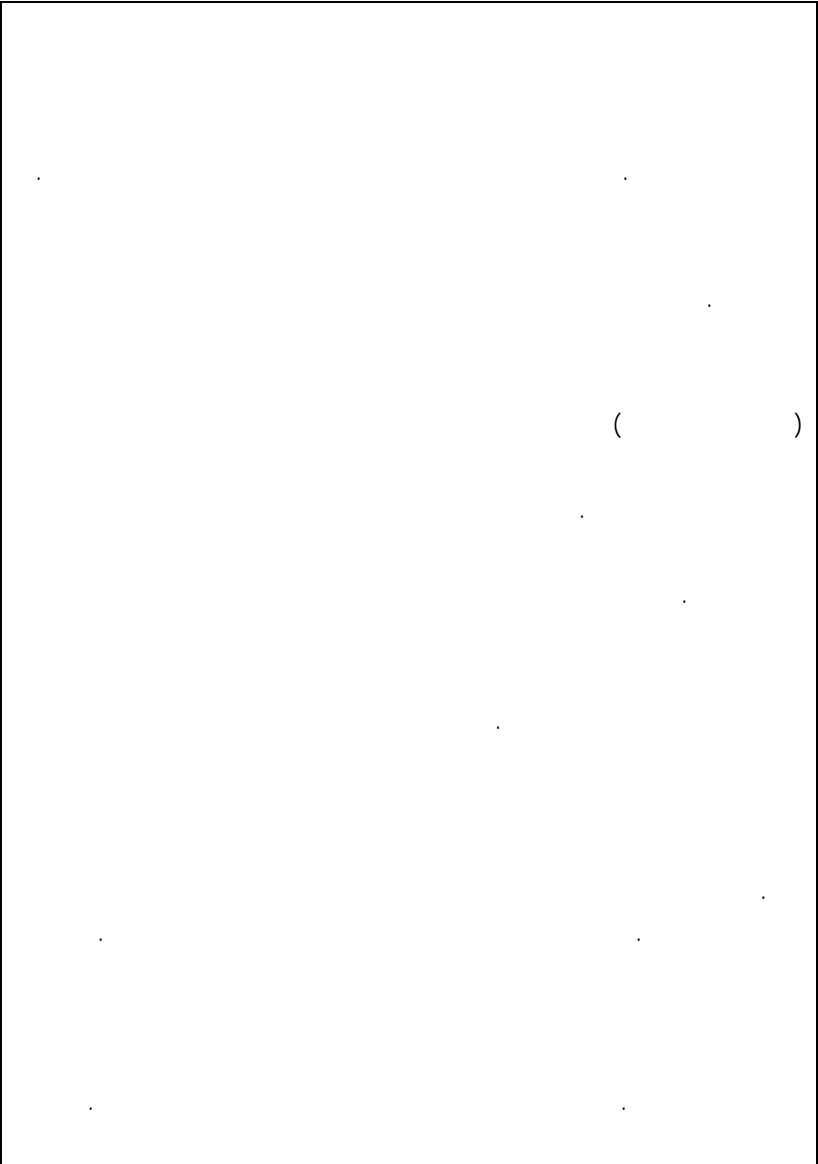
ضمیمه ۴
چک لیست ارزیابی تغذیه ای

ضمیمه ۵
اندازه گیری سوء تغذیه حاد

ضمیمه ۶
معیارهای اهمیت بهداشت عمومی برای تشخیص کمبود ویتامین آ و ید

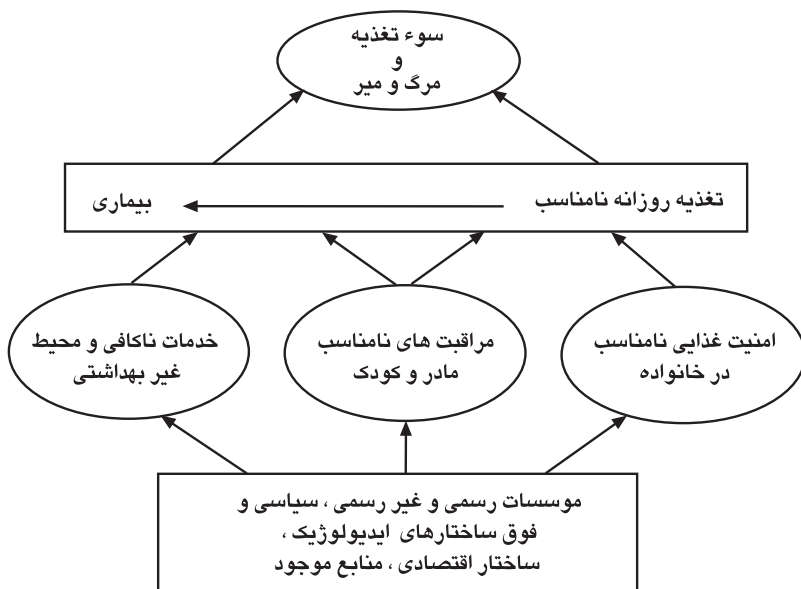
ضمیمه ۷
نیازهای تغذیه ای

ضمیمه ۹
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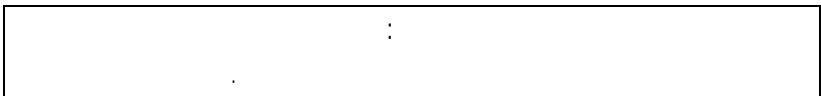
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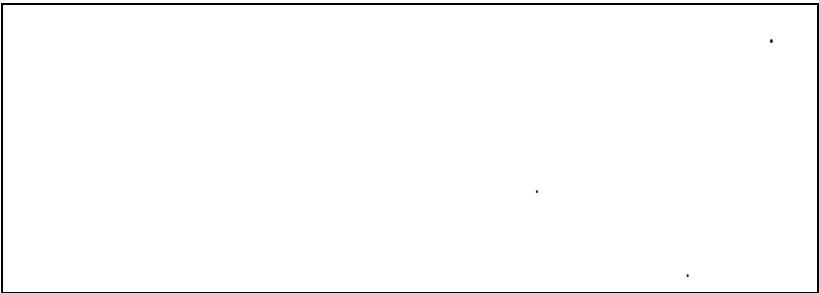
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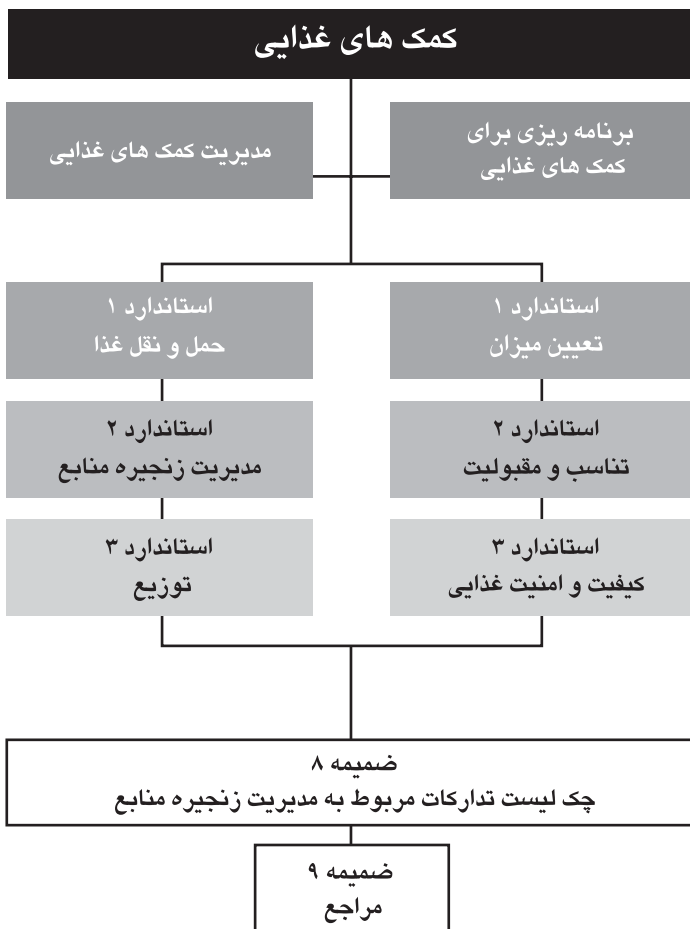
