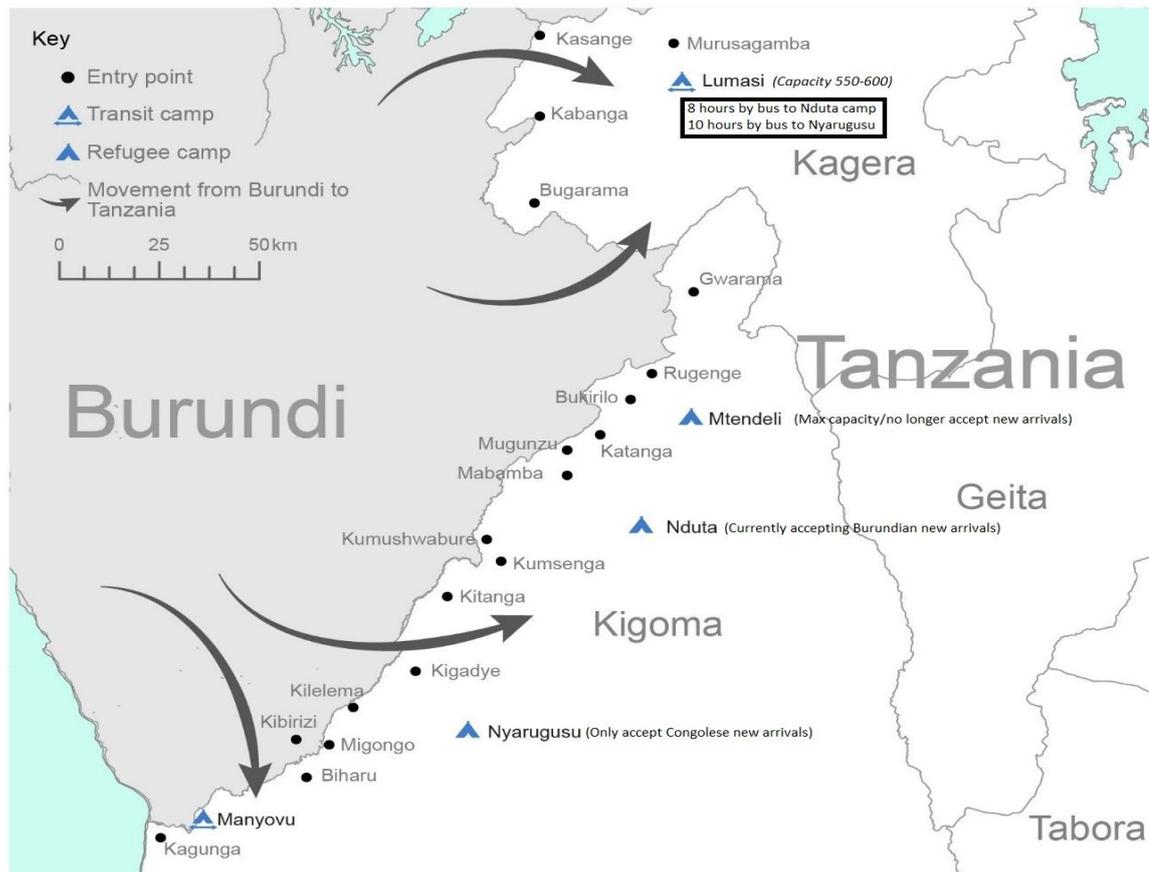


This weekly report is produced by the International Organization for Migration (IOM) as part of the United Nations Country Management Team (UNCMT) response to the influx of Burundian and Congolese refugees from Burundi. The report covers the period from January 2 to January 8, 2017. The next report will be issued on January 15, 2017.



Highlights

- 3177 new arrivals (1865 males and 1312 females). This were composed of 3057 Burundians and 120 Congolese. Busiest receiving points for the week were Mabamba (698 pax), Kabanga (368 pax) and Kasange (587 pax).
- 1298 people (638 males, 660 females) staying at Lumasi transit center were relocated in the reporting period.
- IOM's fit-to-travel medical screening revealed that the top five medical conditions among the new arrivals were: malaria, conjunctivitis, upper respiratory tract infections, skin infections, and acute watery diarrhoea.

For additional information, please contact Dr. Qasim Sufi (QSUF@iom.int) or Mr. Son Ha Dinh (hdinghdmk@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 January 2, 2017 to January 8, 2017

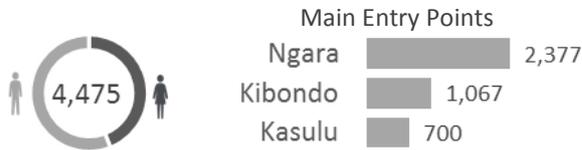


Figure 2. Starting From January 1st 2017



*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.

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

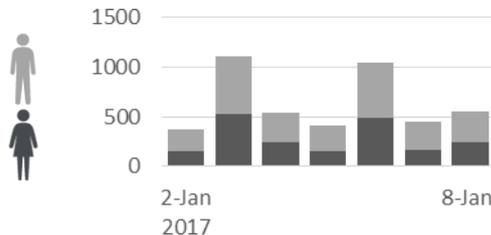
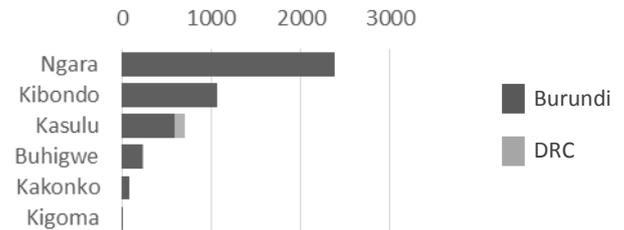


Figure 4. Number of persons transported disaggregated by country of origin for each district

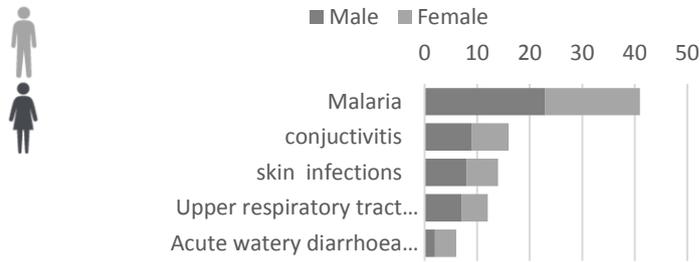


Health

During the reported period, the fit-to-travel medical screenings carried out by the IOM medical team revealed that 203 medical cases required medical care. 46 cases required immediate referral to health partners in the camps. In Nduta camp, 26 cases were referred to MSF hospital and they were: 1 case of perineal tear, 1 case of premature membrane rupture, 4 cases of moderate malnutrition, 1 case of dental abscess, 3 cases of acute watery diarrhoea, 5 cases of self-declared HIV, 3 cases of malaria, 1 case of diabetes, 1 case of epistaxis, 1 case of deep-cut wound, 1 case of septic wound, 1 case of mental disorder, 1 case of pneumonia, 1 case of otitis media, 1 case of leprosy. In Lumasi transit center, we referred 17 cases to TRC clinic and they were: 1 case of dental abscess, 1 case of moderate malnutrition, 8 cases of malaria, 1 case of otitis media, 1 case of genital wart, 2 cases of epilepsy, 2 cases of acute watery diarrhoea, 1 case of self-declared HIV. At Nyarugusu, we referred 3 cases to TRC hospital as follows: 1 case of diabetes, 1 case of septic wound, 1 case of hypertension.

Additionally, there were 73 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: One final look before boarding (IOM)



Photo 2: Assisting inside the bus (IOM)

