Exploring links between psychosocial well-being and humanitarian shelter support

Experiences of individuals who receive Medair services and Medair staff in the rural Balakliia territorial community, Kharkiv region, Ukraine

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Executive summary

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There is increasing recognition within humanitarian assistance programmes of shelter's impact on mental health and well-being, including in complex emergencies and active conflict contexts. Although social aspects of distress are starting to inform humanitarian and development responses, various conceptual understandings of shelter, mental health and psychosocial well-being exist between humanitarian and academic literature. The limited body of research investigating the relationship between shelter, mental health, and well-being in active conflict contexts should be expanded to strengthen mental health and psychosocial support (MHPSS) within humanitarian shelter programming.

In February 2024, Medair initiated a study in the Balakliia territorial community (Balakliia), a rural area in the Kharkiv region of Ukraine, to investigate the effects of humanitarian shelter programmes on the well-being of Ukrainians whose homes were damaged due to the ongoing Russian invasion. The overall aim of this study is to provide evidence for humanitarian actors on the ways in which shelter program-

ming can contribute to improving people's psychosocial well-being. The specific objectives of this report are to explore the experiences of people in need and a) the effects of the invasion on their distress and overall well-being, b) the role of Medair shelter repair programmes on their distress and well-being, and c) opportunities to strengthen support for MHPSS and well-being through shelter programming.

This study's methodology focuses on understanding people's experiences with conflict and distress. It relies on semi-structured interviews with 25 people from Balakliia who received Medair shelter repair support, and four focus groups with relevant stakeholders. Focus groups included one follow-up session with interview participants to discuss initial findings, as well as three sessions comprised of local leaders and community representatives in Balakliia, locally recruited Medair MHPSS and shelter staff in Kharkiv, and locally and internationally recruited Medair senior staff based across Ukraine or in remote positions. Fieldwork took place between June and October 2024.

The study findings are presented with a focus on participants' own accounts of their experiences, with minimal framing from the study authors. The findings suggest that, for the participants, shelter repairs alone are crucial for their sense of well-being. Home means 'everything' to the participants and is the focal point for their lives. The emphasis of this study on lived experiences also underscores the importance of understanding the history and socio-economic context that influenced participants' decisions to stay in or return to their damaged homes amid ongoing conflict. In Balakliia, home is also a source of food security. People rely on consuming or selling the harvest from their vegetable gardens (огород/ogorod) and small agricultural plots. This is connected to the joblessness, poverty, and food insecurity that the study participants faced even before the conflict. Family, friends, neighbours, and communities are crucial sources of support that greatly enhance well-being. Due to the ongoing conflict, participants' local support networks have weakened, as many former residents have not returned since the full-scale invasion. Mobile communications have become a vital way for participants to stay connected with others, considering that transportation to different areas has become difficult. Study findings suggest that alongside shelter programming, integrating considerations for each of the four layers of the intervention pyramid for MHPSS support in emergencies[2] is essential to address individual needs, foster a sense of stability, and combat isolation in Balakliia. MHPSS programmes should include a form of community revitalisation in partnership with other sectors/actors including Food Security and Livelihoods that specialise in facilitating economic regeneration. The study process and findings emphasise the 'hidden value of talking', particularly in creating opportunities to share experiences and connect with others, which can be overshadowed by the stigma often associated with accessing psychosocial support. Any conceptualisation or operationalisation of the connections between MHPSS and shelter also depends on the availability of qualified staff (both local and international) and the support provided to ensure their retention.

Further research is needed with continued focus on people's lived experience across different contexts/countries. This will help distinguish between people's experiences of distress, relevant cultural context of their experiences, and specific conceptualisations of community and professional support to improve responsiveness of humanitarian services.

[1] See IASC MHPSS Reference Group. (2007)

Study recommendations are:

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1. For shelter programming

In addition to light and medium repairs (roof, windows, doors, and wall repairs), explore ways to contribute towards restoring a sense of 'home' either through distributing a small cash sum or in-kind supplies for interior finishes. Shelter actors could provide guidance where appropriate and encourage collective support from community and social networks. This practice would enhance the well-being impact of shelter programmes and support self-recovery.

2. For MHPSS programming

MHPSS interventions should involve community activities that complement and expand on the work of other sectors. Community activities can utilise other sectors as an entry point while also serving as an important avenue for transition after the conclusion of other sectoral activities. Such activities could include working with communities to conduct internal and cosmetic home repairs in a supportive group setting, while also collaborating with other sectors and actors (such as Food Security and Livelihoods) to enhance social cohesion, restore economic opportunities, and create a foundation for sustainable recovery and resilience. Implementing community activities serves two inter-related goals. First, it helps build relationships with individual households and communities. Second, it serves as a gateway to focused MHPSS support for people who may otherwise avoid such support due to stigma surrounding mental health support in many contexts.

3. Links between shelter and MHPSS programming must be context and resource-specific

Based on the Medair interventions in the Kharkiv region of Ukraine, this would require, at a minimum, integrating the sectors to ensure that people in need of shelter programmes also have access to lay counselling or other MHPSS support. Should resources allow, it could also involve MHPSS team members participating in household visits as part of shelter repairs to provide psychosocial support to those in need.

4. Promoting sustainable staffing practices via inter-agency agreements and staff supervision to prevent burnout and enhance retention

The availability of local, national, and international staff to deliver shelter and MHPSS programmes will require broader agreements between humanitarian agencies regarding salary scales and other aspects of staff support. Any planning of interventions and links between sectors must consider the available staffing levels and their preparedness (including their professional background, current skills, and training needs, particularly for protection mainstreaming). To ensure staff retention and to address the nature of both shelter and MHPSS support, ongoing trauma-informed supervision (for support, debriefing, and professional development, rather than line management) should be provided to all staff working with war-affected communities. These concerns are not unique to the shelter sector, yet they are crucial for ensuring recommended practices.

1. Introduction

This report focuses on the findings from a small-scale qualitative study conducted in the Balakliia territorial community (Balakliia) in the Kharkiv region of eastern Ukraine between February and October 2024. It explores the impact of humanitarian shelter programming on the well-being of Ukrainians who suffered damage to their homes following the full-scale Russian invasion in February 2022. The objectives of the study are to explore the perspectives of people in need on the effects of the invasion on their distress and well-being, the role of Medair's shelter repair programmes on their distress and well-being, and ways to enhance support for MHPSS and well-being through shelter programming. The report is organised into several sections.

Background provides a detailed rationale and context for the study concerning the broader objectives of shelter programming on a global scale.

Definitions of key concepts and approaches outlines mental health and psycho-social support (MHPSS), shelter, and the links between these two sectors of humanitarian support.

Findings include detailed quotes from the interviewees and focus group participants, with minimal context provided by the authors. Findings are organised into sections that correspond to the study objectives.

Discussion relates the study findings to other relevant literature.

Conclusion and Recommendations are presented at the end of this report.

Appendix 1 details prior research on humanitarian shelter and MHPSS support. Studies to date have primarily concentrated on humanitarian shelter support or MHPSS instead of exploring the connections between these two sectors. Available literature suggests that research aiming to strengthen the links between humanitarian shelter and MHPSS programmes should focus on people's lived experiences, build evidence from community knowledge (InterAction, 2021) and develop a depathologised, socio-cultural and contextually situated understanding of distress caused by political conflict (Thiesen-Womersely, 2021).

Appendix 2 presents the complete study methodology. The study relies on semi-structured interviews with 25 people from Balakliia who received Medair shelter repair support, and four focus groups with relevant stakeholders. Ethical approval was granted by the Institute of Public Health Policy in Ukraine.

2. Background

As of December 2024, there are more than 3.6 million internally displaced persons (IDPs) in Ukraine,[2] more than 10% of the overall population in the country.[3] Additionally, the International Organisation for Migration (IOM) reports 4.2 million returnees[4] have moved back to their habitual residence amid the ongoing conflict.[5] IDPs, returnees, and non-displaced people remain at risk in communities chronically affected by war along the frontlines and border with the Russian Federation. This includes the Kharkiv region of Ukraine which has the largest number of people with extreme and catastrophic needs in the country (OCHA, 2025).

Since 2014, numerous international and supranational organisations have provided humanitarian assistance to Ukraine, collaborating with local non-governmental organisations, civil society groups and government agencies. Humanitarian activities range from access to basic needs assistance to mental health and psychosocial support in recognition of the impact Russian invasion has had on the population (ibid.).

Within humanitarian assistance programmes, there is a growing recognition that 'shelter is a determinant of mental health and well-being in all emergencies (Care International UK and CENDEP, Oxford Brookes University, 2022, p.6). In May 2021, a shelter and mental health learning event Doing More and Doing Better was held to 'uncover and better articulate the impacts of existing Shelter and Settlements best practice on mental health and well-being and to plot a path towards more deliberate and documented beneficial impacts' (Care International UK and CENDEP, Oxford Brookes University, 2022). More than 80 humanitarian practitioners and researchers participated. The event culminated in five key recommendations regarding the links between shelter and well-being (ibid., p. 7):

1. A need to build capacity within the humanitarian shelter sector to enable focus on mental health and psychosocial well-being of affected populations.
2. Clarify the impact of current shelter programming on mental health and psychosocial well-being to a wider audience (programme leads, donors).

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[2] International Organization for Migration (IOM). (2025). *Displacement Tracking Matrix – Ukraine*. Accessed February 1, 2025, from https://dtm.iom.int/ukraine

[3] Source: United Nations Population Fund (UNFPA). (n.d.). *Ukraine – World Population Dashboard*. Accessed February 1, 2025, from https://www.unfpa.org/data/world-population/UA.

[4] IOM. (2025). *Displacement Tracking Matrix – Ukraine*. https://dtm.iom.int/ukraine.

[5] United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2025). *Ukraine returns report: General population survey (Round 19, January 2025)*. Accessed February 1, 2025, from https://reliefweb.int/report/ukraine/ukraine-returns-report-general-population-survey-round-19-january-2025.

3. Develop stronger evidence for these impacts by using new tools and approaches (e.g., adjust assessment, implementation, monitoring, and evaluation tools to include focus on the connections between shelter, mental health, and psychosocial well-being).
4. Connect with mental health practitioners to integrate a new, dual-focus approach as good practice (inclusion of well-being indicators and outcomes, as well as identification of 'easy wins')
5. Strengthen connections with other sectors, such as health, development, and WASH (water, sanitation, and hygiene).

In terms of evidence building, participants recommended two areas for future research. The first area involves exploring definitions of 'home' and 'well-being' from a mental health perspective while considering the broader context of displacement and possible impermanence. The second area focuses on the wider implications of inadequate housing on mental health and gender-based violence, particularly in the context of a humanitarian crisis (considering shelter as a public health intervention). Definitions of key concepts and approaches

2.1. Understanding mental health and psychosocial support (MHPSS)

The title and introduction of this report reference several concepts and interventions, including 'distress', 'mental health', and 'mental health and psychosocial support' (MHPSS). Providing a glossary of key terms may not adequately capture the numerous complex conceptual and practical interpretations of each of these terms. These terms may refer to: 1) a person's state of mind, body, and/or spirit or community; 2) professional support provided; or 3) both. As the focus on mental health has become increasingly important in humanitarian work over the past 20 years, relevant policies and guidance also draw on prior work to shape their definitions.

Humanitarian mental health and psychosocial support (MHPSS) interventions are based on the Minimum Service Package for MHPSS (IASC MHPSS Reference Group, 2022). The Minimum Service Package was established by the highest-level humanitarian coordination forum of the UN, the Inter-Agency Standing Committee (IASC). Drawing on the IASC's 2007 guidelines for mental health and psychosocial support in emergency settings (IASC MHPSS Reference Group, 2007), the Minimum Service Package refers to MHPSS as a:

> 'composite term... used in this document to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health conditions' (IASC MHPSS Reference Group, 2022, p. 19).

It includes the so-called intervention pyramid for MHPSS in emergencies (ibid., p. 12), which identifies four core layers of support:

- basic services and security (layer 1),
- strengthened community and family support (layer 2),
- focused psychosocial support through individual, family, and group interventions (layer 3), and

- clinical mental health and psychosocial services for people with severe symptoms, usually led by a mental health professional (layer 4).

The definition of 'mental health conditions' in the Minimum Service Package is based on the WHO 2022 World Mental Health Report, stating that it is a broad term encompassing mental disorders and psychosocial disabilities. It also includes 'other mental states with significant distress, impairment in functioning, or risk of self-harm' (IASC MHPSS Reference Group, 2022, p. 20). In turn, the definition of 'psychosocial disability' in the document derives from the IASC Guidelines on the inclusion of persons with disabilities in humanitarian action (IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, 2019), which is rooted in a rights-based understanding of disability and the social model. This model emphasises the social causes of distress, as opposed to the biological causes. The Minimum Service Package also refers to the 'MHPSS needs', which:

> 'include a wide range of issues, including interpersonal problems, emotional distress, common mental disorders (such as depression and anxiety disorders, e.g. post-traumatic stress disorder [PTSD]), severe mental disorders (such as psychosis), alcohol and substance abuse, and intellectual disabilities' (IASC MHPSS Reference Group, 2022, p. 19).

