MSF INDIA ACTIVITY REPORT 2017

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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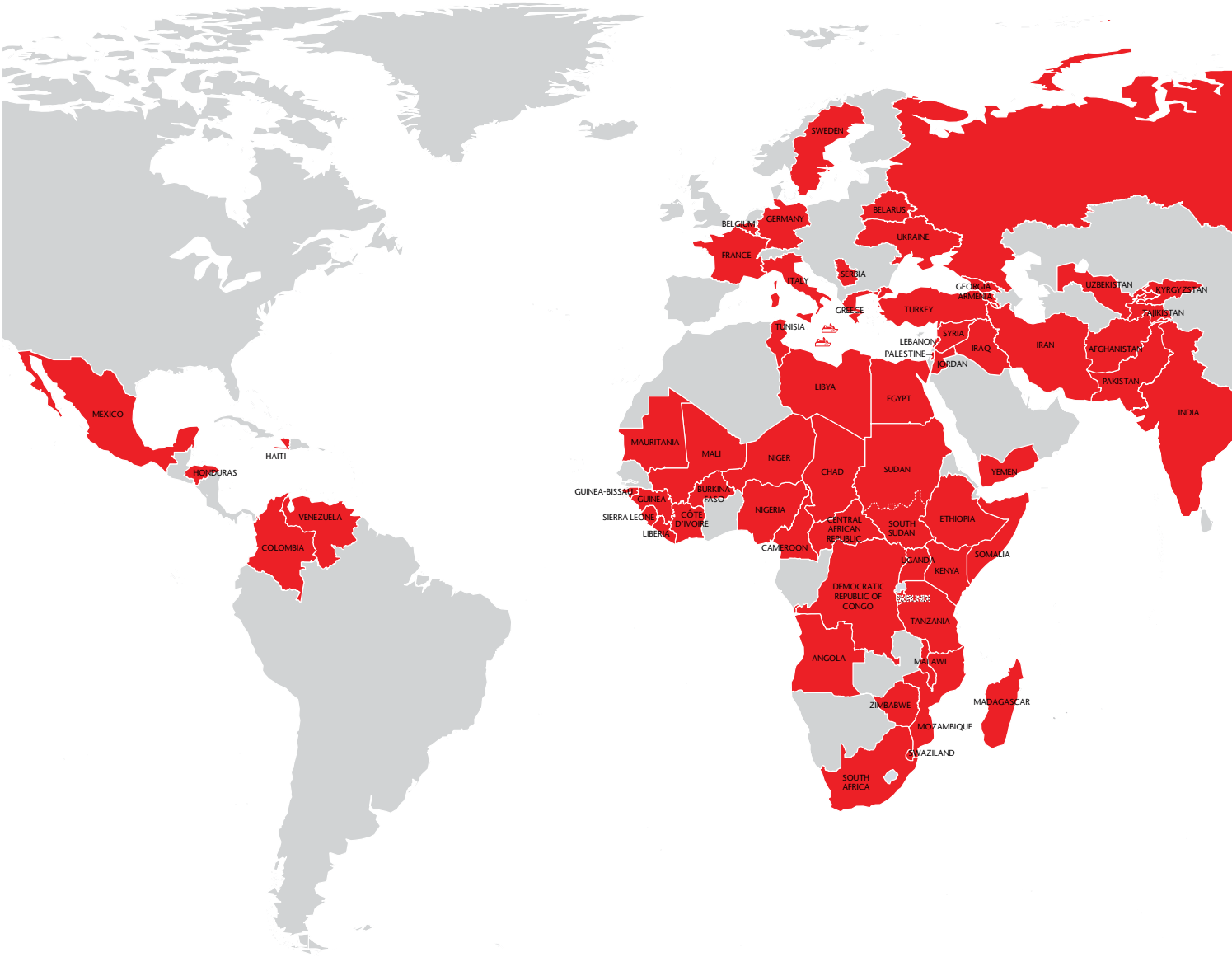
MSF PROGRAMMES AROUND TH



Disclaimer: The map and boundaries do not reflect any position by MSF on their legal status.

