



MSF ACTIVITY HIGHLIGHTS

JANUARY – APRIL 2021

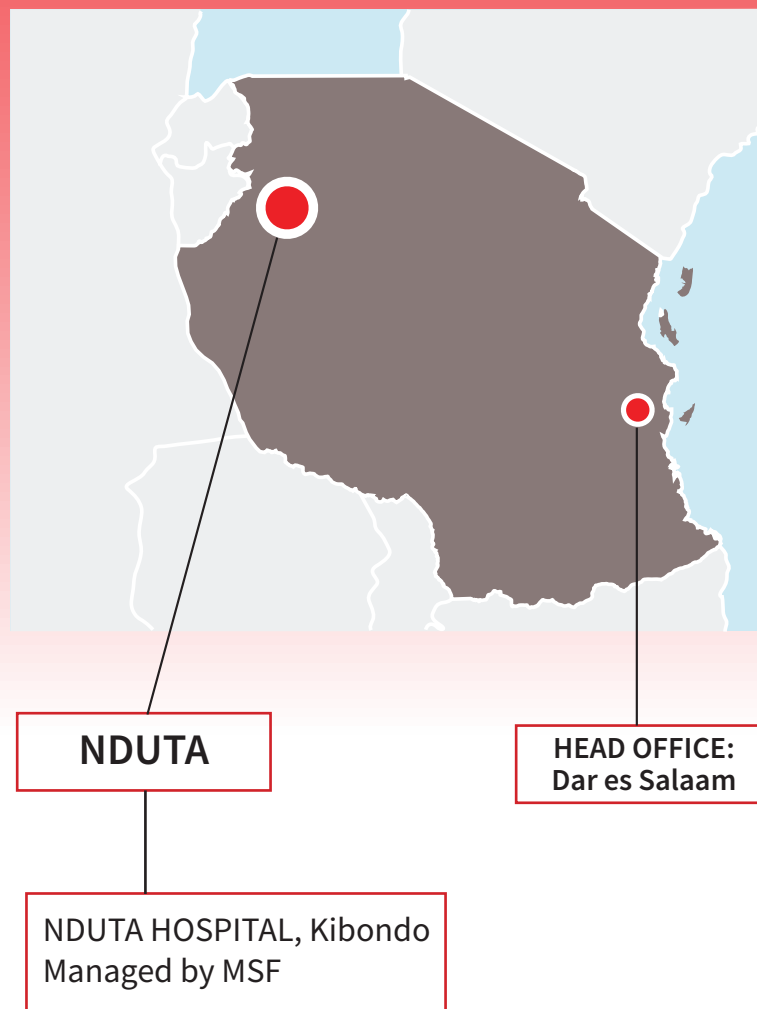


About MSF:

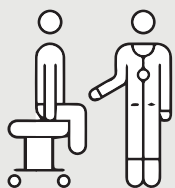
In Tanzania, Médecins Sans Frontières/ Doctors Without Borders (MSF) provides medical assistance to Burundian refugees who live in Nduta camp. MSF currently runs secondary and specialized healthcare services for some 63,000 refugees in the Nduta camp, where our teams run a 125-bed hospital and carry out health promotion activities through a network of community health educators.

Our services, which are also open to around 20,000 Tanzanian host communities who live in surrounding villages, include mother and child care, nutritional support and treatment for tuberculosis, HIV and non-communicable diseases. We also provide mental healthcare and treatment for victims of sexual and gender-based violence, among other services. MSF has been partnering with the nearby Kibondo District Hospital to provide emergency surgery for the refugee population and the local community.

MSF is an international, independent, medical humanitarian organisation that delivers free emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliations. Our actions are guided by medical ethics and the principles of impartiality, independence and neutrality.

