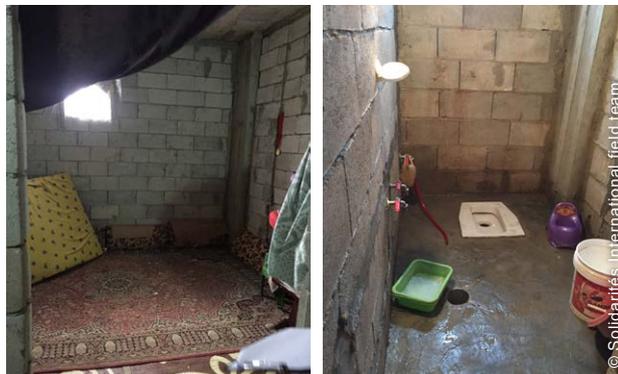# A HEALTHIER HOME IS A BETTER HOME

By Emma Weinstein Sheffield and Susannah Webb

In South Sudan, this project supported the construction of fuel-efficient stoves, which reduced health and protection risks. For more information see Shelter Projects 2017-18 (A7) p30.

In Lebanon, this project undertook housing rehabilitations with the aim of reducing protection risks and improving health outcomes. For more information see A.21 p114.

Since the early part of this century, a foundation of humanitarian shelter response has been the desire to Build Back Better, and safer. More recently still, the need to define 'better' has been advocated,[1] along with calls for more holistic shelter practices and a focus on the wider impacts of shelter. Health should be central to these debates. Emergency shelter is often called "life saving", yet this is seldom articulated in terms of health outcomes, despite recognition in other sectors that a healthier home is a better home. It promotes both physical and mental health. The realities of the connections between shelter and health were strikingly exposed to all in 2020, with the former UN special rapporteur on the Right to Adequate Housing stating: *"Housing has become the frontline defense against the coronavirus. Home has rarely been more of a life or death situation".*[2]

Housing and wider settlement characteristics have direct impacts on public health. This is a long-established reality, one addressed through the housing and planning legislation of most countries. Yet, the humanitarian Shelter and Settlements sector has been slow to integrate this knowledge into practice. Shelter-related challenges to health include overcrowding, indoor air pollution and protection from vectors of disease. Inadequate shelter and tenure insecurity also adversely affect people's mental health and well-being. The 'burden of disease' (lives and healthy years lost) linked to housing, falls disproportionately on people who spend more time within the home, often women and girls, older people and people living with disabilities.

COVID-19 continues to exacerbate a wide range of inter sectional and social issues: people living in overcrowded homes and settlements are at greater risk from COVID-19 as well as a multitude of other health risks and have limited power to influence improvements to their living conditions. Shelter practitioners, adhering to 'do-no-harm' principles, must deliberately address environmental health, which is the branch of public health concerned with all aspects of the natural and built environment that affect human health. They must also become more conversant with, and act upon, the multiple and complex ways that humanitarian shelter activities intersect with mental health and well-being.

In its COVID-19 mitigation guidance,[3] the Global Shelter Cluster identified six ways that ongoing shelter and settlements programs can help to minimize the spread of the virus including decongesting settlements, reducing overcrowding and building medical facilities. The Shelter and Settlements sector must continue to harness lessons learned from the pandemic; namely the growing acceptance that good shelter programming has a fundamental role to play in reducing immediate and long-term health risks. It is clear that several organizations are already starting to include aspects of environmental health into programming, as part of their drive towards a holistic approach, yet a collection of good practices has not yet been compiled.

Multi-sectoral responses do often work towards the achievement of health outcomes, yet due to frequently siloed working, not to mention the challenges of measuring health and well-being outcomes, shelter programs featured in Shelter Projects case studies rarely explicitly mention health. It may be that design, implementation and evaluation processes did address mental and physical health and well-being 'on the ground', but this is not explicit, nor detailed in program reports, so learning and replication of success is limited. If we fail to track and report on this, we are missing a huge advocacy opportunity to tell a stronger story about the importance of shelter.

