

# MISF

INDIA

ACTIVITY REPORT 2015



**MEDECINS SANS FRONTIERES**  
**DOCTORS WITHOUT BORDERS**

[www.msfindia.in](http://www.msfindia.in)







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# The Médecins Sans Frontières **CHARTER**



Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

## **The MSF Charter:**

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed, gender or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.



# MSF

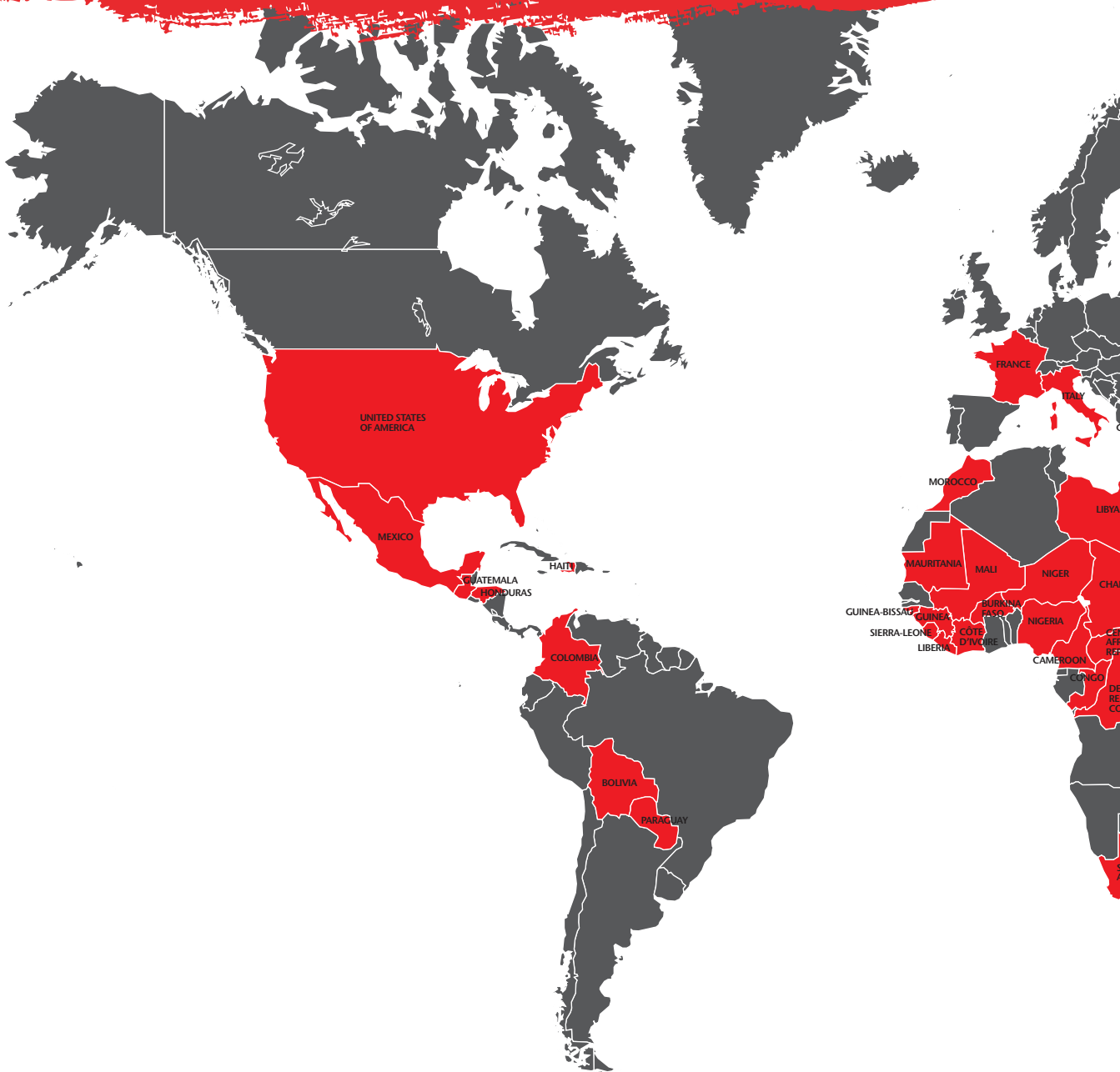
## AN INTRODUCTION

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters.

