This weekly report is produced by the International Organization for Migration (IOM) as part of the United Nations Country Management Team (UNCMT) response to the influx of Burundian and Congolese refugees from Burundi. The report covers the period from August 08 to 14, 2016. The next report will be issued on August 22, 2016.

Highlights

- 2,105 new arrivals (1,063 males and 1,042 females) composed of 1,988 Burundians and 117 Congolese were transported from the entry points in Kasulu, Kibondo, and Ngara districts to Mtendeli and Nyarugusu camps, and to Lumasi and Manyovo transit centers.

- IOM’s fit-to-travel medical screening revealed that the top five medical conditions among the transported persons were: skin infections, upper respiratory tract infections (URTI), malaria, conjunctivitis, and genitourinary disorders.

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TRANSPORTATION

Persons transported from Entry Points

Figure 1. From August 08 to 14

Main Entry Points
Kibondo 1,052
Kasulu 384
Ngara 360

Figure 2. Cumulative starting August 1

Main Entry Points
Kibondo 1,927
Ngara 789
Kasulu 749

Key Facts

IOM has been providing safe and dignified transportation to persons fleeing the crisis from various entry points along the border between Tanzania and Burundi, mainly in Kibondo, Kasulu, and Ngara districts. In total, 2,105 (1,063 males and 1,042 females) composed of 1,988 Burundians and 117 Congolese have newly arrived in Tanzania during the reporting period. While the 1,988 Burundians were transported to Mtendeli and to Manyovo and Lumasi transit centers, the 117 Congolese were transported to Nyarugusu camp, in Kasulu district.

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 108 medical cases required medical care. The top five medical conditions were skin infections, upper respiratory tract infections (URTI), malaria, conjunctivitis, and genitourinary disorders. Ten medical cases were referred to the Tanzanian Red Cross (TRC) hospital in Mtendeli camp. These included two cases of inguinal hernia, two cases of epilepsy, two cases of septic wound, one HIV case (self-declared), one case of mental disorder, one case of malnutrition, and one case of hypertension. One case of goitre and one case of hypertension were referred the TRC in Nyarugusu camp. One case of sickle cell disease (known case) was referred to the TRC in Lumasi transit center. Finally, one case of incomplete abortion and one case of asthma attack were referred to the International Rescue Committee (IRC) in Kigoma and Manyovo transit center, respectively. Additionally, there were 44 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