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 6 to March 12, 2017. The next report will be issued on March 20, 2017.

**Highlights**

- 1826 new arrivals (1024 males and 802 females). This were composed of 1647 Burundians and 179 Congolese Asylum Seekers. Busiest entry points during this week were Mabamba (545 persons), Kigadye (342 persons) and Kitanga (135 persons).
- 568 persons (311 males, 257 females) at Lumasi and Manyovu transit centers were relocated to Nyarugusu and Nduta camps.
- IOM’s fit-to-travel medical screening revealed that, the top five medical conditions among the transported persons this week were: malaria, acute watery diarrhoea, upper respiratory tract infections, skin infections, and moderate malnutrition.

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TRANSPORTATION
Cumulative Transport Number*

*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.

Health
During the reported period, the fit-to-travel medical screenings carried out by the IOM medical team revealed that 126 cases required medical care. 32 cases required immediate referral to health facilities in the camps. In Nduta camp, 25 cases were referred to MSF hospital and they were: 4 cases of self-declared HIV, 1 case of septic wound, 2 cases of self-declared sickle cell disease, 1 case of pneumonia, 4 cases of acute watery diarrhoea, 7 cases of moderate malnutrition, 2 cases of epilepsy, 1 case of otitis media, 1 case of hydrocele, 2 cases of malaria. In Lumasi, we referred 7 cases to Red Cross clinic and they were: 5 cases of malaria, 1 case of scabies, and 1 case of acute watery diarrhoea.

Additionally, there were 46 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

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<th>Male</th>
<th>Female</th>
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<td>Malaria</td>
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<td>Upper Respiratory Tract...</td>
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<td>Skin Infections</td>
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<td>Acute Watery Diarrhoea</td>
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Photos:

Photo 1: Leaving for Nduta camp from Lumasi (IOM)

Photo 2: Refugee carry-on (IOM)