

WORKING TOGETHER



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How integration and cooperation between Shelter & Settlements, WASH & MHPSS will benefit well-being and health for people living through crises

Proceedings of the Shelter and Settlements, WASH and MHPSS Learning Event in September 2022

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Language and acronyms

The terms 'shelter' and 'housing' are used interchangeably throughout this report. The language used can be confusing. In general, 'shelter' refers to humanitarian response; the provision of physical protection from the elements and ideally a safe, dignified place to live. Humanitarian shelter programmes come in many forms, including provision of toolkits, shelter materials, training, cash, construction of temporary housing and supply of household items. A 'shelter' is typically quite basic but may form the basis for something more long-term; an emergency shelter may become permanent housing, depending on the context. 'Housing' generally refers to the development context. 'Shelter' and 'housing' are funded through different means and are frequently addressed by different agencies. 'Shelter' as a noun would rarely be used in reference to a house or home and even has some negative connotations, yet it is embedded in the language of the humanitarian sector. Throughout the Working Together learning event, participants referred to temporary and permanent homes as shelter and housing in a variety of ways and these terms are retained in the report.

CENDEP	Centre for Development and Emergency Practice, Oxford Brookes University
CIUK	CARE International UK
CRS	Catholic Relief Services
DRR	Disaster Risk Reduction
GSC	Global Shelter Cluster
GWC	Global WASH Cluster
HLP	Housing, land and property rights
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
IMC	International Medical Corps
MHPSS	Mental health and psychosocial support
MEAL	Monitoring, evaluation, accountability and learning (sometimes M&E - monitoring and evaluation)
NRC	Norwegian Refugee Council
SA	Settlements Approach
SDG	Sustainable Development Goal
TWG	Technical working group
UNICEF	United Nations Children's Fund
UNHCR	The United Nations Refugee Agency
WASH	Water, sanitation and hygiene
WHO	World Health Organisation



Contributors

Many people contributed to the learning event on 21 September 2022 and to this report. The agenda was developed in a collaborative way, as we worked out how to include a variety of specialist voices and perspectives to discuss a multi-sectoral theme. The list below acknowledges those who took an active role in the event, behind the scenes or as presenters on the day. Presenters' words and presentation slides have been turned into sections of this report, which attempts to convey the content and the spirit of the event itself, along with some background material. More than 160 people joined the online event - this report also includes contributions from the Zoom 'chat' and from the (necessarily limited) time available for questions and comments. The report's order loosely follows the event agenda, which is reproduced on [page 42](#). The responsibility for any errors lies with the report's compiler. Please get in touch with any corrections or comments.

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EXECUTIVE SUMMARY

Getting Shelter, WASH and MHPSS in the same room - what did we learn?

For years the clusters have been criticised for acting in siloes. For years there has been a drive for closer integration of Shelter & Settlements and WASH. Adequate housing following humanitarian crises cannot be achieved without access to a sufficient supply of clean water as well as hygienic sanitation; nonetheless, despite best intentions, integrated programming is the exception rather than the norm.

Recent research, and previous learning events, have highlighted missed opportunities for rebuilding after crises in a way that improves both physical and mental health and well-being. For the WASH practitioner, public health is second nature. Increasingly there is an awareness among shelter practitioners that the definition of adequate housing also includes health and psychosocial well-being. The seeds were sown in the 2021 learning event on **Mindful Sheltering** and the participation of humanitarian mental health and psychosocial support (MHPSS) and WASH experts in this **Working Together** event planted further ideas and initiated an essential collaboration.

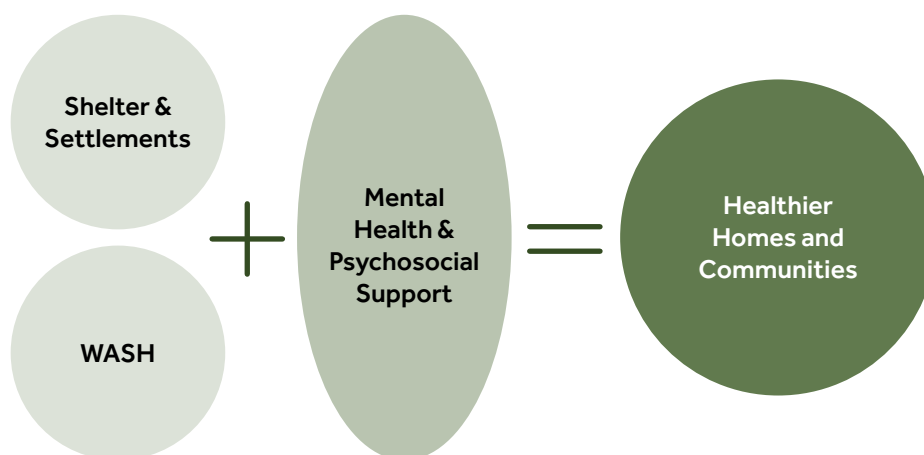
In a world of increasing humanitarian need and contracting resources, the co-benefits, or wider impacts, of working together efficiently and effectively to achieve the common goals of holistic and healthy recovery has never been more apparent. The climate crisis is a factor that compounds and spotlights this urgency. The communities least responsible for the causes of climate change are the ones already feeling the direct impact and mental anxiety of life-threatening heat stress and the severity and frequency of extreme weather events.

What follows in this report are the proceedings of the **Working Together** event. There was an abundance of learning, but perhaps one important lesson stands out: it is to embrace the opportunity to "do different things and to do routine things differently". The technical practitioners of the WASH and Shelter & Settlements sectors are not MHPSS experts; but they know that getting it right will influence people's physical and mental health for the better. Our collective challenge is to work with communities towards the well-being of people recovering from the trauma of losing their homes: by working together, and by being greater than the sum of our siloed parts, we will be better able to achieve that objective.

There were many suggested ways forward and they are summarised here. The introductory section that follows on [page 7](#) expands on this list.

- **Cross-sectoral working groups** can produce guidance.
- The potential of a **well-being framework for integrated programming** should be explored.
- **Adaptive programming** and REALLY getting feedback from 'beneficiaries' will enable better outcomes for all.
- **Identify priority areas** for integration. For example: sanitation, rainwater harvesting, menstrual hygiene kits.
- **Psychological First Aid and Basic Psychosocial Skills training** for all humanitarian workers.
- Integrated and **Area-based approaches**, such as the Settlements Approach, offer opportunities for bridging the humanitarian / development divide.
- **Continued efforts for knowledge sharing at all levels.**
- The **donors** are crucial stakeholders: advocate for integrated programming that puts health and well-being at the centre.

Achieving healthier homes and communities during and after crises require humanitarian sectoral specialists to work together to foreground health and psychosocial well-being in programming and coordination activities. There are opportunities for doing different things and doing routine things differently, with the objective of improving the well-being of people affected by humanitarian crises. A fresh mindset focused on well-being offers a way forward towards sustainable outcomes.



INTRODUCTION

The Working Together event

The **Working Together** learning event was held on 21 September 2022. The event was held to enable a wide range of humanitarian actors to explore how multi-sectoral programming can improve health and well-being outcomes for people living through crises. It was a follow-up to learning events focused on healthy sheltering held in 2020 and 2021¹ and was organised in response to their recommendations. The **Working Together** event deliberately brought together shelter and settlements, water, sanitation and hygiene (WASH) and mental health and psychosocial support (MHPSS) specialists to understand how to tackle, through working together, the 'daily stressors' of inadequate living conditions.

The learning event's **agenda** was built collaboratively by shelter, WASH and MHPSS specialists, facilitated by the Centre for Development and Emergency Practice (CENDEP) at Oxford Brookes University and CARE International's Global Shelter Team at CARE International UK. The event was supported by the **Global Shelter Cluster**, the **Global WASH Cluster** and the **Inter-Agency Standing Committee (IASC) MHPSS Reference Group**. Prior to the learning event, short papers outlining the aspirations behind deepening connections between shelter and WASH, and shelter and MHPSS were circulated, in order to spark discussion.

This opportunity of shared learning between often siloed sectors was well attended, with wide participation and engagement. Over 160 people attended the three-hour online event. Participants included those from global headquarter and country level UN organisations, NGOs and INGOs, funders, academia, development and humanitarian organisations. Participants brought their experience in shelter, WASH, MHPSS, health, camp coordination and camp management (CCCM), and protection to the meeting and engaged in mutual learning through presentations, discussion and sharing of good practice examples.

The opportunities and challenges of shelter, WASH and MHPSS integrated programming and the 'multiplier effects' of safe, dignified, healthy living conditions were discussed, building on the premise that healthy homes and communities and programming informed by mental health and well-being are the foundations of recovery from crisis. It was acknowledged and discussed that there are many levels and models of integrated programming, as well as settings and phases in crises when integration is more or less viable.

Early sections of the learning event included a recap of previous events and their impact on practice, and an introduction to MHPSS and its necessarily cross-sectoral nature. During subsequent sessions concerning shelter and WASH integration at programming and coordination levels, the event's focus shifted to how both shelter and WASH could integrate further with MHPSS. The adoption of an 'MHPSS approach' prompts all humanitarian actors to put well-being of affected populations at the centre of all they do. The final session of the day explored how well-being could act as a framework for measuring outcomes of integrated, holistic programming. Existing tools were recommended and opportunities and benefits (as well as challenges) of community-led monitoring and evaluation of integrated projects and programmes discussed.

This report summarises the presentations and discussions concerning how shelter, WASH, MHPSS and other sectoral specialists can work together to foreground health and psychosocial well-being in programming and in coordination. The list of suggested priorities and next steps below comes out of the learning event and aims to prompt ongoing discussion. There are opportunities for doing different things and doing the usual, or routine, things differently with the objective of improving the well-being of people affected by humanitarian crises. A focus on healthier homes and communities is relevant for reaching sustainable outcomes and requires concerted efforts and ideally integrated ways of working by shelter, WASH, MHPSS and other humanitarian actors. A fresh mindset focused on well-being offers a way forward.

¹ As reported in [Towards Healthier Homes in Humanitarian Settings](#) (2020) and [Mindful Sheltering](#) (2021).

- Cross-sectoral working groups should produce strategic and operational guidance for integrated programming at both global and country level.
- The potential of a well-being framework for integrated programming should be further explored, using community-led processes wherever possible to develop:
 - Integrated programming outcome objectives and theories of change
 - Multi-sector assessments and context analysis are important elements of integrated programming.
 - Tools are needed to improve 'beneficiary' selection and defining target groups. This is increasingly necessary and difficult in complex emergencies.
 - Modalities of integrated programming; role of cash.
 - Integrated programming outcome evaluation and monitoring processes. A useful framework already exists in the realm of MHPSS which can inform WASH and shelter specialists.²
- Adaptive programming and REALLY getting feedback from 'beneficiaries' will enable better outcomes for all.
- Specific aspects of healthier homes and communities require further integration between shelter and WASH specialists. Suggested priority areas include:
 - Household level toilets, as soon as possible following the initial emergency phase
 - Rainwater harvesting
 - Menstrual hygiene management facilities, including in schools
 - Human-centred designs and social architecture should underlie all planning of shelter and WASH interventions as well as more integrated interventions.
- Psychological First Aid and Basic Psychosocial Skills training should be more available. All humanitarian workers, specially those working 'on the frontline', need MHPSS training to respond, and feel secure when doing so, to affected people, who may be in distress.
- In many crisis and post-crisis settings, global humanitarian sectors do not match local or national governance structures in place. This makes integration difficult and hinders the sustainability of humanitarian interventions and vital transition to recovery and development. Area-based approaches, such as the Settlements Approach, offer opportunities for bridging this humanitarian / development divide. Integrated responses are central to such approaches and may be particularly relevant in urban settings.
- Continued efforts for knowledge sharing at all levels is important. Knowledge of other areas of specialisation - 'what we do' - is important for achieving better outcomes
 - Global level
 - Knowledge of global cluster strategic plans
 - Joint advocacy campaigns, for example on living conditions and their connection with physical and mental health, particularly in the context of climate change
 - Country level before and during emergencies
 - Cluster inter-sectoral meetings
 - Engagement of shelter and WASH cluster leads with each other and with the MHPSS TWG in emergency settings will enable capacity building and a shared focus on well-being
 - Organisational level
 - Development of minimum integrated shelter and WASH packages
 - Working together to foreground health and psychosocial well-being in all programming
- The donors who sanction and finance particular humanitarian interventions are also crucial stakeholders. Advocating for integrated programming that puts health and well-being at the centre is crucial.

² IASC (2021), [The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: with means of verification](#) (Version 2.0), IASC, Geneva.

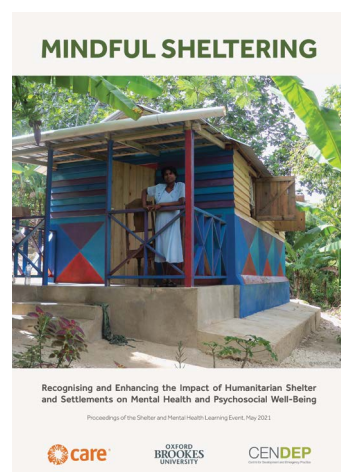
Previous learning events

The Working Together learning event was the third such event in a sequence hosted by CARE International UK (CIUK) and the Centre for Development and Emergency Practice (CENDEP), Oxford Brookes University. CIUK's Global Shelter Team and CENDEP have a shared research interest in the wider impacts of humanitarian sheltering and on the connections between living conditions and health. More information about the evolution of this research theme and its funding is available on the [self-recovery from humanitarian crisis website](#). In recent years, many individuals and institutions have collaborated to further their understanding of the ways in which humanitarian programming can support wider environmental health and engage with the 'humanitarian-development nexus'. Both the shelter and the WASH sectors are grappling with how humanitarian action can link, or transition, to achievement of the Sustainable Development Goals (SDGs). Healthy homes and communities contribute to many SDGs, including those related to education and the environment. The facilitation of post-crisis adequate housing, a foundational and enabling **human right** that must provide more than four walls and a roof, is of necessity multi-sectoral and requires coordination and cooperation with a much wider range of actors than those working in humanitarian organisations. Access to clean water and sanitation facilities are crucial elements of adequate sheltering, eventually housing, which contributes to recovery from disaster and displacement. The series of learning events have therefore involved a wide range of participants' backgrounds and specialisms, and have deliberately brought together individuals, organisations and sectors that rarely meet to share ideas and experience.



