Global Shelter Cluster Meeting 2021
7 – 17 June 2021, Online

Global Shelter Cluster
ShelterCluster.org
Coordinating Humanitarian Shelter

Thematic Session 2

Shelter and Health

Wednesday 9 June
12:00 to 13:30 CEST

SPEAKERS

Sue Webb
CENDEP, Oxford Brookes University

Carmen Valle
MHPSS Reference Group / IFRC

Rebecca Horn
Independent consultant

Register to the GSC Meeting 2021 at www.shelltercluster.org/meeting2021

PANELISTS

Linda Doull
Global Health Cluster Coordinator, WHO

Monica Ramos
Global WaSH Cluster Coordinator, UNICEF

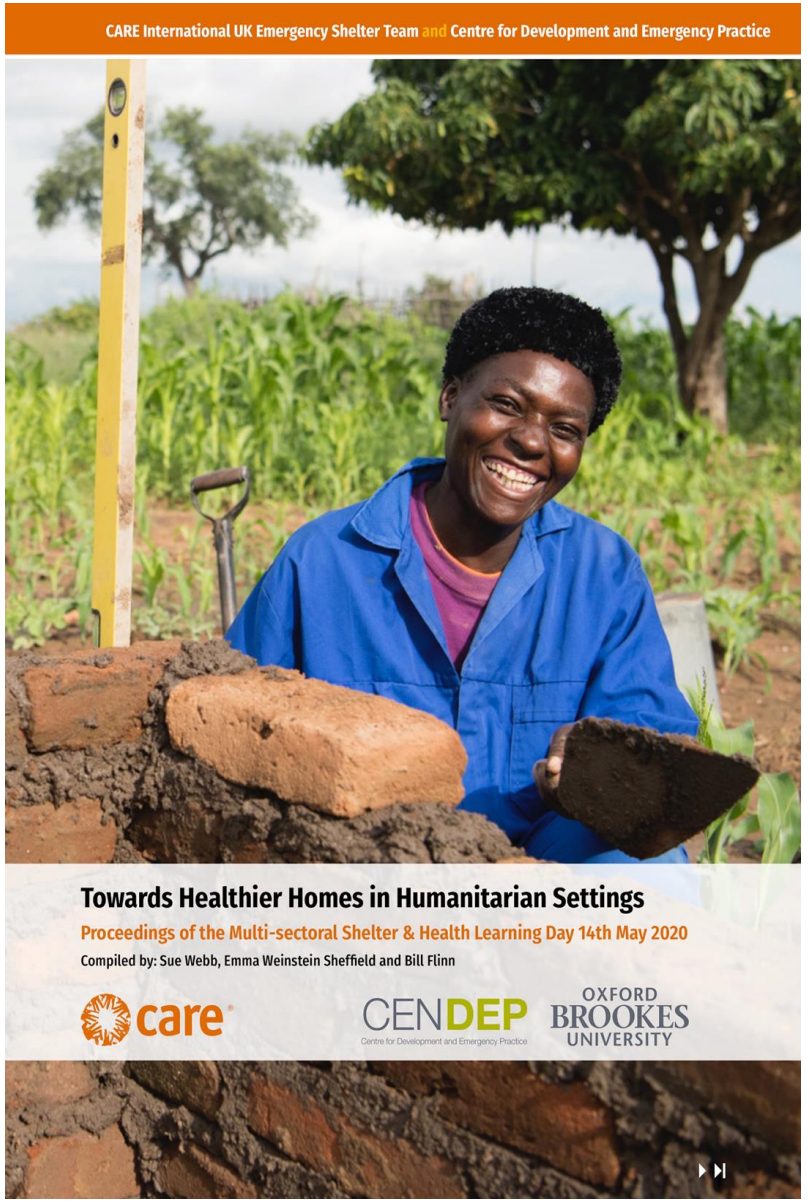
Cecilia Schmölzer
Independent consultant

Pieter Ventevogel
Senior MHPSS Support Officer, UNHCR

MODERATOR

Ela Serdaroglu
Global Shelter Cluster Coordinator GSC / IFRC

1. An 'Environmental Health' inter-cluster Working Group should be formed, including Health, Shelter and WaSH experts.
2. The Shelter Sector, working in collaboration with other humanitarian and development actors and academics, should develop evidence of the beneficial impacts of improved shelter on mental and physical health. This report identifies a non-exhaustive list of further research that can inform practice.
3. A priority list of health-related standards and/or indicators should be developed, along with the means to allow it to be context-specific.
4. Context analyses should incorporate prevailing health risks and their relationship to housing, including community perceptions, plans and priorities.
5. The Shelter and Settlements Sector should use the current public interest in global health generated by COVID-19 to reinforce an understanding of the impacts of living conditions on mental and physical health.



Post-flood Shelter/ WASH program in Nsanje district, Malawi

- Wire mesh in window openings
- Damp-proof membrane
- Smearing of floors and walls
- Window openings
- Recommended minimum distancing from pit latrines to shelters and kitchens


Certificate

CHAPTER 8

Adopting an Environmental Health Lens in Practice

Shelter Projects publications

Click on image to find the edition:

