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 January 30 to February 5, 2017. The next report will be issued on February 13, 2017.

Highlights

- 5162 new arrivals (2771 males and 2391 females). This were composed of 4994 Burundians and 168 Congolese. Busiest receiving points for the week were Mabamba (1140 pax), Kabanga (846 pax) and Kasange (681 pax).
- 2051 people (1023 males, 1028 females) at Lumasi transit center were relocated to Nyarugusu and Nduta camps. 42 individuals at Manyovu transit center were also relocated to Nduta camp in the same period.
- 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 acute malnutrition.

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.
WEEKLY TRANSPORTATION AND RELOCATION REPORT
IOM TANZANIA
From January 30 to February 5, 2017

TRANSPORTATION
Cumulative Transport Number*

Figure 1. From January 30, 2017 to February 5, 2017
Main Entry Points

Figure 2. Starting From January 1st – January 31st, 2017
Main Entry Points

* The cumulative statistics include newly arriving Refugees and Asylum Seekers as well as those relocated from transit centers to the camps and or reunited 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 at least two staff, one operation and one medical, accompanied each pick up exercise. The objective is to ensure that Refugees and Asylum Seekers transported are fit to travel and or have any medical needs to refer them to health partners such as MSF or Tanzanian Red Cross (TRC) for appropriate medical care. Currently Burundians are transported to Nduta camp while Congolese new arrivals from Burundi are brought to Nyarugusu camp.

Health
During the reported period, the fit-to-travel medical screenings carried out by the IOM medical team revealed that 342 cases required medical care. 74 cases required immediate referral to health partners in the camps. In Nduta camp, 50 cases were referred to MSF hospital and they were: 2 cases of malaria, 2 cases of septic wounds, 2 cases of epilepsy, 7 cases of self-declared HIV, 1 case of elephantiasis, 9 cases of moderate malnutrition, 6 cases of conjunctivitis, 2 cases of self-declared sickle cell disease, 4 cases of mental disorder, 1 case of otitis external, 4 cases of inguinal hernia, 1 case of vagina prolapse, 1 case of umbilical hernia, 3 cases of acute watery diarrhoea, 2 cases of severe malnutrition, 1 case of burn wounds, 1 case of sexually transmitted infection, 1 case of scabies. In Lumasi transit center, 19 cases were referred to TRC clinic and they were: 3 cases of malaria, 3 cases of septic wounds, 2 cases of moderate malnutrition, 1 case of conjunctivitis, 1 case of mental disorder, 2 cases of inguinal hernia, 6 cases of acute watery diarrhoea, 1 case of dog bite. For Nyarugusu’s TRC hospital, we referred 5 cases and they were: one case of goitre, 1 case of septic wounds, 1 case of acute watery diarrhoea, 1 case of self-declared HIV, 1 case of hydrocephalus.

Additionally, there were 121 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>Medical Condition</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Malaria</td>
<td></td>
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<tr>
<td>Skin Infections</td>
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<tr>
<td>Conjunctivitis</td>
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<td>Upper Respiratory Tract...</td>
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<tr>
<td>Malnutrition (MAM)</td>
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**Field Photos:**

*Photo 1: Sorting through the bikes (IOM)*

*Photo 2: Covered work area (IOM)*