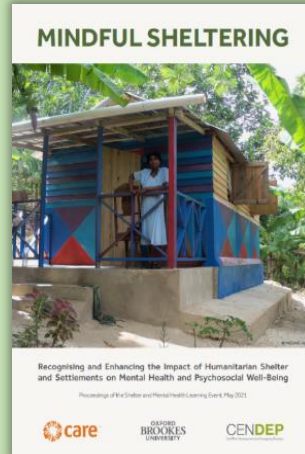


Wednesday 21st September 2022 0900-1200 UK time

WORKING TOGETHER

Integrated Shelter and Settlements, WASH and MHPSS programming for health and well-being



Since 2020, CARE International UK and the Centre for Development and Emergency Practice (CENDEP) at Oxford Brookes University, together with many other research partners and with the support of the Global Shelter Cluster, have been advancing understanding of the connections between humanitarian sheltering and health.

On 21st September 2022, an interactive learning event will explore how integrated Shelter, WASH and MHPSS programming can support crisis-affected populations' physical and mental health and psychosocial well-being.

- **What are the opportunities and challenges of integrated programming?**
- **What are the 'multiplier effects' of safe, dignified, healthy living conditions –foundations of recovery from crisis? How can we know?**
- **How can Shelter and WASH actors develop an 'MHPSS approach' and connect with Health and Public Health actors?**

In May 2020, the first learning day facilitated the sharing of knowledge about the connections between housing and health, in order to inform humanitarian action and enhance the well-being of crisis-affected populations. The proceedings of the learning day were published as [Towards Healthier Homes in Humanitarian Settings](#).

In May 2021, a follow-up learning event focused on humanitarian sheltering and mental health, aiming to uncover the impacts of existing Shelter and Settlements best practice regarding mental health and well-being and to plot a path towards more deliberate and documented beneficial outcomes. The proceedings of this second learning event were published as [Mindful Sheltering](#). For many participants, the most striking finding was that:

A person's mental health and psychosocial well-being is affected as much - or even more - by their living conditions as it is by their experiences of crisis and disaster. Shelter is a determinant of mental health and well-being in all emergencies; inadequate shelter and poor access to water and sanitation facilities are among the 'daily stressors' that contribute to mental distress for individuals and communities and are detrimental to early recovery and eventual development. (p7)

We aim to build on the findings of these previous events and discuss how to move forward together to improve living conditions in humanitarian settings and support physical and mental health, psychosocial well-being and recovery. Presentations, panel discussions, case studies and breakout room discussions should enable all participants in the learning event to share their experiences and priorities for future integrated programming.

Please help to shape the 2022 report by contributing actively to this learning event.

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WORKING TOGETHER

Integrated Shelter and Settlements, WASH and MHPSS programming for health and well-being

Agenda (all times GMT + 1)

How can integrated Shelter, WASH and MHPSS programming contribute to people's health, psychosocial well-being, wider environmental health, and development goals?

09:00 - 09:10	<p>1. Introduction.</p> <ul style="list-style-type: none"> Adequate living conditions as foundations of recovery from crises. How can post-crisis housing and settlements be Safe, Durable, Dignified, Healthy and what is the role of integrated humanitarian programming? 	Sue Webb (CENDEP and CARE International UK)
09:10 - 09:25	<p>2. Introduction to MHPSS and its cross-sectoral nature.</p> <ul style="list-style-type: none"> What is MHPSS? How does MHPSS's cross-sectoral nature enable connections with both Shelter and WASH? 	Carmen Valle-Trabadelo (IASC MHPSS Reference Group)
09:25 - 09:55	<p>3. Integration in action.</p> <ul style="list-style-type: none"> Short presentations to provide inspiration of how to achieve shared objectives of improving living conditions and supporting health and well-being through integrated programming. 	Elizabeth Palmer (Save the Children) Miriam Lopez Villegas (NRC) Ana Luisa Reina (IOM) Gerson Nombora (UNICEF)
09:55 - 10:35	<p>4. Shelter and WASH integration in programming: opportunities and challenges.</p> <ul style="list-style-type: none"> Panel discussion with WASH and Shelter and specialists. What do WASH and Shelter specialists need to know about each other? What are the priority areas for greater integration and cooperation? 	Syed Yasir Ahmad (IMC) Marielle Snel (Save the Children) Nick Brooks (CARE Int.) Carolina Cordero-Scales (IOM)
09:35 – 0940 break		
10:40 - 11:10	<p>5. Shelter and WASH integration at coordination level: how to overcome the challenges?</p> <ul style="list-style-type: none"> How can the WASH and Shelter clusters and sectors collaborate better to promote integrated programming and overcome challenges to such integration? 	Ela Serdaroglu (IFRC, Global Shelter Cluster) Monica Ramos (UNICEF, Global Wash Cluster) Cristina Mena-Lander (UNICEF)
11:10 - 11:30	<p>6. How to adopt an 'MHPSS approach'? Tools for integrating MHPSS with Shelter and WASH.</p> <ul style="list-style-type: none"> Round table discussion. What is an MHPSS approach and how is it useful for Shelter and WASH? 	Carmen Valle-Trabadelo (IASC MHPSS Reference Group) Pieter Ventevogel (UNHCR) Inka Weissbecker (WHO) Houdou Seyni (IMC) Melissa Tucker (CRS)
11:30 - 12:00	<p>7. Measuring and evidencing outcomes of integrated programming. Using well-being as a framework</p> <ul style="list-style-type: none"> What are the 'multiplier effects' and outcomes of safe, dignified, healthy living conditions? How can we know? 	Fiona Kelling (independent) Heide Rieder (IOM)