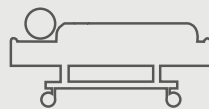


MSF Nduta operations in numbers



32,346

Outpatient consultations



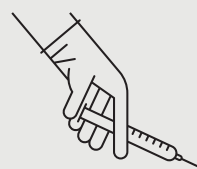
4,155

Inpatient consultations



6,492

Emergency consultations



11,579

Vaccination performed



1,339

Pregnancy deliveries



2,754

Health promotion and sensitization



904

HIV consultations



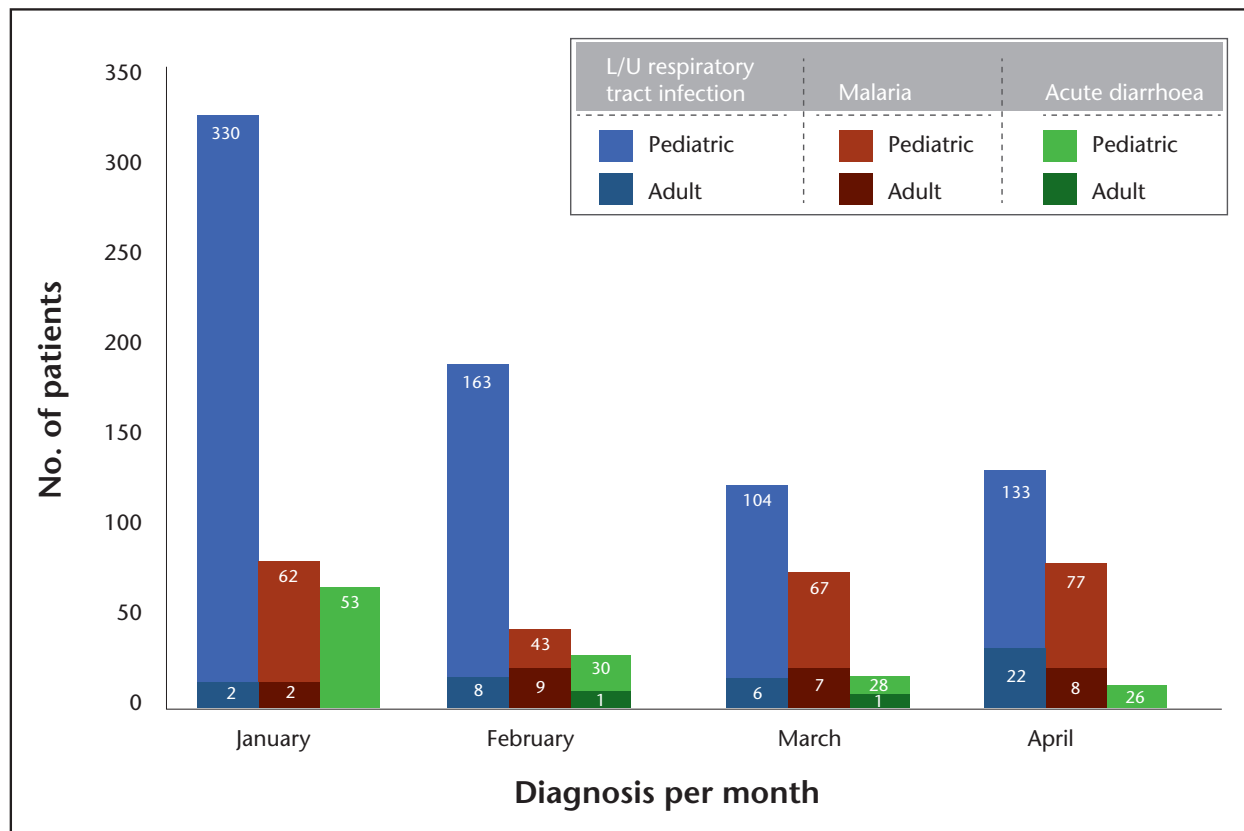
2,628

Mental health consultations

Key highlights

- The outpatient consultations represent the period of January and half of February. On 19 February, MSF handed over its primary health care activities to another partner. The top three diseases in the outpatient consultations were malaria, respiratory tract infections and acute diarrhoea.
- Majority of the vaccinations performed during the reporting period include rotavirus and polio. At least 12 per cent of total vaccinations were aimed at infant.

