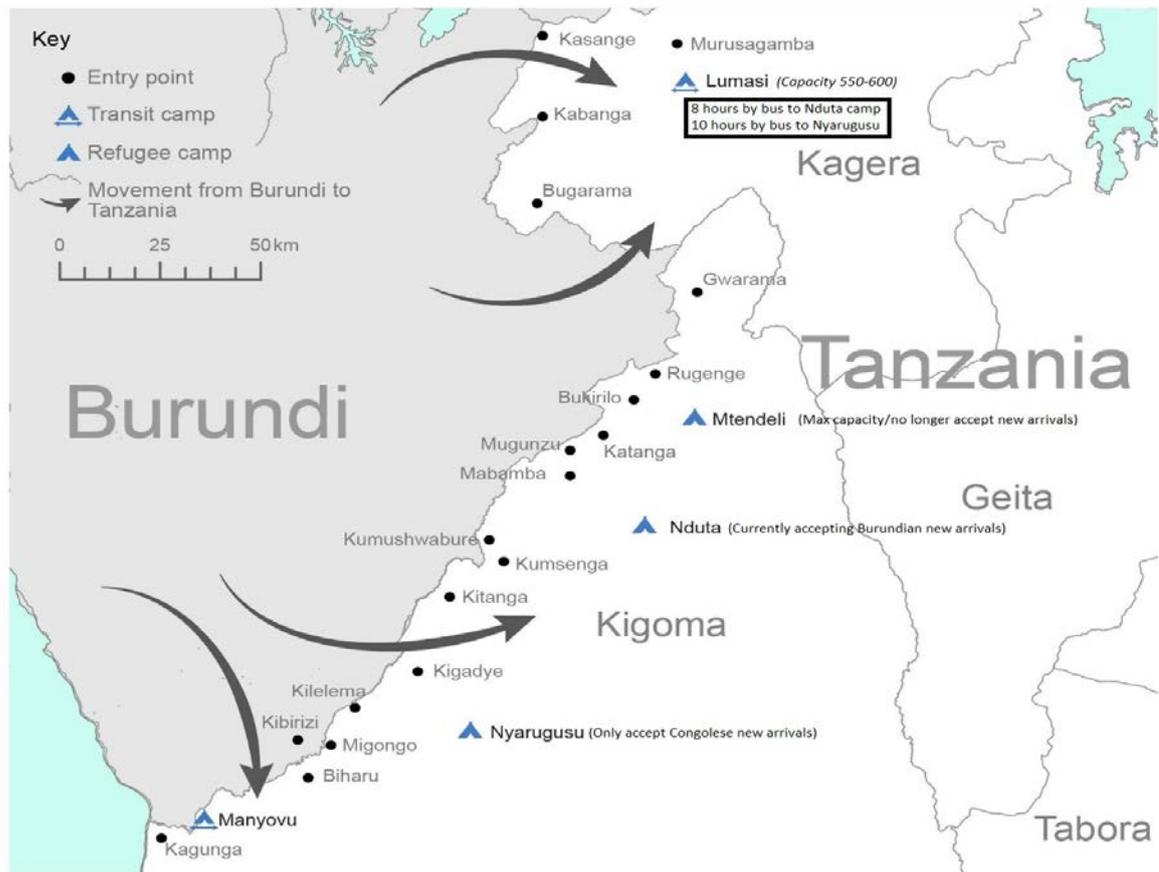


This weekly report is produced by the United Nations (UN) Migration Agency, the International Organization for Migration (IOM) as part of the UN Country Management Team's (UNCMT) response in Tanzania to the influx of Burundian and Congolese Asylum Seekers from Burundi. The current report covers the period from April 17 to April 23, 2017. The next report will be issued on May 1, 2017.



Highlights

- 409 new arrivals (209 males and 200 females). These were composed of 235 Burundians and 174 Congolese Asylum Seekers. Busiest entry points during this week were Kigadye (102 persons), Bugarama (80 persons) and Karagwe (63 persons).
- 125 people (68 males, 57 females) at Lumasi transit center were relocated to Nduta camp.
- IOM's fit-to-travel medical screening revealed that, the top five medical conditions among the transported persons during this week were: malaria, acute watery diarrhoea, upper respiratory tract infections, skin infections, and HIV.

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

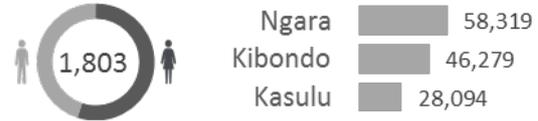
TRANSPORTATION

Cumulative Transport Number*

Figure 1. From April 17, 2017 to April 23, 2017
Main Entry Points



Figure 2. Starting From April 1st to April 23rd
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 pick up 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 Medecin San Frontier (MSF) and Tanzanian Red Cross (TRC) for timely and appropriate medical care. Currently Burundians 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

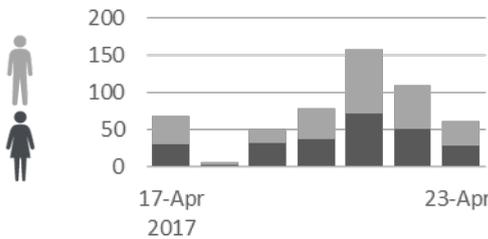
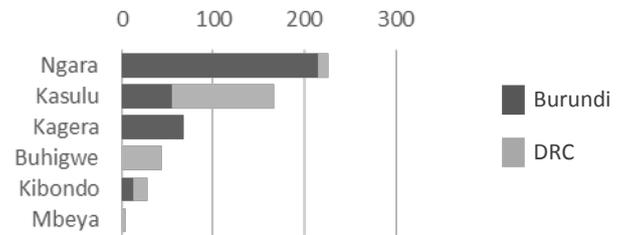


Figure 4. Number of persons transported disaggregated by country of origin to each district

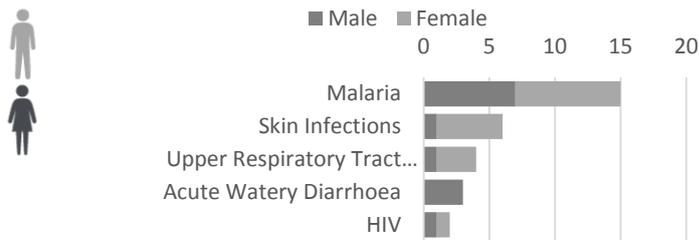


Health

During the reported period, fit-to-travel medical screenings carried out by the IOM medical team revealed that 53 cases required medical care. 16 cases required immediate referral to health facilities in the camps. In Nduta camp, 5 cases were referred to MSF hospital and they were: 2 cases of HIV, 1 case of hydrocele, 1 case of otitis media, and 1 case of mental disorder. In Lumasi transit center, 8 cases were referred to TRC clinic and they were: 1 case of hypertension, 1 case of acute watery diarrhoea, 1 case of malaria, 1 case of scabies, 1 case of asthma, 1 case of diabetes, 1 case of scrotal hernia, 1 case of moderate malnutrition. In Nyarugusu camp, TRC hospital, we referred 1 case and it was epilepsy. In Manyovu transit center, IOM medical team referred 2 cases of malaria to IRC clinic.

Additionally, there were 17 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: Road to Kitanga, Kasulu (IOM)



Photo 2: Road to Kigadye and Kitanga (IOM)

