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 March 20 to March 26, 2017. The next report will be issued on April 3, 2017.

Highlights

- 515 new arrivals (309 males and 206 females). This were composed of 414 Burundians and 101 Congolese Asylum Seekers. Busiest entry points during this week were Kigadye (183 persons), Bukiriro (123 persons) and Migongo (30 persons).
- 174 persons (88 males, 86 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 for this week were: malaria, conjunctivitis, upper respiratory tract infections, skin infections, and moderate malnutrition.

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TRANSPORTATION
Cumulative Transport Number*

Figure 1. From March 20, to March 26, 2017

Figure 2. Starting From March 1st

Main Entry Points

Kasulu 195
Kibondo 193

Main Entry Points

Ngara 57,562
Kibondo 45,948
Kasulu 27,233

*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, 49 cases required medical care. 17 cases required immediate referral to health facilities in the camps. In Nduta camp, 7 cases were referred to MSF hospital and they were: 1 case of septic wound, 2 cases of moderate malnutrition, 2 case of reducible inguinal hernia, 1 case of chronic osteomyelitis, 1 case of watery diarrhoea. In Lumasi’s Red Cross clinic, IOM medical team referred two cases of moderate malnutrition. In Manyovu Transit Center, IOM medical team referred 6 cases to IRC clinic and they were: 1 case of moderate malnutrition, 1 case of dislocated knee joint, 2 cases of malaria, 1 case of mental disorder, 1 case of self-declared TB. In Nyarugusu Hospital, IOM medical team referred 2 medical cases, 1 case of septic wound, and 1 case of acute watery diarrhoea.

Additionally, there were 11 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

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Skin Infections</td>
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<td>2</td>
</tr>
<tr>
<td>Malnutrition (MAM)</td>
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<td>1</td>
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<tr>
<td>Upper Respiratory Tract...</td>
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<td>1</td>
</tr>
<tr>
<td>Acute Watery Diarrhoea</td>
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<td>0</td>
</tr>
</tbody>
</table>

Field Photos:

Photo 1: Working in the early hours (IOM)

Photo 2: Gathering refugee belongings (IOM)