



WOMEN AND GIRLS FAILED: THE BURUNDIAN REFUGEE RESPONSE IN TANZANIA

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Front cover and this page: Burundian refugees in Nyarugusu camp, Tanzania.

INTRODUCTION

The recent crisis in Burundi has forced the flight of more than 220,000 refugees, of whom half are female. Many experienced gender-based violence (GBV), including sexual violence, during their flight to safety. Nearly 50 percent of Burundian women and girls reporting GBV upon arrival in Tanzania required post-rape care. Yet many refugees in Tanzania say that the threat of violence continues in their country of refuge – in and around the very camps where they should feel safe. Women and girls are always disproportionately affected in times of conflict, so the prevention of and response to GBV should be central to any humanitarian response. The unhelpful responses of donors and Tanzanian authorities have led to terrible conditions for Burundian refugee women and girls, but the humanitarian community has also failed them. RI found that in too many instances, humanitarians in Tanzania fell unacceptably short of minimum standards, and failed to adhere to guidelines for GBV interventions in humanitarian settings. The Burundian refugee crisis in Tanzania therefore stands as a cautionary tale to donors and humanitarians alike. If they are serious about the Call to Action on Protecting Girls and Women in Emergencies, they must get the basics right.

RECOMMENDATIONS

- ❑ The UN Refugee Agency (UNHCR) should:
 - Review the existing joint complaints mechanism for the refugee camps in Tanzania, and ensure that it – and its accompanying investigation procedures – comply with best practices and the *Guidelines to implement the Minimum Operating Standards for Protection from Sexual Exploitation and Abuse by UN and non-UN Personnel*; and
 - Hold its implementing partners accountable for complying with SPHERE Handbook standards, the Inter-Agency Standing Committee’s (IASC) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, and the IASC *Gender Handbook in Humanitarian Action*.
- ❑ In all Tanzanian refugee camps, UNHCR and its implementing partners should:
 - Immediately refurbish latrine and shower facilities to have doors that lock from the inside, segregate them according to gender, and install additional facilities according to camp refugee numbers as per SPHERE standards;
 - Prioritize the distribution of core relief items that address the dignity and safety of women and girls, including dignity kits, flashlights, and fuel efficient stoves. The content and type of these items should be identified in consultation with women and girls;
 - Engage women and girls in consultations to improve safety and security related to camp infrastructure and services. This should include consultations regarding the conditions and locations of camp facilities and the management of food and non-food item distributions;
 - Hold working group coordinators accountable for ensuring their strategies and activity plans comply with SPHERE standards, the IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, and the IASC *Gender Handbook in Humanitarian Action*; and
 - Strengthen the new camps’ protection strategies to incorporate Gender-Based Violence lifesaving interventions.
- ❑ International donors should:
 - Increase their contributions to the Burundi Refugee Response Plan;
 - Fund specialized, lifesaving interventions that comply with the Minimum Initial Service Package for Reproductive standards; and
 - Hold UNHCR Tanzania accountable for integrating protection and GBV throughout all its operations.

BACKGROUND

In recent years, amongst donors and humanitarian actors, the prevention of and response to gender-based violence (GBV) in emergencies has gained much-deserved attention. The various ways displacement crises impact women and girls are now well-recognized. Such crises engender power vacuums, lawlessness, the breakdown of protective social networks, and the weakening of civil society. Humanitarian access is also typically restricted in many emergencies – particularly those of a political nature. All of these factors erode the systems that protect women and girls – protection that is most needed given the irrefutable evidence that GBV, including sexual violence, increases in times of crisis.

This recognition has resulted in several policies, guidelines, and specialized programs designed to address GBV from the start of an emergency. These include the 2003 UN Refugee Agency’s *Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response*,¹ the 2005 Inter-Agency Standing Committee’s (IASC)² *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings*,³ the 2006 IASC *Gender Handbook in Humanitarian Action*,⁴ and the recently-launched IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*.⁵ However, despite these many sets of guidelines, the humanitarian community found that it was still failing women and girls, as they were not being placed first in an emergency.

The most recent set of milestones were achieved in 2013. In response to the continued failure of GBV response, the United States government announced its Safe from the Start⁶ initiative to prevent and respond to GBV in humanitarian emergencies worldwide. This program ultimately developed into a multinational effort, kick-started by the United Kingdom’s Department for International Development, to safeguard women and girls in humanitarian assistance, named the Call to Action on Protecting Girls and Women in Emergencies.⁷ Humanitarian

responders now acknowledge that GBV is a life-threatening issue, and have committed to redoubling efforts to address GBV from the start of a crisis.