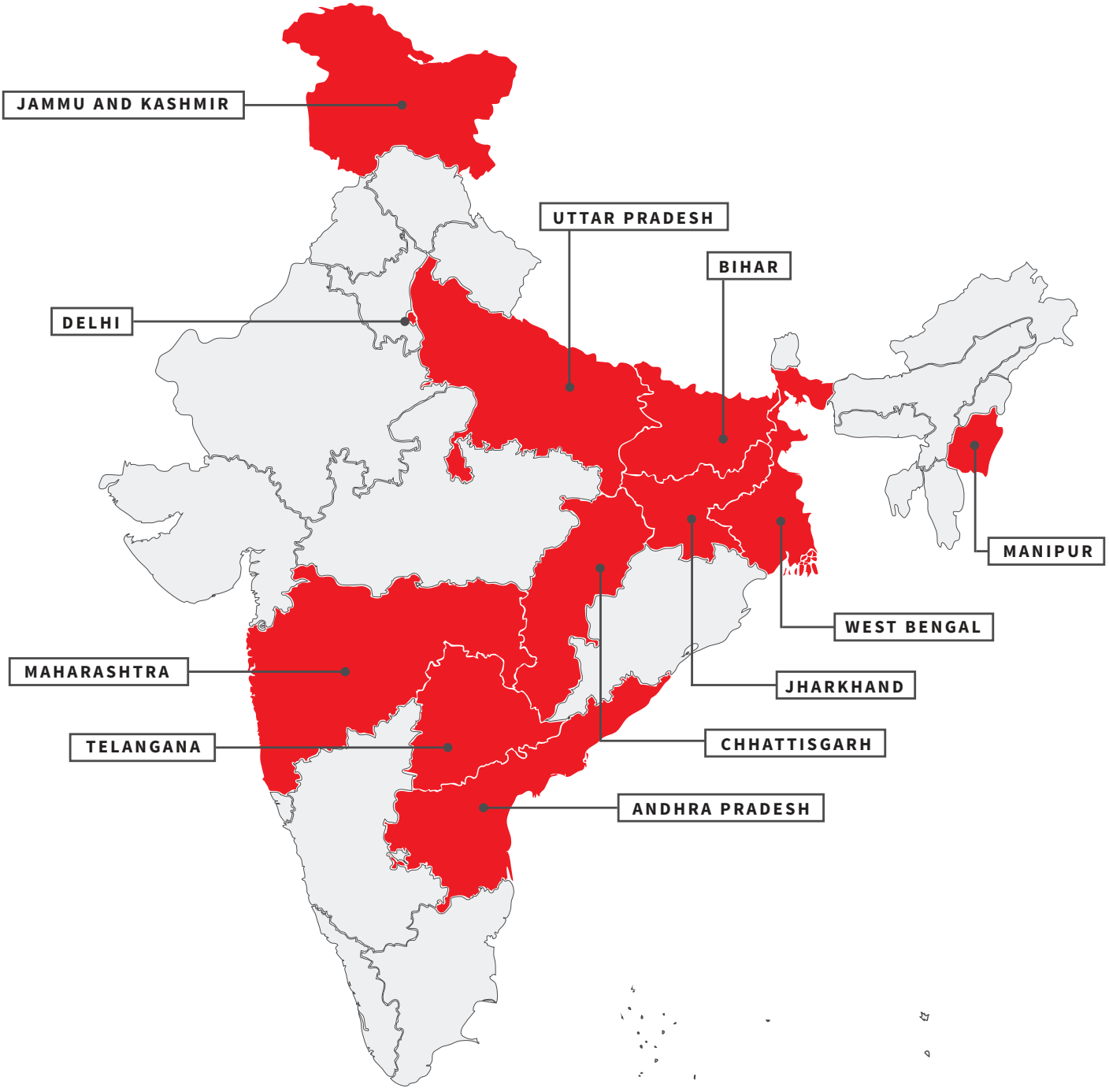
HE WORLD

Doctors Without Borders / Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural and man-made disasters and exclusion from healthcare in more than 70 countries. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation.

MSF has worked in India since 1999. Our teams currently provide free medical care in 10 states. We also advocate for the development of more effective and affordable medicines to improve access to treatment globally.

MSF was awarded the 1996 Indira Gandhi Prize for Peace, Disarmament and Development and the 1999 Nobel Peace Prize.

MSF IN INDIA



Disclaimer: This map represents MSF's projects in India from January-December 2017. Place names and boundaries do not reflect any position by MSF on their legal status.

INDIA ACTIVITY HIGHLIGHTS 2017

10,659
cases of malaria treated

1,989
TB (drug-sensitive and drug-resistant) patients treated

707
severely malnourished children treated

1,511
hepatitis C patients (mono and co-infected) treated

167
patients treated for kala azar-HIV co-infection

869
mobile clinics conducted

251
patients medically treated for sexual violence

4,349
counselling sessions for survivors of sexual violence and people traumatised by conflict

ANDHRA PRADESH
CHHATTISGARH
AND TELANGANA

Longstanding, low-intensity conflict has left large sections of the population of Andhra Pradesh, Chhattisgarh and Telangana without access to healthcare, especially in very remote areas of the states. Medical facilities are few and far between, and in such a scenario even preventable, treatable conditions such as malaria can assume life-threatening proportions.

WHAT WE DO

MSF conducts mobile clinics to take primary healthcare to people living in remote villages, who find it extremely difficult to access medical care. Our teams provide free treatment for malaria, respiratory infections, pneumonia and skin diseases among others. The clinics also offer a separate area for women to address needs in reproductive health, where group and individual sessions are conducted on topics such as hygiene, care of newborns and sexually transmitted infections.

IN 2017

For people with limited or no access to healthcare, MSF continued to conduct mobile clinics to provide primary healthcare in remote villages in south Chhattisgarh, north Andhra Pradesh and north Telangana. Efforts to raise awareness on relevant health issues continued though interactive presentations on malaria, breastfeeding, use of latrines, general hygiene, HIV/AIDS, scabies and more.

55,810
OPD consultations

10,659
patients treated for malaria

150
TB cases treated

1,358
measles doses given

1,873
DTP vaccines given

869
mobile clinics conducted

MOTHER & CHILD HEALTH CENTRE
2009 - 2017

MSF's 15-bed Mother and Child Health Centre (MCHC) had been providing reproductive, paediatric and TB care in Bijapur town in Chhattisgarh since 2009. With the district hospital having expanded its facilities with relevant equipment, personnel and specialised care, MSF closed the MCHC in June 2017.

2,18,033
OPD consultations

1,960
measles doses delivered

2,760
DTP vaccines given

2,379
babies delivered

3,343
postnatal consultations

1,344
family planning consultations

37,758
antenatal consultations

1,626
admissions to therapeutic feeding programme

©Sami Siva

Our clinics are most often under a tree. We create a place for registration, nurses, doctors, laboratory technicians and drug dispensers. We don't have any table or chair, we sit on the floor on a tarp sheet. Or we take a charpai from a house nearby and start the clinic.

- DR MANOJ SARMA

MSF Doctor

BIHAR

Kala azar (visceral leishmaniasis) is a neglected tropical disease that is almost always fatal if left untreated. It spreads through the bite of a sandfly, and disproportionately affects the poorest and most vulnerable communities. People living with HIV are over over 100 to 2,320 times more likely to develop kala azar in areas of endemicity, and patients co-infected with HIV and kala azar are at a greater risk of death.

WHAT WE DO

Bihar has 80 per cent of the kala azar cases reported in India. After treating more than 13,000 patients since 2007 in Bihar's Vaishali district, MSF began focusing on the treatment of kala azar-HIV co-infection in partnership with the Rajendra Memorial Research Institute of Medical Sciences (RMRIMS) in Patna in 2016.

As the MSF ward treats patients from all over Bihar, MSF outreach teams raise awareness about kala azar-HIV co-infection and advocate for appropriate testing and referral of patients from other districts with different stakeholders such as private clinics, doctors, medical colleges, district and block level government health staff and organisations working on HIV/AIDS and kala azar prevention across Bihar.

172

kala azar-HIV co-infected patients admitted

167

kala azar-HIV co-infected patients treated

IN 2017

MSF organised district-level workshops in Muzaffarpur, Saran, East Champaran, Darbhanga and Vaishali for stakeholders from the Ministry of Health and post-graduate students in medical colleges. They were trained on the importance of addressing kala azar-HIV co-infection for elimination of kala azar, as well as the process of referring kala azar-HIV cases to MSF's ward in RMRIMS, Patna.