The two draft documents below are provided to spark discussion. The first relates to integration of WASH and Shelter, the second to Shelter and MHPSS. Ideally, both should be combined!

The Working Together learning event aims to identify priority issues and next steps for integrated programming.

Poo, Pee, Periods and Privacy

Shelter and WASH integrated programming

A coordinated and integrated approach to displaced people's Shelter and WASH needs and priorities will prompt better long-term health and well-being outcomes for people recovering from crises. This approach, guided by an understanding of environmental health, will contribute to the achievement of the Sustainable Development Goals.

The Global Shelter Cluster and the Global WASH Sector support greater collaboration and integration in order to improve well-being outcomes for people living through humanitarian crises. This aligns with both sectors' ambitions to engage with the **humanitarian-development nexus** and contribute to sustainable outcomes whilst also being mindful of the compounding crises of climate change and conflicts which are stretching humanitarian resources.

Adequate housing is a foundational and enabling human right. Adequate housing goes beyond the basic protection that emergency shelter provides. Access to clean water and household level sanitation facilities are crucial elements of adequate housing, which contributes to recovery from disaster and displacement. People's living conditions during humanitarian crises affect their physical and mental well-being as much as the initial crisis or disaster. **Overcrowding, poor ventilation, inadequate and unsafe toilets, inadequate or non-existent menstrual health management facilities, inadequate water supply, waste management and washing facilities** induce considerable stress and increase risks of **gender-based violence**.

Shelter and WASH interventions can together have a huge impact on living conditions and **public health** in humanitarian settings, contribute to **environmental health** and the achievement of **healthier homes and healthier communities**. Healthier homes are particularly important for the physical and mental health and well-being of women, children, people living with disabilities and others who are housebound or simply spend more time in inadequate housing.

Building back better after disaster should aim to result in healthier homes that include:

- Access to sanitation facilities and increasingly access to household toilets and facilities to enable dignified menstrual hygiene management
- Access to safe and adequate water supply
- Ventilation and other measures to improve indoor air quality
- Measures to mitigate temperature extremes
- Vector control
- Adequate wastewater drainage and, where appropriate, rainwater harvesting

Progress towards environmental health and healthier homes in displacement and post-disaster settings requires **greater Shelter and WASH integration than is routine**.

There are currently **barriers to integrated working** which include:

- Gaps and blurred boundaries between siloed sectors
- Priorities at different phases of emergency responses: timescales of Shelter and WASH activities
- Coordination pressures, including pressure of many 'crosscutting' issues and emerging themes such as climate change
- Different delivery modalities of WASH and Shelter activities
- Sector-specific language, terminology, and indicators used for monitoring and evaluation
- Agency specialisms and institutional internal silos
- Siloed funding and requirements of different donors
- Politics: emergency shelter, transitional and permanent housing
- Lack of specific guidance for Shelter/WASH integration

There is a need to be realistic regarding Shelter/WASH integration in different phases and contexts. Certain contexts make Shelter/WASH integration more logical to prioritise, for example post-disaster situations with high levels of **devastation of the built environment**, such as following an earthquake or cyclone. **Urban responses** and **area-based approaches** also offer opportunities for integrated programming.

Moving Forward: how can integrated Shelter/WASH programming be achieved?

'Easy wins' for integrated programming include:

- Joint multi-sectoral assessments to inform multi-sectoral household items kits and distributions
- Multi-sectoral cash/vouchers supported by combined messaging on healthier homes (including WASH hygiene messaging and Shelter 'Build Back Safer' messaging)
- Improved linking of household and community scale interventions
- Shared referral pathways via help desks, one-stop-shops and 'urban hubs'
- Updated training materials to include Shelter/WASH cross-referencing

Self-recovery approaches and other community-led programming which aims to foreground affected populations' agency and choice as they recover from crises align with multi-sectoral cash/vouchers and market-based integrated programming. Households may choose to prioritise healthier home aspects of their recovery; this will require information-sharing.