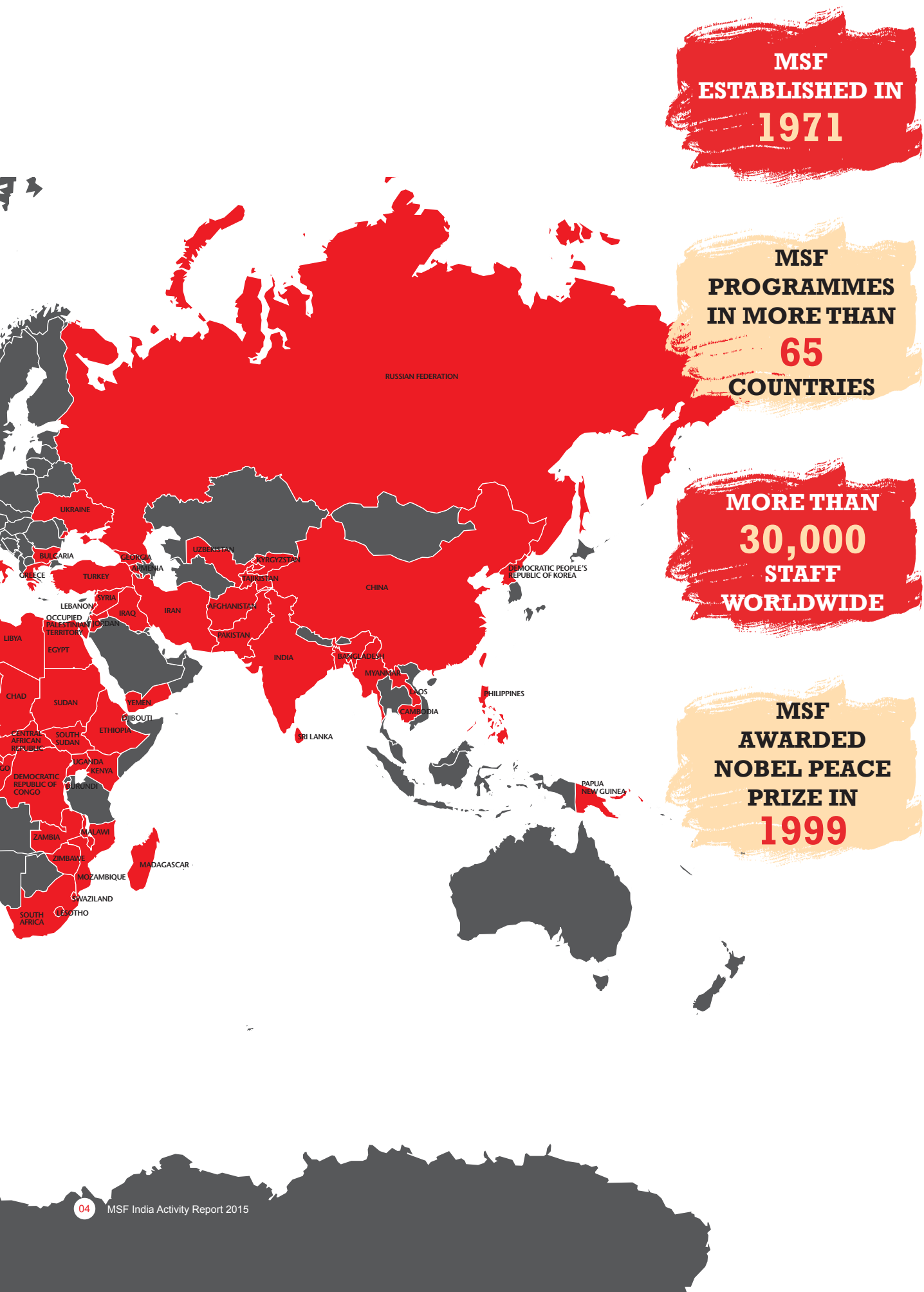
MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation. When MSF witnesses serious acts of violence, neglected crises, or obstructions to its activities, the organisation may speak out about this.



# MSF PROGRAMMES AROUND THE WORLD



The place names and boundaries shown here do not reflect any position by MSF on their legal status.





# MSF IN INDIA

MSF has worked in India since 1999, providing free-of-charge essential healthcare to people in remote areas, and specialist care for people affected by HIV/AIDS, hepatitis C, acute febrile illnesses, tuberculosis, kala azar and sexual and gender-based violence. We also respond to natural disasters and other emergencies, provide mental healthcare and advocate for the development of more effective and affordable medicines to improve access to treatment for people everywhere.