2017-2018 2015-2016 2013-2014 2011-2012 2010 2009 2008

Global Shelter Cluster
ShelterCluster.org
Coordinating Humanitarian Shelter

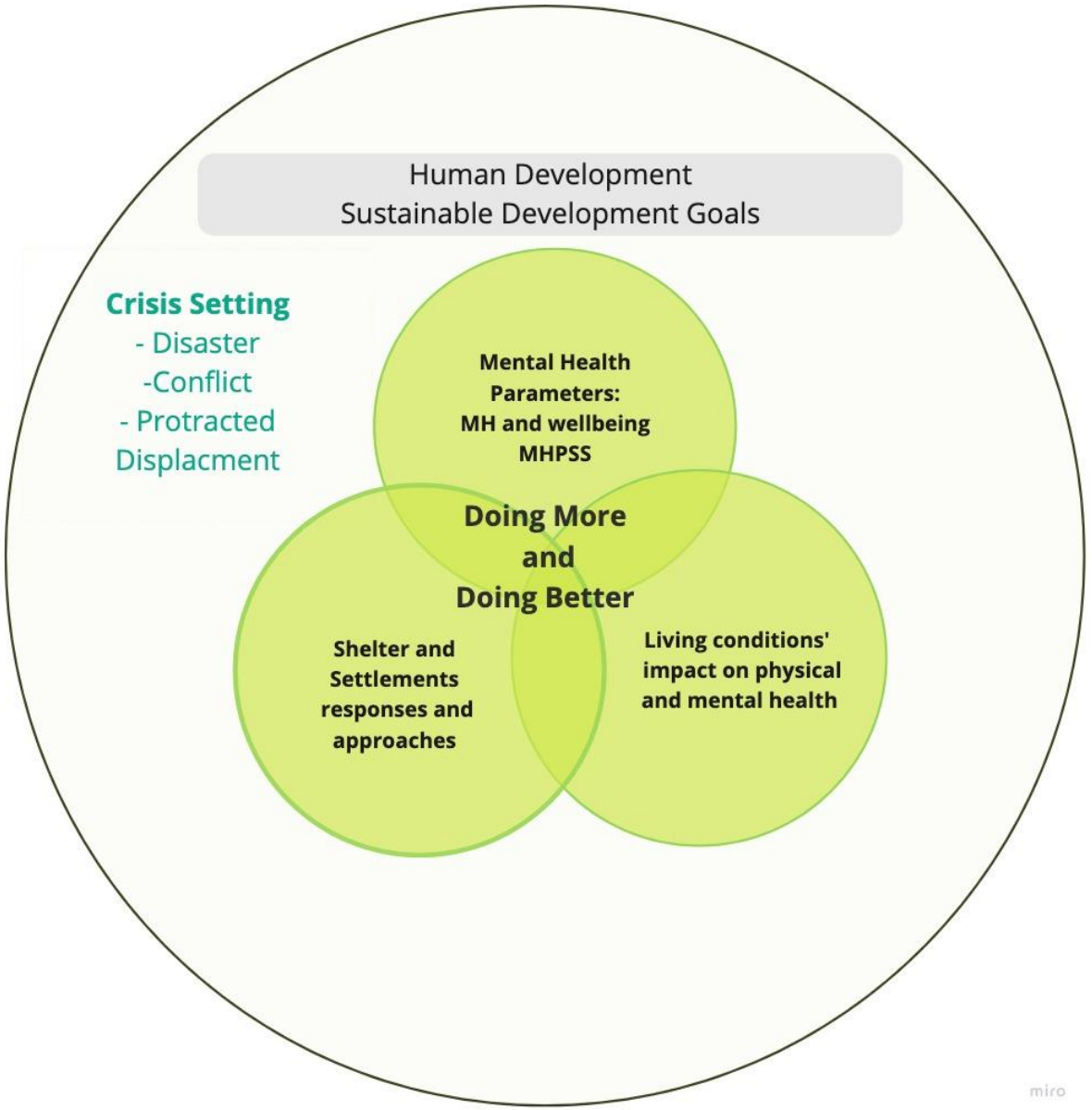
GCRF Global Challenges Research Fund

care

OXFORD BROOKES UNIVERSITY

cendep

USAID FROM THE AMERICAN PEOPLE

