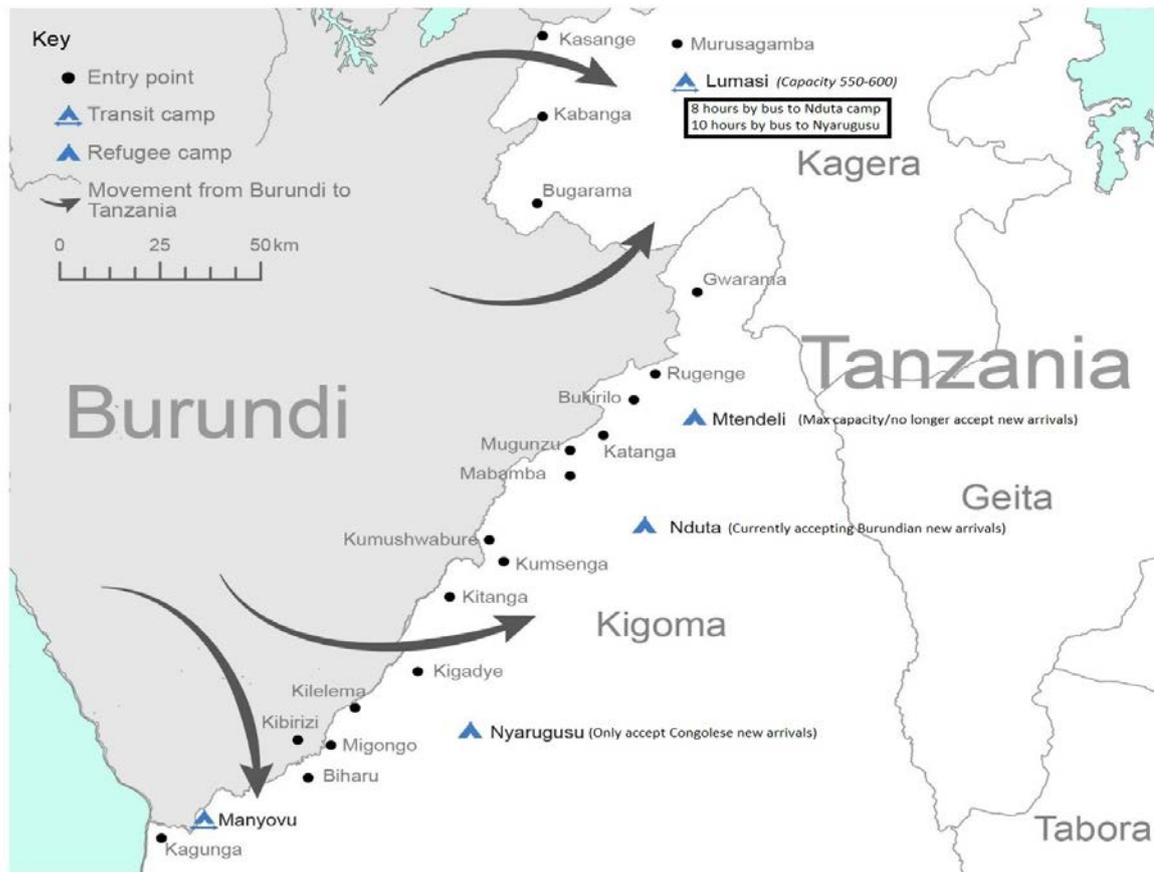


This weekly report is produced by the United Nations (UN) Migration Agency, the International Organization for Migration (IOM) as part of the UN Country Management Team's (UNCMT) response in Tanzania to the influx of Burundian and Congolese Asylum Seekers from Burundi. The current report covers the period from March 13 to March 19, 2017. The next report will be issued on March 27, 2017.