A year later, in June 2023, the UN General Assembly adopted the Resolution on Mental Health and Psychosocial Support. Terms like mental health and psychosocial support are not defined in the resolution; they are merely 'reaffirmed' in relation

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to, for example, the Convention on the Rights of Persons with Disabilities and its:

> 'paradigm shift in mental health and creating the momentum... for the identification of models of care and support based on respect for the human rights of persons with disabilities that, inter alia, address the underlying determinants of mental health, provide effective community-based and mental health services and psychosocial support, reduce power asymmetries in mental health settings and respect the enjoyment of individual autonomy on an equal basis of others' (UNGA, 2023, p.2).

These documents aim to address calls for greater conceptual clarity regarding MHPSS in humanitarian settings (Ager, 2021; Miller et al., 2021). While emphasising the social (rather than biological or medical) determinants of health more broadly (IASC MHPSS Reference Group, 2022), tension remains between different ways of understanding distress caused by political conflict and the relevant humanitarian and development support services. Ultimately, the criteria for MHPSS support (IASC MHPSS Reference Group, 2022, p. 20) include:

- promotion and improvement of mental health and psychosocial well-being and a reduction of suffering;
- focus on problems that are common and/or severe;
- building on the best available evidence;
- affordability at scale, informed by cost effectiveness and other value-for-money considerations;
- promotion of human rights and protection of at-risk populations from human rights violations;
- feasibility in most emergency contexts;
- feasibility of implementation within a 12-month timeframe;
- adaptability and accessibility across cultures and contexts, and
- implementability (through global guidance/manuals to support the implementation).

While outlining content and the scope of operationalisation, these criteria still permit numerous interpretations. This is not necessarily a concern and may be an advantage. Nonetheless, conceptualisations of MHPSS remain broad and depend on various understandings of distress and methods to alleviate it.

2.2. Understanding shelter support

The meaning and definition of shelter in the humanitarian field has undergone many variations and clarifications over the years—from a traditional notion of a physical structure to a broader definition that captures its scope beyond 'shelter as a product' to include a dynamic process of 'sheltering'. In 1996, the United Nations clarified that 'adequate' shelter is more than just a roof over one's head, emphasising the presence of other core elements and non-shelter impacts[6]. An analysis of transitional settlements

[6] Source: United Nations Conference on Human Settlements: Habitat II. (1996). Urban Exodus. Accessed February 1, 2025, from https://www.un.org/en/conferences/habitat/istanbul1996

by Corsellis and Vitale (2005) addressed other considerations, distinguishing between temporary and durable shelter solutions. Their definition of shelter as 'a habitable covered living space, providing a secure, healthy living environment with privacy and dignity to those within it' (ibid., p. 11) has been widely adopted and utilised by the sector and in the humanitarian field.

Humanitarian shelter and settlements support is designed to address the diverse sheltering needs of refugees, internationally displaced people, returnees, host communities, and other people of concern across contexts. The Sphere Handbook[7] defines and conceptualises the scope of shelter and settlements activities using the right to adequate housing. It outlines 24 context-specific assistance options. These options range from support at a household level through household items, tents, repairs, rental assistance, temporary shelter, transitional shelter, and reconstruction to support at the community level through information centres, common infrastructure, and urban/village planning.

Sphere does highlight several core considerations that link shelter assistance to cultural identity, availability of services, and the settlements where people and communities reside. These considerations include housing, land, and property rights (HLP), security, social facilities, livelihood opportunities, support for family and community life, and environmental impact (Sphere, 2018).

Nonetheless, George and colleagues (2023) stress that terminology for shelter and housing is often conflated and that there is still little clarity regarding a comprehensive definition. Care International UK and CENDEP (2021) highlight, however, that homemaking—such as decorating, planting flowers and vegetables, and creating spaces to host guests (p. 27) —can be significant even in humanitarian emergencies, where emergency shelter solutions are intended to be temporary.

George and colleagues (2023, p. vi) analysis of the global shelter aid concludes that the sector should be redefined at policy level as:

> 'an enabled process to facilitate a living environment with crisis-affected communities and individuals to meet their current and future needs, whilst also having due consideration for the needs of the host communities and environment'.

Their definition incorporates five key elements identified in prior conceptual framings of shelter (George et al., 2023):

- Emphasis on process over object,
- Inclusion of its impact on communities, as well as individuals,
- Often longer-term nature of sheltering,
- An acknowledgement that shelter is often 'at the centre of wider needs' (ibid., p. 493), and
- An acknowledgement of impact on both host communities and the wider environment.

[7] See: Sphere (2018). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response.

Shelter as well as all other humanitarian sectors have a responsibility to integrate 'protection mainstreaming[8] to ensure that the protective impact of aid is maximised. This includes four key elements:

- Prioritising the safety & dignity of interventions and avoid causing harm,
- Meaningful access (to assistance and services) in proportion to need and without any barriers,
- Accountability to affected populations through mechanisms that can measure the adequacy of interventions, as well as address concerns and complaints, and
- Participation and empowerment of affected populations through developing self-protection capacities, assisting people to claim their rights, including those to shelter, food, water and sanitation, health, and education. This list is not exhaustive.

Application of protection mainstreaming is supported through different tools,[9] and is relevant as a broader context for the links between shelter and MHPSS.

2.3. Understanding the links between shelter and MHPSS

The needs of people facing complex emergencies 'do not fall neatly into specific sectors' and require coordination and collaboration to generate an effective and holistic humanitarian response (Sphere, 2018). The goals of linking shelter and MHPSS is to strengthen humanitarian responses to work towards recovery and development outcomes (Global Shelter Cluster, 2024c) and support protection mainstreaming (see the final paragraph of Section 3.2). In this regard, MHPSS is viewed as a cross-cutting issue spanning all sectors of humanitarian support.

In relation to the integration of Shelter and MHPSS, the Global Shelter Cluster (2024c, p. 7) draws on the aforementioned IASC intervention pyramid for MHPSS in emergencies (IASC MHPSS Reference group, 2022) which identifies four core layers of support: basic services and security; community and family supports; focused non-specialised supports; and specialised services. Suggested activities within each layer require an integrated approach to the protection and wellbeing of people in need. Achieving this integrated approach demands joint and consistent conception, design, and implementation of activities across sectors and among different actors (ibid., p. 13). Klenge (2024) stresses that interdisciplinary approaches are essential to ensure integration between shelter and MHPSS programmes, as well as to deepen localisation efforts, with more systematic cross-country learning.

[8] https://globalprotectioncluster.org/themes/protection_mainstreaming

[9] See, for example, Tips for Protection Mainstreaming from 2015 available at: https://sheltercluster.org/resources/documents/protection-mainstreaming-tip-sheet-shelter-programs

3. Findings

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3.1. Local community perspectives on the impact of invasion on their distress and well-being

Study data was collected July-October of 2024 against the backdrop of renewed offensives in Eastern Ukraine, specifically in the Kharkiv region where the study took place. This context shaped the study participants' perspectives on the ongoing invasion. Most individuals who participated in the study, particularly women, shared detailed accounts of their experiences during the invasion and its effects on their overall well-being. Feelings of fear, distress, and, for some, anger dominated their accounts. Some participants directly linked their distress to the damage or loss of their homes. Others described how their distress manifested in their behaviour—crying or refraining from all conversation—or how their distress led to changes in their physical health. Participants mentioned that returning home improved their well-being, but they still grieved the loss of local community networks due to the invasion. Participants also expressed feelings of uncertainty about the future.

3.1.1 Fear

Initially, the children were not afraid. Helicopters fire, and [first child's name] runs out 'cause her mom forgot her documents. Cluster shells blast over our heads – nothing to fear. Four days ago, planes flew by, [second child's name] got scared very much. Up till now, I remember that fear, that scream of hers. You worry and fear then. (a returnee woman in her late 30s who received cash for repairs)

We were afraid to leave the house, afraid of all of it… Every time anything bangs or chatters… we are already shaking. (a man in his late 70s who remained in his village and received contractor led repairs)

3.1.2 Distress, impact on physical health, and anger

... Well, I witnessed this in April, 17 rockets on the 17th day, the 23rd day... And I said I was done; I couldn't stand it. I stuttered at first, then I stopped talking. I stopped sleeping... That's how depressed I got. …First of all, I couldn't speak, I was crying. I was so badly depressed. As for [husband's name], he was silent, just sitting there. Silent and never crying. I tried to draw him out. I thought at least he'd break out but instead nothing... He was getting worse and worse, and then he started wearing diapers. Now we can't do without diapers. I'm dealing with these issues now, requesting them somewhere.

… When we started growing roots [when we returned home], I got a second wind. I became stronger. I started to talk, I realised what I needed to do... I just needed time.... I think I'm strong. I overcame that depression, I stopped stuttering, and so on. I got up, and what I've done is all done under my

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belt. That's not boasting or bragging, but it's what has helped me. It's not over yet. However, when helicopters fly around or between houses, it is terrifying. I crouch down to the ground. And the noise effect is still there. When something flies, I rush out of the house, although I do it wrong… Before, you know, before, we just lived, never worrying about, everything was easy. Now we take life seriously. I'm living today. But I want to get rid of [anger] and beg the Lord, I'm a believer. Please God, I still have anger. It's still inside me. I never had it before… Well, I even started swearing. I've never yelled, but now I do. It's also a residual manifestation of the war syndrome. Residual effects of the depressive state. If something is going on somewhere, I still do this from time to time, I clench my hands (into fists). Still, I don't cry anymore, I don't stutter. I can socialise well. Actually, once again, I am a cheerful and upbeat person. My inner state, well, has become more reserved. I feel less easy-going now. Well, maybe it's an age thing…. I want there to be no anger. Anger is a wrong emotion. It should be gone from my body. I want to be the person I used to be. But the scars that are left here will probably remain here with me. (a returnee woman in her late 60s who received contractor led repairs)

3.1.3 Distress and impact on physical health

It was the outbreak of war that made it [participants' health condition] all worse. And it's not getting any better now. There's nowhere to seek treatment... In [nearby town], there's no doctor, no eye department to go. Where? Where to go? First of all, there's no money to go, and where would you go? So, we have to... (starts to cry). (a non-displaced man in in his 80s who received contractor led repairs)

3.1.4. Fear and distress over damage to the home

The most difficult... I don't know what was the most difficult. Broken house, it was of course terrible. When we came — the windows were dumped, everywhere there were glasses, everything got poured with water. But in general the situation was of course bombing-shooting. (a returnee woman in her late 40s who received cash for repairs)

3.1.5 Loss of local community networks due to the invasion

Q: Does it affect your condition somehow?
A: Well, yes. It's like you're staying in the house, there's no one here except your family. No one to go out with, no school. You just spend too much time at home. (a young internally displaced woman in her late teens, whose household received contractor led repairs)

There are no, there are no people on our street now. Friends came, the neighbour came with children, they have a country house here, but they will leave soon. (a returnee man in his late 60s who received contractor led repairs)

Well, some of them came back. There are not many young people. The guys were taken away [speaking about military mobilisation]. Two of them are already dead. Three already... They died in the war. (a non-displaced man in his early 60s who received contractor led repairs)

3.1.6 Uncertainty about the future

> Q: What makes you sad the most now?
> A: It is impossible to make any plans. Because you don't know what will happen next. …What kind of plans can I make? I don't know what will happen next month. (a man in his late 40s who stayed in his damaged home and received cash for repairs)
>
> Everyone says, "Yes, we need to repair this, we need to do that," but there is no peace. Everyone is afraid of the battlefront coming back to us. (a returnee woman in her late 60s who received contractor led repairs)

Older participants also linked their current fear, distress, and uncertainty to memories of previous wars, life within the Soviet Union, and the mark this has left on their lives.

> Because we don't want war, and we recall our parents and grandparents saying: "If only there was no war," and now we understand what that means. You can survive anything, all of it. Poverty, scarce food, difficulties in buying clothes and shoes, but not war... our future was completely taken away from us. We became lost, we became unconfident, we didn't know what was going to happen, not just a year ahead, but even tomorrow. (a returnee woman in her late 60s who received contractor led repairs)
>
> There are plenty of things in my life that I want to remember and don't want to. Sometimes it flashes back…I'm talking about my feelings: it's been 58 years since I was demobilised from the Soviet army. At that time, I served in [a far-eastern city in Russia], and imagine, 58 years have passed, but I still remember it like today. I can just close my eyes and see [Russian City]; I see the military unit, I remember the commanders, I do. (an internally displaced man in his late 80s who received contractor led repairs)

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3.2 Role of shelter programmes in improving the well-being of people in need

Findings support the importance of shelter repairs to the study participants' sense of well-being. Homes have a central role in their lives, encompassing both emotional and economic security. Food production is recognised as an important element of home. In terms of MHPSS, while the participants did not explicitly express the significance of such support, the study process and findings highlight the hidden value of interpersonal support for well-being. Participants enjoyed engaging in conversation. They frequently reflected on the importance of mutual care and support within their families and communities. Mutual care and support was rooted in their understanding of home, emotional well-being, and economic security.

3.2.1. Meaning of home – 'home is everything'

Exploring definitions of home and well-being from a mental health perspective was identified as an area for evidence building at the MHPSS and shelter learning event 'Doing More and Doing Better' held in May 2021 (Care International UK and CENDEP, Oxford Brookes University, 2022). For the study participants, home is 'everything'—their 'roots' that anchor them to their predecessors and to the place they are from. It is the focal point for their family and for their lives.