The first learning event in May 2020 was prompted by the realisation that humanitarian shelter practitioners were routinely prioritising structural safety when aiming to 'build back better' after disasters. Everyday health risks, such as indoor air pollution, vector- and waterborne diseases, extremes of temperature and overcrowding, are often not considered in rebuilding activities. Knowledge about connections between housing and health, well known in the development sector, is not routinely used to inform humanitarian programming. The 2020 learning event brought together development housing, health, shelter and WASH specialists to exchange knowledge and experience. They discussed how unhealthy homes have a disproportionate impact on women and children, and collectively emphasised the importance of safe and dignified access to toilets, washing and menstrual health management facilities for physical and mental health. One of the recommendations in the report of the learning event, **Towards Healthier Homes in Humanitarian Settings**, was the need to understand the mental health aspects of humanitarian sheltering better. In addition, it was noted that shelter and WASH specialists should collaborate better to enable living conditions conducive for physical and mental health.

The endpoint of a purely technical lens on shelter and WASH can be a compromised environment for health and dignified living for the communities with which we work. We need to recognise and learn to mitigate sanitation-related psychosocial stressors (environmental, sexual, and social), which can lead to unhealthy regulatory behaviours, such as people not using latrines as they are shared and even limiting food and drink intake. These stressors require collective action with the communities – and require Shelter, WASH and Health to work together. (Jenny Lamb quoted in Webb, Weinstein Sheffield and Flinn, 2020: 19)



As a consequence, the follow-up learning event included mental health and psychosocial support (MHPSS) experts. The sessions of this event in May 2021 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. For many participants, the most striking learning point 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. (Webb and Weinstein Sheffield, 2021: 7)

One of the recommendations in the 2021 report, [Mindful Sheltering](#), was that greater connections should continue to be forged between MHPSS and shelter. In addition, it was clear that there was room for exploring further how shelter and WASH actors work together to improve living conditions at household and settlement levels. Due to the growing understanding of the connections between people's living environments and their physical and mental health, humanitarian support that fails to understand the many ways that those living environments, at household and wider settlement levels, affect health and well-being also misses opportunities to reduce the burden of disease and contribute to the SDGs.

The 2022 *Working Together* learning event's rationale

The objective of the 2022 learning event was therefore to invite shelter, WASH and MHPSS specialists to discuss how to reduce the stresses of inadequate living conditions and, indeed, stresses of inadequate humanitarian practice. The quotation below from a guidance document on area-based programming was discussed during the learning event. While arguably simplistic, as affected populations do understand the reality of sectoral areas of expertise, it nonetheless acts as a reminder that often-siloed sectors need to strive together to enable adequate living conditions that support recovery.

People affected by crisis do not see their overall recovery in terms of aid sectors. Rather they consider the overall negative impact on the crisis, on their living conditions. (Settlements Approach, 2020: 27)

Both WASH and shelter activities in humanitarian crises, in the emergency phase and in early recovery, are recognised by the [Sphere Handbook](#) to have impacts on health. The shelter and settlements sector has explored what has become known as its 'wider impacts' over the last several years. Interest in these beneficial wider impacts, or multiplier effects, stems from an ambition to build evidence that the provision of shelter in emergencies is more than life-saving. Humanitarian shelter assistance contributes directly to safety and security, privacy and dignity and to affected populations' access to additional services such as health and education. These aspects alone can be expected to contribute to people's recovery from disaster, conflict and displacement:

Even the most basic shelter and settlements assistance can contribute to a sense of normalcy, provide physical and legal protection, improve psychological and socio-economic conditions, contribute to disaster risk reduction (DRR) and increase access to essential services such as health, water, sanitation and hygiene (WASH), and education. However, the overarching contributions of shelter and settlements assistance, and its impacts on other sectors are often less understood or overlooked. (InterAction, 2020: 4)

InterAction's 2020 publication [The Wider Impacts of Shelter and Settlements Assistance](#) (introduced in a blog post [More than Four Walls and a Roof](#)), provided the first comprehensive review of the existing evidence for the direct, indirect and cumulative impacts of shelter and housing on health and other sectors such as education and livelihoods. The review used data from development and slum upgrading programmes, as well as from housing in high-income contexts, in addition to humanitarian shelter settings. Despite limitations of the evidence base, InterAction (2020) concluded that "humanitarian shelter and settlements assistance has an important role to play as a supporter and enabler of non-shelter outcomes". InterAction, supported by USAID's Bureau of Humanitarian Affairs (BHA), sought to explore further the gaps in evidence through its 2021 publication [Roadmap for Research](#) which identifies opportunities for specific research to fill those gaps. [Chapter 8 Adopting an Environmental Health Lens in Practice](#) (Webb et al., 2021) sketched out the opportunities for improving knowledge of the impacts of shelter programming on health. Recent work by [Conzatti et al \(2022\)](#) confirms that "the theme of healthy shelter in displacement is still overlooked and defined methodologies have never been applied to assess the impact of shelter on human health" (Conzatti et al., 2022 p14). Conzatti et al. suggest that the main factors of shelter design affecting human health are overcrowding, uncomfortable indoor temperatures and poor indoor air quality. This bibliographical review did not, however, include the issue of WASH facilities. Further information on the topic of shelter and health is available on the [Global Shelter Cluster's website](#) and was articulated in a short article in the 2021 [Shelter Projects 8th Edition](#).³

³ Weinstein Sheffield and Webb (2021) [A Healthier Home is a Better Home](#) in Global Shelter Cluster (2021), Shelter Projects 8th edition, www.shelterprojects.org

In contrast to this relatively recent expansion of knowledge of the links between shelter and health, WASH programming is more clearly and directly related to public health, through the provision of clean water and sanitation facilities and also health promotion activities. The relationship between access to safe adequate toilets and water supply, whether at household or community level, and mental health and well-being is also commonly accepted. Nevertheless, the 2020 and 2021 learning events were well received by WASH specialists and there was clearly an appetite for further opportunities for shared learning. Several other events and initiatives have advanced mutual understanding since 2020. For example, the [Global Shelter Cluster annual meeting's 'Ignite' open session in October 2020](#) consisted of a panel discussion including the leads of the Shelter & Settlements and Health Clusters, where the role of sheltering in public health was acknowledged. A Global Shelter Cluster annual meeting [Open Session in June 2021 focused on integrated WASH and shelter](#) and included an introduction to the [WASH Roadmap's initiative 3.4](#) which concerns integration between WASH and other sectors. Similarly, further connections have been forged between shelter and MHPSS, for example by the IASC MHPSS Reference Group inviting the Global Shelter Cluster to contribute to a session on MHPSS integration during the Humanitarian Networks and Partnerships week on 17th May 2022.

The nature of humanitarian assistance can itself affect physical and mental health conditions, either ameliorating or exacerbating daily stressors. How shelter and WASH programming happens also affects people's well-being. The 2022 learning event was held shortly after the publication of the latest [State of the Humanitarian System](#) report (ALNAP, 2022)⁴. Among its key takeaways is the fact that aid recipients do not always feel heard, respected or treated with dignity.

Respecting crisis-affected people means seeing them as dignified individuals and self-determined communities rather than mere statistics of need – and over the past decade, the humanitarian system has worked to take this on board. Three-quarters of aid recipients surveyed said that aid providers treated them with dignity. However, there was also continued evidence of people feeling side-lined, humiliated or abused by aid workers. (ALNAP, 2022: 35)

The agenda for the Working Together learning event in September 2022 was built collaboratively by shelter, WASH and MHPSS specialists, with the backing of the Global Shelter Cluster, the Global WASH Cluster and the IASC MHPSS Reference Group. The aim was to continue the discussions held in 2020 and 2021 and to **identify realistic next steps that individuals, organisations and sectors/clusters can take to support the health and well-being of people affected by disasters and crises through integrated programming and coordination**. Shared consideration of the possibilities of shelter/WASH/MHPSS integration at the global cluster level as well as at the levels of policy makers within INGOs, programme managers and implementers within INGOs and NGOs and other stakeholders, including donors, is timely.



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⁴ ALNAP (2022) The State of the Humanitarian System. ALNAP Study. London: ALNAP/ODI.
<https://sohs.alnap.org/help-library/2022-the-state-of-the-humanitarian-system-sohs-%E2%80%93-summary>

What does integration really mean?

Integration means different things to different stakeholders. ACF (2013)⁵ includes a useful summary of types and contexts of humanitarian integration: multi-sector integration, mainstreaming and integrating with other actors. Multi-sector integration, the focus of this reported learning event, can itself take many forms - there is a continuum of integration, from limited integration - for example shelter and WASH teams within organisations working together on proposals, to fully integrated programmes and projects. **Whatever the scale and type of integration, its aim is to maximise the impact, sustainability, appropriateness and effectiveness of interventions, creating positive outcomes for the people affected by crises.**

The common element in all these different forms is synergy, which means that these ways of working produce something that is better than working with a vertical approach where each sector pursues its own specific objectives without reference to the broader picture. (ACF, 2012: 14)

Integrated programming and coordination already happens - examples were shared during the learning event - and it is likely that there is scope for doing more while ensuring that the technical expertise of each sector is not compromised. At the core of any further integration must be the aim of making beneficial changes for the affected communities recovering after crises. Sectors other than shelter and WASH also need to be consulted and included:

Integration should involve the site planning team in order to take into account the environmental factors (during the site choice) which can negatively or positively impact the well-being of the beneficiaries and the opportunities for them to have access to the means to build themselves their shelters. (Learning event participant working in displacement camp settings in Democratic Republic of Congo.)

Climate change:

An impetus for a renewed focus on healthier homes and settlements

In the context of climate change, new and protracted conflicts and squeezed humanitarian funding, there is arguably a greater impetus for effective integrated planning and action for healthier homes and settlements. Climate change is already challenging people's health and well-being in many ways, overwhelmingly affecting disadvantaged and marginalised communities and exacerbating existing health inequities.⁶ A recent **Lancet Countdown report on health and climate change**⁷ stresses the increasing risks of food insecurity, infectious disease and heat-related illness. Climate change also has effects on livelihoods, migration and **conflict** and causes disruption of health services and access to health services due to extreme weather events. Particular health issues caused or worsened by climate change include:

- conditions (e.g. cardiovascular disease) triggered or exacerbated by extreme **heat and heat/humidity events**. Heat in **urban areas** is of particular concern
- respiratory and cardiovascular conditions related to air pollution (including from wildfire smoke)
- spread of **vector-borne** and water-borne diseases and spread of new diseases, including those transmitted from animals to humans
- illness, injury and death caused by people's vulnerability to floods, storms and fires, plus loss of access to clean water due to flooding
- poor health related to food insecurity and associated under-nutrition and malnutrition

⁵ ACF International (2013) Integrating WASH and MHCP [Mental Health and Care Practices] <https://www.actioncontrelafaim.org/publication/acf-international-manual-1-1-3-how-to-integrate-wash-and-mhcp-activities-for-better-humanitarian-projects/>

⁶ Climate change was the focus of the **UK Shelter Forum** meeting in London in May 2022: '[Climate Change: is the Shelter and Settlements Sector Ready?](#)'.

⁷ Romanello, M. et al. (2022) The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels [https://doi.org/10.1016/S0140-6736\(22\)01540-9](https://doi.org/10.1016/S0140-6736(22)01540-9)

Climate change also impacts mental health and psychosocial well-being directly and indirectly:

- extreme weather events trigger severe distress
- people who meet criteria for mental illness can be more vulnerable to the effects of climate change on physical as well as mental health
- continual catastrophic narratives of climate change exacerbate mental distress, particularly among young people, even for individuals who are not directly affected (e.g. 'eco-anxiety')

Shelter and WASH, (as humanitarian sectors) are not only about the housing unit and settlement level water and sanitation facilities, but also people's daily activities: sleeping, cooking, eating, resting, studying, taking care of personal hygiene, family life. For that reason, and to provide a sense of 'normal' living, the sectoral responses also include essential household items, 'dignity kits' and energy. Climate change is likely to affect access to water supplies, access to and timing of livelihood activities (such as agriculture), and nutrition. The realities of climate change are an impetus for integrated approaches.



In Al Wazi'iyah district of Taiz, Jamilah lives with her children and her granddaughter in a single room that lacks the most basic resources a family needs. Due to the lack of an in-home latrine, Jamilah and her children had to relieve themselves in the open. "It is very embarrassing to defecate in the open during the daytime," says Jamilah. "Women have to resist their need of urine until night to relieve themselves in the dark."

Tracking the impact of the earlier learning events

One of the workstreams of the shelter research at CENDEP and CIUK is to track the impact of the research itself and associated dissemination and engagement activities. The value of literature reviews, collation of knowledge on shelter and health, and writing blog posts, chapters, reports and opinion pieces is very limited if humanitarian practice remains unchanged. Early in the *Working Together* learning event, Miriam Lopez-Villegas, Global Shelter and Settlements Specialist at the Norwegian Refugee Council (NRC), reflected on how involvement with the 2021 learning event and the subsequent *Mindful Sheltering* report continues to support programme development at NRC.

Reflections from the Norwegian Refugee Council (NRC)

How NRC has included considerations of health and well-being into shelter programming

Miriam Lopez Villegas

*Whilst the discussions about integrated programming are stimulating, the question is how do we make these operational and helpful for our colleagues in the field? The learning from the 2021 workshop on Shelter and Mental Health (reported on in **Mindful Sheltering**) resonated and has helped us articulate the change or emphasis that we are doing now more systematically in NRC programming.*

We have identified that it is not only our colleagues in the core competency of Shelter and Settlements that benefit from an introduction to the connections between living conditions and mental health and well-being. So we have expanded our Shelter induction presentation to include colleagues from WASH, M&E, ICLA (Information, counselling and legal assistance), even Finance and Support functions, so they understand why we provide shelter assistance. We start with the foundational premise that we are supporting people who have been forced to flee; by definition they have lost their home. We emphasise that losing your home can be traumatic but what is lost is much more than the building. As difficult as the experience of a crisis is, the ongoing living conditions during displacement also have a direct impact on mental health and psychosocial well-being. Understanding this, we now incorporate the living conditions during displacement in every single strategy document, programme design and proposal narrative / justification. We still talk about the number of buildings, the number of houses that have been destroyed or damaged during a conflict or lost in a disaster as that information is very important for context analysis and needs analysis. But we now also put specific emphasis on the housing or shelter conditions during displacement. As each NRC country office works on their new strategy, we pay attention to whether we have included information about how people are living at the household and the settlement level. It is these living conditions that we are going to respond to.

