



Refugee and Cultural Challenges of the Great Lakes Region of Africa: Recommendations for Service Providers

*Association for Refugee Service Professionals International Refugee
Education Seminar, in cooperation with
the UNCG Center for New North Carolinians (CNNC)*



Site visit to Congolese refugee camps in Rwanda May 10-17, 2014

REFUGEE AND CULTURAL CHALLENGES OF THE GREAT LAKES REGION OF AFRICA: RECOMMENDATIONS FOR SERVICE PROVIDERS

**ASSOCIATION OF REFUGEE SERVICE PROFESSIONALS (ARSP)
UNCG CENTER FOR NEW NORTH CAROLINIANS (CNNC)**

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The national Association for Refugee Service Professionals (ARSP) International Refugee Education Seminar in cooperation with the UNCG Center for New North Carolinians (CNNC) developed the following report based on a delegation site visit to Congolese refugee camps in Rwanda, May 10-17, 2014.

This report was compiled by seminar participants taking responsibility for different areas, based on professional interests and concentrations. The document is edited by Raleigh Bailey, Ph.D, trip leader and CNNC Director Emeritus; Kristie Bailey, MAAT, in-country expert and UNHCR staff liaison; and Holly Sienkiewicz, DrPH, trip participant and CNNC Director of Research.

Contributing Seminar Participants:

- Dr. Raleigh Bailey, Director Emeritus, UNCG Center for New North Carolinians and ARSP Board Member.
- Ms. Lizzie Biddle, Community Centers Program Coordinator, CNNC
- Dr. Mary Anne Busch, Coordinator of Internships and Refugee Services, CNNC
- Ms. Maha Elobeid, Director of Programs, CNNC
- Ms. Margaret Evans, Refugee Case Manager, Church World Service, Greensboro
- Ms. Cindy Knul, refugee advocate and CNNC Research Fellow
- Mr. Million Mekonnen, Director of African Services Coalition Refugee Resettlement Agency
- Dr. Sharon Morrison, CNNC Research Fellow and Professor of Public Health Education, UNCG
- Dr. Maura Nsonwu, CNNC Research Fellow and Professor of Social Work at NC A&T State University
- Dr. Holly Sienkiewicz, Director of Research, CNNC

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LIST OF ACRONYMS USED

AHA	African Humanitarian Action
AIDS	Acquired Immune Deficiency Syndrome
ARC	American Rescue Committee
ARSP	Association of Refugee Service Professionals
ART	Anti-retroviral Therapy
CDC	Center for Disease Control
CNNC	Center for New North Carolinians
DRC	Democratic Republic of Congo
ESOL	English for Speakers of Other Languages
EU	European Union
HIV	Human Immunodeficiency Virus
ICMC	International Catholic Migration Commission
ICTR	International Criminal Tribunal for Rwanda
IOM	International Office of Migration
MAM	Moderate Acute Malnutrition
NGO	Non-governmental Organization
P2	Priority Two
PMTCT	Prevention of Mother to Child Transmission
RPF	Rwandan Patriotic Front
RSC	Resettlement Support Center
SGBV	Sexual and Gender Based Violence
TB	Tuberculosis
UN	United Nations
UNCG	University of North Carolina at Greensboro
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Rights & Emergency Relief Organization
US	United States
WFP	World Food Program

CHAPTER 1: INTRODUCTION

RALEIGH BAILEY

The United Nations High Commissioner for Refugees (UNHCR) estimates that there are over 600,000 Congolese refugees scattered throughout multiple countries in the Great Lakes Region of Africa as of early 2014. Additionally, another 200,000 are displaced and homeless within the territorial confines of the Democratic Republic of Congo (DRC), afraid to try and resettle anywhere and manipulated by competing warlords, mining interests, political interests and tribal disputes, in unsettled regions of the eastern Congo. Many families have been refugees since the early nineties with conflicts stretching back to the 1950's representing one of the biggest refugee migrations in history. International organizations do not foresee a quick resolution to the many conflicts in the region.

International stakeholders including the United Nations (UN), the United States (US), the European Union (EU), and the Organization of African States (African Union) continue to search for a long term regional approach to resolution while the population in refugee camps steadily increases. To relieve some of the tense overcrowded conditions in several refugee camps in Rwanda, the US has agreed to expedite resettlement of a group of approximately 10,000 refugees in a special Priority 2 (P2) designation, granting them refugee status as a group by the UNHCR. Additional Congolese refugees residing in camps throughout the Great Lakes region may also be considered for P2 status based on their group history. Those attaining P2 status will be resettled in addition to the US's regular resettlement of refugees in a P1 category, based on individual screening referrals ("Resettlement: A Life Changing Journey," UNHCR Rwanda Special Publication). It is likely, however, that over 98% of Congolese refugees will remain in camps for another generation. The ARSP in cooperation with the CNNC sponsored a seminar visiting refugee camps to explore the complexities involved in assisting Congolese refugees, particularly in the context of Rwanda as a country of first asylum. The camps visited by the delegates were vastly overcrowded without space to expand, and with inadequate facilities and food, especially as the world's attention turns toward the crisis in Syria. A mood of despair hung over many of the camps' residents as they faced almost no hope for change.

Participants

The instructor/trip leader was Dr. Raleigh Bailey, Director Emeritus, UNCG Center for New North Carolinians and ARSP Board Member. Targeted participants were professionals in the field of refugee resettlement and academic researchers in related fields. They included Ms. Lizzie Biddle, Community Centers Program Coordinator, CNNC; Dr. Mary Anne Busch, Coordinator of Internships, CNNC; Ms. Maha Elobeid, Director of Programs, CNNC; Ms. Margaret Evans, Refugee Case Manager, Church World



Figure 1. Trip Delegates with UNHCR staff

Service, Greensboro; Ms. Cindy Knul, refugee advocate and CNNC Research Fellow; Mr. Million Mekonnen, Director of African Services Coalition Refugee Resettlement Agency; Dr. Sharon Morrison, CNNC Research Fellow and Professor of Public Health Education, UNCG; Dr. Maura Nsonwu, CNNC Research Fellow and Professor of Social Work at NC A&T State University; and Dr. Holly Sienkiewicz, Director of Research, CNNC. The Rwanda coordinating liaison and guide for the trip was Ms. Kristie Bailey, Resettlement Expert, UNHCR Rwanda, deployed by International Catholic Migration Commission (ICMC).

Activities

These included selected readings, participation in cultural orientation to Rwanda, learning about its cultural and political position and history in the Great Lakes Region in Africa, visitation to two UNHCR refugee camps serving Congolese refugees, observation of conditions and programs, and participation in professional meetings with UNHCR, International Organization for Migration (IOM), other NGO partners, and refugee leaders. Rwanda is a host country for five UNHCR sponsored refugee camps, plus an urban population totaling approximately 75,000 registered Congolese refugees. Three of the camps in Rwanda have resettlement programs. The other two have no processing for resettlement and serve only as holding camps. The US has targeted 10,000 Congolese refugees for resettlement into the US as P2 (high priority) over the next several years as a strategic tool to reduce tension and overcrowding in a situation that does not have an obvious short term solution.

Trip Objectives

These included provision of current information and cultural context for Congolese refugee integration issues with special attention to:

1. Impact of colonialism, tribal conflicts, and political unrest among Congolese refugees;
2. Cultural/historical factors related to genocide in Rwanda, its recovery, and current status as country of first asylum for Congolese refugees; and
3. Development of cultural integration strategies for US refugee resettlement programs.

Setting, Historical, and Cultural Context

The Great Lakes region of central Africa includes six states, several of the world's largest fresh water lakes, and is the headwaters for the Congo River which flows west to the Atlantic and the Nile which flows east and north to the Mediterranean. Rwanda is located in the Great Lakes region.

Geographically, Rwanda is a very small country located in central east Africa; it is slightly smaller than the state of Maryland, but has a population of close to 12 million. It is on the continental divide, just below the equator, and dominated by tropical mountain rainforest. Located in the Great Lakes region, its western border is Lake Kivu, separating it from the Democratic Republic of Congo. It is at the base of the Great Rift Valley of East Africa, where the first human life was documented. Rwanda has the greatest population density of any African country, and most people are engaged in subsistence farming on steep mountainsides and in rich valleys.

Historically, the peoples of Rwanda, Congo, and other surrounding countries were organized along tribal lines with related kingdoms and territories. Surrounding countries include the Democratic Republic of Congo, formerly Zaire, directly to the west, across Lake Kivu. To the north is Uganda, now a temporary home to hundreds of thousands of Congolese refugees and a former refuge for Rwandans fleeing its own genocide twenty years ago. Other Great Lakes region countries include Burundi, Kenya, and Tanzania,

some of them also providing refuge to Congolese fleeing war. The DRC is bordered by other troubled countries to its north including South Sudan and Central African Republic.

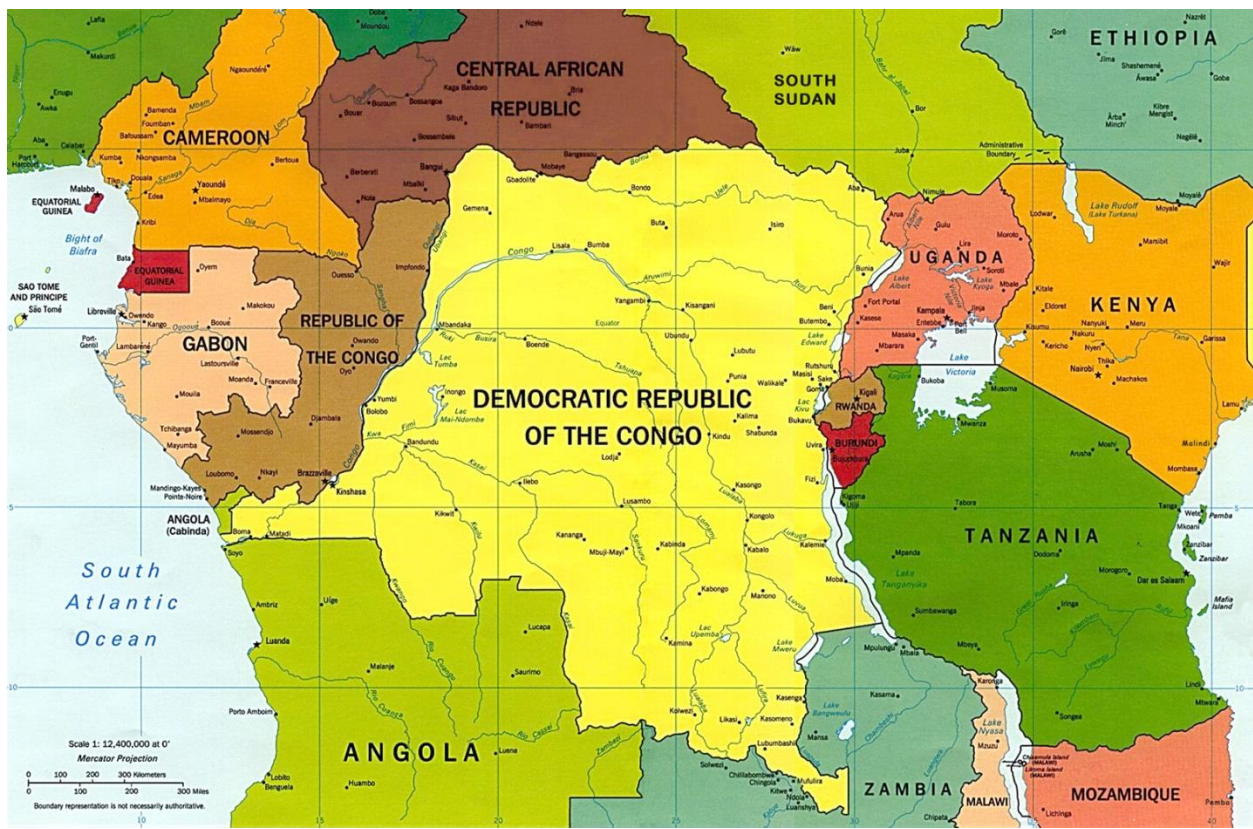


Figure 2. Image credited to Geographic Guide Africa at: <http://www.geographicguide.com/africa-maps/central-map.htm>

Colonialism

Most of sub-Saharan Africa fell under European colonization in the last couple of centuries. The colonial governments created new structures and territories and class systems (all under colonial domination) that did not conform with ancestral and tribal traditions. As colonialism gave way to revolutionary movements for independence and nationalism in the late nineteen fifties and sixties, the colonial powers left the new nations without political systems or infrastructure to manage their new status in a world of changing politics and economies.