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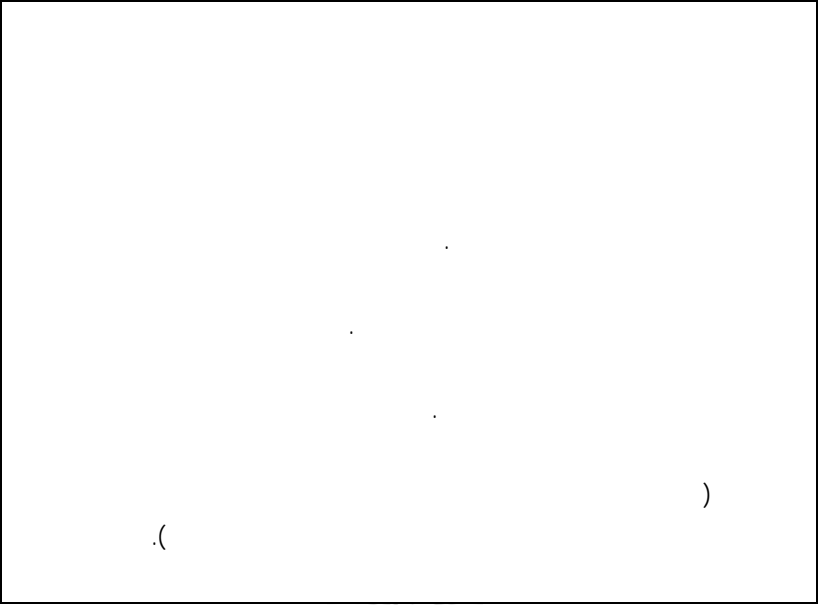
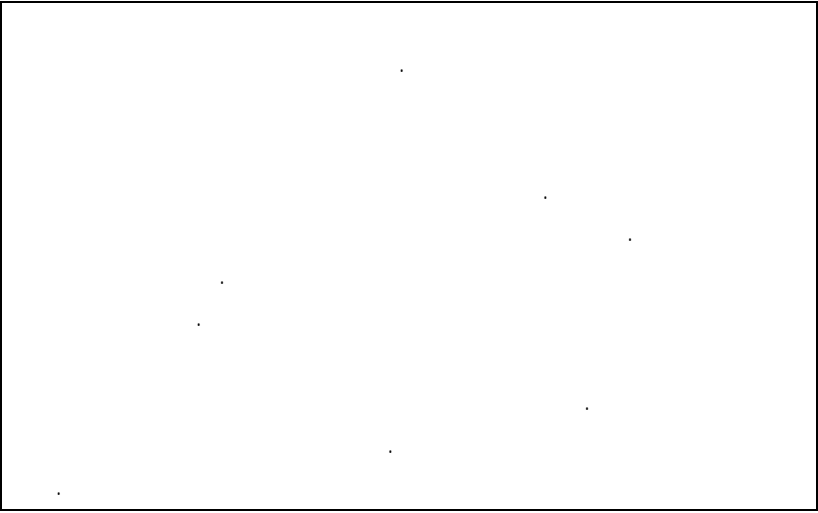
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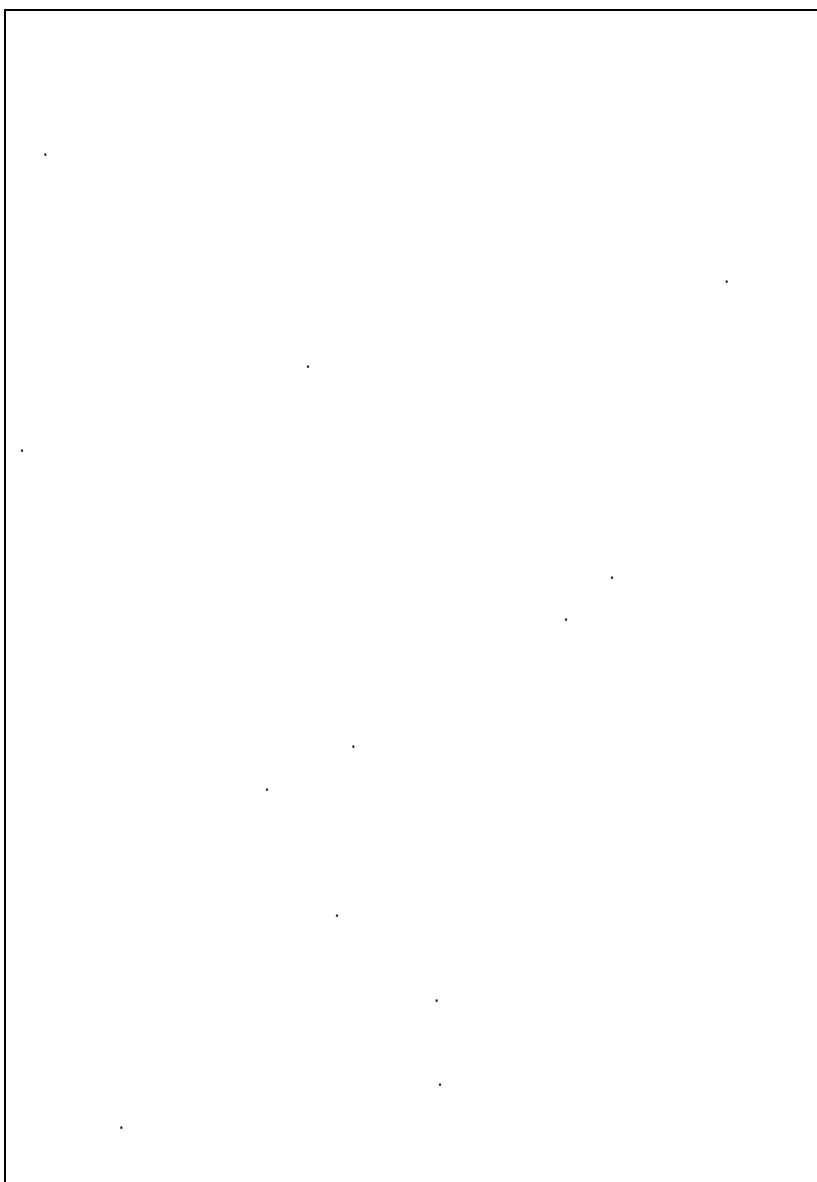
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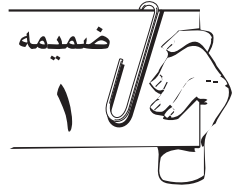
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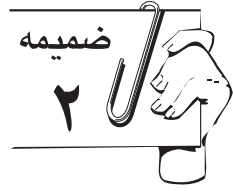
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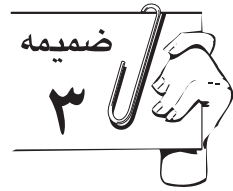
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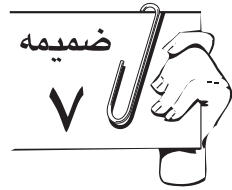
