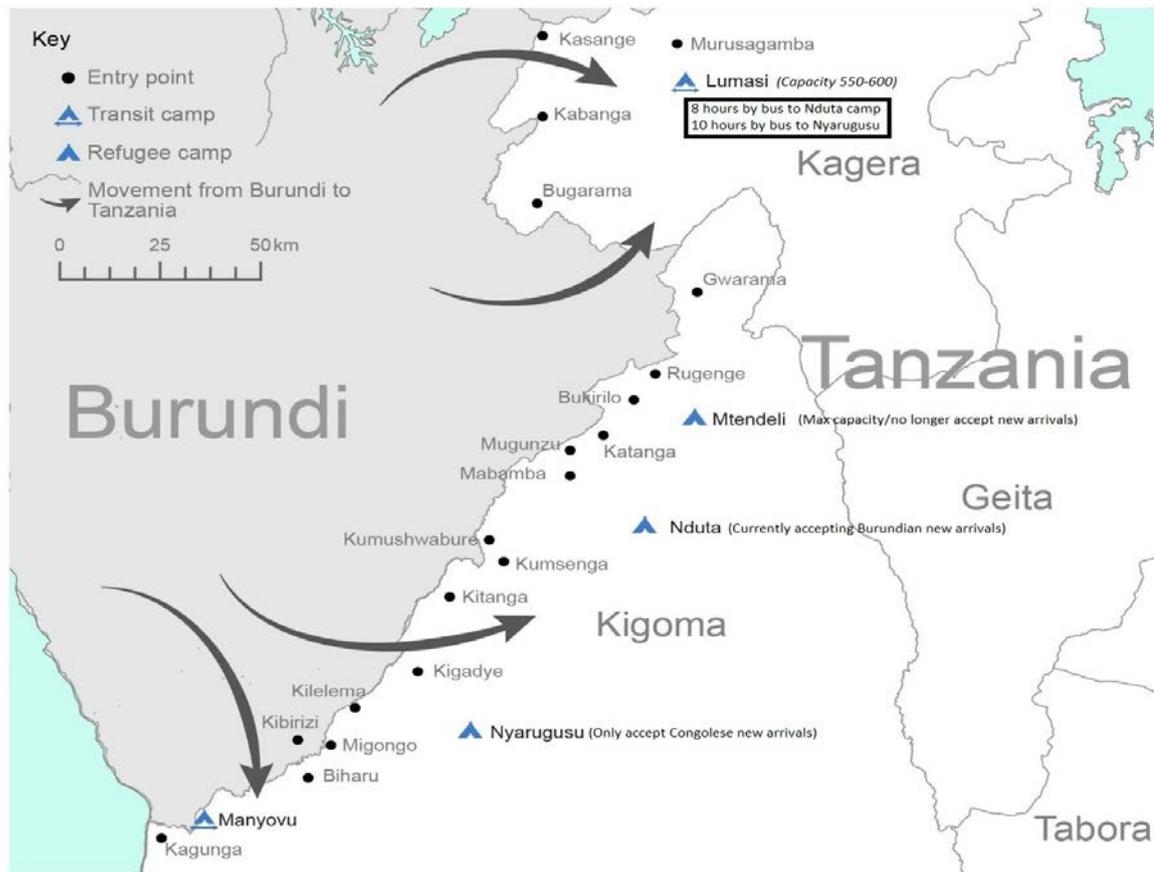


This weekly report is produced by the United Nations (UN) Migration Agency, the International Organization for Migration (IOM) as part of the UN Country Management Team's (UNCMT) response in Tanzania to the influx of Burundian and Congolese Asylum Seekers from Burundi. The current report covers the period from March 27 to April 2, 2017. The next report will be issued on April 10, 2017.



## Highlights

- 690 new arrivals (367 males and 323 females) composed of 415 Burundians and 275 Congolese Asylum Seekers were transported from the various entry points in Kasulu, Kibondo, and Ngara districts to Nduta and Nyarugusu camps. Busiest entry points during this week continue to be Manyovu (231 persons), Kigadye (215 persons) and Kitanga (80 persons).
- 271 people (150 males, 121 females) at Lumasi, Manyovu transit center and Nduta refugee camp, benefited from secondary transportation assistance during the reporting period to create more room for new arrivals.
- IOM's fit-to-travel medical screening revealed that, the top five medical conditions among the transported persons 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 27, to April 2, 2017



Figure 2. Starting From March 1<sup>st</sup> to March 31<sup>st</sup>



\*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

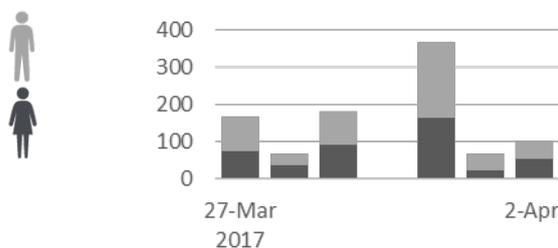
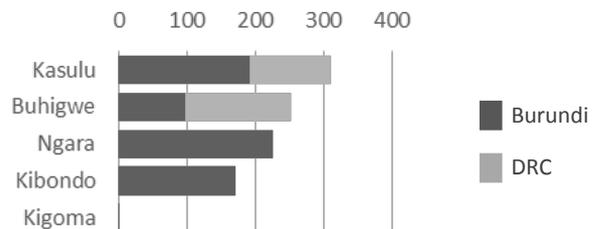


Figure 4. Number of persons transported disaggregated by country of origin to each district

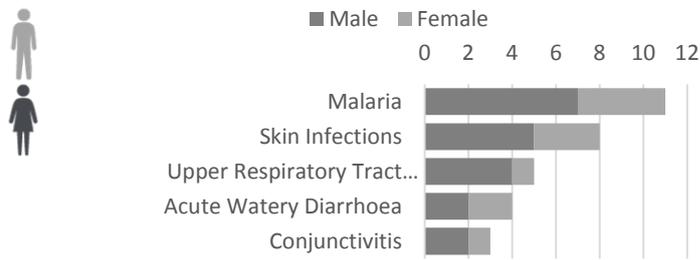


### Health

During the reported period, fit-to-travel medical screenings carried out by the IOM medical team revealed that 68 cases required medical care. 24 cases required immediate referral to health facilities in the camps. In Nduta camp, 10 cases were referred to MSF hospital and they were: 3 cases of acute watery diarrhoea, 1 case of otitis media, 2 cases of self-declared HIV, 1 case of haemorrhoids, 1 case of severe malnutrition, 1 case of cerebral palsy, 1 case of osteomyelitis. In Lumasi transit center, the IOM medical team referred 4 cases to TRC hospital and they were: 1 case of malaria, 1 case of moderate malnutrition, 1 case of scabies, 1 case of chickenpox. In Nyarugusu camp, the IOM medical team referred 3 cases to TRC hospital and were: 1 case of otitis media, 1 case of abscess, 1 case of moderate malnutrition. In Manyovu transit center, the IOM medical team referred 7 cases to IRC clinic and they were: 1 case of gender based violence (GBV), 1 case of injury, 1 case of mental disorder, 3 cases of malaria, 1 case of goitre.

Additionally, there were 19 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: Water distribution before departure (IOM)



Photo 2: Asylum Seekers inside the IOM bus (IOM)

