The impact of humanitarian shelter and settlements on child protection

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Insufficient attention has been paid to the design of shelters and settlements in protracted refugee encampments in Eastern Africa. The results invisibly obstruct young children’s development.

Being a child living in a protracted refugee situation in an encampment in Eastern Africa means that geopolitics and international standards influence the way you sleep, the meals you eat, and the daily activities at your nursery school. Often long-term encampments lack education and play facilities so children spend most of their time in or around the home, which becomes their main learning space. The home setting has a direct and indirect impact on learning, affecting cognitive, physical, socio-emotional and language development.

The encampment’s shelters are not meant to be homes, much less stimulating learning environments, and they perform poorly as such. They are intended and designed to be temporary emergency shelter from the weather and external threats as defined by international humanitarian standards. As encampment situations globally extend over decades it is vital to question how child development would be affected if these shelters could instead be conceived as homes and learning environments for their inhabitants in the short and the long term? What would be the effects if they were devised for a family to prosper and for children to learn, rest and play?

This article presents research findings on the spatial components of Congolese refugees’ homes in long-term encampments in Rwanda, Uganda and Kenya. Gathering knowledge of the home’s spatial components that sustain and trigger learning, as perceived by their inhabitants, could generate recommendations to turn existing and future shelters into family homes and stimulating learning environments.

Shelter environment currently hampers children’s learning

Elements that affect young children’s learning occur at the level of neighbourhood, compound, interior layout, structural elements and materials.

Settlement overcrowding: Land scarcity is common in long-term encampments. In Rwanda, for example, common spaces are scarce, homes are small and toilets are shared and inadequate for young children. The extremely small and overcrowded shelters are placed on congested and steep sites. The majority of the one- or two-room homes house between two and twelve people in 12m². These characteristics provide for congested noisy homes and higher rates of physical abuse. Young children’s brains react by developing coping mechanisms that affect their attention span.

Compound: Congolese homes usually have no surrounding fence, thereby lessening the ability to control young children and allowing passers-by to interact with activities in the front and back yards. Only homes in Kakuma (Kenya), highlighted as the most unsafe of all the camps studied, consistently had fences. In both south-west Uganda and Rwanda the unfenced small homes prompt children to roam the streets. All respondents listed the fences as a must-have and the streets as one of the main risks to children’s development.

Home arrangement: On arrival, refugees are provided with a plot (size varies according to host country), a tarpaulin and poles for the construction of a temporary shelter. In both Rwanda and Kenya the humanitarian agencies help build the first
structure. As the tents evolve over time into mud constructions (typically rectangular in the cases of Congolese), lack of space and resources tend to restrict families to one or two rooms; only the latrine, if they have one, is detached from the main house. One room functions as living-room, eating area, kitchen and bedroom. If there is a second room it functions as bedroom but doubles as storage and is sometimes shared with animals. Sharing of uses in poorly ventilated small rooms contributes to unhealthy, smoky, smelly and damp interiors that make children ill, and often prevent them from attending school or playing.

Materials and structure: The mud homes lack foundations, have precarious roofs and are ill-equipped to manage storm waters; all these factors contribute to structurally weak, damp, dark and dusty environments. As the residents lack proper materials to create secure wall openings, these structures admit little ventilation and light. Leaks and rotting bases are common, with some children expressing fear of their houses falling down on them. Roofs made of iron sheeting and tarpaulins contribute to the interiors being scorching hot by day and chilly at night. These unhealthy interiors are the constant cause of skin and respiratory sicknesses that also reduce attendance and attention at school.

Sleeping spaces: These are often shared between adults and children, and between genders. They seldom have beds, mattresses or bedding. The earth floors, covered only with plastic mats, are breeding grounds for diseases and skin parasites. Shared sleeping areas, congestion and family tensions contribute to child abuse, translated in some cases into child abusers at playgrounds and schools. Sleep deprivation has a direct effect on children’s learning and daily life activities, while sexual abuse has long-lasting effects on their overall development.