As part of continued advocacy and technical support, MSF conducted trainings in four kala azar-endemic districts of Jharkhand (Dumka, Gudda, Pakud and Sahibganj) to demonstrate the preparation and administration of AmBisome. A presentation on kala azar-HIV co-infection was also made in the same event.

MSF's health promotion team set up a system for reporting kala azar-HIV cases and expanded health promotion activities to all 33 kala azar-endemic districts of Bihar. ***This resulted in a 200% increase in the reporting of kala azar-HIV cases as compared to 2016.***

MSF participated in "Bihar Diwas" organised by the district hospital in Siwan, where several health officials were trained on identification and referral of kala azar-HIV co-infected patients.

A construction worker by profession, Raju*, 40, would frequently travel outside Bihar for work. Two years ago, he decided to settle down in Patna to spend more time with his wife and children. That's when his troubles began. "I would frequently get fever. My head would feel heavy and my vision would get blurry," he remembers. "I couldn't even enjoy my food."

After being diagnosed with kala azar at Sadar Hospital, Raju tested positive for HIV. "I felt ashamed to tell people. Till date, no one but my wife knows," he says. "When my kids ask me about my medicines, I have to lie to them."

Raju's HIV status makes him susceptible to relapse of kala azar. He is now on antiretroviral medication for HIV, and visits RMRIMS at regular intervals so MSF teams can follow up on his kala azar treatment. He has been too weak to work for the last one and a half years, but he is hopeful his situation will change for the better. "I want to get back to work so I can provide for my family again."

**Name changed on request*

DELHI

Sexual and gender-based violence (SGBV) is a medical emergency. Survivors of SGBV require immediate medical care in order to limit some of the serious consequences to their health, such as unwanted pregnancy and sexually transmitted infections. Violence can also affect the mental health of survivors, and lead to anxiety, depression and post-traumatic stress disorder.

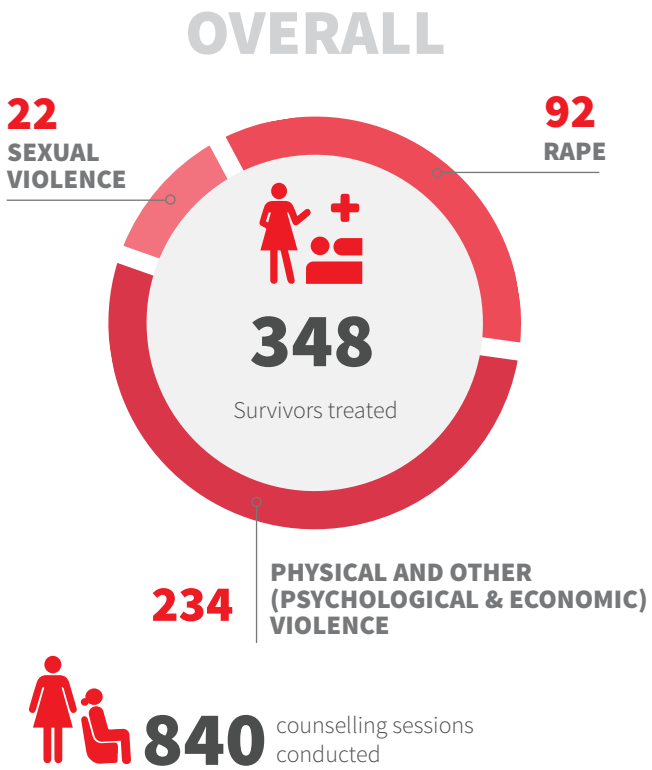
WHAT WE DO

In November 2015, MSF opened Umeed Ki Kiran, a community-based clinic in North Delhi's Jahangirpuri area. In line with the national protocol, the 24x7 clinic provides quality treatment (treatment of injuries, prevention of HIV/AIDS, unwanted pregnancy, sexually transmitted diseases) to survivors of sexual violence, rape and domestic violence. In addition, our counsellors offer psychosocial support to reduce the risk of psychological complications which can occur as a result of violence.

IN 2017

MSF continued to work with community-based organisations, police, government protection agencies, Health Ministry and other stakeholders to highlight the clinic's services and create an efficient referral system to receive and refer victims that need help. The Delhi Commission for Women, Deputy Commissioner of Police- North West Delhi, Delhi Commission for Protection of Child Rights, Child Welfare Committee and Special Police Unit for Women and Children officially recognised MSF's Umeed Ki Kiran clinic and utilise the services as and when needed.

Through a successful collaboration with the Directorate of Education, an interactive puppet show was exhibited at six government schools where school children were educated on child sexual abuse. Trainings were also organised for police and auxiliary nurse midwives (ANMs) to sensitise them on the issue. The clinic continued to provide holistic medical and psychological care to victims who sought help.