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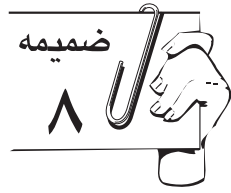
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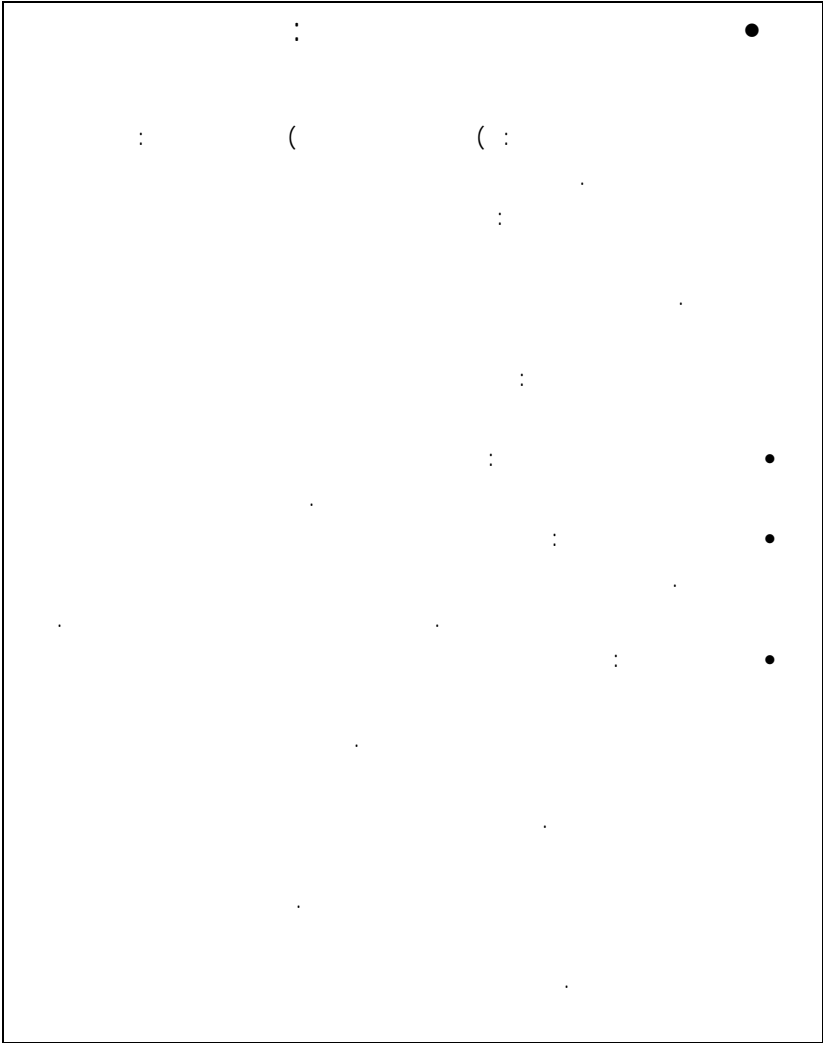
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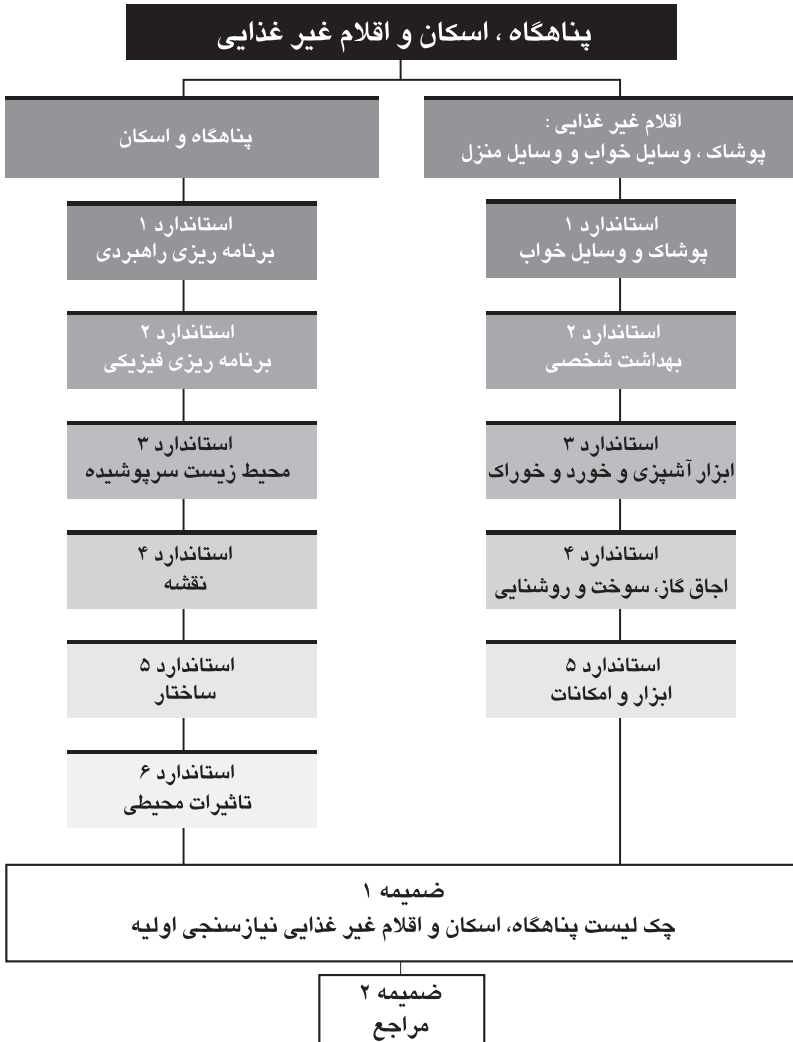
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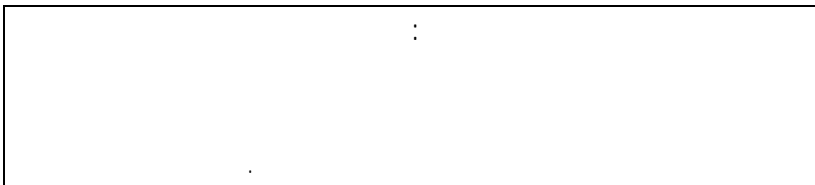
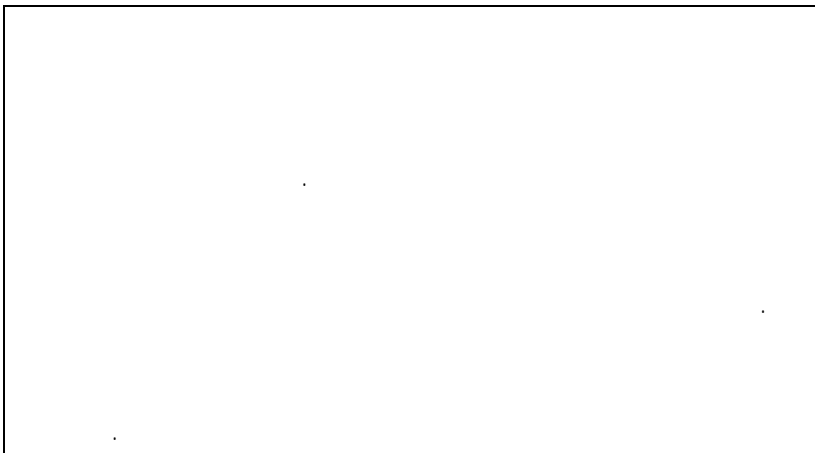
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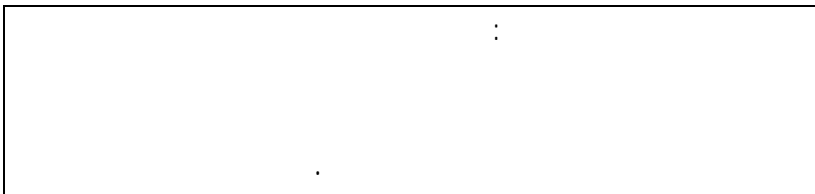
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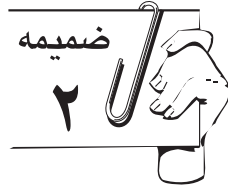