Congolese and Rwandan History

The Democratic Republic of Congo is the second largest country in Africa (behind Algeria) in area, has the world's second largest rain forest, and has over 75 million inhabitants. It is rich in many mineral resources and has long been coveted by mining corporations for its wealth. It fell under Belgian colonization in the late 1800's who opened the country up for rubber and mining interests. As part of the liberation movement across Africa in the late 1950's and early 1960's, Congo gained its independence from Belgium in 1960. Patrice Lumumba, a pan-African liberation leader, became its first prime minister. Within three months he was deposed in a coup and executed a few months later; this occurred during the Cold War. The West was fearful of the Soviet Union's influence in emerging African liberation movements. Lumumba sought aid from the Soviet Union, and there are documented allegations that the West was involved in his demise. Joseph Mobutu, head of the army, rose to power through a coup in 1965, with strong Western support because of his anti-communism sentiments. Extraordinarily

corrupt and guilty of many human rights violations, he remained in power until 1996 when war with Uganda and Rwanda led him to flee. This period has been called the “African World War” involving nine African countries. The eastern part of Congo remains without a stable government, but with multiple international corporations vying for power in collaboration with competing warlords.

Rwanda, due east of Congo, with a population of about twelve million, is the smallest country in Africa but with the highest population density. There have been population flows back and forth between Rwanda and Congo and other Great Lakes region countries for generations. Rwanda is a tragic example of colonial legacy. Rwanda’s legendary history identifies three tribes: the Hutu, the Tutsi, and the Twa. The tribal mythology is that the Hutus migrated from the Congo area and were mainly agriculturalists. The Tutsi were mainly pastoralists and migrated from east African plains around Ethiopia. The population was approximately 80% Hutu, just under 20% Tutsi, and about 1% Twa. The Twa, commonly known as pygmies, were the original hunter gatherers who lived deep in the forests. The Twa have now mostly been moved to small villages adjacent to forests as part of the new government’s ecology interest in forest preservation.

The traditional Hutu/Tutsi categories were not rigid ethnic distinctions, but were partly economic. Tutsis who gave up their cattle and focused on farming began to be considered Hutu. Hutus who developed cattle herds became Tutsi. They shared the same language, Kinyarwanda, and almost all became Roman Catholics under colonialism. However, cattle became a basis for economic trade and those who were identified as Tutsi were more likely to become the merchant class. Ethnic stereotypes emerged, even though not all the tribespeople fit the stereotypes. Tutsis were thought to be tall and light-skinned; Hutus short, stocky, darker-skinned.

The Rwandan colonial occupancy began with the Germans in 1897, but was taken over by the Belgians after World War 1. The Belgians imposed tribal registration and required identification cards. In their efforts to develop industry in Rwanda, they also hired Tutsis as their managers to oversee forced native labor projects. The Tutsis became the tax collectors for the Belgians. The native education system was targeted to Tutsis, and other forms of discrimination were imposed on Hutus. By the 1950s the Tutsis had become the scapegoats for Hutu anger at colonial oppression. As the African liberation movement began to sweep Africa, a Hutu liberation group was organized. Attacks on Tutsis began, and hundreds of thousands of Tutsis fled to surrounding countries. By 1959, a revolution was underway, and the Belgians granted Rwanda independence in 1961. The following decades were marked by conflicts between Hutu and Tutsi factions, military coups, and international efforts at stabilization. Tribes were moving back and forth through Uganda, Congo, and Burundi, leaving as refugees and returning to try and liberate their side. The unrest included adjacent countries. By the early 1990s Rwanda had a militant Hutu controlled government in place with support from France.

The genocidal coup occurred in the spring of 1994, immediately after Rwandan president Juvénal Habyarimana’s plane was shot down over the capital city of Kigali, killing the presidents of both Rwanda and Burundi and putting the vice president in control of Rwanda. That was the signal for the well-orchestrated attack. It is believed that weapons and strategies were already in place. In the preceding months, there had been intermittent killings and an ongoing radio barrage, a “hate radio” campaign, telling people to rid their country of the Tutsis, whom they referred to as “cockroaches.”

Tutsis coming from surrounding countries stopped the slaughter after about three months and established a new government. Within that time approximately 800,000 to one million Rwandan Tutsis and Hutu moderates were executed. Genocidal leaders fled to Europe. Though there continued to be strife and disorder, eventually a new post-genocidal Rwanda began to emerge. International agencies provided aid and advice after the genocide had ended.

At this time, two decades later, the government is considered stable. It functions as a democracy, but human rights concerns remain. A multi-party balance of power has not emerged, and there are allegations that the current government oppresses any opposition. An ongoing Truth and Reconciliation project is

underway in villages to follow up on local atrocities related to the genocide. These procedures are not the same as trials. It is a matter of discussing on a personal and communal level what happened and who did what. The village can then decide as to any follow up needed. The instigators of the genocide, treated differently, have come under international indictment and have been charged in World Court proceedings in the International Criminal Tribunal for Rwanda (ICTR). Those trials are only now just starting in France, where most of the genocidal leaders had fled.

Refugees in Rwanda

The UNHCR Rwanda Operation administers five refugee camps plus urban refugees in Kigali, for a total registered refugee population in the country of 75,000. Approximately 99% of these people are from the Democratic Republic of Congo. Some of them have historic Rwandan ties but their families had left during earlier conflicts. Two of these refugee camps are located at the northern and southern tips of Lake Kivu, which separates Rwanda from Democratic Republic of Congo. These are primarily transit camps where refugees fleeing Congo enter the country and register. Then they are transported to one of the ongoing camps.

Two of these camps are close to the northern border with Uganda: Gihembe Camp and Nyabiheke Camp each with over 14,000 registered refugees. The extremely overcrowded Gihembe Camp houses most of the refugees who will be processed for resettlement in the US through the P2 Program; the delegation visited Gihembe Camp. A third camp that also processes refugees for resettlement is the Kiziba Camp on the shores of Lake Kivu with 16,000 plus residents. The delegation visited that camp as well. The fifth camp, near the southern border with Burundi, is the largest with over 18,000 registered residents. It is primarily a holding camp at this time, and is an example of what refugee advocates describe as “the warehousing of refugees” also known as protracted refugee situations.

Though it is illegal to identify or organize people by tribal affiliation in post-genocide Rwanda, many of the refugees coming to the country have not yet been educated on this concept; thus, they bring with them tribal bias as well as political bias. There are conflicts within tribes as to who fled first and who resisted



Figure 3. UNHCR Presence in Rwanda

the genocide. This feeds the general despair about camp overcrowding and fosters a sense of hopelessness. At the meeting with refugee leaders in one camp, the president of the refugee association used the meeting as an opportunity to read to the visiting delegation a long manifesto typed in English, outlining the numerous hardships and perceived oppression experienced by camp residents. The delegation was charged with notifying the outside world about the difficulties there.

Methodology

This information was gathered during a trip to Rwanda from May 10 –May 17, 2014. The trip included site visits to two camps where Congolese refugees currently live. The UNHCR Rwanda office facilitated these visits that included discussions with field officers, refugee camp leaders, NGO partners, facilities staff and camp residents. Field notes were made during these interactions to record information being shared about Congolese, their backgrounds and experiences in Rwandan refugee camps and about service provision and programming within the Rwandan camps. A camp tour was included and photography used to capture the physical and social environment.

The following chapters are topical reports developed by participants on the refugee education seminar:

- Photo Essay (cover many images throughout the report): Ms. Cindy Knul
- Local Integration: Dr. Holly Sienkiewicz
- Cultural and Tribal Issues: Ms. Maha Elobeid
- Youth Programs, Education, and Challenges: Ms. Lizzie Biddle
- Water, Sanitation, Health and Nutrition in the Congolese refugee camps of Rwanda: Dr. Sharon Morrison
- Sexual and Gender Based Violence: Ms. Margaret Evans
- Analysis and Implications for Social Work Practitioners in preparing for Congolese Refugees using as Person in the Environment Lens: Dr. Maura Nsonwu, Dr. Mary Anne Busch, Mr. Million Mekonnen
- Summary Conclusions: Dr. Raleigh Bailey and Dr. Holly Sienkiewicz

CHAPTER 2: LOCAL INTEGRATION

HOLLY C. SIENKIEWICZ

Local integration is one of the three durable solutions promoted by UNHCR (in addition to voluntary repatriation and resettlement). While local integration is a goal for many of the displaced, refugees often find themselves in protracted refugee situations (i.e. warehousing) for years, if not decades. Local integration is challenging for many reasons including lack of available land, few employment opportunities, and stigma associated with refugee status. Many of these challenges apply to the local context in Rwanda.

There is not much hope in the international community that the situation in the Congo will be resolved quickly, and UNHCR is seeking to find ways to mitigate conditions through more thorough integration efforts with the local Rwandan communities in close geographic proximity to refugee camps. Efforts are underway to modernize traditional feeding programs and integrate refugee children into the Rwandan public school system. Though Rwanda is already overpopulated, the local government is sensitive to refugees; thereby, attempts are being made to accommodate the long-term refugee population.

Presently, Rwanda is striving to improve its economy and become a middle income country (UNHCR Rwanda Briefing Note, 2014). While endeavoring to become a destination for adventure tourism, Rwanda is still considered a developing country and struggles to “create sufficient socio-economic opportunities for its own citizens,” (UNHCR Rwanda Briefing Note, 2014, p. 2). Despite all this, refugees residing in Rwanda have the right to work. Legally, refugees are not to be discriminated against when seeking employment and can “compete for jobs on the same footing as nationals,” (p. 2). While legislation may deter employment-based discrimination for refugees, the laws remain difficult to monitor and enforce; thus, unemployment continues to be a challenge for the majority of Congolese refugees residing in Rwanda.

Currently, Rwanda is the most densely populated country in Africa hosting 416 inhabitants per square kilometer. It has the second highest population density in the world, behind South Korea (Musoni, 2012). In addition to having a high population density, acute land shortages in Rwanda contribute the challenge of integrating Congolese refugees into the local population. There is not enough adequate land available to meet basic farming needs that many refugees would require to be self-sufficient (UNHCR, 2014b). Further complicating matters is the potential repatriation of thousands of Rwandans, who fled previous violence, still living abroad. The ability of the Rwandan state to naturalize refugees through local integration is limited (UNHCR, 2014b).