We currently run projects in the states of Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Jammu and Kashmir, Maharashtra, Manipur, Telangana and West Bengal.

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







Disclaimer: The place names and boundaries shown here do not reflect any position by MSF on their legal status.

# Timeline

## 1996

- Government of India awards MSF the Indira Gandhi Prize for Peace, Disarmament and Development

## 1999

- MSF establishes an office in India
- MSF receives the Nobel Peace Prize and a letter of appreciation from the President of India
- MSF provided technical support to the revised National TB Programme in scaling up diagnostic services in southern Mumbai
- MSF responds to cyclone in Orissa

## 2001

- MSF helps the victims of the earthquake in Gujarat
- MSF starts a basic and mental healthcare programme in Jammu and Kashmir
- MSF receives approval from the Union Home Ministry and state authorities to implement a project in Assam

## 2004

- MSF receives approval from the National Vector Borne Disease Control Programme and the Manipur state government to implement malaria control activities in Manipur
- MSF responds to tsunami in Tamil Nadu
- MSF responds to the serious flooding in Khagaria district, Bihar

## 2005

- MSF's Access Campaign sets up office in India
- MSF signs a Memorandum of Understanding (MoU) with the Manipur AIDS Control Society to implement an HIV treatment programme
- MSF responds to July 2005 flooding in Mumbai and in Kurla, MSF provides emergency medical care and tests water to make sure that it is safe to drink
- MSF intervenes in ethnic clashes in Karbi Anglong district of Assam, supports 14,000 displaced people
- MSF intervenes in the Jammu and Kashmir earthquake of October 9, 2005, supports 25,000 individuals and distributes 2,500 shelter kits





## 2006

- MSF receives approval from Dantewada authorities in Chhattisgarh to support displaced population
- MSF starts HIV/AIDS treatment programme in Mumbai

## 2007

- MSF signs a Memorandum of Understanding (MoU) with the Bihar State Health Society to implement a kala azar treatment project
- MSF starts medical activities in Andhra Pradesh for people on the Chhattisgarh border affected by the conflict
- MSF intervenes in the floods in Darbhanga district, Bihar
- MSF hands over its projects (related to treatment of malaria) in Assam to the Ministry of Health and advocates for change of the malaria treatment protocol to Artemisinin-based Combination Therapy (ACT)

## 2008

- MSF receives a certificate of recognition from the Vaishali district authorities in Bihar for kala azar treatment
- MSF intervenes in the Kosi river floods in Bihar
- MSF intervenes in the flood situation in Puri district, Orissa
- MSF gets approval from the district and state authorities in Darbhanga district, Bihar, to commence a medical treatment programme for children aged 6 to 59 months suffering from Severe Acute Malnutrition (SAM)

## 2009

- MSF intervenes in the floods in Andhra Pradesh, the Cyclone Aila in West Bengal and assists the Government of India to fight the meningitis outbreak in Meghalaya and Tripura
- MSF shifts operational activities from Dantewada district to Bijapur district. MSF starts a Mother and Child Health Centre (MCHC) in Bijapur town
- MSF starts treatment of drug-resistant Tuberculosis (DR-TB) in Mumbai and Manipur

## 2010

- MSF signs a three-year MoU with the Nagaland government to manage the government district hospital in Mon providing primary and secondary care
- MSF responds to flash floods in Leh, Ladakh, and distributes Non Food Items (NFI) kits and provides mental health support for victims

## 2011

- MSF hands over the basic healthcare programme to the Ministry of Health in Manipur

## 2012

- MSF starts treatment of HIV and drug-resistant TB co-infections in Moreh, Manipur
- MSF responds to the population displaced by violence in Assam with distribution of NFI kits
- MSF launches partnership with Drugs for Neglected Diseases Initiative (DNDi) in its Kala Azar programme, Vaishali, Bihar
- MSF's Community Management of Acute Malnutrition (CMAM) programme in Darbhanga district surpasses 10,000 children treated, and expands after recognition from the state government
- As a result of MSF's advocacy efforts, the Bihar State Health Minister inaugurates March 15 as Kala Azar Day
- MSF opens an institutional office in Delhi
- MSF hands over the basic healthcare programme to the Ministry of Health in Jammu and Kashmir