In September and October 2015, a Refugees International (RI) team traveled to Burundi, Tanzania, and Rwanda to assess the protection needs of Burundians newly-displaced as a result of



the political instability and violence that has rocked the country since April 2015.⁸ The team chose to travel to Tanzania to evaluate to which degree women and girls were being prioritized, and to determine if this new understanding of the importance of addressing GBV concerns at the start of the crisis was being reflected in the humanitarian response. Tanzania was an ideal context in which to evaluate this, as at that time of RI’s visit, it had unexpectedly become host to 92,000 Burundian refugees. Another 26,000 have arrived subsequently. UNHCR and its humanitarian partners had to quickly mobilize to respond to this new emergency. The majority of the refugees were trans-

ferred to Nyarugusu refugee camp (hereinafter referred to as Nyarugusu), one of the oldest and largest refugee camps in Africa, which had previously hosted Burundian refugees during the country’s 1993-2005 civil war. The newly arrived Burundians joined 60,000 refugees from the Democratic Republic of Congo (DRC), who have lived in Nyarugusu since 1997.

“It took time for the regional administration to absorb that refugees were coming back.”

-UN official in Kasulu, Tanzania

VIOLENCE AGAINST WOMEN & GIRLS

As early as June 2015, aid agencies in Tanzania warned that Burundian women and girls were reporting alarming rates of GBV experienced in or during their flight from Burundi.⁹ Incidence data captured by the GBV Information Management System (GBVIMS)¹⁰ from May-September 2015 confirms that refugee women and girls in Nyarugusu experienced various forms of GBV in Burundi during the height of the refugee outflow. A total of 651 incidents were reported by Burundian survivors, including but not limited to, rape, sexual assault, physical assault, and forced marriage. Of these, 312 (or 48 percent) were rape cases requiring medical care. The highest incidence of reported cases of sexual violence in that period occurred from June through August. On just one day in late July, three refugee women required post-rape care, all three of whom had been raped by different perpetrators during their flight to Tanzania.¹¹

Sadly, Burundian women and girls have not found respite from violence while in refuge in Tanzania. Instead, they continue to be subjected to sexual violence and other forms of GBV,¹² as per incidence data recorded in the GBVIMS. From May-September 2015, 224 of the 651 reported cases of GBV occurred in Tanzania, of which sexual violence accounted for 70 percent.

Of these 224 GBV incidents, 25 percent of these incidents occurred outside the camp, where often women are collecting firewood or looking for livelihood opportunities. Twenty-two percent were reported as ‘other,’ meaning neither in the camp nor outside the camp, but likely in the camp’s perimeters or en route to or from the camp. Ninety percent of the incidents reported occurred while collecting firewood were rape or sexual assault. In these acts of violence, 49 percent were perpetrated by strangers and 33 percent by a perpetrator unknown to the survivor (either because they could not be identified or the survivor’s view was obscured.) As for the survivor profile, all survivors were female, and 12 percent were minors.

These statistics on their own make a strong case for the redoubling of comprehensive GBV response programs and services in the Tanzanian refugee response. However, these statistics only reflect the number of survivors who reported an incident and consented to have their information shared. Unfortunately, experience tells us that in any humanitarian setting, the reported number of GBV incidents is well below the real number of cases. Therefore, it is safe to assume that the real rate of GBV among Burundian refugees is much higher than the data indicate.

LIFE IN NYARUGUSU: FEMALE PERSPECTIVES

These statistics unequivocally demonstrate that women and girls are subjected to GBV while in refuge in Tanzania. This suggests that despite the myriad initiatives and commitments of the humanitarian community, the prevention of GBV in this emergency response fell short.

During its mission to Tanzania in September 2015, the RI team conducted a community safety mapping exercise with over 40 refugee women, girls, men, and boys from different camp zones in Nyarugusu. Participants were assembled into small groups of five, disaggregated by gender and age. They were asked to draw Nyarugusu, identify their living quarters, various points of service in the camp, and its perimeters. They were then asked to label the camp areas they deemed safe and unsafe.¹³