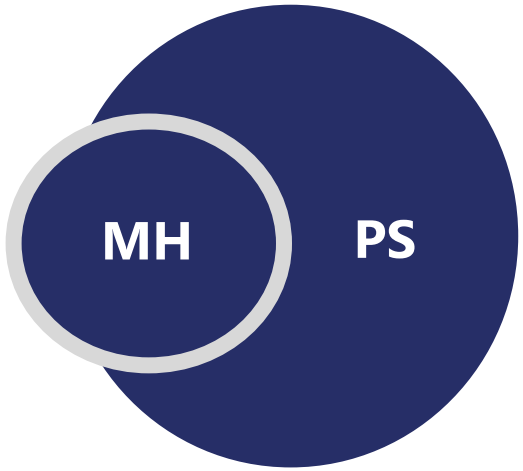


Shelter and Mental Health: doing more and doing better

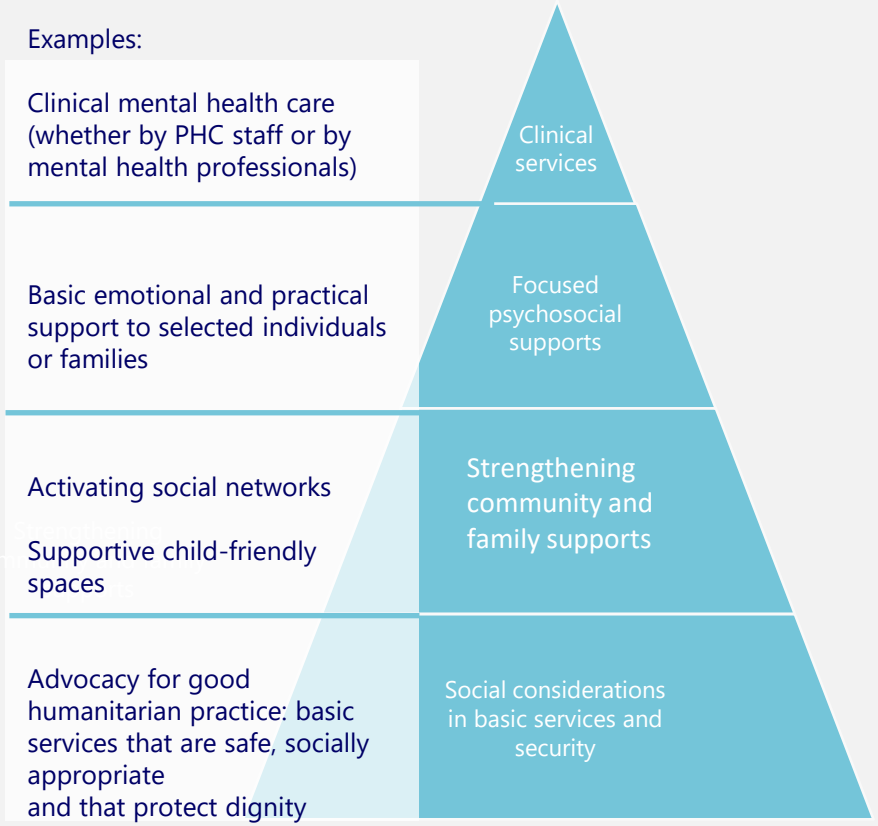
Thursday 20th May 2021

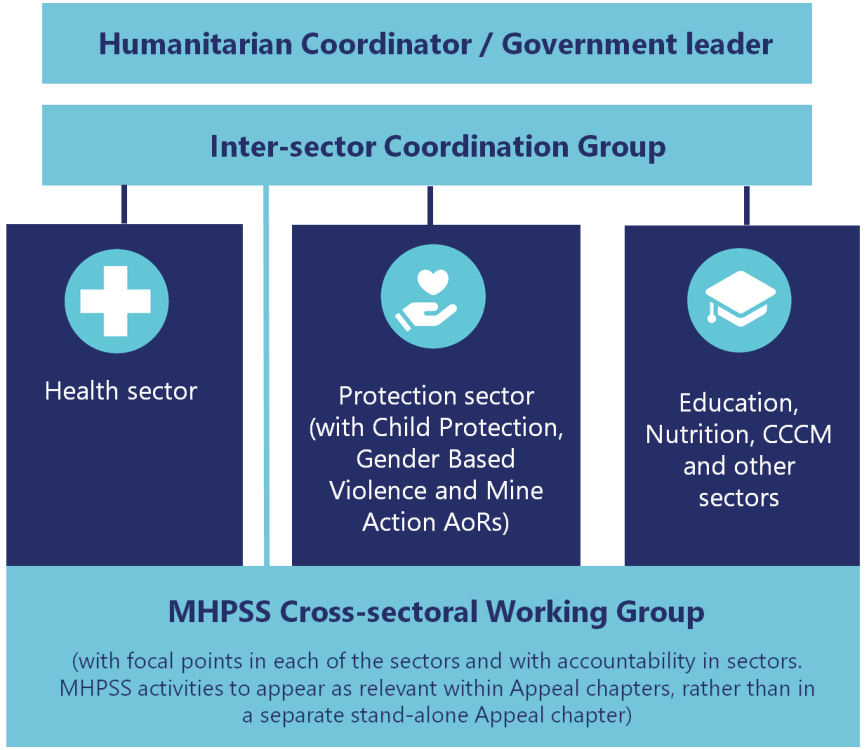
Friday 28th May 2021

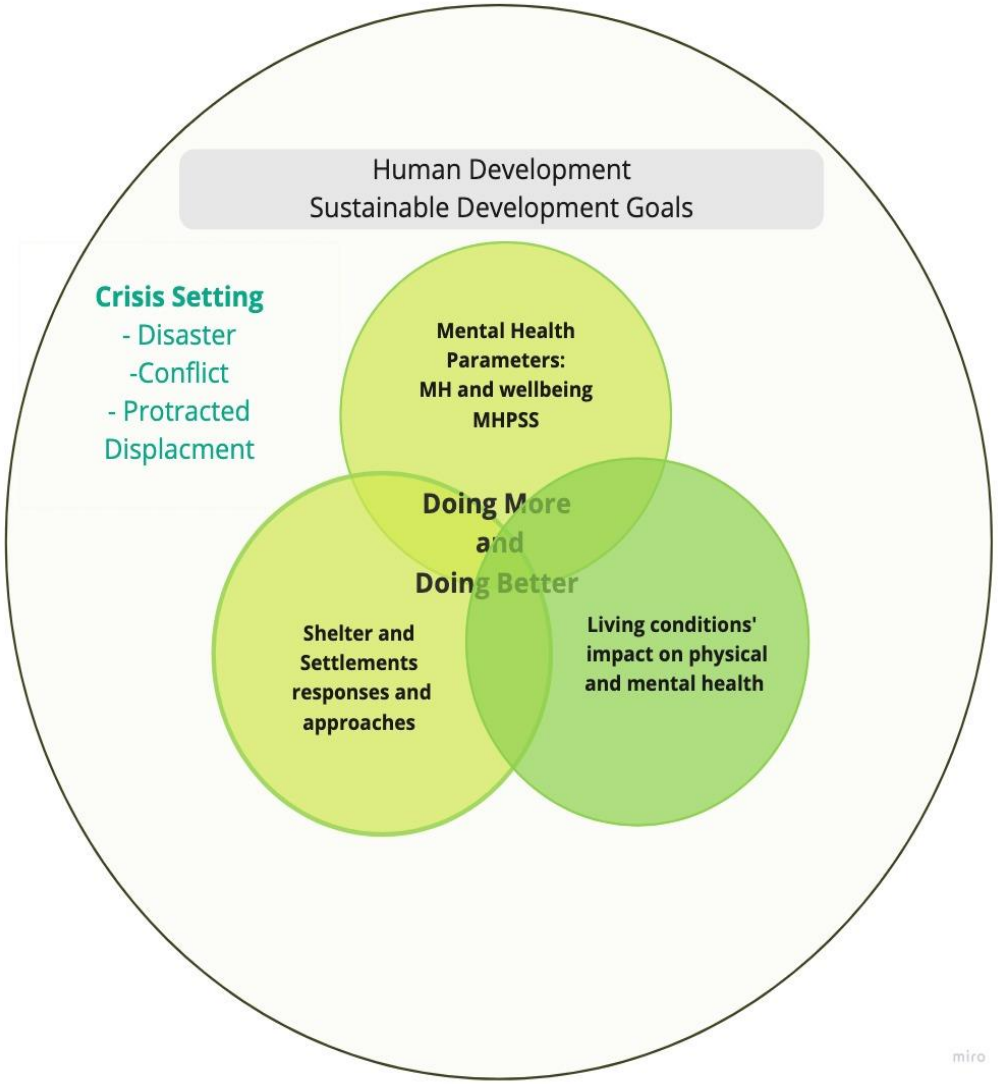
Mental Health: developing a common understanding