## 2013

- MSF starts surgical activities and a new TB ward in Mon Hospital
- MSF begins treatment of Hepatitis C in Mumbai, as well as sero negative DR-TB
- MSF receives the Rotary Club of India award and Governors Gold medal award for work in Nagaland

## 2014

- MSF hands over the Mon, Nagaland project to the Ministry of Health in July
- MSF receives the Governors Gold medal award for work in Nagaland (second year running)
- MSF responds to the malaria epidemic in Tripura

## 2015

- MSF India supports emergency response in Nepal
- MSF opens a treatment centre for survivors of sexual and gender based violence in Jahangirpuri, Delhi
- MSF conducts a mental health survey in 10 districts of Jammu and Kashmir
- MSF hands over its malnutrition and primary Kala azar treatment projects in Darbhanga and Vaishali to the Bihar state health authorities
- MSF opens a new project to treat febrile illnesses in Asansol, West Bengal



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# BIHAR

## ELIMINATING KALA-AZAR

Visceral Leishmaniasis (VL) or kala azar is a parasitic disease that thrives in impoverished areas and is almost always fatal, if left untreated. Highly endemic in the Indian subcontinent, India bears 50% of the global burden of the disease. Médecins Sans Frontières/Doctors Without Borders (MSF) has provided free diagnosis and treatment to more than 12,000 people suffering from VL or kala azar in Vaishali district of Bihar since 2007.





## Project Highlights:

**38,880 people  
screened using  
rapid diagnostic  
tests**



**12,000 + patients  
treated**



MSF began its work in the region by setting-up a 50-bed kala azar ward at the Sadar Hospital and supporting five primary health centres in the district. Transmitted by sand flies, kala azar is one of the few neglected tropical diseases which classically occurs in poor rural agricultural villages where houses are constructed with mud walls and earthen floors, and cattle and other livestock are kept close to human dwellings. This is the reason why the disease affects the poorest parts of the population. An estimated 200,000 to 400,000 new cases of kala azar occur worldwide each year and over 90% of those new cases occur in 6 countries: Bangladesh, Brazil, Ethiopia, South Sudan, Sudan and India.

In September 2014, the first-line treatment for kala azar in India was changed to a single dose of Liposomal Amphotericin B (LAmB). The policy was changed following crucial safety evidence from an MSF-Drugs for Neglected Diseases initiative (DNDi) pilot study. The change to single dose LAmB set a milestone towards achieving the elimination of kala azar in line

with India's kala azar elimination goal. Since the roll-out of single dose LAmB by the national government as per the new treatment protocol, MSF has been supporting the Ministry of Health and Family Welfare (MoHFW), the National Vector Borne Disease Control Programme (NVBDCP), and the Rajendra Memorial Research Institute (RMRI) in their efforts to train the doctors in administering the treatment to kala azar patients, thereby contributing to improving the health status of at-risk populations in India.

After more than eight years of support from the Government of Bihar, MSF handed over its primary kala azar treatment to the state health authorities in August 2015. However, it continues to maintain a partial presence in the district hospital in Vaishali, focusing on the diagnosis and treatment of VL-HIV co-infected patients. MSF has treated 677 patients in 2015, out of which 350 were co-infected with VL-HIV.

# BIHAR FIGHTING MALNUTRITION

Severe Acute Malnutrition (SAM) is a medical condition that affects growth and/or cognitive development especially in children aged six months to five years and if left untreated, can lead to death.

Médecins Sans Frontières/Doctors Without Borders (MSF) believes that the treatment of SAM requires a medicalised approach, ideally using resources available within the public health system. To this effect, MSF started to work in the Darbhanga district of Bihar in 2009 promoting a decentralised approach to ensure greater treatment coverage for SAM children and reduce the risk of patients defaulting on treatment.





## Project Highlights:

**22,126 SAM  
children screened**



**18,729 SAM  
children admitted**



**17,927 SAM  
children treated**



**405 ASHAs  
trained in Darbhanga**



MSF has been working in the Darbhanga district of Bihar since 2009 providing curative treatment to children suffering from Severe Acute Malnutrition (SAM). In close collaboration with the State Health Society, MSF worked with the medical staff in Darbhanga's 11 primary health centres to ensure proximity and continuity of care to severely malnourished children, and has admitted more than 17,000 SAM patients, aged six months to five years in its community-based treatment programme in the district.