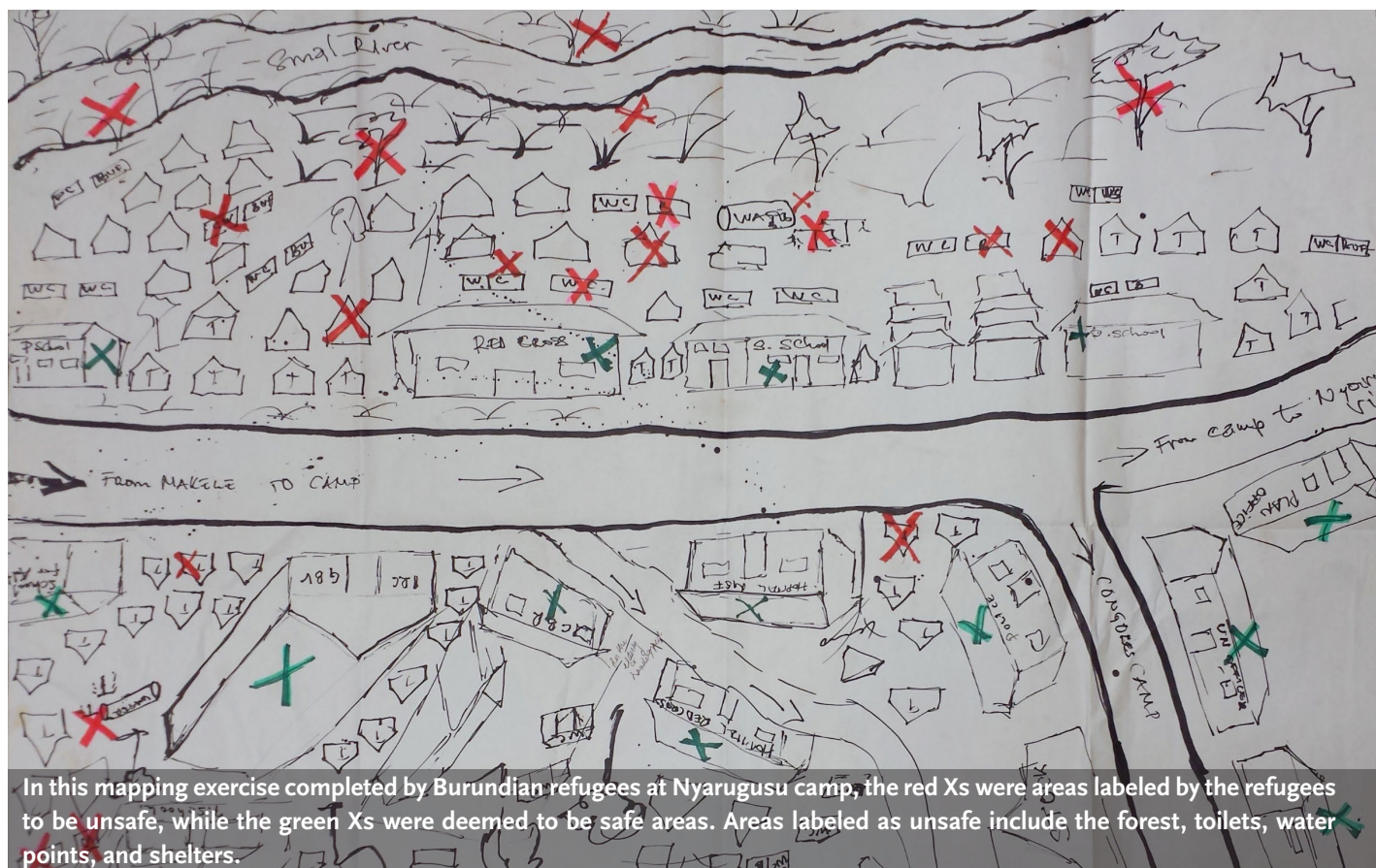
All groups identified the camp hospital, police station, and GBV resource center as safe. The rest of the results, however, were troubling. All groups categorically labeled most areas within the camp as dangerous, pointing to showers, latrines, and their own shelters as danger points. Some also identified the “departure zone” site, where food and non-food item distributions are carried out, as unsafe. The camp’s perimeter and beyond – where refugees search for firewood – ranked as the most dangerous area, with firewood collection considered the most dangerous activity. Males identified the same locations as dangerous, but clarified that they were more dangerous for females than for themselves.

Camp Infrastructure

“Every single service we are providing is substandard. Every time I go to one of the mass shelters, I feel like I need to apologize to the refugees.”

-UN official in Kasulu, Tanzania

At the time of RI’s visit, roughly 45,000 refugees had been housed in emergency mass shelters for months – with some of these shelters holding 200 people or more,¹⁴ and with no partitions to separate individuals and/or families from each other. Thousands of others were fortunate enough not to be placed in these mass shelters, but were assigned with one to



In this mapping exercise completed by Burundian refugees at Nyarugusu camp, the red Xs were areas labeled by the refugees to be unsafe, while the green Xs were deemed to be safe areas. Areas labeled as unsafe include the forest, toilets, water points, and shelters.

two other families to a tent designed for a single family. In fact, during the safety mapping exercise, women and girls spoke to RI of how overcrowding in the shelters created problems for them. One woman described how hard it was for her to even dress in the mass shelter while surrounded by so many people. Several others explained that their tents were sources of insecurity, as families that did not know each other were forced to live together. They spoke of rape and intimate partner violence. Theft, lack of privacy, and exposure of children to intimacy among partners had all caused disagreement and tension in both the mass shelters and tents.