> A4: Well, first of all, home – is a basis of a family. I understand it like this. And it's important when it's warm, when it's peaceful in the house. It's very important.
> A2: This is some kind of starting point, I think so. Here is home. With bad or good – going home. At home I think the walls warm up, as it's said. Both adults and children. Home – is the main foundation, I guess, of the family.
> A3: Home is everything and that says it all.
> A4: It's very big happiness to come back home. Even not the thing in what condition the house is, but just to come back home, to own walls, own land in the yard, to everything what was with us, what was before us, what was with our parents, grandparents and so on. (from the follow-up focus group with the interviewees)

> Oh, home is everything, it is our anchor. It is our anchor, our life, our anchor. We cannot even imagine what if, God forbid, we have to flee again. It would be a disaster for us to leave our home. I don't even know... Home. Home is home, it's our home, and that's it. The house, the yard — everything is dear, everything is ours. Even though it is broken, it is ours. It's like a soul... Soul.
> Well, even before that, we came back, we were raised in this village. Our parents and our grandparents were born and raised here, our great-grandparents and great-great-grandparents as well. We have profound roots, both my husband and I. Our roots are very deep, very deep, so we're very attached [to this place]. (A female returnee in her late 60s who received contractor led repairs)

> What home means? That's everything. A home is a home. It's a place where one rests soul and

body, where family is in this sense of life, in the family. And a family should have a home… This is where I was born and baptised, this is my birthplace, I am attached to this place.
Q: How can you describe those feelings?
A: Longing. Yearning to be here. I thought when I was there, I thought, I'd come home, I'd recover. Well, actually, a little bit. When I arrived [back], I got a little stronger. (internally displaced man in his 80s who received contractor led repairs)

This house was built by his [husband's] mother… That's why it means very much to him. (an interview with a non-displaced couple in their 70s who received contractor led repairs)

Participants noted the damage to their homes affected their physical and mental health as well as their overall well-being. They also noted that health remained their biggest challenge after the repairs to their home were finished.

And when you are turning back from that place, where you lived, everything is ok there, entering the house, and there is emptiness inside. Everywhere is emptiness. Everything is taken. Spoons, forks, pillows. Just terrible. It's such a shame. (follow up focus group with the interviewees)

A1: I'd throw in, for example, my father. He built his own house, let's say, he built it himself. Perhaps, he would still be living there. After that, as long as we didn't tell him anything, he still lived, lived, lived. Once he knew that there was no house at all, it was completely destroyed. Just a week later he had a stroke, then another one, and so on and so forth. And now he is gone. I believe this is the attitude of the man to his home. That's my opinion. It is really there. Especially if he is already of retirement age, let's just say, he was building it for years and ended up with nothing at all…
A2: I think that for every person, and perhaps everyone recognises this, the parental home or the house they built is their roots. If these roots are harmed, a person gets sick. If it is destroyed, a person simply dies. That's why in our situation, our family had to leave, and then move closer to home, to a neighbourhood closer to home, whenever possible. We tried to travel here almost every other day, under fire, but we had to see something. We even started cleaning up at that time. But my parents' house was damaged, and back then I had a feeling that it probably wouldn't be repaired and that it should be dismantled. But later, when we returned, I realised it could be rebuilt. Well, for now, this is my goal. That is why these are my roots – my house. This is the house where my children and grandchildren can live. Moreover, this is a place where every person and child in every family can get back to, no matter what happens in life. If there is no such place, if there is no such parental shelter, well, perhaps not everyone can feel confident. Not everyone. (focus group with the leaders of the local communities)

3.2.2. Home as a source of food security, economic security, and well-being

Participants chose not to leave their home or to return to their home even before it was safe in order to

grow or harvest the food in their vegetable gardens (огород/ogorod) and look after their farm animals. They clarified how important this is for their overall well-being and economic security.

> We left on April 22 and came back probably in September. I didn't come back here for 4 months definitely, because there was shelling here. We started coming in September, to reap harvest. (a returnee woman in her late 30s who received cash for repairs)

> Q: Why did you decide to keep it [the farm]?
> A: It's our way of making a living. They say love comes and goes, but you always want to eat. You have to eat. The hen lays eggs. I lived in the city, so I knew I could go to the store and buy ready-made food. But you need to have money. And here you just have to work, as my late mother used to say, no paternoster, no penny [a local saying]. That's why we keep it. (internally displaced man in his 80s who received contractor led repairs)

> I say, let's get out of here. No, I couldn't. We can't leave our animals. Then the animals were gone, but I still didn't want to go... So we left in July. And then we came back. (a returnee woman in early 60s who received contractor led repairs)

> I don't know… Sometimes you forget about the war, and you live like you used to. But then you recall and have no wish to do anything anymore. Otherwise, it's more like before the war: you do something, a vegetable garden, vegetable preserves for winter. (a returnee woman in her late 30s who received cash for repairs)

When discussing their lives more generally, participants emphasised that even prior to the invasion, people in their community were not affluent. Residents faced unemployment, poverty, and food insecurity. Food production plays a crucial role in people's food security and economic stability, and is intertwined with the concept of home. The invasion exacerbated feelings of economic insecurity, which participants noted during the study. This concern is also linked to concerns about the future and well-being. As one participant noted, it makes 'their soul scream'.

> And before the war, we were constantly walking to the market, borrowing food at our girls. I was borrowing up to pension, then I got the pension – and was paying back these debts. Then again, I borrowed products, well, what it was, sausages, Mivina [fast cook pasta], something usual, tea, sugar, rice, something like that. First products to eat. Matches, toilet paper, like that. It was enough from two pensions (to buy) something else, but mainly the pension was enough for food only. (a non-displaced man in his early 50s who received contractor led repairs)

> It is hard for my mother to live. I know that she needs repairs. There are financial difficulties, and there is no work, and my father cannot find a job, and my mother does not work. And my brother and sister, they have disabilities. Well, something like that. I cannot find a job here too. There is

no other housing there to move to. Because we cannot go back to [the occupied hometown]. That's about it. (internally displaced young woman in her late teens, whose household received contractor led repairs)

Children are graduating, graduating the universities. But it's difficult to find job. Even if you find – there is only 8 thousand UAH [a low salary]. How can the child of 24 build the family, to give a birth to a child and with 8 thousand to feed this child? Well, how? It's just terrible. And it's happening that our specialists are going abroad. Ready. And there – please – work. And how our Ukraine can improve? How? It's like let our youth to move out abroad, and the elder people will die already here, and that's all. And who? It's just curious what it's all coming to. Who will stay in our Ukraine? For whom our Ukraine will be? It's unclear. This is like just speaking, it's the scream of the soul, well, everyone knows perfectly. Yes, everyone understands that... (a follow up focus group with the interviewees)

The participants emphasised growing food as a primary way to cope with the distress they have experienced due to the war.

Q: Have you ever talked to a specialist?
A: Nah, no, never. I tried by myself to fix all of it.
Q: And how would you explain how you fixed it by yourself?
A: For the first days I was crying. And then we came here, and people here started communicating, and it seems like little by little it all got fixed. It's clear that somewhere here (showing on the heart) it scratches, all of it, thinking. Well, going to work – there is no time to think. Going to 25 ares[10] [to work on the vegetable garden], then there is no time to think at all. Thinking only about one thing: how quickly to clean it [vegetable garden]. For the first days of course. But when we were leaving this place, I was given medicine to take for the whole way from here, and I was crying. I couldn't accept it, that we needed to leave the home, that the home is beaten up. For me it was, of course, for me it was something terrifying…. When we were going from here to [place of displacement], halfway there, so to say, I started having hysterics, I don't know… I just was sitting and crying in the car. I couldn't accept it, that we needed to leave the house. There were thoughts that we would stay without house at all, but thanks God, the place where to turn back was remained, so to say.
Q: And what helped you to adapt in this situation, after such emotional state?
A: Probably, the fact that we quickly turned back here. And here we didn't have time to think about anything, we needed to clean up the house, we needed, we also during this booming-bombing planted the vegetable garden. That's why when we turned back there was no time to think about it, and we were busy, working quickly-quickly. (a returnee woman in her late 40s who received cash for repairs)

[10] In Ukraine, small lands next to the house are usually measured in "ares". 1 are = 100 m2

2

3.2.3. Impact of home repairs on the participants well-being

Repairs to participants' homes had a positive impact on their well-being and provided them with 'a new lease on life'. Participants also appreciated the attentive care with which the repairs were managed (if they received contractor led repairs).

> There are not even words to express this gratitude, because, one might say, I began to live again. The meaning of life, one might say, appeared after the renovation. Somehow the relation of repairs to this, this meaning of life appeared in me, because there is no husband, there is nothing, broken, you know, like an old woman at a broken through [Ukrainian idiom meaning 'completely broke'], so was I. I did not think that I would have my own house like this... You know, I can't explain, they expressed a wish to do repairs the way you are supposed to do it. How to say, they put their soul into it, compassion. They treated me personally with such care. With a big care, I can say. (a female returnee in her early 60s who received contractor led repairs)

Q: Has this aid impacted your life in any way? Has anything changed?
A: Well, we have windows! Thanks a lot! There was a guy called A. [Medair staff member]. He came here, and they divided into three payments. And the first instalment was very low. I called, and they responded really well, humanely. They said: "Yes, we will pay all three parts at once, but you have to install the windows." I said: "There is no point for me to cheat 'cause I have children. I need windows." So, they gave us the entire amount at once, and it was sufficient for seven windows. … Of course. It was joy for me! That we were able to restore this corner. And now we don't have to turn gas on 'cause it costs insanely. We can only use firewood for heating. (a returnee woman in her late 30s who received cash for repairs)

Guys turned me back to life… Yes, I'm saying, I'm grateful because I wouldn't have even bought a sheet of roofing slate by myself, and all of it was done for free. I don't know what kind of happiness it is, I don't know how would we live, if not this help. (a non-displaced man in his late 60s who received contractor led repairs)

Well, of course, my heart felt good. This year they did it - beauty. Because when the temporary sheets were laid, over time it began to leak. So we had a dining room in the attic - bowls and basins were everywhere… My heart became lighter. The problems have decreased. We would not be able to cover the roof like this, to pay. It is necessary to put it: how much slate costs, so much to put in, and where does the money come from. And health. We are used to doing everything ourselves, and it is already difficult for such work, we will not do it anymore.
Q: And what type of repair was the most important?
A: Roof. Roof and heating. The son cut off the radiators himself, welded them - it's good that he could do it himself. So, it became easier in my soul: that nothing flows, does not drip. (Internally displaced man in his late 60s who received contractor led repairs)

> The rain season is coming, snow and so on, and it all leaks. We were almost in panic. I'm telling you if it wasn't for your company, those guys, I don't know how it would be. And now, it may rain and we giggle – let it rain. So, it came to the rescue so much that I can't describe…. The quality of the job is one thing, but they also treat us as affected people. This is marvellous. They are like relatives, you know? (a non displaced couple in their 70s who received contractor led repairs)

Equally, a lack of comprehensive repairs or repairs that weren't done well continue to impact participants' well-being.

> A: Of course, there was a hole in the other side. It's still not fixed. I said: "Well, whatever the hole, let's just fix it and that's it." I mean, I try to find something out of something.
> Q: Is it still not fixed?
> A: Well, look, the hole is like this, and they nailed a board like this (gestures). Well, there's a war raging, what am I going to do now?... People helped a lot and began bringing groceries. I hid groceries in the barn, someone broke it. I put it in the garage, someone robbed it. Do you realise this? There was stealing, looting. I arranged to have the roof covered with cellulose film for 12,000 [UAH] and gave this money to a guy. I thought it would be covered properly though, but the result was awful. (a returnee woman in her late 60s who received contractor led repairs)

> The main is the absence of the roof. It's the most important. That side of the house will be leaking in winter when it rains. That they [repair team] glued the holes there. Summer is hot — it got unglued. (a non-displaced woman in her early 70s who received contractor led repairs)

3.2.4 Role of MHPSS in shelter support – the hidden value of talking

Anecdotal evidence from the shelter field staff suggests that people in need often want to talk to them not only about the necessary repairs but also about their experiences during the invasion. In the interviews conducted for the study, only one participant explicitly mentioned having received mental health or psychosocial support services during their previous displacement. Other interviewees expressed their gratitude for the visits and the attentive support provided by the humanitarian staff in general, including the shelter support field staff.

> And then V. and A. [Medair staff] arrived… It was 40 days after my husband's death. I didn't believe it, really, I didn't believe that someone could help me.... And then they [humanitarian workers] came just to find out what I had... I helped them showing addresses where people lived... So (cries).... They started coming to me just, you know, just to ask. Even on January 2, they came and wished me a Happy New Year…I was alone, it was very nice that they took care of me here. I realised that their help would really come...(a returnee woman in her early 60s who received contractor led repairs)

> Single, elderly people. They are coming over, taking your hand. They need to hold your hand.