1 Bill Flinn (2020), Defining 'Better' Better
2 Leilani Farha (2020), Housing, the front line defence against the COVID-19 outbreak

3 Global Shelter Cluster, 6 ways shelter and settlements programming is helping to tackle the effects of COVID-19

Shelter Projects case studies that include a focus on health objectives or outcomes

Of the 22 case studies in this 8th edition of Shelter Projects, seven case studies include explicit reference to health objectives or outcomes. A.3 in Chad highlights that the construction of shelters was reported to have contributed to improving health, comfort and dignity. A.9 in Paraguay refers to shelter interventions that took place at the onset of the COVID-19 pandemic to raise awareness and to support households to adjust their living environments to reduce the risk of transmission. A.12 in Bangladesh refers to consideration of health in shelter design in relation to the need for cross ventilation. A.21 in Lebanon discusses the physical and mental impacts of tailor-made shelter rehabilitation interventions, which aimed to reduce protection and health-related vulnerabilities. As a result of their shelter needs being addressed, most households reported reduced risk of illness, increased feelings of safety and an improvement to their psychosocial well-being and daily lives. A.23 in Syria describes one of the aims of infrastructure upgrading interventions in IDP sites as being to improve the health of site residents. A.25 in Syria describes prioritizing housing rehabilitation interventions based on their impacts on health. And A.27 in Turkey describes one of the outcomes of housing rehabilitation being that houses were reported to be healthier, especially in relation to enabling better hygiene practices.

The World Health Organisation's 2018 Housing and Health Guidelines[4] inform the development sector, yet no such guidance exists to steer shelter practitioners towards incorporating health outcomes into their programming. The Sphere Handbook includes few relevant specific standards[5] or indicators, nor advice on contextualisation. The Global Shelter Cluster's Information, Education and Communication (IEC) compendium project[6] has revealed a dearth of IEC materials which are focused on health aspects of shelter programming (4.7% of the total, of which around half are related purely to COVID-19). The majority focus on structural safety in disaster response, despite the prevalence of ongoing health risks such as household air pollution, sharing living space with animals, mud floors, or vector-borne diseases in the country of reference. For example, the huge multinational response to the 2015 Nepal earthquakes was overwhelmingly centered on rebuilding to seismically safe standards, despite a widespread and ongoing lack of sufficient household ventilation in homes reliant on solid fuel. The IEC planning and dissemination process at country cluster level should be examined further, both in relation to the relative risks faced by

people recovering from crisis and in terms of what interventions or design tweaks will have the greatest positive health impacts, given the context. In practice, IECs could combine health actions with other DRR measures.

Adequate ventilation: one shelter issue that must be considered in every response

Ventilation has received arguably overdue attention during the current pandemic due to its role in mitigating airborne transmission of infectious diseases, including COVID-19. Household air pollution (HAP), responsible for 4.3 million premature deaths annually, is not routinely addressed by shelter programs, although several studies recently have started to explore this issue.[7] Better guidance[8] for shelter practitioners on through-ventilation of buildings and volume rather than arbitrary[9] area standards are needed. In addition, coordination between energy, environment, shelter and other sectors must address the related issues of stoves, energy, HAP and cooking and living spaces. Shelter actors have an important role to play in reducing the health and well-being risks of inadequate ventilation.

If physical health is an overdue consideration for shelter practitioners designing and evaluating interventions, the sector's understanding of mental health as a part of overall well-being is even more embryonic. Stay-at-home orders issued in response to the COVID-19 pandemic revealed to the world the acute impact that inadequate, insecure, unsanitary and overcrowded housing can have on mental health. In post-disaster or conflict scenarios, poor living conditions can negatively contribute to the compounding effects of trauma, especially in cultures where the home is a material component of personal identity.[10]

7 For example Albadra D. et al (2020) Measurement and analysis of air quality in temporary shelters on three continents, Building and Environmen

8 For example ARUP's contribution to the GSC 2020 annual meeting COVID session

9 As discussed in Kennedy, J., Parrack, C. (2013) The History of Three Point Five Square Metres. Shelter Projects 2011-2012

10 Brun, C. (2015). Home as a Critical Value: From Shelter to Home in Georgia. Refuge: Canada's Journal on Refugees, 31(1), 43-54.

4 WHO (2018), Housing and health guidelines, Geneva
5 An analysis of the connections between health, WaSH and shelter in the 2018 edition of the Sphere Handbook were analysed in a presentation 'The connect...make it so' by Sphere chapter authors, Dr. Eba Pasha, Kit Dyer, Ela Serdaroglu and Seki Hirano
6 Global Shelter Cluster, The Shelter Compendium

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In the Democratic Republic of the Congo, this project included verandas for cooking in order to reduce health and fire risks. For more information see Shelter Projects 2017-18 (A2) p7.