We also recognize that we need to tailor our programmes' design to take account of our knowledge that the shelter and settlements sector can promote good mental health and psychosocial well-being through the way it provides services, not just through the services themselves. This goes beyond what is widely referred to as the wider impacts of housing or shelter assistance. It is not only the construction services that the shelter sector provides, it is also the outcomes of having a home. So for a family not to be relocated, for children to have a place to live for a full school year, has a direct impact on their educational outcomes and on their well-being. At NRC we promote the reconstruction of schools and this sends a message for the children growing up during war, that this is a space for them, that we care about them. We know access to latrines improves school attendance. Basic household facilities matter too. If migrants have a place to do their laundry, this makes a contribution to their inherent sense of dignity.

Following the 2021 learning event, we have created a list of different aspects of programming that affect people's well-being:

- *Inclusion and meaningful participation in design and implementation. Having a say in the decisions that have a direct impact on current living conditions.*
- *Functional and aesthetic improvements to housing, and the ability to choose them.*
- *Materials and finishing: improvements to walls and flooring, natural lighting, ventilation or insulation, replicable typologies (e.g. courtyard) locks + WASH.*
- *Security of tenure, accompaniment to overcome discrimination.*
- *Improved privacy and reducing overcrowding, ability to host visitors, green and gathering spaces.*

Cash-based assistance

Having a say in decisions that affect living conditions - what does that mean in practice? Anyone who has implemented a cash or voucher assistance program will understand that the minute the cash goes from one hand to another, or once cash is transferred into a mobile phone, a prepaid card, or a bank account, decisions about how the cash is spent should rest with 'beneficiaries'. In shelter, that means that people are going to decide where to live and we need to understand that people are likely to find a place in the informal housing sector. We need to recognize that informality may be the shelter solution people are looking for.

Rental support can also highlight some contradictions. Colleagues continue to struggle with these when harmonising approaches in sectoral clusters or meeting donors' requirements. We need donor advocacy. Advocacy based on the missed opportunities. While we are promoting the flexibility and the empowerment, the capacity to reinforce self-resilience through cash-based modalities, sometimes we find it necessary to give rental support directly to the lessor - the landlord or landlady. That represents a missed opportunity to allow people choice. The success of our programmes depends to a great extent on conducting good needs analysis, and on effective targeting. Trying to give the money directly to the owner of the house or apartment is a shortcut, and we are compromising, thereby losing the benefits of cash assistance as well as limiting our opportunity to provide psychosocial support through this sheltering modality. Enabling choice and the opportunity to have a say in the decisions that impact daily life and shelter conditions is, in itself, part of our humanitarian assistance.

We also need to recognize that unless there is an imminent structural failure risk or imminent protection concern, we should trust that people will find suitable accommodation, and we should not condition the assistance to meet our (Sphere) standards. This could even put people at risk of homelessness at the end of the assistance period. As an example on how to define what is suitable in a participatory manner, NORCAP, with a multi-agency task force have created a [handbook on rental market interventions](#)⁸ for Latin America and the Caribbean. The framework of the handbook is based on the [seven core elements that define adequate housing](#). To contextualise this, the handbook suggests asking the people, as they will have a definition of a house which is adequate.

At NRC we also promote asking people the open question:

If there was one decision you could make which would have a direct impact on your current living/housing situation, what would that be?

It is very difficult to insert this question in a quantitative survey. It may need to be differently phrased in different contexts. But this is something that we need to continue to learn from and continue to use in the design of our projects. This should not be seen to be part of standard feedback mechanisms in the post distribution cycle. Rather, such open, qualitative questions belong in the design phase of programmes, and require collecting community inputs in a meaningful way. Focus group discussions could elicit suggestions about preferred improvements to current shelters, preferred neighbours and preferred modalities of support.

At NRC, we already have significant guidance that could support this integration of shelter, WASH and MHPSS expertise. If we asked among ourselves whether we recognize Sphere standards and if we use these to guide our programme design, the answer is "naturally, yes". Now, if we were to interrogate to what extent this is so, we have a way to go ... from the most basic 3.5m² per person of liveable space indicator to the psychosocial considerations related to Shelter and settlement standard 3: Living space: "Accommodation layout and design should include open public household living spaces that increase options for socialising".⁹ This is not luxury, this is what our humanitarian assistance should also include and address what is needed to cope and recover.

⁸ RENTAL HOUSING MARKET Field handbook for collaborative market assessments. Latin America and the Caribbean (2022) <https://reliefweb.int/report/colombia/rental-housing-market-field-handbook-collaborative-market-assessments-latin-america-and-caribbean-august-2022>

⁹ Sphere Association (2018) The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>

CHAPTER 1

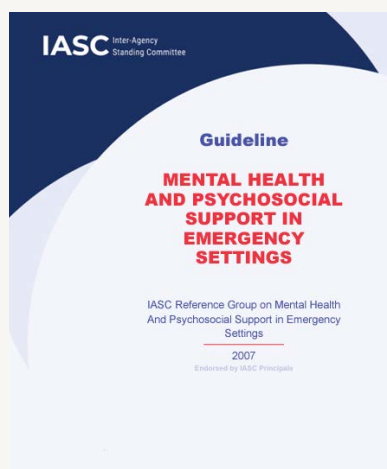
MHPSS integration with shelter and WASH

At the beginning of the learning event, Carmen Valle Trabadelo from the Inter-Agency Standing Committee (IASC) **Reference Group for Mental Health and Psychosocial Support in Emergencies** gave an introduction to MHPSS, aimed especially at the shelter and WASH specialists in the meeting who were unfamiliar with the field. She stressed that specialists in each humanitarian sector have to be aware that they are dealing with people who are going through circumstances that can put their well-being in a very fragile state. Despite humans' wonderful capacity to recover from both physical and mental trauma, often using coping mechanisms to recover from invisible injuries, it is often the case that people need support for their mental health and well-being. Responsibility for this rests with all sectors.

Introduction to MHPSS and its cross-sectoral nature

Carmen Valle-Trabadelo

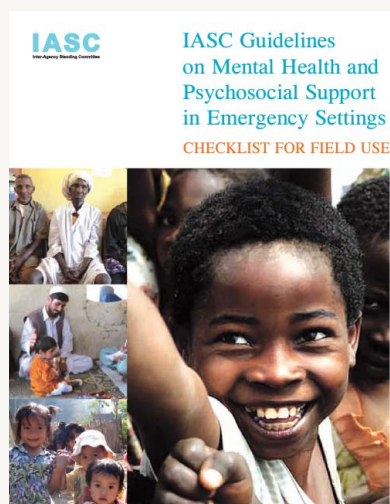
In order to give an overview of how multi-sectoral our field is from the beginning, we need to refer back to the **Inter-Agency Standing Committee (IASC) Guidelines for MHPSS** which were drafted in 2007.



The full guidelines are [here](#), with translations available in many languages.

The Action Sheet on Shelter and Site Planning is on pages 174-178.

The Action Sheet on WASH is on pages 179-182.

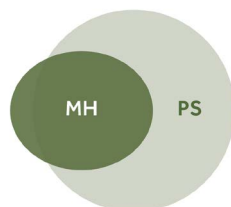


There are also shorter checklists in the field use version of the guidelines available [here](#).

Although now old, these guidelines are still very relevant. They were developed at the time of humanitarian reform to show how our MHPSS work can come together by identifying good practices in the field and the things that we both should, and should not do. From the beginning, the guidelines had a multi-sectoral view; from the beginning of the existence of the mental health and psychosocial support sector, we knew how important it is to highlight that our work is actually embedded in all of the different sectors. The guidelines from 2007 already have action sheets on how to work on shelter (pages 174-178), WASH (pages 179-182) and all of the other sectors.

Composite term and definition

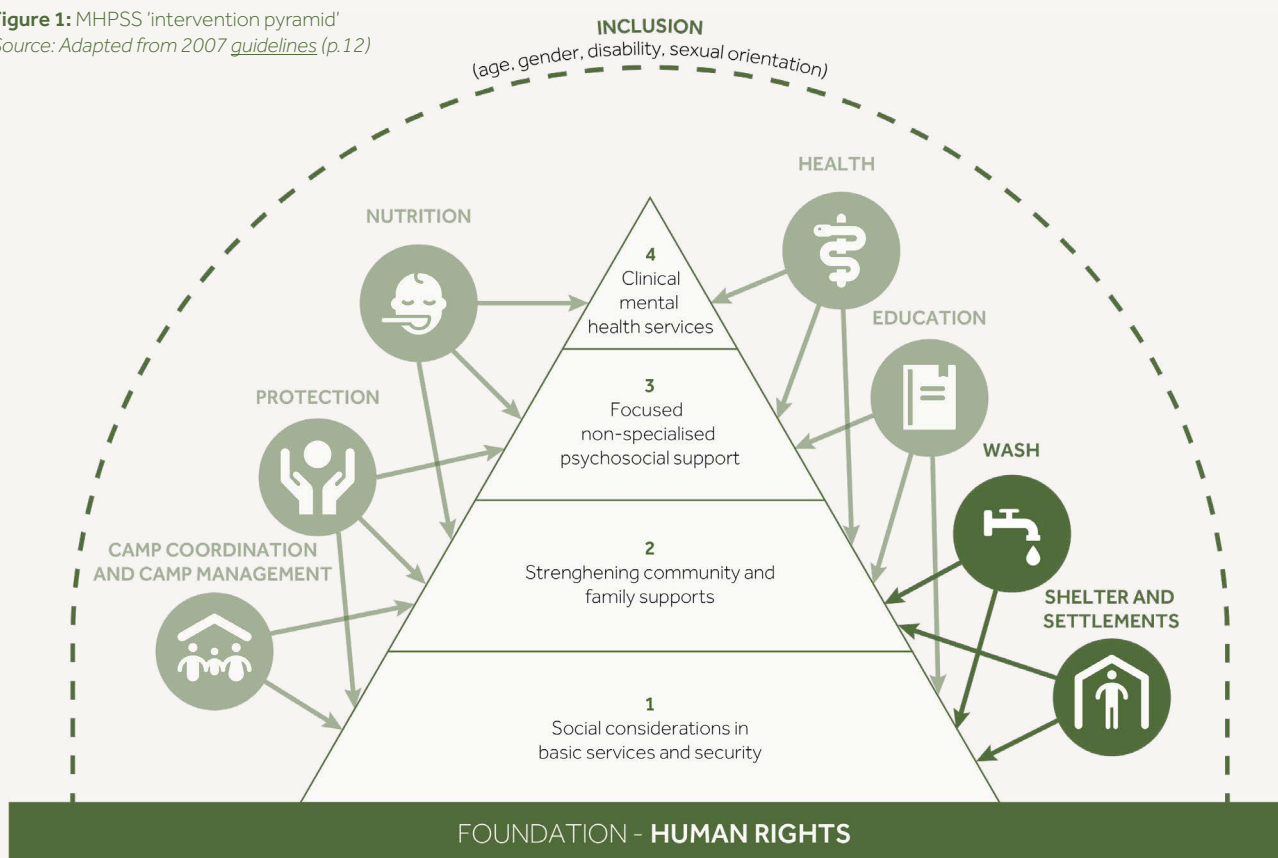
- protecting or promoting psychosocial well-being and/or
- preventing or treating mental health conditions.



The definition of the composite term MHPSS highlights that there's no way we can achieve well-being by only focusing on mental health outcomes or only on psychosocial outcomes. There is no division between mental health and psychosocial support; they are always together as joint terms. Even if someone is more involved in mental health interventions like clinical work, they need to be very aware of the social and economic factors that impact the communities. If someone is only focusing on psychosocial support, they also need to be very aware of their colleagues in the clinical settings, where they have to refer to certain cases. We always have to see these interventions as one joint MHPSS acronym, to reflect that nature, and to reflect how we work through the different levels of the MHPSS 'intervention pyramid'. A new version of the pyramid, showing connections to other sectors, is shown in figure 1.

Figure 1: MHPSS 'intervention pyramid'

Source: Adapted from 2007 [guidelines](#) (p.12)



LAYER 4:

Additional support required for the small percentage of the population whose suffering is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services.

LAYER 3:

Family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

LAYER 2:

Provision of psychosocial support through individual, family or group interventions to provide emotional or practical support to those who find it difficult to cope within their own support network.

Shelter and WASH actors can deliver such support, after training and with ongoing supervision.

LAYER 1:

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 sheltering, health promotion, water supply and sanitation activities are strongly aligned to this layer.**

As the pyramid shows, much of our work, as MHPSS actors, is around the areas of basic security and social considerations, and that is where many of our colleagues from other sectors can help us. Every other sector is thereby part of this pyramid, which goes all the way up to more clinical or specialised services.

The IASC Reference Group is focused on a number of priorities, one of those being the support to country-level coordination mechanisms. At the country level, we advocate for the establishment of a technical working group (TWG). MHPSS TWGs currently exist all across the world in most of the main humanitarian settings. Many of them are already well connected to different sectors, including the shelter and WASH sectors. These TWGs have the very important role of maintaining the multi-sectoralism of MHPSS. Colleagues implement MHPSS programmes while linking them with other sectors, and very importantly also with the inter-sector coordination group and the humanitarian structure as a whole in each country. There will be in some cases where the MHPSS TWG is actually under the Health sector and the Protection sector. But we keep on advocating that this actually should not be the case. The TWG has the capacity to work as a floating structure connecting to all the different sectors. For MHPSS to be a reality, the sectors themselves need to implement MHPSS activities into what they do and how they conduct different activities.

Another very important role of the IASC MHPSS Reference Group is deploying colleagues precisely to support this multi-sectoralism. The colleagues that we deployed from the Reference Group do not work purely within one agency or another. The deployments are meant to support the inter-agency role of the technical working group, and within that inter-agency role, work with other sectors.