The RI team found that water, sanitation, and hygiene (WASH) facilities in the camp were well below minimum humanitarian standards. Temporary latrines erected at the start of the emergency had not been refurbished, such that even when RI arrived in September, refugees were still using latrines made from plastic sheeting with plastic flaps for doors and no locks. On average, there was one latrine per 50 people in the mass shelters and one per 20 people in the family tents.¹⁵ During RI's safety mapping exercise, refugees explained how they feared going to latrines and showers because they had no lighting at dusk and night, were distant from their shelters, and had no doors or locks. Several women and girls in the groups, as well as men, spoke of sexual violence occurring in or en route to/from the latrines and/or showers.

Most of the groups of refugees who participated in RI's mapping exercise also labeled food and non-food item distribution centers as unsafe. When queried further, refugees explained that the combination of late distribution hours and long distances to their shelters added to the risk of GBV, and specifically, sexual violence. The women and girls complained that distributions were often delayed and, because of long lines, they sometimes ran as late as 6pm. Some of the women and girls had to walk back to their shelters in complete darkness. One girl stated that she refused to go to the distribution center without her mother, and still felt unsafe even when accompanied by her.

“They start food distribution late so we get home late. There are times I walk home in complete darkness and can face rape.”

-Refugee woman, Nyarugusu

The camp's limited supply of water for drinking and washing resulted in some women and girls having to walk to a river beyond the camp, where they were at risk of rape and other

forms of GBV. One woman stated that her daughter had been raped while fetching water from the river.

These deficient facilities and services most definitely posed safety threats to refugee women and girls. Multiple humanitarians and diplomats in the region told RI that the living conditions for many Burundians in Nyarugusu were the worst they had ever seen in an established refugee site – an assessment that RI’s team shared. As one UN official working in the region told RI, “Every single service we are providing is substandard. Every time I go to one of the mass shelters, I feel like I need to apologize to the refugees.”

At a minimum, portable flashlights could have been distributed to minimize risk and enhance the sense of security. However, UNHCR data from the end of July indicates that of a determined need of 58,000 solar LED lamps for the population at the time, only 6,048 had been distributed. A further 18,900 were scheduled to be distributed by UNHCR, but that still left a gap of 33,052 lamps.

Access to Firewood

Following the massive Burundian influx, Tanzanian authorities agreed to allow refugees to collect firewood in an area extending four kilometers out from Nyarugusu’s perimeter. But needs soon outstripped the supply, and the area was quickly depleted. Women and girls were then forced to travel beyond the area that had been negotiated with the local population.

In the safety mapping exercise conducted by RI, the forest where women searched for firewood was labeled the most dangerous due to the frequency with which women suffered rape or sexual assault. Women said these acts of GBV were committed by both fellow refugees and members of the host population, with whom they were in competition for limited natural resources. At least three women and girls shared that they had been raped while searching for firewood, while others spoke of family members, neighbors, and friends who had suffered the same. One woman spoke of a friend who never returned from her outing to the forest. Another explained that she had been followed into the forest and raped by a Burundian man she knew from the camp.

“If you go to the forest to get firewood, assailants will follow you, rape you, and warn you that if you tell someone, they will kill you.”

-Refugee woman, Nyarugusu



Children gathered around firewood at a mass shelter in Nyarugusu camp.

Women and girls who had not experienced sexual violence themselves had heard enough anecdotes to fear firewood collection – so much so that they began traveling in groups or asked male family members to accompany them. The male participants in RI’s mapping exercise confirmed this, although they also expressed fear for themselves, with one man saying, “It does not help. Some of us encounter large groups of Tanzanian men and we cannot fight them.” Several Burundians stated that they had resorted to searching throughout the camp or in the very near vicinity for dried wood, shrubs, cassava, herbs, and other materials to use for cooking.

At the time of RI’s visit, few programs existed for the distribution of firewood or fuel-efficient cooking stoves. UNHCR data through the end of July – when the Burundian refugee population was at 80,000 – shows that the agency had neither procured nor distributed any fuel-efficient stoves.

Prioritizing Women & Girls

RI’s findings echo those discovered during at least two separate prior assessments. A June 2015 needs assessment conducted by the International Rescue Committee (IRC) sought to determine the immediate protection concerns of Nyarugusu’s residents, as well as the availability of services for sexual



*“ I thought we knew more than this.
I thought we knew how to do this.”*

-INGO worker in Dar es Salaam, Tanzania



One of the many mass shelters at Nyarugusu camp, where

Conditions at Nyarugusu



*“ The toilets are m
women; they are so
Too many people u*

-Refugee man



over 200 refugees live.



