

# Tanzania: Displacement



Need for international assistance	Not required	Low	Moderate	Significant	Urgent
				X	
Expected impact	Insignificant	Minor	Moderate	Significant	Major
			X		

## Crisis Overview

Political tensions in Burundi escalated after the President announced his intention to run for a third term in April. Violent protests in the capital have killed 20 and injured 200. On 13 May, leaders of the army attempted a coup, which failed after two days of violent clashes. The situation remains tense and people are fleeing the country.

More than 112,000 Burundians have sought asylum in neighbouring countries since the beginning of April, including almost 70,000 in Tanzania as of COB on 19 May.

The situation is critical in Kagunga, where 20,000–35,000 people are crowded into a small village. 150 to 200 continue to arrive in Kagunga every day. Transportation is a challenge in relocating refugees. In addition, all refugee camps are crowded, with limited access to WASH facilities and clean water. Thousands of cases of watery diarrhoea have been reported and a cholera outbreak is confirmed. As of 21 May, there have been more than 2,400 suspected cases of cholera; 33 people have died.

Burundian refugees in Tanzania	Key figures
Protracted Burundian refugees	37,790
Total newly displaced (as of 19 May)	69,713
Including:	
Nyarugusu camp	29,149
Kagunga	Between 20,000 and 35,000
Lake Tanganyika stadium, Kigoma	3,611
Ngara	218

## Key Findings

**Anticipated scope and scale** There are still reports of refugees arriving into Kagunga village, which is already overcrowded and has limited access to humanitarian assistance. There have been outbreaks of water-borne diseases, including cholera. Efforts are underway to transport greater numbers of refugees from Kagunga to Nyarugusu refugee camp, but Nyarugusu is already at maximum capacity.

- Priorities for humanitarian intervention**
- **Health and WASH** are priorities to address diarrhoea and cholera.
  - **Shelter** in Nyarugusu camp need to be erected as fast as possible to absorb the rapid influx of refugees.
  - **Protection** for separated children, women, people with limited mobility, and people suffering from chronic diseases.
  - **Relocation of refugees in Kagunga** to Kigoma centre or Nyarugusu camp.

**Humanitarian constraints** Transportation, especially from Kagunga, is slow and not accessible to people with limited mobility.

## Limitations

The need for international assistance and the expected impact in the graphic above refer to the Burundian refugees in Kigoma, and particularly those in Kagunga village. They do not refer to Tanzania or the Burundian crisis as a whole.

With such a large and sudden influx of refugees, figures on their movement and numbers are not accurate. Estimates vary greatly among actors.

## Crisis Impact

As of 20 May, 20 individuals have been killed and more than 200 injured in Burundi, in clashes between protesters, the police (largely loyal to the president) and the military (whose loyalty is divided). At least 600 people have been arrested (local media 05/05/2015; AFP 12/05/2015; Reuters, 20/05/2015).

Mass protests against President Nkurunziza's intention to run for a third term began on 26 April. On 13 May, leaders of the army attempted a coup in Burundi. The coup failed after two days of clashes in the capital. Under pressure from the international community, President Nkurunziza agreed to postpone local and parliamentary elections until 2 June (BBC 11/05/2015; Le Point 18/05/2015; Reuters 18/05/2015 20/05/2015). Nonetheless, protests have become a daily occurrence. The army is deployed in the capital and barricades have been erected (Reuters 05/05/2015; AFP 15/05/2015; Reuters 18/05/2015).

Since the beginning of April, more than 112,000 Burundians have sought asylum in neighbouring countries, including almost 70,000 in Tanzania as of COB on 19 May (UNHCR 19/05/2015; PI UNCHR 20/05/2015). The escalation of political tensions has pushed more Burundians to flee. International organisations have been preparing for up to 150,000 refugees (HCT 24/04/2015).

## New Displacement

New arrivals of Burundian refugees in Tanzania rapidly increased from 3,000 on 6 May, to 48,288 by 13 May, and 69,713 as of 19 May (UNHCR 06/05/2015; 14/05/2015; PI UNHCR 20/05/2015). The main entry points include Kagunga, a village at Burundi's southern border with Tanzania; Manyovu, a village also at the southern border; Kigoma, a port, where the stadium is being used as a reception centre; and Ngara, at Burundi's northeast border with Tanzania (UNHCR 14/05/2015; PI IOM, 20/05/2015).

The refugee camp at Nyarugusu, located over 100 km away from Kagunga, in the centre of Kigoma region, was hosting 29,149 refugees as of 19 May (PI UNHCR 20/05/2015). The camp is at maximum capacity and new asylum seekers are accommodated in 16 surrounding schools. The Government has identified a site 3km away to establish a new camp. However, the road between the two sites is frequently flooded and will require major rehabilitation (UNHCR 14/05/2015). There were 3,611 people in Kigoma's Lake Tanganyika stadium and 218 in Ngara as of 19 May (UNHCR 20/05/2015).