When it comes to the global level we work as MHPSS Reference Group with the IASC, OCHA and with each of the other clusters. This is also a big part of how we try to be multi-sectoral. We come together with clusters like these events today to create joint resources, to do joint advocacy, and to serve as a platform to bring together various actors.

*A big part of our MHPSS community is to provide resources. The **IASC Reference Group for Mental Health and Psychosocial Support in Emergencies** guidelines have been followed by several resources, such as guidelines on disaster risk reduction, integration of MHPSS and psychological first aid, all of which can be found in the resource library of the **IASC Reference Group website**. There is ongoing work to connect better with other sectors. Earlier in 2022, for example, in the Humanitarian Networks and Partnerships Week, we had an event where we brought together resources useful for MHPSS integration within different sectors into **one digital leaflet**. The **MHPSS Reference Group and the Global Shelter Cluster are working together to produce a joint policy paper**, identifying ways in which both areas of specialism can support the mental health and well-being of people living through humanitarian crises.*

As an example of the work of the MHPSS technical working groups (TWGs) referred to in Carmen's opening remarks, Ana Luisa Reina, the Co-chair of the MHPSS TWG in Cabo Delgado, Mozambique, shared her experiences of collaborating with the shelter cluster there following the establishment of the MHPSS TWG in January 2021. The TWG, a deliberately multi-sectoral mechanism, has played coordination and cooperation roles with 'non-conventional sectors', including shelter/NFI and CCCM clusters in the province. Her engaging presentation served to illustrate the ways in which shelter and MHPSS coordination actors and implementing agencies can work together with the shared goal of improving the well-being of affected populations in a complex conflict setting.

MHPSS Mainstreaming in Shelter/NFI Interventions in Northern Mozambique

Ana Luisa Reina and Gerson Nombora

The MHPSS technical working group was activated in Cabo Delgado in January 2021, amid the impact of a triple crisis in the region facing a combination of conflict and disasters. Mozambique is considered one of the most at risk countries in the world when it comes to the impact of climate change, including floods and cyclones, which are becoming stronger and more frequent. In early 2021, Cyclone Eloise had just made landfall, and Cyclone Kenneth had devastated the region two years earlier. The disasters' impact was further compounded by public health risks like COVID-19. In such a volatile context, some individuals have been displaced more than three times in a very short period of time. We knew that in order to reach communities in an effective way, collaborating with less conventional sectors who provide life-saving basic services and who are in the front line of the emergency was essential.

How do we deliver these services? Are we including the community in the decisions that will affect their well-being? Do we ask? And more importantly, are we listening?

While conflict and extreme hazard events do have a significant impact on health and psychosocial needs, equally important are the conditions in which people live in these humanitarian settings. We know that daily stressors, such as inadequate housing, lack of privacy, isolation from other members of the community, can have a toll on mental health and well-being. We know that shelter practitioners have the potential to mitigate these daily stressors. So to make sure we had the best interests of these individuals at heart, and so we could contribute to realising their human rights and avoid doing harm, we agreed to hold a training for the shelter cluster members in August 2021.

During this training, besides providing the participants with basic mental health concepts and the guiding principles of the **Inter-Agency Standing Committee Guidelines** (available in many languages), we included the key considerations given on its Action Sheet 10.1 on Shelter and Site Planning.¹⁰ There are about eight key actions recommended by the guidelines in order to integrate MHPSS considerations into shelter – the majority of them were already being implemented by the shelter practitioners. Those that weren't were related to limited resources and supply difficulties in Cabo Delgado, challenges over land and site selection and also the wider environment on registration and documentation of displaced people.

We found that MHPSS can be integrated in a meaningful way across other sectors, including what we consider the least conventional ones. And the truth is, during our discussion in the training we saw many overlaps in our work, and many entry points and possibilities to work together.

Following this training for frontline workers from the Shelter/NFI Cluster members, we agreed on action points for the MHPSS TWG moving forward and can report on related and ongoing activities:

- Support shelter/NFI frontline workers with MHPSS referral mechanisms and pathways
 - We have recently shared a map of the different districts where these members are implementing activities, so they find it easier to refer when they find a case that might need specialised assistance.
- Conduct joint community empowerment activities to motivate the community to build their own shelters.
- Advocacy for better shelter conditions with donor community
 - We have included shelter and NFI leads in several advocacy meetings with donors.

We decided we wanted to do more and continue to support the shelter cluster members. As a first step and in coordination with the shelter cluster, we conducted an observation of an NFI distribution with one of the member organisations. We later shared our key findings in a meeting with the Shelter cluster, dividing these findings into three stages – before, during and after the distribution.



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¹⁰ From page 174 in the [IASC Guidelines on Mental Health and Psychosocial Support in Emergency settings](#).

Before

The distribution planning stage had ensured that many of the MHPSS key considerations and actions were in place. An appropriate location had been selected which was close to where the community was living, avoiding people having to walk long distances. Community leaders were involved in the registration process, there was clear information prior to the distribution and also transparency about the eligibility criteria.

During

During the distribution, there was a complaints/suggestions mechanism in place, located at a distance from where the shelter organisation was working so people would feel that they could insert suggestions, or complain without feeling shy. There were toll-free phone numbers for complaint / support lines displayed on trees. The distribution was organised into groups of fifteen people, and priority was given to the most vulnerable groups. A satisfaction survey was conducted after people received their items, on a voluntary basis. Some of the Shelter/NFI staff reported that many people at such a distribution tell them about how they are feeling, about their worries and concerns, and how anxious they are. At the distribution, we observed some challenges, such as tension between host communities and newly-arrived displaced households and that the number of distributed goods (e.g. blankets) was not adapted to each family's needs.

After

The aftermath of the distribution is also important, because this is when the Shelter/NFI distributors will monitor any incidents related to the goods received, and they will also be able to take on referrals.

This observation visit led to some recommendations and future plans:

- Frontline workers could benefit from learning practical skills on how to approach beneficiaries, identify people in distress, and make referrals. Training in, for example psychosocial first aid (PFA), would enable them to feel more confident in delivering this kind of support.
- Some Shelter/NFI workers felt that they lacked a protocol or clear guidance on how to address a situation requiring MHPSS. We plan to elaborate the MHPSS considerations and integrate that into a simple practical guide, a checklist for field use.
- MHPSS specialists will continue to support shelter/NFI frontline workers by sharing updated referral pathways and advocating for better Shelter/NFI conditions with the donor community.
- MHPSS specialists will provide frontline workers with self-care strategies and 'well-being at work' systems, such as creating a buddy system, providing peer support and debriefing sessions, to enable them to cope with working in stressful environments.

This example is part of a work in progress: the MHPSS TWG is moving forward to develop and refine indicators and with capacity building, for example in PFA training. We would like to emphasise the importance of being open to learning from other sectors. We constantly reflect on the importance of being flexible when we are working with affected communities and not assuming that we have all the answers. We must have the courage to adapt programming which may then have a different outcome than was initially planned.

CHAPTER 2

Shelter and WASH integration in programming

The topic of integration between shelter and WASH expertise to enable healthier homes and living environments is not new. Many individuals and organisations have experience of working within and between both sectors. Nevertheless, progress towards environmental health, and healthier homes and settlements in displacement and post-disaster settings requires greater integration than is routine. Tackling overcrowding, poor ventilation, inadequate and unsafe toilets, inadequate or non-existent menstrual hygiene management¹¹ facilities, inadequate water supply, waste management and washing facilities are challenging tasks that require expertise from multiple sectors. The ways that inadequate housing and washing facilities disproportionately impact the health and well-being of different genders, different ages, and different abilities should be given particular attention. 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. Menstrual hygiene management has, belatedly, been recognized as a multi-sector issue in emergency and post-disaster settings.¹²

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
- 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: definitions and acceptability of 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 and these aspects were brought up at various stages of the learning event.

An early section of the Working Together learning event focussed on how shelter and WASH can integrate in programming. The session was introduced by Marielle Snel, Senior Global Humanitarian WASH Advisor at Save the Children Jordan. She, along with Syed Yasir Ahmad, Global WASH Advisor, International Medical Corps UK, lead the **WASH Roadmap initiative 3.4**: "with this initiative, The WASH Humanitarian sector aims to 'position' itself within other sectors to maximise more significant results and break down sectoral silos by exploring venues for effective integrated responses in the future".

¹¹ An Oxfam WASH resource contains a section on Shelter & menstrual hygiene management (p35-38). <https://www.oxfamwash.org/en/hygiene/menstrual-hygiene-management>

¹² See, for example, an InterAction blog related to menstrual hygiene management in the aftermath of the Pakistan floods of 2022 [Periods don't stop when disasters occur](#) (Malik, H. 2022)

Marielle used an online Mentimeter poll to ask the learning event participants about their perspectives and experiences of inter-sectoral integration, particularly aimed at WASH and shelter specialists. She stressed the need for such integration in order to engage with the Sustainable Development Goals. She posed the question of what WASH and shelter specialists should do in order to be more effective and efficient in terms of inter-sectoral integration and coordination. Responses included points about timing and types of collaborative working:

- Coordinate effectively from the beginning
- Be more open in listening to each other
- Write proposals together
- Find overlapping areas of focus in humanitarian support
- Have shared outcome indicators
- Listen and engage with one another - not a one-off, but with a continuum
- Design needs assessments together
- Be more informed about each other's ways of working, modalities
- Use creative thinking on where we see alliances

Marielle emphasised her own particular areas of focus for future integration between WASH and other sectors, including shelter. She suggested that proposals should include integrated programming and that programmes should work towards integrated indicators. In her co-edited book published in 2021 for Practical Action, **Bridging the Humanitarian Development Divide**¹³ Annex 1 contains WASH indicators relevant for the transition from humanitarian to longer-term activities in post-emergency phases. She suggested that these indicators could potentially inform other sectors' approach to the humanitarian/development nexus and inform the development of integrated indicators.

Shelter/WASH integration and cooperation: reflections on programming

In order to offer an organisational perspective on experiences of integrated programming, Nicholas Brooks, CARE International's Global Emergency WASH lead, spoke at the learning event, reflecting on the opportunities of further integration with shelter and MHPSS. Following the learning event, he and Step Haiselden, CARE's global Shelter Team lead, joined forces to write a short summary of their ongoing work to collaborate. The example of CARE's work in Ukraine then illustrates how shelter, WASH and MHPSS expertise can come together to support people displaced by conflict.

¹³ Snel, M. and Sorensen, N. (2021) Bridging the Humanitarian Development Divide. Practical Action.
<https://practicalactionpublishing.com/book/2577/bridging-the-WASH-humanitariananddevelopment-divide>

Reflections on Shelter and WASH integration opportunities from CARE International

Nicholas Brooks (Emergency WASH lead) and Step Haiselden (Shelter lead)

At CARE we don't have a single approach on WASH and shelter integration that we roll out everywhere. We don't have a 'one size fits all' approach, or a specific way of doing it. We are working rather in certain contexts and exploring further opportunities for the future, looking at the range of emergencies that CARE responds to. We can put them into the broad categories of disasters triggered by natural hazards, crises related to conflict and displacement, and public health/epidemic/disease situations.

WASH tends to work most closely and integrate with shelter programmes in disaster responses, and particularly in more predictable emergency contexts like recurrent cyclones and flooding. That is going well and we need to do even more of this work and investigate similar opportunities in conflict settings. There is discussion about the need for further technical training and capacity building for teams on the ground. But also raising awareness with more senior colleagues, within management teams both at the headquarter level and in country programmes, so they understand the breadth of shelter and WASH programming that can be implemented. It doesn't have to be about 'walls and a roof'. We have worked for example on rental support and the wider breadth of shelter activities where we will also have WASH programming.¹⁴ But in simple terms, there is no point in aiming to provide adequate shelter unless there are adequate WASH facilities available, and vice versa.

CARE has a particular focus on women and girls and women's equality. We're trying to see how we can better integrate WASH and shelter through that lens, working with gender advisor colleagues. They will often undertake a **rapid gender analysis** (RGA) at the start of a new rapid-onset emergency, as part of a standard CARE approach, quite often in combination with other agencies. The RGA findings are taken seriously by CARE as programming is developed. We are considering whether there are particular questions that can be included in the RGA, perhaps around safe access to toilets/washing facilities, which could suggest priority areas for WASH and shelter joint programming.

One example of where this is happening is a three year, BHA-funded initiative in four countries in southern Africa: Malawi, Mozambique, Madagascar and Zimbabwe. We need to be realistic about what we can achieve with integrated programming and where we see opportunities in some of those small- to medium-size, predictable, frequently reoccurring disasters in the region. The project includes support for both preparedness and capacity building, and also 90-day rapid response, and is focusing technically on both WASH and shelter. This project has created opportunities to have those discussions with the country programmes, with country directors, senior staff and other country teams members. The value of that integration between WASH and shelter is present throughout this project, taking into account the stages from preparedness through to immediate response and recovery. It has been great to see the buy-in from the project's donor and the willingness to fund emergency preparedness.

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We now need to go one step forward from that particular project, and also work with relevant colleagues in the global teams at CARE, including taking on board the links between WASH and shelter activities, health and well-being. What are the extra one or two actions that we could try to encourage as much as possible around MHPSS (mental health and psychosocial support) as well as the shelter/WASH connection? We need to consider the MHPSS 'intervention pyramid'¹⁵ and how that builds up from CARE's core humanitarian sectors to more specialised support. We don't have all the answers, but it's great to be able to think about opportunities, make incremental changes, and see what more we can do.

¹⁴ See, for example, CARE's work in Tripoli, Lebanon, using an area-based integrated approach.

<https://careevaluations.org/evaluation/beyond-four-walls-and-a-roof-reflections-on-the-multi-sectoral-one-neighbourhood-approach-for-syrian-refugees-and-host-communities-tripoli-lebanon/>

¹⁵ See the MHPSS 'intervention pyramid' on [page 17](#)

Reflections on CARE International's integrated programming in Ukraine

James Morgan, Senior Shelter Advisor, CARE International UK

The 'I am Mariupol' centre in Odesa

The 'Ya Mariupol' centre - translated in English as 'I am Mariupol' - illustrates what CARE can achieve when responding to conflict-induced displacement through integrated programming. Our understanding of the wider dimensions of shelter - people's houses and homes - underlies the multi-dimensional, indeed multi-sectoral, programmes now unfolding in Ukraine. The millions of people who have fled their homes (within Ukraine itself and across its borders) are in need of safe shelter, whether temporary or somewhere permanent to rebuild their lives. Currently, for most this means the choice between renting a room, being hosted by friends or family or sheltering in a collective centre (typically temporary accommodation in schools or government buildings). With men obliged to join the military effort elsewhere in Ukraine, many women are in sole charge of homemaking in displacement.