Despite the challenges associated with local integration as a durable solution, much is being done to increase refugees’ interactions with the local community and decrease stereotypes stigmatizing refugees as a burden to the host country. The World Food Program (WFP) initiated a pilot cash and voucher program in Gihembe Refugee Camp. Historically, refugees received food rations distributed by WFP each month. Beginning in January 2014, a pilot program utilizing a cash and voucher system was initiated to replace the general food distribution model. Through this program, refugees receive a monthly allowance through their mobile phones (mVisa) and can purchase food at the local market (UNHCR Rwanda, 2014a). Refugees now have the autonomy to decide what food to purchase for their families and how often it will be purchased. Not only does the cash and voucher program enable refugees to diversify their diets (and potentially introduce fresh fruits and vegetables—products not offered through general food distribution), it is a means of integrating refugees with the host community at local markets. This program allows refugees to contribute to the local economy through purchasing power instead of being perceived as a burden or competitor, as can be the case when searching for employment opportunities.



Figure 4. Cash Voucher Pilot Project in Gihembe Camp

CHAPTER 3: COLONIALISM, TRIBALISM, AND EMPLOYMENT CHALLENGES FOR AFRICAN REFUGEES

MAHA ELOBEID

Employment opportunities are very limited in the camps. The 1951 Convention Relating to the Status of Refugees doesn't guarantee anyone a job; it merely says that refugees should have the right to work on par with nationals. This includes not only wage-based employment but also self-employment, professional work, running businesses, and owning property. In the first three years of a refugee's stay, the Convention authorizes some restrictions, in order to protect the national labor market. Refugees often come from economically poor countries and flee to neighboring countries whose economies are no better. It becomes harder for refugees to attain employment in the host country because of the three year restriction, lack of jobs and transportation challenges as the camps are usually situated in the fringes of the country further from cities where employment opportunities are better. This does not mean that refugees do not work at all. Some find creative means of employment within the camps especially the women. Many women developed entrepreneurship skills and make money by selling food and providing child care to other refugees. Groups of women also raise chicken and grow mushrooms. Some also own small stores where they sell crafts and souvenirs to visitors as well as phone cards. These projects have the ability to empower women and set them up for success if they are resettled to the US. However, the majority does not have employment opportunities and spend most of their time in the camp without developing the necessary skills that enables them to obtain meaningful employment in the US.

One of the main factors that disadvantage refugees in the camp is the disparity in the education system. Refugee children have the opportunity to get basic education in the camps which means nine years of education. Opportunities for finishing high school are limited and difficult to attain. The majority of youth in the camp, therefore, have a middle school level education with no chance for further education and limited opportunities for developing technical skills or obtaining employment. This constitutes a dangerous recipe that encourages undesired activities such as drugs, violence and depression.

In addition, food rations are distributed equally based on the number of members in the family which encourages refugee women, including teens, to have more children. While this may be a sound decision in the camps, it poses challenges as refugees are resettled to the US. It is difficult to find adequate affordable housing to accommodate large families. For newcomers in the U.S. the two primary options to overcome poverty are through education and entrepreneurship and without either it becomes very difficult for refugees to succeed once they get resettled in the U.S as a permanent home.

Employment for Refugees in the United States

The needs of economically disadvantaged refugees to obtain employment include: learning basic English language skills, education and technology skills, and attaining necessary cultural competency associated with pre/post-employment (Sienkiewicz et al., 2013, Yakushko et al., 2008).

Language Barriers: Current economic conditions have created new challenges for the integration of newcomers into the workforce. Greater competition for employment makes the mastery of English more important than ever to help refugees move on the trajectory to self-sufficiency.

One of the most frequently cited barriers to gainful employment is English language comprehension (Sienkiewicz et al., 2013; Yakushko et al., 2008). Even individuals with degrees or professional certifications from their country of origin struggle to find any type of employment after arrival to the U.S.

due to challenges of communication skills. Many refugees have limited or no access to formalized education in their countries of origin. Thus, they may lack rudimentary reading, writing, and math skills in their own language. French-speaking African refugees in Sienkiewicz's study stated "we didn't know how to fill out the application. That was a big problem for a lot of refugees...the form, the application".

Technology and Skills: Other barriers include having limited or no experience using computers or other electronic technology. Technological skills are often required when seeking and applying for employment in addition to being needed on the job. Electronics such as computers, calculators, and other machinery as well as systems for signing in and out of work, are commonly used in many workplaces. Spanish-speaking households, and immigrants in general, are less likely to have access to and use a computer and the Internet than native populations, with poor English skills playing a significant role in this gap (Ono & Zavodny, 2008). Therefore, having access to educational opportunities to learn technological skills removes a significant barrier to employment for newcomers including refugees.

Cultural Integration: Cultural differences pose an additional challenge (Grantmakers, 2003). Some differences not understood include the importance of a firm handshake, making eye contact, the significance of body language, the value of punctuality, and their role as an employee (Sienkiewicz, et al 2013). Many immigrant and refugee cultures believe that making eye contact with authority figures can be disrespectful. These subtle cultural differences can create barriers to obtaining employment (Yakushko et al., 2008). This makes it vital that organizations helping refugees attain employment utilize a holistic approach to addressing employment expectations in the U.S.

Community-based service activities are grounded on the settlement house model. This approach to services was pioneered in the late 1800s as the US faced waves of European immigration. The use of this model has endured with recent immigrant and refugee arrivals and continues to be promoted as an effective, community-based mechanism of service delivery. Yan and Lauer (2008) studied the impact of settlement houses on the integration of newcomers into the community. They found that organizations that facilitate cultural bridging and brokering, promote volunteerism, and provide holistic services are more likely to meet the needs of newcomers. Settlement houses have successfully helped newcomers build cross-group social ties and integrate into the community.

Emerging challenges that perpetuate the cycle of poverty for refugees include the lack of English proficiency, limited skills, low levels of education, and poor understanding of American cultural and workplace norms that limits refugees' access to good jobs that pay sustainable wages and provide opportunities for advancement. Research further suggests the need for programs that help refugees acquire basic language, knowledge, and skills that will enable them to access and retain employment as well as essential social and human services allowing them to attain and retain stable employment and living-wage jobs. Needed employment skills identified are: workplace vocabulary, computer literacy, interviewing skills and other relevant skills that facilitate the acquisition of employment.

CHAPTER IV: CHILDREN AND YOUTH PROGRAMS AND EDUCATION

ELIZABETH BIDDLE

Primary and Secondary Education

As outlined by Article 26 of the Universal Declaration of human Rights (1948) “everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages.” Through Rwanda’s Office of Refugee Affairs and Department of Education, primary and secondary school is facilitated by the host country. Previously refugee children attended schools run specifically for refugees, but now the government is mainstreaming refugee children into Rwanda’s national system. Primary school includes six years of education, while secondary school includes three years. Teachers follow the national Rwandan curriculum, which is mostly academic in content. All classes are taught in English and the students receive one meal per day. The average class size is 50-55 youth. Teachers are assisted by other adults, and volunteers from the community. In Gihembe camp 98% of eligible youth are enrolled into the program. In Kiziba camp the national examination pass rate in 2013 was 96% for primary school and 85% for secondary school.

High School Opportunities

Academic options for those who complete the secondary level differ from camp to camp. Previously in Gihembe, an outside NGO led a program for older students. Within the last couple years, funding stopped and leaders in the camp took over the program. The programs have extremely limited supplies and access to teaching materials. For those who pass the national exam, they are sent on to public boarding schools for the remaining three years based on scholarship availability. In Gihembe, only 26 students had the opportunity to attend high school and boarding schools in nearby towns. The lack of opportunity and structure for this age group presents several challenges that are explored further below.

Pre-School Programs

Educationally enriching opportunities for children three to five years old is scarce and varies from camp to camp. In Gihembe, the United Nations Children’s Fund (UNICEF) had previously run a program, but due to lack of funding, the program was cut short. In Kiziba camp an international group administered programming through the use of international volunteers and volunteers from the camp to provide several hours of pre-school aged programming each week. The activities included learning English



Figure 5. Hope Secondary School in Gihembe Camp

through song, best practices for parenting and nutrition.

Social Activities

Social activities for youth of all ages varied from camp to camp. Programs included sports, health programs, and youth leadership programs and focused on a variety of age groups. Leaders coordinating social activities for the youth are a mix of people from the outside and residents of the camps. In Gihemebe, the American Rescue Committee (ARC) coordinates the health programs. These programs included AIDS awareness programs for vulnerable youth, a growing concern among adolescents.



Figure 6. Basketball Court in Gihemebe Camp

Challenges

The close partnership with the Rwanda Office of Education is one of the critical components of the education program in the camps. Despite this close relationship, many challenges for the youth still exist. One continuous challenge was finding constructive things for adolescents to do outside of school hours. As stated, further educational opportunities are extremely scarce. With very few income generating opportunities for these youth, many may resort to engaging in drug use and transactional sex for survival. A UNHCR Child Protection Report of 2013 highlighted many significant concerns pertaining to adolescent refugees, including mental health issues, transactional/survival sex, teen pregnancy and delinquency. Space is extremely limited both within the camps and within individual residences, as youth get older they begin sleeping in different homes and living transitionally between friends and family. Additional challenges include human trafficking. Specifically mentioned in Kiziba camp, youth are

misled about employment opportunities outside of the camp that lead to indentured servitude, sex and work trafficking internally within Rwanda and outside of the country as well.

About 300 unaccompanied minors exist in each camp. In Kiziba camp, a cooperative childcare system has been set-up similar to a foster care system for the unaccompanied minors. In Gihembe staff are talking with Rwandan families about adoption possibilities for these youth.

Plans for the Future

Education remains a top priority for UNHCR staff, partner agencies, and the host nation. Discussions continue between UNHCR and the Rwandan school system to continue integration of refugee children into the national system. Plans are also being discussed to expand the school system within the camps to include three years of high school without school fees.

Recommendations and Transition to US System

Congolese families and youth are strong and resilient. Programs regarding successful integration of youth and their families should build upon the existing strengths of the families. These strengths include the values of family, hard work, and determination. Youth are eager to learn and take advantage of opportunities available to them. For most, the possibility of high school and university will be new. Many will need to balance educational opportunities with family pressures to start working and/or take care of younger siblings. The importance of enrolling children early in pre-school programs will also be new to many families. The concept that humans are born learning is new still within the United States, and this is especially important for youth learning English. For youth and families to be successful, partnerships need to be varied and range from Head Start, to public schools systems, to school counselors, to public health departments and other community groups. Topics discussed with families upon arrival (and beyond) need to emphasize the value of education, active participation in the lives of children through visits to the schools, open communication with teachers, and engagement with social enrichment opportunities. Overall, Congolese families and native born American families share similar goals for their youth, the goal to succeed and to live happy, healthy lives.

CHAPTER V: WATER, SANITATION, HEALTH, AND NUTRITION

SHARON D. MORRISON

Refugee camps initially emerge as short-term strategies for shelter and safety for persons fleeing war and conflict. However, these quickly become long term with continued and indefinite crises that force growing numbers of survivors across borders. Such is the case for the over 70,000 Congolese refugees who have fled to Rwanda. Protracted stays in rurally located camps have become a part of the survival ecology. As these families have settled in, water, sanitation, health and nutrition needs have outgrown the humanitarian aid received during earlier crisis management operations. Longer-term support has come in the form of assistance from the United Nations High Commissioner for Refugees (UNHCR) and partner non-governmental organizations (NGOs) and is coupled with efforts by the Rwandan host government and its service sectors which monitor the situation and create viable approaches to these challenges. This report presents information about water, sanitation, health and nutrition in two refugee camps in Rwanda.

