Mass shelters: inappropriate in displacement

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Mass shelters appear to be an inappropriate shelter solution even in the acute onset of a crisis, creating problems of dignity and security and having significant health consequences.

Between May 2015 and December 2016, more than 200,000 Burundi refugees fled into Tanzania. Nyarugusu camp already existed, home to more than 60,000 Congolese refugees for almost 20 years, and it was therefore to here that the first Burundian refugees were directed on arrival. The first wave of refugees arriving in the camp were accommodated in schools, the second wave in mass shelters that were already home to a few hundred Congolese asylum seekers. Although the stay in such transit centres should not exceed five days and in theory all inhabitants were supposed to be quickly relocated to a more appropriate shelter in Nyarugusu or another camp, some refugees were living there for more than 12 months.

The mass shelters are either 240m^2 large hall-type tents (designed mainly for storage purposes) or 300m^2 shelters made of wooden posts covered with plastic sheeting. Each shelter accommodates between 100 and 400 people, providing on average a living space of less than 2m^2 per person, which is far below the minimum standard of 3.5m^2 per person in a warm climate. The people live outside the shelter during the day and sleep inside at night.

During the course of an evaluation commissioned by Médecins Sans Frontières (MSF) in 2016 to learn from the emergency phase of its intervention in the camp, refugees complained that this type of shelter provided no privacy and therefore had a negative impact on their mental health. Reportedly, it became particularly intolerable for people who lived there for several months. Staff from MSF and other agencies described the mass shelters as unacceptable in terms of dignity, security and hygiene conditions. Given the limited living space, overcrowding and insufficient water and sanitation facilities, this population was also found to be extremely vulnerable to the spread of various infectious diseases such as measles, diarrhoeal diseases and skin diseases.

During the rainy season, it was clear that people living in mass shelters were particularly vulnerable to malaria. The MSF clinics located near the mass shelters were treating considerably higher numbers of malaria patients than other clinics in the camp. Leaks in the tents, overcrowding and stagnant puddles around the shelters were also contributing to a high malaria transmission rate; however, it was almost impossible to use mosquito nets in the mass shelters due to limited space and problems in fixing the nets to the construction, leaving the inhabitants unprotected against the disease vectors.

The situation eventually improved in December 2016 when most of the inhabitants were moved out of the communal tents to family shelters. Administrative and political problems had prevented MSF from installing temporary family tents or family shelters before UNHCR (the UN Refugee Agency) could provide more suitable accommodation for the inhabitants of the mass shelters.

Learning from the experience in Nyarugusu, before the refugees arrived in the newly opened Nduta camp MSF installed 2,000 tents each designed to accommodate a family of five, with internal partitions. The family tents allowed the refugees more privacy, better protection against the weather and insects, and considerably higher hygiene standards compared with the mass shelters. However, this shelter option was quite costly due to expensive transport and the tents have a short life span. Some refugees also complained about the lack of flexibility of the family tents to accommodate single refugees or incomplete families, who were often obliged to share the tent with complete strangers.

A few weeks after the opening of the camp, family shelters made of plastic sheeting and locally available materials were installed by other NGOs in the rest of the camp, with each shelter adapted to the actual size of the family, providing greater versatility than the tents. Due to the use of local material, the cost of family shelters was considerably lower than the cost of the tents. Furthermore, the materials can be re-used by the beneficiaries for the construction of more permanent shelters.

Conclusion

Coordinated action eventually led to most of the inhabitants of the mass shelters, including those without a proper refugee status, being relocated to the more suitable accommodation facilities. Both family tents and family shelters made of plastic sheeting and local material present alternative solutions to mass shelters in Tanzania. On the one hand, family tents were an acceptable solution in Nduta camp, where the speed of deployment was the main objective. On the other hand, less expensive, more flexible and re-usable family shelters appeared to be the more suitable shelter option in the chronic situation of Nyarugusu camp.

Cost, speed of deployment, expected lifespan but also the acceptability and flexibility to adapt to families or groups of various compositions should be considered when deciding on the particular types of shelters to be used in different contexts. What is essential is to avoid the use of mass shelters – initially serving as transit centres with an acceptable short stay not exceeding a few days – being transformed into mid-term accommodation facilities.

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This article is based on the findings of an evaluation commissioned by MSF on which the authors both worked. The views expressed here are the personal opinions of the authors and are not intended to reflect those of MSF.