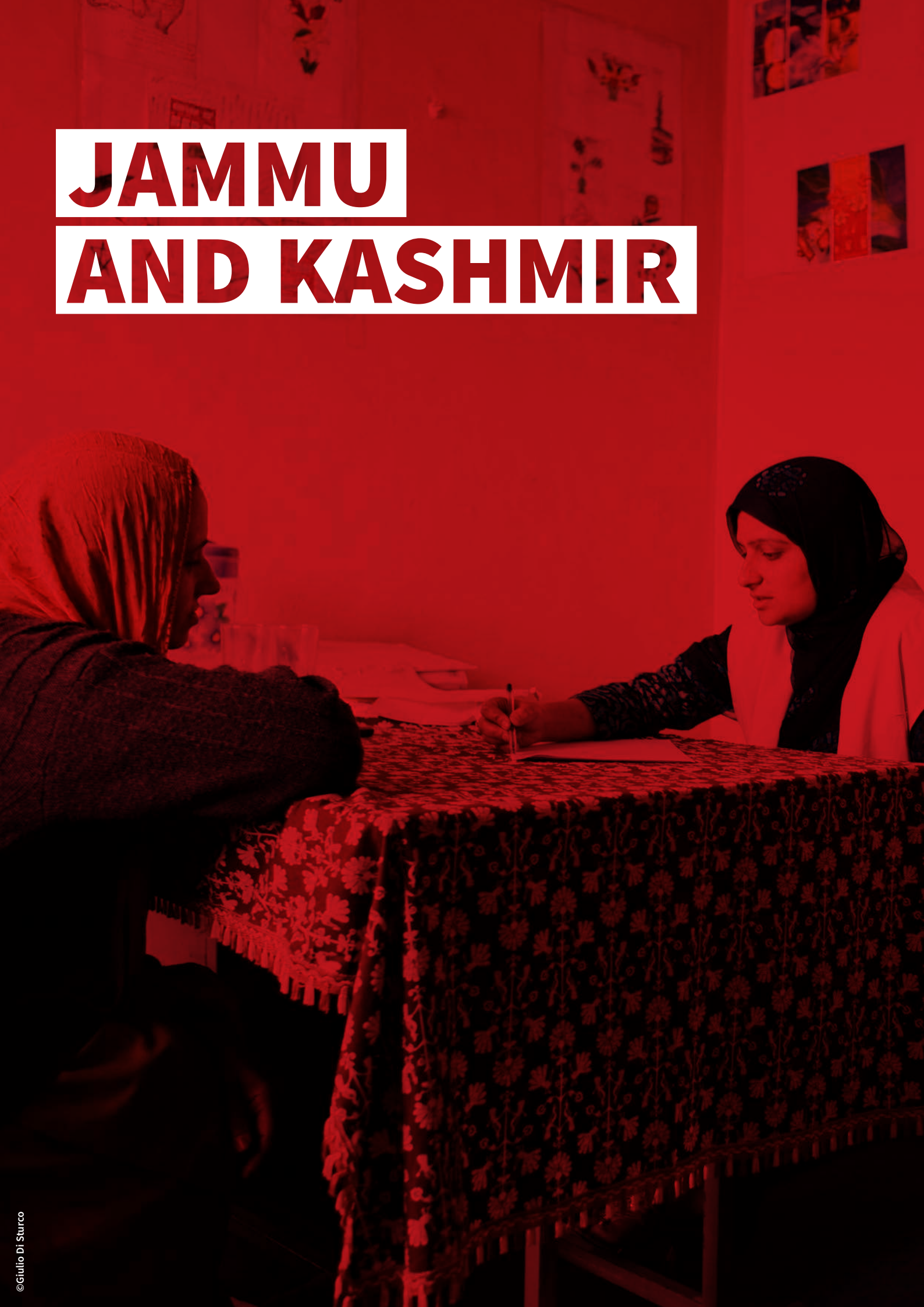


©Showkat Nanda

Survivors of sexual assault require immediate medical care so that their injuries are treated and unwanted pregnancies and sexually transmitted infections like HIV are prevented. Survivors are often in mental distress and require psychological care to cope with trauma.

- DR YASODA KURRA
MSF Doctor

JAMMU AND KASHMIR



Years of conflict in Jammu and Kashmir have taken a toll on people's mental health in the state. According to a survey conducted by MSF in 2015, nearly 1.8 million adults (45% of the adult population) in the Kashmir Valley show symptoms of significant mental distress. This is compounded by the stigma associated with mental illness.

WHAT WE DO

MSF has been providing free, high-quality counselling to people affected in the valley since 2001. Currently, our teams provide counselling services at hospitals in four districts – **Baramulla, Bandipora, Pulwama and Srinagar.** To combat the stigma associated with mental illness, MSF teams also raise awareness on the importance of mental health and the need for availability of mental health services in the valley.

IN 2017

MSF in collaboration with a local association conducted psycho-education sessions for groups of pellet gun victims. Similar sessions were also organised for schools across the valley with an aim to educate the audience about the importance of mental health, signs and symptoms of mental disorders, various coping mechanisms that can help combat such conditions and the need to seek help from professional counsellors if need be.

MSF counsellors continued to provide free, high-quality counselling to those affected in the district hospitals in Baramulla, Srinagar, Bandipora, Pulwama; sub-district hospital in Sopore and SKIMS Soura in Srinagar.