The two camps we visited, Gihembe and Kiziba, are located in two distinct geographic regions. Gihembe is located in the Northern Province of Rwanda and was established in 1997 to house refugees who survived the Mudende camp massacre that same year. It currently has just under 15,000 Congolese refugees. Kiziba, located in the Western Province, was established in 1996 and has a Congolese population of approximately 16,500. Each is located on 27 or 28 hectares [~68 acres]. The Kiziba camp is divided according to zones (100), each with 6 villages and each village with ~ 70 shelters. The majority of shelters consist of a mud structures with plastic roofing. Durable shelters with tin roofing have been constructed more recently. While recommended shelter area for camp domiciles is 25 square meters, land shortage has reduced average family living space allotment to 12 square meters. There is limited space for subsistence and other farming. Shelter houses are quite small and located close to each other. This affords very little, if any, privacy for its occupants. Cooking facilities (i.e. small rooms with wood and coal stoves) are located outside the shelter house. Crowding is common because Congolese families tend to be quite large, with an average of 5 kids per family but as many as nine children. These conditions are conducive to poor respiratory health.

Water and Sanitation

Water scarcity is a problem in both camps. Potable water is distributed through 54 water points within the Kiziba camp. This water supply is from nearby natural sources that are diverted to the inside of the camp. Each resident (regardless of age) is allotted 34 liters of water per day. Gihembe camp relies on water that is trucked into the camp each day. Each refugee individual by UNHCR standard is supposed to receive 20 liters per day. Unfortunately given the demand, most received just 10.5 liters per day in Gihembe camp. This has been increasing with distribution of up to 19 liters per day per person. Water is collected in “jerry” cans. These are distributed to households by the UNHCR.



Figure 7. Water stand and jerry cans in Gihembe Camp



Figure 8. Children's latrines in Kiziba Camp

wear and tear, and damage as a result of weather. However funds to do so are limited. As of 2013, with the assistance of U.S.-based NGOs, the camp began implementing dischargeable latrines in lieu of the pit latrines and has constructed showers using more durable materials.

Kiziba camp has similar challenges with an inadequate number of latrines: usage is 32 persons per hole. The UNHCR operations also shifted efforts to construction of dischargeable latrines in 2013, and currently have 36 blocks of dischargeable latrines. They also have built special latrines for children in a community playground area.

Health

The UNHCR has partnered with the Rwandan Government to integrate refugee access issues into national efforts to expand and enhance interventions for health care, HIV prevention and nutrition for native Rwandans. Currently, as with Rwandans, Congolese refugees have access to primary care services including antenatal and maternity services, immunizations, HIV testing, counseling and treatment. They are also the recipients of nutritional support programs. Focus in this section is primarily on health center services and HIV/AIDS prevention efforts.

Health Center

Both camps have a health center, each offering out-patient consultations, antenatal and maternity care, in-patient observation/care, laboratory and pharmacy services, and voluntary counseling and testing (VCT) services. Each has its own waiting hall, a range of consultation rooms and special rooms for voluntary HIV counseling and testing. The centers are staffed by personnel affiliated with the UNHCR, UNICEF, and UNAIDS, and Implementing Partners (IPs) such as American Refugee Committee (ARC) and African Humanitarian Action (AHA).

The ARC oversees the Gihembe Health Center and AHA manages the Kiziba Health Center. Services are provided to camp residents and local Rwandans

Sanitation efforts are focused on proper disposal of human waste and support for personal hygiene. Pit latrines have been the primary disposal mode. The UNHCR standard for latrine usage is 20 persons per hole, however with land scarcity issues, this has been difficult to maintain.

For Gihembe camp, the task of providing latrines has been difficult. Currently there are less than half of the needed latrines, with latrine usage at 50 persons per hole. Latrines fill quickly and residents must cover these and dig new ones every 6 months. Additionally, camp residents must take showers in makeshift cubicles with plastic sheets as “curtains”. Ideally the plastic should be replaced every 6 months due to usual



Figure 9. Kiziba Health Center

living in nearby communities. In 2013, Gihembe and Kiziba health centers conducted 32,000 (2.19 visits per person) and 48514 (2.9 visits per person) refugee consultations respectively. Cases that require more specialized consultations are referred to the local district hospital or a national hospital in another town. The centers provide immunizations for children and adults. Maternal and child health are attended to including antenatal and post natal services and family planning services (couples counseling, screening for sexually transmitted infections).

HIV/AIDS

The HIV/AIDS prevalence among the camps is low (< 3%), with the majority of those infected being women. Both camps have adopted the national approach (universal access to testing and treatment) in its management of cases and they have special facilities and programs to address the spectrum of HIV related issues. Gihembe started its VCT outreach for adults in 2004, expanding it to focus on prevention of mother to child transmission (PMTCT) in 2006. HIV+ refugees are referred to the national HIV/AIDS program receiving anti-retroviral therapy (ART) according national guidelines. They also receive nutritional support (fresh food) to assist with medication adherence and prevent malnutrition.

All persons with a positive HIV result are immediately screened for tuberculosis (TB) and are treated if TB is present. Through the PMTCT program, HIV+ pregnant women receive ARVs starting at 14 weeks. HIV+ mothers are later counseled along with their partner on secondary prevention. These mothers are also encouraged to breastfeed for the first six months of their child's life.

The handling of HIV is similar at the Kiziba camp, with an additional home-based care component for persons living with AIDS. The ARC oversees HIV prevention education initiatives at both camps. This includes peer education, community health workers who conduct outreach and four anti-AIDS clubs targeting youth and young adult awareness about prevention.



Figure 10. Gihembe Voluntary Counseling and Testing

Nutrition

Malnutrition and micronutrient deficiencies are key issues impacting sub-populations within the camps. For example, an estimated 59% of under-5 year old children living in Kiziba camp suffer from anemia. Moderate Acute Malnutrition (MAM) occurs in 3% of this same camp population. Both Gihembe and Kiziba operate and maintain nutrition programs targeting at-risk populations through World Food Program (WFP) and ARC. The supplemental feeding program was designed to address needs of malnourished and other highly vulnerable groups.

Each health center maintains an outpatient program for anemia reduction and malnutrition. The program for pregnant and lactating women targets women in the 1st trimester until birth and the 1st 6 months of the child's life. Women receive grain, sugar and vegetable oil. The *Blanket* feeding program (feeding of an affected population without targeting a specific group) is in place for infants 6 to 23 months. Children under 5 are regularly screened for malnutrition and conditions such as anemia. Approximately 59% of

these children suffer from anemia. The nutrition programs also target persons living with HIV and those with chronic diseases who are malnourished. School-aged children are served through a separate school feeding program.

Summary

The two camps that were visited, Gihembe and Kiziba, represent shelter for approximately 14,500 and 16,500 refugees respectively. Both are densely populated given the limited and scarce land space. The majority of residents are women and children. The camps offer a range of programs and services to address the needs of Congolese refugees. These are operated and managed through UNCHR oversight and through partnerships with national and international agencies. Collaboration is central to addressing the water, sanitation, health care and nutrition needs of the respective camp populations.

Achievements in these areas include distribution of potable water via water points within the camps, the use of tin roofing to collect water, increasing daily water allocation to individuals (liters per person), dischargeable latrines, and materials for more durable showers. In terms of health, access to primary care is through campsite health centers. Health centers offer a range of services including outpatient consultations, in-patient treatment, maternal and child health services, onsite laboratory and pharmacy, family planning, HIV/AIDS services and programming to address nutritional deficiencies. Nutritional programs serve vulnerable women and children through structured feeding programs. Specialized programs target HIV+ persons and individuals with chronic conditions.

Despite these accomplishments, many challenges still remain. Water is considered to be in short supply for Gihembe camp with the daily per person allocation below UNHCR recommended levels. The cost of implementing additional needed latrines and showers has been and continues to be prohibitive. Health centers continue to need expansion to complement existing services with much needed programs addressing mental health and scaled-up HIV/AIDS prevention efforts.

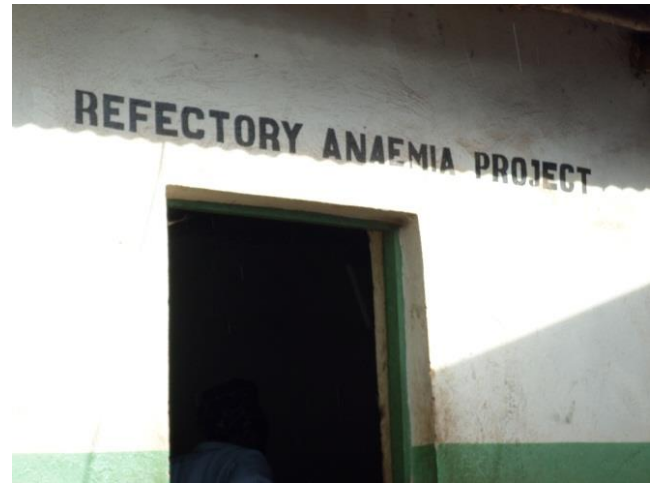


Figure 11. Nutrition for Anemia at Gihembe Camp

CHAPTER VI: SEXUAL AND GENDER-BASED VIOLENCE

MARGARET EVANS

This chapter focuses on the topic of Sexual and Gender Based Violence (SGBV) as it pertains specifically to refugee women and children in Rwanda. The chapter considers how specific forms of SGBV violence influence the reproductive and sexual health of women and their offspring, as well as their psychological well-being. The chapter provides a brief overview of information on refugee women and children living in the Gihembe and Kiziba camps in Rwanda. Readers should note that facts are supported by UNHCR briefings, and while numbers are approximate, they do not account for all refugee women and children living the camp, or all individuals who have experienced Sexual and Gender Based Violence. This chapter aims to assist providers working with refugee women and children who arrive from Rwanda, in increasing their own level of culturally sensitivity on the topic of SGBV and the experiences of women and children they are working with. This report will focus on SGBV as it pertains to the female refugee population in Rwanda, and many will resettle to the US as part of the P2 (high priority) processing over the course of the next few years.

For clarification purposes, it is important to define some of the basic concepts that will be used interchangeably throughout this section. Supported by a United Nations High Commissioner for Refugees (UNHCR) extended the definition of Sexual and Gender Based Violence, SGBV will be classified for remainder of this report as; '*violence which is directed against a person on the basis of gender or sex. This violence will be understood to include violence which is physical, mental, psychological, or violence which inflicts sexual harm or suffering, threats, coercion and other form of deprivation*'. Examples of such violence can include but are not limited to rape, sexual assault, verbal assault, trafficking of persons, forced labor, and the denial of basic needs and/or resources. SGBV is often rooted in unequal power relationships. These power relationships can exist and are often condoned within the family, community, and state. While women, men, boys, and girls can be victims of gender-based violence, women and girls are the primary victims.

Though this report will focus on SGBV and the female refugee population in Rwanda, readers should note that because of the history and nature of violence in the DRC and Rwanda, SGBV has effected and continues to impact not only women and girls, but children, youth, and the male population. Long term prevention, response, and support for survivors include engagement for each individual impacted by this form of violence.

Facts and Figures: Refugee Women and Children

Refugee women and children make up 80% of the world's refugee population. In countries and locations throughout the world SGBV occurs every day in effort to instill power and control, specifically among female populations during armed conflict. Studies have proven that gender alone can increase an individual's risk of experiencing sexual and/or physical violence. Due to this, refugee women and the children they care for, are more likely to be targeted based on ethnicity, religion, membership of a particular group, or political opinion playing a secondary role in their individual stories of persecution.

Violence and conflict have had a direct effect on family size and composition, with violence heavily impacting the female population originally from the DRC resulting in an increased number of single, female-headed households and births through rape. Sexual violence, used as a weapon of war, has become so common in the Eastern DRC that human rights groups have labeled the area, "*the most dangerous place in the world to be a woman*" (Center for Applied Linguistics (CAL), n.d.) and has also

been deemed the “rape capital of the world”. In May 2011, the American Journal of Public Health concluded that roughly 48 rapes occur in the Eastern DRC every hour.

