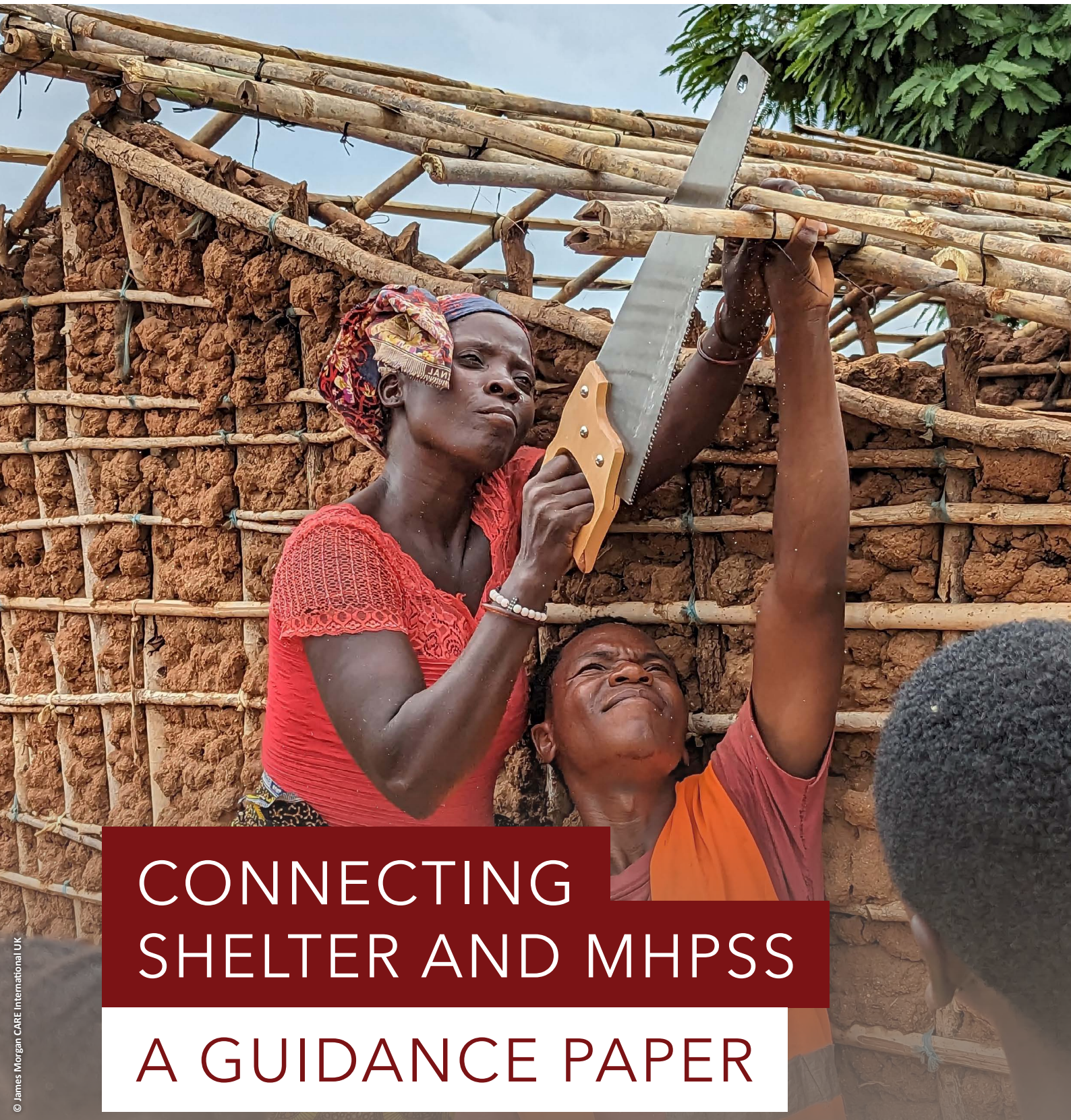
GLOBAL
SHELTER CLUSTER
Coordinating Humanitarian Shelter and Settlements

IASC
Inter-Agency Standing Committee
IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings



CONNECTING SHELTER AND MHPSS

A GUIDANCE PAPER

JULY 2024

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How can Shelter and MHPSS specialists work together to support recovery from crises?

This guidance note aims to provide shelter cluster coordinators, other shelter and settlements actors and those in mental health and psychosocial support (MHPSS) technical working groups with essential information about the linkages and program integration between their areas of concern. The central tenet is that stronger engagement between actors in Shelter & Settlements (S&S) and those in MHPSS, strengthens humanitarian responses and paves the path towards recovery and development outcomes. MHPSS and S&S practitioners can support each other, and together contribute to the well-being and recovery of communities affected by crises. Joint action to improve living conditions and support mental health and psychosocial well-being of people affected by conflict, violence and disasters should be a priority for all humanitarian actors.

This paper has been developed in consultation with the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings | IASC (interagencystandingcommittee.org).

INTRODUCTION

In 2024, nearly 300 million people around the world will need humanitarian assistance and protection, due to conflicts, climate emergencies and other drivers.[1] Conflict, disasters triggered by natural hazards and other crises cause millions to be uprooted from their homes, lose their families, communities, livelihoods and safety nets, and have their resilience tested to its limits.

