

EVIDENCE SYNTHESIS: THE HEALTH OUTCOMES OF SHELTER AND SETTLEMENTS IN HUMANITARIAN CRISES.

Consultant Team TOR
December 2024

Location: Remote.

Timeline: The consultancy will commence in February 2025 and conclude in June 2025.

Reports to: Dr Lizzie Babister, Global Shelter Cluster Focal Point for Research, hosted by Habitat for Humanity International

Deadline: Sunday 26th January, applications will be reviewed on a rolling basis.

Please send all communications including questions and vendor proposals with the subject line 'Shelter and Health' to: lizzie.babister@sheltercluster.org

Applicants should send the following:

1. Team CVs of personnel who will actually perform the work.
2. A technical proposal of no more than three pages explaining how they would approach the work and how they fit the team specification.
3. Two examples of previous relevant written work.
4. A budget proposal estimating the total cost for the engagement, the estimated number of days for completion and the daily rate(s). Habitat anticipates this contract will not exceed 20,000 USD.

OVERALL PURPOSE AND OBJECTIVES

The Global Shelter Cluster is working with Shelter Cluster Members and the Global Health Cluster to map and synthesise the available evidence which demonstrates the health outcomes of shelter and settlements in humanitarian crises. This includes the positive outcomes of improved shelter and settlements and the negative outcomes of inadequate shelter and settlements. After synthesising existing research and datasets, the research team will present the findings for use in policy, advocacy, and practice. Through this process, they will also identify gaps in evidence to inform recommendations for new research.

The specific objectives of this consultancy are as follows:

1. Existing evidence concerning the links between shelter, settlements and health in humanitarian crises, including research findings and secondary data, are mapped and analysed.
2. Gaps in evidence concerning the links between shelter, settlements and health in humanitarian crises are mapped.

3. Key quotes and figures from existing evidence that can best support policy, advocacy and practice are identified and formatted for use by humanitarian practitioners.
4. Recommendations are made for new research critical to the understanding of the impact of shelter and settlement support on health in humanitarian crises.

BACKGROUND

Strategic Context

A key aim of the Global Shelter Cluster (GSC) Strategy¹ is to integrate shelter and settlements with other technical sectors. GSC Strategic Priority 1.1 is to “Promote integrated approaches to preparedness and response”. This priority includes the objectives:

- Emphasize that shelter is a foundation for wider humanitarian outcomes.
- Demonstrate the consequences of inaction.
- Achieve a multi-sectoral approach through linked or joint programming.

Evidence of the wider outcomes of humanitarian shelter and settlements response is also highlighted as a priority area for research in the GSC Research Agenda². These priorities were chosen by cluster coordinators as the key areas where more evidence is needed.

Support to shelter and settlements in humanitarian crises has the potential for wide-reaching positive outcomes, since it is already known that even outside of crises, “Improved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, help mitigate climate change and contribute to the achievement of the Sustainable Development Goals (SDGs)” (World Health Organisation, 2018). A more evidence-based approach to supporting adequate shelter and settlements as a determinant of health in humanitarian crises would greatly increase the impact and understanding of this work. Conversely, the cost of inaction to support shelter and settlements is clear to those on the ground³, and the World Health Organisation states: “Poor housing conditions are one of the mechanisms through which social and environmental inequality translates into health inequality, which further affects quality of life and well-being.”⁴

Evidence of the wider outcomes is critical for engaging decision-makers, policymakers and donors to better support the most vulnerable households. For instance, evidence of health outcomes can strengthen advocacy efforts to uphold humanitarian principles, and inform programming indicators, ensuring they reflect multi-sector outcomes. So far, however, the evidence needed to support multi-sectoral approaches is lacking. While humanitarian practitioners regularly see the evidence of the wider outcomes of shelter and settlements first-hand, this has yet to be widely documented and consolidated. In addition, the consequences of not supporting communities with shelter and settlements have been documented at an individual country level, but these have yet to be gathered together and reviewed systematically

¹ Global Shelter Cluster Strategy: [GSC Strategy 2024-2028 | Shelter Cluster](#)

² Global Shelter Cluster Research Agenda: [The GSC Research Agenda | Shelter Cluster](#)

³ For example, the 2024 Sudan Shelter and NFI Cluster Strategy [2024 Sudan Shelter and NFI Cluster Strategy | Shelter Cluster](#)

⁴ WHO (2018) WHO Housing and Health Guidelines, WHO.

at a global level. Consolidating the existing evidence and identifying the gaps will, therefore, result in multiple benefits.

Evidence of the Impact of Inadequate Shelter and Settlements

In 2018 Interaction published the ‘Wider Impacts of Shelter and Settlements’ report⁵. At that time, there were few research findings demonstrating the links between shelter and settlements and health specifically in humanitarian crises. In contrast, the literature explaining housing as a determinant of health in High Income Countries (HICs) and the informal settlements of Low and Middle-income Countries (LMICS) is widespread. The development of such evidence in humanitarian crises has been slow to emerge, the impact and outcomes of shelter and settlements remains under researched and programming can be underfunded as a result.

More recently, humanitarian organisations and universities have begun to pay more attention to the issue, with opinion pieces⁶, guidelines⁷ and research^{8,9,10}. Most notably for health outcomes, the University of Bath reviewed the impact of shelter design on the health of displaced populations in 2022¹¹. This literature review identifies evidence that inadequate shelter and settlements cause health issues through poor ventilation and thermal comfort, overcrowding and a lack of security. Health conditions include heatstroke, dehydration, hypothermia, malnutrition and undernutrition. Inadequate shelter and settlements are also shown to increase the spread of infectious diseases, such as cholera and respiratory infections, vector-borne diseases such as malaria and dengue, and poor mental health.