According to a March 2013 document published by the Cultural Orientation Resource Center (CORC) on refugees from the DRC, the magnitude and causes of the Congolese refugee crisis, have resulted in prolonged camp stays and led to a breakdown in social order within the camps (CORC, n.d). In part due to the absence of structure in the camps, high rates of SGBV, birth through rape, pregnancy, prostitution, and transactional sex have been reported (CORC, n.d). Prolonged conflict in the DRC and a culture of violence in the camps has impacted the physical and psychological health of women and children. Physical impact can be seen through specific medical complications. The most common physical health concerns seen are sexually transmitted infections, HIV/AIDS, and female genital mutilation.

The psychological impact of prolonged conflict and SGBV can be seen with female refugees through having personally been a victim of SGBV and/or been forced to bear witness to SGBV. Trauma, torture, and loss negatively affect a vast number of individuals and addressing these concerns in a culturally pragmatic manner is cumbersome. Many Congolese believe that the best way to cope with past trauma is to stay busy and not dwell on the past. High rates of intimate partner violence occur, particularly sexual violence; yet, cultural norms may prevent women from speaking out (CORC, n.d.). Likewise, community and individual exposure to prolonged violence against women and lack of control by law enforcement has normalized acts of SGBV (Human Rights Watch, 2002).

The conditions in refugee camps in Rwanda, where refugees from the DRC have sought asylum and safety from persecution, are crowded. The large camp populations and scarce resources have affected the overall protection and health status of the female refugee population. Limited resources and a culture of normalized violence against women, has placed women and children at a higher risk for becoming victims of SGBV and increases the likelihood that children will witness trauma at an early age.

UNHCR Rwanda

In a UNHCR Assessment of Violence Against Women in Rwanda, UN data revealed that the variety of forms of violence against women which occur throughout the country of Rwanda, have resulted in an increase in the amount of people, particularly single women with children, living in poverty and an increased number of individuals effected by HIV. Concerns conclude in data collection and which simultaneously impact women and children living in poverty and affected by HIV, were individuals affected by AIDS and sexually transmitted infection



Figure 12. Crowded conditions in Gihembe Camp

(STIs), trauma, unwanted pregnancy, disability, abortion, school drop-out, and prostitution.

For the upcoming fiscal year, UNHCR Rwanda has identified several health-specific focus areas necessitating durable solutions. Two of these focal areas, specific to this section, are SGBV and mental health and psychological support. The UNHCR identified four key social protection challenges within refugee camps which are likely to decrease the risk of SGBV occurring. These four social protection challenges have been identified as education, shelter, environment, and health. In 2013-2014, the UNHCR Rwanda Health/Nutrition sector will spend the majority of funds on primary healthcare. 68% of the health sector budget will be directed toward primary healthcare services, with 17% of funds allocated for nutrition programs and 15% allocated for the prevention and delivery of HIV and reproductive health services. The Centers for Disease Control and Prevention (CDC) and the U.S. Office of Women's Health advises that all women between the ages of 18 and 39 receive screenings or tests for cervical cancer (pap test), cholesterol, blood pressure, diabetes, Chlamydia, HIV, Gonorrhea, and Syphilis.

Specific obstacles for UNHCR Rwanda staff and refugee women residing in camps include the lack of support from the government in lieu of the prevention of gender-based violence (GBV), as well as the appropriate space and experienced staff to provide and administer comprehensive female examinations and tests. Improving the overall health of women and children continues to be a concern reported by UNHCR resettlement staff due to low rates of prenatal care during the first trimester and an inadequate supply of sanitary products for women which can lead to infection. Extensive knowledge relating to frequency and types of violence has not been determined and continues to be a barrier. For security purposes, UNHCR Rwanda staff are required to leave the refugee camp premises before nightfall, leaving camps relatively unmonitored and refugee women and children unprotected.

Gihembe Refugee Camp

Protection: The prevalence of SGBV in Gihembe camp continues to be both a concern and priority for UNHCR Rwanda, Gihembe camp staff, and implementing partner organizations. The number of women and children who are victims of SGBV is currently unknown, but the need to engage and work consistently with law enforcement to ensure protection for the female population has been voiced by staff members. During the visit made by the ARSP delegation, intervention was currently noted as an obstacle and a concern that UNHCR Rwanda was working to surmount.

While attending a briefing at the UNHCR Rwanda Branch Office in Kigali, the UNHCR Resettlement Officer noted that there was a noticeably higher prevalence of transactional sex, or sex for survival to meet basic needs of individuals in the camps. Transactional sex may be used to supplement rations and/or vouchers provided through WFP.

In September 2013, UNHCR and the Government of Rwanda implemented a Police Post/Office, now known by the name of the *TURIKUMWE Centre*. The *TURIKUMWE Centre* calls community members to address protection challenges within the camp. Also recently implemented in the Gihembe camp were 'one stop' crisis centers. Here, camp residents have the opportunity to seek safety, counseling, and legal services if they are experiencing, have experienced, or know someone in their community who is a victim of SGBV.

Women's Health: Reproductive and Sexual: Refugees in Rwanda have been integrated into national vaccination campaigns, including a recent Human Papilloma Virus (HPV) initiative, which aimed at protecting women against cervical cancer. Over 2,000 refugee girls ages 12 and above were able to receive this vaccination.

A specific project has been started for HIV positive women in Gihembe. Mushroom cultivation, or REWARD (Refugee Women in Agriculture for Rural Development), is operated by UN Women, UNAIDS, UNHCR, and the WFP. The prospering project works with approximately 55 women in

Gihembe refugee camp through agriculture, as a way to help empower and provide supplementary nutritional needs. Women are able to meet weekly to devote time to the agricultural sector of the project, discuss women's issues, health, and financial concerns.

The stigma surrounding HIV remains one of the biggest challenges for refugees living with HIV. Stigma can manifest itself in gossip, violence, and isolation. Women living with HIV experience double discrimination—first because they are female and second, because they are HIV positive.

In Gihembe, there is an association called Tubeho, which in Kinyarwanda translates as, "Let's Live". The association fights off the stigma of HIV/AIDS and aims to raise support for women who are HIV positive and are at a heightened risk for experiencing GBV.



Figure 13. Mushrooms grown in Gihembe Camp

Kiziba Refugee Camp

Protection: The UNHCR Kibuye staff identifies SGBV as a cross cutting issue for the camp and for the populations of concern in the camp who are impacted by it. A new protection partner, Plan International, is working with Kiziba Camp staff to identify and provide support for individuals who have experienced rape and/or SGBV. Kiziba has also partnered with ARDHO (a French Association for the Respect and Rights of Homosexuals) to provide legal assistance for victims in the camp.

Resettlement: Receiving, Responding, and Empowering

Upon resettlement, a prevention and response plan for refugee women and children should focus on the roles and needs of both women and men and how both can become agents of change. Providers should develop personal awareness of trauma-informed experiences for women, men, girls, and boys and how SGBV may affect individuals' lives and behaviors differently depending on age. The gender of physicians, confidentiality agreements with interpreters, and the gender of interpreters in healthcare should be considered when scheduling appointments and interacting with resettled Congolese refugees.

The Resettlement Support Center (RSC) located in Nairobi, Kenya conducts Cultural Orientation classes for refugees who are expected to resettle in the United States. Cultural orientation is held pre-departure for refugees and is also held post-arrival with resettlement agencies. A broad array of topics are discussed during cultural orientation; however suggested topics to add upon arrival to the U.S. should include culturally appropriate discussions on health screenings and tests for all men and women (i.e. HIV/AIDS, syphilis, Hepatitis B, etc.). Service providers and professionals should pay close attention to the concerns refugee women have upon arrival relating specifically to pregnancy and women's health screenings.

The delegation trip and further research suggests that providing equal opportunities for women and men to engage in vocational training opportunities and excel in the workplace is important. Women need opportunities to engage in employment activities and trainings prior to resettlement in the U.S.

SGBV prevention and response programs are currently taking place in both Rwanda and neighboring Uganda, but the need for services greatly exceeds provider capacity and the expertise needed for adequate psychosocial support (CORC, n.d.). Research on the positive impact of psychosocial support groups for refugee women suggests that domestic providers and professionals recognize psychosocial support in group format for Congolese women as an effective way of engaging and empowering female refugees who have experienced SGBV and trauma. Discussion of women's reproductive and sexual health, women's rights, and laws which affect women and children in the United States is advised. Support and empowerment are connected strongly with self-sufficiency, a goal instilled for all newly arrived refugees by the United States Department of State.

CHAPTER VII: ANALYSIS AND IMPLICATIONS FOR SOCIAL WORK PRACTITIONERS IN PREPARING FOR CONGOLESE REFUGEES USING AS PERSON IN THE ENVIRONMENT LENS

MAURA NSONWU, MARY ANNE BUSCH, & MILLION MEKONNEN

This section of the report is intended for social work/case management practitioners and will focus on an ecological and strength based models that are the foundation of the social work profession. Information in this section will come from our thirty plus years of professional experiences working with refugee individuals, families, and their communities in the U.S., extensive research with a variety of refugee populations, interviews with UNHCR personnel in Rwanda, as well as meetings with Congolese refugees during our visits to two refugee camps. The aim of this document is to provide concrete and creative solutions that build on the unique strengths and challenges of Congolese refugees. This background and proposed recommendations may provide a blueprint of promising practice for agencies and their staff in planning programs to meet the needs of highly vulnerable Congolese refugees and may also be applied to other refugee groups.

We have organized our document using a person-in-environment perspective that examines six broad systems: culture & political, family, health & mental health, faith/religion, economic, and education that impact refugees; likewise these systems are impacted by refugee arrivals and the integration of refugees. We acknowledge that these are neither comprehensive nor exhaustive (i.e. the legal system) but are typical of the first resources utilized in the resettlement process. Within each system we have a section that identifies our observations and theoretical models and a 2nd section (bold-type format) that provides practical considerations for agencies and their frontline staff in preparing to work with Congolese refugees.

The cornerstone of social practice utilizes a person-in-environment approach to depict client behaviors, issues, relationships and challenges within a broad context of their environment (Rogers, 2013). This holistic approach, framed in a strength-based perspective, stresses the practitioners' need to understand the history, culture and current biopsychosocial systems that impact an individual.

Worldwide conflict has caused a surge in the number of refugees. UNHCR reports the largest number of refugees since World War II. The United States Resettlement Program (USRP) has been a successful humanitarian program that has provided nearly 3 million refugees with protection through resettlement and integration in the US since 1975. The United States leads the world in refugee resettlement efforts, accepting between 60,000 – 70,000 refugees from around the world through the Refugee Admissions Program (US Department of State, 2012). The United States has accepted 10,000 refugees under the P2 group processing program for upcoming resettlement. This category identifies these individuals as vulnerable and survivors of violence or torture. Many are defined by UNHCR under the Women-at-risk designation “Women who have protection problems due to their gender and lack effective protection normally provided by male family members.” Refer to the Chapter on Gender Based Violence for more detailed information.