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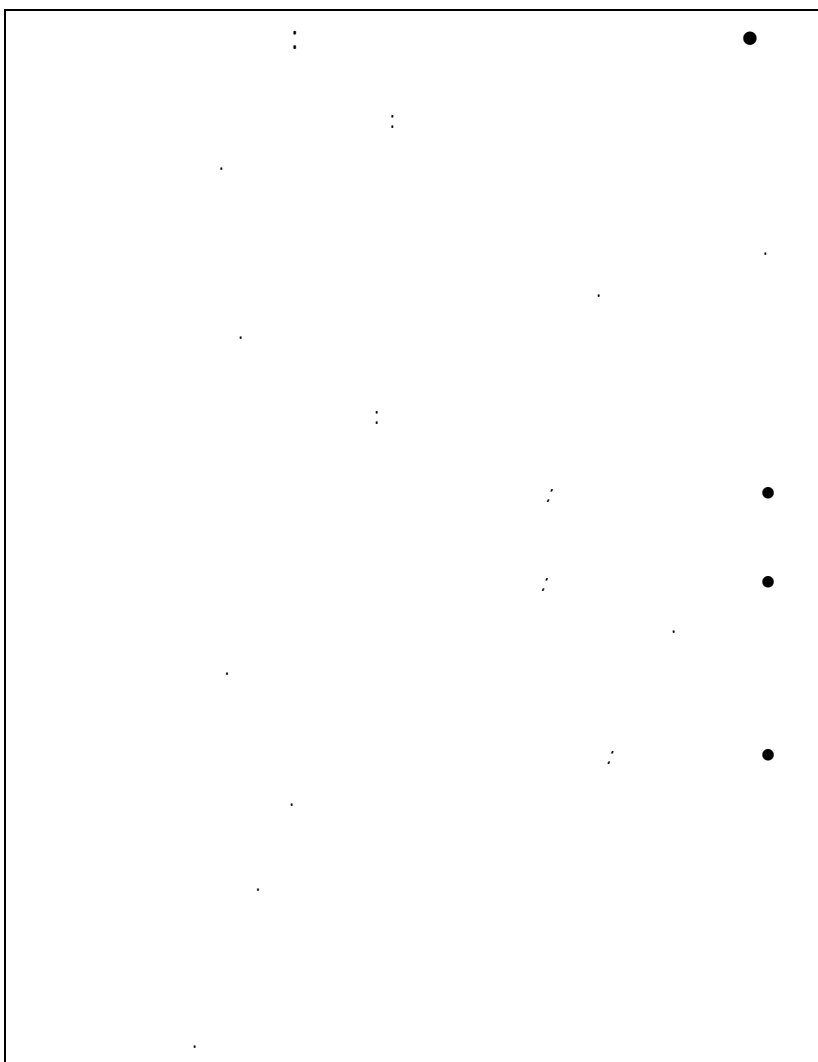
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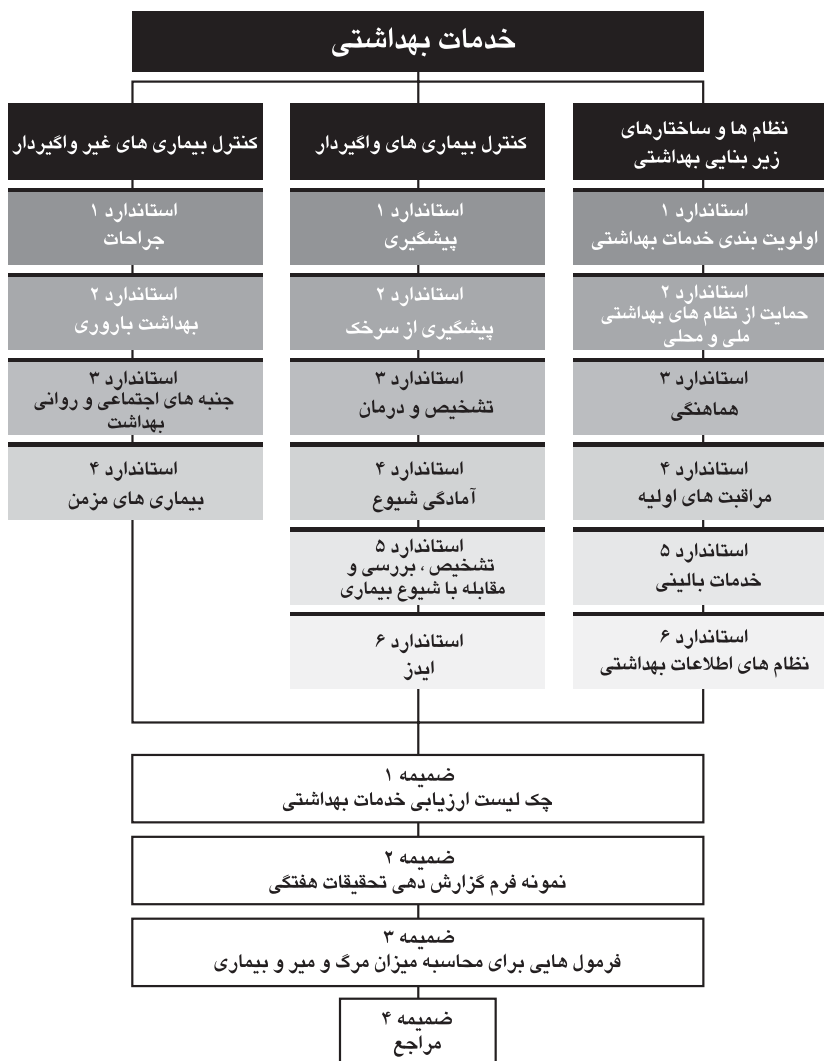
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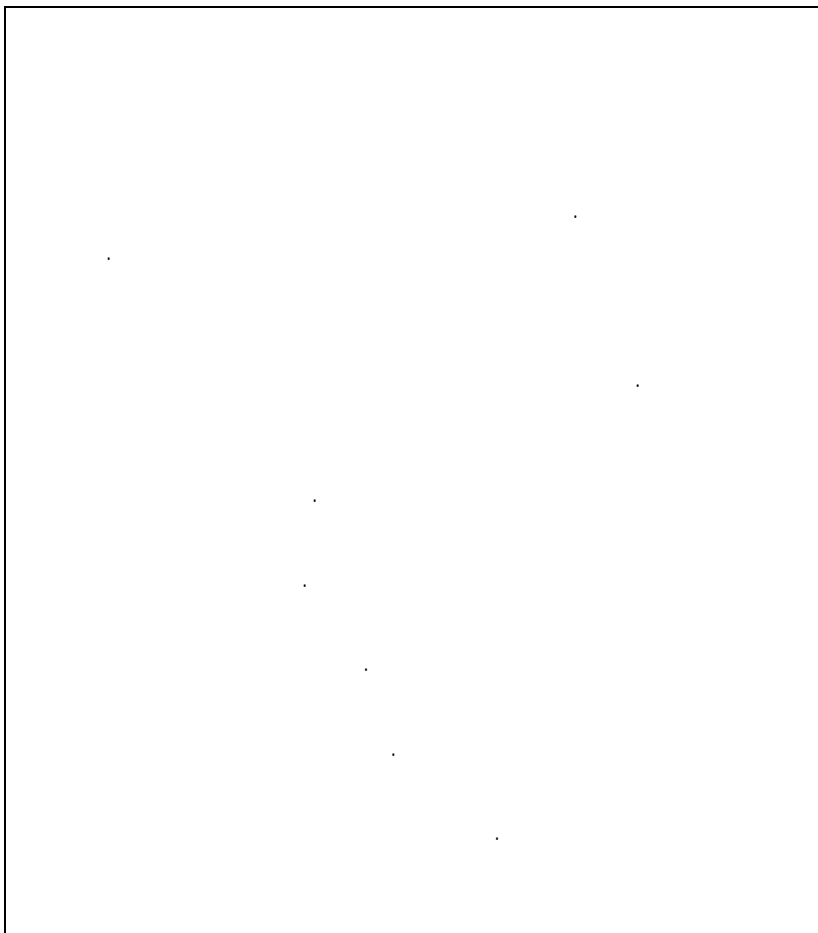
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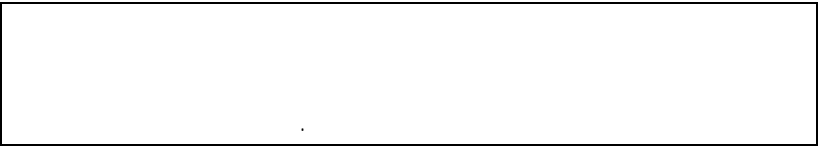
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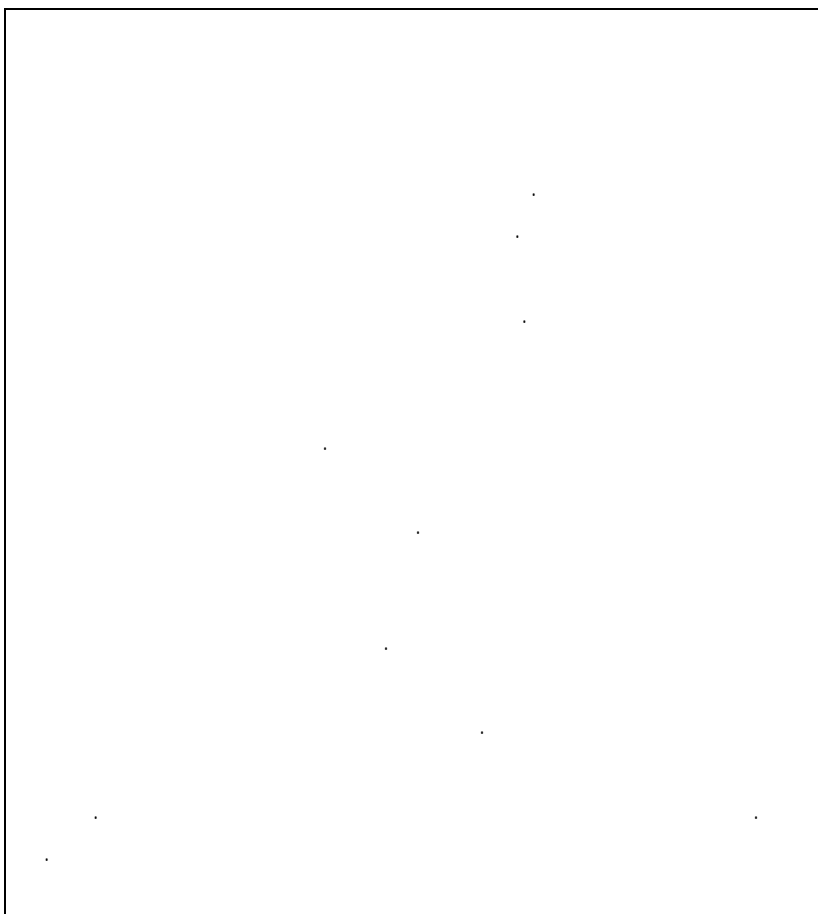
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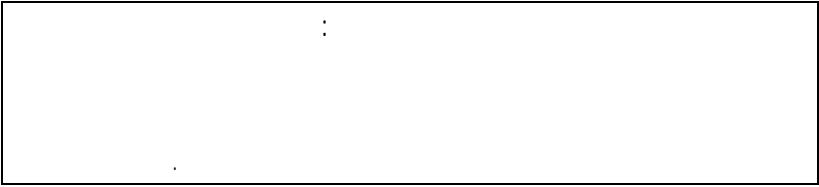
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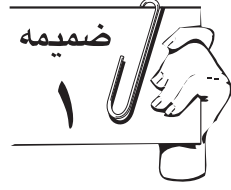
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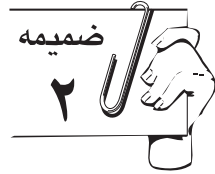
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Sample Weekly Surveillance Reporting Forms