CARE is developing a far-reaching humanitarian programme, supporting and empowering local responses to this conflict by partnering with organisations such as **HEKS/EPER**. This partnership approach allows responses to reach scale and ensures that affected people receive the most appropriate support and resources. One project that represents the best of what we should aim to achieve when addressing the shelter and wider needs of recently displaced people and families is the 'Ya Mariupol' centre in Odesa. As a result of the siege of Mariupol early in 2022, tens of thousands of Mariupol residents were forced to flee the city, arriving in 'refuge cities' such as Odesa. The Mariupol civic authorities in exile began a programme, in partnership with the international humanitarian community and hosting municipalities, to open support centres for the displaced. Centres run by the people of Mariupol, for the people of Mariupol, provide comprehensive support services, guidance and humanitarian aid and services including shelter, legal support, health and psychosocial services.



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Thanks to the partnership between CARE, HEKS/EPER and the local governments of Mariupol and Odesa, one of the first of these centres was opened on the 10th July 2022 in Odesa. It forms a 'one stop shop' for multi sectoral support, including medical consultation services, a pharmacy, counselling services, legal assistance, a breastfeeding area, child care facilities and a distribution point for items such as clothing. There are also plans to expand these services to include job-placement services and retraining opportunities to support the employment prospects of displaced people.

'Winterisation' support

Also following this multi-sectoral approach, CARE and its partners have developed a winterisation strategy concentrating on urgent needs for the winter season while also linking to early recovery approaches, anticipating and preparing for subsequent winters. Winterisation and preparedness programmes ensuring warm, safe and dignified living conditions as well as addressing the war-related damage to the housing and energy sectors will be a key defence against winter mortality. Winterisation requires a multi-sector approach, integrating shelter, WASH, health and protection elements, including activities aiming to reduce the risks of gender-based violence.

The winterisation programme is organised into separate tiers of assistance to avoid a 'one size fits all' approach and better respond to the different levels of needs. Activities will be geographically targeted and individually target the most vulnerable, with a focus on protection for women and girls. The tiers will cover a range of scales from the individual household to institutional bodies such as collective centres and include flexible delivery modalities including distribution of items and cash transfer mechanisms. Household level support will include emergency kits (clothing, blankets, mattresses, solid fuel, WASH/ dignity kits) whose targeting will be based on multi-sectoral assessments of households. The household repair and upgrading programme will include insulation, door and window replacements and draught-proofing. Similarly, collective centres and school buildings which will be targeted for upgrading to achieve Sphere standards, strengthening the emergency shelter infrastructure for future winter seasons and potential displacements. In Ukraine and the surrounding affected countries, CARE will continue to look beyond 'four walls and a roof' to ensure that well-being, community and dignity are vital ingredients in our efforts to support the conflict-affected people of the war in Ukraine.

Can area-based approaches facilitate integrated, holistic programming?

Area-based humanitarian programming aims to provide holistic support within a geographically defined area and has been promoted as being particularly suited to the aftermath of humanitarian crises in urban settings. Much information is available on the Global Shelter Cluster [Settlements Approaches in Urban Areas Working Group](#) web pages, including a guidance document [Settlement Approach Guidance Note](#). The working group has also produced a [compendium of case studies of area-based programming in urban settings](#). It is possible that WASH and other humanitarian actors are not aware of these guidance and case study documents.

Carolina Cordero-Scales, the Shelter & Settlements Global Lead at IOM spoke at the learning event, reflecting on IOM's experience of operationalizing this area-based approach within their programming.

IOM's internal review of the Settlements Approach: early findings

Carolina Cordero-Scales

*The **Settlements Approach promotes integrated and coordinated multi-sector programming in socially and geographically defined areas of intervention**. The approach is well known to shelter and settlements practitioners and there have been efforts to promote it, most prominently the [Global Shelter Cluster Guidance note](#) published in 2020. There are still some gaps in understanding how, practically, we can make the approach work. The Settlements Approach is relevant for this learning event because of the linkages required with other sectors.*

It's important that we're having these conversations at this time, knowing that people are being displaced for longer, and that there are more complex crises, where disasters, climate change, and conflict intersect. With all of those elements layered together, we must be able to find ways of working together in a more effective way. This is a really critical conversation.

This year IOM launched a practice review to understand to what degree IOM was operationalizing the Settlements Approach. I will share some preliminary findings of that review and complement them with my own experience across organisations and some of the challenges and opportunities of integrated working I have witnessed. Something that is coming out of our own analysis is that there's a need to identify different levels. One is the household level, the other is the wider settlement and community level. Then across those two we also need to assess the things that need to happen in the immediate, intermediate, and long-term. What are the things that need to happen in preparedness, post crisis, and recovery, because they are all quite different? And we need to look at what is possible in different contexts; conflicts, disasters, or mixed-flow crises.

At the household level there has been a great push to integrate WASH and shelter. We have come a very long way from conversations that we were having fifteen years ago, where it was common for a shelter practitioner to say, "Well, that's not me, that's WASH". We still have some outliers, and these could be context-driven or capacity-driven but for the most part shelter and WASH interventions are seen as working in tandem. There's also been good work on the non-food items and the household items. The division of responsibilities is slightly clearer every time we respond to a crisis, and very positive collaborative work has also been done on dignity kits.

We are finding more and greater conversations happening at the ministerial level and at the subnational level with relevant authorities. The earlier quote from the GSC Settlements Approach Guidance Note that reads "people affected by crisis do not see their overall recovery in terms of aid sectors" is perhaps a little simplistic. In most contexts where we work there are technical levels of separation between national ministries. People do understand that the Ministry of Housing, the Ministry of Infrastructure, Ministry of Health, etc. are responsible for these technical areas, so we shouldn't underestimate people's ability to understand that we're talking about different technical interventions. However, people's needs are layered, they evolve, and so we, humanitarian and development actors in all sectors have to be able to communicate with each other, understand the intersectionality of needs, and make sure that we are working together.

At the household level, what are our priorities moving forward? I would question whether the achievement of 'one house, one toilet in humanitarian settings' is a top priority. At the very early stage of emergency settings we focus on life-saving activities, most often without sufficient resources. So perhaps 'one house, one toilet' is something that we strive to get to rather than a priority at the very beginning of a response. Developing minimum integrated shelter and WASH packages could be a very practical way of looking at the issue.

Skills building and skills transfer across and between shelter and WASH practitioners and different organisations is an important theme of focus. Some of the progress that has been made, for example, on Housing Land and Property (HLP) can inspire us and act as a model. HLP is a very technical specialisation, and we don't expect shelter practitioners to suddenly become lawyers and be able to deal with all HLP issues. But there has been a concerted effort to make sure that shelter practitioners understand what they need to know, know what they don't know, and know when to ask for help. If we work on a similar path with WASH and with MHPSS it would be greatly beneficial.

Going back to the Settlements Approach (SA), when we started focusing on promoting it internally, we began by looking at the terminology. The first exercise that we tried to do was to define it. We spent many, many hours internally across departments, with CCCM and other colleagues trying to figure out the IOM definition of it. We found a lot of overlap in terms and realised that we were getting sidetracked on trying to pinpoint the exact terminology for something that people understand differently, so we put that on pause. Instead, we decided to try to figure out what people are doing that looks like SA, how are they doing it and what are they calling it? What tools are they using? And that, we hope, would help us define how to do it.

We are finding that there are some internal and external factors of success. One is knowledge of what area-based coordination or Settlements Approach mean, not necessarily the terminology, but understanding the underlying concepts. We found that some people, or some missions, are implementing some, but not all elements of a SA. By elements, we are referring to three dimensions, the spatial dimension, the functional or services dimension, and then the organisational or the governance dimension of settlements where we work. Some missions are engaged with some dimensions. Perhaps they're doing some social spatial analysis but have not necessarily included climate. Some are engaged with governance at the institutional level, but not at the community level. So, there is variation in the work that is being done and most importantly in defining the entry point to a SA. We are finding that the SA requires a real shift in a way of thinking. When we started the review process, we thought of putting in place an M&E framework for evaluating how well we do the SA. Something tangible we could roll out. Now we're reflecting on this and realising that it is difficult to measure a shift in a way of thinking, or that the framework would be either too simplistic or too complex to generate updates. We were in danger of not really capturing the essence, and it would have become a checklist rather than a real shift in our work. So, what we're focusing now is more of raising awareness of people on what it takes to make that shift, we are highlighting opportunities, entry points, and tools that help us work across the three dimensions (spatial, functional, organisational)

So how do we take this conceptual way of thinking into actual tools that our missions can use? Moving forward, we're going to be working on these practical tools. One example is integrating spatial data into our multi-sectoral needs assessments. That is something that happens already but has not necessarily been consistent. We need to make sure that people understand the shifts that we want to make, and it's not necessarily to say that every proposal needs to be fully integrated, or even every programme, because the context doesn't always lend itself to that. But if we are intentional in the way that we work we will have more opportunities for integration.

CHAPTER 3

Shelter and WASH integration at global coordination level

The learning event benefitted from contributions from the Global WASH Cluster Coordinator, Monica Ramos (UNICEF) and the Global Shelter Cluster Co-lead, Ela Serdaroglu (IFRC). They were joined in a panel discussion by Cristina Mena-Lander (UNICEF) who is fulfilling a consultancy position as the Global WASH Cluster's Inter-cluster Coordinator. The aim of this section of the learning event was to hear global cluster-level perspectives on shelter/WASH coordination mechanisms for integration and how these can relate to practicalities in the field. Together, they addressed the question:

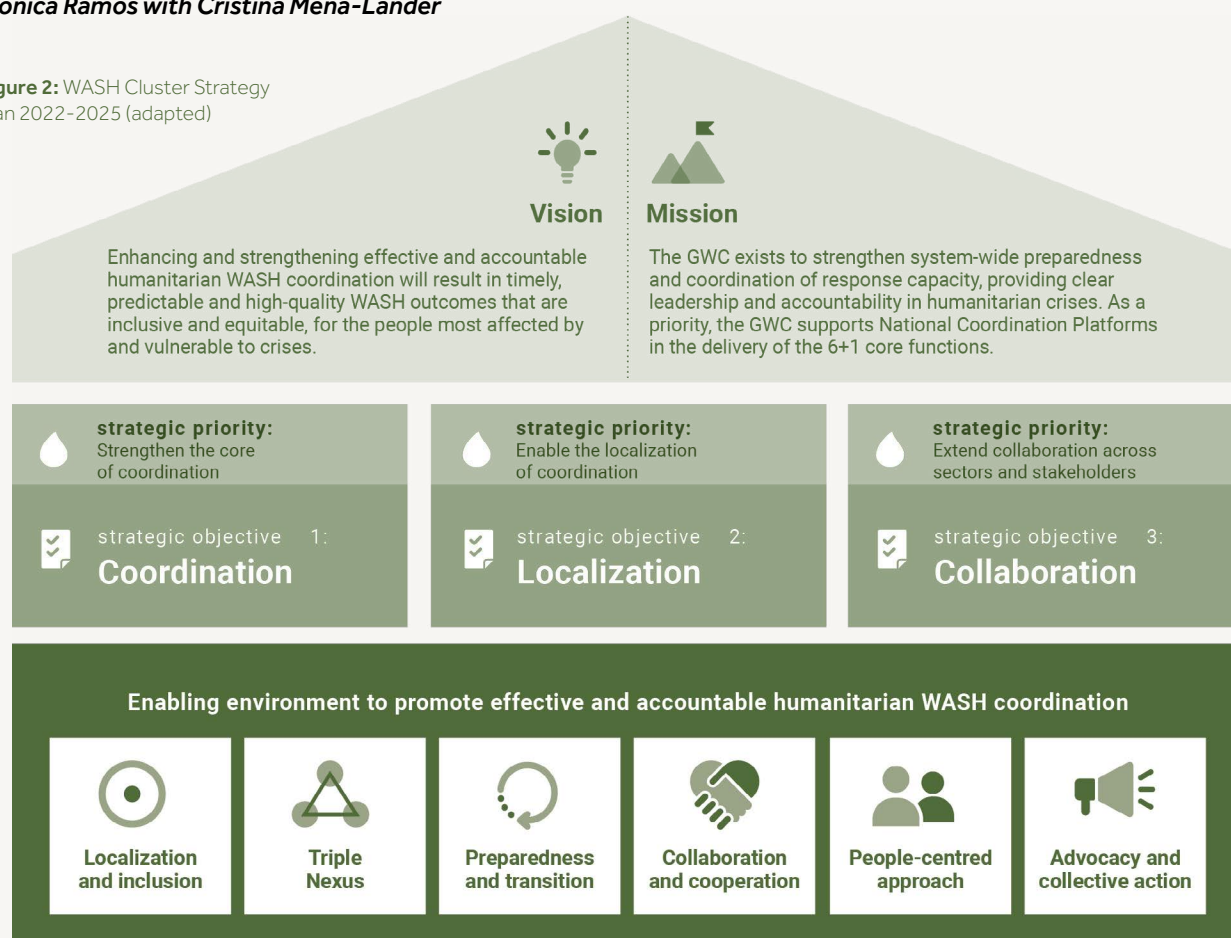
How can the WASH and Shelter clusters and sectors collaborate and coordinate better together to promote integrated programming and overcome challenges to such integration?

In their reflective interventions, both cluster leads emphasised the importance of global policy and strategy linking in practical ways to country clusters' coordination of implementing partners' programming. They also responded to questions and comments 'from the floor' of the learning event about the challenging realities of translating discussion on integration from the global to operational levels.

Global WASH Cluster perspectives on integration

Monica Ramos with Cristina Mena-Lander

Figure 2: WASH Cluster Strategy
Plan 2022-2025 (adapted)



This session focuses on WASH Cluster coordination of humanitarian responses, from the global level perspective. It includes coordination within the WASH Cluster and also linking to broader WASH sectoral initiatives. The WASH Cluster's **Strategic Plan 2022-2025** is based on three pillars:

- **Strengthen the core:**

Renewing the focus of the 6+1 core functions, to enhance and strengthen the capacity and preparedness of National Coordination Platforms (NCPs) to lead effective and accountable humanitarian WASH coordination.

