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ANNUAL REPORT 2020

MSF OPERATIONS IN TANZANIA

In Tanzania, Médecins Sans Frontières/Doctors Without Borders (MSF) provides medical assistance to 63,000 Burundian refugees living in Nduta camp and more than 20,000 Tanzanians in the surrounding villages. For five years, until February 2021, MSF was the main healthcare provider in the camp. Today, while general healthcare services have been handed over to a local partner, MSF continues to manage a 125-bed hospital and carry out health promotion activities through a network of community health educators in the camp.

MSF provides mother and child care, nutritional support, malaria control activities, sexual and reproductive health (SRH) services, and treatment for tuberculosis, HIV and non-communicable diseases (NCDs). We also provide mental healthcare and treatment for victims of sexual and gender-based violence. MSF also partners with the nearby Kibondo district hospital to provide emergency surgical care for the refugee and host communities.

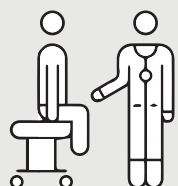
In 2020, MSF put in place emergency response measures to prepare for a potential coronavirus outbreak in Nduta camp. Our teams reinforced coronavirus infection prevention and control measures in the health posts and hospital, while our community health educators distributed 89,022 cloth masks to anyone over the age of 11 living in the camp.



MADAKTARI WASIO NA MIPAKA

ANNUAL ACTIVITY HIGHLIGHTS 2020

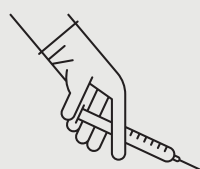
MSF Nduta operations in numbers



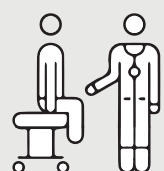
293,582
Outpatient
consultations



30,595
Malaria cases
treated



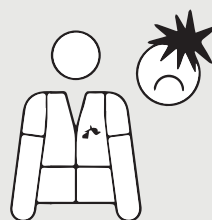
68,747
Vaccinations
performed



36,984
Consultations
for SRH*



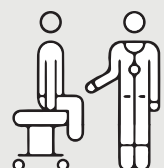
12,872
Inpatient
consultations



11,468
Mental health
consultations



3,951
Pregnancies
delivered



13,260
Consultations for
NCDs**

Key update

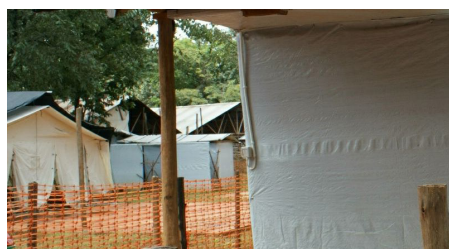
Despite a significant decrease in the number of patients with malaria, at 59 per cent compared to 2019, it remained among the main health issues in 2020. MSF teams continued to implement integrated malaria control activities in Nduta camp, which over time have proven to help reduce malaria transmission. This included surveys to identify high incidence areas, use of agents to kill mosquito larvae and distributing mosquito nets. In addition, our community health educators went door to door to raise awareness and educate Burundian refugees on health prevention measures. This year, MSF extended its malaria control activities to two surrounding villages, Nengo and Kumhasha.

* Including antenatal care, postnatal care and family planning

** Including sickle cells, hypertension, diabetes, asthma and epilepsy.

MEDICAL HIGHLIGHTS

In 2020, MSF continued to provide comprehensive healthcare services to refugee and host communities in and around Nduta camp. MSF's **integrated primary healthcare services** treated hundreds of thousands of patients and provided many more with preventative education to reduce the spread of diseases, mental health counselling, and mother and child care. Alongside this, MSF's **secondary healthcare services** provided inpatient care, neonatal intensive care, psychiatric care, maternal care and nutritional care, and funded and organised **emergency surgical procedures** at Kibondo district hospital.



