Poor Shelter Conditions: Threats to Health, Dignity and Safety

Analyzing overcrowded camp conditions in Sittwe and their impact on health and protection

In 2012, inter-communal violence in Myanmar's Rakhine State led to the displacement of approximately 145,000 people, 94% of whom were Muslim. Around 76,000 Muslim internally displaced people (IDPs) were temporarily housed in 11 planned camps in rural Sittwe Township. They were subject to heavy restrictions on their freedom of movement and unable to return to their areas of origin. Shortly after their arrival, 8-10 families were housed in temporary longhouses under the same roof, separated by flimsy partitions, which fell well short of SPHERE standards for basic shelter. The SPHERE standards refer to internationally recognized principles and universal minimum standards for the delivery of quality humanitarian response. As of December 2016 — four years after their initial displacement — the vast majority of these families continue to experience the same shelter conditions.

The International Rescue Committee (IRC) has witnessed the debilitating impact that sub-standard shelter conditions have had on the health and psychological well-being of internally displaced people. This cannot continue. The IRC has drawn together available evidence to illustrate the impact of unacceptable conditions, and to inform actions to address them. With durable solutions for the Sittwe camps still a distant prospect, greater efforts must be made to ensure that the residing displaced populations can live safer, healthier and more dignified lives in the interim.

Shelter conditions and health

The World Health Organisation (WHO) notes that inadequate shelter and overcrowding are major factors in the transmission of diseases that are transmitted by air droplet, skin contact, or faecal-oral means, with epidemic potential.

It further states that the increased likelihood of disease transmission in overcrowded environments means that occupational densities are an important risk factor for a wide range of respiratory diseases, including pneumonia, tuberculosis and many allergies. Finally, it states that inadequate ventilation is also associated with a higher risk of airborne infectious disease transmission.

With the Government health system under-resourced despite significant recent improvements — and humanitarian efforts overwhelmingly focused on front-line service provision — obtaining disease incidence and prevalence data in Sittwe is not currently possible. To look at the possible link between shelter conditions and illness, the IRC analysed 18 months of its health data to focus on cases of diseases spread by faecal-oral routes or skin contact (scabies and amoebic dysentery); and by air droplets (suspected tuberculosis, influenza).

First, we compared treatment rates for cases of these diseases in our camp clinics versus our village clinics.

SPHERE STANDARDS V. CAMP CONDITIONS

Shelter and Settlement Standard 3 (covered living space):

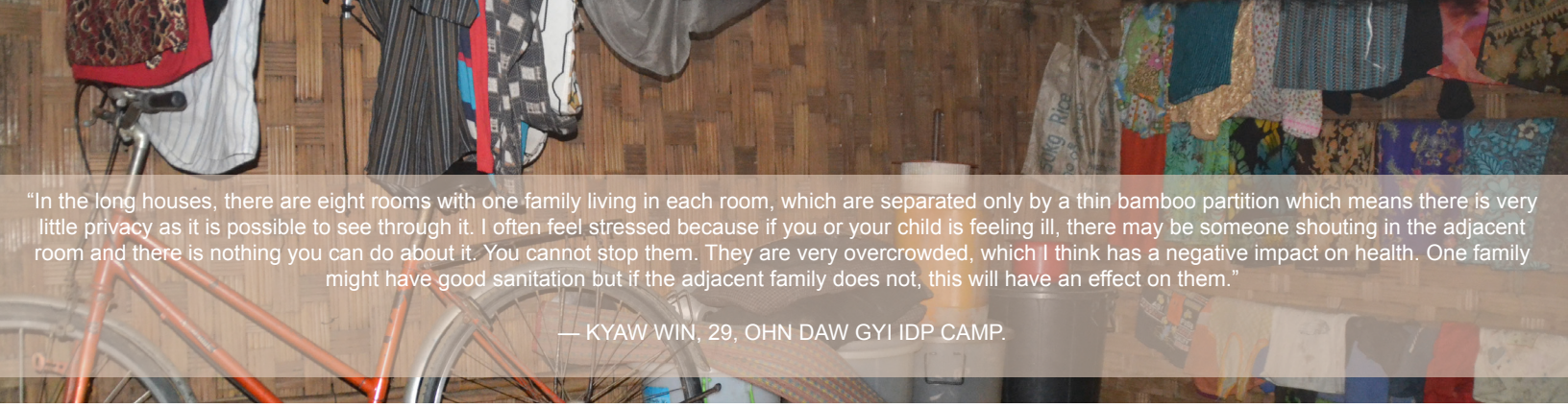
"All affected individuals have an initial minimum covered floor area of 3.5m^2 per person."

- **Average covered floor area per person for people living in longhouses in Sittwe IDP camps:** 2.9m^2
- **Average covered floor area per person for people living in medium-transitional shelters in Kachin state, northern Myanmar:** 3.6m^2
- **Average covered floor area per person in houses provided for returned/resettled IDPs in Rakhine state:** 5.4m^2

No other data is available for non-camp communities. However, population density in camp locations is five times higher than village locations, implying more spacious shelter conditions in villages.

