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## DREF operation update

### Tanzania: Refugee Repatriation

 International Federation  
of Red Cross and Red Crescent Societies

#### DREF operation n° MDRTZ014

#### Update n°1 – 26 November, 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Period covered by this update:** 9 July to 22 November 2012.

**Summary:** CHF 70,222 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 9 July 2012, to support the Tanzania Red Cross National Society (TRCNS) in delivering immediate assistance to approximately 38,000 Burundian refugees being repatriated from Tanzania following a decision by the Government of Tanzania. The repatriation began on 7 July and would continue until mid December 2012.

The operation was initially planned to be completed by 31 October, 2012. However, due to initial delays in the return process caused by the slow progress in voluntary return leading to a shift into orderly return, TRCNS seeks an extension of the DREF operation timeframe for a further 2 months (until 31 December 2012) with no additional cost. A Final Report will be made available three months after the end of the operation (by 31 March, 2013)



TRCNS volunteer distributes bottled and safe drinking water to returnees aboard a bus just before a repatriation convoy departs/Photo: TRCNS

The government declared a cessation of refugee status to Burundian refugees on 1 August, 2012 followed by the decision on 8 October, 2012 to shift from voluntary repatriation to orderly return in order to enable the closure of Mtabila camps by 31 December 2012. As of 22 November, 2012 a total of 15,626 Burundian returnees have been repatriated out of the 38,000 Burundians staying in Mtabila I and Mtabila II camps. This progress in the repatriation process indicates that if the returning trend continues like this, all Burundians in Mtabila camps are likely to have returned home by 31 December, 2012.

Tanzania Red Cross National Society (TRCNS) in collaboration with its partners has been providing services in the refugee camps, including curative and preventive health, nutrition, and water and sanitation services. In the refugee repatriation process, TRCNS is responsible for pre-departure medical screening, departure screening and ambulance escorts of the repatriation convoys from the refugee camp up to the border point of the receiving country (Burundi). To date, a total of 24 emergency shelters have been constructed at collection points in 6 zones (4 shelters in each zone) within the camp, basic pre-departure health screening conducted, chronically ill patients provided with 3 months medication, a total of 31,252 bottles of water (0.5 litres) distributed to 15,626 repatriating refugees as well as First Aid

services provided to all 16 departed convoys and 5,000 leaflets produced and distributed to 5,000 families with various key messages on prevention of HIV/AIDS, Malaria, Pneumonia and hygiene promotion before departure.

Contributions from the Belgian Red Cross/Government and Tsunami fund have fully replenished the allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of DREF contributions are found on: [http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2012.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf)

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## The situation

Historically, Tanzania has hosted refugees in the great lakes since 1930s, because of civil unrests and political differences, causing civilians to flee their countries for safety in other countries. After the killing of the Burundian President Ndadaye in October 1993, followed by the Rwandan Genocide in 1994, Tanzania received more than half a million refugees, in Ngara, Karagwe, Biharamulo, Kasulu and Kibondo districts, overwhelming the local populations in the areas. TRCNS was the first humanitarian organization to act fast in handling the refugees in Ngara in 1994 with the support of the International Federation (IFRC) and other international organizations. Through the support received from IFRC, TRCNS implemented and managed activities in Benaco and Lukole camps and supported the return of the Rwandese refugees in 1996, the Burundians of Lukole camp in 2007 and Lugufu Congolese Camp in 2008.

The Government of Tanzania decided to repatriate the Burundian refugees (around 40,000) and close the Mtabila I and II camps, a decision that was welcomed by the Burundi government to receive the refugees back home. The Refugees were advised to return voluntarily but only a few refugees showed interest in the voluntary return. Since 2008 a series of tripartite meetings have been convened and “go and see” visits undertaken to provide assurance to the refugees that Burundi was politically stable. Despite of these initiatives records indicated a low number of returning refugees during the voluntary repatriation that commenced in July 2012.

Both governments in Tanzania and Burundi called upon humanitarian partners and the relevant National Societies to support the process. TRCNS identified gaps in the planned services from the government and other aid agencies, in particular in provision of health services as well as the water and hygiene promotion. This DREF operation was designed to help cover the needs of the Burundian refugees during the return process.

