



## FACT SHEET REFUGEES IN TANZANIA, APRIL 2007

### **The IRC**

Founded in 1933, the International Rescue Committee (IRC) is the leading non-sectarian voluntary organization providing relief, protection, and resettlement services for refugees and victims of oppression or violent conflict. The IRC is committed to freedom, human dignity and self-reliance. This commitment is reflected in well-planned global emergency relief, rehabilitation, resettlement assistance and advocacy for refugees.

### **The Role of IRC Tanzania**

In Tanzania, IRC has been serving refugees and host communities since December 1993. Operations began in response to a large influx of refugees from Rwanda and Burundi, triggered by the ethnic violence in 1993. As political and ethnic turmoil increased in Rwanda and the Democratic Republic of Congo (DRC), thousands more followed. Today, IRC-Tanzania serves approximately 115,000 Burundian refugees in Kigoma region. IRC provides health and psychosocial assistance to approximately 50,000 refugees in Kibondo District camps and camp management to approximately 65,000 refugees in Kasulu District camps.

In Kibondo, IRC focuses on refugee health: curative and preventive medical care in the two refugee camps; adolescent social welfare: incorporating educational, recreational, and reproductive health activities for refugee youth between the ages of 12 and 19 in Kibondo and Kasulu; and refugee-affected areas: including a program bolstering emergency obstetric care for the rural communities around Kibondo. IRC provides medical referrals and screenings for refugees at the transit centers in Kigoma District.

In Kasulu IRC provides camp management in Mtabila camp and community service and education activities in Mtabila and Muyovosi camps. Activities include food distribution, non-food distribution, maintenance of distribution centers and shelters, plot demarcation, verifications, and community based camp security. Community services provide child protection, care for vulnerable individuals, gender based violence (GBV) awareness and prevention, support for GBV survivors, training on prevention of sexual abuse and exploitation, youth education and development, vocational and business skills training, and literacy training.

In Kigoma town IRC manages the Kibirizi reception centre to register and medically screen asylum seekers. The NMC clinic/transit centre serves resettlement cases, protection cases, and preparing returnees for travel to DRC. Kigoma field office coordinates all medical referral services, moving complicated medical cases from all refugee camps to Tanzania regional hospitals.

### **Background of the Conflict**

Ethnic strife has plagued Burundi since independence in 1961. Ongoing tensions between the Hutu (85% of the population) and Tutsi (14%) communities have led to waves of political and ethnic violence across Burundi, triggering massive refugee influxes to Tanzania in 1972 and 1993. The political and ethnic clashes reached their peak in 1996, when armed forces commander-in-chief Pierre Buyoya seized power in a military coup, precipitating another wave of Burundian refugees into Tanzania. Refugees from the DRC (formerly Zaire) also fled to western Tanzania following the 1996 fighting between military and guerilla troops. In 1997, Rwandan forces invaded DRC, sparking yet another influx of Congolese refugees.

The vast majority of refugees in Tanzania are from Burundi and DRC. UNHCR and implementing partners assist approximately 279,000 refugees in Tanzania, including an estimated 153,000 Burundians who currently call Tanzania their home. The conflict in Burundi displaced an estimated one million persons.

### **Efforts at Peace**

Tanzania has been heavily involved in peace negotiations, brokering talks with the hope that stability will be restored and refugees can return home. The Arusha Peace and Reconciliation Accord was signed in August 2000. It included the GoB, GoR, GoT, and various rebel factions. The Accord established a three-year transitional period divided into phases, with the presidency held by a Tutsi during the first phase and a Hutu during the second.

Several rebel factions, including the Palipehutu-FNL, and the CNDD-FDD boycotted the Arusha talks. However, a comprehensive ceasefire was signed in December 2002 between GoB and the primary Hutu rebel force, the CNDD-FDD. The Palipehutu-FNL was the last major rebel group to sign a peace agreement with the Government of Burundi in July 2006.



## The Promise and Challenge of Repatriation

Recent positive political developments have created hope for increased stability in Burundi, prompting discussion of a large-scale repatriation of Burundian refugees from Tanzania. In the past, repatriation was hindered by security concerns. Tripartite agreements between UNHCR, GoB, and GoT allowed for facilitated repatriation, so that refugees wishing to return to Burundi could do so via UNHCR convoys that cross the border at designated points. Beginning in June 2006, UNHCR began a “promoted repatriation” phase. At the end of December 2006, over 100,000 refugees had repatriated via facilitated voluntary repatriation since 2002. IRC provides medical support to convoys in the form of mobile ambulances and/or clinical escorts.

Mounting public frustration has caused the GoT to periodically impose restrictive measures upon refugees. Mobility restrictions significantly undermine refugees’ ability to collect firewood, interact with the local population, and supplement food and material needs through cultivation and income-generating activities. These stresses, coupled with food shortages that sharply reduced rations in 2003, prompted many refugees to risk the journey home on their own. UNHCR estimates that over 40,000 spontaneous repatriates returned to Burundi from neighboring countries by the end of 2003. The challenges of hosting such high numbers of refugees have prompted local and national government to take a harsh line. Most recently in early 2007, the government ordered camp consolidation. In Kasulu, Mtabila I and II combined. In Kibondo, Mtendeli and Mkugwa camps consolidated into Nduta camp, leaving Nduta and Kanembwa.

## The Future: Hope and Uncertainty

The peaceful handover of the presidency from Tutsi to Hutu leadership, the safe arrival of CNDD-FDD leaders

in Bujumbura to take up senior government posts, the relative stability of the transitional period, the peaceful handover of power in November 2004, and the FNL’s recent acceptance of the peace agreement, all signal a potential new era for Burundi. Anticipating a sharp rise in repatriations over the coming months, UNHCR and implementing partners have taken steps to ensure that logistical support for a large-scale repatriation scheme is in place, enabling it to swing into action once GoB grants security and political clearance.

Such optimism exists alongside considerable potential for derailment, however. An inadequately planned mass repatriation might destabilize the country, as returnees attempt to reclaim land that has been expropriated or otherwise lost. If no provision is made for those unable to recover their property, Palipehutu-FNL and other extremist groups may well capitalize upon their disappointment and re-ignite ethnic and political tensions.

Close coordination and detailed planning will be essential amongst GoB, GoT, UNHCR, and the humanitarian community. Just as a poorly planned repatriation might worsen an already delicate situation, a well-conceived and smoothly executed return would provide enormous momentum for Burundi’s reconstruction – and would allow its citizens to finally lay to rest the trauma of the past ten years.

Recent elections in DRC offer a measure of hope to refugees hoping to return. Despite sporadic interruptions in repatriation to DRC in 2006 due to two rounds of elections, ensuing bouts of violence, and landslides in November, repatriation to DRC is fully operational again. More than 21,000 Congolese have repatriated from Tanzania since the start of the repatriation program in October 2005.

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