Among the patients admitted, close to 90 per cent were less than two years old, 87 per cent belonged to the poorest and most vulnerable castes and more than 60 per cent were female. The organisation also set up the country's first Malnutrition Intensive Care Unit (MICU), which has played a pivotal role in bringing down the malnutrition rates in Darbhanga district.

In August 2015, MSF handed over its Nutrition programme to Darbhanga Medical College and Hospital and the State Health Society.



## **ANDHRA PRADESH, CHHATTISGARH AND TELANGANA**

### **Ensuring access to healthcare for those who need it most**

The longstanding low-intensity conflict in Andhra Pradesh, Chhattisgarh and Telangana has left a large part of the population in these states with limited or no access to healthcare. Committed to bringing quality medical care to people caught in crisis, regardless of race, religion or political affiliation, Médecins Sans Frontières/Doctors Without Borders (MSF) started working in Chhattisgarh in 2006. MSF began with addressing the medical needs of the displaced population and is currently one of the only healthcare providers, especially in very remote areas of these states.



MSF conducts mobile clinics to provide free primary healthcare services to the people in remote areas. This includes reproductive care, immunisation, and treatment for TB, malaria, skin diseases, diarrhoea, bacterial infections, and gastritis among others. A small team comprising doctors, translators, drug dispensers, nurses, assistants and other support staff carry medical equipment including malaria kits, medication, mosquito nets, lab tests, weighing scales etc. to cater to the medical needs of the population.

In 2015, MSF conducted 21 mobile clinics per week at 14 different locations. MSF's mobile teams were also instrumental in referring 656 patients to relevant hospitals in Bhadrachalam where 619 secondary care interventions were done. During every visit, health information and hygiene practices are shared with the population. MSF staff also trains community health workers to recognize and treat common diseases, such as malaria and diarrhoea.

## Malaria

Although malaria is preventable and easily treatable if diagnosed on time, it remains a major health concern in remote areas as a result of lack of awareness about the disease and unavailability of treatment. In 2015, MSF treated 13,815 patients for malaria.

People suffering from severe malaria were either treated at in-patient facilities in Bijapur or referred to secondary health facilities. As a preventive measure, MSF health promoters conducted awareness sessions to inform the population on how to take precautions against the disease and also distributed insecticide-treated mosquito nets, especially to pregnant women.



## Reproductive Health

MSF runs a 15-bed Mother & Child Health Centre (MCHC) in Bijapur, Chhattisgarh, where 386 babies were delivered in 2015. MSF staff also carried out 6,788 antenatal consultations at the MCHC in 2015.





## Project Highlights:

**56,411 total consultations**



**13,815 malaria cases treated**



**8,154 antenatal visits**



**386 babies delivered**



**88 patients started DS-TB treatment**



**1 patient started DR-TB treatment**



**10,554 total vaccinations**



## Tuberculosis

In 2015, MSF started TB treatment for 88 patients, one of whom is under multi-drug resistant TB treatment.