Intervention pyramid (Adapted from IASC 2007)

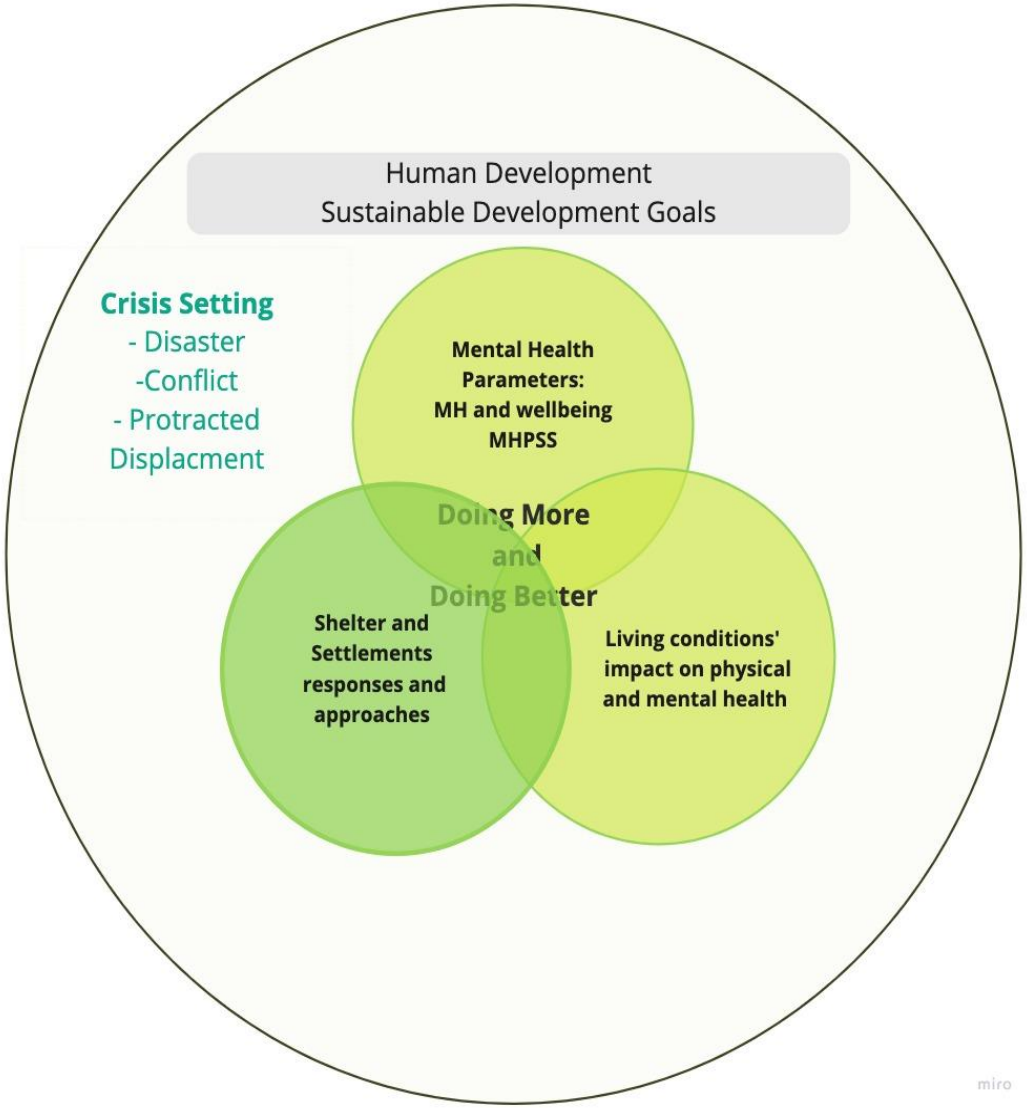






Mental Health: developing a common understanding

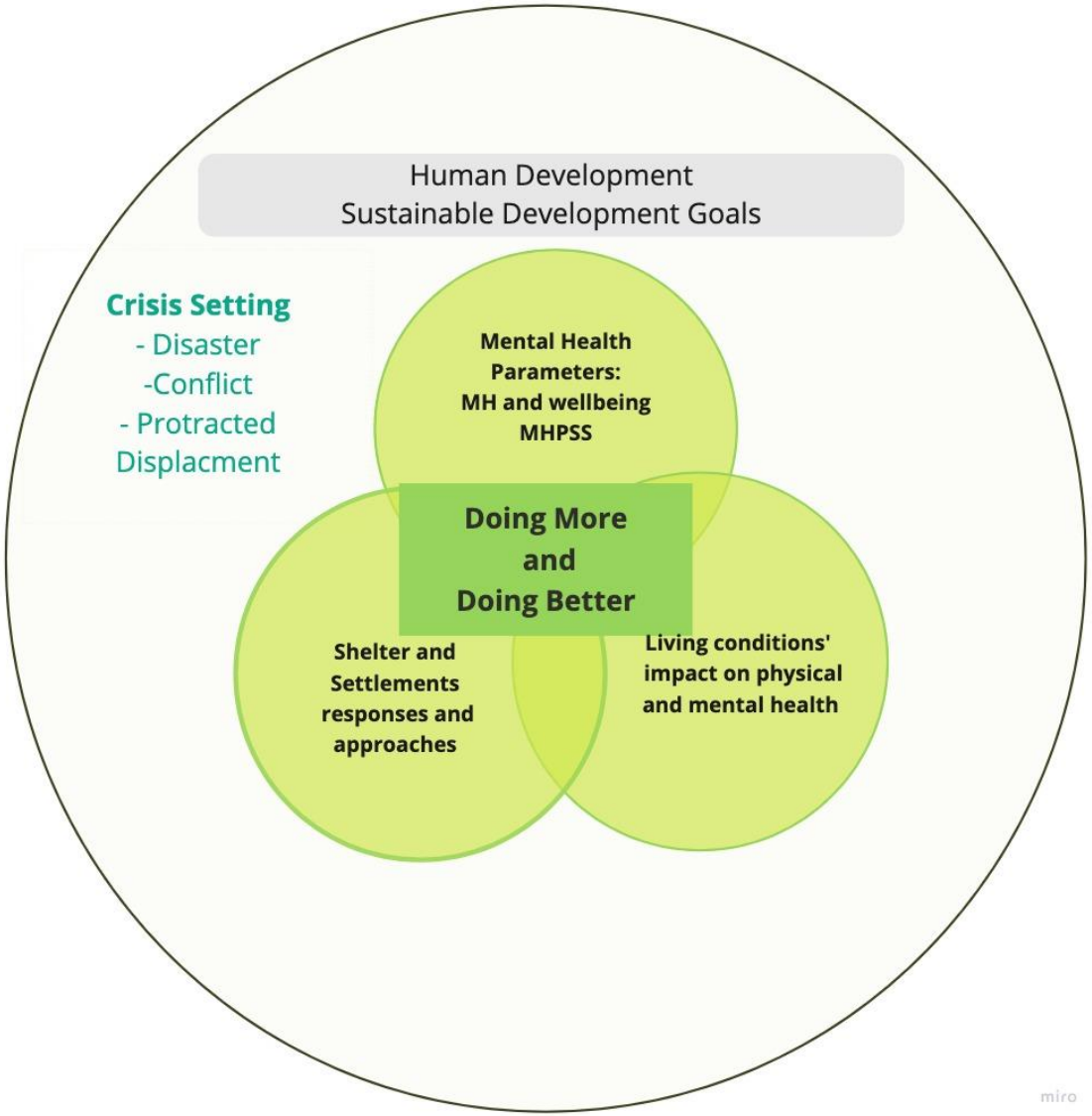
Living conditions, physical and mental health



Mental Health: developing a common understanding

Living conditions, physical and mental health

Shelter, Recovery and Wellbeing



Mental Health: developing a common understanding

Living conditions, physical and mental health

Shelter, Recovery and Wellbeing

Positioning and Practicalities

MHPSS and good S&S programming: common features

Some aspects are **already part** of what shelter & settlement actors commonly do (inclusion, community-based)

- *Human rights and equity*
- *Participation*
- *Building on available resources and capacity*
- *Do no harm*

- Programmes in line with these principles will:
- **promote recovery** from distressing experiences
- and **prevent** some people from developing mental health problems.
- This works primarily through:
  - strengthening self-/ community efficacy and
  - promoting social support networks.

MHPSS & S&S services: Taking the next step

- Programmes which take **a community-based, inclusive approach** will be sufficient to protect/ promote wellbeing for most.
- Some people need **more support**:
  - Staff and volunteers in all sectors can provide the basic emotional support which will be sufficient for most (Psychological First Aid).
  - Some might need to be referred for other types of mental health or psychosocial services – all staff and volunteers can be trained to:
    - Recognise the signs of distress
    - Know how and where to refer people to so they can receive the support they need

2.3 How do we do things differently? What has to change?

How can we tweak assessments?	What participatory methods/tools can we use?	What are the gaps? What further information/training do we need?

2.4 What constitutes 'more & better'? How do we recognise it, measure it and promote it?

What wider measures of MH and wellbeing can we use? How can we evidence the impacts of S&S activities on mental health/wellbeing?

- do we have indicators for privacy and dignity? can we link these concepts with mhpss?
- Often, evidence might require surveys, interviews, and/or focus groups. People can get up fed up with all these consultations, due to the time required and potentially similar questions.
- spaces for community networks at settlement level compared to communities where there is no space for community activities would be a very relevant study
- Anecdotes and highly localised stories can be powerful.
- Do communities practice social/community activities, and are individuals participating actively? Can we measure a difference in wellbeing in places where shelter structure supports community activities, and those where it doesn't?
- inadequate housing can be the cause of stress and not well-being...maybe HH feeling well with thier homes should be your target outcome and shelter improvement the tool to get there.
- What does home mean? What does wellbeing mean?
- Let's use more qualitative narrative baselines to measure our project impacts against but also to facilitate communities to reflect on these themes also

How can we make a stronger case for the S&S's contribution to wellbeing?

