Mass shelters: inappropriate in displacement
Alena Koscalova and Yann Lelevrier

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 240m² large hall-type tents (designed mainly for storage purposes) or 300m² 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 2m² per person, which is far below the minimum standard of 3.5m² 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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**More design, less innovation**

Mitchell Sipus

**Those working in international agencies to develop shelter solutions for displaced populations can learn much from human-centred design practices of professional architects and planners.**

Over recent decades, the word innovation has proliferated across multiple industries and is widely drawn upon to tackle many kinds of problems. In the case of shelter and settlement planning for displaced populations, the pursuit of innovation by the humanitarian community has tended to be unhelpfully siloed. Innovation units have popped up in numerous UN agencies and NGOs, yet, for all the innovation, most long-standing problems remain.

Agency innovation units may be effective for trying new methods but the innovation model is not always a viable path to better shelter solutions. Opportunities and insights may be created but better shelter and planning solutions that emerge through techno-centric innovation teams may be more vulnerable to failure when attempts are made to scale them up across the industry, across budgets and across regions. Innovation alone is not the answer – unless paired with good design.

Good design is not a profound or magical process. It requires the design professional to get very close to the user community to conduct ethnographic research and then rapidly build low-cost and low-quality prototypes for testing with the immediate stakeholders. A good designer will repeat this process many times until