- **Deepen coordination:**

Enabling the localization of effective and accountable humanitarian WASH coordination with NCPs to deliver at the national and subnational levels, through active participation, meaningful representation, and decisive leadership in driving humanitarian WASH outcomes through the inclusion of local and national actors. This relates to ensuring that we can drive and actually deliver upon the localization agenda.

- **Broaden collaboration:**

Increasing collaboration, synergy and complementarity across the broader humanitarian WASH sector, and sectors and clusters, from a diverse range of stakeholders – from local to national actors, to public and private partners and civil society – to ensure effective and accountable coordination of humanitarian crises and to foster innovation. This is the strategic pillar that we will be focusing on in this learning event – how WASH actors collaborate with other sectoral specialists and cluster mechanisms.

In the GWC, this collaboration is viewed from two different angles:

1. The need to extend further the collaboration within the WASH sector. So how do we, as humanitarian WASH actors, intersect with development actors working in WASH as well as peace actors – this is, the triple nexus. It is also important that we create cooperation and the enabling environment for all relevant actors to come together, as this increases efficiencies, maximising gains to achieve the ambitious targets set by frameworks that are essential to humanitarian action.
2. The question of how we come together across clusters and sectors, and what can we concretely do, from the coordination point of view, to strengthen the collaboration amongst different clusters in order to enable integration of humanitarian responses – is critical to ensure effective and accountable coordination of humanitarian crises.

The Global WASH Cluster is working on the development of short and practical documents, joint operational frameworks (JOFs), that would serve as guidelines for how different clusters can work together, in different situations. These JOFs will be structured along the Humanitarian Program Cycle (HPC) phases, showing how the different stakeholders (coordination platforms, implementing actors, governments and donors) could coordinate throughout these phases jointly (Joint Needs Assessment and Analysis, Joint Strategic Planning, Joint Implementation and Monitoring, Joint Resource Mobilisation, and Joint Evaluation and Learning). The GWC has previously worked with the Global Health Cluster to develop a JOF for **Improving Coordinated and Integrated Multi-Sector Cholera Preparedness and Response within Humanitarian Crises**.

One particular thematic area the GWC is looking at is conflict and displacement, with the ambition of creating a JOF for conflict settings, that would bring together key clusters within that context, such as shelter, protection and CCCM, and plan/suggest how they would interact with the WASH Cluster, from the coordination point of view.

The JOF document is designed to be used in the field, and it blends together field experiences from coordinators, donors, implementers and other stakeholders, addressing the main issues, bottlenecks, and including best practices that have proved helpful in overcoming challenges. The audience of the JOFs will be national coordination platforms and will summarise the role(s) different stakeholders would ideally play for an 'ideal' response, working together to achieve a common outcome.

For the elaboration of these JOFs, a broad range of interviews is being carried out. Consultations with stakeholders at different levels (global, national) will enable essential input for the design of the JOFs, in order for them to be realistic and practical. Best practices from some country teams, including Afghanistan, South Sudan and Ethiopia, are being captured as examples of integrated responses with ideas on how to overcome bottlenecks. The information will be then blended with the pertinent literature review, and structured in a JOF, to serve and inspire other country teams when initiating integrated responses. For the case of shelter and WASH, this JOF would suggest the way forward for country coordination teams to embed integrated shelter/WASH responses into the country HPC (HNO/HRP). This would eventually determine how programmes are designed at country level.

What will this JOF look like?

		HPC Phase						
		Joint Needs Assessment & Analysis	Joint Strategic Planning	Resource Mobilisation	Joint Implementation & Monitoring		Evaluation & Learning	
National Stakeholders	Coordination Platforms	Joint Needs Analysis	Joint Plans	Enabling Funding	Joint Package	Same Outcome	Joint Monitoring	Joint Learning
	Implementing actors							
	Governments							
	Donors							

Figure 3: Cristina Mena-Lander (adapted)

The global level's role is to support national coordination teams with solid guidance on coordination, which they can then use at the inter-cluster/sector platforms to translate such guidance into programming. The Global WASH Cluster relies on the national coordination teams to ensure effective and accountable coordination practices that ultimately translate into timely, predictable and high-quality WASH outcomes. The GWC will therefore focus on producing very practical guidance (in the form of checklists, for example), to enable national coordination teams to use them. The production of these JOFs really responds to national teams demanding specific guidance on how to better integrate and collaborate with others for more holistic responses in different settings and contexts.

Global Shelter Cluster perspectives on integration

Ela Serdaroglu

The **Global Shelter Cluster's Strategy 2018-2022** was written five years ago and is currently under revision. It consists of four pillars: coordination, advocacy, evidence-based response and capacity. At this learning event on integrated programming and in this section on global coordination, we are discussing what more we can do together. One thing that we should be doing is the operationalization of our strategy to bring it from the global level to the country clusters and their coordination activities. In preparation for this learning event I asked some country cluster coordinators their opinion about why coordination and integration with WASH was a challenge in their countries and what could be practical suggestions to work better together. These experienced experts at the country level suggested that it is happening more naturally at the programme level by partners, and that the main challenge was at the coordination and the funding spheres. Of course, different country clusters are organised in different ways, have different priorities and funding streams. Some country cluster coordinators referred to successful examples, recalling, for example, a joint assessment in the Philippines, an inter-cluster working group in Vanuatu. At the global level, the GWC and GSC did a successful **joint advocacy piece on cash programming** a few years ago. So there are examples, but they are not yet mainstream.

Like the GWC, the GSC has transition as one of our strategic priorities - transition to recovery, longer term programming - the nexus. There comes a moment when all these sectoral issues (shelter, WASH, education, health...) come together in long-term development planning, but by then, unfortunately, the money has run out or attention has shifted. We are rarely in a position to do integrated programming towards long-term healthier homes and communities.

At the level of outcomes, WASH programming has always been very closely related to health outcomes. In Shelter & Settlements, we have had a harder time advocating for the health outcomes that shelter contributes to. It has been difficult for us to communicate effectively the foundational benefits of adequate shelter and homes, including the benefits for health and psychosocial well-being, although we have been making some strides forward.

What can we do differently?

First of all, we should not expect that we can start doing everything together immediately. I think we should look at incremental collaboration, identifying things that work, building on mutual willingness, and how we can scale those up. Starting small and allowing integration to grow without being too prescriptive. Joint assessments are one opportunity. The ambition for a joint operational framework that the GWC has proposed would be very good and a useful place to start because it focuses on operational priorities and would make a difference for the people we aim to serve. We have to prove ourselves useful from the global level. We have to provide national coordination teams with a service, not an extra demand, not an extra theoretical approach. I think such a checklist, a framework, would be very useful.

At the global cluster level, aligning our timelines and strategic priorities, and using the same language, would make working together easier. Now maybe the ball is in our court, as the Global Shelter Cluster, because we are in the process of setting our strategy for the next few years. Furthermore, we could maybe look at sharing some capacity and global resources on areas of common interest: the environment, information management, advocacy. Another opportunity is around working in urban settings, as the urban context is pushing us to think differently. The Settlements Approach gives a lot of entry points, if we can operationalize it together through a common understanding. So a joint WASH and shelter working group offers opportunities to develop how this can be done and push us to look from each other's perspectives.

*Personally, I think that one of the best ways of bringing sectors together is if people can work cross-sectorally as individuals. Those people could be the catalysts for change, because the next job that they get, they're going to say: "You know, WASH and shelter, they really need to work together." So I'm really talking about planting those seeds and growing them while not immediately expecting a huge shift. **Shelter and WASH actors can separately and jointly advocate for the ways in which household and community living conditions contribute¹⁶ to people's physical AND mental health.***

Next steps for Global WASH and Shelter Clusters?

Monica and Ela suggested realistic joint next steps for shelter and WASH integration at global coordination level:

- Share capacity and global resources on areas of common interest.
 - Engage with each other's strategic advisory groups (SAGs) - for example, through Focal Points where relevant.
 - Joint advocacy. Focal Points to identify particular messages, opportunities and contexts.
 - Climate change is a clear common area of interest.
 - Work towards alignment of language.
- Work in urban settings is a catalyst for different thinking and ways of working
 - Joint WASH and Shelter & Settlements working group or task force to harmonise/align approaches
- Joint Operational Framework for conflict and displacement settings (as proposed by GWC).
 - Bilateral/multilateral consultations with shelter, protection, CCCM to agree and formalise approaches.

¹⁶ The 'shelter' itself, plus water supply, toilets/latrines, site drainage etc.

CHAPTER 4

Tools for integrating MHPSS with shelter and WASH

The wider impacts of shelter assistance

Following Carmen's introduction to MHPSS and its deliberately inter-sectoral nature at the start of the learning event, she led a panel discussion session with other MHPSS specialists, exploring HOW shelter and WASH actors can integrate MHPSS within their programming and adopt an 'MHPSS approach'. She was joined by MHPSS specialists from the UN Refugee Agency (UNHCR), the World Health Organization (WHO) and the International Medical Corps (IMC). The topic of monitoring and evaluation and how MHPSS-developed tools can support integrated programming was also touched on and was continued later in the learning event, reported in the section [Measuring and evidencing outcomes of integrated programming](#).

Moderator: Carmen Valle Trabadelo, Co-Chair IASC Reference Group on MHPSS in Emergency Settings

Let us bring back the focus to MHPSS and its relevance to shelter and WASH programming. Not only what we do, but also how? To connect MHPSS with shelter and WASH, we need to strengthen coordination. How can we guide coordinators at the country level to integrate an 'MHPSS approach'? How is this relevant for shelter and WASH specialists? What are some of the more practical tools we can use?

Adopting an 'MHPSS approach'

Pieter Ventevogel, Senior Mental Health & Psychosocial Support Officer, UNHCR

In UNHCR we started using the term 'MHPSS approach' in 2013. Thinking about MHPSS, people usually assume that it is about counselling, providing medication, doing in depth psychotherapy and indeed these are all extremely important and require a certain level of specialisation. We call these MHPSS interventions. They have as their primary goal to improve mental health and foster psychosocial well-being. As such, they relate to the top of the IASC MHPSS intervention pyramid with the different layers of support. But there is so much to be won, if people who do NOT have MHPSS as the primary outcome of their work, nevertheless do more around MHPSS. We call this adopting an MHPSS approach.

With an MHPSS approach, you do not do different things, but you do your routine activities slightly differently, in order to make them conducive to mental health and psychosocial well-being. An MHPSS approach overlaps with accepted 'good practice' of humanitarian action and is also closely related to 'protection mainstreaming' in other sectors, such as participatory programming - involving people who are affected by the emergency and making sure that what we do is what they want and is really supportive to their needs.

It shouldn't be rocket science - humanitarians have their own specialisms. We don't want engineers to do the counselling and we certainly don't want psychiatrists to do the shelter!

We can also work together to do more. We can be aspirational. Some practical examples illustrate this.

- **Psychological First Aid (PFA)** includes consciously reacting to people who are in distress and knowing that you have a role to play within that process. The first responders in emergencies are very often shelter and WASH specialists. PFA offers an opportunity for these first responders to think about how their own reactions can either make it better or make it worse for the person of concern. PFA workshops are not trainings, as such. They are

workshops where you can do role plays, and reflect on how your own attitude, and your own words, matter. There is much to win by training shelter and WASH volunteers in PFA so they can identify people who need more support from more specialised MHPSS services and know how to refer a person in distress.

- **Shelter support for those with more severe mental health conditions.** In the [Sphere Handbook](#), there are a few points regarding MHPSS and Shelter.¹⁷ For example, the living space should be accessible for people with disabilities and those living with them. The Sphere Handbook specifically says that those with intellectual and psychosocial disabilities may need additional space. However, in reality we do not often see that these people receive additional support such as an extra tent or space in other forms of accommodation. Shelter actors, working with protection and MHPSS specialists, can have a pivotal role to play in improving living conditions for those with chronic or severe mental health conditions or psychosocial and intellectual disabilities.
- **Accommodation layout and design should include public and household living spaces** to increase options for socialising. Social connectedness is one of the main drivers for good mental health. When it comes to shelter design or camp layout, efficacy is often prioritised, but we also need to think about communal spaces. Social infrastructure needs to be highlighted when shelter and settlement plans are being made.
- It is also important to **take psychosocial aspects into consideration** when you prioritise people for emergency support. Among refugees or IDPs in urban settings, the threat of losing accommodation, such as through eviction, is a major psychosocial stress factor. Addressing this shelter concern can actually be the most important MHPSS intervention.

MHPSS Minimum Service Package

Inka Weissbecker, Mental Health Technical Officer, WHO

How can we very practically integrate MHPSS in different sectors? The [minimum service package \(MSP\) for MHPSS](#) has been developed by WHO, UNICEF, UNHCR and UNFPA together with the Inter-Agency Standing Committee (IASC). The MSP is planned to be published as an IASC product (currently under review) by 2023. The MSP provides guidelines on how to integrate MHPSS across different sectors. Initially, the MHPSS MSP was conceptualised as only including health and child protection, and it has grown over time to include more sectors, such as education and now also shelter and WASH. The MSP includes 22 high-priority activities that should happen in any humanitarian emergency, designed to facilitate a faster and more effective and coordinated response. The activities are organised into four sections:

1. Inter-agency coordination and needs assessments.
2. Essential components of MHPSS programmes, such as M&E and workforce well-being
3. MHPSS program activities, in line with the intervention pyramid for MHPSS in emergencies.
4. Specific activities and considerations for special settings, such as COVID-19.

Many different sectors and areas of work can play a role in the dissemination of key messages about mental health and well-being, and where to find services. This could include notices in places such as waterpoints. Psychological first aid is part of the MSP and is of course relevant to many different sectors, as is the ambition of joint advocacy of the interconnectedness between MHPSS and different areas of work. The [MHPSS MSP website](#) includes explanatory videos and PDFs of the field-tested versions (including translations in Spanish, Ukrainian, Polish, French and Arabic) are available to download. The final version of the MSP will contain key considerations boxes with sector-specific guidance for sectors including shelter, WASH and CCCM. The website will be continuously updated with new resources showing examples from the field and guidance from specific organisations.