Mortality Surveillance Form 1*

Site
 Date from MondayTo Sunday:
 Total population at beginning of this week:
 Births this week:Deaths this week:
 Arrivals this week (if applicable):Departures this week:
 Total population at end of week:Total under 5 years population:

	0-4 yrs		5+ yrs		Total
	male	female	male	female	
Immediate cause					
Acute lower resp. infection					
Cholera (suspected)					
Diarrhoea – bloody					
Diarrhoea – watery					
Injury – non-accidental					
Malaria					
Maternal death – direct					
Measles					
Meningitis (suspected)					
Neonatal (0-28 days)					
Other					
Unknown					
<i>Total by age and sex</i>					
Underlying cause					
AIDS (suspected)					
Malnutrition					
Maternal death – indirect					
Other					
<i>Total by age and sex</i>					

- * This form is used when there are many deaths and therefore more detailed information on individual deaths cannot be collected due to time limitations.
- Frequency of reporting (i.e. daily or weekly) depends upon the number of deaths.
 - Other causes of mortality can be added according to the context and epidemiological pattern.
 - Ages can be further disaggregated (0-11 mths, 1-4 yrs, 5-14 yrs, 15-49 yrs, 50-59 yrs, 60+ yrs) as feasible.
 - Deaths should not be reported solely from site health facilities, but should include reports from site and religious leaders, community workers, women's groups and referral hospitals.
 - Whenever possible, case definitions should be put on back of form.