She will stand near the wicket in order not to let you come outside from her yard. She will stand with her back to the wicket. Here is my little cat, here is my little dog. Let's go, I'll show you what I've already done here. And I have tomatoes over there, take tomatoes. There is a pig over there. And there was a hit over there. Do you want me to lead you to my neighbours? And all of it she will tell you. And you already finished the survey, and drawing. And you are standing, speaking. (Ukrainian staff member who took part in the focus group)

There was additional hidden evidence regarding the value of interpersonal support for their well-being. Most female participants provided detailed accounts of their experiences, even during the initial telephone contact to assess their interest in participating in the study. Some believed that the interview would likely be filmed and televised. All welcomed the interviewers into their homes with 'a spread', offering food and refreshments as they would for guests and family, regardless of the household's food availability. They expressed a desire for future visits and to build relationships with the interviewers. During the interview, participants offered thorough accounts of everything that had happened to them since the onset of the invasion.

I'm talking, I was kind of very worried. I was very worried, I don't know, what if I say something wrong, something still, as I told you, 60+. You know, it's so easy to talk to you. And now I feel fine, yes. Even though the memories are hard. It's OK. (a returnee woman in her early 60s who received contractor led repairs)

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Medair's Ukrainian staff involved in the focus groups emphasised that, culturally, the local population would be reluctant to seek specialist MHPSS support due to fear of stigma.

> They start but it's all situational reactions until you exist physically in their yards, until you are interested, until you help, until they are not alone. But as soon as we all leave, they stay with their thoughts, memories and pain. And here is about individual support in the context which exists now from our partners. Where the person, well, you know, to visit psychologist, everyone in the village will know about it that I went to psychologist. And this is certain stigma which scares everyone. But when psychologist calls to the person and communicates privately, nobody knows about that, they decide in what way these meetings will be conducted. By phone or there is an opportunity for video call for the person to feel more comfortable because she will see this specialist. And then they are ready for such communication because nobody will know about it…. But just to have a person who can share his/her vision or just listen to, just sitting, that's another thing. And your job as those people who come first before us was some kind of basis when these projects were created by project manager of our sector. From that what you highlighted. Because if it hadn't existed, maybe, these programmes wouldn't have existed too. (Ukrainian staff member who took part in the focus group)

Communicating with visiting professionals, such as family doctors, and other community members was also considered important. Participants articulated their lack of opportunities to converse with others.

> Now they arrive, doctors arrive here. They are attentive, young people. Attentive, normal, everything. It's nice when they talk to me, an old person, respectfully. You know, it makes it easier somehow.
> Q: Do you enjoy much communication in your life now?
> A: No. That's exactly what makes it an issue here – a lack of communication and an absence of information. It's a major question. Yeah, well, again, it's up to me personally. I can only listen to the radio at my place. That's it. What else can I do? (internally displaced man in his 80s who received contractor led repairs)

> Well, sometimes my neighbour can go outside, we're chatting, but I don't see her now. And we also were sitting in her cellar, and in ours, and in daughter's cellar, oi. And nobody else I have. (non-displaced woman in her 70s who received contractor led repairs)

3.2.4.1. Importance of mutual care and support for well-being

The importance of talking to the shelter staff and other local professionals was highlighted as important to the study participants. In parallel, they stressed the centrality of mutual support within their families, and how providing support for their family members and neighbours enhances their overall well-being. Additionally, the shelter staff encouraged support for well-being by inviting the study participants to actively engage in planning their shelter activities.

I can only share with my husband or my brother. Otherwise, I try to think that everything is OK, everything will be OK. (a returnee woman in her late 30s who received cash for repairs)

Well, first of all, I had the support of my husband. He generally supported me in everything (cries). Even if I got sick, I knew I was healing him. What I can't do, I know, he solved all the problems anyway (cries). I have never gone neither to doctors, nor to psychologists in these stressful situations. If we didn't have this. We coped on our own. Together. Together, whatever the problems... I have no idea how I will live or what I should do. That's exactly what happened to me when [husband] died... When he died, I thought the life was over. I just didn't know what to do…. After his death, all relatives comforted me. As soon as they are over with their stuff, they call me to check how I am. Everything is fine, emotions, I think, can be coped with. Still, it's... A year hasn't passed yet. Everyone says, 40 days, six months, a year. Maybe it will calm down a little, maybe not. If there had been peace, it seems to me that everything would have been different. When it comes (peace)… Sometimes I go to the garden and sit. Bad thoughts run around. Also my mother is next to me. I go to her. Still, it's a care. You could say that by taking care of my mother, I distract myself from my bad thoughts. (a returnee woman in early 60s who received contractor led repairs)

> [Medair workers asked me] could you help us with the programme for pensioners... Toilet walkers were needed. Could you... I don't know, I was even happy to help them. That I got distracted. I was even needed. I don't know what kind of help was there. There was nothing for me. Although they said it was a big help for them. But the fact that I was asked to help was joyful. Well, yes, I was very happy. (a returnee woman in her early 60s who received contractor led repairs)

3.2.4.2. Importance of telecommunications to maintain family and community support

While some participants found mutual support through face-to-face interactions with family members and neighbours, others relied on calls with family and friends now living in different parts of Ukraine or abroad. This emphasises the crucial need to restore and support the communication services that people use to maintain their family and community networks when they are physically separated.

Q: Do You obtain some support from Your family, for example?
A: Of course, of course. Well, including moral help. My sisters are calling me, worrying, just right now my sister literary told me: "Is it calm at your area or not? It's written that it's flying on [name of the village]", but we even don't know about it, just living. Everyone gets worrying, of course, and children, and relatives are calling. Because there is calm at their areas, so to say. Everyone is worrying, everyone provides moral support. (a returnee woman in her late 40s who received cash for repairs)

> A1: We are on a call with our son. Every morning and evening.
> A2: He says, "You care too much."

> A1: Well, it's comforting. I heard his voice – that's it, I'm calm now. (returnee couple in their late 50s who received cash for repairs)

3.3. Suggestions on how to strengthen links between MHPSS and shelter programming

Participant suggestions for enhancing MHPSS through shelter programming centred on two key points. The first pertains to the significance of homemaking practices, with participants highlighting the importance of internal and cosmetic home repairs for their well-being. This differs from the primary purpose of the humanitarian 'light and medium' shelter repairs that participants received, which focus on repairing damage to roofs, doors, and windows to ensure homes remain habitable regardless of the weather conditions.[11]The second point focuses on the importance of community revitalisation and economic regeneration.

3.3.1. Design projects to incorporate internal repairs to strengthen the MHPSS impacts of shelter support

While participants stressed the importance of repairs to their roofs and windows, nearly all mentioned they still require assistance to make their homes more inviting internally and to create a more 'homely' atmosphere with furnishings and finishing touches.

> Everything is gone, literally. Our refrigerator, washing machine... TV.... well, everything is literally broken... Only one vacuum cleaner remained, thank God, somehow they did not notice it [speaking of looting] ...

> The roof, by the way, still needs to be repaired. Well, not the roof, but the ceiling in the kitchen. The floor needs to be laid. We are already slowly starting to do this. So much time has passed already. (a young internally displaced woman in her late teens whose household received contractor led repairs)

> Our corridor was all damaged, and the ceiling, and the kitchen. We hired our people, hired and made everything with our money. The [monthly] pension we have, we collected a bit from it the whole year and repaired it somehow. And we have only one pension and that's all [typically around 3,000UAH/less than 80USD a month in rural areas of eastern Ukraine]. (a non-displaced woman in her early 70s who received contractor led repairs)

At present, homemaking practices and internal repairs generally fall outside the scope of humanitarian

[11] See, for example, winterization recommendations: https://sheltercluster.org/ukraine/documents/shelter-cluster-winterization-recommendations20232024

shelter repairs projects. Projects like light and medium repairs focus on ensuring that people's homes shield them from the elements. Although participants recognise this, they emphasise the significance of internal repairs to their well-being. This concern was also acknowledged by the local staff who work with the study participants and other people in need.

> Well, it's clear that I want to add [internal] repairs. Because NGOs do not take up internal work. None. That's the biggest issue for me. (a returnee woman in early 60s who received contractor led repairs)

I think that interior repairs are very important because the person perceives their own dwelling from the inside. She has lived a lot of years and painted, installed, repaired each wall, window, door. After the occupation there are no more doors, the windows are broken, the roof was on fire and something else. And the person turns back home and psychologically she is not going to be ok as long as there is all this additional damage that she can see. So, it's very important. The question is whether we can do all of it, to help every person, because there is a lot of such need. And not every person can make the decision independently or do something by oneself. Our beneficiaries are mostly very vulnerable people, so it's necessary to help them, and not always we can help, but this is very important. (from the focus group with the Medair local staff)

3.3.2. MHPSS activities focused on community revitalisation

Participants stressed the importance of investing in community services and activities that were halted due to the full-scale invasion. They highlighted the challenges of remote learning and accessing education, as well as the absence of recreational activities for children, youth, and older adults. In addition to one-on-one support, these findings indicate that MHPSS should incorporate activities aimed at community revitalisation to enhance people's well-being and capacity for self-recovery.

Well, what did I like [before the war]? That everything was good. The school was nearby, my brother and sister went to school. And now it is problematic… There is no school or kindergarten [destroyed by the war]. And my mother has difficulties with... My sister is going to first grade. They still can't figure out which school she should go. You need to go to the neighbouring village. And that school has online education only. And I think it would be better for my sister to study offline there. You know, communicate with people. Let's say, there are not many children here. And she stays home alone. Well, she is there with me. But she needs to somehow communicate with her peers to be more sociable. Well, it turns out that the only friends here are our neighbours. And that's all. I would like her to go to school, like I did. I communicated with my classmates, learned to write, read, I played there, ran. But she misses all that. (a young woman in her late teens whose household received contractor led repairs)

To successfully address these recommendations, future MHPSS programming would need to include consideration of local transportation and telecommunication (see "Importance of mutual care and sup-

port for well-being" for further details), as these systems are disrupted due to the on-going conflict. Transportation and telecommunications are essential to facilitate inclusion of community reintegration activities into future MHPSS programmes.

> Well, so that at least we would have transport here. To make life more vibrant here. (a young woman in her late teens whose household received contractor led repairs, speaking about what could make life more satisfying)

A1: That's the only thing that she doesn't let the granddaughter to come to us now.
A2: We only see her in videos.
A1: Only in videos. We are unable to go there, and she doesn't let her. (a returnee couple in their late 50s and 60s who received cash for repairs)

3.3.2.1. MHPSS delivery through arts programmes

Music, singing, and dancing are important to the participants to improve their well-being, but opportunities to enjoy them are limited.

I used to take them to music school, and I used to take [granddaughter] to the art classes. In other words, I was actively engaged. Once the gear is on, I'm on my way. I used to take her around the city. (a returnee woman in her late 60s who received contractor led repairs)

> A3: Of course, I wish there were some more hobby groups for children, so that they could draw or play games. Because children have nowhere to go.
> A2: Leisure, arranging leisure time for children is very important. Currently, our youth organisation is also involved. The youth won a competition, yes, they were awarded a grant. They are going to equip the sports ground. I understand they are here to observe it. (from the focus group with local leaders)

Q: What's your favourite song?
A: "What a Moonlit Night" [«Ніч яка місячна» in Ukrainian]. [Husband] and I sing it together.
Q: Do you still sing it?
A: Yes, we do! I'm serious! I can't live without music at all. They stole everything: a DVD set and speakers. When I got here, I first bought a speaker. The first time I listened to music was on September 24, you know, I watched TV. Even now I have music playing from time to time, and everyone knows that N. has arrived. If I'm in the vegetable patch, I put a speaker here. Now it's in my kitchen.
Q: And what kind of music do you listen to?
A: First of all, Ukrainian music. For example, have you heard the new song by Mykhailo Brodskyi? He's from Western Ukraine. …. We have our favourite songs and we sing them every morning, for example. It's not about drinking alcohol and singing, of course not, we just sing together. For example, I can go out now and start singing any song, "Oh, Whose Horse Stands Here" [«Ой, чий

то кінь стоїть» in Ukrainian]. We sing it and all our friends sing it, too. (a returnee woman in her late 60s who received contractor led repairs)

3.3.2.2. Consideration of economic regeneration and preparation for the future within MHPSS programming through strengthening links with Food, Security and Livelihoods actors

Uncertainty caused by the ongoing invasion and lack of jobs affects people's well-being and their ability to plan for the future.

> [Before the invasion] we went to work, created some plans, tried to do something. And what about now? No work, nothing. You are constantly afraid that they might come back here. (a returnee woman in her late 30s who received cash for repairs)

What helps is... The hope, that all this will be fine. All this will end soon. Indeed, it will be possible to make some real plans. And now, really, (I have) some kind of apathy…What kind of plans can I make? I don't know what will happen next month. Maybe I'll really have to move somewhere. I really don't want to. (a non-displaced man in his late 40s who received cash for repairs).

Given that the region was not affluent prior to the war and considering the effect of the invasion on local communities, participants emphasised the importance of creating opportunities that encourage community members of all ages to return to their villages. The creation of both community infrastructure and jobs was highlighted as a crucial foundation for future planning and self-recovery. This is also connected to other community revitalisation activities, such as providing education.

