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 October 10 to 16, 2016. The next report will be issued on October 24, 2016.

Highlights

- 2,575 new arrivals (1,356 males and 1,219 females) composed of 2,307 Burundians and 268 Congolese were transported from the entry points in Kasulu, Kibondo, and Ngara districts to Nduta 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: malaria, skin infections, upper respiratory tract infections (URTI), diarrhoea, and HIV.

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TRANSPORTATION

Persons transported from Entry Points

Figure 1. From October 10 to 16

Main Entry Points

Kibondo 1,013
Kasulu 734
Ngara 690

Figure 2. Cumulative starting October 1

Main Entry Points

Kibondo 2,662
Ngara 1,709
Kasulu 1,309

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 Kasulu, Kibondo, and Ngara districts. In total, 2,575 (1,356 males and 1,219 females) composed of 2,307 Burundians and 268 Congolese have newly arrived in Tanzania during the reporting period. While the 2,307 Burundians were transported to Nduta camp, and to Manyovo and Lumasi transit centers, the 268 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 145 medical cases required medical care. The top five medical conditions were malaria, skin infections, upper respiratory tract infections (URTI), diarrhoea, and HIV. Twenty-two cases were referred to the Médecins Sans Frontières (MSF) hospital in Nduta camp. These cases included three cases of epilepsy, one case of complicated pregnancy, two cases of mental illness, one case of abscess, one case of elephantiasis, two cases of wound, one case of dislocated shoulder, two cases of hernia, one case of diabetes, four cases of HIV (known cases), one case of complicated malaria, one case of infected scabies, and one case of malnutrition. Two cases of HIV (known cases) and one case of malnutrition were referred to the Tanzanian Red Cross (TRC) clinic in Lumasi transit center and one case of diabetes was referred to the TRC hospital in Nyarugusu camp.

Additionally, there were 61 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

Malaria (21)
Skin infections (11)
Upper respiratory tract infections (URTI) (10)
Shigellosis/dysentery/water diarrhoea (8)
HIV (7)

Photo 1. IOM operational escort doing a manifest at Lugenge entry point. © IOM 2016 (photo: Bahati Alfred)