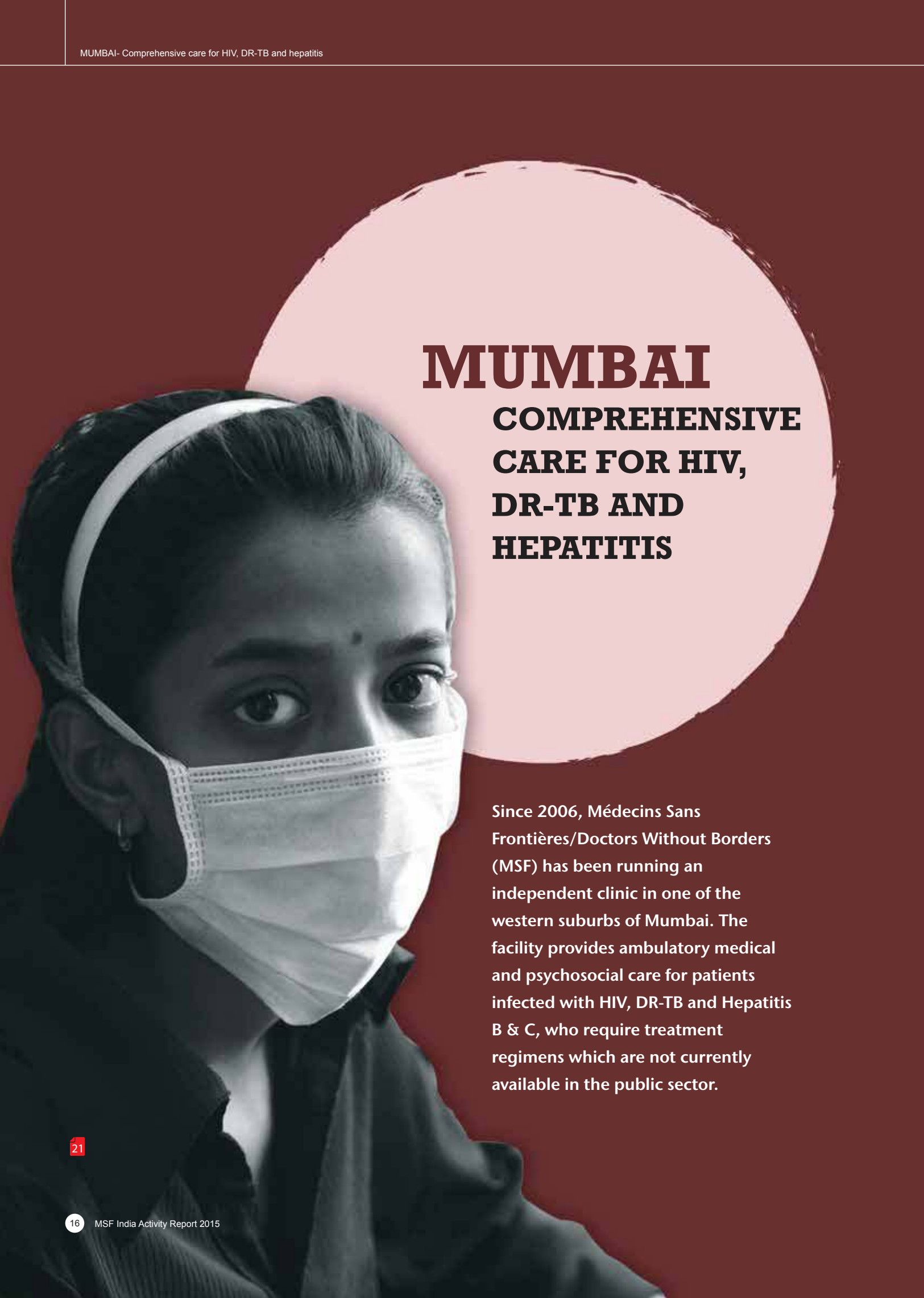
## Immunisation

MSF provided 10,554 vaccinations against Hepatitis B, DTP, Polio, Measles and Tetanus in line with the MoH EPI programme.

## Health education

The MSF health education team plays an active role in promoting a healthy lifestyle and educating individuals and groups about common diseases, prevention and treatment, including services provided by MSF. They conduct group and individual sessions at the MCHC and mobile clinics on a variety of topics, including malnutrition, malaria, EPI, skin disease, diarrhoea, hygiene, tuberculosis and reproductive health. The health educators also make weekly visits to schools in Bijapur town to educate young students about common childhood diseases and to raise awareness of the services that MSF provides. In 2015, teams focused on deeper interactions with the community to better understand their needs and health seeking behavior. Accordingly, the objective henceforth is to integrate and develop a community based approach to health.





# **MUMBAI**

## **COMPREHENSIVE CARE FOR HIV, DR-TB AND HEPATITIS**

Since 2006, Médecins Sans Frontières/Doctors Without Borders (MSF) has been running an independent clinic in one of the western suburbs of Mumbai. The facility provides ambulatory medical and psychosocial care for patients infected with HIV, DR-TB and Hepatitis B & C, who require treatment regimens which are not currently available in the public sector.



The active number of patients receiving antiretrovirals (ARV) at the end of 2015 was 169, of whom 82 are on second-line, 35 are on third-line and 52 are on alternative first line treatment. Eleven patients were also diagnosed with drug-resistant TB (DR-TB) and put on treatment. Running in parallel to medical activities, MSF also continued to support the Mumbai AIDS Forum, a network of civil society and non-governmental organisations that aims to facilitate exchange of information and expertise and address the key challenges faced by the people living with HIV.

The total number of patients (not co-infected with HIV) being treated for DR-TB is 44. At

community level, MSF collaborates with private doctors and local non-governmental organisations to ensure continuous medical care and easy roll-out of Directly Observed Treatment (DOT) for DR -TB patients. Psycho- social support for DR-TB and infection control activities are also supported by MSF at Sewri TB Hospital, one of Asia's largest TB hospitals. In 2015, MSF continued to build capacity of the staff in Sewri TB Hospital, having trained 244 nurses, 368 house-keepers and administration staff in soft communication, counselling skills and infection control. Training of trainers was also rolled out for 26 healthcare staff.