That's why we hope to rebuild the kindergarten, and we hope there will be projects, we will contact some international organisations and foundations. Why is this important? Infrastructure means workplaces. Small business means workplaces. If there are no workplaces, a house can be, so to speak, a summer house, nothing more. If one doesn't have a job, it is impossible to survive. So, looking for investments and investors, we also need to look for that. And we need to assess the opportunities to create here, open up, and so on. But I understand that such things must exist, and our united territorial community leadership most likely has them, I don't know how... They're making plans there, too, aren't they? Based on this, we might need to work out our plans, assumptions, so that we can have... People's wishes so that we can open and create here. And then ask for aid, invite investors to at least start it. Workplaces are the most important thing after houses. (participant in the focus group with local leaders)

> I think if there is such an opportunity to set up some businesses. Now there are no such opportunities. If there is a job, the village will live, and, as the village head said, a man will work, and people will build their own houses. (participant in the focus group with local community leaders)

3.3.3. Contextual challenges of importance for future programming - staffing and staff support in the humanitarian sector

Humanitarian work is influenced by the broader context of the ongoing invasion. To meet the needs of local communities, there must be sufficient humanitarian staff with the relevant contextual and technical knowledge (both local and international). They require support to continue their work amid the ongoing invasion, which affects them both personally and professionally. This situation impacts recruitment, turnover, and retention. While these challenges are not faced by Medair alone, they influence the ability of humanitarian organisations more broadly to deliver responsive and integrated support to those in need, including the connections between MHPSS and shelter support.

3.3.3.1. Staff recruitment issues relevant for shelter and MHPSS programming

> Our programmes, especially MHPSS, can only be as good as the people who are delivering them, because MHPSS programmes are through people primarily, and that's the factor that delivers it. And… it was really hard to recruit, both internationally and nationally… And I think it's not just in Ukraine, it's globally as well. I think there has been a lot of staffing gaps, which is just a real shame…
>
> I really like the idea of - I know that we did a bit with the MHPSS and shelter team going together, but even more so - doing your assessments together. So you do have somebody. And I think it is easier to find the, like the officer, the mental health officer level positions and

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manager level positions. In Ukraine, we did definitely have great people, and so maybe coupling those even more together than we had done, but of course, that takes a lot of human resources and time to do that. (focus group with the Medair managers)

3.3.3.2 Staff turnover in the humanitarian sector

Staff turnover is really high and they often apply at multiple organisations at the same time and they always take your organisation with the best offer. So I lose a lot of people who take the offer from another organisation and I cannot go up with salary. And also often I can hire people, I can train them, they are good staff members and then they move over to another organisation often again, more salary. (focus group with the Medair managers)

3.3.4. Contextual challenges of relevance for future programming – identification of suitable contractors

Further contextual issues may affect the ability of humanitarian organisations to implement the suggestions offered by the study participants. These challenges were identified through focus groups with local humanitarian staff, as well as local and international managers and advisors. In addition to difficulties related to the availability of qualified staff for shelter repairs and MHPSS, humanitarian organisations struggle to find enough qualified local contractors for the repairs. Often, they must rely on national contractors who are not based locally to provide support in rural areas, as local companies either lack sufficient capacity or do not meet the donor screening and contracting requirements. Contractor selection should be tailored to prioritise local contractors.

3.3.4.1. Availability of local contractors

A2: Well, first of all, it's quality. To find the contractor… what requirements we have to the contractor, which requirements are existing – it's quality, professionalism, approach to the problem resolution, speed. There are three key issues. They are quality, speed and price, of course. These are three key moments which can be put one by one by priority. A1: I would like to add that as I said already in Ukraine there is a lack of workforce. And challenges we faced with working with contractors, it's one moment, and there are challenges with which contractors are facing with, working with humanitarian organisations. At the beginning of work, it's also difficult for them to understand how to cooperate with us, what requirements regarding tender procedures, procedures of the beginning of work, procedures of reporting. And when we start working with a new contractor, the first thing we do, we communicate with them, but they still are trying to do it as they did before the war, by Ukrainian procedures. And this is on the first stages, which leads to the delay of carrying out of works because we are trying to meet the requirements of what they are doing, to meet the requirements which are in international organisation, moreover an international charity organisation. Second moment which is important for us in communicating with the contractor – is speed of reaction. Because all people are making mistakes. We try to cooperate more with contractors who respond quickly to our remarks. Because for us the speed of reaction – is also very essential factor. (focus group with the Ukrainian field-based staff)

4. Discussion

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4.1. Meaning of home

Findings highlight that shelter support alone positively contributes to the overall sense of well-being for people in need, giving them 'a new lease on life'. Home 'is everything' for the participants who took part in the study—it serves as a focal point for their family life, their 'anchor', and where their roots lie. The experiences of study participants suggest that damage to their homes adversely affects their physical and mental health. Similarly, poorly executed repairs continue to negatively impact those involved in the study. Therefore, as emphasised by the Global Shelter Cluster (2024a), shelter is a foundation for broader outcomes.

4.2. Importance of food security and economic regeneration

In contexts such as rural areas of the Kharkiv region in Ukraine, home serves as a source of food security and broader economic stability. Addressing food insecurity and its effects on households has been highlighted as crucial in war-affected settings (Shemyakina, 2022). The focus on people's lived experiences in this study provided clearer insight into historical experiences and the influence of socio-economic and political contexts on their lives. Participants' accounts indicated that unemployment, poverty, and food insecurity were widespread and impactful on their lives, even before the 2022 Russian invasion. Beyond shelter and MHPSS sectors, these findings underscore the importance of integration and collaboration with other humanitarian sectors, such as food security and livelihoods.

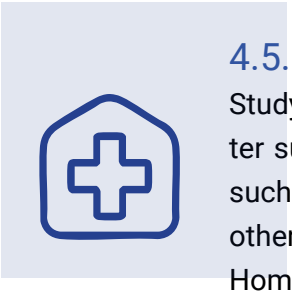
4.3. Importance of community regeneration and the hidden value of talking

The invasion resulted in loss of life and damage to property for the participants who took part in the study, leaving them fearful and uncertain about the future due to the ongoing invasion. Fear of further loss and destruction lingered in their accounts. The importance of human connection and the value of conversation were hidden yet present throughout the study process and findings. Participants commented on the lack of community activities and the absence of human connection they experienced. Even though they would appreciate mental health and psychosocial support (MHPSS), there is pervasive stigma surrounding the pursuit of such assistance. Participants place value on mutual care and support, primarily within their families, but also in their neighbourhoods. Frankova and colleagues' (2024) analysis of mental health and psychosocial support in Ukraine, corroborates this, as mutual support from family, friends, neighbours, and other community members is recognised as a positive coping strategy within communities across Ukraine. The same analysis also highlights the stigma associated with seeking formal mental health support (ibid.). The IMC Rapid Situation Analysis (2022, in Frankova et al., 2024, p. 28) noted that humour, laughter, and farming or gardening are important positive coping mechanisms in the country.

4.4. Importance of telecommunications for mutual support and wellbeing

Study participants relied on mobile communications to maintain connection to the family and friends that they had been separated from due to the war. Lack of finances, power outages or damage to the telecommunication infrastructure disrupt these vital links. There is limited yet steadily growing literature on the significance of information and communication technology (ICT) for families and communities facing separation

due to the invasion (for instance, Khvorostianov, 2025) and the role of such ICT connections for mental health well-being (for instance, Hakala et al., 2024).

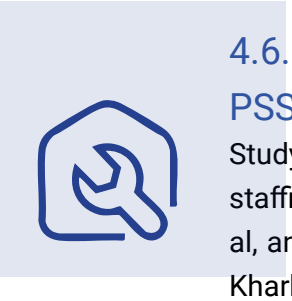


4.5. Strengthening the links between MHPSS and shelter support

Study findings suggest several ways to strengthen the links between MHPSS and shelter support. The first issue relates to the value of internal repairs. On the one hand, such support can be outside of the remit of humanitarian shelter support. On the other, participants stressed the importance of making their houses more 'homely'. Homemaking practices such as paint/personalisation, as well as structural and internal walls, have already been identified as an important connection between shelter and MHPSS (Global Shelter Cluster, 2024c).

The second relates to a possible interpretation of what MHPSS may need to look like, at least in the Kharkiv region. A form of community revitalisation, implemented alongside shelter support, was suggested as a relevant way forward. Community engagement has already been identified as crucial to ensuring self-recovery (Global Shelter Cluster, 2023).

The operationalisation of such support needs to consider three elements. The first is individual household support. Participants appreciate engaging with humanitarian staff who visit their homes to arrange shelter assistance. The second element involves the need for community-level services. A community link is necessary to connect with residents to relevant resources and initiate (re)development of community services. Needed services range from education opportunities to leisure activities for the entire community, such as arts programmes and social gatherings. The final element focuses on preparation for development, including economic regeneration, given the lack of employment opportunities in the region. This finding is not surprising, considering that poverty, inequality, and corruption rates in Ukraine are among the highest in Europe (Frankova et al., 2024).



4.6. Contextual issues that impact humanitarian shelter and MHPSS programming

Study findings also indicate a need to address several contextual issues, including staffing, staff support, funding requirements, and coordination between local, national, and international stakeholders. Relevant psychosocial support for this part of the Kharkiv region encompasses a variety of suggested activities that extend beyond the scope of any single humanitarian organisation. Therefore, developing relevant and integrated support would necessitate coordination among the existing local, national, and international stakeholders, as well as collaboration between humanitarian and

development initiatives. As noted by Kamali and colleagues (2020, p. 1), 'multisectoral collaboration and better use of existing support networks are encouraged to increase reach and sustainability of MHPSS interventions'. Similarly, community engagement is already recognised as 'a building block for self-recovery' (Global Shelter Cluster, 2023, p. 24). In Ukraine, such cross-sector collaboration must be strengthened (Frankova et al., 2024).

Medair staff who participated in the project identified important issues related to staffing for both shelter and MHPSS work among Ukrainian and international staff. It is important to ensure on-going support for staff in a complex and ongoing conflict context such as the Kharkiv region in Ukraine. This concern has also been noted in other relevant literature (Tol et al., 2023). Staff involved in the study rightfully highlighted that the demand for humanitarian workers in both shelter and MHPSS programmes leads to uncoordinated recruitment across different organisations. Additionally, there needs to be appropriate supervision and support for both MHPSS and shelter staff to help them continue working in such an environment without experiencing burnout.

Staff supervision is also mandated within the Minimum Service Package for MHPSS support (IASC MHPSS Reference Group, 2022), but should be extended also to shelter staff. Narouze and colleagues (2023) suggest that trauma-informed clinical supervision is particularly important. While organisations such as Medair offer psychological support services to their staff, such support cannot replace the important role of on-going supervision to prevent the need for more specialist support. While supervision can have different meaning and roles across different professions, evidence from relevant support-oriented practices suggests that supervision works best if it allows practitioners to explore their emotions, develop knowledge and skills, as well as shape and/or improve practice (Maglajlic, 2020).

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5. Conclusion

Findings from the study contribute evidence that shelter support serves as a foundation for wider outcomes in humanitarian assistance (Global Shelter Cluster, 2024a). Home is central to the sense of well-being for people in need due to the central role it plays in supporting livelihoods, sense of community, and recovery. Ongoing uncertainty due to the continued invasion exacerbates fears and concerns for the future and warrants exploration of links to other forms of support, such as MHPSS. Depending on the resources available and the broader context, collaboration and/or integration between shelter, MHPSS, food, security and livelihoods (FSL), and other humanitarian assistance may take different forms. Understanding the appropriate links between shelter and MHPSS activities is individual to each context and rooted in local knowledge. The focus of this research on participants' own experiences stresses the importance of the broader socio-economic context, particularly on-going experiences of joblessness, poverty, and food insecurity and its continued influence on well-being. These findings signpost the need for support which is based on the understanding of social determinants of health and social model of distress.

Beyond the key findings, it is hoped that the study also clarifies the importance of using qualitative baselines and narratives in shelter and MHPSS humanitarian programming from the start of interventions (Care International UK and CENDEP, 2021). Further research which focuses on beneficiary experiences and needs across different war-affected contexts is needed to create broader and more robust evidence. This would allow evidence to consider different cultural and social contexts relevant for the integration of humanitarian assistance (Klenge, 2024). Context is and remains 'everything' for shelter programming (Global Shelter Cluster, 2021, p. 5). Such studies should also utilise longitudinal approaches, to explore people's experiences over time as conflict evolves (Rizzi et al., 2023), including into the post-conflict period. Research on these subjects requires collaboration with diverse stakeholders beyond the scope of humanitarian actors alone.

Humanitarian work is dependent on the staffing, staff support, as well as donor funding conditions. With fewer resources available for humanitarian interventions, challenges faced by humanitarian staff working in beneficiary-facing roles and their managers may become more prevalent and more impactful in terms of support available to war-affected communities. Advocacy to ensure more flexible funding relevant to the needs of beneficiary communities and with relevant support built-in for the staff is central to support such work. Greater collaboration between different shelter and MHPSS organisations in terms of workforce support, renumeration and development would also be helpful to support such work.