Losing one's home, or being forced to flee, significantly affects people's mental health, well-being and social development. Most people affected by humanitarian emergencies will experience signs of distress (e.g. feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger, and/or aches and pains) and show natural emotional reactions to their stressful circumstances. With the right support and access to basic services and security, and very importantly, with access to family and community support, the majority of those affected will recover, whereas some individuals will experience a more significant deterioration of their well-being and need further focused or specialised support.[2,3]

Humanitarian and development actors are also starting to understand how the 'daily stressors' of inadequate living conditions in displacement have an impact on mental health comparable to the consequences of the initial crisis or displacement[4].

Over the last decade, supporting people's mental health and psychosocial well-being has gained increasing recognition as a necessary and important part of humanitarian response. This recognition has been largely shaped by guidance from the Inter Agency Standing Committee[5] that makes clear that effective MHPSS requires a collaborative approach between multiple humanitarian disciplines[6]. In June 2023, the Resolution on Mental Health and Psychosocial Support adopted by the UN General Assembly, strongly acknowledged the importance of MHPSS and its multisectoral nature[7]. However, in practice, delivery of MHPSS in emergencies remains concentrated in Health, Protection (including three areas of responsibility; Child Protection, Mine Action and Gender-based Violence) and Education. To date, there has been limited engagement between MHPSS and Shelter & Settlements.

A closer engagement between MHPSS actors and those within the Shelter & Settlements sector would make responses more effective at addressing mental health and well-being needs and guide humanitarian response towards more comprehensive, equitable and holistic outcomes. There are many connections between mental health and well-being, and aspects of humanitarian sheltering, that are fundamental to address. These include protection, inclusion, privacy, and other aspects of adequate sheltering at household and community levels that promote social cohesions and feelings of 'home' and 'belonging'. The adoption of an 'MHPSS approach' (see below) within the Shelter and Settlements sector empowers people to take action to support themselves and others.

[1] Source UNOCHA (2024) Global Humanitarian Overview 2024

[2] One in five people living in areas affected by violence and conflict experience significant mental health conditions. Charlson, F., et al. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and metaanalysis. The Lancet, 394(10194), 240-248.

[3] Vos, T., e al. (2017). Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. The Lancet, 390(10100), 1211-1259.

[4] Horn, R., Jailobaeva, K., Arakelyan, S. and Ager, A. (2021). The development of a contextually appropriate measure of psychological distress in Sierra Leone. BMC Psychology 9 (108) https://doi.org/10.1186/s40359-021-00610-w

[5] IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

[6] Summary Record, IASC Principals meeting, 5 December 2019. https://interagencystandingcommittee.org/inter-agency-standingcommittee/summary-record-iasc-principals-meeting-5-december-2019

[7] Mental health and psychosocial support. Resolution adopted by the UN General Assembly on 26 June 2023. N2318919.pdf (un.org)

KEY MESSAGES

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SHELTER AND MHPSS INTEGRATION: WHAT DOES IT LOOK LIKE IN PRACTICE?

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

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

Refer to the MHPSS Minimum Service Package for guidance, as it maps out how integrating MHPSS into S&S programming can be done. In the MSP users will also find guidance to carry out specific activities (e.g. to plan assessments, to orient actors on basic psychosocial support, to advocate for MHPSS considerations, etc).

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

Include MHPSS and cultural considerations in shelter assessments.

Support the creation or functioning of a cross-sectoral MHPSS Technical Working Group, or equivalent MHPSS coordination structure, and advocate for its co-leads to participate in inter-cluster coordination group, incident management team or Multi-sector Operations Team.

Participate in the MHPSS TWG and invite co-leads to participate at the shelter cluster meetings, making MHPSS a standing item on the agenda.

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

KEY MESSAGES

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

- ✓ Build capacity and design research to provide more evidence on the 'wider impacts' of sheltering.
- ✓ Train shelter practitioners to shelter practitioners to adopt an 'MHPSS approach' in programming is needed.
- ✓ Cluster Coordinators, Programme and Project Managers should be trained in skills to support an 'MHPSS approach': active listening, problem solving, knowledge of referral mechanisms, advocacy on behalf of their communities and strength-based approaches.
- ✓ Shelter programming should employ participatory and inclusive approaches. Whilst well known, these are not always used in emergencies.
- ✓ First responders should be trained in basic psychosocial support skills, including Psychological First Aid. Shelter actors are often among the humanitarian first responders and interact with people; they can be trained in how to interact with people in distress and make appropriate referrals.

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

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

- ✓ Improvements to flooring, washing facilities and sanitation (in particular for menstrual health management), ventilation, insulation from heat and cold can reduce physical ill health and also mental distress.
- ✓ Aesthetic improvements to housing, and the opportunity and resources to choose and implement them (this may be as simple as access to tools and paint in different colours), can also contribute to recovery from crisis.
- ✓ Plan community spaces (places of worship/recreation/sport) in collaboration with affected populations, as well as household spaces such as verandas, so people can come together to help themselves.
- ✓ Provide appropriate shelter for people with severe mental health conditions and their families. Currently, MHPSS colleagues need to campaign for extra spaces/tents.
- ✓ Using familiar and locally-available construction materials that allow families to make their own repairs to avoid dependency.
- ✓ Promoting and facilitating homemaking activities (e.g. gardening)
- ✓ Maximising privacy, ease of movement, and social support (e.g. by providing, wherever possible, family-size shelters, avoiding separating people who wish to be together, enabling reunited families to live together, integrating traditional positioning of neighbouring houses, facilitating the provision of shelter for isolated, at-risk individuals, such as people with severe mental health conditions and their families).