Other refugees are accumulating at border crossings and arrival centres. The situation is critical in the village of Kagunga. Kagunga has a resident population of approximately 11,400 and currently hosts between 20,000 and 35,000 refugees, according to different estimations. 150 to 200 continue to arrive every day in the village (WHO 19/05/2015, UNHCR

20/05/2015; IOM, 20/05/2015; Al Jazeera, 21/05/2015). There were 3,611 people in Kigoma's Lake Tanganyika stadium and 218 in Ngara as of 19 May (UNHCR 20/05/2015).

## Humanitarian Constraints

Access to and from Kagunga is a challenge. The village is surrounded by a steep mountain range. The main means to leave the village is by boat. The transfer process takes up to ten hours. On 3 May, a first boat started to transfer refugees to Kigoma. The ferry can only carry 600 people at a time. The ferry is too large to dock and refugees are embarked and disembarked via small fishing boats. As of 15 May, a second ship began operating, carrying up to 300 people, but it cannot operate at night (UNHCR 15/05/2015). In multiple trips, water transport can carry about 1,500 people per day (UNHCR 19/05/2015; IOM 19/05/2015).

The only other route out of the village is a path that has been recently cleared. It takes six–seven hours to walk to Mkigo, where bus transportation is available to Nyarugusu camp. Around 60 refugees travelled along the path over the 19 May, and more are expected. Some refugee are reluctant to use the path due to concerns about their belongings and vulnerable members of their families.

IOM aims to reduce the number of refugees in Kagunga to a more manageable number in ten days (IOM 19/05/2015, 20/05/2015).

## Access to Essential Services

As of 13 May, several hundred people were reported to be in hard-to-reach areas with limited support. OHCHR reported they had seen families returning from Tanzania to Makamba province (southern Burundi), for reasons of worsening humanitarian conditions, including challenges in accessing food, shelter, sanitation, and the presence of disease (OCHA 13/05/2015).

**Health:** As of 21 May, WHO has declared **cholera** a level 1 emergency in the region (Al Jazeera, 21/05/2015). On 13 May, 15 cases of acute watery diarrhoea were diagnosed and on 16 May, two samples from Nyarugusu camp tested positive for cholera. As of 21 May, there have been more than 2,400 suspected cases of cholera, and 33 people have died in Kagunga, Lake Tanganyika stadium, and Nyarugusu camp (UNICEF, 21/05/2015). The health status of people arriving in Ngara is generally good. Figures are to be read with caution because relocation operations make double or triple counting highly probable. Nonetheless, the increase is worrying as poor WASH infrastructure, population movement and overcrowding all facilitate the spread of disease (UNHCR 19/05/2015; 17/05/2015; WHO 19/05/2015).

Basic cholera treatment centres have been established in Kagunga and Lake Tanganyika stadium to supplement the local dispensary. As of 18 May, adequate

supplies of drugs, supplies, and decontamination material were received (UNHCR 19/05/2015).

**WASH:** In Kagunga, limited access to clean water, poor sanitation facilities (only 94 latrines are reported), and bad hygiene practices facilitate the spread of waterborne disease. The supply of chlorinated and bottled water has begun, however, the standard minimum amount of water per person per day have not yet been met (UNHCR 19/05/2015; Al Jazeera, 21/05/2015).

**Shelter and NFIs:** Newcomers in Nyarugusu camp are accommodated in schools and some churches (Oxfam 20/05/2015; UNHCR 19/05/2015). Plans have been made for the extension of the camp to be prepared as soon as possible (UNHCR 19/05/2015).

**Protection:** Even prior to the new arrivals, levels of SGBV were high in Nyarugusu camp, including domestic violence and female genital mutilation (UNHCR 2015; HRW 2000). To date, 331 unaccompanied minors and 620 separated children have been identified (UNHCR 19/05/2015)

### Vulnerable Groups Affected

Pregnant women, children, older people, and groups needing special attention including people living with HIV/AIDS, unaccompanied minors and separated children, the disabled and people with other chronic illnesses (WHO 19/05/2015). As of 19 May, 2,719 persons with specific needs have been identified (UNHCR 19/05/2015)

## Potential Aggravating Factors

### Seasonal Information

Tanzania is currently entering the final stage of the 'long rains', which last from March to May, but have been late this year. Heavy rains are increasingly infrequent, though remain unpredictable. The long dry season usually begins in June and continues until October (HEWS, 09/2012). The long rains have at time meant that only light vehicles and 4WD have been able to travel on some routes. This has impeded the response and the movement of refugees (UNHCR, 14/05/2015). Rains have also made the mountain paths from Kagunga more difficult to cross. As the long dry season approaches, conditions are expected to improve (IOM, 20/05/2015).