6. Recommendations

1. For shelter programming

In addition to light and medium repairs (roof, windows, doors, and wall repairs), explore ways to contribute towards restoring a sense of 'home' either through distributing a small cash sum or in-kind supplies for internal and cosmetic repairs. Shelter actors could provide guidance where appropriate and encourage collective support from community and social networks. This practice would enhance the well-being impact of shelter programmes and support self-recovery.

2. For MHPSS programming

MHPSS interventions should involve community activities that complement and expand on the work of other sectors. Community activities can utilise other sectors as an entry point while also serving as an important avenue for transition after the conclusion of other sectoral activities. Such activities could include working with communities to conduct internal and cosmetic home repairs in a supportive group setting, while also collaborating with other sectors and actors (such as Food Security and Livelihoods) to enhance social cohesion, restore economic opportunities, and create a foundation for sustainable recovery and resilience. Implementing community activities serves two inter-related goals. First, it helps build relationships with individual households and communities. Second, it serves as a gateway to focused MHPSS support for people who may otherwise avoid such support due to stigma surrounding mental health support in many contexts.

3. Links between shelter and MHPSS programming must be context and resource-specific

Based on the Medair interventions in the Kharkiv region of Ukraine, this would require, at a minimum, integrating the sectors to ensure that people in need of shelter programmes also have access to lay counselling or other MHPSS support. Should resources allow, it could also involve MHPSS team members participating in household visits as part of shelter repairs to provide psychosocial support to those in need.

4. Promoting sustainable staffing practices via inter-agency agreements and staff supervision to prevent burnout and enhance retention

The availability of local, national, and international staff to deliver shelter and MHPSS programmes will require broader agreements between humanitarian agencies regarding salary scales and other aspects of staff support. Any planning of interventions and links between sectors must consider the available staffing levels and their preparedness (including their professional background, current skills, and training needs, particularly for protection mainstreaming). To ensure staff retention and to address the nature of both shelter and MHPSS support, ongoing trauma-informed supervision (for support, debriefing, and professional development, rather than line management) should be provided to all staff working with war-affected communities. These concerns are not unique to the shelter sector, yet they are crucial for ensuring recommended practices.

References

Ager, A. (2021). Creative tensions in the framing of MHPSS. Forced Migration Review, (66): 5-8.

Barratt, S & Earle, L. (2023). Measuring What Makes a 'Good Life' in Exile: A new tool to assess refugee wellbeing in protracted displacement. Accessed 25 November 2024 at: https://www.iied.org/21571iied

Burnham, M.S. (2023). Humanitarian Shelter Programs and the Capacity to Achieve Housing Stability for Syrian Refugees in Lebanon. Accessed 25 November 2024 at: https://www.habitat.org/sites/default/files/documents/Madeline-Burnham_USAID-BHA-HFHI-Fellowship_2022-Report.pdf

Bwirire, D., Crutzen, R., Ntabe Namegabe, E., Letschert, R., & de Vries, N. (2022). Health inequalities in post-conflict settings: A systematic review. Plos one, 17(3), e0265038.

Care International UK and CENDEP, Oxford Brookes University (2021). Mindful Sheltering: Proceedings of the Shelter and Mental Health Learning Event. May. Accessed 25 November 2024 at: https://shelter-cluster.org/resources/pages/shelter-and-health

Care International UK and CENDEP, Oxford Brookes University (2022). Working Together: How integration and cooperation between Shelter & Settlements, WASH & MHPSS will benefit well-being and health for people living through crises. December. Accessed 25 November 2024 at: https://sheltercluster.org/recovery-community-practice/documents/221220working-together-report

Corsellis, T. and Vitale, A. (2005). Transitional Settlements: Displaced Populations. University of Cambridge shelterproject. Accessed 2nd of February 2025 at: https://www.livestock-emergency.net/user-files/file/shelter/Corsellis-Vitale-2005.pdf

Cuadra, C. B., Wallengren-Lynch, M., Kokoiachuk, Y., & Rapeli, M. (2024). Social work students and teachers responding to internally displaced persons' need of shelter in Ukraine in spring 2022: Service learning and recognition. International Social Work, 67(6), 1362-1376.

Frankova, I., Leigh Bahmad, M., Goloktionova, G., Suvalo, O., Khyzhniak, K., and Power, T. (2024). Mental Health and Psychosocial Support in Ukraine: Coping, help-seeking and health systems strengthening in Times of War. Accessed 22 November 2024 at: https://pscentre.org/news/mental-health-and-psychosocial-support-in-ukraine-coping-help-seeking-and-health-systems-strengthening-in-times-of-war/

Frederico, M., Muncy, S., Young, J., & Picton, C. (2024). Responding to the needs of internally displaced persons: A social work perspective. Australian Social Work, 77(1), 47-59.

George, J.W. (2023). Humanitarian Sheltering: Analysing global structures of aid. PhD thesis. Accessed 25 November 2024 at: https://www.repository.cam.ac.uk/items/b42aa4ee-7b70-4e5c-96b4-499c27c92800

George, J.W., Guthrie, P. and Orr, J.J. (2023), Redefining shelter: humanitarian sheltering. Disasters, 47: 482-498. https://doi.org/10.1111/disa.12555

Global Shelter Cluster (2016). Literature review on the use of cash in shelter. By Dewast, C. Accessed 25 November 2024 at: https://www.calpnetwork.org/publication/literature-review-on-the-use-of-cash-in-shelter/

Global Shelter Cluster (2021). Shelter Projects Essentials: Learning from programming in humanitarian crises. March. Accessed 25 November 2024 at: http://shelterprojects.org/essentials/shelter-projects-essentials-2021-print.pdf

Global Shelter Cluster (2023). Pathways Home: Guidance for supporting shelter self-recovery. Accessed 22nd of November at: https://sheltercluster.org/recovery-community-practice/documents/pathways-home-guidance-supporting-shelter-self-recovery

Global Shelter Cluster (2024a). 2024-2028 GSC Strategy. June. Accessed 22nd of November 2024 at: https://sheltercluster.org/global-strategic-advisory-group/documents/gsc-strategy-2024-2028

Global Shelter Cluster (2024b). The GSC Research Agenda. June. Accessed 2nd of January 2025 at: https://sheltercluster.org/research-initiatives/documents/gsc-research-agenda

Global Shelter Cluster (2024c). Connecting Shelter and MHPSS: A guidance paper. Accessed 22nd of November 2024 at: https://sheltercluster.org/gender-diversity-and-inclusion-community-practice/documents/shelter-and-mhpss-guidance-paper

Hakala, V., Mielityinen, L., Peltonen, K., Laajasalo, T., & Ellonen, N. (2024). Growing Up Amidst Active Warfare: Understanding the Experiences of Ukrainian Adolescents Through Chat Data. Youth & Society, 0044118X241296552.

Khvorostianov, N. (2025). “Is everyone alive?”: Smartphone use by Ukrainian refugee children. new media & society, 27(1): 246-262.

IASC MHPSS Reference Group (2007). Guideline: Mental Health and Psychosocial Support in Emergency Settings. Accessed 25 November 2024 at: https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007

IASC MHPSS Reference Group (2021). Mental Health and Psychosocial Support in Emergency Settings: Monitoring and evaluation with means of verification. September, Version 2.0. Accessed 25 November 2024 at: 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 MHPSS Reference Group (2022). Mental Health and Psychosocial Support: Minimum service package. December. Accessed 22 November 2024 at: https://interagencystandingcommittee.org/sites/default/files/migrated/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf

IASC Task Team on inclusion of Persons with Disabilities in Humanitarian Action (2019). Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action. Accessed 22 November 2024 at: https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019

InterAction (2021). Roadmap for Research: A collaborative research framework for humanitarian shelter and settlements assistance. Accessed 25 November 2025 at: https://www.interaction.org/wp-content/uploads/2021/06/Roadmap-for-Research_96ppi.pdf

InterAction (2023). The Wider Impacts of Humanitarian Shelter and Settlements Assistance: Key findings report. Accessed 25th of November 2024 at: https://www.interaction.org/wp-content/uploads/2020/03/1.-Wider-Impacts-of-Shelter-Key-Findings_Final1.pdf

IOM (2024a). From Place to Place: Community perceptions of displacement and durable solutions in Ukraine. May. Accessed 25 November 2024 at: https://dtm.iom.int/reports/ukraine-research-report-place-place-community-perception-displacement-and-durable-solutions

IOM (2024b). Ukraine Housing Brief: Living conditions, rental costs and mobility factors. July. Accessed 25 November 2024 at: https://dtm.iom.int/reports/ukraine-housing-brief-living-conditions-rental-costs-and-mobility-factors-july-2024

Johnson, R. J., Antonaccio, O., Botchkovar, E., & Hobfoll, S. E. (2022). War trauma and PTSD in Ukraine's civilian population: comparing urban-dwelling to internally displaced persons. Social psychiatry and psychiatric epidemiology, 1-10.

Kamali, M., Munyuzangabo, M., Siddiqui, F. J., Gaffey, M. F., Meteke, S., Als, D., Jain, R.P., Radhakrishnan, A., Shah, S., Ataullahajan, A. & Bhutta, Z. A. (2020). Delivering mental health and psychosocial support interventions to women and children in conflict settings: a systematic review. BMJ global health, 5(3), e002014.

Klenge, A. (2024). Between returning and integrating Community resilience in a protracted crisis A case study in Jordan (Master's thesis, NTNU). Accessed 25 November 2025 at: https://ntnuopen.ntnu.no/ntnu-xmlui/handle/11250/3157990

Lester, N. (2018). Introducing a trauma-informed practice framework to provide support in conflict-affected countries: the case of the Syrian white helmets. The RUSI Journal, 163(6), 28-41.

Maglajlic, R.A., Vejzagić, H., Palata, J. & Mills, C. (2024). 'Madness' after the war in Bosnia and Herzegovina – challenging dominant understandings of distress. Health. 28(2):216-234. https://doi.org/10.1177/13634593221139717

Maglajlić, R.A. (2020). The Role and Functions of Supervision. Practice Supervisors Development Programme – Resources and Tools. Research in Practice. Accessed 25th of January 2025 at: https://practice-supervisors.rip.org.uk/wp-content/uploads/2020/01/KB-The-role-and-functions-of-supervision.pdf

Mathias, K., Bunkley, N., Pillai, P., Ae-Ngibise, K. A., Kpobi, L., Taylor, D., Joag, K., Rawat, M., Hammoudeh, W., Mitwalli, S., Kagee, A., van Rensburg, A., Bemme, D., Burgess, R.A.Jain, S., Kienzler, H. & Read, U. M. (2024). Inverting the deficit model in global mental health: An examination of strengths and assets of community mental health care in Ghana, India, Occupied Palestinian territories, and South Africa. PLOS Global Public Health, 4(3), e0002575.

Miller, K. E., Jordans, M. J., Tol, W. A., & Galappatti, A. (2021). A call for greater conceptual clarity in the field of mental health and psychosocial support in humanitarian settings. Epidemiology and psychiatric sciences, 30, e5.

Mitchell, A., Macció, J., & Mariño Fages, D. (2019). The effects of emergency housing on wellbeing: evidence from Argentina's informal settlements. The European Journal of Development Research, 31(3), 504-529.

Narouze, M., Smithbauer, S., Quaranta-Leech, A., & Zaporozhets, O. (2024). Rising Above the Battle Scars: Integrating Trauma-Focused Concepts into Clinical Supervision Using the Discrimination Model in Ukraine. International Journal for the Advancement of Counselling, 46(1), 202-217.

Opdyke, A., Goldwyn, B., & Javernick-Will, A. (2021). Defining a humanitarian shelter and settlements research agenda. International Journal of Disaster Risk Reduction, 52, 101950.

Panfil, Y., Unruh, J., & Cholod, M. (2023). Case Report: Housing, land and property restitution after wars takes decades: Ukraine can change this. World Development Perspectives, 31, 100519.

Perera, C., Aldamman, K., Hansen, M., Haahr-Pedersen, I., Caballero-Bernal, J., Caldas-Castañeda, O. N.,

Chaparro-Palata, Y., Dinesen, C., Wiedemann, N. & Vallières, F. (2022). A brief psychological intervention for improving the mental health of Venezuelan migrants and refugees: a mixed-methods study. SSM-Mental Health, 2, 100109.

Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. Bmj, 320(7227), 114-116.

Raeburn-Gibson, T. (2024). Improving Post-conflict Self-recovery Programming: Addressing the Complexities in Syria. In Martins, N.A., Mendoza-Arroyo, C., Hobeica, L., León, J. & Hobeica, A. (eds.) Beyond Houses: Architectural Thinking and Practice for Climate, Disaster and Forced Displacement Crises (pp. 177-193). Cham: Springer International Publishing.

Rizzi, D., Ciuffo, G., Sandoli, G., Mangiagalli, M., de Angelis, P., Scavuzzo, G., Nych, M., Landoni, M. & Ionio, C. (2022). Running away from the war in Ukraine: the impact on mental health of internally displaced persons (IDPs) and refugees in transit in Poland. International journal of environmental research and public health, 19(24), 16439.

Rizzi, D., Ciuffo, G., Landoni, M., Mangiagalli, M., & Ionio, C. (2023). Psychological and environmental factors influencing resilience among Ukrainian refugees and internally displaced persons: a systematic review of coping strategies and risk and protective factors. Frontiers in Psychology, 14, 1266125.