Mortality Surveillance Form 2*

Site.....
 Date from Monday.....To Sunday:.....
 Total population at beginning of this week:.....
 Births this week:.....Deaths this week:.....
 Arrivals this week (if applicable):.....Departures this week:.....
 Total population at end of week:.....Total under 5 years population:.....

		Direct Cause of Death												Underlying Causes							
No	Sex (m, f)	Age (days=d mths=m yrs=y)	Acute lower resp. infection	Cholera (suspected)	Diarrhoea – bloody	Diarrhoea – watery	Injury – non-accidental	Malaria	Maternal death – direct	Measles	Meningitis (suspected)	Neonatal (0-28 days)	Other (specify)	Unknown	AIDS (suspected)	Malnutrition	Maternal death – indirect	Other (specify)	Date (dd/mm /yy)	Location in site (e.g. block no.)	Died in hospital or at home
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

- * This form is used when there is enough time to record data on individual deaths; it allows analysis by age, outbreak investigation by location and facility utilisation rates.
- Frequency of reporting (i.e. daily or weekly) depends upon the number of deaths.
 - Other causes of death can be added as fits the situation.
 - Deaths should not be reported solely from site health facilities, but should include reports from site and religious leaders, community workers, women's groups and referral hospitals
 - Whenever possible, case definitions should be put on back of form.

Weekly Morbidity Surveillance Reporting Form

Site
 Date from Monday: To Sunday:
 Total population at beginning of this week:
 Births this week: Deaths this week:
 Arrivals this week (if applicable): Departures this week:
 Total population at end of week: Total under 5 years population:

Morbidity Diagnosis*	Under 5 years (new cases)			5 years and over (new cases)			Total new cases	Repeat cases Total
	Male	Female	Total	Male	Female	Total		
Acute respiratory infections**								
AIDS (suspected)								
Anaemia								
Cholera (suspected)								
Diarrhoea – bloody								
Diarrhoea – watery								
Eye diseases								
Malaria								
Malnutrition								
Measles								
Meningitis (suspected)								
Injuries – accidental								
Injuries – non-accidental								
Sexually transmitted infections								
Genital ulcer disease								
Male urethral discharge								
Vaginal discharge								
Lower abdominal pain								
Scabies								
Skin diseases (excluding scabies)								
Worms								
Others								
Unknown								
Total								

* More than one diagnosis is possible; diseases can be removed or added as fits the current situation.

** Acute respiratory tract infections: in some countries, this category may be divided into upper and lower tract infections.

– Causes of morbidity can be added or subtracted according to context and epidemiological pattern.

– Ages can be further disaggregated (0-11 mths, 1-4 yrs, 5-14 yrs, 15-49 yrs, 50-59 yrs, 60+ yrs) as feasible.

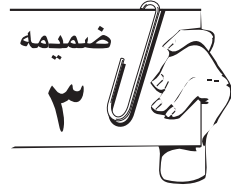
Visits to health facility	Under 5 years			5 years and over			Total	
	Male	Female	Total	Male	Female	Total	Male	Female
Total visits								

Utilisation rate: Number of visits per person per year to health facility = total number of visits in 1 week / total population x 52 weeks

– Ages can be further disaggregated (0-11 mths, 1-4 yrs, 5-14 yrs, 15-49 yrs, 50-59 yrs, 60+ yrs) as feasible.

Number of consultations per clinician: Number of total visits (new and repeat) / FTE clinician in health facility/ number of days health facility functioning per week.





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Forced Migration Online

<http://www.forcedmigration.org> :

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Center for Research on the Epidemiology of Disasters: <http://www.cred.be>

International Committee of the Red Cross: <http://www.icrc.org>

International Federation of the Red Cross and Red Crescent Societies: <http://www.ifrc.org>