- Key points of of shelter, settlement, and home: privacy, dignity, security, protection...all of which support mental health and wellbeing.
- Do we have a lit review and/or collected case studies say ethnographic, what do they tell us?
- matrix to better understand how to prioritise, where can you get multiple co-benefits for both health and wellbeing to try and understand where best to support interventions
- The importance and definition of concepts of 'home' and 'well-being' from mental-health perspective could potentially also help shelter practitionaires to explain such sensitive concepts to donors and specially to government authorities that find talking about 'home' in refugee context not acceptable.
- we need more clear evidence (Numbers!) about what kind of S&S intervention has what kind of effect. collaborate with Health practitioners and researchers to design methodologies and to collect and analyze data to prove the case?
- Research funding through academic and practitioner collaborations and publications, including studen dissertations.
- Taking into account local lifestyles regarding use of housing and public spaces promotes wellbeing. Not only focusing on technique, but also and very importantly social and cultural aspects
- Start by understanding each other's roles: MHPSS to understand the Shelter processes. And S&S to understand MHPSS, so we can build the common understanding on how we can support each other and what practical tools we can co-create

What are the gaps? What further information/training do we need?

- The gap I see is the health sector is not diverse they also need to be enlightened to the different health matters in emergencies than just focus in Wash and prevention of water borne disease as they need to diversify
- tools need to be developed by academia to prove shelter has impact on MHPSS
- Individual vs collective wellbeing - Do we need to consider these separately - is what works for one household inevitably going to work for community as a whole?
- Training on how to collect and present appropriate evidence.
- The role of peer support and how to foster it.
- Many research gaps.
- protection and inclusion are the natural homes for MHPSS and shelter initiatives
- How to prioritise other (non-academic) knowledge systems + look at (self-recovery) case studies of how communities are successfully supporting psychosocial considerations

Shelter and Mental Health: doing more and doing better

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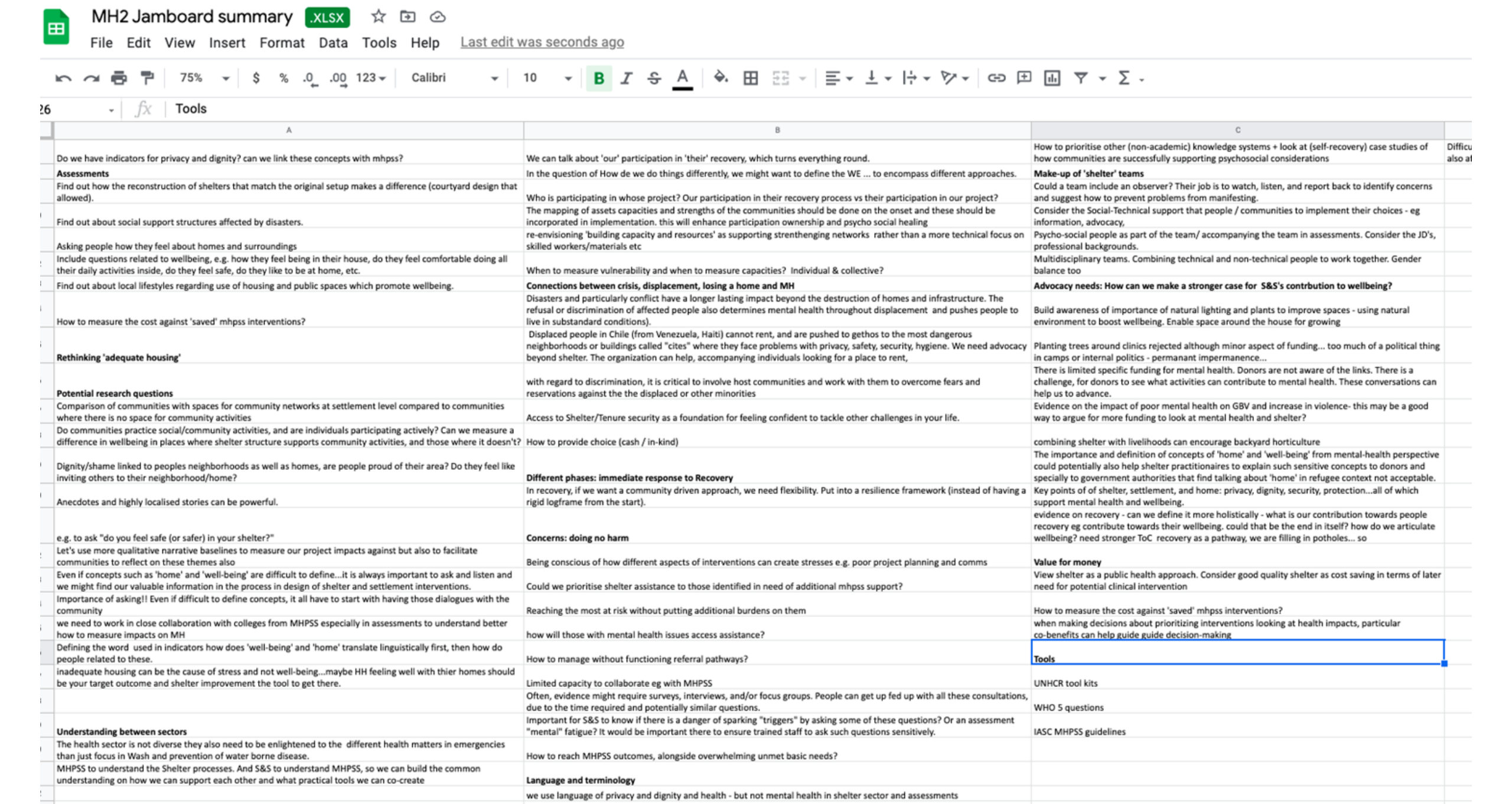