The refugee resettlement agency is at the nexus of successful refugee integration and key to connecting individuals and families with necessary and appropriate services. Additionally the agency is the bridge between the receiving community and the newcomer. The social worker/case manager holds a prominent role as community liaison, coordinator of client serves, and cultural broker. Oftentimes they are the first persons in the United States to hear traumatic stories from their refugee clients. In that role they become counselors and personal confidants. It is imperative that the social work practitioner understands a culturally relevant framework and is able to practice culturally-centered communication skills. This

paradigm encompasses an understanding of the political, social, historical, environment and cultural context of Congolese refugees. It requires the social work practitioner to be aware of challenges potentially facing this community and put into place services that can ameliorate client struggles and improve their coping skills. In the long term the hope is to facilitate successful integration. To achieve this goal we must acknowledge that funding streams and policies for refugee resettlement programs requires revisiting; concerted efforts for resource allocations that provide sustainable programs needs to be secured.

Person-In-Environment Approach

Social work practitioners have successfully used ecomaps to visually depict the relationships between the individual/family and the social systems that impact them. Typical social systems include culture and political, the family (nuclear and extended), medical/mental health, faith/religion, economic, and education. “Ecomaps can be extremely useful in assessing resources for the family, uncovering hidden strengths, and determining places where services are needed or duplicated” (Roger, 2013, p.37). In order to build trust and rapport with their clients and promote effective integration, it is imperative that social work practitioners always employ a culturally relevant framework.

Culture and political system

The majority of refugees in both camps are Congolese from the North and South Kivu provinces in Eastern Congo. They identify themselves as Congolese and not Tutsi Kinyarwanda speakers. Most fled in 1997 during the internationalized war in DRC and have been living in camps in Rwanda since.

Migration has been a feature of life in the Great Lakes region for as long as people have lived in the area. However, with the formation of territorial boundaries and state structures during and after colonialism, along with the realignment of associated political and economic interests, certain aspects of migration have taken on a particularly significant political profile. In eastern DRC’s South and North Kivu regions, a key fault line developed between “indigenous” Congolese and different groups of Kinyarwanda-speakers. The latter, according to Newbury, are comprised of four main categories: the so-called “Banyamulenge” who settled west of Lake Tanganyika in what is now South Kivu province; the group who settled in the area north of Lake Kivu during colonial rule (now North Kivu) comprised primarily of Hutu but also a number of Tutsi, and who had been resettled from Rwanda to DRC to serve as a labor pool for European plantation owners; a group of mainly Tutsi asylum seekers who fled the Rwandan revolution of 1959-62; and those who fled Rwanda in the aftermath of the 1994 genocide and the coming to power of the Rwandan Patriotic Front (RPF), who were primarily Tutsi (2012). The majority of those in Rwandan refugee camps fall within the second or third category, although in the case of the former, they are all Tutsi.

Although tensions in North Kivu had reduced and a precarious peace had been established by early 1994, the arrival of 850,000 Rwandan (mainly Hutu) refugees in the aftermath of the Rwandan genocide reignited conflict. The configuration of the conflict in Rwanda was transposed onto Kinyarwanda-speaking groups in eastern DRC, making their situation even more vulnerable. As Prunier states, they were in a “particularly controversial situation because they had both strong state and nonstate loyalties and because one of their segments had just been massacred by the other, turning support for the non-genocidaire group into a matter of politically correct transborder commitment.”

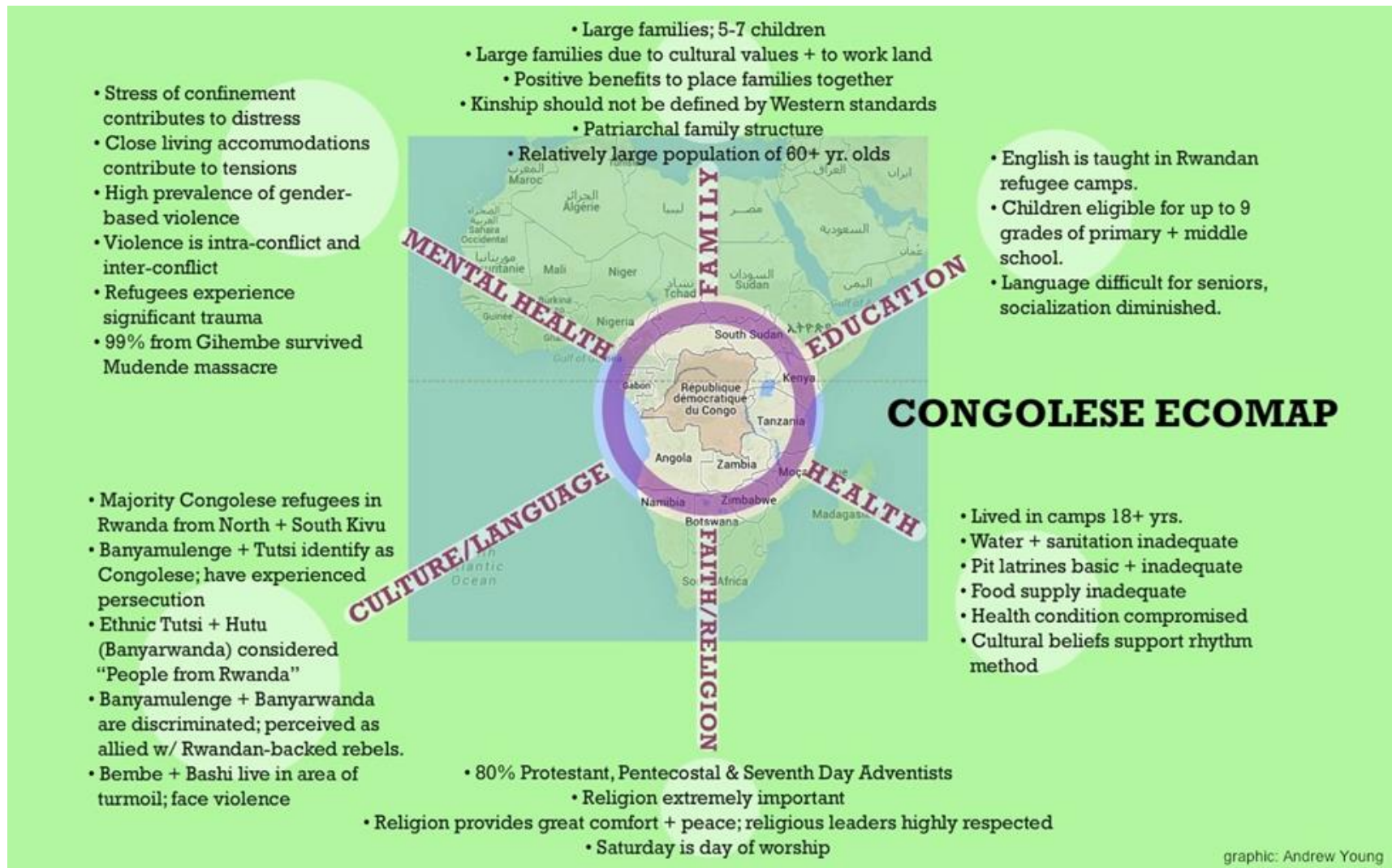


Figure 14. Congolese Ecomap

As events evolved in Congo – including the 1996-97 rebellion against Mobutu’s regime with the support of Rwanda and Uganda that led to Laurent Kabila’s presidency and the 1998 revolt against Kabila’s government (which by then had turned on its Rwandan allies) that morphed into “Africa’s First World War” due to the involvement of countries from all over the continent – anti-Rwanda sentiment only grew.

In particular, the fact that a number of Congolese Tutsis moved to Rwanda in the aftermath of the genocide and others fought on the side of government of Rwanda’s forces in the unfolding conflict was, and still is, translated into an assumption that all Congolese Tutsi are somehow more Rwandan than Congolese. This perception was exacerbated by the fact that RPF (Rwandan Patriotic Front)-aligned fighters, including Congolese Tutsi, were associated with terrible atrocities against the civilian population in North Kivu, as well as land-grabbing, which led to local communities rejecting their presence and asking them to return to Rwanda. In particular, rumors were rife that the presence of the RPF in Congo during the different stages of conflict in eastern DRC was part of a broader conspiracy to incorporate North Kivu into Rwanda. Consequently, the situation for all Congolese Tutsi became increasingly precarious and vulnerable.

Ethnic composition in the refugee camps: Most of the refugees in Rwanda are from the North and South Kivu provinces in eastern DRC. The refugees are ethnically diverse, reflecting the ethnic diversity of the DRC as a whole, but groups with a history of persecution, such as the Banyamulenge and Tutsi, predominate. The Banyamulenge, Congolese of Rwandan origin who settled in parts of eastern DRC in the late 1800s, have faced discrimination throughout their history in the country. The group, along with ethnic Tutsi and Hutu (also known as Banyarwanda, “People from Rwanda”), are seen by many Congolese as not native to the DRC and in the past have been denied citizenship rights. The three groups have also been discriminated against based on their perceived association with Rwandan-backed rebel groups, which many blame for the unrest in the region. Other groups, such as the Bembe and the Bashi, face heightened violence because of their large presence in the areas of greatest turmoil.

Language: The Banyamulenge, Hutus, and Tutsis speak the same central Bantu language, Kinyarwanda, with the Banyamulenge speaking a dialect of Kinyarwanda called Kinyamulenge. Each of the other Congolese ethnic groups has its own native language. Many refugees are also bilingual in Kiswahili, considering it a second native language. Even those who are not native speakers of Kiswahili can usually communicate in it, and as a result Kiswahili functions as the language of communication between people who have no other language in common. Since, the schooling media in Rwanda has changed to English, children are learning English in school in the refugee camps.

Family

Unlike American families where individualism is valued, Congolese families favor a collective ideology where shared responsibilities and commitment to the greater communal good is honored. The typical Congolese family has five to seven children. Historically the reasons for large families may be due to the need for agricultural assistance and religious beliefs of procreation. There is speculation in the refugee camps that the increasing number of children may be an unintended result of supplemental feeding programs. Pregnant and lactating women and infants 6-23 months are allocated additional nutrition that may subsequently benefit the entire family. Additionally, food rations are the same for all individuals regardless of age or size. An infant receives the same quota of food as an adult man, while consuming much less. Therefore, some families seek to temporarily improve their food security by having more children.



Figure 15. Food distribution in Kiziba Camp

Agencies will be challenged to provide adequate housing that can accommodate large numbers of children while adhering to local housing regulations. Placing Congolese families in community setting may be beneficial as it mirrors the communal support that they have experienced in their home country and in the refugee camps. Agencies might consider creative solutions to provide safety and transition centers or welcoming houses as it also offers efficient allocation of resources and program planning such as ESOL and support groups.

Due to the collective nature of Congolese communities, many refugees express a strong desire to live in cities, towns, or states where they know friends or relatives. Kinship may not be clearly defined by Western standards such as “blood relatives” but through bonds that have developed over years as neighbors in the refugee camp or from the same home village in the DRC. It is important that resettlement agencies inquire about such relationships early in the arrival period to assess whether refugees are planning to permanently remain in the receiving community before they sign an apartment lease, enroll children in school, begin employment, etc. Social workers need to value the refugee’s self-determination while simultaneously provide them with clear information and comprehensive knowledge in order to support their informed decision.

In regard to family planning, practitioners will need to be sensitive to cultural beliefs that support the rhythm method. This birth control option can be ineffective if a woman’s menstrual cycle is not regular; many factors including the resettlement process itself can contribute to disruption of the normal menstrual cycle. Social workers need to be mindful that discussions of family planning are value laden. Culturally respectful family planning is considered best practice. However, the social worker may be challenged by other well intentioned health professionals to assert Western family planning methods in order to keep the family unit from increasing.