OUTLINE METHODOLOGY

The central research question is:

How does support to establish the adequate shelter and settlements of those affected by humanitarian crises have an impact on their health outcomes?

The scope of this research will include habitable shelter and settlements in urban and rural settings for populations affected by crisis resulting from disasters or conflict in low-income countries (LICs), lower-middle-income countries (LMICs). Upper-middle income countries may be included where appropriate¹². Health outcomes will include both communicable diseases and environmentally induced conditions. This research will not include the impact of healthcare

⁵ InterAction (2021) Roadmap for Research, InterAction [Roadmap-for-Research_96ppi.pdf \(interaction.org\)](#)

⁶ Weinstein and Webb (2021) A Healthier Home Is A Better Home in IOM (2021) Shelter Projects 8th Edition, Global Shelter Cluster [B01-ahhealthierhomeisabetterhome180821.pdf \(shelterprojects.org\)](#)

⁷ 2022 Shelter and Health Resources including publications and events [Shelter and Health | Shelter Cluster](#)

⁸ 2023 USAID/HFHI Research Fellowships including [The Wider Impact_CAROLINLA BATARSE Andrea \(habitat.org\)](#)

⁹ Webb et al (2018) Chapter 8: Adopting an Environmental Health Lens in Practice in InterAction (2021) Roadmap for Research, InterAction [Roadmap-for-Research_96ppi.pdf \(interaction.org\)](#)

¹⁰ Conzatti (2022) [A review of the impact of shelter design on the health of displaced populations — the University of Bath's research portal](#) Journal of International Humanitarian Action, Springer.

¹¹ Conzatti (2022) [A review of the impact of shelter design on the health of displaced populations — the University of Bath's research portal](#) Journal of International Humanitarian Action, Springer.

¹² [World Bank country classifications by income level for 2024-2025](#)

facilities or water and sanitation infrastructure which does not form part of a habitable living space, unless connections with these facilities has an impact on health.

The main data sources will be peer-reviewed academic literature, grey literature and raw datasets from humanitarian agencies. The research team will be expected to liaise closely with a range of shelter and health field practitioners to identify the key issues and relevant sources of data.

The research will be implemented by a research team comprising of individuals from academic organisations and humanitarian agencies. The research team will contribute to research activities in collaboration with a wider GSC steering group and peer review team, while taking on specific responsibility for data collection and analysis, in collaboration with Shelter and Settlements and Health practitioners.

Certain aspects of the study will be iterative and data-led. These include:

- The specific types of health outcomes covered by the synthesis.
- The type of evidence synthesis and protocol most appropriate to the data found.
- The final format of the research findings.

ACTIVITIES AND DELIVERABLES

The activities and deliverables below outline the key tasks and outputs of the consultancy. The chosen team would be expected to collaborate with Shelter Cluster Members on the detailed design of the deliverables and the consultancy schedule.

1.0 Set Up

1.1 Attend and contribute to planning and progress meetings.

1.2 Liaise closely with the peer review group.

1.3 Set up the data storage system.

2.0 Inception

2.1 Develop the Research Framework in a report of max 10 pages including:

- Background.
- Literature Review.
- Evidence Synthesis Protocol, describing the inclusion and exclusion criteria for data and the analytical framework.
- Research Questions.
- Methodology.
- Ethics Plan.

3.0 Secondary Data Collection

3.1 Develop a Project Information Sheet for key informants of no more than 2 pages summarising:

- Background

- Research Questions
- Methodology.
- Data Management Plan.

3.2 Compile an Excel database of secondary data on the health outcomes of shelter and settlements in humanitarian crises collected from sources such as humanitarian and development actors, universities, research institutes and government ministries.

4.0 Data Analysis

4.1 Develop spreadsheets with narrative explaining analysis.

5.0 Drafting

5.1 Draft paper of findings for review, max 5000 words

5.2 Draft PowerPoint Presentation of Findings. 10-15 slides.

5.3 Draft webpage of key quotes.

5.4 Draft summary paper of quotes for review.

6.0 Dissemination

6.1 Finalised paper of findings.

6.2 Finalised Powerpoint Presentation of Findings.

6.3 Finalised webpage on the GSC website containing key quotes.

6.4 Finalised summary paper of quotes.

6.5 Presentation of research at least one key shelter forum.

7.0 Debrief

7.1 Attend and Contribute to Debrief Meeting.

TEAM PROFILE

Essential Criteria

1. Qualified to Postgraduate level in medical sciences related to health (at least one key team member).
2. Either qualified to PhD level, or has equivalent experience in conducting qualitative research including evidence synthesis, data management, data analysis and writing up findings (at least one key team member).
3. Excellent track record of knowledge and experience of health and shelter and settlements programming in humanitarian crises.
4. Experience of and skills in working collaboratively in multi-agency teams.

5. Excellent written and verbal communication skills, especially when communicating remotely.
6. Excellent skills in Microsoft Teams and Microsoft Office.
7. Fluent in English.
8. Proactive self-starters, completer finishers, problem solvers and team players.
9. Flexibility to work across international time zones.

Desirable

1. PhD related to humanitarian crises.
2. Affiliation to a University or Research Institute, particularly those in low or middle income countries.
3. Excellent track record of research and practitioner fieldwork in Health Programming in humanitarian crises.
4. Team includes a student or a junior consultant developing their humanitarian career.
5. Experience of and skills in collaborative decision-making.
6. Graphics skills.
7. Ability to work in other languages.