3,817

individual counselling sessions conducted

1,527

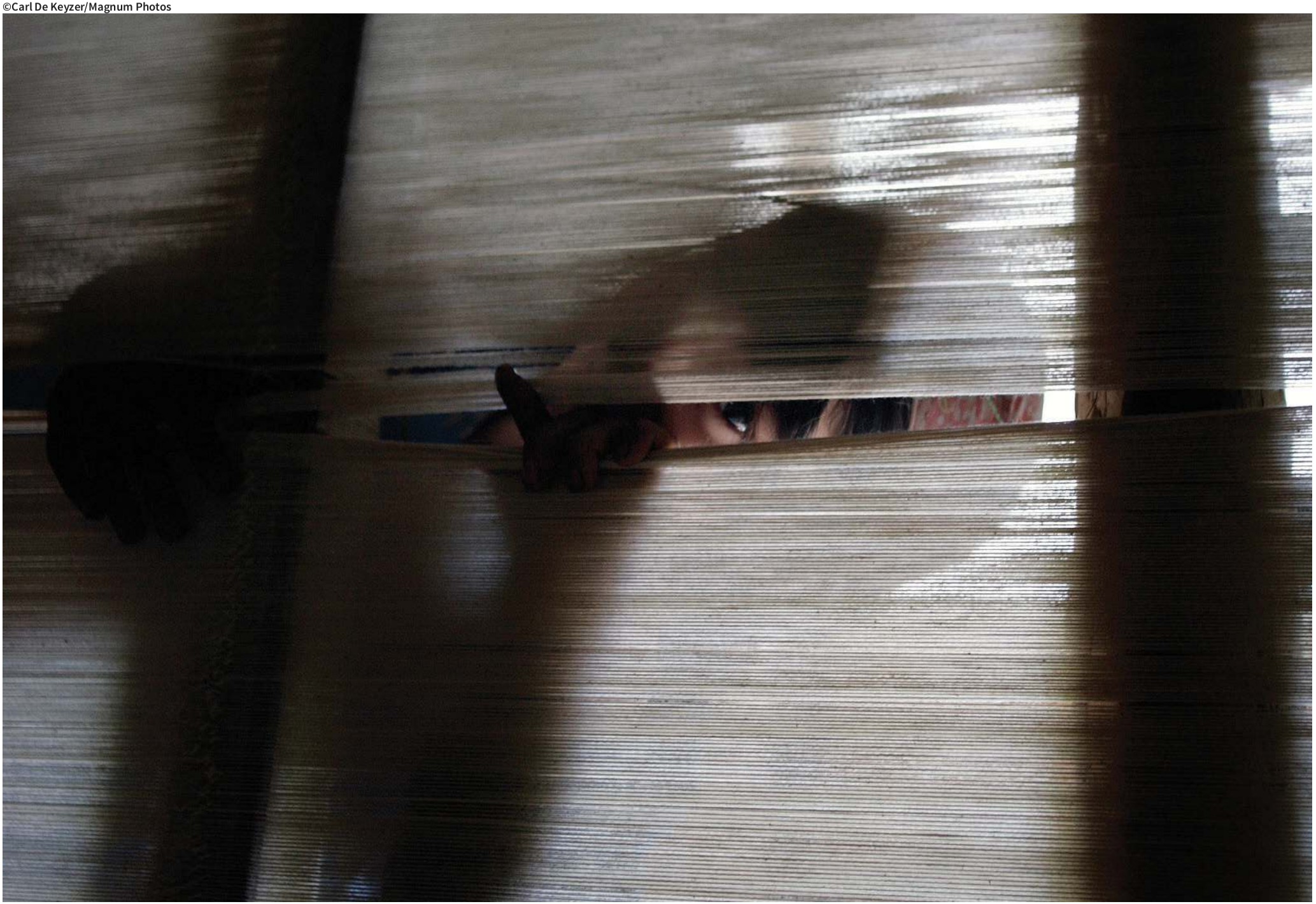
were first visits

60%

of first visits were females

34%

of first visits were from the age group 20-29 years



It's rewarding to see a patient progress from depression. There is still a long way to go in making counselling acceptable, and in making services readily available for those affected.

- SHAH AKMAL

MSF Counsellor

Severe acute malnutrition (SAM) is a medical condition that weakens the immune system and reduces the ability to fight off infection. That is why severely malnourished children have a much higher chance of dying from common childhood illnesses such as respiratory infections or diarrhoea. India has the largest burden of severe malnutrition in the world, with 93 lakh children under the age of five affected by SAM.

WHAT WE DO

MSF believes the treatment of SAM requires a decentralised, community-based approach to ensure greater treatment coverage and reduce the risk of patients defaulting on treatment. From 2009-2015, MSF treated over 17,000 children in Bihar's Darbhanga district with the community management of acute malnutrition (CMAM) model. Based on the learnings from the Darbhanga project, in June 2017, MSF launched a programme in collaboration with the Ministry of Health and State Nutrition Mission in Jharkhand's Chakradharpur block to identify and treat children with SAM using the CMAM model.

IN 2017

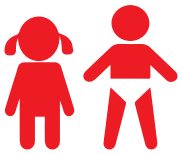
MSF organised participatory trainings for sahiyas (village level health workers) in Chakradharpur block, with a focus on understanding malnutrition and the community management of acute malnutrition model. During these sessions, the sahiyas explored and analysed some of the social and cultural practices leading to malnutrition.

MSF joined the frontline workers of the Integrated Child Development Services (ICDS) in observing World Breastfeeding Week from 1-7 September 2017. MSF participated in a rally with ICDS staff, and addressed various myths associated with breastfeeding and encouraged the consumption of local foods and diets in a workshop for sevikas (anganwadi workers).

MSF organised a media training workshop in Ranchi which focused on malnutrition as a social and medical problem in India and MSF's community-based approach to treating SAM.

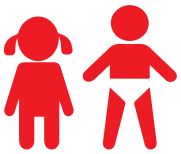
1,421

children screened for SAM



594

SAM children treated through the CMAM approach



113

SAM children admitted to inpatient facility

©Aahana Dhar/MSF

I met a few health workers from MSF in my village and they were explaining malnutrition to everyone. The symptoms were very similar to what Sanjana, my daughter, had. They told me about the health centres and encouraged me to visit. I have been going to MSF for the past five months now. I have been giving Sanjana proper medication, and maintaining the hygiene in and around the house. She now eats everything and plays with children in the neighbourhood. I feel extremely happy to see my child healthy.

- LAXMI

Mother of Sanjana

MAHARASHTRA

Drug-resistant tuberculosis remains a major threat to global health. Of the 10 million people who fell ill with TB in 2016, over half a million are estimated to have resistance to the most effective drugs used to treat TB. India has 84,000* cases of drug-resistant TB with the highest number of TB deaths worldwide.

Highly drug-resistant forms of TB are much harder to cure than drug-sensitive TB, as the standard TB drugs don't work, and the limited treatment available involves long, complex, toxic and expensive treatment. Therefore there is a need to broaden access to effective treatment through expansion of drug susceptibility testing (DST), patient-centered models of care, and better access to new drugs bedaquiline and/or delamanid for patients affected by severely resistant forms of TB.

WHAT WE DO

In Mumbai, where drug-resistant strains of TB are on the rise, we have been running a clinic since 2006, where we treat patients who require treatment regimens which are not available in the public sector.

Additionally, since 2016 we have been supporting the Revised National TB Control Programme (RNTCP) in one of the highest TB-burden wards of Mumbai (M/East Ward) to provide high quality and holistic, patient-centred care for multidrug-resistant TB (MDR-TB) patients.

MSF teams also provide support to two major hospitals in Mumbai: KEM (viral load monitoring for people living with HIV) and Group of TB Hospitals, Sewri (patient counselling and infection control).

IN 2017

MSF's clinic in Mumbai treats patients with severe drug resistance, who have no remaining treatment options, with the new drugs bedaquiline and delamanid. Interim outcomes are promising: 74 per cent patients had sputum conversion at six months, 17 were cured and had completed their treatment until the end of December 2017.

In the **M/East Ward of Mumbai**, MSF collaborates with the national program for a cohort of 1500 DR-TB patients. MSF built a model TB OPD at the Shatabdi Hospital in Govandi in 2016, and initiated use of GeneXpert for testing all presumptive TB cases as well as baseline drug susceptibility tests to implement individualised treatment regimen. In June 2017, full coverage of this diagnostic algorithm was achieved in the ward. Now MSF is planning to initiate a community-based model of care for comprehensive patient-centred follow up of this cohort to support them complete the treatment.