KEY MESSAGES

Key principles of S&S assistance, such as privacy and dignity, safety and security, health and hygiene and climate protection, all support mental health and well-being.

- ✓ Widen Shelter and Settlements programme objectives/targets to include well-being outcomes, through the development of new indicators of well-being.
- ✓ Encourage the use of MHPSS output and outcome indicators to document the impact on mental health and psychosocial well-being and the long-term outcomes of applying a participatory approach to emergency shelter and its role in recovery from displacement and from the daily stressors of inadequate shelter.
- ✓ Use qualitative baselines and narratives from affected communities to measure impacts, including on well-being, of shelter programmes.
- ✓ Community-led MEAL practices and MEAL tools such as 'Most Significant Change' are a route to evidencing more holistic outcomes of shelter and MHPSS activities[26].

Strengthen and/or scale up MHPSS services to reach all affected population groups, with particular attention to cross-cutting issues and continuity of care.

- ✓ There will always be a small proportion of people in a community who experience more severe distress. Whilst it is not within the mandate of shelter actors (staff and volunteers associated with a shelter project and working within communities) to offer direct support to those people, they are in a good position to be trained to recognise signs of distress, to know how to approach people to find out whether the person would like to receive more support, and know how and where to refer them.

[26] For more on measuring and evaluating the impact of shelter and settlement interventions, see Building Impact

WHAT IS MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT?

Mental health and psychosocial support (MHPSS) is a composite term used in humanitarian and emergency contexts to describe any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat mental conditions.

All sectors of emergency response need to allocate resources and consider integrating mental health and psychosocial support into their programming to ensure the well-being of affected communities and staff. HOW services are delivered matters most, either promoting recovery or elevating stress reactions.

MHPSS includes a layered system of complementary support systems/interventions to meet the needs of different groups

ACCESS TO BASIC SERVICES AND SAFETY
(e.g. shelter, food, water, basic health care) that promotes recovery

STRENGTHENING FAMILY AND COMMUNITY SUPPORT

FOCUSED SUPPORT
(i.e. focused individual, family or group interventions by trained and supervised helpers like teachers/doctors)

SPECIALISED SERVICES
(e.g. psychological, psychiatric, and other forms of support provided by a diversity of practitioners in multiple settings (from communities to social services and hospitals), for people with severe mental health conditions)

The shared goal of MHPSS programming is reduced suffering and improved mental health and psychosocial well-being[8]. Mental health and psychosocial well-being has to be understood in its broader definition, referring to the state of [psychological] well-being (not merely the absence of mental disorder) in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. This is only possible by integrating the psychosocial dimension of well-being which accounts for the interaction between social aspects (such as interpersonal relationships and social connections, resources, norms, values, roles, community life, spiritual and religious life).

[8] Inter-Agency Standing Committee (IASC), IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification (Version 2.0) | IASC (interagencystandingcommittee.org).The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: with means of verification (Version 2.0), IASC, Geneva, 2021.

WHAT IS SHELTER AND SETTLEMENTS PROGRAMMING?

Shelter and settlements programming is an important component of humanitarian response both in disasters and conflict settings. The S&S sector has a mandate to support people affected by disasters involving natural hazards and those displaced by conflict with the means to live in safe, dignified, appropriate and adequate shelter[9]. According to the Sphere Handbook[10], 'shelter' refers to a household living space, including the items (such as stoves and buckets) necessary to support daily activities. 'Settlement' refers to the wider location where people and communities live. Shelters and settlements are interrelated and should be considered as a whole[11].

Timely S&S support can save lives in the initial stages of a humanitarian emergency. In addition to providing protection from weather, shelter is necessary to promote health, support family and community life, and provide dignity, security and access to livelihoods[12]. Humanitarian shelter programmes come in many forms, including provision of toolkits, shelter materials, training, cash, construction of temporary housing, housing land and property (HLP) advice, and supply of household items. An emergency shelter is typically quite basic but this, or transitional shelter, may form the basis for something more long term, even becoming permanent housing, depending on the context. Despite the economic, political, and social constraints of the contexts in which they work, S&S practitioners are mindful of the Human Right to Adequate Housing[13], which offers a framework to articulate what 'adequate shelter' in different phases of humanitarian crisis might look like.

The 'wider impacts'[14], or 'multiplier effects' of adequate housing on people's health, livelihoods, protection and, ultimately, recovery from disaster and displacement has been emphasised over many years, summed up in the mantras that [humanitarian] shelter is 'more than just a roof'[15] and 'a process not a product'[16]. Greater understanding of the ways that adequate, dignified shelter contributes to recovery from crises is important for advocacy within and beyond the humanitarian Shelter and Settlements sector.

[9] Global Shelter Cluster Strategy 2018-2022 (p7, 11-13) https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/gsc-strategy-narrative.pdf

[10] Sphere Association (2018). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, fourth edition, Geneva, Switzerland. https://handbook.spherestandards.org/en/sphere/#ch008

[11] However, for simplicity, shelter and settlement activities are often referred to by the shorthand of 'shelter'.

