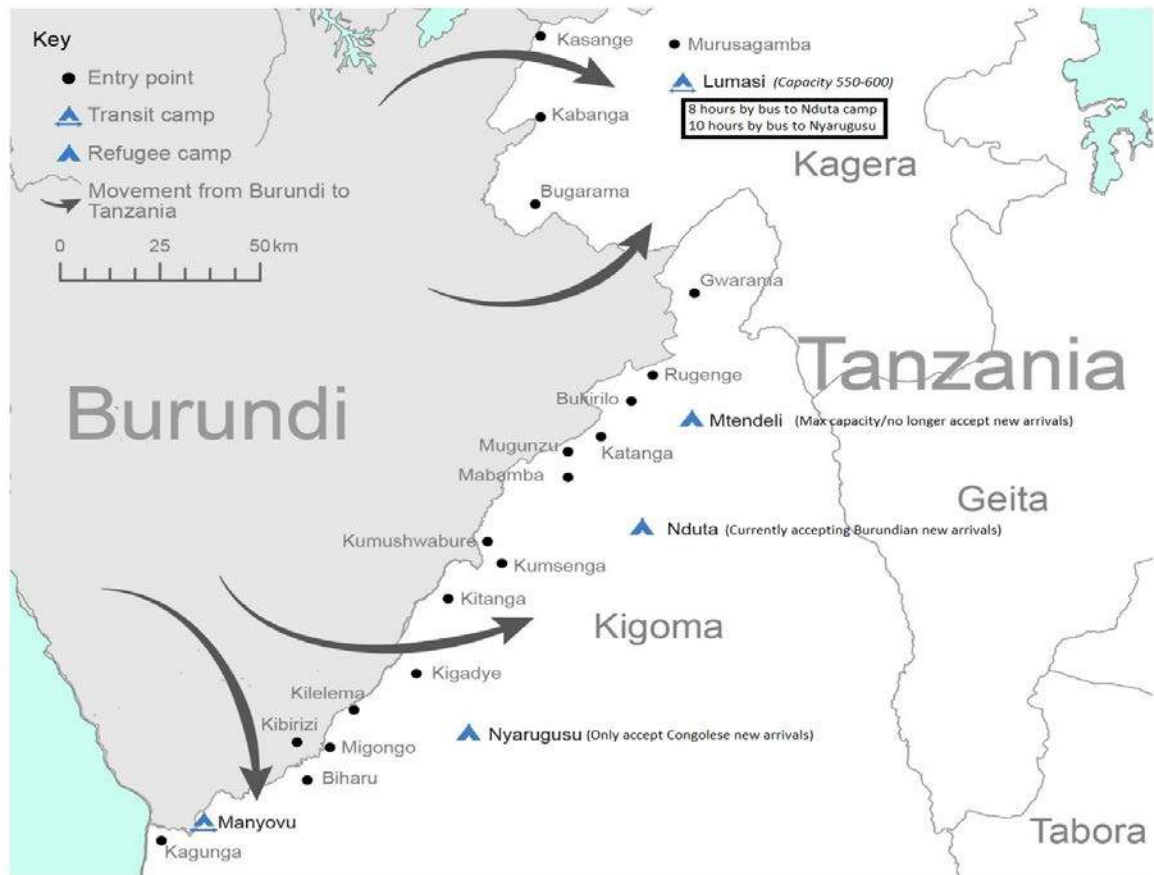


This weekly report is produced by the United Nations (UN) Migration Agency (IOM) as part of the UN Country Management Team (UNCMT) response to the influx of Burundian and Congolese Asylum Seekers from Burundi. The report covers the period from June 05 to June 11, 2017. The next report will be issued on June 19, 2017.



Highlights

- 248 new arrivals (116 males and 132 females) composed of 126 Burundian and 122 Congolese Asylum Seekers. Busiest entry points during this week were Kigadye (122 persons), Bukiriro (43 persons), and Kasange (24 persons).
- 157 Congolese Asylum Seekers (76 males, 81 females) were relocated from Manyovu transit center to Nyarugusu camp. 152 Burundian Asylum Seekers were relocated from the transit centers to Nduta camp. 1 Ugandan Asylum Seeker was transported from Lumasi transit center to Nyarugusu camp.
- IOM's fit-to-travel medical screening revealed that, the top five medical conditions among the transported persons during this week were: malaria, skin infections, upper respiratory tract infection, HIV, and acute watery diarrhoea.