In the **Group of TB Hospitals, Sewri**, MSF appointed a peer-educator to strengthen patient support activities. The peer-educator supports TB education sessions in the inpatient and outpatient department of the hospital and acts as a role model for other patients.

The MSF HIV collaborative project in **KEM Hospital** - offering support through an innovative 1st line ART model of care - has been accepted by National AIDS Control Organization (NACO) and is now implemented in all ART centres in Mumbai.

*Global Tuberculosis Report 2017

MSF Clinic

115
people living with HIV on treatment

82
DR-TB patients on treatment

17
DR-TB patients cured and completed their treatment with new drugs

924
counselling sessions held

15
health education sessions held

50
support group meetings conducted

M/East Ward

1,424
DR-TB patients on treatment

193
DR-TB patients completed their treatment

7,682
counselling sessions held

468
health education sessions held

112
support group meetings conducted

Group of TB Hospitals, Sewri

2,230
counselling sessions held

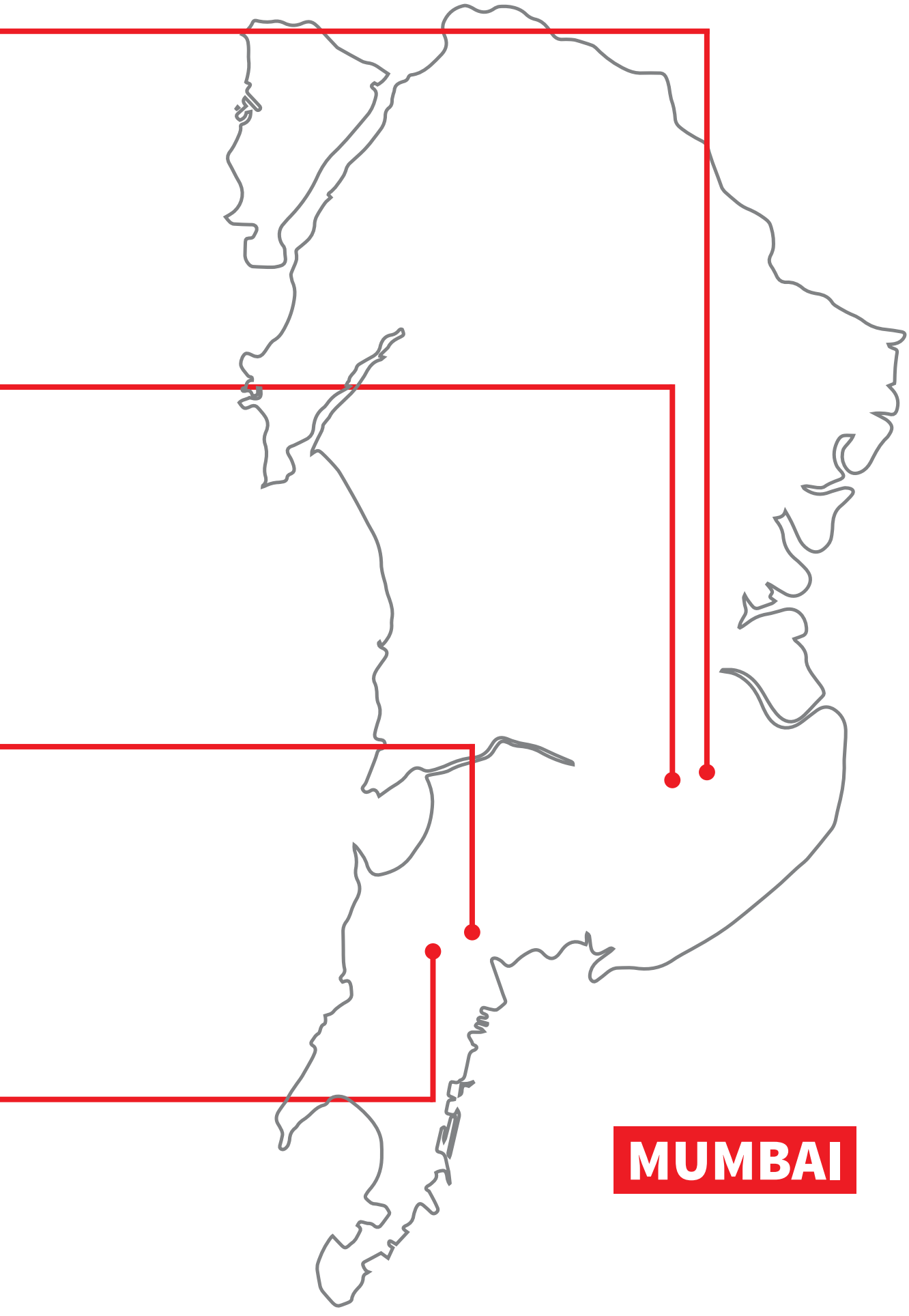
221
health education sessions held

127
support group meetings conducted

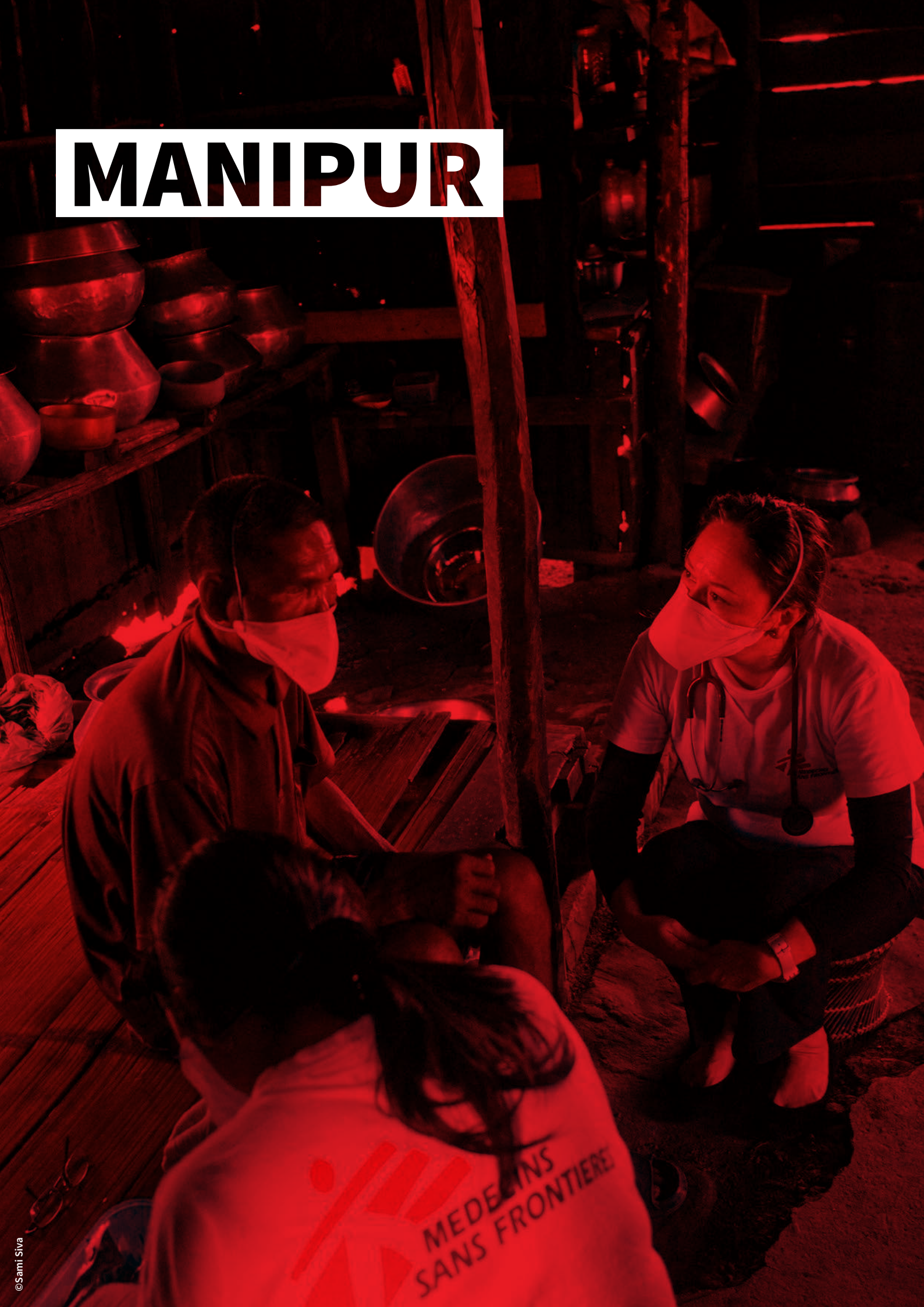
KEM ART Centre

851
enhanced adherence counselling (EAC) sessions conducted

391
health education sessions conducted


MUMBAI

MANIPUR



©Sami Siva