“It is disappointing and terrifying to see the mass shelters and the very poor conditions.”
-INGO worker in Kasulu, Tanzania

Refugee Camp, Tanzania



*Mostly dangerous for
so far from the tent.
Use only one toilet.”*
Nyarugusu



violence survivors.¹⁶ The assessment revealed that GBV was the second-most cited form of violence witnessed or experienced during displacement, and the single-most frequently cited form of continuing violence since arrival in the camp. In all of the IRC's focus group discussions, Burundian refugee women and girls shared a fear of being attacked or raped both during the day and at night in the camp. Firewood collection was cited as the activity that placed them most at risk of GBV by perpetrators who are not their intimate partners. In July 2015, a GenCap¹⁷ advisor carried out an assessment upon request of the Senior Security and Peace Adviser of the regional office of UN Women Regional Office. In the assessment report, the advisor described the conditions facing Burundian women and girls as follows: "Having to share one (dirty) latrine and one shower, both lacking doors, with 16 families, and trying to conceal their period from others and their children in particular, seemed an impossible [thing] to do. Men sometimes enter occupied latrines or showers unintentionally, because it's not visible whether someone is inside. Sometimes young girls scream and complain that men wanted to touch them. But the danger of physical assault is more known in connection with firewood collection."¹⁸

Despite the compelling findings of these two assessments, the RI team found evidence that their accompanying recommendations, which date back to June and July, had yet to be adopted by the time of RI's visit in September. The team found

many latrines that had yet to be labeled or segregated by gender, for example. Further, despite long-standing local capacity in fuel-efficient stoves and alternative energies in the area, local non-governmental organizations (NGOs) told RI they had not been engaged to introduce these options to the Burundian population.

Multiple sources told RI that those leading the response did not seem to have a firm grasp of the importance of minimum standards to reduce the risk of GBV, or know how to implement them. Several independent sources told the RI team that some latrines and showers were built initially with wooden doors. However, some refugees, in dire need of cooking fuel, dismantled the doors to use the wood. Rather than replace the doors or work on developing alternate solutions, WASH sector leads responded by switching to plastic sheeting flaps. When the RI team asked UNHCR protection staff in the camp about the absence of doors and locks, they were told, "We cannot do everything for the refugees. They must contribute with something."

Accountability to Affected Populations

Both of the above-mentioned assessments found that tent assignments were made without the consultation of affected families, leading to privacy concerns, particularly for women and girls while changing their clothes, bathing, or menstruating.



Burundian refugees in Nyarugusu camp.

INGO staff, who liaised directly with refugee women and girls, regularly listened to complaints regarding the poor conditions in Nyarugusu, in particular the latrines, showers, and access to firewood. The staff members RI interviewed expressed concern that they had lost credibility with the women and girls they serve, given that participatory consultations had not increased and conditions remained unchanged over time.

In the absence of a formal community-based feedback or complaints system, three INGOs who were concerned by this gap joined together in the early summer to institute a feedback mechanism. A hotline was established and complaint boxes were installed throughout the camp. UNHCR, however, demanded that the process be halted, and the boxes remained closed and the complaints unviewed. UNCHR, as the emergency response lead, determined that it should be at the helm of organizing such an effort. However, the lack of UNHCR staff capacity led to a long delay before a formal joint complaints mechanism was drafted. At the time of RI's visit, the UNHCR-coordinated "Nyarugusu Camp Joint Complaints Mechanism" was still in draft form. However the draft, made available to RI, raises concerns, as it does not entirely comply with best practices in improving accountability to affected populations, and a multitude of available standards, such as the Protection from Sexual Exploitation and Abuse Taskforce's 2013 *Guidelines to implement the Minimum Operating Standards for Protection from Sexual Exploitation and Abuse by UN and non-UN Personnel*.¹⁹ For example, it reads that the Nyarugusu Complaints Mechanism System Committee cannot respond to anonymous complaints, and does not specify how anonymous complaints can be brought forward.

MINIMUM STANDARDS: MISSION IMPOSSIBLE?

The conditions to which Burundian refugee women and girls in Tanzania have been subjected are unacceptable. Not only do they violate basic human dignity but they also flout a series of minimum standards and guidelines for humanitarian action endorsed by the IASC. However, it is important to acknowledge that the humanitarian community also faced enormous challenges in responding to the influx of refugees in Tanzania that served as barriers to meeting minimum standards.

First, the humanitarian community had underestimated the scale of potential election-related violence and displacement that could occur in Burundi. The contingency plan that the humanitarian community had developed to address needs that might arise in the event of electoral violence was, in the end, overtaken by events. The plan forecast an outflow of only 50,000 refugees, with 200,000 internally displaced.²⁰ When the virtual opposite happened, it caught the humanitarian community by surprise.