Coronavirus preparedness and emergency response:

MSF maintains an emergency response capacity in Nduta camp in order to respond to outbreaks of diseases among the refugee population. In March 2020, MSF started an emergency response to prepare for a potential coronavirus outbreak in the camp. This followed the first positive case being confirmed by the Tanzanian authorities in another region. MSF quickly adapted its processes and operations to facilitate an outbreak response, while ensuring that all patients continued to receive the services and care they needed. Community health educators ran health promotion and education activities for refugee communities on hygiene and best healthcare practices.

We increased staffing levels, recruiting a senior emergency project lead and 164 medical and logistics staff. 434 staff were trained for the coronavirus response, with focus on identifying new cases, triage, screening, infection prevention and control, and patient management. MSF built an isolation centre at Nduta hospital, and established pre-triage and triage spaces at both the hospital and four health posts. Despite having 13 patients isolated in the centres, no patients



in Nduta have so far tested positive for coronavirus.

Malaria control programme:

In October 2020, the malaria control team conducted a survey to monitor and identify areas in Nduta camp with high incidences of malaria. The findings helped our community health educators to identify households located in high risk areas. These households were given insecticide-treated mosquito nets, and were the focus of efforts to kill mosquito larvae and regular mosquito surveillance and control. On average, each month in 2020 around 845 insecticide-treated mosquito nets were provided to patients who received palliative care, pregnant and breastfeeding mothers and to children under five years to help keep them safe from malaria.



Mass vaccinations: MSF worked with the Ministry of Home Affairs and UNICEF to implement various campaigns in Nduta camp. In July 2020, a successful three-day mass vaccination campaign provided 95 per cent of children aged between six and 59 months with vitamin A supplements, mebendazole to treat parasitic worm infections, vaccinated them against measles and rubella vaccine, and screened them for signs of malnutrition.

Community preventive activities: Our teams continued to provide quality preventive activities, including health promotion and education, patient support and counselling, and palliative care to refugees in Nduta camp.

Adapting primary healthcare activities: MSF continued to adapt its primary healthcare services based on the needs of the people living in Nduta camp. The number of refugees living in Nduta fell from 120,000 in 2017 to only 70,000 by end of 2020, and the number of outpatient consultations reduced by 29.4 per cent over the same period. An assessment of the situation found that the current population would be adequately served by three health posts. As a result, one of MSF's four health posts was closed in December 2020, leaving three operating in Nduta camp.

LOGISTICS HIGHLIGHTS



MSF continued to facilitate quality and timely delivery of medical supplies and service for its patients. In 2020, MSF built a 15-bed maternity ward and a 90-bed coronavirus isolation centre in Nduta hospital, triage facilities at the main gates of Nduta camp, and four health posts. Additionally, the paediatric ward, sterilisation room and latrines of the health posts were rehabilitated with concrete blocks.

Support to host communities: Our teams ran malaria control activities, including mapping of mosquito breeding sites and use of agents to kill mosquito larvae in Nengo and Kumhasha, two villages near Nduta camp.



ADMINISTRATIVE HIGHLIGHTS

Team diversity is a key institutional priority for MSF around the world. In Tanzania, MSF teams are composed of Tanzanian national staff and Burundian volunteers, working alongside a small team of international experts who support their activities by providing training, mentoring and coaching across a range of specialities.

By May 2020, there had been a 10 per cent increase in staff. Additionally, hundreds of staff were recruited on temporary basis to support the coronavirus response in the camp.

MSF promotes and encourages its staff to develop their careers by helping them learn new skills and by providing them with opportunities to work abroad to strengthen their expertise. For example, our

Tanzanian nurse activity manager was sent to work in South Sudan for three months. Various training sessions were conducted online and in-person for staff, including communications and coronavirus response in an emergency setting.

Budget

The total budget for all activities in the country amounted to US\$ 9,767,070.

MSF would like to extend its appreciation to all of its humanitarian and medical partners in Tanzania, and most importantly to the Tanzanian authorities for their esteemed support, in particular representatives from the Ministry of Home Affairs, Ministry of Health and the Medicines and Medical Device Agency. Their cooperation has contributed enormously to the overall success of our mission.