After lengthy consultations with relevant stakeholders the government declared a cessation of refugee status to Burundian refugees on 1 August 2012, followed by the decision reached in Geneva on 8 October 2012 to shift from voluntary repatriation to orderly return to enable the closure of Mtabila camp by 31 December 2012. The orderly return has been organized to ensure a safe and dignified return to their country of origin.

Various massive awareness campaigns have been conducted in the camp and the roles of each organization operating in Mtabila camp have been identified. 16 returnee convoys have been organized since the inception of the orderly return on 1 November 2012, with a total of 15,626 Burundian returnees as of 22 November 2012. Another 3,000 Burundians eligible for international protection have been re-located to Nyarugusu camp.

This progress in the repatriation process indicates that if the returning trend continues as it is, all Burundians in Mtabila camp are likely to have returned home by 31 December 2012.

## Coordination and partnerships

UNHCR and the Ministry of Home Affairs (MHA) are the overall coordinators of the refugee relief programme. MHA plays a vital role of providing security for refugees and Non Governmental Organization (NGO) personnel. The World Food Programme (WFP) has a mandate of mobilizing funds, procuring, and pre-positioning food items for general distribution in the camps.

The United Nations Children’s Fund (UNICEF) focuses on capacity building for all health staff engaged in provision of mother and child health services and supplies all vaccines for immunization, medications for prevention of risk factors in pregnancy, and provision of some life-saving equipment for children below five years of age.

The TRCNS partner national societies (PNS) include American and Spanish Red Cross, as well as other partners in the implementation of refugee programme activities.

Spanish Red Cross is the recipient of the Commission’s European Community Humanitarian Office (ECHO) funding for TRCNS interventions in the refugee programme (provision of comprehensive health services). They also provide technical assistance with health, finance and administration personnel either based at the Red Cross compounds at the camps, Kigoma Logistics Support Base or at TRCNS headquarters in Dar es Salaam.

TRCNS uses vehicles leased through IFRC who have also facilitated capacity building through relevant trainings. TRCNS collaborates with the International Committee of the Red Cross (ICRC) in carrying out tracing and family reunification activities within and outside of the refugee camps.

The International Rescue Committee (IRC) undertakes camp management and community services functions in Mtabila camps I and II for Burundian refugees. The Tanzania Water and Environmental Sanitation (TWESA) provide water and sanitation services to the Burundian refugees in Mtabila camps.

## Red Cross and Red Crescent action

### Progress towards outcomes

Tanzania Red Cross National Society (TRCNS) in collaboration with its partners has been providing services in the refugee camps, including curative and preventive health, nutrition, and water and sanitation services. In the refugee repatriation process, TRCNS is responsible for pre-departure medical screening, departure screening and ambulance escorts of the repatriation convoys from the refugee camp up to the border point of the receiving country (Burundi).

Emergency shelter	
Outcome: The immediate shelter needs of the 38,000 returning refugees at way stations are met.	
Outputs	Activities planned:
<ul style="list-style-type: none"> <li>Emergency shelter assistance is provided to 38,000 returning refugees</li> </ul>	<ul style="list-style-type: none"> <li>Construct emergency shelters (300 temporary shelters) where refugees may stay overnight on the way to the borders.</li> <li>Construct temporary first aid shelters at three way stations</li> </ul>

### Progress

A total of 24 emergency shelters have been constructed at collection points in 6 zones (4 shelters in each zone) within the camp, where refugees gather waiting to load their luggage. The original plan by the TRCNS was to engage in the construction of way stations for necessary medical services or for resting in the event the returnees had to walk back to Burundi .However, the idea of way stations had to change since the refugees are now orderly repatriating aboard pre-arranged buses via the Kigoma Town. Arrangements are in place in Kigoma Town to ensure availability of appropriate accommodation (organized by IRC Goma) if the need arises for the refugees to spend a night midway in Kigoma Town.