[12] Sphere Association (2018) https://handbook.spherestandards.org/#ch008

[13] Adequate housing offers security of tenure, affordability, habitability, availability of services, materials, facilities and infrastructure, accessibility, location and cultural adequacy. https://www.ohchr.org/en/special-procedures/sr-housing/human-right-adequate-housing

[14] The S&S sector has made efforts in recent years to understand these 'wider impacts' of humanitarian sheltering and the potential positive multiplier effects of adequate living conditions. See, for example, https://www.interaction.org/blog/more-than-four-walls-and-a-roof/

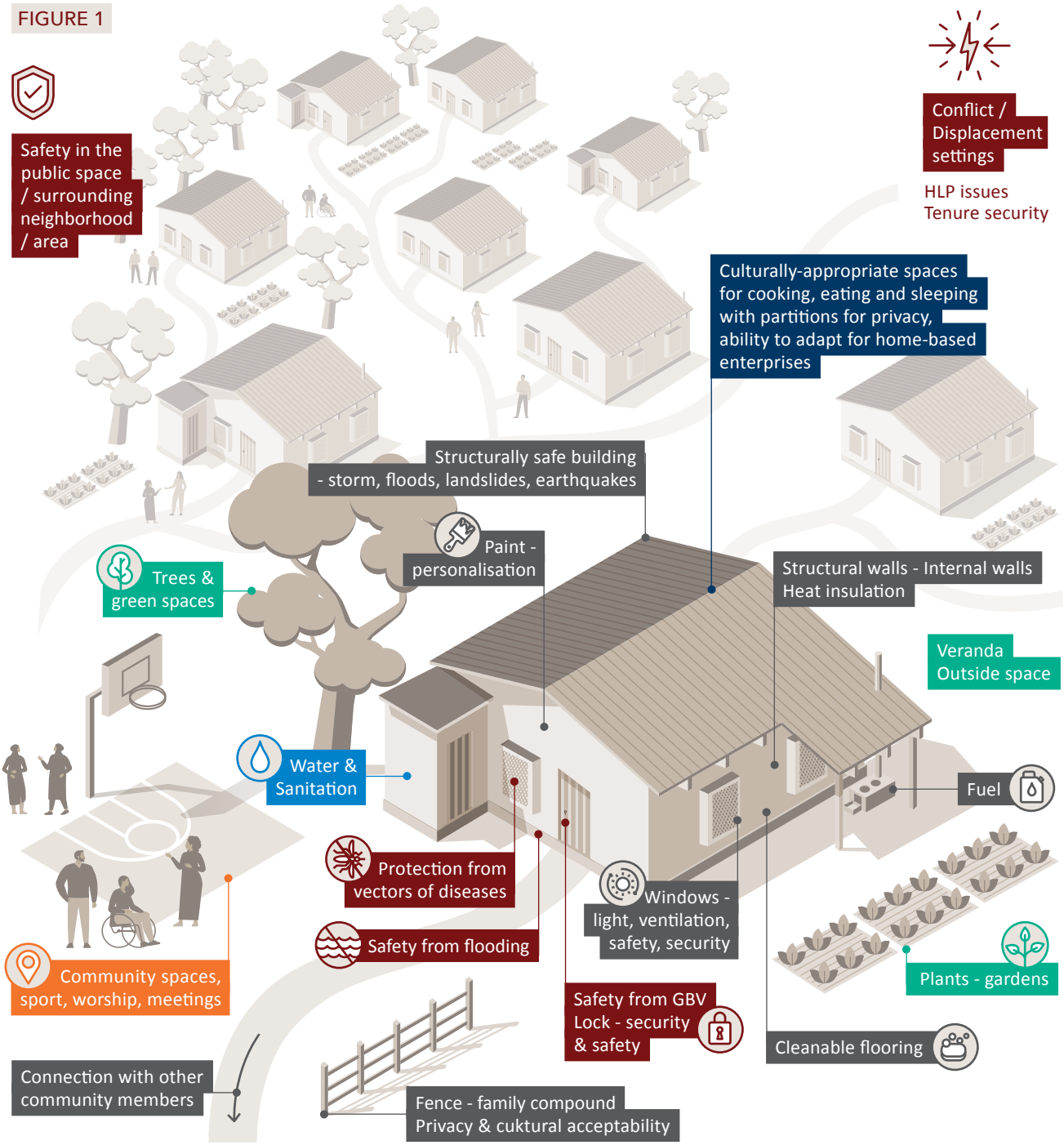
[15] https://sheltercluster.org/resources/pages/more-just-roof

[16] See https://www.ifrc.org/shelter-and-settlements and Ward George, J. (2022) 'Understanding "process vs product" in the shelter and settlements sector: a reflection' Disaster Prevention and Management: An International Journal, Volume 31, Number 1, 2022, pp. 92-99(8) https://doi.org/10.1108/DPM-03-2021-0113

WHAT ARE THE CONNECTIONS BETWEEN SHELTER AND MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING?

Many aspects of people's homes and settlements can impact their physical and mental health, both directly and indirectly; some of these are shown on Figure 1[17].