For additional information, please contact Dr Qasim Sufi (qsufi@iom.int) or Mr Son Ha Dinh (shdinh@iom.int). You can also connect with us at: <https://tanzania.iom.int> and <https://www.facebook.com/iomtanzania>

TRANSPORTATION

Cumulative Transport Number*

Figure 1. From June 05, 2017 to June 11, 2017
Main Entry Points

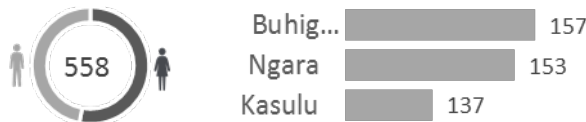
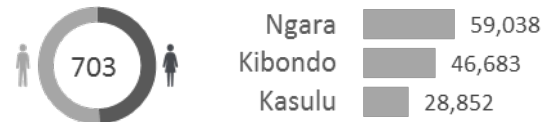


Figure 2. Starting From June 1st to June 11th
Main Entry Points



* The cumulative statistics include newly arriving Asylum Seekers as well as those relocated from transit centers to the camps and or reunified with their family members.

Background on IOM Response

Since May 2015, IOM has been providing safe and dignified transportation to persons fleeing the crisis in Burundi and entering Tanzania through various entry points along the border between the two countries mainly in Kasulu, Kibondo, and Ngara districts. IOM teams made of operation and medical staff accompanied each transportation exercise. The objectives are to ensure that transported Asylum Seekers are fit to travel and those with urgent and or special medical needs are referred to health facilities ran by health partners such as Médecins sans Frontières (MSF) and Tanzania Red Cross (TRC) for timely and appropriate medical care. Currently Burundian new arrivals are transported to Nduta camp while Congolese are brought to Nyarugusu camp.

Figure 3. Daily number of persons transported disaggregated by gender during the reported period

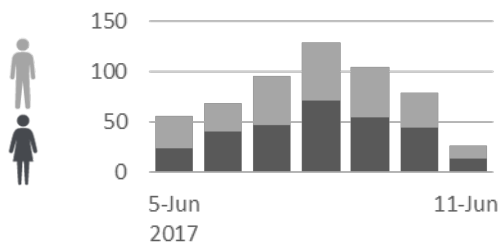
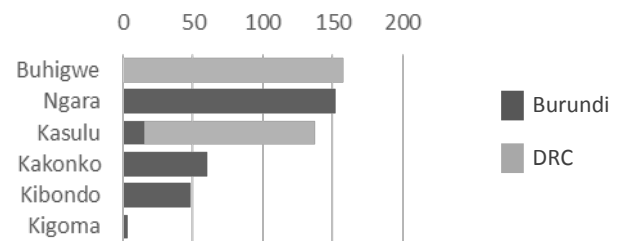


Figure 4. Number of persons transported disaggregated by country of origin for each district

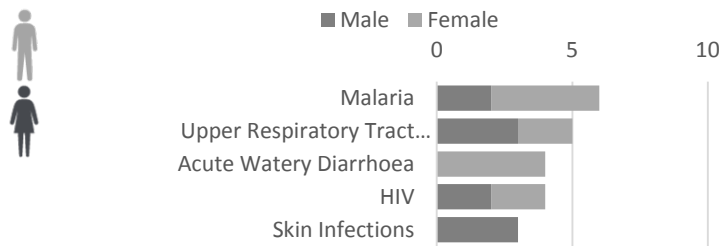


Health

During the reported period, the fit-to-travel medical screenings carried out by the IOM medical team revealed that 38 cases required medical care. 15 cases required immediate referral to health facilities in the camps. In Nduta camp, 4 cases were referred to MSF hospital and they were: 2 cases of self-declared HIV, 1 case of epilepsy, 1 case of sexually transmitted disease. In Lumasi transit center, IOM Medical referred 4 cases to TRC clinic and they were: 1 case of acute watery diarrhoea, 2 cases of malaria, 1 case of self-declared HIV. In Nyarugusu camp, 2 cases were referred to TRC hospital and they were: 1 case of rectal prolapse, 1 case of self-declared sickle cell disease. In Manyovu transit center, IOM Medical referred 5 cases to the International Rescue Committee (IRC) clinic and they were: 2 cases of acute watery diarrhoea, 1 case of haemorrhoids, 1 case of self-declared TB, 1 case of epilepsy.

Additionally, there were 9 pregnant women at different gestational age who require ante-natal, intra-natal and post-natal care among the new arrivals.

Figure 5. Top 5 medical conditions among the new arrivals



Photos:

Photo 1: Fitness to Travel Check (IOM)



Photo 2: Health Checks at Lumasi Transit Center (IOM)