Figure 16. Sign advertising free condoms in Gihembe Camp

Our delegation was struck by the

relatively large number of elderly refugees. Data shared by UNHCR officials designate the elderly population in the refugee camps as 60+ years. In each of the two camps that we visited this demographic group was comprised of approximately 5% of the total population: 870 elderly out of 16,461 total refugees in the Kiziba camp at the time of our visit; and 747 elderly out of 14,708 total refugees in the Gihembe. UNHCR data on “Persons with Specific Needs” identifies only 67 persons age 60+ with “Serious Medical Conditions” in the Gihembe camp. Data on “Persons at Risk” identify 253 persons age 60+ as “Older Person at Risk”. No data in these categories were given for the Kiziba camp.

Typically refugee resettlement and integration is especially challenging for the elderly. Older refugees may experience loss of social status and a change in the family structure as American culture values youth and supports youth in their transition more. Senior refugees also experience difficulty in learning a new language and therefore diminished socialization. They may have grief in leaving their homeland and limited future opportunities. Medical needs increase with age, and older refugees regularly have inadequate financial assistance under our current social service policies. Much like younger refugee youth, they too have may have multiple traumatic life events.

Culturally the Congolese adhere to a patriarchal family structure. Our delegation heard multiple concerns from the refugees themselves about adjusting to American life that values the role of the woman in a more equal status than her partner. It became apparent that the Cultural Orientation programs, intended to prepare newcomers, also focused on the cultural shift that these refugees will need to make as they transition to the United States. Patriarchal culture “is about valuing masculinity and maleness and devaluing femininity and femaleness. It is about the primary importance of the husband’s career and the secondary status of a wife’s, about childcare as a priority in women’s lives and its secondary importance in men’s (Adams, 2013, p.336).

Cultural competency is at the foundation of the social work profession and is rooted in the National Association of Social Workers (NASW) Code of Ethics. Social workers have an ethical obligation to educate themselves about their clients’ culture and to be sensitive to differences among people. Likewise when working with newcomers it is imperative to inform refugees of U.S. cultural values, beliefs and practices especially those that involve legal consequences. Some areas of concern have been domestic violence and child abuse or neglect. Refugees have a different cultural framework of family dynamics and childcare that may prove to be detrimental in U.S. society and could have legal implications.

Health/Mental Health

Women at Risk and Gender Based Violence are significant mental health issues, but are discussed in the previous chapter of this report.



Figure 17. Meeting with refugee representatives

Physically the camps that we visited are located on beautiful, rolling hillsides. Nonetheless housing was exceedingly small measuring approximately 12 square meters per household (the UNHCR requirement is 25 square meters per household). Huts were in close proximity of each other, typically three or four feet from each other. They were made of mud with either plastic or optimally iron sheeted roofing as UNHCR was transitioning to this durable and more secure product when possible. Adjacent huts, used for cooking, were frequently built by families. Our delegation arrived just after the rainy system which left deep ruts, crevices, and ravines on the landscape making walking extremely difficult and driving dangerous. Water and sanitation were in adequate condition in that there was no open sewage, but the services were inadequate for the thousands of refugees housed in each camp. UNHCR requires 20 liters of water per day/per person, but unfortunately Gihembe Camp was only able to provide 10.5 liters per day/per person. Water receiving



Figure 18. Inside of a residence in Kiziba Camp

stations were centrally located and the hub of activity. There were long lines to collect water in jerry cans; women and children were the primary purveyors of water. Pit latrines were basic and inadequate to serve the camp population. One camp had a small number of expensive and newly constructed dischargeable latrines. Each camp provided a food distribution center and a health clinic complex. Access to services could be challenging depending on where the refugees' "homes" were located within the camp. Frequently refugees were required to walk long distances on steep and hilly terrain.

Arriving refugees would have received minimal cultural orientation classes that cover a limited range of topics on Western household conveniences (i.e. toilets, stoves, showers, etc.). These features will be extremely different from the mud huts, pit latrines, and wood campfires that they formerly used. Agency sponsors will need to conduct a thorough orientation to educate the refugee family shortly after their arrival. Continual instruction on safety precautions is paramount.

Unlike typical Americans, newly resettled Congolese refugees will be familiar with walking as a means of transportation. They may also be comfortable with bus use but most would have no driving experience. The Congolese would need to be educated on the safety issues around walking,

bicycling and bus riding. Reading bus schedules and maps could be problematic as many adult Congolese may not be literate.

Congolese families have lived in refugee camps for up to 19 years. The stress of confinement with little hope of change may be compared to a life sentence in prison. Many refugees only know life in a camp – this is where they were born and grew up. Their normal world view has been distorted by isolation despite the fact that the refugee camps in Rwanda are “open” and refugees are not prohibited from leaving the camps; they are, however, not allowed to reside outside of the camps. While refugees are technically allowed to work, location of the camps, limited job availability, and discrimination make it difficult to do so. This sense of being in limbo means that they are subject to experiencing psychological stress, anxiety and depression.

Phenomenological literature speaks to the importance of understanding people’s emotional relationship, connectedness and rootedness to one’s home, haven and place of belonging (Manzo, 2003). If we are to embrace this philosophy then we must recognize the psychological void that refugees’ face from being deprived permanence from their homeland. Love and belonging, the 3rd level on Maslow’s Hierarchy of Needs, address the need for attachment and connection; the absence may cause anxiety or depression. Refugees need to be assured that they will have permanence in their new country of asylum. Receiving communities need to be welcoming at local, state and national levels. It is essential that agencies recruit volunteers to support their efforts and actively participate in refugee resettlement. Services and programs need to be created for newcomers to begin to put down roots and build their own healthy, vibrant and contributing communities.

Compounding the stressors of life in limbo is the strain of living in exceptionally close accommodations where personal space, privacy and intimacy are nonexistent. It is realistic to imagine that these conditions contribute to tensions (i.e. conflict, GBV, abuse) within a household, between neighbors and that affects the larger community. We met with refugee neighborhood representatives and observed first-hand their frustration and dissatisfaction with their current protracted situation. Additionally, refugees have experienced significant trauma as a result of their flight and then oftentimes once again inside the “assumed” safety of refugee camps. Ninety-nine percent of the refugees from the Gihembe camp are survivors from the 1997 Mudende massacre. This traumatic event was the murder of hundreds of refugees by armed DRC groups. Violence becomes an experience that is both intra-conflict and inter-conflict.

Time to reintegrate into a highly organized society that values punctuality and structured daily activities (i.e. school and work) will be challenging. The resettlement agency staff will need to be mindful of the stress that this places on the newcomer and seek to find ways to support and educate their successful integration into American lifestyle. The refugees’ stress during this transition may initially manifest as situational depression, anxiety, listlessness, disinterest, or being overwhelmed with what one may consider “simple” life tasks. Oftentimes novice professionals serving newly arriving refugees become overly concerned with a mental health diagnosis utilizing a Western perspective. We caution professionals to not pathologize the refugee experience and her/his resettlement response. The process of resettlement is replete with adjustment challenges. Unfamiliar behavior should not be viewed as abnormal behavior. Support and assistance of a layperson, volunteer, or church sponsor acting as a cultural broker (Pipher, 2002) to guide the refugee and their family through the integration process, allows resettlement to become less daunting and more hopeful.

There is no doubt that Congolese refugees’ have lived through traumatic events and endured tremendous hardships. However, it is important to recognize they have survived and have proven to be resilient and capable of adjusting. Nonetheless, most refugees can benefit from therapeutic

support if it is offered in a culturally appropriate manner. Culturally relevant intervention strategies that can be effective may include recreation activities such soccer, women's sewing/craft groups, agricultural activities and gardening, participation in faith/religious services, and conversation groups that mirror the oral traditions of their culture.

It is necessary that the mental health professional be keenly aware of the heightened responsibility to honor confidentiality as privacy is a paramount issue when working with Congolese refugees. It is equally important not to utilize a Western talk therapy model to emotionally press refugees to "tell their story", but rather build a trusting relationship with their client in order to give them the emotional space to safely share.

Agencies will need to be sensitive to the challenges that face new arrivals as they move from small, confined spaces to larger housings while also being physically separated from their community. One suggestion is that refugees be placed in a community setting so that they can easily interact with each other and receive mutual support. It is important to note that research indicates that in instances where Gender Based Violence (GBV) has been identified that victims and perpetrators not be placed in close proximity to one another. (Refer to report: *The Continuity of Risk: A three city study of Congolese women at risk resettled in the U.S.*).

Another crucial issue that needs to be addressed when assigning housing is the awareness of ethnic/tribal affiliations among newcomers. Due to historical and current political strife, ethnic relations are sensitive and conflict between groups may be carried over to their new country. This subject may require a delicate conversation in order to alleviate further tensions. Agencies need to be cautious when assigning Congolese staff and interpreters because of conflicting ethnic allegiances.

Faith/Religion

Ninety percent of the Congolese in the two refugee camps that we visited identified as Seventh Day Adventist. It was clear that religion was a source of resilience and comfort to them as they struggled with surviving from their past trauma, the hardships of their current life, and the uncertainty of their future. We observed refugees worshipping and singing church spirituals as we traveled through the camps. Some of the questions we received, from group elders as we met with community leaders to discuss what they could expect in the U.S., were in regard to their religious faith. One question in particular was whether they would be required to work on Saturdays, their Sabbath. It appeared that community leadership roles were often assigned to a church pastor or leader.

Most Congolese refugees (80%) are Protestant, with large numbers of Pentecostal and Seventh Day Adventists. Religion plays an extremely important role in the lives of Congolese refugees. Religion is considered a refuge, a place of great comfort and peace that provides a solution to personal problems. Because of the important role of religion, religious leaders are highly respected.

Resettlement agencies will need to educate themselves on the doctrines of the Seventh Day Adventist Church in order to understand the religious values and beliefs of Congolese newcomers. Since the refugees that we met appeared to be extremely committed to their faith and would want to attend church services in the U.S., it may be beneficial to have the agency develop a relationship with a Seventh Day Adventist Church prior to their arrival. Optimally, it may be best to recruit volunteers or hire a case manager from this faith to help support the refugee communities' spiritual needs and facilitate culturally relevant support services.

Refugees will need to be educated about religious freedom in the U.S. and told that they are not required or expected to attend the religious services of their sponsoring agency. They also need to be informed that they should not feel pressured or coerced to change religions for any reason and that they will not be persecuted for their religion. In regards to honoring religious holy days, it is important that the refugee communicate their faith needs to their case manager or



Figure 19. Cloth for sale in Kiziba Camp

job developer in order to offer them employment that will be the “best fit” and accommodate both their needs and the needs of their employer. There are many employers who would be pleased to have a workforce that is willing to work on Sundays, the day that typical American request off. Refugees will need to be educated on Western work expectations as this may be a new concept for many them, especially with limited work opportunities in the camp setting.

Economic

We observed many Congolese refugees diligently participating in work activities in the camps (i.e. wood carving and crafts, gardening, poultry raising and egg procurement, food distribution, wood delivery, wood chopping, hut building, etc.) where they took pride in their activities and products. The absence of paid employment does not signify the lack of work ethic. On the contrary, most refugees long for the opportunity to have a job, become self-sufficient, and begin a new life for themselves, their families and especially their children.

The two camps that we visited had developed several specific work programs (i.e. mushroom farm, vegetable farm, chicken farm, craft and wood carving, etc.) that generated produce or revenue for the camps while also developing transferable skills. This human and social capital establishes camaraderie and encourages positive self-esteem. Many of the refugees were goat and sheep herders before becoming refugees. The camps had no facilities or space to accommodate livestock.

Job developers and social workers should interview refugee clients prior to employment placement to assess what skills they possess. If job developers were encouraged to think outside the box and resettlement agencies would consider creative job placement opportunities (i.e. use of agriculture and farming experience) then talent and experience of newcomers could be maximized, especially in cases where it may be difficult to find American employees.