FIGURE 1



[17] Diagram adapted from Mindful Sheltering (see below)

Adequate shelter, or housing, is foundational for people's recovery from disasters and conflict[18] and also relates closely to crisis-affected populations' mental health and well-being. Recovery of housing has a role to play in the overall process of recovery from disaster, and onwards into preparedness and resilience to future shocks. Shelter is one of the 'basic services' that should be provided in emergencies in such a way that they protect and promote mental health and well-being:

> *The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services. [...] These basic services should be established in participatory, safe and socially appropriate ways that protect local people's dignity, strengthen local social supports and mobilise community networks.*
>
> (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007: 11)

Within the shelter sector, there is increasing awareness of the connections between living conditions, humanitarian shelter responses and mental health and well-being. The opportunities for recognising and enhancing the impact of S&S programmes on mental health and psychosocial well-being were explored in a multi-sectoral learning event in 2021, summarised in *Mindful Sheltering*[19]. Inadequate shelter, overcrowding, poor air quality 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 development. Stressors related to the home can affect both children and adults and are connected to privacy, safety, protection, and stability. On the other hand, the protection provided by a sense of home can be a powerful factor for recovery and well-being.

One of the shelter sector's primary roles is providing emergency shelter to protect people from the elements and from harm. Yet in many post disaster and conflict settings, people do not feel protected by their emergency shelter solutions. Particularly for women and girls, security, privacy, and access to safe facilities (toilets, washing facilities) can be inadequate; these inadequacies cause psychological distress as well as physical ill health[20]. For example, a private place for women and girls to manage their menstrual hygiene is essential for their psychosocial well-being and mental health, and it allows further access to protective factors such as education and socialisation opportunities. Overcrowded conditions increase the risk of gender-based violence, child abuse, and associated mental health and psychosocial impacts.

Beyond the basic provision of protection through shelter, homemaking practices carried out in displacement settings can be very important for people's mental health and psychosocial well-being. Homemaking practices include cultural aspects of the construction, decoration, planting flowers and vegetables and making spaces to host guests and socialise in culturally relevant ways. Humanitarian shelter responses that recognise the ways in which people's emergency and longer-term shelters are, at least temporary, homes, and support rather than hinder their homemaking practices will also promote mental health and psychosocial well-being. Community spaces, beyond people's immediate family living spaces, are also important to well-being and broader social cohesion and can contribute to people feeling safe or unsafe. Shelter programming that has more of a settlement and community focus, beyond the shelters/dwellings themselves, can also respond to community priorities and have a positive impact on social cohesion and mental health.

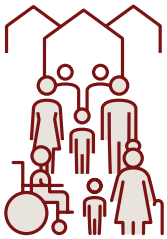
[18] Khan, S. et al. (2021) All the Ways Home. Shelter Projects 8th Edition http://shelterprojects.org/editions.html

[19] Webb, S. and Weinstein Sheffield, E. (2021) Mindful Sheltering. Oxford. CARE International UK and CENDEP. Available to download from the Global Shelter Cluster website.

[20] The importance of integrating WASH (water, sanitation and hygiene) and S&S programming is explored further in in Chapter 5 of Snel, M. and Sorensen, N. (2023) *Addressing Conflict, COVID, and Climate Change: A Multisectoral Approach to Integrated WASH Programming Practical Action*

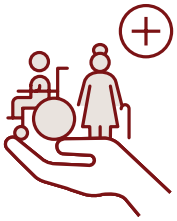
HOUSING, LAND AND PROPERTY (HLP)

Issues around equitable access to land, space and housing, are crucial aspects of Shelter and Settlement programmes and a focus of immediate and longer-term stress, often particularly acute for female heads of households. Related to that, tenure insecurity is a particular post-emergency stressor. Rental support programmes and other HLP interventions may also have benefits on mental well-being. Equally, the provision of MHPSS connected to the HLP support, such as emotional support while confronting processes of learning about housing situations and access to property recovery, can contribute to the person's well-being and better communication with HLP.



PARTICIPATION

Providing opportunities for individuals, groups, communities and institutions to be engaged in decisions related to their own shelter, housing, and site planning (including public space and community spaces) can be a strong support to their psychosocial well-being. Enabling and empowering individuals and communities to participate in identifying their own issues and solutions is an effective way to increase ownership and agency, which highly contributes to people's well-being. In this case too, the opposite impact can be found: by addressing MHPSS concerns, individuals can access more inner resources to participate meaningfully.