The prevalence of HIV, TB, drug-resistant TB (DR-TB), multidrug-resistant TB (MDR-TB) and hepatitis C is alarming in the state of Manipur. As a result, co-infection is on the rise. In cases of co-infection, each disease speeds up the progress of the other, making the patient more vulnerable and the treatment more difficult. A holistic patient-centric approach can have positive outcomes.

WHAT WE DO

MSF started providing specialised care for HIV and TB in Manipur in 2005 and 2007 respectively. At the clinics located in Churachandpur, Chakpikarong and Moreh (on the Indo-Myanmar border) MSF provides free, high-quality screening, diagnosis and treatment for HIV, TB, hepatitis C and co-infections.

Since the treatment causes significant side effects, making it difficult for patients to adhere to their treatment regimen, MSF provides pre and post-test adherence counselling to ensure a successful outcome for the patients. The health education teams also raise awareness on getting tested and treated. MSF is also treating hepatitis C patients (mono-infected) in an opioid substitution therapy (OST) centre in Churachandpur, along with treating partners of co-infected patients.

IN 2017

MSF continued to support the TB ward and started hepatitis C treatment at the District Hospital in Churachandpur. Staff trainings were organised and for the first time, treatment for hepatitis C started at the hospital in July this year. In addition, MSF continued to provide treatment for TB, HIV, hepatitis C at all its clinics.