MH2 Jamboard summary .XLSX

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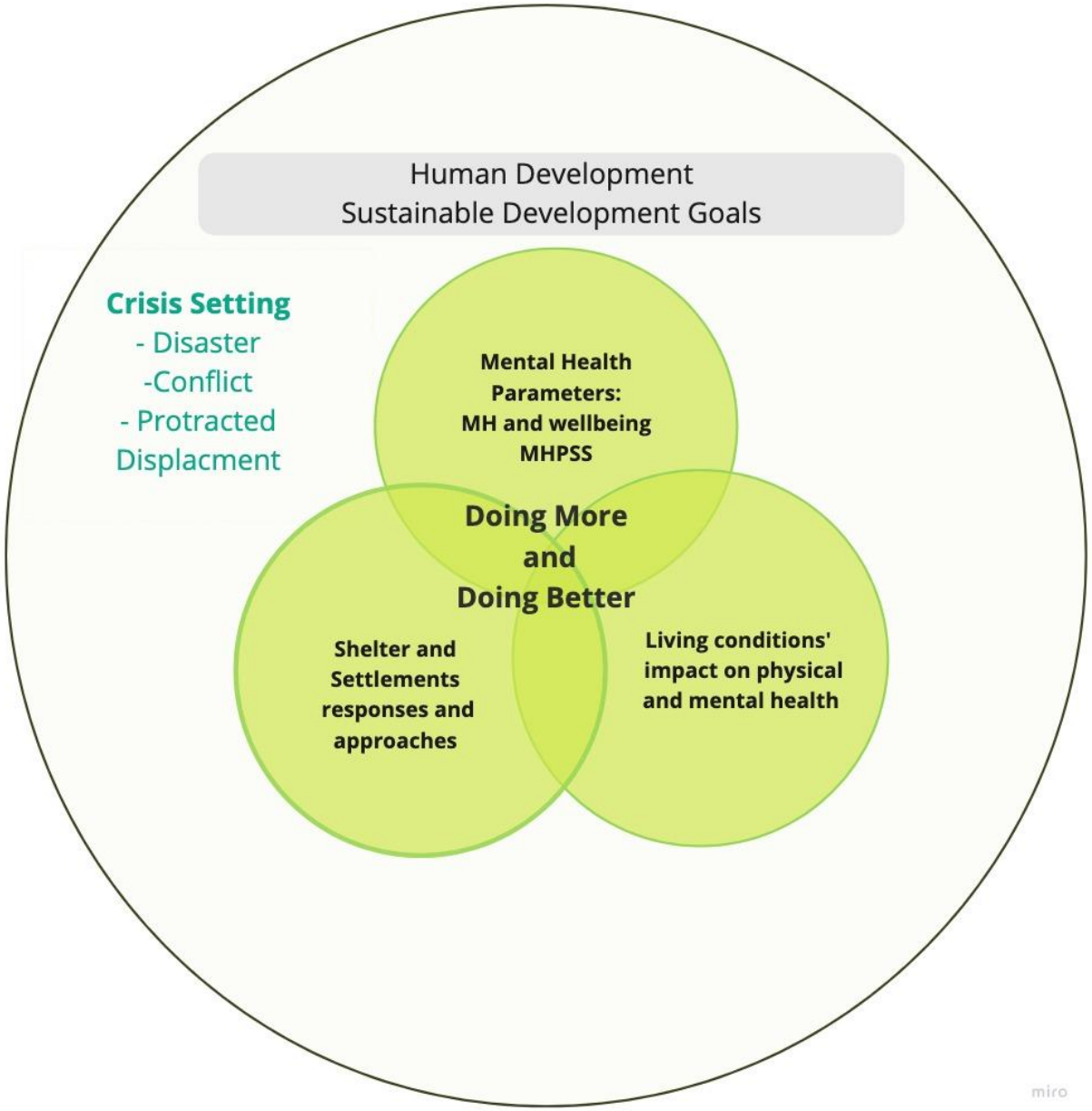
26 fx Tools