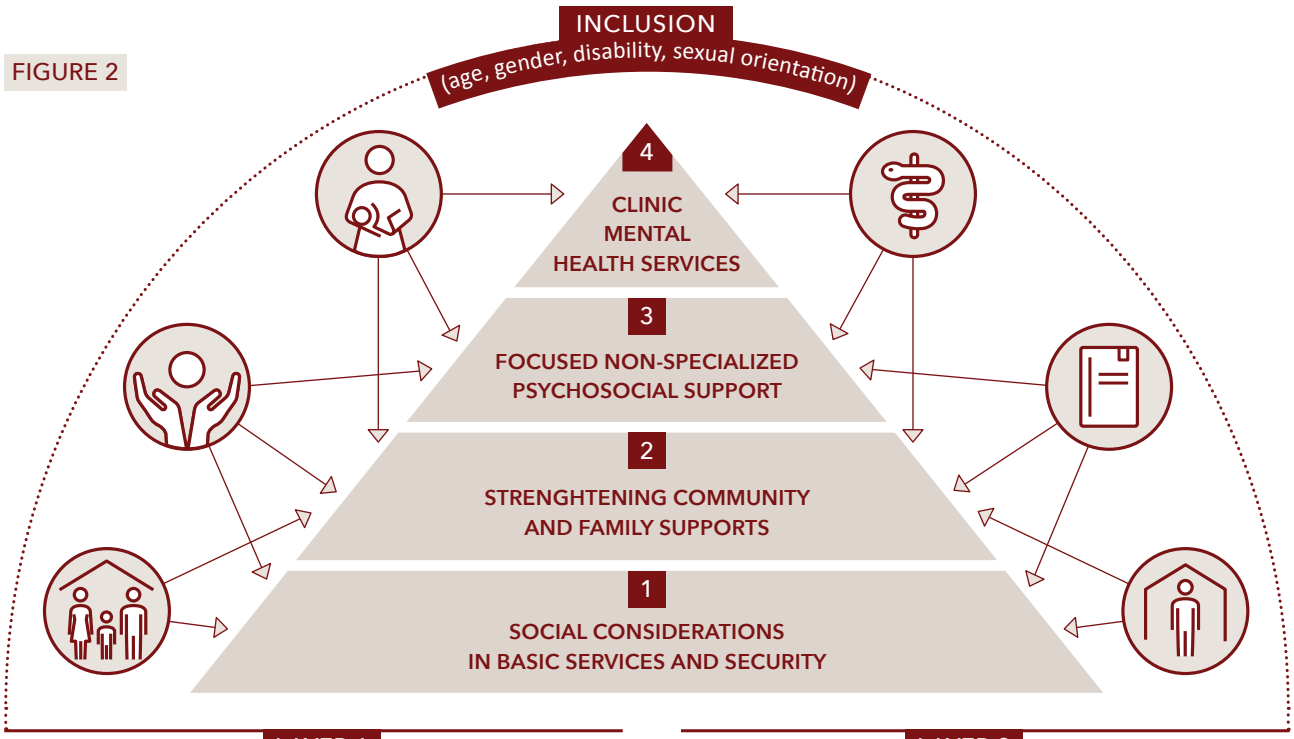
INCLUSION

The efforts made by shelter providers to ensure that buildings and environments are suitable for those with different physical, social and psychological needs contributes to the mental health and psychosocial well-being of those groups, and of the community as a whole. Equally, attending to MHPSS needs of persons with disabilities will improve inclusion.

MHPSS IN HUMANITARIAN SETTINGS

As mentioned above, and due to the intimate connection between the mental health and well-being of individuals and their overall health, socio economic situation, education and livelihoods access and dignified housing, among others, MHPSS interventions should be implemented and addressed in programmes for health, protection, education, nutrition, camp coordination & camp management, WASH and, of course, shelter. The delivery of MHPSS activities is often represented in a pyramid of multi-layered services and support as shown in Figure 2 below. All of the four layers should rest upon the foundation of Human Rights and each humanitarian sector should offer support to different layers of the pyramid, while ensuring connection with all layers. The S&S sector can offer support to the bottom two layers, as identified in Figure 2.

FIGURE 2



LAYER 1

Provision of basic services and security in a manner that protects the dignity of all people, including those who are particularly marginalized 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 ACTIVITIES ARE STRONGLY ALIGNED TO THIS LAYER.

LAYER 2

Strengthening community and family support through promotion of activities that foster social cohesion and the restoration or development of community-based mechanisms to protect and support individuals using participatory approaches.

SHELTER ACTORS CAN DELIVER SUCH SUPPORT, AFTER TRAINING AND WITH ONGOING SUPERVISION.

LAYER 3

Provision of focused psychosocial support through individual, family or group interventions to provide emotional and practical support to those who find it difficult to cope within their own support network. Health, education, community-based protection or child protection workers usually deliver such support, after training and with ongoing supervision.

LAYER 4

Clinical mental health and psychosocial services for those with severe symptoms or whose intolerable suffering rendering them unable to carry out basic daily functions. Such Interventions are usually led by mental health professionals but can also be led by specialists in social work.

No single lead agency or cluster is, on its own, responsible or accountable for MHPSS. It is a shared responsibility across all agencies and clusters. The MHPSS Minimum Service Package (MSP)[21] has been developed by the IASC Reference Group for MHPSS in emergencies. The MSP provides guidelines on how to integrate MHPSS across different sectors; it is further mentioned below.

AT THE GLOBAL LEVEL | The IASC MHPSS Reference Group[22] is the primary platform for coordination, operational support, policy-advocacy within the humanitarian system and the development of technical guidance around MHPSS.

AT THE COUNTRY LEVEL | MHPSS is not a separate cluster or a sub-cluster but a relevant area of work for various clusters, including Shelter and Settlements and Protection.

All humanitarian contexts (should) have a coordination structure for MHPSS, often a MHPSS technical working group (TWG), which serves as a forum where agencies involved in MHPSS programming (either standalone or integrated into their work in sectors) engage in all aspects of coordination, including information management, mapping and assessments, capacity strengthening, advocacy, etc., as well as discuss technical programming issues.