HEP C

55
cases of mono-infection treated

258
cases of co-infection treated

TB

88
drug-sensitive TB (DSTB) patients treated

35
DR-TB patients treated

HIV

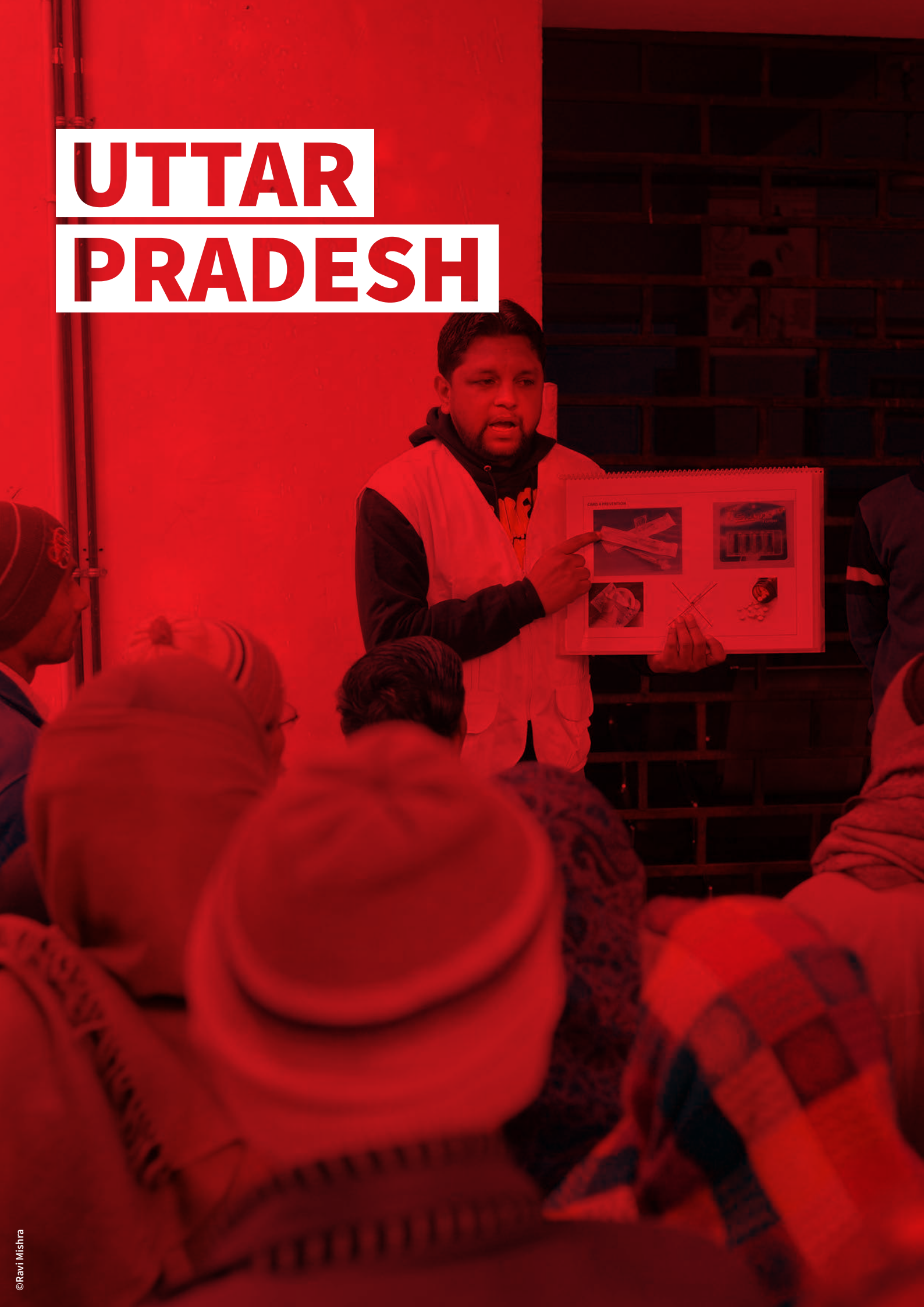
308
patients registered

Everyone started to tell me I was going to die. I have been given a second life. What irked me the most was my inability to support my family in any way and look, here I am- collecting stones to build my new house and planting potatoes for us to eat.

- SEIKHOLEN

MDR-TB survivor

UTTAR PRADESH



©Ravi Mishra

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). A blood-borne virus, hepatitis C is most commonly transmitted through unsafe injection practices, reuse or inadequate sterilisation of medical equipment, and the transfusion of unscreened blood and blood products. If left untreated, hepatitis C can lead to potentially fatal conditions such as liver failure and liver cancer.

While the latest generation of hepatitis C drugs is available at a lower cost in India compared to many other countries, even relatively low medical costs can prevent poor people from seeking care.

WHAT WE DO

Since January 2017, MSF has been implementing a pilot hepatitis C project in collaboration with National Health Mission (NHM), Uttar Pradesh. In the first phase of the project a hepatitis C clinic offering free care was established at the PL Sharma District Hospital in Meerut, Uttar Pradesh.

In addition to tests and treatment for hepatitis C, MSF provides health education and counselling services to patients. The project aims to demonstrate the feasibility of this district level simplified model of care, and to share best practices for replication in other high prevalence areas.

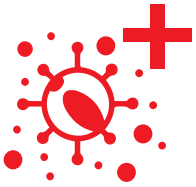
IN 2017

In June 2017, the clinic added a point-of-care diagnostic GeneXpert machine for faster and accurate diagnosis of hepatitis C. The clinic was also formally inaugurated in June 2017 in Meerut.

In July 2017, to commemorate World Hepatitis Day, MSF staff organised a skit and an awareness session on hepatitis C in the district hospital.

2,711

screened for hepatitis C



2,286

tested positive for hepatitis C

1,198

initiated on treatment

290

declared cured

©Ravi Mishra

I had never heard of hepatitis C before. I was jolted when I learned I was hepatitis C positive. I wondered, 'What is this new disease that only I have?' I later found out that approximately 80 per cent of the people in my village have it. Even my sisters have it.

- ANKUSH

Hepatitis C survivor

WEST BENGAL

©Aditi Sonrexa/MSF

Antibiotics can only treat bacterial infections; they are not recommended for viral infections. Antibiotics are rarely needed to treat upper respiratory tract infections and generally should be avoided unless a doctor suspects it as a bacterial infection. Thus an inability to correctly diagnose respiratory tract infections can lead to the irrational prescription of antibiotics, thereby fuelling the spread of antibiotic resistance – a pressing global health concern.

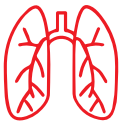
WHAT WE DO

In January 2017, MSF started working on antibiotic resistance in Asansol, West Bengal, in collaboration with the Ministry of Health. As part of the project, MSF set up two outpatient departments (OPDs) for treatment of acute respiratory infections overseeing consultations till October 2017. In parallel, the health promotion team organised and facilitated a multitude of workshops and behaviour change communication (BCC) sessions with stakeholders in the community to raise awareness about the proper use of antibiotics and antibiotic resistance as well as to understand the attitudes and practices around use and misuse of antibiotics in the district.

IN 2017

MSF observed World Hand Hygiene day on 5 May by organising workshops to raise awareness about hand hygiene among school children, groups of mothers and nursing school students in Asansol district. The health promotion teams conducted sessions on the basics of hand hygiene and preventing infections.

MSF observed World Antibiotic Awareness Week (WAAW) from 13-17 November in collaboration with the Ministry of Health and Asansol District Hospital in West Bengal. As part of the activities of WAAW, MSF participated in a rally in collaboration with ANM Nursing School in Asansol district. MSF also conducted a workshop called 'Antibiotic Resistance: Broader Implications for Humanity' in Gupta College of Technological Sciences, Asansol, in collaboration with Indian Medical Association (IMA), Paschim Bardhaman district, that brought together technical experts, medical students and government officials on a single platform for a discussion. An information booth was also installed in Asansol District Hospital during the same week to raise awareness among local community members.



3,243

acute respiratory infection cases treated

13.3 %

proportion of patients prescribed antibiotics

©Aditi Sonrexa/MSF

“Children are prone to falling sick constantly. My child has a persistent cold and cough so we spend a lot on medication, and travelling to the doctors. But I don’t purchase medicine from the chemist without a prescription; I always consult a doctor first. Thanks to MSF, I know better now!”

- PINKY BAURI

Mother of Mina Bauri

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