Education

Rwanda has recently accepted English as a major language for commerce and English has been incorporated in the national school curriculum replacing French. Refugee children are eligible for enrollment in up to nine grades of primary and middle school instruction resulting in the advantage of refugee children being exposed to English. We witnessed literally hundreds of refugee children anxious to practice their English skills with our delegation; this was heartwarming. The result will be that the children will come to the U.S. introduced to some English. In an ideal world, English would be taught to adults in the camps prior to coming to the U.S. as well.

One of the quickest ways for a newcomer to integrate into a host country is to become proficient in the language. Therefore, English classes are a priority for all immigrants and refugees resettled in the U.S. Resettlement agencies frequently partner with a variety of community agencies (local community colleges, non-profit agencies, public libraries, etc.) to insure that ESOL classes are offered on convenient days and times in order to support as many newcomers as possible, as quickly as possible. Having said that, the acquisition of another language for middle aged and older adults can be challenging and especially so if the refugee is illiterate in their first language. It takes time, patience, practice and endurance on the part of the newcomer and the social worker/case managers/ESOL instructors. ESOL classes require a significant amount of physical and mental energy. The refugee has already been challenged with settling in a new home, a new job, and a completely new environment. Research indicates that those tasks alone are extremely stressful for any individual in society. While motivation to learn a new language is high, the added stress of learning an entirely new language is frequently beyond the initial capacity for the refugee. Agency staff need to consistently encourage and support the refugee to continue pursuing ESOL classes. In order to accomplish this goal it is recommended that incentives such as child care, food, clothing and household items, transportation vouchers, or other practical motivators that will invite continued participation.

CHAPTER VIII: SUMMARY OF KEY FINDINGS

RALEIGH BAILEY & HOLLY C. SIENKIEWICZ

Objective 1: Colonialism, Tribal Differences, and Political Unrest

- Current conflicts in Congo and the Great Lakes Region are largely rooted in a history of colonialism and its aftermath. It is not unique to the Congo, but involves at least eight nations of central Africa. States have political boundaries that were defined by colonial powers, not the residents of the areas. These boundaries do not conform with traditional tribal or regional groupings or migration patterns.
- Congo is generally an area starting from the Great Lakes region on the Eastern side of central Africa, adjacent highlands, and then the vast Congo River basin which stretches all the way to the Atlantic Ocean. Hundreds of tribes and languages are represented in the area, and they had few contacts with other groups in other areas of the Congo. There were not, and there still are not, connecting roads between the various regions and growing cities. Primary travel is by boat on the Congo River and its tributaries. More affluent people travel by air between different urban areas of the country. Other travel is by unpaved roads and jungle paths.
- At that time of colonization, it became known as the “Belgian Congo,” then briefly as “Congo” after independence, and then as “Zaire” under the long-time leadership of dictator Joseph Mobutu. The current name is ironic in that it claims to be “democratic” which no one really believes. It became the DRC in the mid-nineties after Mobutu fled and the war in Rwanda spilled destabilized his regime in the Congo. The United Nations and other international interests then funded a democratic election. However, given the lack of infrastructure in the region and the manipulations of many competing warlords, funded by competing international interests, it is assumed there was widespread corruption in the election.
- During the colonial period, Belgium and international interests invested in mass harvesting of natural resources: coltane, rubber, lumber, ivory, diamonds, copper, uranium, and other resources from this extra-rich nature treasure chest. Mission outposts were established to collect taxes for King Leopold, “the great white king in Europe,” and to manage the local peoples and to Christianize them. Some primary schooling was established, primarily to create low level managers for government and corporate interventions and to establish a native clergy.
- Natives were forced to work in the mines as indentured servants and subject to whipping, imprisonment, and even execution if they refused. When a group became too contentious, they were forced to another area of the new country where they did not speak the local languages and lacked support networks and put to work there. Other ethnic groups were then brought in as forced laborers to the mining area where there had been tensions.
- By 1938, about half a century after colonization, there were only a handful of secondary schools. The first college was not opened until 1954, only six years before independence. At the time of independence, the handful of young Congolese leaders who led the independence movement, had limited higher education and had never lived in or been exposed to a democracy or a parliament or other trappings of governmental management under colonialism. They had only lived under the colonial iron rule of Belgium.
- Within the first few months following independence, there were several coups, the initial prime minister and revolutionary leader, Patrice Lumumba had been removed from power and assassinated, and eventually Joseph Mobutu established himself as the leader.

- The US and other European nations gave full support to Mobutu over the next thirty years because he positioned himself as anti-communist. The country was driven by graft, corruption, Western support, and international corporate exploitation of the country's vast resources.
- The four major cities of the Congo: Kinshasa, Lubumbashi, Kisangani, and Mbuji-Mayi, still are not connected by paved roads or railways.
- French remains the language of the government; Lingala is the language of the army. The people speak many languages.
- Intertribal trade and interaction with neighbors is commonplace. Adjacent tribes shared overlapping languages or trade languages. Most Congolese tribes generally share a Bantu linguistic system. The eastern region also often uses Swahili as a common trade language. The western region from Kinshasa to the Atlantic, the most European and industrialized area, is more likely to rely on languages from that Bas-Congo region.
- The traditional tribal systems, as such, were established social structures and did not necessarily lead to war though it could when associated with power relationships and territorial disputes.
- Tribal identity, per se, is a traditional form of social organization, such as extended family, clan, or region, or community organization. Tribal identity becomes more important in times of stress and hardship.
- The colonial legacy transitioned to imperialism and exploitation of natural resources by international corporations in the developed world in cooperation with warlords and international arms dealers.

Objective 2: Factors Related to Rwandan Genocide

- Unrest in the Great Lakes Region is not a religious conflict, nor is it a conflict around linguistic or major cultural differences.
- The Rwandan genocide was a byproduct of colonial legacy. The Belgian occupiers required people to register with the government by tribal identity, forcing and reinforcing a tribal stereotype. In Eastern Congo and in Rwanda, the dominant tribes were Hutu and Tutsi. The stereotypes were that Hutus were farmers from Congo and had physiques that were short and stocky. The Tutsis were cattle herders who had migrated from the north and east. They were considered to be taller and lighter skinned. In practice, these became economic classifications, and cattle herders were more able to acquire wealth and mobility. Families could shift identity over time. If a Hutu began to focus on cattle herding, over the course of a couple of generations, the family would come to be regarded as Tutsi.
- The Belgian colonial government in Rwanda invested money in educating the smaller population registered as Tutsis and then hired them to be the middle managers, tax collectors and police officers for the Colonial regime. This greatly exacerbated tribal tensions.
- By the 1950's tribal conflicts in Rwanda spilled over into the eastern Congo and Uganda, and to other surrounding countries. Tutsis fled Rwanda as refugees to eastern Congo and surrounding countries. They mixed with Tutsis in the adjacent countries. In some cases Hutus fled across the border and mingled with Hutu communities there. These migrant communities began to serve as bases for guerilla activities aimed at the government forces in Rwanda.
- Following independence in Rwanda, the majority Hutus experienced a rise in power. Persecution of Tutsis became more common. Eastern Congo was also a lawless area and various guerilla groups emerged, financed and mobilized by multiple political and international economic interests.
- The genocide in 1994 followed an intense hate campaign mobilizing young Hutu males to attack all Tutsis and moderate Hutus with machetes. By the end of the 90 day genocide between 800,000 and one million Tutsis and moderate Hutus had been slaughtered.

- When the international community failed to stop the genocide, a Tutsi guerilla force came in from Uganda and put down the rebellion. The leader of that rebel force, Paul Kagame, went on to become the president of Rwanda. He continues in that position, twenty years later.
- The Rwandan recovery is extraordinary in many ways, and the current status of Rwanda as country of first asylum is also extraordinary. The West and related international organizations have invested heavily in developing infrastructure to rebuild the country.
- The attempt to eliminate tribal identity in the new Rwanda is experimental. While successful in many ways, the incoming Congolese refugees continue to have tribal and political tensions within the resettlement community.
- In the meantime, Rwanda appears to be involved in the ongoing struggle in adjacent eastern DRC, allegedly supporting various militias with Tutsi ties and serving as a client state for international mining and export corporations. Though President Kagame continues to be re-elected by large margins, political pundits note that no opposition party has been allowed to emerge and opposition candidates continue to disappear.
- International organizations and the United Nations do not see a resolution to the conflict and struggle in Eastern Congo anytime soon. It is endemic to the region, involving several countries, and is projected to continue for many years. There is no scenario of government forces versus revolutionary or invading forces. Instead, there is the broad disarray across a region driven by competing warlords, international mining corporations and arms dealers, and the vested interests of multiple developed countries.
- The attempts by UNHCR in cooperation with Rwanda to partially integrate Congolese refugees into the national society, is experimental and unusual for such a small overcrowded country. There are attempts to align the refugee camps with local economies of surrounding villages and aligning the refugee camp schools with the standard Rwandan curriculum. This may be a practical approach to the apparent long term prospects for most of the refugees there.

Objective 3: Considerations in the Development of Cultural Competency Strategies

- Many of the family units are led by single mother head of households. Some of the children may be the byproducts of rape during the conflict since this is an established practice amongst the militias fighting over peoples and territories.
- Some families may be constructed of survivors of other families who suffered significant losses. With the widespread destruction of families, some families have gathered together for mutual support and survival and may not have a long history of a traditional Western family.
- Conflicts are not just tribal, but may relate to which militia was controlling any given part of the Eastern Congo at any time and what war lord was in control. So people within the same tribe may be in conflict over political issues.
- Beliefs in witchcraft are also common, and some people are stigmatized by the community if there are rumors that they practice witchcraft. This stigma spills over into HIV/AIDS populations since some believe that is caused by witchcraft
- Organizing around tribal identity or asking tribal identity is against the law in Rwanda, so some families have learned to not talk about their tribal identities.
- Gender-based violence and its aftermath is a pervasive problem even in the refugee camps. Even people who have lived in the camp for a decade or more are likely to be exposed to gender-based violence. Women are regularly violated. There is no real police protection in the camps, no lighting at night, and no real way to lock their houses at night.
- Boys who were recruited into the militias as children have been taught that sexual violence and nonconsensual sex is their fruit of war.
- Young girls can be enticed into transactional sex as a way of securing food for their families.

- Boys and girls raised in the refugee camp have probably acquired a primary school education. It is part of the camp services and has now been aligned with the established Rwandan school curricula. However, secondary schools in the camp are rare and usually conducted by volunteers in the community. Secondary school curricula are not standardized. Educational material support is very limited in the camp schools, and everything is without electricity. Most teaching is done by committed refugees with some NGO support and direction.
- Many adults have spent decades in refugee camps and have never held a traditional job in the Western sense of the word. Women, in particular, may have never held a job outside of the home. At the same time, these women have managed to hold families together for years with no resources, some farming and living off the land.
- These families, especially the adults, will probably need very sensitive interventions from staff in order to build trust and address PTSD.
- There is a cadre of refugees who have had access to higher education, are highly committed, and are desperately looking for ways to improve conditions for their communities. Our delegation met several of these people as spokespersons and advocates for their communities.
- When the delegation visited the two camps, in May, 2014, camp rations had just been cut due to a shortage of food for Syrian refugees in the Middle East and no increase in donations from international partners to increase food allocations for the growing refugee populations across the world.
- Even space for latrines is restricted in Rwanda because of lack of land. The international standard for refugee camp latrines is one unit per 30 refugees. However, the actual conditions are one unit for 50+ refugees because there is no room to expand the latrines in the camps.

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