Pan- American Health Organisation: <http://www.paho.org>

United Nations High Commissioner for Refugees: <http://www.unhcr.ch>

UNICEF: <http://www.unicef.org>

World Health Organisation: <http://www.who.int>





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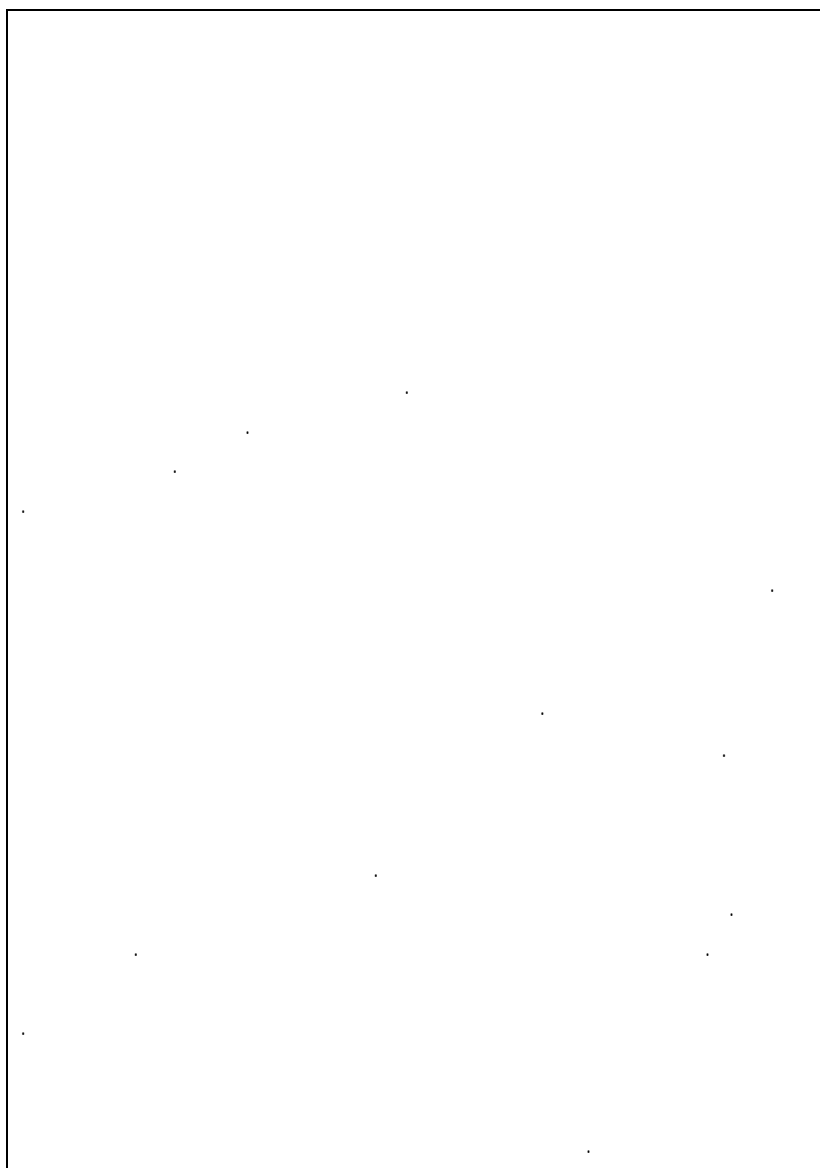
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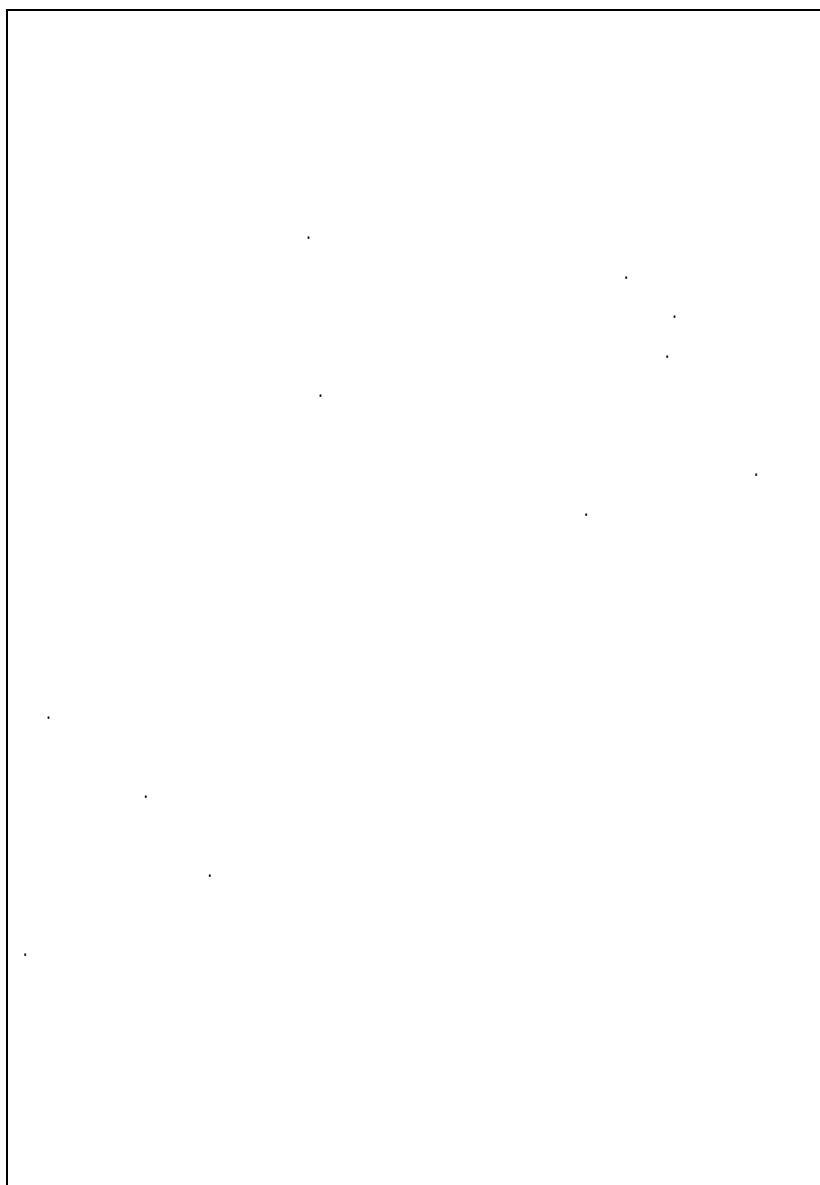


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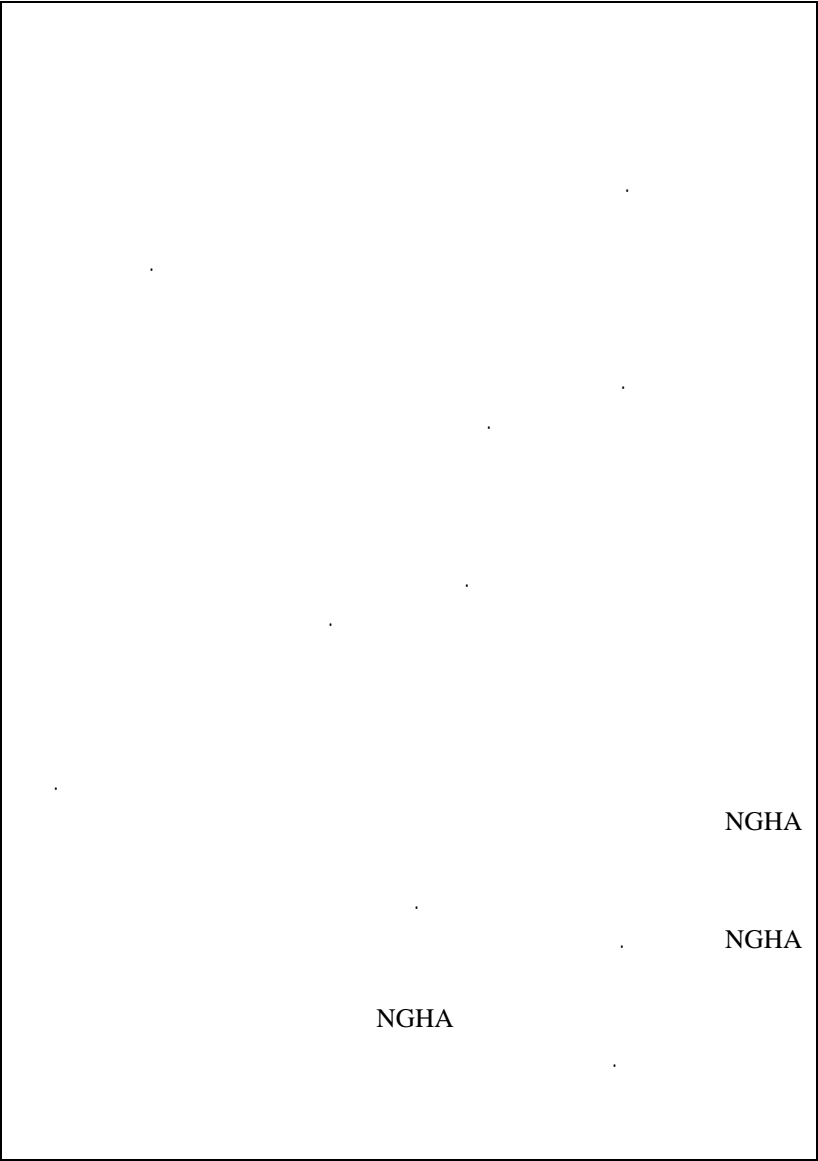
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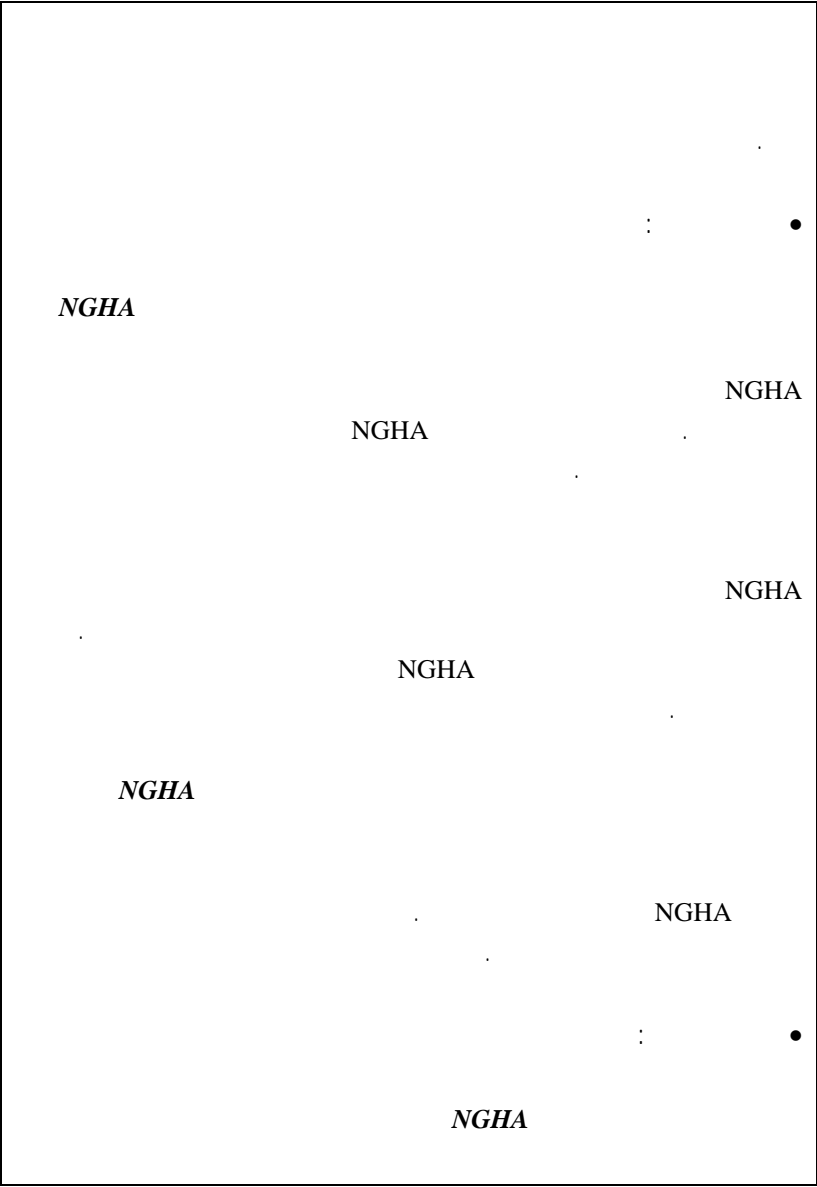