Innovation in monitoring, evaluation, accountability, and learning (MEAL) is needed to allow multi-sectoral impacts and outcomes to be reported rather than (or in addition to) purely single-sector outputs.

Sharing expertise and experience between currently separate Shelter and WASH teams at different organisational levels will be valuable. The 'soft' skills of community engagement can be as important as construction skills in order to create positive outcomes.

Case studies of integrated WASH/Shelter programming can help to disseminate best practice.

Advocacy with donors is required to enable flexible funding and multi-sectoral programming and reporting.

The humanitarian Shelter and Settlements sector should be recognised more widely as a crucial pillar of public health and well-being, alongside the WASH sector, in both acute emergencies, recovery and in protracted situations. **Climate change** increases the relevance of tackling the existing links between inadequate living conditions and health for those in forced displacement settings. **Integrated WASH and Shelter and Settlements programming that monitors and evaluates physical and mental health and well-being outcomes can start to bridge emergency response and recovery.**

Unanswered questions include:

- What would it take to achieve 'one house, one toilet' in humanitarian settings?
- What would a minimum integrated 'Shelter/WASH package' look like in different phases of response and in different contexts?
- What are the priority aspects of healthier homes in different contexts? How can practitioners know?
- What 'soft skills' can Shelter teams learn from WASH specialists, for example skills related to community engagement and community uptake of 'healthier home' messaging?
- What are the risks of pursuing greater integration of Shelter and WASH?

An ‘MHPSS Approach’ in Shelter and Settlements Activities

The Shelter and Settlements sector can promote good mental health and psychosocial well-being not only through the services it provides, but how it provides those services.

Due to the intimate connection between the mental health and well-being of individuals and their overall health, socio economic situation, education and livelihoods access and dignified housing, among others, mental health and psychosocial support (MHPSS) interventions should be implemented and addressed in programmes within every humanitarian sector.

The delivery of MHPSS activities is often represented in a pyramid of multi-layered services and support as shown in Figure 1 below. All the four layers should rest upon the foundation of Human Rights and all interventions must be within the realm of inclusive programming. Each humanitarian sector offers support to different layers of the pyramid. The Shelter and Settlements sector can offer support to the bottom two layers, as identified in Figure 1. Figure 2 shows that Shelter and Settlements actors have opportunities to contribute to the two lower layers.

Figure 1 MHPSS ‘intervention pyramid’ Source: Adapted from IASC (2007) in [Mindful Sheltering](#) (2021).

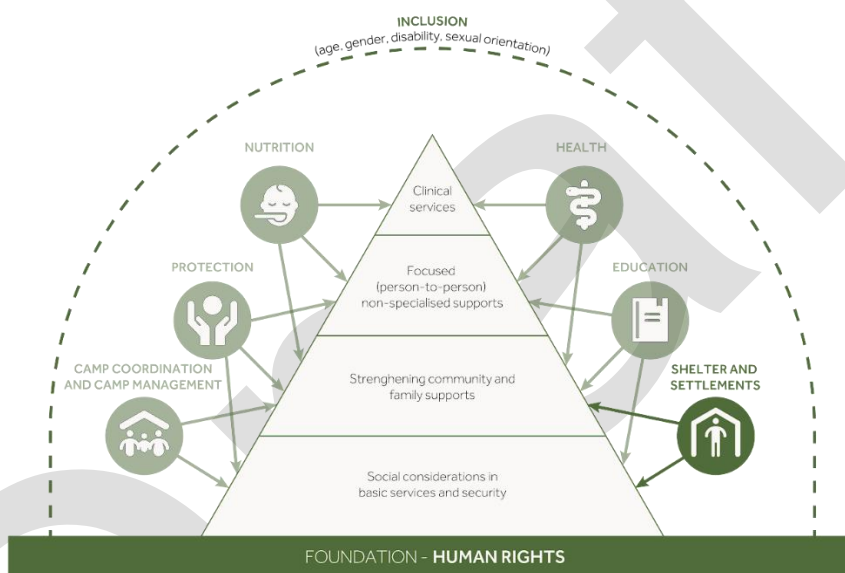
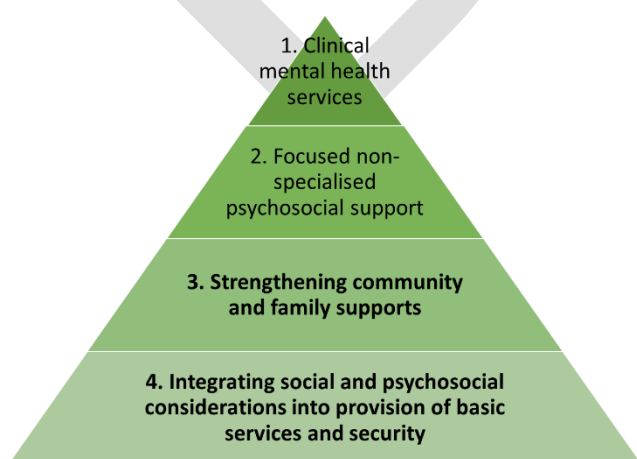