IRC ACTIVITIES IN SITTWE TOWNSHIP

- Working in 12 camps and 7 conflict-affected villages
- Delivering primary healthcare in 13 mobile clinic sites
- Running women and girls' wellness centres in 7 sites
- Providing case management for GBV in 16 sites



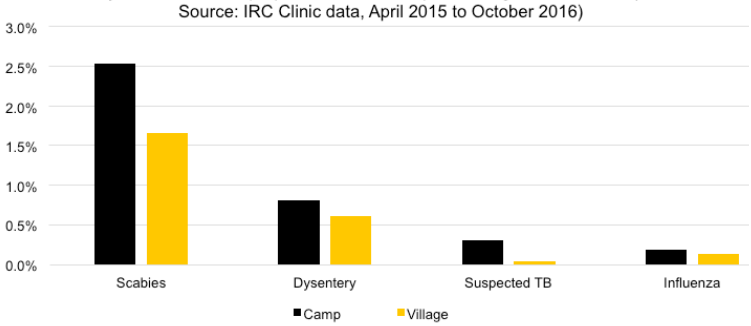
"In the long houses, there are eight rooms with one family living in each room, which are separated only by a thin bamboo partition which means there is very little privacy as it is possible to see through it. I often feel stressed because if you or your child is feeling ill, there may be someone shouting in the adjacent room and there is nothing you can do about it. You cannot stop them. They are very overcrowded, which I think has a negative impact on health. One family might have good sanitation but if the adjacent family does not, this will have an effect on them."

— KYAW WIN, 29, OHN DAW GYI IDP CAMP.

We found that:

- All of these diseases accounted for a significantly higher proportion of consultations in our camp locations compared to our village locations.
- In particular, the proportion of cases of suspected tuberculosis was nine times larger in our camp locations.

Key morbidities as a proportion of total camp and village consultations (Data Source: IRC Clinic data, April 2015 to October 2016)



Second, the space-time scan statistic was used to detect alerts of disease clusters to identify any evidence of outbreaks, and see where these outbreaks were focused.

- Over the course of 2016, we found evidence of four outbreaks (or "clusters"). All were focused in or around the camp area.
- The epicentres of two especially intense outbreaks of dysentery and influenza were camps where overcrowding of shelters were especially severe.

Shelter, safety and psychosocial well-being

According to the 2015 Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, it is critical for shelter actors to consider the possible protection impacts of overcrowding. It notes that failing to do so can "add to family stress and can in turn increase intimate partner violence and other forms of domestic violence." The SPHERE guidelines also refer to the safety and psychosocial benefits of ensuring that shelter design reflects pre-existing cultural practices around use of space and privacy.

In 2016, the IRC conducted two assessments focused on gender-based violence and service provision in the camps, collecting data from14 focus group discussions with women, girls, men, and boys in six camp locations. During these discussions, community members drew clear links between shelter conditions and intimate partner violence, early marriage and psychosocial distress:

- Women feel that sharing shelters with multiple families significantly impinges upon their privacy, dignity and safety (i.e. lack of private bathing/changing space).
- The stress that accompanies living in close proximity to others is perceived by women as a contributing factor to higher rates of intimate partner violence.
- Being unable to hide or escape from daily household conflicts is perceived to place an especially strong psychological burden on women, who spend more time indoors.
- Youth of opposite genders coming into contact as a result of living in communal shelters is identified as a contributing factor to higher rates of child marriage and conflicts linked to pre-marital relations.
- Current living conditions represent a major dislocation from pre-displacement cultural practices around shelter design, in which privacy and partitioning of space between genders and between households play a critical role.

Summary of Findings

- **Failing to meet SPHERE.** Current shelter solutions mostly fail shelter SPHERE standards and are more over dense than surrounding villages.
- **Overcrowded shelters and poor health**. There is compelling evidence to assert that overcrowded shelters are leading to excess morbidities for preventable diseases such as dysentery, tuberculosis and scabies.
- **Shelter, safety and psychosocial well-being.** Cramped communal shelter conditions are perceived by communities to increase the risk of intimate partner violence and child marriage, while particularly affecting privacy, dignity and psychosocial well-being for women.

Recommendations

A range of actions can be taken to improve shelter conditions, including adding more longhouses to decongest existing shelters, to a full overhaul of shelter solutions to provide dignity and privacy for all families. Implementing these changes must be prepared to face steep challenges: new infrastructure is expensive to build and maintain; buy-in must be secured from the Government and donors, and above all communities themselves. Dynamics around control of land and resources in the camps are complex and deeply entrenched; and any new influx of resources to the camps may lead to further accusations that aid is biased in favour of one community over the other. But it is critical that actors work to find a way forward, and place camp populations — especially women and girls — at the centre of the decision-making process.