¹⁷ Sphere Association (2018) The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>

Integrating MHPSS within humanitarian action

Houdou Seyni, Global MHPSS Advisor, International Medical Corps

One of the points coming up repeatedly during the learning event was coordination. We have been working on how MHPSS can be integrated in the humanitarian programme cycle (HPC), humanitarian needs overview (HNO) and humanitarian response plan (HRP), and how MHPSS Technical Working Groups can contribute to this integration. I would like to focus on three main points: advocacy, coordination and capacity building. With regard to advocacy, it is important to have a clear view of MHPSS needs, so a multi sectoral needs assessment should systematically include MHPSS components. This will inform the humanitarian need overview, which is the most important element at the beginning of an emergency, and will condition the humanitarian response plan. With coordination, it is important to support the creation and functioning of the cluster's non-sectoral MHPSS technical working group and advocate for its co-leads to participate in inter-cluster meetings at the country level. This is unfortunately not done in some countries. This coordination will enable the development of guidelines and tools. In terms of capacity building, it is important for both humanitarian and MHPSS actors to be trained - this does not just mean PFA training for all humanitarian actors, especially first responders. MHPSS practitioners should also be trained in other aspects of humanitarian domains. **Knowing each other better will also allow better outcomes.**

There were several indications from the learning event Zoom 'chat' of multiple initiatives in place to connect shelter, WASH and other sectoral activities with mental health and well-being. For example, the link to a book offering a **joint operational framework for integrating WASH with mental health and care practices from ACF International** was shared. This includes the "psychosocial aspects of WASH interventions, including aspects such as culturally sensitive design of interventions, protection and security of care givers, and channels for feedback from affected populations".¹⁸

¹⁸ ACF International (2013) Integrating WASH and MHCP [Mental Health and Care Practices] <https://www.actioncontrelafaim.org/publication/acf-international-manual-1-1-3-how-to-integrate-wash-and-mhcp-activities-for-better-humanitarian-projects/>

CHAPTER 5

Measuring and evidencing outcomes of integrated programming

The topic of monitoring, evaluation and learning (variously M&E and MEAL, reflecting whether accountability and learning are seen to be intrinsically connected with monitoring and evaluation) was placed in the final session of the learning event. The session's lead Fiona Kelling, an independent shelter and settlements consultant, commented that in one sense it makes sense for M&E to go to the end, because "you only ever evaluate what's happened after it's happened, or monitor as something is happening". She suggested rather that thinking about what you want to achieve and knowing if and how you're making it happen should actually come at the start of programming.

Fiona was asked to lead the final session of the learning event as she has previously written about capturing multi-sectoral outcomes and the 'wider impacts' of shelter programming¹⁹, including on health and well-being. She is a shelter specialist who has taken a keen interest in impact and evidence, in particular its relationship with decision making, accountability and programming.²⁰ She posed a deliberately provocative question at the start of the session:

“

How would our discussions be different if we actually put M&E as the first session of the day, and we started talking about outcomes and how we measure them before everything else, rather than at the end?

”

With that in mind, Fiona introduced the notion that well-being can provide an overarching framework for measuring the outcomes of integrated programming. Well-being can align interventions rather than have them compete with each other, because different sectoral activities are contributing towards it. A well-being framework naturally has to consider protection and gender, as well as other cross cutting things like early recovery or the environment; fundamentally well-being has physical, social and environmental dimensions. Well-being is embedded within specific cultural or context-specific norms, and so lends itself to being specific to the particular place in which humanitarian actors work.

Monitoring and evaluation regarding health (or other impacts) in integrated, flexible programmes (such as multisectoral cash grants) is more challenging than in conventional shelter assistance. Causal links are impossible to prove without delivery of a specific product or built intervention (and even then very hard and expensive). A well-being framework allows practitioners both to identify a particular sector's contribution towards improving well-being, as well as the more metaphysical, less technical, shared senses. So it is more of a theoretical approach, or a shift in a way of thinking (similar to the shift in thinking needed for successful adoption of area-based approaches referred to earlier in the learning event). In very simple terms, a well-being framework has "doing something that makes people's lives or situations better" at its centre.

Fiona Kelling acknowledged that well-being is "a slightly fuzzy notion" and used a Mentimeter online poll as an interactive and inclusive way of finding out how the learning event participants conceptualised and understood well-being and to start to explore some of the issues related to using the notion, or concept, as an outcome indicator.

What does well-being mean to you?

Answers spoke to the multi-dimensional aspects of well-being, with emotional and also physical aspects being foregrounded in people's definitions.

¹⁹ Fiona Kelling led the research for InterAction on the [wider impacts of shelter](#) (InterAction, 2020)

²⁰ See, for example [What Impact?](#) (Kelling, 2021)

- Positive outlook
- A state in which physical, social and emotional needs are met
- Lack of anxiety, oppression or suffering
- Being able to fulfil my potential
- Sleeping well at night
- Feeling good in my own skin
- Autonomy and sense of control over one's life
- Sense of security
- Decent and secure family space
- Work-life balance
- Good mental health, happiness and wholesome social environment
- Overall satisfaction of my needs (mental, social, physical)
- Exercising personal agency
- Self-reliance and good conditions of living

What does well-being mean for your sector?

With the understanding that well-being may mean different things within specific sectors, such as MHPSS and WASH, Fiona suggested that one of the challenges of well-being as a framework is its broad nature. Many responses were about basic needs being met but also referred to social connections and clearly reflected participants' sectoral specialisms. Other responses revealed lack of familiarity/use of the concept within people's professional experience.

- Not very much
- Safe secure living conditions
- 'Adequate' housing
- Dignified living conditions
- Hard to identify
- Privacy, safety, thermal comfort
- Enough safe water
- Having a home
- A focus on home and homemaking as an important element of recovery
- Having access to basic services, security and a sense of safety
- Having a home
- Privacy when it's required
- Adequate dignified sanitation
- Safe and dignified access to latrines
- Holistic approach to sheltering - settlement-physical environment

What barriers do you face in measuring well-being?

The third Mentimeter question required single word or short phrase responses and these were displayed in a word cloud. The variable and subjective understanding of the intangible term well-being were seen to be barriers to measuring it as an outcome of programming, along with awareness of 'survey overload' for project participants/project implementers. Other more practical barriers such as time and budget were included.



What additional support would you require [if you were going to try and measure well-being]?



This Mentimeter question drew several comments related to participants' need for training, tools and indicators that could be used within integrated programming. Happily, this interactive section of the learning event was followed by speaker interventions that had some practical and feasible suggestions for ways forward to overcome perceived challenges of framing integrated programming around well-being outcomes. Further examples were shared in the event's online 'chat' function. For example, it was shared that the Global WASH Cluster and IOM are piloting an **Accountability and Quality Assurance (AQA) framework** which incorporates a shift to reporting against outcome and people centred indicators as opposed to outputs. The AQA framework aims to empower implementing partners with the information needed to deliver high quality responses by measuring what matters whilst emphasising the voices of those affected by a crisis. The process follows four key steps: define, measure, adapt, learn, and is currently being undertaken in ten countries: Burkina Faso, Bangladesh, Mali, Mozambique, Myanmar, South Sudan, Sudan, Syria Northwest, Venezuela, and Yemen. More information will be available in 2023.

Heide Reide, MHPSS Officer at the International Organization for Migration (IOM), spoke about recent IOM work to identify and measure well-being outcomes of their programmes, particularly in mental health and psychosocial support. This intervention served as an illuminating example of how community-led well-being indicators can be developed and used. Heide also flagged to the learning event participants that there are existing indicators that can be used in M&E of integrated shelter/WASH programming.

How to measure well-being: IOM's experience in identifying and measuring well-being outcomes, particularly in mental health and psychosocial support programming

Heide Rieder, MHPSS Officer, IOM

Assessment, monitoring and evaluation are essential to develop programmes based on the needs of affected populations, to provide meaningful assistance and to adapt activities as required. Intersectoral work in humanitarian settings is getting more and more attention and requires joint action as well in the field of monitoring and evaluation. However, integrated outcome and output indicators that can be used for an integrated approach looking e.g. into Shelter, WASH and MHPSS, do not exist. As identified throughout the learning event, improving the well-being of the individuals and communities we work with, is a relevant goal and its underlying concepts can be used for this purpose. But first we need to define what "well-being" means in a specific context, culture and working environment. This definition process requires a participatory and qualitative approach which includes the voices of the target population. I will describe later in more detail how such a process could look like.

If you don't have time, money and energy to develop your own 'well-being tool' or measurement, it is worth looking into the existing **IASC Common Monitoring and Evaluation Framework for MHPSS**, originally published in 2017 and updated in 2021 with means of verification. As the title states, the framework was developed for MHPSS, but it includes some indicators that could be relevant also for Shelter/WASH integrated work in different contexts. The overall goal is:

Reduced suffering and improved mental health and psychosocial wellbeing

Overall goal	Key goal impact indicators (Gi)
Reduced suffering and improved mental health and psychosocial wellbeing (G)	Gi.1. Functioning (for example, the ability to carry out essential activities for daily living, which will differ according to factors such as culture, gender and age) Gi.2. Subjective well-being (aspects of subjective well-being that could be measured include feeling calm, safe, strong, hopeful, capable, rested, interested or happy, and not feeling helpless, depressed, anxious or angry) Gi.3. Extent of prolonged disabling distress and/or presence of mental, neurological and substance use (MNS) disorder (or symptoms thereof) Gi.4. Ability of people with mental health and psychosocial problems to cope with problems (for example, through skills in communication, stress management, problem-solving, conflict management or vocational skills) Gi.5. Social behaviour (for example, helping others, aggressive behaviour, use of violence, discriminatory actions) Gi.6. Social connectedness: refers to the quality and number of connections an individual has (or perceives to have) with other people in their social circles of family, friends and acquaintances. Social connections may also go beyond one's immediate social circle and extend, for example, to other communities. Note that some of these six indicators may serve as outcome indicators depending on the logic of the programme (theory of change).

The second key goal impact indicator (Gi2) focusses on well-being, measuring aspects of how a person feels. The IASC Framework suggests various means of verification to measure these indicators, using either qualitative or quantitative data collection methods, like free listing, ranking or prioritisation exercises, doing key informant interviews or using the **Most Significant Change** approach. As people commented during the learning event, there are limited culturally adapted or validated tools available. The IASC Framework does suggest some scales that could be used, and maybe adapted, for specific contexts, such as questionnaires that can be administered throughout programmes to check on people's well-being. For example, the World Health Organization's **Five Well-Being Index (WHO-5)** could be adapted.

There are also outcome indicators in the IASC Framework that might be of interest, such as those related to Outcome 1:

Emergency responses do not cause harm and are dignified, participatory, community-owned and socially and culturally acceptable.

Outcomes	Key outcome indicators (O)
1. Emergency responses do not cause harm and are dignified, participatory, community-owned and socially and culturally acceptable (O1)	O1.1. Percentage of affected people who report that emergency responses (i) fit with local values, (ii) are appropriate and (iii) are provided respectfully O1.2. Percentage of affected people who report being actively involved in different phases of emergency response (for example, participation in needs assessment, programme design, implementation and M&E activities) O1.3. Percentage of target communities where local people have been enabled to design, organise and implement emergency responses themselves O1.4. Percentage of staff trained and following guidance (for example, the IASC Guidelines) on how to avoid harm O1.5. Number of negative events perceived by beneficiaries to be caused by humanitarian and/or MHPSS interventions O1.6. Number of affected people who know codes of conduct for humanitarian workers and how to raise concerns about violations O1.7. Programmatic changes made after comments were filed through feedback mechanisms O1.8. Perceptions of needs addressed (that is, needs perceived as serious problems by affected people themselves, such as perceived problems with shelter or livelihoods) O1.9. Percentage of affected people who report receiving accessible information in a timely manner about (i) the emergency, (ii) the emergency response and (iii) self-help approaches for positive coping/well-being

There are several outcome indicators that could be of interest for Shelter and WASH programming. Outcome indicator 1.1 looks into whether the response fits local values, and whether the interventions are appropriate and are provided in a respectful way. Outcome indicator 1.2 measures the participation of affected populations in planning and implementation of the response and their inclusion in monitoring and evaluation. There is an additional indicator looking into the perceptions of people, whether the needs of persons who are receiving services were actually met including shelter and livelihood activities (Outcome indicator 1.8).

Outcome 3 is linked to community, family and social structures and whether they promote well-being of all their members. This relates to creating spaces where people can meet, where people can do their communal rituals or interact socially. Some of these indicators could be used or adapted to the specific context of Shelter/ WASH programming.

3.

Family, community and social structures promote the well-being and development of all their members (O1)

- **O3.1.** Number of children reunified with family members or who are in other appropriate care arrangements according to their specific needs and best interests
- **O3.2.** Extent of parenting and child development knowledge and skills among caregivers
- **O3.3.** Quality of caregiver–child interactions
- **O3.4.** Level of family connectedness or cohesion
- **O3.5.** Level of social capital, both cognitive (level of trust and reciprocity within communities) and structural (membership and participation in social networks, civil or community groups)
- **O3.6.** Percentage of target communities (such as villages or neighbourhoods) where steps have been taken to identify, activate or strengthen local resources that support psychosocial well-being and development
- **O3.7.** Percentage of target communities where communal rituals for the dead have been organised
- **O3.8.** Percentage of formal and informal social structures that include specific mental health and psychosocial activities or supports
- **O3.9.** Number of affected people who use different formal and informal social structures (such as schools or informal education for children of all ages, health care, social services, early child development programmes, women's groups and youth clubs)
- **O3.10.** Number of people in at-risk groups engaged in livelihood opportunities
- **O3.11.** Number of children with opportunities to engage in learning developmentally appropriate socio-emotional skills

I am now presenting an example of the development of a well-being framework from IOM South Sudan. IOM is using a community-based, participatory MHPSS approach in different settings and applies the same underlying principles in its planning, monitoring and evaluation activities (see chapter 3 in the [*IOM Manual on Community-based Mental Health and Psychosocial Support in Emergencies and Displacement*](#)). A qualitative tool for assessment and monitoring of MHPSS activities has been developed in collaboration with [*Martha Bragin*](#), Professor at the Silberman School of Social Work at Hunter College in New York, and colleagues.