Roberts, B., Makhashvili, N., Javakhishvili, J., Karachevskyy, A., Kharchenko, N., Shpiker, M., & Richardson, E. (2019). Mental health care utilisation among internally displaced persons in Ukraine: results from a nation-wide survey. Epidemiology and psychiatric sciences, 28(1), 100-111.

Shelter Cluster Ukraine (2024). Shelter Cluster Position Paper on Adequate Housing. Accessed 22nd of November 2024 at: https://sheltercluster.org/ukraine/documents/position-paper-adequate-housing

Shemyakina, O. (2022). War, conflict, and food insecurity. Annual Review of Resource Economics, 14(1), 313-332.

Shevtsova, M. (2024). Queerying Displacement: The state of the Ukrainian LGBTQ+ community during the Russian full-scale invasion. Policy Brief. April. Accessed 2nd of January at: https://gppi.net/media/Shevtsova_2024_Queering_Displacement_FINAL.pdf

Shimelash Yasegnal, A. (2023). War related psychosocial problems and mitigating strategies: a time of crisis, a time to act. Illness, Crisis & Loss, 31(3), 408-425.

Singh, N. S., Bogdanov, S., Doty, B., Haroz, E., Girnyk, A., Chernobrovkina, V., Murray, L.K., Bass, J.K. & Bolton, P. A. (2021). Experiences of mental health and functioning among conflict-affected populations: A qualitative study with military veterans and displaced persons in Ukraine. The American Journal of Orthopsychiatry, 91(4), 499-513.

Sphere (2018). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response. Accessed 30th of January 2025 at: https://handbook.spherestandards.org/en/sphere/#ch001

Tashmin, N., Afnan, A. I., Tabassum, A., Tusar, M. K., Rahman, S. M., & Farzana, R. (2021). Shelter for Rohingya refugees in Bangladesh: A study about the crisis and management of shelter in the refugee camps of cox's bazar. Open Journal of Social Sciences, 9(4), 262-268.

Theisen-Womersely, G. (2021). Trauma and Resilience among Displaced Populations: A sociocultural exploration. Springer. https://doi.org/10.1007/978-3-030-67712-1

Thorley, L. & Henrion, E. (2019). DFID ethical guidance for research, evaluation and monitoring activities. Accessed 17th of February 2025 at: https://assets.publishing.service.gov.uk/media/5d9ee055e5274a5a29d7c26a/DFID-Ethics-Guidance-Oct2019.pdf

Tol, W. A., Le, P. D., Harrison, S. L., Galappatti, A., Annan, J., Baingana, F. K., Betancourt, T.S., Bizouerne, C., Eaton, J., Engels, M., Hijazi, Z., Horn, R.R., Jordans, M.J.D., Kohrt, B.A., Koyiet, P., Panter-Brick, C., Pluess, M., Rahman, A., Silove, D., Tomlinson, M., Uribe-Restrepo, J.M., Ventevogel, P., Weissbecker, I., Ager, A. & van Ommeren, M. (2023). Mental health and psychosocial support in humanitarian settings: research priorities for 2021–30. The Lancet Global Health, 11(6), e969-e975.

United Nations General Assembly (UNGA). Resolution adopted by the General Assembly on 26 June 2023, Mental health and psychosocial support. Accessed 17th of February 2025, at: https://documents.un.org/doc/undoc/gen/n23/189/19/pdf/n2318919.pdf?OpenElement

United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2025). Ukraine humanitarian needs and response plan 2025 (January 2025). ReliefWeb. Accessed 17th of February 2025, at: https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2025-january-2025-enuk.

Umesi, E. J. (2022). Interventions for Persons Affected by Conflicts & Insurgency: An Assessment of Psychosocial Support in Idp Camps In Nigeria. Psychology and Mental Health Care, 6(3).

Uphoff, E., Robertson, L., Cabieses, B., Villalón, F. J., Purgato, M., Churchill, R., & Barbui, C. (2020). An overview of systematic reviews on mental health promotion, prevention, and treatment of common mental disorders for refugees, asylum seekers, and internally displaced persons. Cochrane Database of Systematic Reviews, (9).

Vuori, J. (2021). Politics of resilience. In James, P. (ed.) Oxford Bibliography of International Relations. https://doi.org/10.1093/obo/9780199743292-0297

Appendices

Appendix 1 - Prior research on shelter and mental health and psychosocial support (MHPSS)

1.1 Research on shelter support

Research to date predominately focuses either on humanitarian shelter support or MHPSS. In terms of shelter, a Delphi expert panel was used to define a research agenda for humanitarian shelter and settlements (Opdyke et al., 2021). The panel focused on all aspects of humanitarian shelter programming (including, for example, natural or man-made disasters, not just in conflict settings). In conflict and post-conflict settings, there is limited research to date on shelter support, which focuses on different aspects of shelter programming (use of cash, self-recovery) or specific conflict or host community contexts. Examples include a literature review on the use of cash in shelter programming within such settings (Global Shelter Cluster, 2016) or a case study of post-conflict self-recovery programming in Syria (Raeburn-Gibson, 2024).

Other studies focused on refugee support, such as an analysis of housing stability for Syrian refugees in Lebanon (Burnham, 2023) or management of shelter in the refugee camps for Rohingya refugees in Bangladesh (Tashmin et al., 2021). Only one shelter study explicitly referred to participants' well-being and how it intersects with the broader socio-economic conditions. Klenge (2024) study on the refugees and protracted conflict impact in Jordan noted that community resilience is hard to achieve in the presence of daily individual hardships, mental health issues, and high unemployment.

InterAction (2021) roadmap for research on shelter suggests that there is scant use of evidence in support of modelling or theory building, a lack of focus on the root causes of marginalisation, including the role of humanitarian actors in reproducing norms-based exclusion. Authors of the report concluded that 'research should focus on people's lived experience, building evidence from community knowledge, to more accurately analyse their reality (ibid., p. 6).

1.2 Research on mental health and psychosocial support (MHPSS)

In relation to mental health and well-being, there is a wealth of the studies which focus on the medical or deficit model of distress, such as common mental health disorders among refugees, asylum seekers, and internally displaced persons (Uphoff et al., 2020). Other available studies focus on the relevance of specific practice frameworks, such as trauma informed practice (Lester, 2018). Beneficiary-centred or context-specific studies also exist, such as reviews of MHPSS interventions for women and children (Kamali et al., 2020), or reviews of war-related psychosocial problems and mitigating strategies in specific contexts such as Ethiopia (Shimelash Yasegnal, 2023). Other studies aim to support future implementation of specific tools (for example, tools for assessing refugee well-being in displacement; Barratt and Earle, 2023).

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In Ukraine, Rizzi and colleagues (2023) conducted a systematic review of coping strategies, risks and protective factors among the Ukrainian refugees and internally displaced people. They signpost risks to mental health including 'being female, facing poverty and socioeconomic hardships, experiencing pre-existing or ongoing psychological issues or encountering family dysfunction (ibid., p. 13). These are also related to 'uncertainty and insecurity due to a sense of hopelessness and a lack of control over their circumstances' (ibid.), including opportunities for employment. Johnson and colleagues (2022) conducted a comparative study of war trauma and PTSD among urban-dwelling and internally displaced persons. Findings are grouped into four categories based on individual and socio-environmental risks and protective factors. It can be argued that some of the individual factors identified by the authors are also systemic (e.g. IDP status). Individual protective factors included feelings of safety, humour, and planning for the future, among others.

A literature review conducted by Medair in late 2023 (unpublished) draws on the work of Perera and colleagues (2022) and IASC (2021) to signpost a lack of monitoring and evaluation tools to measure changes in well-being that are positively worded and validated for use across different sectors. In part, this can be explained due to the prevalence of the deficit model of distress experienced during and after political conflict (Matthias et al., 2024), through the lens of 'resilience'. Resilience is another concept that has attracted critique, as it can be seen as shifting the responsibility for survival and well-being to individuals, while removing their political agency to affect change (Vuori, 2021). Thiesen-Womersely (2021) suggests it is more relevant to focus on the socio-cultural understanding of trauma among displaced populations, suggesting relevance of community-based, culturally relevant, contextually-situated, de-pathologising, longitudinal, and forward-looking responses.

1.3 Research on the links between shelter and MHPSS support

In terms of links between shelter and MHPSS, InterAction (2021; 2023) offer a review of literature on the wider impacts of humanitarian shelter and MHPSS assistance. Findings suggest that the existing evidence is the strongest in terms of impact of shelter on health (both physical and mental health), and enhanced well-being, but that the evidence is not robust due to the quality of available data. Swope and Hernández (2019) also offer a conceptual model of housing as a determinant of health. There is also some, context-specific, literature on the links between housing and well-being. For example, Mitchell and colleagues (2019) conducted an evaluation of the Effects of Emergency Housing on Well-being in Argentina's Informal Settlements utilising a quasi-experimental approach. In terms of well-being, evaluation confirmed a statistically significant effect of the emergency housing intervention on privacy, security, interpersonal relations, psychological well-being, and perception of quality of life.

In Ukraine, Singh and colleagues (2021) conducted a qualitative study on experiences of mental health and functioning among military veterans and displaced persons in the country. Their findings suggest that the IDPs in Kharkiv region identified a lack of housing as the main problem affecting their wellbeing, together with problems in relation to their economic or financial well-being, and difficulties in interaction with local residents.

Global Shelter Cluster Research Agenda (GSC, 2024b) doesn't specifically mention the need for future research to focus on the links between shelter and MHPSS. However, the authors note that the list is not exhaustive. One of the suggested key research questions focuses on the wider impacts of shelter and settlements in humanitarian crises, including:

1. What is the role of shelter and settlements in health/livelihoods/protection of households who have lost their shelter and settlements? And,
2. How do the wider impacts of supporting households who have lost their shelter and settlements indicate how support is best provided?

Available literature suggests that research aiming to improve the links between humanitarian shelter and MHPSS needs to focus on people's lived experience, building evidence from community knowledge (InterAction, 2021) and the socio-cultural, de-pathologising, contextually situated understanding of distress caused by political conflict (Thiesen- Womersely, 2021).

Appendix 2 - Methodology

Qualitative research is required to develop tools in a way which acknowledges the existing gaps in (non-medical) knowledge, and ensures culturally relevant and contextually situated learnings. To be able to contribute to the development of such tools for humanitarian shelter and MHPSS programmes, the aim of this study is to explore how shelter programming can contribute to improving people's psycho-social well-being.

This qualitative study is based on the lived experience of the war in Ukraine and of Medair shelter repair services. The objectives of the study presented in this report are to explore the experiences of people in need and their perspectives on:

1. the effects of the invasion on their distress and well-being;
2. the role Medair shelter repair programmes (contractor-led repairs, cash for repairs) on their distress and well-being; and
3. opportunities to strengthen support for MHPSS and well-being through shelter programming.

2.1. Study location

This study was conducted with people who received light and medium shelter repair support from Medair in remote villages of the Balakliia territorial community (hromada) of the Kharkiv region. Kharkiv is one of the most populous regions of Ukraine and is situated along the border with the Russian Federation (IOM, 2024b). Balakliia is predominantly comprised of rural villages and was successfully de-occupied by the Armed Forces of Ukraine following the full-scale Russian invasion in 2022.[12] As of 2025, large areas of Kharkiv remain under Russian occupation[13] with frontline movements resulting in continued insecurity and displacement for location populations (OCHA, 2025). Although this region is one of the most war-affected areas of Ukraine (together with Kherson and Donetsk), many people remain living in their homes (IOM, 2024b).

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[12] Source: Institute for the Study of War; Critical Threats. Interactive Map: Russia's Invasion of Ukraine. Accessed on February 1, 2025, from https://storymaps.arcgis.com/stories/36a7f6a6f5a9448496de641cf64bd375

[13] Ibid.

2.2. Data collection

The study plan for data collection centred on conducting 20-30 in-depth semi-structured interviews with people who received Medair shelter repair services to explore their understanding of distress and well-being, the role home/shelter plays in both, and to understand the impact of the shelter repairs on participants' well-being. Focus groups were also planned to gather additional data on these topics and reflect on initial findings with a variety of stakeholders.

The semi-structured interview guide (Appendix 3) was developed in collaboration with the Ukrainian Medair MHPSS staff who work in the Kharkiv region. It was based on the semi-structured interview guide co-produced with people who experienced distress following the war in Bosnia and Herzegovina (Maglajlic et al., 2024). That study explored people's lived experiences of distress and support to remedy distress (professional and otherwise). Use of such a broad interview guide (focused on the understanding of distress, well-being, and support for any distress) addressed concerns about bias and ethics of a humanitarian organisation which implements shelter and MHPSS programmes conducting interviews with those in receipt of their services.

These concerns were also to be addressed by employing students from the National University of Kharkiv as the interviewers for the project. Volunteers were provided with training on qualitative interview skills and offered fieldwork support and supervision to conduct the study interviews. Despite initial interest from a broader group of students, only two conducted fieldwork on the project (Melnyk and Turas), together with the Medair Ukrainian MHPSS team member serving as the local research lead (Sydorenko).

