WHO Country Office Tanzania Situation Report # 1  
Dar es Salaam,  
May 19 2015

Figure 1: Asylum seekers at Kagunga along Lake Tanganyika shore

Key highlights:
- 105,735 asylum seekers (AS) from Burundi have entered Tanzania through Kigoma (105,316) and Kagera (419) regions
- The AS have assembled on the shores of Lake Tanganyika where the only way to access them on the Tanzania side is through a three hour ferry ride from Kigoma town.
- Health, water and sanitation facilities at this site are limited.
- There is now a cholera outbreak at the site.
- The MOHSW in collaboration with WCO has undertaken an initial health needs assessment of the asylum seekers in Kigoma region
- Number of actual cholera cases reported today was 196. Also there were 117 malaria cases and 123 other cases

Description of the event:
Kigoma and Kagera region have reported an influx of asylum seekers from Burundi. As of 16/5/2015, a total of 103,531 Burundian asylum seekers have entered in Tanzania mainly through Kigoma region. Most of them (over 90%) entered through Kagunga village. The asylum seekers are kept at Kagunga entry point before transfer to Nyarugusu refugee camp via a temporary transit point in Kigoma town (Lake Tanganyika stadium).
Ongoing emergency response by government, WHO and health partners:
A WHO supported health needs assessment has been finalized and initial report widely shared with Health Development Partners. Quick needs have been identified and action is being undertaken to have the gaps filled through the different partners.

A meeting involving UN Agencies and Health Partners was convened by the Deputy Minister for Health, Dr. Stephen Kebwe, on Sunday 17th where an intensive discussion was undertaken in areas of coordination, Human Resources, Surveillance and Services delivery as per feedback received from the assessment. Progress, needs and challenges facing effective health services in Kagunga, Nyarugusu camp and the Lake Tanganyika Transit centre were discussed. Partners agreed to closely focus on Kagunga, however, the required support in all three sites was categorized for further action.

It was agreed that appropriate and skilled Human Resources be deployed the soonest possible. All key aspects of health services be considered while prioritizing those potential to save lives. Other pertinent areas were WASH expertise, availability of drugs and vaccines to support short and longer term interventions and behaviour change. These are on progress through respective agencies and in collaboration with MOHSW and the Regional team.

Regarding Cholera Outbreak/AWD efforts have been made by agencies to supply fluids, and drugs. The first consignment arrived at Kigoma region yesterday. More staff is underway to be deployed from different regions as per arrangement with the MOHSW. In addition plan to recruit staff is underway. Agencies have also sent some of their staff.

Surveillance will be closely executed in collaboration with other DPH health partners and the MOHSW.

UNICEF is addressing Children, WASH and behaviour change aspects. Some medicines/supplies, fliers and vaccines have been/will be donated to support child health interventions. Aspects of child protection and nutrition will be considered. UNFPA has already supported 100 delivery kits. Implementing Partners in the field are continuing with the services.

The health team re-emphasized sharing of information by all sectors to help each one understand how health is complimenting the efforts endured in this crisis.

Inputs to CERF and the ERP for Health have been done as per guidance from Resident Coordinator.

WHO has activated the Emergency Response Framework and graded this emergency as Grade 1 (Out of 3). Progress will be closely monitored as per standard WHO performance indicators. An interagency guideline on emergencies is also being used to guide collaboration and coordination with all Partners.
Challenges and gaps in emergency response

There is overcrowding at Kagunga village, a location that has a difficult terrain and mostly accessible by ferry or boat. Two boats (MV Liemba and recently Malagarasi are engaged in transporting AS to holding centre in Kigoma town, then taken by buses to Nyarugusu Refugee camp at the rate of 1500 per day.

Additional challenges includes inadequate staffing, WASH, nutrition, inavailability of medicines, ORS, IV fluids, vaccines and supplies including PPE etc

The Kigoma region laboratory has confirmed Vibrio cholerae O 01 subtype Ogawa; sensitive to Ciprofloxacin, and tetracycline. There was no Doxycycline disc for testing.

Clinicians in cholera camps were not following standard cholera management protocol and that almost half of cases were given IV Fluids regardless of their degree of dehydration.

Required health actions and plan for the coming days or weeks

WHO is sending to Kigoma two International experts and four from the WHO country office as well as supporting two medical officers and seven nurses and health officers to work in Kagunga. Seven clinicians were mobilize by RMO under WHO support to Kagunga

Medicines and supplies sent by the MOHSW on Sunday arrived on Monday and today morning were shipped to Kagunga village and others delivered to both Nyarugusu refugees camp and Lake Tanganyika stadium. More drugs and supplies consignment expected to be received from AFRO/HQ and shipped to Kigoma. WCO is developing a monitoring tool for drugs and supplies donated.

Four 4 nurses, with additional 4 others have already been identified and are waiting for travel confirmation with WHO Wednesday so they could go to Kigoma. Four are from Dar es Salaam region and the other 4 are from Lugala General Hospital and Mbeya.

A team from EPR at MOHSW in collaboration with WHO/ MOHSW joint mission team will finalize a joint Contingency plan to be submitted tomorrow.