Indeed, inadequate living conditions (and related physical health issues) are one of the 'everyday stressors' that can have as much impact on people's well-being as more obviously traumatizing events such as conflict, disaster and displacement.[11] Good shelter programming can help to mitigate or reduce many well-being stressors, but better knowledge of mental health and psychosocial support (MHPSS) amongst practitioners is required to provide appropriate assistance. Poor shelter programming, including programming that fails to be fully inclusive, can do harm. Shelter practitioners need to adopt a 'MHPSS approach' in programming.[12] The IASC Reference Group on Mental Health and Psychosocial Support presents exciting opportunities to support the integration of MHPSS into Shelter and Settlements programming, as discussed in the 2021 Humanitarian Shelter and Mental Health learning event.[13]

WHAT IS NEEDED?

To prompt change in practice, deliberate attention to health is needed at all stages of a typical humanitarian shelter program to improve the mental and physical well-being of crisis-affected households. For example, this should include:

- Identifying endemic health risks as part of preparedness activities, alongside identifying and understanding local hazards.

- Assessments/context analyses should include endemic contextual health risks and existing housing inadequacies that should not be replicated in programs. Without consideration of the wider health context of an emergency, shelter assistance can be inappropriate or harmful by inadvertently exacerbating health risks.

- Implementation should ensure emergency shelter addresses community-identified risks to health and considers how best to inform and facilitate healthier reconstruction, for example through health-related IEC. Monitoring should identify where reconstruction can be augmented to enhance health outcomes.

- Evaluation and Learning tools should include health outcomes, despite the complexities of collecting 'good enough' evidence within the time constraints of humanitarian emergencies. A number of Monitoring, Evaluation and Learning tools already exist to help facilitate a shift in practice.

At all stages, the partnership with, and participation of communities is crucial to ensure programs address people's priorities and plans regarding housing health risks and opportunities.

WHAT CAN SHELTER PRACTITIONERS DO NOW?

Questions remain over what next steps are needed to achieve a feasible, cost-effective shift in practice oriented towards wider environmental health and well-being outcomes. Certainly, there is a need for field research to provide evidence of health outcomes of cost-effective interventions.[14] Yet the lack of available evidence must not hold back this shift. In the meantime, the sector needs:

- A checklist or aide-memoire of aspects of homes and settlements that can affect physical and mental health, along with options for mitigating them. A Sphere thematic sheet[15] is a good place to start, informed by research and practice from the development sector.[16] [17]

- To engage with the IASC agenda on integrating MHPSS approaches in all humanitarian sectors.

- Health considerations to be routinely included within the post-crisis Cluster technical working group (TWiG) process of developing IECs, so that context-specific risks are assessed holistically.

- Enhanced coordination between Shelter, Health and WaSH actors at all levels to develop shared operational frameworks and common strategies around the achievement of environmental health for all. An environmental health cross-sector working group should drive this process at the global level.

The Shelter and Settlements sector should build on the increased awareness of the connections between housing and health brought about by the COVID-19 pandemic to forge a path towards programming that incorporates environmental health and addresses wider long-term well-being outcomes. Better understanding of shelter-related health outcomes in all areas of the program cycle will help practitioners better articulate shelter's core contribution to health, not least to encourage more effective responses but also allow stronger advocacy with donors. Shelter is often the first step in the process towards longer-term reconstruction and recovery; strategies that prioritize physical and mental health as an outcome of the sheltering process will not only contribute to the achievement of the Sustainable Development Goals but help to bridge emergency response and longer-term recovery. In this critical moment when living conditions are center stage, the Shelter and Settlements sector must do more to Build Back Healthier.

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11 For a discussion of this, see White and van der Bloor (2021) Enhancing the capabilities of forcibly displaced people: A human development approach to conflict- and displacement-related stressors. Epidemiology and Psychiatric Sciences, 30, E34.
12 See IASC Reference Group on MHPSS in Emergency Settings
13 Webb and Weinstein Sheffield (in press) Mindful Sheltering. See www.self-recovery.org/health-and-shelter

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14 Webb, S., Foden, G., Weinstein Sheffield, E., Flinn, B., Cidón-Martínez, J., Solera-Mata, E. (2021) Adopting an Environmental Health Lens in Practice, Roadmap for Research, InterAction.
15 Similar to The Sphere thematic sheet "Reducing environmental impact in humanitarian response" (Sphere Association, 2019)
16 For example, von Seidlein, L. et al. (2019) 'Knowledge gaps in the construction of rural healthy homes: A research agenda for improved low-cost housing in hot-humid Africa' PLoS Med 16(10)
17 ArchiveGlobal has launched a Health Through Housing Coalition platform