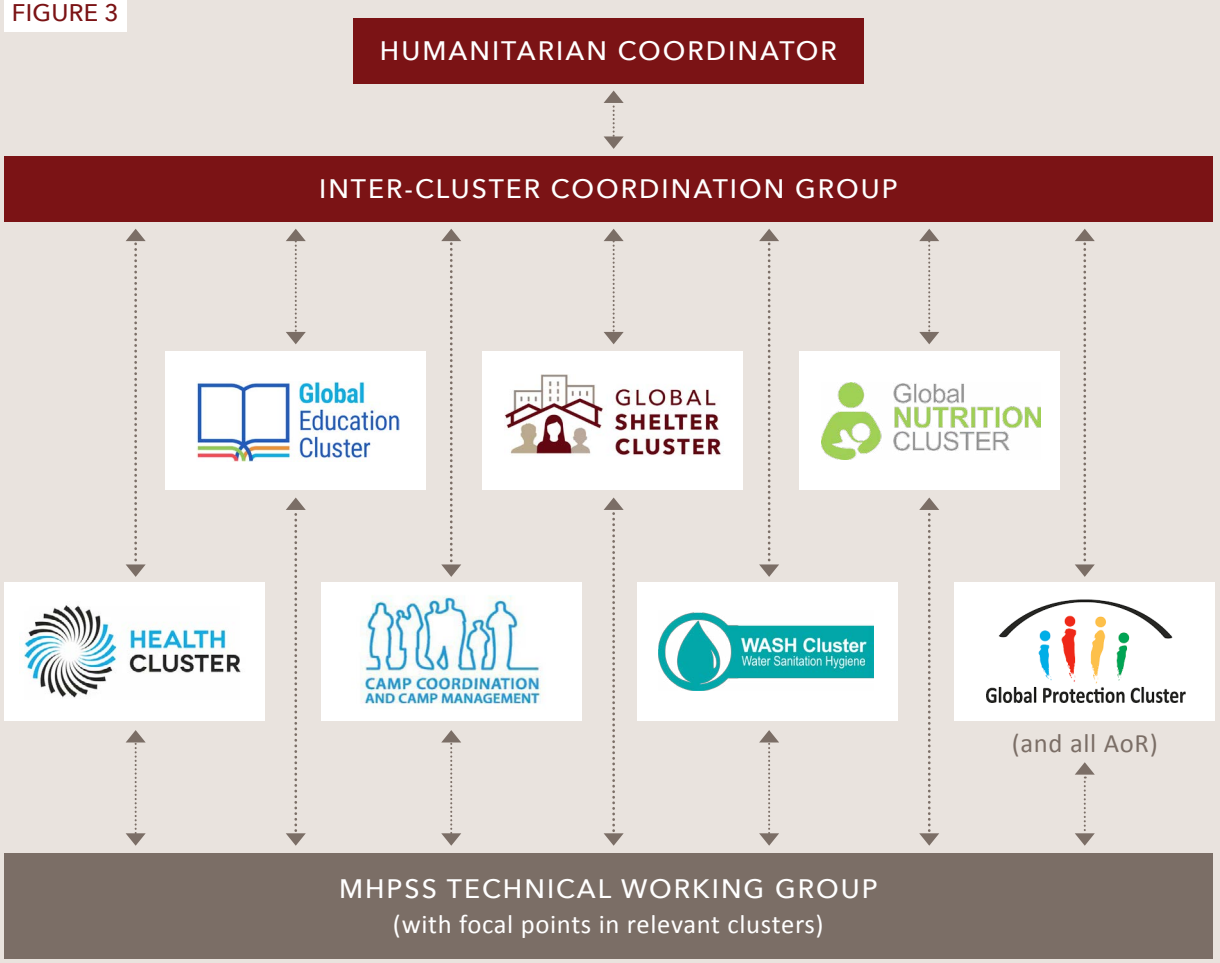
Importantly, accountability for activities remains within the respective clusters, as does reporting on 5Ws, Humanitarian Needs Overviews and Humanitarian Response Plans. MHPSS TWGs do not replace the role and functioning of clusters in a country, they are technical forums (similar to those used to inform cash-based programming) that have a key role in advising sectors on how to integrate MHPSS assessment questions, outcomes and indicators in their HPC contributions. MHPSS TWGs are ideally co-chaired by a health agency and a protection agency to balance diverse and complementary approaches. The exact configuration should be decided at country-level by the involved MHPSS actors. In many country-based TWGs, non-governmental organisations play key roles. Cooperation with development actors is also important, especially in protracted contexts.

[21] The Mental Health and Psychosocial Support Minimum Service Package https://www.mhpssmsp.org/en

[22] This group has 63 member agencies. Its leadership is rotational, currently the International Federation of Red Cross and Red Crescent Societies (IFRC) and the World Health Organization (WHO) co-chair the group. https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings

The below diagram (Figure 3) outlines the preferred structural position of an MHPSS TWG within the coordination structures of a clusterised system. Similar multisectoral structures are relevant for refugee settings and public health emergencies:

FIGURE 3



Addressing the mental health and psychosocial consequences of conflict, violence and disasters contributes to shelter protection by strengthening the agency of people to effectively contribute to the solutions that will support them better and address their protection issues.

The capacity of people and families to take actions to claim their rights are negatively affected by pervasive demoralisation, feelings of depression and anxiety, memories related to past events of violence and loss, and worries about current life circumstances and the future. The passive receipt of housing and lack of say on the solutions in regard to their shelter and settlement needs will, in addition, increase the feelings of disempowerment and hopelessness. Attention to fostering and accompanying self-recovery of affected populations can be a way forward.

AN 'MHPSS APPROACH' IN SHELTER AND SETTLEMENTS ACTIVITIES

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

The design, implementation and monitoring and evaluation of S&S programmes and projects can adopt an 'MHPSS approach' to humanitarian assistance. Recognition of the existing alignment between MHPSS 'core principles'[23], the characteristics of 'good shelter programming' and the connections with Protection and other sectors is a crucial step.

