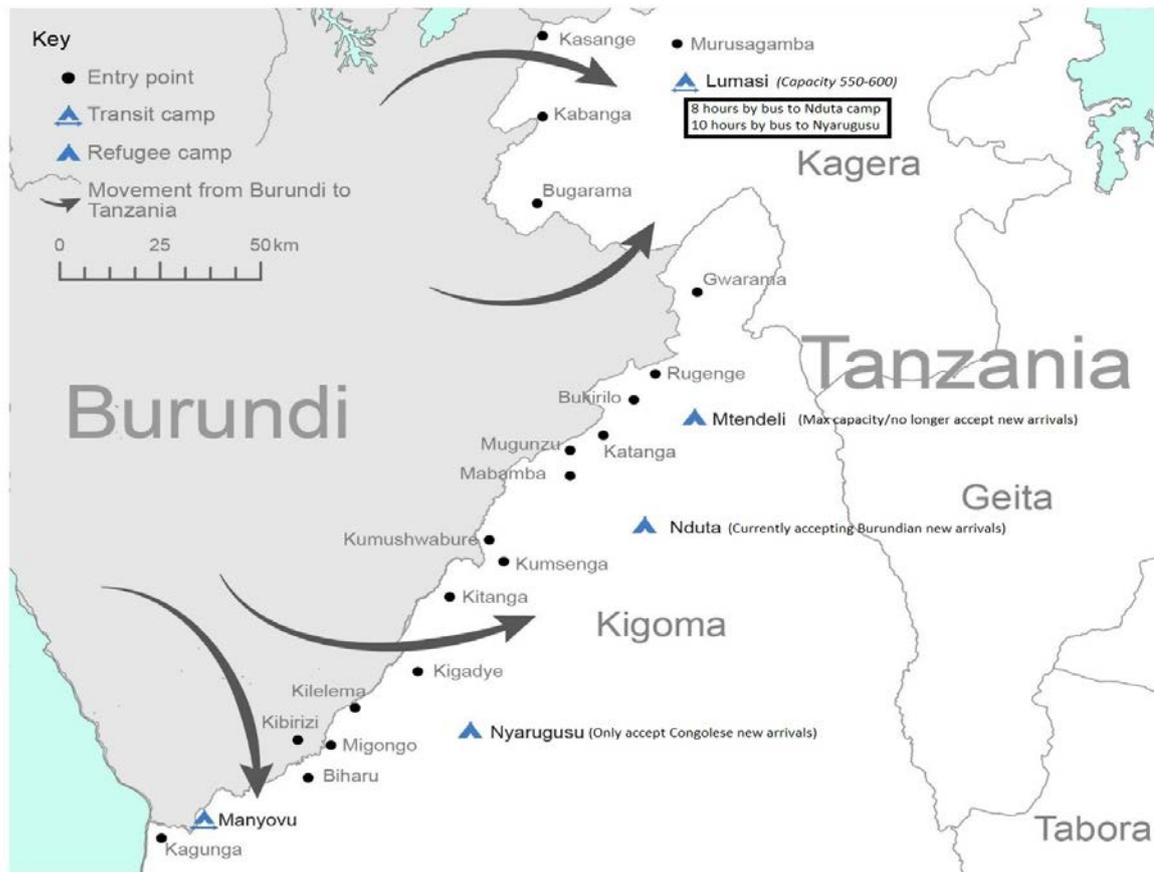


This weekly report is produced by the United Nations (UN) Migration Agency (IOM) as part of the UN Country Management Team (UNCMT) response to the influx of Burundian and Congolese Asylum Seekers from Burundi. The report covers the period from July 03 to July 09, 2017. The next report will be issued on July 17, 2017.



