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 November 21 to 27, 2016. The next report will be issued on November 28, 2016.

Highlights

- 3320 new arrivals (1864 males and 1456 females) composed of 3092 Burundians and 228 Congolese were transported from diverse entry points in Kasulu, Kibondo, and Ngara districts to Nduta and Nyarugusu camps. Busiest receiving points for the week were Mabamba (763 pax), Kasange (557 pax) and Kigadye (446 pax).
- 1120 people at Lumasi transit center in Ngara were brought to Nduta camp in the reporting period to create more space for steady number of new arrivals.
- 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 watery diarrhea. This is similar to the weeks reported prior.

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**TRANSPORTATION**

Cumulative Transport Number

*Figure 1. From November 21 to 27*

- Ngara: 2,079
- Kibondo: 1,140
- Kasulu: 1,107

*Figure 2. Starting From November 1*

- Ngara: 9,192
- Kibondo: 4,610
- Kasulu: 3,835

Background on IOM Response

*Since May 2015, 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. At least two staff consisting of one Operations and one medical personnel accompanied each pick up to ensure the refugees are fit to travel and if diagnose with further medical needs, safely travel to camps and handed over to health partners such as MSF or Tanzanian Red Cross. Since Mtendeli camp is at maximum capacity by end of October, all the Burundian new arrivals have been brought to Nduta camp and Congolese new arrivals from Burundi continued to be transported 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 for each district*

Health

*During the reported period, the fit-to-travel medical screenings carried out by the IOM medical team revealed that 156 medical cases required medical care out of which 26 cases required further immediate referrals to health partners in the camps or transit centers upon arrivals. In Nduta camp, eighteen cases were referred to the Médecins Sans Frontières (MSF) hospital as followed: one case of epilepsy, one case of septic wound, one pax suffering from moderate acute malnutrition, one patient with PUD, one has mental disorder, two with acute watery diarrhea, two pax bilateralinguinal hernia, two self-identified HIV patients, one complication from malaria, one hypertension, one with dental abscess, an ulcer case, one pax with diabetes mellitus, a woman with overdue pregnancy, and a person with cataract. Four cases were referred to the Tanzanian Red Cross (TRC) clinic in Lumasi transit center as followed: two moderate acute malnutrition, one suffering from bilateral liguinal hernia, one self-identified sickle-cell patient. Lastly, in Nyarugusu camp we referred one case of diabetes, one moderate acute malnutrition and two sickle-cell patients to the TRC hospital.*

*Additionally, there were 72 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>
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</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>20</td>
<td>10</td>
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<tr>
<td>Skin Infections</td>
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<tr>
<td>Upper Respiratory Tract Infections</td>
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<tr>
<td>Conjuctivitis</td>
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<tr>
<td>Acute Watery Diarrhoea</td>
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<td></td>
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Field Photos:

Figure 6: Assisting refugee upon arrival. (IOM)

Figure 7: IOM doctor assisting a child. (IOM)