Second, the Burundian refugee outflow was a sudden-onset emergency. At its height in May 2015, up to 2,000 Burundian refugees fled into Tanzania per day.²¹ Simply moving these refugees away from the Burundian border presented extraordinary challenges for humanitarians. According to humanitarians whom RI interviewed, many Burundians crossed over at isolated, informal border points, in an attempt to avoid threats from Burundian government agents and militias. And in May 2015, approximately 50,000 refugees were stranded in the village of Kagunga on Lake Tanganyika, with humanitarians only able to reach them by boat. Aid workers who responded described the situation in Kagunga as "chaos," with no space available for shelters or latrines. This was further complicated by a cholera outbreak that claimed over 30 lives.²² Humanitarians whom RI spoke to gave credit to UNHCR for swiftly ferrying these Burundians to safety.

Third, Nyarugusu was originally designed to hold 50,000 refugees. But by the time of RI's visit, the camp population stood at more than 150,000, and it is now the world's third-largest refugee camp. In ideal circumstances, the Tanzanian government should have relieved the pressure by swiftly identifying suitable land for the refugees. One senior humanitarian told RI that UNHCR had asked the Tanzanian government to identify other possible campsites for Burundian refugees as early as 2014 as a contingency, but no decisions were made. When the refugees did arrive, negotiations dragged on between UNHCR and the government. Local authorities were reluctant to provide land, and when they did so, the identified areas were deemed unsuitable. It was not until late September 2015 that an agreement was reached and three new sites were identified: Nduta, Mtendeli, and Karago. This delay, coupled with Tanzania's official policy that refugees be encamped, left UNHCR with no option but to cram the rapidly-arriving refugees into an increasingly overcrowded – and structurally overwhelmed – Nyarugusu.

“[Building mass shelters] in the water-logged areas was desperation. We even put people in schools and churches.”

-UN official in Kasulu, Tanzania

Finally, to make matters even worse, donor funding for UNHCR's work in Tanzania has been extremely low from the outset. At the time of RI's visit – six months into the crisis – interagency refugee response activities in Tanzania were only 24 percent funded. That is, only \$37.6 million was granted compared with a total request of \$154 million required to meet emergency needs.²³ Some humanitarians also told RI

that what little funding did arrive was quickly spent during the transport of refugees from the border to the campsite. The humanitarian community in Tanzania simply lacked the funds to provide core relief items and to scale-up services for the vast refugee influx.

All of the above conditions had a direct and adverse impact on the safety and well-being of refugee women and girls. They also directly contributed to an increased risk and incidence of GBV for Burundian refugee women and girls.

“GBV prevention and response is a failure in Tanzania.”

-U.S. Government official in Washington, D.C.,
in regards to the Burundian refugee response

SHIFTING GEARS

RI recognizes that the humanitarian community in Nyarugusu found itself in a difficult position due to the underestimation of potential refugee flows at the time of contingency planning, overcrowding, low funding, and restrictive and unhelpful host government policies. However, RI found that the actions of the humanitarian community, led by UNHCR, failed to provide an appropriate and dignified response in line with the Do No Harm principle.

At the turn of this century, there was a strong humanitarian presence in northwestern Tanzania working with refugees from the ongoing civil war in Burundi and protracted conflict in the DRC. Peace was secured in Burundi in 2005, and by 2012, most Burundian refugees were either granted Tanzanian nationality, or were forcibly returned to Burundi after the Tanzanian government revoked their refugee status, in line with the cessation clause. Following this, the international relief presence in Tanzania transitioned from a humanitarian response to development. Those UNHCR staff who were deployed to northwestern Tanzania were largely tasked with preparing thousands of Congolese refugee cases for resettlement consideration. Once the 2015 Burundi crisis hit, UNHCR and some of the very few remaining implementing partners were slow to deploy long-term staff skilled in emergencies and implement emergency response programs, in part because of resource constraints.

It can be challenging for implementing partners to be coordinated by a UN agency that does not have either the staffing capacity to work in an emergency context with a rapid influx of refugees, or the funding to lead the response. UN agencies did deploy emergency response teams, but only for short periods of three to four weeks, and at a time when longer deployments

would have been beneficial both for the response and for the capacity building of the permanent staff.

At the time of the RI team's arrival in September, the first GBV technical expert had been deployed to UNHCR just a few weeks prior. All protection actors interviewed categorically expressed that the working relationship and planning had dramatically improved once the GBV expert was appointed to the coordinating team. This further illustrates the importance and necessity of having subject-matter expertise on the ground from the onset of an emergency. At the time of writing, a new UNHCR GBV advisor, funded by Safe from the Start, had been deployed, as well as a fuel and energy efficiency advisor.