### Food Security

The late arrival of the long rains, below-average rainfall and prolonged dry spells has resulted in crop failures in Tanzania. The most affected regions are in central, eastern and southern Tanzania. Parts of Kigoma have been impacted, and the upcoming dry season is likely to exacerbate the situation (FEWSNET; 15/05/2015). The number of people in IPC Phase 3 (Crisis) and the need for assistance are expected to rise between September and February 2016 in the central Rift Valley; Kigoma region is not projected to be greatly affected (FEWSNET, 05/2015). However, the capacity of national and international actors to response to the need of Tanzanians and Burundian refugees' needs may be stretched if displacement becomes protracted.

### Patterns of Cross-border Violence

Previous influxes of Burundian refugees from the 1970s to 1990s have been followed by cross-border violence as groups used camps in Kigoma as a base from which to launch attacks and political activity in Burundi (ICG, 1999). There have been no major cross border-incursions since 2000. However, with the sudden influx of refugees, a large existing number of Burundians in Tanzania, and the possible deterioration of the situation in Burundi, cross-border attacks should not be ruled out.

### Inter-ethnic Conflict

Refugees are not registered by ethnicity. There is anecdotal evidence of rising tensions, but nothing has been substantiated. Given the history in the region, violence between ethnicities could surface, but observers have stated that there is no element of ethnic conflict yet (UN, 15/05/2015).

### Tensions between Host Community and Refugees

Concerns have been raised of potential tensions between the host communities and refugees. This is particularly a concern in the extremely overcrowded Kagunga (UNHCR, 14/05/2015). However, actors on the ground in Kagunga have not reported significant tension, partly as many refugees are from neighbouring communities in Burundi and are not seen as outsiders. Tensions may rise as the risk of cholera increases (IOM, 20/05/2015).

## Key Information

### Drivers of the Current Conflict

President Nkurunziza was first elected in 2005 by Parliament and was democratically elected in 2010. He is running again for president in 2015. According to the Arusha Accord, which ended the Burundian civil war, presidents can run only for two terms. Nkurunziza's supporters argue that his first term does not count, as he was elected by Parliament. On 5 May, Burundi's constitutional court approved the President's bid for a third term (Reuters 05/05/2015; ICG 30/04/2015). The constitutional court's Vice President fled the country, citing "death threats" (local media, 05/05/2015).

The 50,000-strong Imbonerakure, the ruling party's frequently violent youth wing, has mobilised throughout Burundi, threatening those opposing President Nkurunziza (NY Times 28/04/2015; IRIN News 28/04/2015; RSF, 30/04/2015).

### Past Displacement

As of January 2015, there were 37,790 Burundian refugees and 61,640 refugees and asylum seekers from DRC in Tanzania (UNHCR, 01/2015).

Between September and October 2014, the Government of Tanzania began granting citizenship to around 162,000 former Burundian refugees and their children who originally sought asylum in 1972. Those that are/have been granted citizenship are mainly located in Tabora region, which borders Kigoma (UNHCR, 17/10/2015).

### Burundi–Tanzania relations

President Jakaya Kikwete of Tanzania has stated that President Nkurunziza of Burundi should respect the Arusha accords **opposed** the **Nkurunziza's bid** for a third term.

The Tanzanian Government brokered an end to the open conflict between Burundian Hutu and Tutsi in the early 2000s with the Arusha peace agreement, which ended the Burundi civil war (Reuters, 20/03/2015; International Media, 03/2015).

Burundian Hutus have generally found support in Tanzania. Communities either side the border share the same language, ethnic and family ties.

The old caseload of Burundian refugees in Tanzania mainly comes from those that fled Burundi in 1972 because of ethnic tensions between Hutu and Tutsi. Armed groups of Hutus formed among the refugees and began launching cross-border incursions against Burundi in the 1980s (ICG, 1999). There was another influx of mainly Hutu refugees from Burundi following ethnically motivated violence in 1993.

Mounting tensions associated with the genocide in Rwanda led to Tanzania closing its borders with Rwanda and Burundi in the mid-1990s. The Tanzanian Government began the forced encampment or 'round-ups' of Burundian refugees in the late 1990s. It included many Burundians who had been living in host communities since the 1970s and earlier. This led to a fear of forced repatriation among refugees (ICG, 1999).

