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 February 6 to February 12, 2017. The next report will be issued on February 19, 2017.

Highlights
- 4070 new arrivals (2124 males and 1946 females). This were composed of 3842 Burundians and 228 Congolese. Busiest receiving points for the week were Mabamba (839 pax), Kabanga (580 pax) and Kigadye (506 pax).
- A total of 1295 people (627 males, 668 females) at Lumasi and Manyovu transit centers were relocated to Nyarugusu and Nduta camps. Additionally, 271 pax were transported from Mtendeli to Nduta to reunite with their family members.
- 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.

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TRANSPORTATION
Cumulative Transport Number*

* The cumulative statistics include newly arriving Refugees and 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 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 248 cases required medical care. 52 cases required immediate referral to health partners in the camps. In Nduta camp, 33 cases were referred to MSF hospital and they were: 2 cases of severe malnutrition, 1 case of sexual transmitted disease, 4 cases of epilepsy, 2 cases of acute watery diarrhoea, 3 cases of self-declared HIV, 6 cases of moderate malnutrition, 2 cases of diabetes, 2 cases of malaria, 1 case of mastitis, 1 case of hydrocephalus, 1 case of inguinal hernia, 1 case of conjunctivitis, 1 case of ascites, 1 case of bullous impetigo, 1 case of mental disorder, 1 case of septic wound, 1 case of dental abscess, 1 case of dental decay, 1 case of infected scabies. In Lumasi Transit Center, we referred 16 cases to TRC clinic and they were: 1 case of epilepsy, 2 cases of acute watery diarrhoea, 1 case of self-declared HIV, 2 cases of moderate malnutrition, 6 cases of malaria, 1 case of conjunctivitis, 1 case of mental disorder, 1 case of self-declared sickle cell disease, 1 case of otitis media. For Nyarugusu’s TRC hospital, we referred 4 cases and they were: 1 case of acute watery diarrhoea, 1 case of asthmatic attack, 1 case of cerebral palsy, 1 case of self-declared sickle cell disease.

Additionally, there were 81 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>Condition</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Skin infections</td>
<td></td>
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<tr>
<td>Upper respiratory tract</td>
<td></td>
<td></td>
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<tr>
<td>Conjunctivitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malnutrition (moderate)</td>
<td></td>
<td></td>
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</tbody>
</table>

Field Photos:

Photo 1: One obstacle on the road (IOM)

Photo 2: Assisting mom and baby (IOM)