LOOKING FORWARD

Humanitarian Responsibility

The RI team visited Tanzania on the eve of the transfer of Burundian refugees to a long-awaited new camp, Nduta (roughly 80 kilometers from Nyarugusu). During RI's visit, some of UNCHR's implementing partners expressed concern that all of UNCHR's coordination efforts were being directed to organizing the transfer of Nyarugusu's surplus refugee population to Nduta. They warned that minimal to no effort was dedicated to preparing Nduta to avoid the same mistakes from the Nyarugusu influx experience. At the time of RI's visit, INGOs expressed concern that with less than one week before the scheduled relocation of refugees, UNCHR had yet to identify and delegate responsibilities for building infrastructure and establishing services to accommodate the refugees that would be relocated. Several INGO staff told RI that there was a relocation plan but no reception plan, and questioned whether another emergency within an emergency was being created. A draft UNCHR protection strategy developed in September 2015 for the new camps focused on asylum procedures, family reunification procedures and mechanisms, and access to justice; physical safety in the camp, conflict prevention and detention monitoring, among other important issues. Regrettably, this draft did not include a multi-sectoral approach for ensuring that protection and GBV prevention and response were integrated into all areas, nor did it include a service-provision focus for GBV survivors.

Nonetheless, the donor and humanitarian community still have an opportunity to improve the situation of refugee women and girls. At the time of writing, more than 30,000 refugees have been transferred to Nduta. Just over half were new arrivals, while the rest were refugees from the most vulnerable sites in Nyarugusu. At the time of writing, only 1,000 refugees remain in mass shelters, as the large majority of them have been shifted to family tents that have become unoccupied with the transfer.

To improve conditions and minimize the risk of GBV, RI is calling on UNHCR and its implementing partners in Tanzania to implement the following in all of refugee camps:

- Immediately refurbish latrine and shower facilities to have doors that lock from the inside, segregate them according to gender, and install additional facilities according to camp refugee numbers as per SPHERE standards;
- Prioritize the distribution of core relief items that address the dignity and safety of women and girls, including dignity kits, flashlights, and fuel efficient stoves. The content and type of these items should be identified in consultation with women and girls;
- Engage women and girls in consultations to improve safety and security related to camp infrastructure and services. This should include consultations regarding the conditions and locations of camp facilities and the management of food and non-food item distributions;
- Hold working group coordinators accountable for ensuring their strategies and activity plans comply with SPHERE standards, the IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, and the IASC *Gender Handbook in Humanitarian Action*; and
- Strengthen the new camps' protection strategies to incorporate GBV lifesaving interventions.

Further, UNCHR should:

- Review the existing joint complaints mechanism for the refugee camps in Tanzania, and ensure that it – and its accompanying investigation procedures – comply with best practices and the Guidelines to implement the *Minimum Operating Standards for Protection from Sexual Exploitation and Abuse by UN and non-UN Personnel*; and
- Hold its implementing partners accountable for complying with SPHERE standards, the IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, and the IASC *Gender Handbook in Humanitarian Action*.

Donor Responsibility

Donor governments have, as of late, heavily invested time and resources in materializing commitments to ensure that GBV prevention and response programs are implemented alongside other lifesaving priorities, such as shelter, WASH, and food security. However, the Burundian refugee response in Tanzania demonstrates that the specific approaches and programs that the Call to Action, for example, is designed to institute in an emergency will gain no traction if basic standards are not met. When the humanitarian community does not or cannot respect existing minimum standards in humanitarian action,



Nyarugusu camp.

it creates adverse conditions that obstruct the very change the Call to Action seeks to create. To render the Call to Action commitments feasible, funding that matches the scale of an emergency is required. The donor community cannot expect an operation to successfully prioritize women and girls if limited funding effectively prevents humanitarian agencies from deploying the right staff, procuring the right materials, and meeting minimum standards. As such, international donors should increase their contributions to the Burundi Refugee Response Plan, and fund specialized, lifesaving interventions that comply with the Minimum Initial Service Package for Reproductive standards. Finally, international donors should hold UNHCR Tanzania accountable for integrating protection and GBV throughout all its operations.

Francisca Vigaud-Walsh and Michael Boyce visited Burundi, Tanzania, and Rwanda in September and October 2015 to assess the protection needs of displaced Burundians.