Top diseases in Nduta Hospital in-patient wards January to April



In January, the most reported diseases were lower and upper respiratory tract infections, which mainly affected children under five-years old. It coincides with a similar trend as compared to last year.

The steep increase of patients particularly children has resulted in a rise of hospitalisations, with pediatric wards experiencing 50 percent increase in bed occupancy rate. MSF team ensures quality services by providing adequate supply of oxygen, medications, and beds to our patients.

Malaria remains among the main diseases both in the primary and secondary healthcare services. During the month of March and April, there has been an increase in malaria, linked to the rainy season.

Despite acute diarrhoea showing a decreasing trend over the last months, it still remains one of main causes of hospitalisation at the Nduta hospital.

Other diseases experienced by our patients during the reporting period include mental and psychiatric conditions mainly for adults, sickle cells disease, risks of sepsis, bronchiolitis - obstructive bronchitis mainly for children among others.



Vaccinations and deworming children

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During January, a three-day long vaccination campaign was carried out by MSF in collaboration with UNICEF, particularly for children between six-months to 5-years old who live in the Nduta camp. The exercise comprised of Vitamin A supplement, Albendazole dose supplement as well as screening for malnutrition to determine child`s nutritional status.

16,844 children received Vitamin A dose supplement which supports their growth and help combat infections.



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15,062 children received Albendazole dose supplement for deworming.

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16,761 children were screened to determine their nutritional status. Following the supplement distribution, majority of the children were found to be well nourished, while only 2.4 per cent were mildly malnourished and 0.3 per cent severely malnourished. Children with mild and severe malnutrition are enrolled in a special programme for supplemental nutritional feeding at the Nduta hospital.



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Strengthening skills and advancing services

In March, a three-day training on snake bite was given to medical doctors, clinical officers and nurses working in the emergency care unit in the Nduta hospital. It aimed at strengthening their skills and ultimately advancing the services provided to our patients. The tailor-made training focused on the venomous snakes found in the Eastern Africa region, particularly in Tanzania, to ensure relevance in applied services. On monthly average, MSF treats around four cases of snake bites, some of which can be serious.



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"Before the training, there was a gap in management of snake bite patients including lack of skills to monitor a patient immediately after arriving to the hospital, ways to manage the case, specifically determining

a moment to administer the anti-venom treatment. It was rather difficult to determine the type of snake venom, either that brings blood clotting or increases blood flow. The handling and treatment process was mostly based on assumptions.

During the training, we were taught how to investigate and monitor symptoms of a snake-bite patient and provide first aid. The training has helped a lot to determine when to administer the anti-venom. Recently we received a pregnant mother who was bitten by a snake. My team and I managed the case in a timely manner and we managed to save the patient.

After the training I have developed a sense of confidence, and I am able to manage patients accordingly. The training's objectives were met," said MSF Clinical Officer, Meshack Kasitu.

MSF Mental Health Activity Manager, Petro Jengela, testifies about his experience working for MSF in Nigeria from February to April 2021 to support the identification of gaps and needs of Mental Health Psycho Social Support (MHPSS) programme in three projects based in Ngala and Gamboru, in Nigeria and Fokotol Cameroon at the northern border of Nigeria and Cameroon.



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"I was in charge to develop and implement MHPSS intervention strategy including recruiting staff and setting up operations. My experience working in Nigeria was quite unique. For the first

time, I had the opportunity of working in an extreme emergency setting. Security is a major challenge there. As compared to Nduta where patients with mental disorders receive 24-hour support, in Nigeria support is limited to only eight hours. In such a context where victims of attacks or kidnapping, sexual and physical violence are frequent, staff experience high level of tension. Majority of the patients we treated there are those severely affected due to security issues.

I have gained a valuable experience. I have strengthened my skills and knowledge to a high degree, for instance through conducting trainings, recruitment process, interacting with diverse skilled people and exchanging knowledge. I have expanded my social and working relationship. I see this as a huge benefit for my career growth and personal exposure" said MSF Mental Health Activity Manager, Petro Jengela.