Toilet facilities: Lack of proper sanitation facilities is endemic to protracted refugee encampments in the research area. In Rwanda the latrines are shared among tens or hundreds of users. None is adapted to children’s needs. In north-west Kenya and south-west Uganda each compound has its own toilet, although some families who are unable to build one are usually required to go to the bush or to their neighbours’ toilet. The lack of proper child-friendly toilets leads to accidents and abuses.

Conclusions
Congoles respondents identified two main factors conducive to children’s learning in the home environment: protection from external threats and family unity. Parents and caregivers valued having control over an enclosed space that provided protection from the sun and the rain, and in some cases from abuse. Children stated the importance of spending time with siblings and especially their mother. All respondents agreed that being safe and feeling secure at home reinforces children’s self-esteem and confidence, affecting direct and indirect learning, and preventing risky behaviours later in life.

Respondents recommended design interventions aimed at improving the family’s unity and children’s holistic development. They fall into two categories: preventative elements and stimulating elements.

Interventions to prevent family disruption, child abuse, sickness, accidents and disappearance: Where possible, space out homes and allocate a fenced exterior area, potentially shared among groups of shelters. Facilitate the construction of internal partitions to encourage separate sleeping areas, and wall openings to prevent damp interiors. There should be foundations and basic storm water management systems to maintain safer and stronger structures. Finally, families unable to build toilets should be helped to build them, and safe and secure child-friendly ones should be allocated at shared public facilities.

Interventions to stimulate family unity and young children’s direct and indirect learning: Allocate exterior shaded areas within the fenced compound for naps,
Shelter in displacement

playing, protection from the sun or cooking on rainy days. Provide mattresses and simple bed structures to enhance proper sleeping.

Despite this kind of evidence, temporary emergency shelters are the rule in established and new settlements throughout the region. This approach is hampering young children’s learning and development. Yet it is possible to transform these home environments using easily accessible, cost-efficient and effective design tools. In order to create the knowledge for how to do this, humanitarian shelter and settlement professionals need a greater understanding of child protection needs and of the impact of the built environment, putting greater emphasis on both elements during programme development.

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Reducing GBV risks through better shelter programme design

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Good shelter programming must include mitigation measures throughout the project cycle in order to reduce GBV risks.

Shelters must be habitable, and provide physical safety and adequate space, as well as protection against the elements. They are also homes where people seek well-being and safety, especially so in displacement. In essence, shelter offers protection. However, it is not enough to build shelters. These – and settlements in which shelters are built – also need to provide protection from violence, including gender-based violence (GBV).¹

Potential GBV risk mitigation interventions in shelter programmes should be informed by a gender and risk analysis conducted at the start of the programme. In this way shelter practitioners are more likely to identify risks before they unintentionally cause harm. The appropriate inclusion of, for example, gender and female participation in projects has the potential not only to improve women’s status in society but also to reduce risks that can lead to GBV. However, when done without a proper assessment of gender dynamics and roles, the involvement of women may inadvertently lead to a decrease in men’s control of the recovery process, contributing to domestic, intimate partner and other types of GBV.

Mainstreaming GBV should help to achieve better shelter projects that proactively aim to avoid or reduce harm. It is a strategy and process that can help staff – including shelter staff – to reduce the vulnerabilities of affected populations. A focus on GBV risk mitigation and gender-specific needs and capacities ensures more relevant shelter assistance which meets individuals’ needs.

Nepal earthquakes, 2015

Following the Nepal earthquakes in April and May 2015, one shelter and WASH (Water, Sanitation and Hygiene) programme integrated a gender-sensitive approach to increase women’s and girls’ access to essential household items and to reduce protection risks.³ Female staff members assessed roles and responsibilities of women and girls in order to design distribution points that ensured safe and equitable access. Crowd control measures at distribution times and enclosed sites further increased security.