### Foreign Involvement in the Burundian Crisis

Foreign ministers from the East African Community, which Tanzania heads, have been requested to investigate the political situation in Burundi (World Bulletin, 05/05/2015). Rwanda has expressed serious concern over the deteriorating security situation, particularly over elements of the FDLR, an armed group based in eastern DRC and involved in the 1994 genocide in Rwanda, being drawn into the protests in Burundi (local media, 05/05/2015).

The US and UK, among others, have warned that Nkurunziza's bid is unconstitutional and efforts to restore peace are urgently needed (local media, 05/05/2015). The US, EU, and African Union have called for delays to the elections (Al Jazeera, 20/05/2015; International Media, 13/05/2015).

## Key Characteristics of Kigoma Region

**Demographic profile:** Kigoma region has a population of 2.1 million inhabitants. It is divided into four districts: Kibondono, Kasulu, Kigoma rural, and Kigoma urban. 19.8% of the population is rural and 89.1% is urban. 21% is below the basic needs poverty line. 69.3% grows crops; 0.5% rear livestock only; 0.1% pastoralists; 30.2% involved in crop production and livestock

**Nutrition** for children under five in Kigoma: chronic: 48%; anaemia: 62%

**Health:** Infant mortality rate: 92/1,000 live births (2002); <5 mortality rate: 142/1,000 (2002); HIV prevalence is 4.5% for women and 2.0% for men in Kigoma.

**Water:** 20% use public standpipe; 12.6% use piped water at home; 16.8% use surface water; 10.6% use unprotected well water; 8.3% use protected well water; 14% use protected spring water; and 10.8% use unprotected spring water; and 6.9% use other sources. Approximately 50% of rural households in Kigoma obtain drinking water within less than 1km during the wet season.

**Sanitation:** 42.6% use pits or latrines/soil slab; 40.1% use open pits; 2.4% use flush of pour to covered pit; and 14.9% use other types of toilet facilities.

**Lighting:** Kerosene (61.9%); torch/rechargeable lamps (11.4%); kerosene/chimney (9.3%); firewood (5.2%); electricity (6.9%); other (5.2%)

**Cooking:** Firewood (82.3%); charcoal (15.9%); other (1.8 %).

**Literacy: 67.7%**

(National Sample Census of Agriculture for 2002/2003; 12/2007; USAID 2013; Bioline 2000; National Census 2012; Online Census Database 2012).

## Response Capacity

### Local and National Response Capacity

The Tanzania Red Cross Society (TRCS) carried out an assessment and is providing first aid and medical assistance to arriving refugees (IFRC 18/05/2015).

### International Response Capacity

UNHCR and UNICEF are present in Tanzania helping boat refugees to safety and identifying unaccompanied minors. IOM is providing road assistance to refugees making their way to villages and also completed a pilot evacuation programme on foot to decongest Kagunga. IOM will be taking over all boat transportation as of 29 May (IOM, 20/05/2015).

International NGOs are responding to the cholera outbreak in Kagunga and Nyarugusu refugee camps (AP 19/05/2015; Oxfam 20/05/2015; The Guardian 19/05/2015; IOM 19/05/2015; UNICEF, 21/05/2015).

### Population Coping Mechanisms

Living conditions in Kagunga are hard, pushing some refugees to spontaneously try the mountainous walk to Mkigo (IOM 20/05/2015). Refugees crossing into Tanzania are greatly dependant on international assistance to meet needs.

## Information Gaps and Needs

- In recent reports from diverse actors, Kagunga was repeatedly mistaken for an island. It is actually an isolated village.
- There is little information on the nutritional status of refugees and availability and quality of food.
- The proportion of people belonging to vulnerable groups is not known to date.
- The needs of the host community in Kagunga are yet to be assessed (IOM, 20/05/2015).

## Lessons Learned

- Displacement of populations to neighbouring countries prior to elections has been commonplace in Burundi, fed by rumours of a potential spiralling crisis. In 1993, populations fled to Rwanda the day before the June elections, and came back soon after. In 2005, up to 10,000 people sought refuge in neighbouring countries prior to the elections, and again returned soon after (local media, 20/04/2015).
- The response to Burundian refugees in Tanzania during the 1990s, which included forced repatriation and encampment, resulted in widespread fear and exposure of refugees to insecurity. The protection of refugees and security of refugee camps were two of the lessons learned from this context (ICG 11/1999).
- How the international community engages with local issues matters a great deal for the domestic conduct of politics. Promoting democracy may require engaging core state institutions – such as legislatures – to reinforce horizontal accountability, as opposed to focusing on the President and Presidential elections (The Washington Post, 03/05/2015).

# Burundian Refugees in Tanzania