The interview guide explored the following experiences:

- Participants' own understanding of well-being;
- Own understanding of distress caused by the conflict;
- Own understanding of the role home/shelter has in both well-being and/or distress;
- Relevant support for their well-being/distress;
- Relevant support for shelter quality and permanence (including perceived change experienced as a result of shelter interventions);
- Relevant sources of information about support participants need (focus on well-being/distress and/or shelter); and
- Relevant support for the future.

Following the initial interview analysis, a focus group topic guide was developed by the main research team.[14] Focus groups were used to review the key study findings and further explore their relevance for future programming.

[14] Main researcher (Maglajlic), Ukrainian Medair MHPSS staff member/local research lead (Sydorenko), and an international Medair Manager working in Ukraine (Burnham)

2.3. Sampling strategy

A purposive sampling strategy to identify 20-30 interview participants was developed in consultation with the Medair team and focused on the following criteria:

- Demographics (protected characteristics, and socio-economic status).
    - All participants were adults, and every effort was made to ensure equal participation of men and women.
- Household composition, including:
    - families with children,
    - older people (both in the 55-65 age group and people over the age of 65), and
    - people with identified health needs (including disabled people and people living with chronic diseases)
- Types of shelter support (contractor led repairs, cash for repairs)
- War exposure in the region, including local residents who refused to leave their homes during the invasion
- Status (displaced, non-displaced, returnee).

Medair shelter staff provided a list of the people who received shelter repairs in Balakliia that met these criteria. 60 potential participants were identified from which 25 consented to take part. Each interview participant owned homes that were damaged during the war. They received corresponding support for light and medium repairs to fix these damages.

Table 1 provides an overview of the 25 interview participants from the 20 households that took part in this study. There were more female than male participants (15). Age range of participants was broad (18-80+), but the majority (19) were over the age of 60. Study also included six disabled participants. A balance was achieved in terms of participants status (returnee, non-displaced), but only two participants remain internally displaced. Most participants (20) also received contractor led (as opposed to cash) repairs.

The 4 focus groups were held with representatives from different stakeholder groups including:

- study interview participants,
- local community leaders (e.g. social workers, health professionals, municipal leaders, educators),
- locally recruited field-based Medair MHPSS and shelter staff working in the Kharkiv region, and
- locally and internationally recruited Medair senior staff based across Ukraine or in remote positions.

Table 2 provides an overview of the participants of the 4 focus groups. Each focus group had 5-10 participants and lasted 60-90 minutes. Each focus group was recorded, with key notes and conclusions agreed with the participants at the end of the focus group.
Fieldwork for the study was conducted between June and October 2024.

2.4. Data management and analysis

All interviews and focus groups were recorded, transcribed and translated into English. Research management and data storage was organised through Medair Microsoft Teams/OneDrive cloud storage, in line with the Medair Data protection guidelines and the GDPR requirements. All participants were provided with an opportunity to check their transcripts and to retain a copy. Based on the current good practice guidance for international development research (Thorley and Henrion, 2019) each interview participant also received renumeration in-kind for their time (a well-being package in the value of 25USD).

Institute of Public Health Policy in Ukraine provided the ethical approval for the study. Informed consent was secured first via the phone and then in person, prior to the start of the interview. An information sheet, as well as a verbal explanation of the study purpose was provided to each participant. All participants were able to withdraw their participation from the study at any point. Support for participants' well-being during or immediately after the interview was organised by the Ukrainian MHPSS staff member who was the local research manager for the fieldwork (Sydorenko). Check in was organised with the interviewees (and interviewee focus group participants) before and after participation. Participants were signposted to further support if and where needed, organised through Ucare (online) support. The main researcher (Maglajlic) supported and supervised the local research lead (Sydorenko) who, in turn, supported and supervised the local student researchers. This included regular debriefs, check-ins, and supervision after each data gathering visit (for the student researchers) and throughout the study (for the local research lead).

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The main research team conducted the inductive content analysis of the interview and focus group data (Pope et al., 2000), bringing different perspectives to its interpretation: local knowledge and knowledge of the MHPSS (Sydorenko), knowledge of international humanitarian shelter programming (Burnham), and knowledge on war-induced distress and community-based support (Maglajlic). Team members read and re-read the transcripts from the interviews and focus groups, before comparing individual analysis to identify key themes and findings for the overall study.

2.5. Study limitations

There are several limitations to the study. It was conducted by a single humanitarian organisation (Medair), with the people in need in receipt of Medair shelter support, and in one region (Balakliia territorial community, Kharkiv region). It was also conducted during the on-going invasion, felt acutely in the east of Ukraine where the fieldwork was conducted. The study also focused on rural areas, while urban contexts may be more challenging to self-recovery (Global Shelter Cluster, 2023). Despite every effort to ensure diversity across the sample, there is also greater dominance of experiences among people who received contractor led repairs, women, and older adults (60+). This is representative of the majority of people in need who received Medair shelter support that live in the region. There is also a recognised need to ensure more diverse experiences (for example, including LGBTQ+ communities) or those of other minoritised and marginalised groups (InterAction, 2021), but this wasn't included in the sampling strategy. This was primarily due to the location and profile of residents in the region where the study took place (older adults, rural area in the East of Ukraine), as well as the recognised exacerbation of vulnerability of LGBTQ+ people in Ukraine since the 2022 invasion (Shevtsova, 2024).

Table 1: Interview participants

Participant	Household	Gender	Age group	Disability	Displacement status	Family status	Education level	Employment status	Housing repair type (cash or contractor led)
	1	Female	36-40	No	Returnee	Married	High School	Unemployed	Cash
	2	Male	66-70	No	Returnee	Married	High School	Retired	Contractor
	2	Female	66-70	Yes	Returnee	Married	High School	Retired	Contractor
	3	Male	61-65	No	Returnee	Married	High School	Retired	Cash
	4	Female	71-75	No	Returnee	Widowed	High School	Retired	Contractor
	5	Female	61-65	No	Returnee	Widowed	High School	Retired	Contractor
	6	Female	61-65	No	Returnee	Married	High School	Retired	Contractor
	7	Male	76-80	Yes	Non-Diplaced	Married	High School	Retired	Contractor
	7	Female	71-75	Yes	Non-Diplaced	Married	High Education	Retired	Contractor
	8	Male	66-70	No	Returnee	Married	High School	Retired	Contractor
	8	Female	66-70	No	Returnee	Married	Higher Education	Retired	Contractor
	9	Male	51-55	No	Non-Diplaced	Widowed	High School	Unemployed	Contractor
	10	Male	76-80	No	Returnee	Divorced	High Education	Retired	Contractor
	11	Male	80+	No	IDP	Married	High School	Retired	Contractor
	11	Female	71-75	No	Returnee	Married	Not completed		Contractor
	12	Female	66-70	No	Non-Diplaced	Widowed	High School	Retired	Contractor
	13	Female	18-20	No	IDP	Single	High School	Unemployed	Contractor
	14	Female	71-75	No	Non-Diplaced	Married	High School	No work experience	Contractor
	15	Female	46-50	No	Returnee	Married	High School	Unemployed	Cash
	16	Male	61-65	Yes	Returnee	Single	High School	Retired	Contractor
	17	Male	46-50	No	Non-Diplaced	Single	High Education	Employed	Cash
	18	Male	56-60	No	Returnee	Married	High School	Unemployed	Cash
	18	Female	56-60	No	Returnee	Married	Not completed	Retired	Cash
	19	Female	76-80	Yes	Returnee	Single	Not completed	Retired	Contractor
	20	Female	71-75	Yes	Returnee	Widowed	High School	Retired	Contractor

Table 2: Focus group participants

Focus group number	Stakeholder group	Number of participants	Participants roles (if applicable)
1	Interview participants	5	5 retired women
2	Local stakeholders from Balakliia	9	2 Starostas of villages 1 School teacher 1 Kindergarten headmaster 1 Family doctor 1 Priest 1 Administrator of village council 1 Owner of an agricultural enterprise 1 Technical assistant in a kindergarten
3	Ukrainian field-based Medair staff	5	1 Senior MHPSS Officer 1 Senior Shelter Officer 2 Shelter Officers 1 Shelter Manager (East)
4	Medair senior staff (Ukrainian and international)	9	2 Project Coordinators (East, North; international) 1 Shelter Advisor (local) 2 Shelter Project Managers (international) 1 MHPSS Advisor (international) 1 MHPSS Project Manager (local) 1 MHPSS Manager (international) 1 Health and Nutrition Advisor (international)

Appendix 3 – Interview guide

Introduction - use of semi-structured interview guides in qualitative research

Semi-structured interview guides are used as guidelines for a conversation with participants, rather than a list of questions which needs to be followed in a precise order. Participants comfort and wellbeing with the conversation and the overall purpose of the conversation are more important than the precise questions or their order. Medair wishes to explore the impact of its shelter programming on the well-being of Ukranian people in need, with the overall aim to contribute evidence to the shelter and MHPSS sector on how shelter programming supports improved psychosocial well-being.

Interviewer should feel free to re-phrase questions and ask sub-questions from the study participants to obtain more information related to the overall study purpose. This will be covered in the interviewer training and supervised during the initial 2 interviews. Only once the interviewers complete and transcribe the initial two interviews and discuss these with the research team will they be assessed and agreed whether to:

- Conduct the remaining interviews, or
- Offered phased support to conduct subsequent interviews (e.g. with further supervision offered either for each or every two interviews).

Where relevant, interviewers may be required to ask additional questions when they check the transcripts of the interview guide with the study participants.

The pilot of the guide requires checks with the actual study participants, rather than Medair staff. This needs to be conducted over the coming month.

Introduction (2 minutes, based on the data from the information sheet)

- Remind participants about the purpose of the study
- Check if the participant is happy to confirm their participation and proceed
- Check once more if it is OK to record the interview
- Explain it is OK to pause or stop at any time
- Check what the participant would like to happen if the interview is interrupted by a family member

Life before the occupation

We will first ask you some questions about your life before the occupation. This will help us understand what and how things may have changed for you.

1. Which part of Ukraine are you from?
2. What did you do before the full scale invasion?
3. Where did you live (before the full scale invasion)?
    a. With whom did you live?
4. What was life like before the occupation?
5. What were the key challenges of life before the occupation? How did you cope with these?
6. What worked well in life?

a. Prompts: community, employment, family life

7. What did you do to relax and destress?
8. If non-displaced, what made you decide to stay?
    a. If IDP - When did you arrive here and why did you choose to come here – or was it not a choice?
    b. If Returnee, why did you decide to return?

Life during the occupation and liberation

Thank you for sharing all of that with me. The plan is to talk next about things that have occurred since the occupation and your present day life. How are you feeling? Would you like a quick break or are you ready to keep going?

9. Where do you currently live?
10. Do you still live with the same people you lived with before the occupation?
11. If non-displaced - What was the most difficult thing about staying?
    a. If IDP - What was the most difficult thing when you arrived?
    b. If returnee, What was the most difficult thing when you arrived back?

Meaning of Home

12. If someone asked you what home means to you, what would you tell them and/or show them?
    a. Why (ask for explanations)?
13. Has your feeling about home changed since the occupation?
14. How has your current home been impacted by the ongoing war?
    a. How has this affected you?
    b. How has it affected your daily life?
    c. How has it affected you emotionally?
    d. Did you receive help to repair it?
        i. If yes, what support did you receive and from whom?
            1. How did you find out about that support (from whom, where)?
            2. Has this support changed anything about your day-to-day life?
            3. What was the most important repair/one which improved your life the most?
            4. How has this support affected you emotionally/made you feel?
        ii. If not, what would have been helpful to you?

Wellbeing

15. What helps you feel well in your everyday life?
    a. Prompt re job, hobbies, people, services
    b. Check if they chose these themselves or were they offered these activities?
    c. Check regarding systemic support, such as benefits, as well as family support, community support, mental health support
16. What are the main challenges of life at the moment?
    a. How could they be addressed (prompt based on the answer)?

17. What do you do to unwind?
18. What does it mean for you to be well/OK/healthy in the current situation?
19. How do you cope with life events in your immediate surroundings?
    a. Do you have someone to share things (thoughts and feelings) with?
    b. Prompt: friends or family? People in similar situations? Professionals?
        i. If yes, what kind of emotional support have they provided you with?
    c. Would you like to have additional emotional support from other people?
        i. What type of person or people would you have in mind? eg. Other people going through similar things, a therapist, someone else, all?
20. Where and how do you find out information and advice on matters which can improve the quality of your life?
    a. friends, family, community services, the internet, other?

Experience with Humanitarian Support

21. If not mentioned already this far in the interviews – Did you get any support from humanitarian organisations?
    a. If yes:
        i. What support did you receive and from whom?
        ii. How did you find out about that support (from whom, where)?
22. What do you think are the most important lessons humanitarian organisations can learn from your experience?
    a. What more can humanitarian organisations do to address mental health and well-being when carrying out programmes related to housing repairs?
23. What are your hopes and plans for the future?
    a. If an answer provided which goes beyond 'stop the war' – Who can support you with this (family, community, humanitarian organisations, government, other)?
24. Is there anything else which is important for the topics we have discussed which we haven't touched upon?

Wrap up by checking how they feel after the interview.
Let them know when you'll check in with them.
Let them know whom to contact if they feel distressed after the interview.
Let them know when you'll be in touch to check the transcript with them.

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