Figure 2 The layers of the MHPSS interventions pyramid most suited to Shelter and Settlements integration.



3. Provision of focused psychosocial support through individual, family or group interventions to provide emotional and practical support to those who find it difficult to cope within their own support network. **Shelter workers can deliver such support, after training and with ongoing supervision.**

4. Provision of basic services and security in a manner that protects the dignity of all people, including those who are particularly marginalised or isolated and who may face barriers to accessing services and deliver the response in a participatory, rights-based way. **The objectives of mainstreaming MHPSS within Shelter activities are strongly aligned to this layer.**

The design, implementation and monitoring and evaluation of Shelter and Settlements programmes and projects could adopt an ‘MHPSS approach’ to humanitarian assistance.

Making the first steps towards an MHPSS approach to sheltering activities does not need to involve significant additional burdens on shelter practitioners or affected populations. Good shelter programming, with an approach to shelter assistance which gives priority to human dignity, already contributes to affected populations’ mental health and psychosocial well-being, bearing in mind the very varied contexts in which shelter programmes operate and the priorities for responses in those different contexts and phases.

Aspects of ‘good shelter programming’ that contribute to mental health include:

Inclusion of all people, regardless of gender, age, marital status, health, ethnicity, religion, socio-economic status, sexual orientation, or disability. For effective inclusion of people with disabilities, including psychosocial disabilities, see the Global Shelter Cluster’s [All Under One Roof resources](#).

Sheltering activities and practices that aim to mitigate gender-based violence.

Sheltering activities and practices that aim to contribute to child and adolescent mental health and wellbeing, especially by mitigating child protection concerns, facilitating socialisation and learning spaces.

Promotion of cultural aspects of shelter, such as integration of traditional set ups of neighbouring houses, including spaces for social and community activities.

Promotion and resources for home making activities, including paint choices, decoration, gardening, and others.

Programmes that go beyond paying lip service to being participatory in design and implementation, recognising the agency of individuals and communities to follow their own plans and priorities.

Together, Shelter and MHPSS actors must strive to improve inadequate living conditions in humanitarian settings, advocate for integrated, holistic programming and improve access to MHPSS services.

Shelter contributes to MHPSS outcomes. It is life saving to have access to mental health and psychosocial support, and to have dignified sheltering.

Action points for Shelter and MHPSS actors:

Advocate for MHPSS as a cross-cutting issue in the humanitarian response and in the humanitarian programme cycle (and include MHPSS in Humanitarian Response Plans and Humanitarian Needs Overviews).

Support the creation or functioning of a cross-sectoral MHPSS Technical Working Group and advocate for its co-leads to participate in the inter-cluster meetings.

Make MHPSS a standing item on the agenda of Shelter cluster meetings and inter-sectoral coordination meetings.

MHPSS and Shelter practitioners can inform each other of the challenges people are facing in their daily lives, as well as how crisis events have impacted their ability to function and participate in the sheltering process. These conversations can help contextualise both Shelter and MHPSS approaches and tools.

MHPSS practitioners who are more informed of the different types of sheltering activities will be more able to advocate for safe and healthy sheltering. Capacity strengthening activities to build the knowledge of MHPSS practitioners about shelter and its connections with MHPSS will strengthen joint responses.

Building capacity within the Shelter sector, through collaboration with MHPSS specialists, to enable a confident focus on mental health and psychosocial well-being of affected populations will enhance the positive impact of sheltering activities. More informed shelter practitioners with knowledge about mental health will create better outcomes.

Upgrades to people’s living conditions in post-disaster, conflict and protracted displacement settings can do much to promote both physical and mental health.

Key principles of Shelter and Settlements assistance, such as privacy and dignity, safety and security, health and hygiene and climate protection, all support mental health and well-being. Yet the shelter sector has not defined people’s well-being as part of those principles; it is a challenge for the sector to articulate that it is working towards well-being outcomes. There is room for innovation in MEAL.