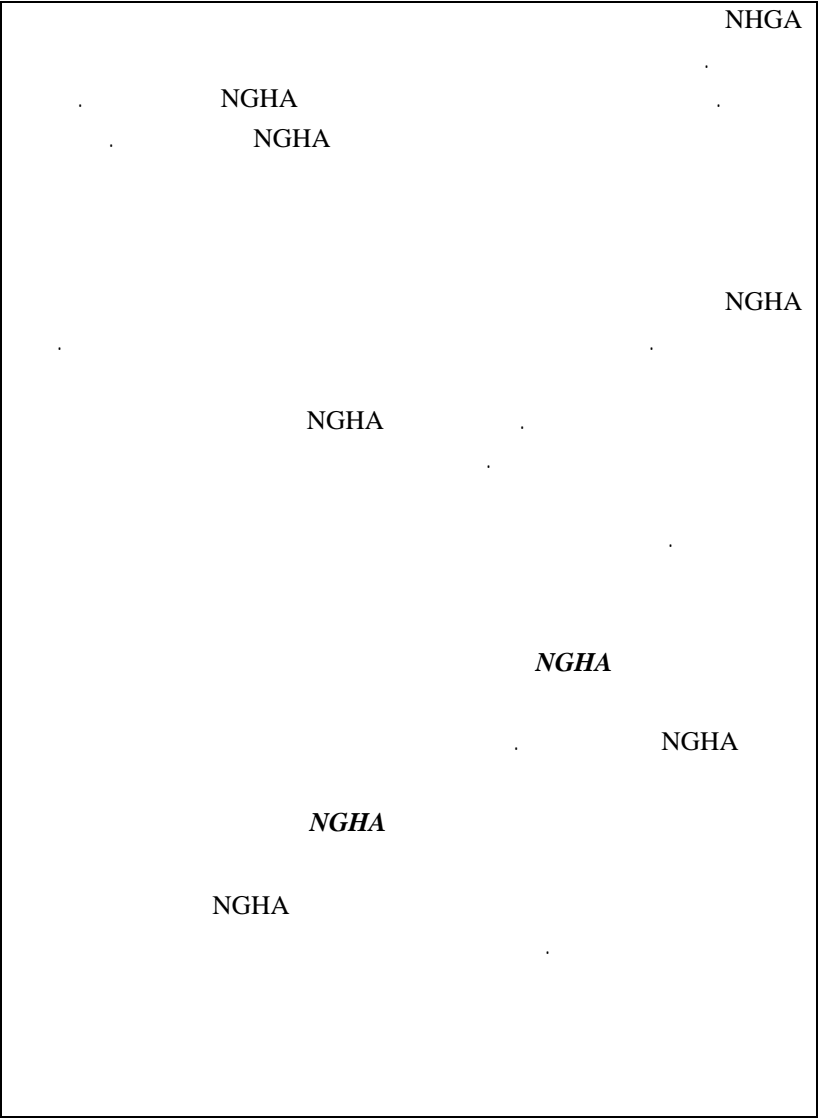
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Department for International Development (DFID) ♦ The United States
Department of State Bureau of Refugees and Migration (US- PRM) ♦ The
United States Agency for International Development Office of Foreign
Disaster Assistance (US- OFDA)

Andy Bastable, Oxfam GB :

Helen Young, Tufts University :

Anna Taylor, Save the Children UK :

John Solomon, CARE USA and NM Prusty, CARE India :

Graham Saunders, Catholic Relief Services :

Richard J Brennan, International Rescue Committee :

Jock Baker, Nan Buzard, Jim Good, Maurice Henderson, Susanne :

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Mario Pareja, CARE/UNHCR :

Isobel McConnan :

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پیوست ها

ACC/SCN:
**United Nations Administrative Committee
on Coordination/Subcommittee on Nutrition**

ACT:
Action by Churches Together

ALNAP:
Active Learning Network for Accountability in Practice

CDC:
Centers for Disease Control and Prevention

DAC:
Development Assistance Committee (OECD)

FAO:
Food and Agriculture Organization

IAPSO:
Inter-Agency Procurement Services Office (UNDP)

ICRC:
International Committee of Red Cross

INFCD:
International Nutrition Foundation for Developing Countries

LWF:
The Lutheran World Foundation

MISP:
Minimum Initial Service Package

MSF:
Medecins Sans Frontieres

NCHS:
National Center for Health Statistics

NGO:
Non-governmental organization

OCHA:
UN Office for the Coordination of Humanitarian Affairs

OECD:	Organization for Economic Cooperation and Development
OFDA:	Office of Foreign Disaster Assistance (USAID)
PTSS:	Program and Technical Support Section (UNHCR)
SCHR:	Steering Committee for Humanitarian Response
UNDP:	United Nations Development Programme
UNDRO:	United Nations Disaster Relief Organization
UNEP:	United Nations Environment Programme
UN HCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations Children's Fund
USAID:	United States Agency for International Development
WCRWC:	Women's Commission for Refugee Women and Children
WFP:	World Food Programme
WHO:	World Health Organization
WMO:	World Meteorological Organization

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