The development of the well-being measurement tool was based on group discussions with community members of the internally displaced community from the Protection of Civilian (PoC) site in Wau, Western Bahr el-Ghazal. The research process started by identifying the concept and asking people about their understanding of psychosocial well-being, and its meaning in their own language, since the group was composed of members from different ethnic and language backgrounds. Twenty-three focus group discussions were held with more than three hundred and fifty people including community leaders and community members who were part of the programme. The answers were coded into different domains, out of which were then produced the different indicators. In the second phase, the suggested domains and indicators were validated through pre-informed interviews and then ranked according to the priorities identified by the participating population.

Eight domains of relevance to well-being were identified such as connection to traditions, culture and spirituality; access to information, resources, and basic needs; connection and togetherness with the community; advocacy and justice; and recreation and participation. For those different domains indicators were developed: 'I can get on freely with my friends to engage in conversations', and after the validation participants were asked to assess the current status of the programme to find out how people felt about it. In this participatory approach people who were part of the programme could say: 'Well, currently, I do not have space with privacy, to get together with my friends'. The indicators that were chosen to be relevant for the programme could then be assessed at different points in time e.g. after 3, 6 and 9 months to identify any changes as well as at the end of the programme. More details of the methodology can be found in [*Development of Participatory Psychosocial Well-being Indicators for IOM-MHPSS Programming in Wau, South Sudan*](#).

Martha Bragin called psychosocial well-being a 'difficult to measure concept'. It is indeed a complex concept. If you want to measure it properly, I suggest developing your own tool relevant for a specific context and cultural background. If you don't have time for that, look into existing indicators and tools and adapt them to your needs.

Further reading and resources related to Heide's presentation:

Bragin, Martha (2005). The Community Participatory Evaluation Tool for psychosocial programs: a guide to implementation. Intervention, Volume 3, Number 1, 3 -24.

<https://www.interventionjournal.com/content/community-participatory-evaluation-tool-psychosocial-programs-guide-implementation>

IASC (2021). The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: with means of verification (Version 2.0), IASC, Geneva.

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency>

IOM (2010). Assessment of the Psychosocial Needs of Haitians Affected by the January 2010 Earthquake. IOM, Port au Prince. This assessment provided the basis for recommendations on durable housing solutions, that won't undermine the economic and social life of residents due to distance from vital economic and cultural centers, and respectful of the traditional Lakou housing model.

https://www.iom.int/sites/g/files/tmzbd1486/files/our_work/DMM/Migration-Health/MP_infosheets/Assessment-of-Psychosocial-Needs-Haiti.pdf

IOM (2010). Psychosocial Needs Assessment in Emergency Displacement, Early Recovery, and Return. IOM Tools. IOM, Geneva.

<https://www.iom.int/sites/g/files/tmzbd1486/files/jahia/webdav/shared/shared/mainsite/activities/health/mental-health/Psychosocial-Needs-Assessment-Emergency-Displacement-Early-Recovery-Return-IOM-Tools.pdf>

IOM (2021). Manual on community-based Mental Health and Psychosocial Support in Emergencies and Displacement. IOM, Geneva.

<https://www.iom.int/mhpsed>

Kuehhas, Barbara; Taaka, Janepher; Bragin, Martha (2018). Development of Participatory Psychosocial Well-being Indicators for IOM-MHPSS Programming in Wau, South Sudan.

https://www.researchgate.net/publication/349945684_Development_of_Participatory_Psychosocial_Well-being_Indicators_for_IOM-MHPSS_Programming_in_Wau_South_Sudan

Following Heide's intervention, Fiona Kelling took 'to the floor' again to offer further practical suggestions related to using well-being as a framework for monitoring and evaluating integrated programming.

Using well-being as a framework

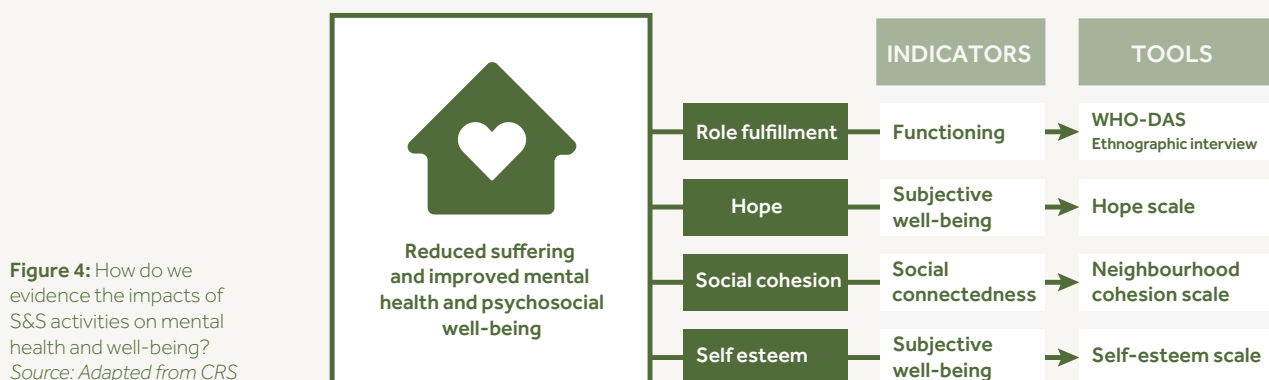
Fiona Kelling

*Having been a cluster coordinator, I am conscious of having to think of all of the things that need to be included: how to take a gender lens or an environmental or protection lens and demonstrate these in humanitarian response plans (HRPs) and the program cycle. In addition, cluster coordinators then need to consider whether partners are actually implementing activities related to these multiple lenses and cross-cutting issues. One of the advantages of taking a step back from the MHPSS 'label', but referring instead to that overall goal within the **IASC Common Monitoring and Evaluation Framework** of reducing suffering and improving well-being can help WASH and shelter (and other humanitarian) actors to have a more unified approach to all of these different lenses and issues. Whether we regard them as being 'just good programming' or protection mainstreaming, these process issues to do with participation and inclusion, and gender and disability, or safe access and dignity all contribute to, or play a role in, people's well-being, as well as sector-specific outputs and outcomes.*

Some of the responses to the Mentimeter poll highlighted the challenges that we face in terms of well-being meaning either everything or nothing. These challenges include problems in capturing aspects of well-being, how the task might be perceived to be complicated and time-consuming and that humanitarian actors may not consider measuring and evidencing well-being outcomes to be part of their job. There are several things that might need to be considered more when thinking about M&E and measuring outcomes of integrated programming: participation, qualitative indicators, adaptive programming and being selective.

Participatory approaches to programming - including M&E

The **2022 State of the Humanitarian System** report includes discussion of humanitarian M&E processes; who actually sets monitoring and evaluation questions, who gets to decide what is being measured, who identifies the benchmarks and indicators of success?²¹ Frequently, 'affected populations' or project participants do not. Having a participatory approach to M&E can contribute to often-absent feelings of empowerment by addressing some of the power dynamics embedded in humanitarian programming. **Well-being, as a framework, can help shelter and WASH practitioners to adopt and champion participatory processes within programming, which itself has social benefits.** This was discussed in the 2021 learning event, reported in **Mindful Sheltering**. Melissa Tucker and Jamie Richardson's presentation reflected on their experience of using participatory approaches within shelter and settlement programming in Kutupalong Refugee Camp in Bangladesh and on early attempts to measure the impacts of such programming on mental health and well-being. "The project was designed to test the hypothesis that participatory approaches to improve settlement and shelter conditions, that utilize the skills and capacity within the community, would contribute to greater community cohesion and resilience to future shocks" (Webb and Weinstein Sheffield, 2021 p41). Melissa Tucker, an MHPSS specialist, noted then that there are already indicators and tools to measure aspects of well-being, such as hope, role fulfilment, social cohesion and self esteem. These existing tools and quantitative scales may be of use for integrated programming evaluation.



Qualitative indicators

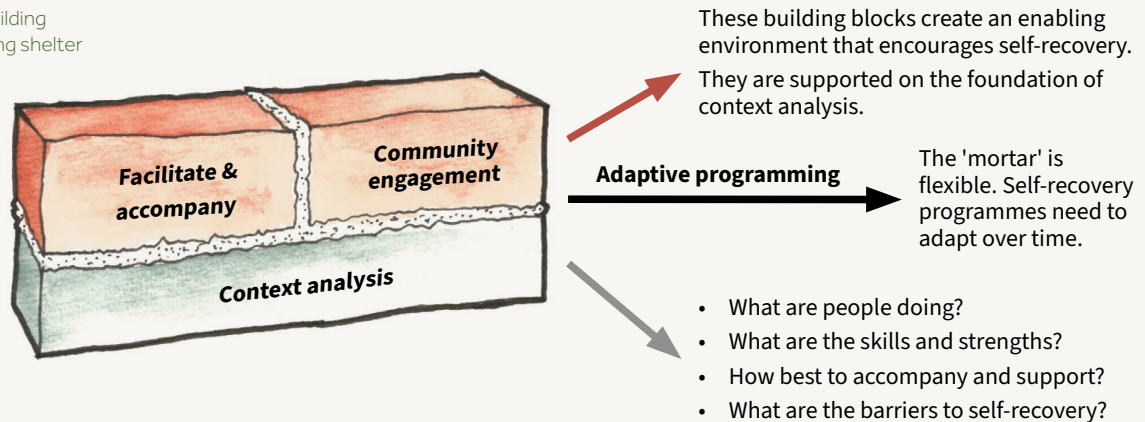
In addition to, or as alternatives, such scales, M&E perhaps needs to adopt more qualitative indicators. This is not to set one type of indicator against another and indeed well-being can be measured both objectively and subjectively. But we should be clearer about what data needs to be captured, and the best way of doing that. The notion of the **Most Significant Change(s)** brought about by integrated programming might be a way in which we start to measure more qualitatively. The topic of community-led MEAL is discussed further in **Pathways Home: Guidance for Supporting Shelter Self-recovery**²² in a section starting on page 124. Monitoring and evaluation tools that aim to facilitate and accompany community-led processes are not routinely used in humanitarian programming; there is a need for shared learning from individuals and organisations with such experience.

²¹ See, for example Obrecht, A (2022) *Who asks the questions and who responds? A broader and deeper assessment of The State of the Humanitarian System*. ALNAP

²² Global Shelter Cluster, 2022. *Pathways Home: Guidance for supporting shelter self-recovery*. Geneva: Global Shelter Cluster.

Self-recovery approaches to humanitarian support rest on the underlying principles of 'going beyond participation' and 'people have agency'. The 'building blocks of self-recovery programming' included in the Pathways Home guidance document are also relevant for a consideration of integrated programming that aims to promote well-being.

Figure 5: Three building blocks of supporting shelter self-recovery



Adaptive programming

Integrated programming needs to be more adaptive than is usual in order to respond to some of these issues raised through participatory activities, including M&E. Projects and programmes need to be able to be adjusted according to what is discovered through interim monitoring and evaluation. Oxfam's **WASH Tweaks** (formerly Sani Tweaks), is such a process. Oxfam has much experience of using this kind of toolkit approach in terms of indicators, so that outputs the project is trying to produce are not predefined, rather allowing for a list of different outputs that then contribute to an overall outcome. Could there be something similar for shelter?

Measuring overload?

Lastly, a point about being selective. Survey fatigue/evaluation overload is a risk. We don't need to measure everything, and we need to be clear about what we're trying to learn, why we're trying to learn it, for whom, and how to avoid overloading organisations for affected people with unnecessary data collection, especially when the data collected may not be used for any useful purpose.²³

In summary, M&E tools already exist that can capture the outcomes of integrated programming, including on mental health and well-being. Greater connections between MHPSS, shelter and WASH specialists can help shift mindsets from measuring outputs to outcomes. However, it's maybe not just about having the tools, but trying to shift a way of thinking or approaching a topic.

Using well-being as a framework can help us think more holistically about the multifaceted outcomes that we hope to achieve, as well as the ways in which each sector, both separately and jointly or 'integratedly', can monitor and evaluate them. The MHPSS lens discussed throughout the learning event increases the likelihood that humanitarian assistance responds to and can help meet broader mental health and psychosocial support needs, both at an individual and a collective level.

²³ Two blog posts explore these issues provocatively: [Understanding first: Why putting understanding before measurement matters](#) and [The skeptical turn in evaluation \(and what to do with it\)](#).

AGENDA OF THE LEARNING EVENT

21. September 2022		
Session	Item	
1	Introduction	Sue Webb (CENDEP and CARE International UK)
	- 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?	
2	Introduction to MHPSS and its cross-sectoral nature	Carmen Valle-Trabadelo (IASC MHPSS Reference Group)
	- What is MHPSS? - How does MHPSS's cross-sectoral nature enable connections with both Shelter and WASH?	
3	Integration in action	Miriam Lopez Villegas (NRC) Ana Luisa Reina (IOM) Gerson Nombora (UNICEF)
	Short presentations to provide inspiration of how to achieve shared objectives of improving living conditions and supporting health and well-being through integrated programming.	
4	Shelter and WASH integration in programming: opportunities and challenges	Marielle Snel (Save the Children) Nick Brooks (CARE Int.) Carolina Cordero-Scales (IOM)
	- 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?	
5	Shelter and WASH integration at coordination level: how to overcome the challenges?	Ela Serdaroglu (IFRC, Global Shelter Cluster) Monica Ramos (UNICEF, Global Wash Cluster) Cristina Mena -Lander (UNICEF)
	How can the WASH and Shelter clusters and sectors collaborate better to promote integrated programming and overcome challenges to such integration?	
6	How to adopt an 'MHPSS approach'?	Carmen Valle-Trabadelo (IASC MHPSS Reference Group) Pieter Ventevogel (UNHCR) Inka Weissbecker (WHO) Houdou Seyni (IMC)
	Tools for integrating MHPSS with Shelter and WASH	
7	Measuring and evidencing outcomes of integrated programming. Using well-being as a framework	Fiona Kelling (independent) Heide Rieder (IOM)
	- What are the 'multiplier effects' and outcomes of safe, dignified, healthy living conditions? - How can we know?	



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