Highlights

- 281 new arrivals (147 males and 134 females) composed of 159 Burundian and 122 Congolese Asylum Seekers. Busiest entry points during this week were Kigadye (88 persons), Bukiriro (76 persons), and Kasange (36 persons).
- 76 Burundian Asylum Seekers (35 males, 41 females) were relocated from Lumasi transit center to Nduta camp. 4 Burundian Asylum Seekers were relocated from Manyovu transit center to Nduta camp. 131 Congolese Asylum Seekers (73 males, 58 females) were relocated from Manyovu transit center to Nyarugusu camp. 24 Asylum Seekers were relocated from Nduta camp to Mtendeli camp.
- IOM’s fit-to-travel medical screening revealed that, the top five medical conditions among the transported persons during this week were: malaria, skin infections, upper respiratory tract infection, conjunctivitis, and moderate malnutrition.

For additional information, please contact Dr Qasim Sufi (qsufi@iom.int) or Mr Son Ha Dinh (shdinh@iom.int). You can also connect with us at: <https://tanzania.iom.int> and <https://www.facebook.com/iomtanzania>

TRANSPORTATION

Cumulative Transport Number*

Figure 1. From July 03, 2017 to July 09, 2017

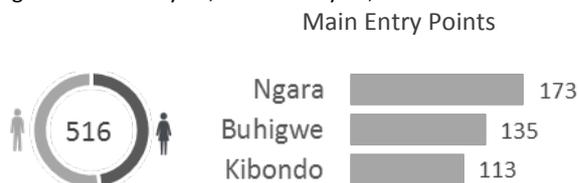


Figure 2. Starting From July 1st to July 9th



* 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 Médecins sans Frontières (MSF) and Tanzania Red Cross (TRC) for timely and appropriate medical care. Currently Burundian 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

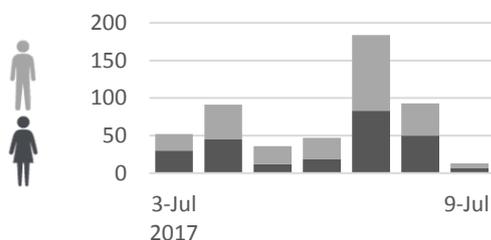
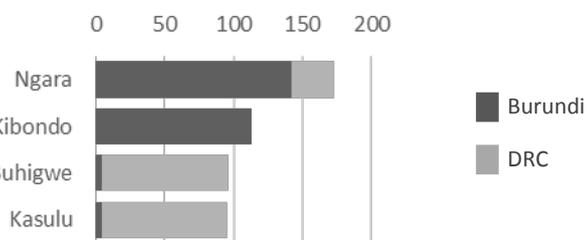


Figure 4. Number of persons transported disaggregated by country of origin for each district

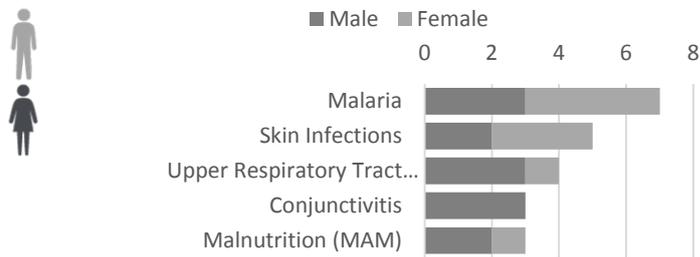


Health

During the reported period, the fit-to-travel medical screenings carried out by the IOM medical team revealed that 36 cases (15 males, 21 females) required medical care. 11 cases required immediate referral to health facilities in the camps. In Nyarugusu camp, IOM Medical referred 3 cases to TRC hospital and they were: 1 case of rectal prolapse, 1 case of moderate malnutrition, 1 case of acute watery diarrhoea. In Manyovu transit center, IOM Medical referred 3 cases to IRC clinic and they were: 1 case of gender based violence, 1 case of epilepsy, 1 case of pneumonia. In Lumasi transit center, 1 case of malaria was referred to TRC clinic. In Nduta camp, IOM Medical referred 4 cases to MSF clinic and they were: 2 cases of moderate malnutrition, 1 case of self-declared HIV, 1 case of malaria.

Additionally, there were 7 pregnant women at different gestational age who required 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: IOM Field Coordinator oversees Boarding (IOM)



Photo 2: IOM Staff assisting a Child and his Family (IOM)