Emergency health	
Outcome: Refugees have access to immediate health and care assistance	
Outputs	Activities planned:
<ul style="list-style-type: none"> <li>Immediate First Aid is provided to the returning refugees during repatriation.</li> </ul>	<ul style="list-style-type: none"> <li>Procure 100 First Aid kits, to-go-with medical stocks for three months to chronically ill persons, and personal protective equipment for staff and volunteers to use during response.</li> <li>Provide First Aid to the returning refugees both on transit and at the way stations</li> </ul>

## Progress

Basic pre-departure health screening has been conducted throughout by TRCNS staff and volunteers as per repatriation guidelines. Three months medication to all chronically ill patients is provided with exception of insulin-dependent patients. TRCNS health staff and volunteers escort each convoy to the border and provide first aid services on transit and at the departure centre for 24 hours.

The procurement of 100 first aid kits has been done and kits fully equipped with three months medication for chronically ill patients and for providing emergency health care to all returnees on transit and at the departure centre.

## Water, sanitation, and hygiene promotion

<b>Outcome: Returning refugees have access to safe drinking water</b>	
<b>Outputs</b>	<b>Activities planned:</b>
<ul style="list-style-type: none"><li>The most vulnerable returning refugees are provided with bottled and safe water for drinking on transit during repatriation.</li></ul>	<ul style="list-style-type: none"><li>Procure and distribute 68,400 bottled water (0.5 litres) for 11,400 (30%) most vulnerable returnees</li></ul>

## Progress

Bottled safe drinking water is being provided to every repatriating refugee for use on transit. A total of 31,252 bottles of water (0.5 litres) have been distributed to date to 15,626 repatriating refugees.

## Logistics

<b>Outcome: Efficient and effective logistical support to run the refugee operation</b>	
<b>Outputs</b>	<b>Activities planned:</b>
<ul style="list-style-type: none"><li>Coordinated delivery of relief items, ensuring proper transport and storage</li></ul>	<ul style="list-style-type: none"><li>Mobilization of staff/volunteers for returnees screening and escorts</li><li>Maintain an optimal number of vehicles to support movement of staff/volunteers and emergency items during the operation</li><li>Vehicles fuelled and serviced</li><li>Procurement, storing and dispatching of medical and other items required for the operation</li><li>Ensure logistics procedures are followed/adhered to during movement of items/materials and people</li></ul>

## Progress

TRCNS has mobilized its staff and volunteers and put in place logistical services to ensure a coordinated delivery of health screening and escort of the returnees. Two repatriation teams from Mtabila and Nyarugusu were engaged in basic health screening, providing 24 hours first aid services and three months stock to about 720 chronically ill patients.

Provision of First Aid services to all 16 convoys has been ongoing since the commencement of the orderly return 1 November 2012. As of 22 November 2012, a total of 15,626 Burundian refugees have been repatriated to Burundi and 3,000 refugees eligible for international protection have been re-located to Nyarugusu camp.

## Communications

<b>Outcome: Refugees and host communities have access to timely and relevant information on health issues as well as on progress of refugee operation</b>	
<b>Outputs:</b>	<b>Activities planned</b>
<ul style="list-style-type: none"><li>A steady flow of timely and accurate information between relevant stakeholders on the population movement is shared</li></ul>	<ul style="list-style-type: none"><li>Print 10,000 leaflets on how to stay healthy during repatriation (Prevention of HIV/AIDS, Malaria, pneumonia, and hygiene promotion messages)</li><li>Procure and print T-shirts and Bibs for Red Cross visibility during repatriation of refugees</li><li>Support operation teams to ensure consistent and two-way engagement with beneficiaries to ensure greater accountability to affected communities.</li></ul>

## Progress

A total of 5,000 leaflets have been produced with various key messages on how to stay healthy during repatriation (prevention of HIV/AIDS, Malaria, Pneumonia and hygiene promotion). The leaflets were distributed to 5,000 families before departure. In addition, a total of 200 T-shirts and 50 bibs were procured and distributed to the volunteers involved in the repatriation process while 70 Red Cross flags were procured and used for flagging TRCNS vehicles and all sites where Red Cross is providing services for visibility purposes.

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## Contact information

### For further information specifically related to this operation please contact:

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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