A	B	C
Do we have indicators for privacy and dignity? can we link these concepts with mhpss?	We can talk about 'our' participation in 'their' recovery, which turns everything round.	How to prioritise other (non-academic) knowledge systems + look at (self-recovery) case studies of how communities are successfully supporting psychosocial considerations
Assessments	In the question of How de we do things differently, we might want to define the WE ... to encompass different approaches.	**Make-up of 'shelter' teams**
Find out how the reconstruction of shelters that match the original setup makes a difference (courtyard design that allowed).	Who is participating in whose project? Our participation in their recovery process vs their participation in our project?	Could a team include an observer? Their job is to watch, listen, and report back to identify concerns and suggest how to prevent problems from manifesting.
Find out about social support structures affected by disasters.	The mapping of assets capacities and strengths of the communities should be done on the onset and these should be incorporated in implementation. this will enhance participation ownership and psycho social healing	Consider the Social-Technical support that people / communities to implement their choices - eg information, advocacy,
Asking people how they feel about homes and surroundings	re-envisioning 'building capacity and resources' as supporting strenthenging networks rather than a more technical focus on skilled workers/materials etc	Psycho-social people as part of the team/ accompanying the team in assessments. Consider the JD's, professional backgrounds.
Include questions related to wellbeing, e.g. how they feel being in their house, do they feel comfortable doing all their daily activities inside, do they feel safe, do they like to be at home, etc.	When to measure vulnerability and when to measure capacities? Individual & collective?	Multidisciplinary teams. Combining technical and non-technical people to work together. Gender balance too
Find out about local lifestyles regarding use of housing and public spaces which promote wellbeing.	**Connections between crisis, displacement, losing a home and MH**	**Advocacy needs: How can we make a stronger case for S&S's contrbution to wellbeing?**
How to measure the cost against 'saved' mhpss interventions?	Disasters and particularly conflict have a longer lasting impact beyond the destruction of homes and infrastructure. The refusal or discrimination of affected people also determines mental health throughout displacement and pushes people to live in substandard conditions).	Build awareness of importance of natural lighting and plants to improve spaces - using natural environment to boost wellbeing. Enable space around the house for growing
Rethinking 'adequate housing'	Displaced people in Chile (from Venezuela, Haiti) cannot rent, and are pushed to gethos to the most dangerous neighborhoods or buildings called "cites" where they face problems with privacy, safety, security, hygiene. We need advocacy beyond shelter. The organization can help, accompanying individuals looking for a place to rent,	Planting trees around clinics rejected although minor aspect of funding... too much of a political thing in camps or internal politics - permanant impermanence...
Potential research questions	with regard to discrimination, it is critical to involve host communities and work with them to overcome fears and reservations against the the displaced or other minorities	There is limited specific funding for mental health. Donors are not aware of the links. There is a challenge, for donors to see what activities can contribute to mental health. These conversations can help us to advance.
Comparison of communities with spaces for community networks at settlement level compared to communities where there is no space for community activities	Access to Shelter/Tenure security as a foundation for feeling confident to tackle other challenges in your life.	Evidence on the impact of poor mental health on GBV and increase in violence- this may be a good way to argue for more funding to look at mental health and shelter?
Do communities practice social/community activities, and are individuals participating actively? Can we measure a difference in wellbeing in places where shelter structure supports community activities, and those where it doesn't?	How to provide choice (cash / in-kind)	combining shelter with livelihoods can encourage backyard horticulture
Dignity/shame linked to peoples neighborhoods as well as homes, are people proud of their area? Do they feel like inviting others to their neighborhood/home?	**Different phases: immediate response to Recovery**	The importance and definition of concepts of 'home' and 'well-being' from mental-health perspective could potentially also help shelter practitionaires to explain such sensitive concepts to donors and specially to government authorities that find talking about 'home' in refugee context not acceptable.
Anecdotes and highly localised stories can be powerful.	In recovery, if we want a community driven approach, we need flexibility. Put into a resilience framework (instead of having a rigid logframe from the start).	Key points of of shelter, settlement, and home: privacy, dignity, security, protection...all of which support mental health and wellbeing.
e.g. to ask "do you feel safe (or safer) in your shelter?"	**Concerns: doing no harm**	evidence on recovery - can we define it more holistically - what is our contribution towards people recovery eg contribute towards their wellbeing. could that be the end in itself? how do we articulate wellbeing? need stronger ToC recovery as a pathway, we are filling in potholes... so
Let's use more qualitative narrative baselines to measure our project impacts against but also to facilitate communities to reflect on these themes also	Being conscious of how different aspects of interventions can create stresses e.g. poor project planning and comms	**Value for money**
Even if concepts such as 'home' and 'well-being' are difficult to define...it is always important to ask and listen and we might find our valuable information in the process in design of shelter and settlement interventions.	Could we prioritise shelter assistance to those identified in need of additional mhpss support?	View shelter as a public health approach. Consider good quality shelter as cost saving in terms of later need for potential clinical intervention
Importance of asking!! Even if difficult to define concepts, it all have to start with having those dialogues with the community	Reaching the most at risk without putting additional burdens on them	How to measure the cost against 'saved' mhpss interventions?
we need to work in close collaboration with colleges from MHPSS especially in assessments to understand better how to measure impacts on MH	how will those with mental health issues access assistance?	when making decisions about prioritizing interventions looking at health impacts, particular co-benefits can help guide guide decision-making
Defining the word used in indicators how does 'well-being' and 'home' translate linguistically first, then how do people related to these.	How to manage without functioning referral pathways?	**Tools**
inadequate housing can be the cause of stress and not well-being...maybe HH feeling well with thier homes should be your target outcome and shelter improvement the tool to get there.	Limited capacity to collaborate eg with MHPSS	UNHCR tool kits
	Often, evidence might require surveys, interviews, and/or focus groups. People can get up fed up with all these consultations, due to the time required and potentially similar questions.	WHO 5 questions
Understanding between sectors	Important for S&S to know if there is a danger of sparking "triggers" by asking some of these questions? Or an assessment "mental" fatigue? It would be important there to ensure trained staff to ask such questions sensitively.	IASC MHPSS guidelines
The health sector is not diverse they also need to be enlightened to the different health matters in emergencies than just focus in Wash and prevention of water borne disease.	How to reach MHPSS outcomes, alongside overwhelming unmet basic needs?	
MHPSS to understand the Shelter processes. And S&S to understand MHPSS, so we can build the common understanding on how we can support each other and what practical tools we can co-create	**Language and terminology**	
	we use language of privacy and dignity and health - but not mental health in shelter sector and assessments	

Shelter and Mental Health: doing more and doing better



Shelter and Mental Health: doing more and doing better…

...watch this space!

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Panel Discussion

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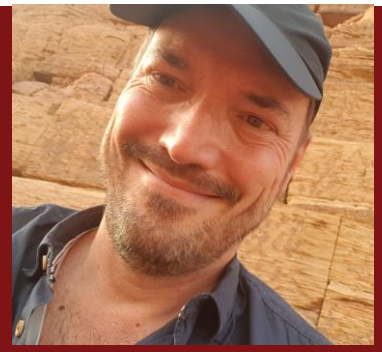

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Closing remarks and thanks

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