Making the first steps towards an MHPSS approach to shelter activities does not need to involve significant additional burdens on shelter practitioners or affected populations. Good shelter programming, with an approach to shelter assistance which gives priority to human dignity, already contributes to affected populations' mental health and psychosocial well-being, bearing in mind the very varied contexts in which shelter programmes operate and the priorities for responses in those different contexts and phases[24].

ASPECTS OF 'GOOD SHELTER PROGRAMMING' THAT CONTRIBUTE TO MENTAL HEALTH AND WELL-BEING

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

Sheltering activities and practices that aim to mitigate gender-based violence and empower women to engage with decision-making processes[25].

Sheltering activities and practices that aim to contribute to child and adolescent mental health and well-being, especially by mitigating child protection concerns, promoting feelings of safety and facilitating socialisation and learning.

Promotion of cultural aspects of shelter, such as consideration of traditional groupings of neighbouring houses, including spaces for socialisation and community activities.

Promotion of resources for home-making activities, including paint choices, decoration, gardening and other activities to promote notions of home.

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

[23] Human rights and equity, participation, do no harm, building on available resources and capacities, integrated support systems, and multi-layered supports. Find a complete description of each of them at IASC (2007), IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC, pages 9-13.

[24] In conflict settings, protection is a priority. After disasters, rebuilding, or 'building back better' for resilience to future shocks, may be foregrounded. Similarly, within the different phases of humanitarian assistance attention to mental health may be prioritised to varying degrees. Emergency lifesaving assistance, involving distributions of non-food-items (NFIs) like tents, tarpaulins and cooking sets, forms the majority of shelter responses and is very different from recovery and preparedness interventions, which may even have developmental aspirations.

[25] See CARE International's Gender and Shelter Good Programming Guidelines

CASE STUDY

MHPSS MAINSTREAMING IN SHELTER/NFI INTERVENTIONS IN NORTHERN MOZAMBIQUE

Cabo Delgado in Northern Mozambique provides an example of an MHPSS technical working group (TWG) working together with the shelter cluster, and how MHPSS was integrated into their approach.

The MHPSS TWG was activated as a multisectoral mechanism 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. The MHPSS TWG, co-led by IOM and UNICEF, knew that 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.

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. 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 and MHPSS specialists know that shelter practitioners have the potential to mitigate these daily stressors. So the MHPSS TWG agreed to hold a joint training event with 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), the key considerations in its *Action Sheet on Shelter and Site Planning* were highlighted. 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. Action points for the future, towards the development of an MHPSS approach in S&S activities and towards greater awareness of those S&S activities in the MHPSS TWG, were agreed and are ongoing. Considerations for before, during and after S&S activities such as NFI distributions have been identified.

IN CABO DELGADO, BOTH S&S AND MHPSS PRACTITIONERS AND COORDINATORS REALISED THAT MHPSS AND HUMANITARIAN SHELTERING CAN BE INTEGRATED IN A MEANINGFUL WAY; THERE ARE MANY OVERLAPS, MANY ENTRY POINTS AND POSSIBILITIES TO WORK TOGETHER.

There is further detail of these innovative joint shelter and MHPSS activities, reflections on them and recommendations for the future in Mozambique and other settings in Working Together.

MORE INFORMATION

KEY DOCUMENTS RELATED TO MHPSS IN EMERGENCIES

IASC (2007) IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007 | IASC (interagencystandingcommittee.org)

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

IASC (2022) The Mental Health and Psychosocial Support Minimum Service Package (MSP) https://mhpssmsp.org/en

KEY DOCUMENTS RELATED TO SHELTER AND SETTLEMENTS AND MENTAL HEALTH AND WELL-BEING

InterAction (2020). The Wider Impacts of Humanitarian Shelter and Settlements Assistance. InterAction. USA https://www.interaction.org/wp-content/uploads/2020/03/1.-Wider-Impacts-of-Shelter-Key-Findings_Final1.pdf

Webb, S. and Weinstein Sheffield, E. (2021) Mindful Sheltering https://www.sheltercluster.org/sites/default/files/Mindful%20Sheltering_0.pdf

Webb, S. (2022) Working Together https://sheltercluster.org/recovery-community-practice/documents/221220working-together-report

Weinstein Sheffield, E. and Webb, S. (2021) *A Healthier Home is a Better Hom*e in Global Shelter Cluster (2021), Shelter Projects 8th edition, www.shelterprojects.org

WHERE CAN I FIND OUT MORE INFORMATION ON SHELTER AND SETTLEMENTS ACTIVITIES IN HUMANITARIAN SETTINGS?

Global Shelter Cluster www.sheltercluster.org

Follow Recovery Community of Practice of the Global Shelter Cluster: https://sheltercluster.org/community-practice/recovery-community-practice

WHERE CAN I FIND OUT MORE INFORMATION ON MHPSS IN HUMANITARIAN SETTINGS?

For more information and/ or to join the mailing list, please contact the global Co-Chairs of the IASC MHPSS reference group: mhpss.refgroup@gmail.com

IASC MHPSS RG webpage under the IASC Secretariat.
www.mhpss.net – an open, global, platform for MHPSS actors. Country-level groups are activated for current emergency contexts.