Highlights

- 966 new arrivals (559 males and 407 females). This were composed of 817 Burundians and 149 Congolese Asylum Seekers. Busiest entry points during this week are Kigadye (286 persons), Kitanga (112 persons) and Kasange (78 persons).
- 446 people (255 males, 191 females) at Lumasi transit center and Mtendeli refugee camp 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 during this week were: malaria, conjunctivitis, upper respiratory tract infections, skin infections, and moderate 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>.

TRANSPORTATION

Cumulative Transport Number*

Figure 1. From March 13, to March 19, 2017

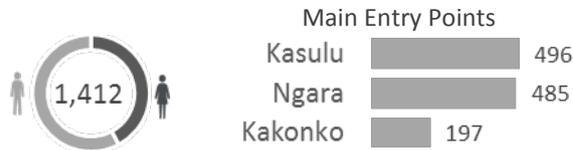
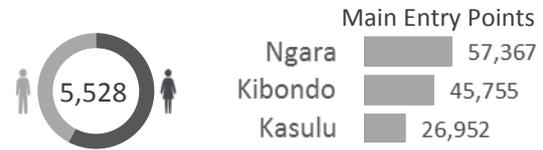


Figure 2. Starting From March 1st



*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.

Figure 3. Daily number of persons transported disaggregated by gender during the reported period

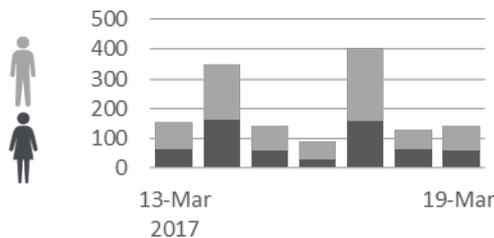
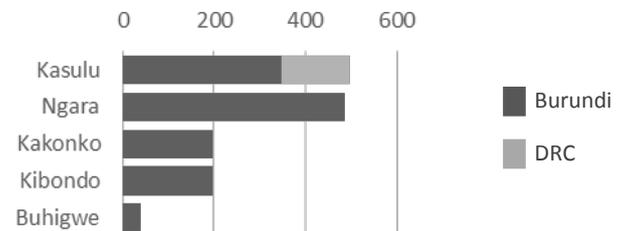


Figure 4. Number of persons transported disaggregated by country of origin to each district

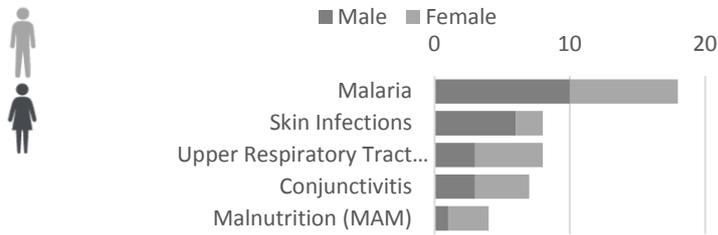


Health

During the reported period, the fit-to-travel medical screenings carried out by the IOM medical team revealed that, 96 cases required medical care. 24 cases were referred to health facilities in the camps. In Nduta camp, 16 cases were referred to MSF hospital and they were: 2 cases of epilepsy, 1 case of goitre, 1 case of acute watery diarrhoea, 2 cases of malaria, 3 cases of moderate malnutrition, 1 case of nasal polyps, 1 case of tinea capitis, 2 cases of self-declared HIV, 1 case of mental disorder, 1 case of chronic pelvic inflammatory disease (PID), 1 case of otitis media. In Lumasi Transit Center, IOM medical team referred 8 cases to Red Cross clinic and they were: 1 case of epilepsy, 3 cases of malaria, 1 case of moderate malnutrition, 1 case of septic wound, 1 case of conjunctivitis, 1 case of pneumonia.

Additionally, there were 27 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



Field Photos:

Photo 1: Asylum Seekers waiting for Government screening at Manyovu Transit Center (IOM)



Photo 2: Preparing Transportation Manifest at Manyovu Transit Center (IOM)