Five years of providing general healthcare in Nduta refugee camp

“In our family, we have health problems and go to the clinic three or four times each month,” says Emmanuel Ndayishimiye, a Burundian refugee, living in the Nduta refugee camp in northwest Tanzania.

For five years Médecins Sans Frontières/Doctors Without Borders (MSF) has provided health services in the Nduta refugee camp. “The services we receive are really great, thank God. Since MSF arrived here, they have helped us so much,” says Emmanuel.

MSF first started working Nduta in 2015, running an emergency cholera response that followed the arrival of thousands of Burundians fleeing violence in their country. People were arriving in high numbers every day, and the poor living conditions meant that the risk of diseases spreading was high.

MSF quickly built a temporary hospital to respond to urgent needs in the camp. However, as more refugees arrived, MSF expanded its medical services to reduce preventable deaths. Gradually, MSF also extended its health services to cover people living in nearby villages.

By 2017, MSF was running six health posts and a 150-bed hospital, providing comprehensive healthcare to refugees, including outpatient consultations, sexual and reproductive health, vaccinations, mental health counselling and referrals to the nearby district hospital in Kibondo. Hundreds of MSF staff worked around the clock to address the health needs of refugees and local communities, from midwives, nurses, counsellors and medical doctors, to a large network of community health educators.

Today, roughly 63,000 Burundians still live in Nduta, far below the peak of over 120,000 in 2017. MSF outpatient consultations have reduced dramatically, from an average of 34,632 consultations in 2017 a month to 18,953 in 2020. During these consultations, MSF staff treated malaria, diarrhoea, respiratory tract infections, urinary tract infections, skin and soft tissue conditions, neglected tropical diseases, eye diseases and gynaecological issues among other diseases.

As the population of the camp has gradually reduced over the years, with many refugees returning to Burundi, MSF has adapted its medical services.

After five years of providing general healthcare in Nduta refugee camp, MSF recently transferred these activities to the Tanzanian Red Cross Society. This will allow MSF to focus on specialised and complex healthcare services with the aim of improving the quality of care for Burundian refugees and Tanzanian host communities. MSF will continue to run a 125-bed hospital and to facilitate emergency referrals.

“The Tanzanian Red Cross has a long history of providing healthcare to refugees in the region,” said Hassan Miyaki, MSF’s country representative in Tanzania. “We are now working to ensure a smooth handover, and will strive to continue our collaboration so that refugees and host communities can benefit from our complementary health services in the Nduta refugee camp.”

Malaria remains among the main diseases despite a tremendous reduction in the number of patients with malaria in the camp. MSF teams treated 11,779 patients each month with malaria in 2017, but this had fallen to just 2,500 by 2020.

The successful efforts to reduce malaria transmission in the camp are largely thanks to the integrated malaria control activities conducted by MSF teams. These include diagnosis and medical treatment, identification of high incidence areas, use of agents to kill mosquito larvae, distribution of mosquito nets, health education, and malaria mosquito surveillance and control.

MSF will continue to focus on integrated malaria control activities and will aim to extend this programme to surrounding host villages as well.





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World Malaria Day Key messages

Malaria vector control is one of the most successful programme run by MSF in the Nduta camp. Due to its integrated activities, malaria transmission has been significantly reduced in the camp. MSF commemorated the World Malaria Day of 25th April 2021 by highlighting key messages linked to malaria activities.

Of the 30,595 malaria patients treated at Nduta health facility last year, 70% are above 5-year old and 30% are under 5.



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© Tumaini Kombe/ MSF

Our community health educators went door to door to inspect the conditions of mosquito nets for all households located in areas prone to malaria in the Nduta camp. Mosquito nets with less than 5 holes were identified for reparations.



© Beda Modest/ MSF

Ahead of the malaria peak season in the camp, some 11 skilled labours have repaired 262 mosquito nets from 326 households; with each household containing an average of 5 persons.



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Our medical and malaria control teams are working tirelessly day by day to ensure reduction of malaria transmission is feasible at all costs.