ENDNOTES

1. "Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response," United Nations High Commissioner for Refugees, May 2003, <http://www.unhcr.org/3f696bcc4.html>.
2. The Inter-Agency Standing Committee is the primary mechanism for inter-agency coordination of humanitarian assistance. For more information, see <https://interagencystandingcommittee.org>.
3. "Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies." Inter-Agency Standing Committee, September 2005, <http://www.unhcr.org/453492294.html>.
4. "Gender Handbook in Humanitarian Action," Inter-Agency Standing Committee, December 2006, https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf.
5. "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery," Inter-Agency Standing Committee, 2015, <http://www.refworld.org/pdfid/563713544.pdf>.
6. Safe from the Start is a U.S. Government Initiative whose goal is to reduce the incidence of GBV and ensure quality services for survivors from the very onset of emergencies through timely and effective action. For more information, see <http://www.state.gov/j/prm/policyissues/issues/c62378.htm>.
7. The Call to Action on Protecting Girls and Women in Emergencies is an effort that mobilizes donors, UN agencies, NGOs, and other stakeholders on protecting women and girls in humanitarian emergencies. In the Call to Action communiqué, donors and humanitarian agencies committed to prevent violence against women and girls from the start of humanitarian emergencies. It is an important framework to help coordinate efforts with other donors, affected countries, and non-government stakeholders to maximize our impact. For more information on the Call to Action see <http://www.state.gov/j/prm/policyissues/issues/c62377.htm#CALLTOACTION>.
8. See Michael Boyce and Francisca Vigaud-Walsh, "You Are Either With Us or Against Us": Persecution and Displacement in Burundi," Refugees International, November 18, 2015, <http://www.refugeesinternational.org/s/Persecution-and-Displacement-in-Burundi>; Michael Boyce and Francisca Vigaud-Walsh. "Asylum Betrayed: Forced Recruitment in Rwanda," Refugees International. December 14, 2015, <http://www.refugeesinternational.org/s/20151214-Rwanda.pdf>.
9. "Burundi refugees giving birth in unsafe conditions," *United Nations Population Fund*, May 26, 2015, <http://www.unfpa.org/news/burundi-refugees-giving-birth-unsafe-conditions>.
10. The GBVIMS is a GBV incidence information-sharing platform. For

more information, see more at www.gbvims.com. These statistics represent data reported to IRC's Women's Protection and Empowerment programs in Tanzania from the point service-based data collection commenced through the Gender-Based Violence Information Management System. The statistics represented here includes only information from survivors who have consented to share their aggregate information. The statistics included are only from reported cases, and are in no way representative of the total incidence or prevalence of gender-based violence (GBV) in Tanzania.

11. "Burundi: Women, Children Face Danger on Trek to Refuge," *International Rescue Committee*, August 13, 2015, <http://www.rescue.org/press-releases/burundi-women-children-face-danger-trek-refuge>.
12. At least three men and boys have also reported acts of GBV, including rape.
13. RI's Senior Advocate for Women and Girls discussed the maps with all participants. An aid agency's GBV caseworkers were also present, in the event a referral to a service point would be required.
14. Some humanitarians operating in northwestern Tanzania assert that some shelters held up to 300 people.
15. The Sphere Project Humanitarian Charter and Minimum Standards in Humanitarian Response require a minimum of one latrine per 20 individuals. See <http://www.sphereproject.org/handbook/>.
16. "Needs Assessment Report: Nyarugusu Camp, Tanzania," *International Rescue Committee*, June 2015. On file.
17. The IASC Gender Standby Capacity (GenCap) Project. The GenCap project seeks to build capacity of humanitarian actors to mainstream gender equality programming, including prevention and response to GBV, in all sectors of humanitarian response. The project deploys senior-level advisors worldwide. To learn more, see https://www.humanitarianresponse.info/system/files/documents/files/GenCap%20FAQ_2009%20April.pdf.
18. "Gender Assessment in Tanzania," *GenCap*, from July 2015 assessment. On file.
19. "Guidelines to implement the Minimum Operating Standards for Protection from Sexual Exploitation and Abuse by UN and non-UN Personnel," Interagency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse (PSEA), May 2013, <http://www.pseataaskforce.org/uploads/tools/1369906754.docx>.
20. "Interagency Contingency Plan: Burundi 2015 Elections." UN Office for the Coordination of Humanitarian Affairs, UN Country Team in Burundi, April 2015, <http://reliefweb.int/sites/reliefweb.int/files/resources/Burundi%20election%20Inter%20Agency%20Contingency%20Plan%202015.pdf>.
21. "Burundian crisis triggers emerging humanitarian emergency in Tanzania," World Health Organization, May 19, 2015, <http://www.afro.who.int/en/media-centre/pressreleases/item/7680-burundian-crisis-triggers-emerging-humanitarian-emergency-in-tanzania.html>.
22. "Tanzania: Cholera outbreak among Burundian refugees," *Médecins Sans Frontières*, May 24, 2015, <http://www.msf.org/article/tanzania-cholera-outbreak-among-burundian-refugees>.
23. 2015 Revised Burundi Regional Refugee Response Plan, Funding Snapshot as at 15 September 2015. <http://reliefweb.int/sites/reliefweb.int/files/resources/2015-09-15BurundiRRP2015-Fundingtrackingallagencies.pdf>.




Burundian refugees in Nyarugusu.

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