## Project Highlights:

**169 patients on  
HIV treatment**



**35 patients  
on 3rd line ARV**



**82 patients on  
2nd line ARV**



**44 patients on  
DR-TB treatment**



**11 patients on  
HIV/DR-TB treatment**



**8 patients on  
HIV/Hep B treatment**



**11 patients on  
HIV/Hep C treatment**



Following the signing of a Memorandum of Understanding between MSF and the Public Health Department of the Municipal Corporation of Greater Mumbai (MCGM) in October 2015, MSF will now work in partnership with the Revised National Tuberculosis Control Programme (RNTCP) to reduce morbidity and mortality of TB in one of the highest burden wards in eastern

Mumbai. In order to improve early diagnosis and treatment for DR-TB, rapid diagnostic testing by GeneXpert will be implemented for all presumptive TB cases while all diagnosed MDR-TB (multi drug resistant TB) cases will receive first and second line drug susceptibility testing (DST) for 13 drugs and a DST based treatment regimen.



# JAMMU AND KASHMIR

## Providing mental healthcare

Jammu and Kashmir has been afflicted by years of conflict. Médecins Sans Frontières/Doctors Without Borders (MSF) has been raising awareness on the importance of mental health and the need for availability of mental health services in the valley besides counselling those who seek help. Since 2001, MSF has been providing quality free-of-cost counselling to those affected.



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In 2015, MSF continued its counselling services in the sub district hospitals of Sopore and Pattan, in the district hospitals of Pulwama, Bandipora, Baramulla, SKIMS Soura and JLNM in Srinagar. In 2015, a total of 3,222 individual counselling sessions, were conducted across these seven centres. Trained psychologists receive patients and help them find ways to cope.

Psycho-education sessions were organized for both professionals and general public with an aim to raise awareness on various mental health issues like depression, anxiety, post-traumatic stress and to educate people about different coping mechanisms that can be put to use to deal with them.

## Mental Health Survey

With an aim to estimate the prevalence of mental health problems in Kashmir, specifically depression, anxiety and post-traumatic stress disorder, MSF conducted a survey in 2015. It was conducted in collaboration with the Psychology Department of the Kashmir University across ten districts in about 400 villages where approximately 5600 interviews were taken. The Institute of Mental Health and Neuroscience (IMHANS) contributed in the validation of research tools and the final analysis report is scheduled for release in May 2016.

### Project Highlights:

**3,222 individual counselling sessions conducted**



**1,286 individuals reached out to through individual or group psychosocial activities**



**5,600 interviews conducted in a Kashmir - wide survey on mental health**



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# MANIPUR DELIVERING SPECIALIST CARE FOR HIV, TB AND HEPATITIS

**Médecins Sans Frontières/Doctors Without Borders (MSF) started a primary healthcare programme in Manipur in 2005. However with the growing need to diagnose and treat HIV and tuberculosis (TB) in the state, MSF started to provide specialised care for HIV and TB in 2005 and 2007 respectively. In 2011, MSF handed over its primary healthcare programme to the Ministry of Health. Currently MSF runs medical activities in its clinics located in Churachandpur, Moreh (on the Indo Myanmar border) and Chakpikarong.**





MSF continued to provide antiretroviral (ARV) therapy to people living with HIV and put 111 new patients on ARV therapy in 2015. This treatment entails medical cure, psycho-social support along with public awareness on HIV/AIDS in order to reduce stigmatization of people living with HIV/AIDS.

The duration of treatment for drug-sensitive TB is 6 - 12 months (approximately) while treatment for DR-TB continues for 20-24 months often accompanied by severe side effects. Hence, early diagnosis of tuberculosis (especially resistant strains of TB like DR-TB, XDR-TB) is helpful in avoiding severe outcomes and can result in better prognosis. MSF continued to create awareness on the need to get tested and treated within the community and among local health professionals. The aim is to increase referrals and testing to facilitate early diagnosis and treatment. Along with this, MSF continued to provide treatment for drug-sensitive and drug-resistant TB in all its clinics and continued to support the DR-TB ward in the District Hospital of Churachandpur.

Given the long treatment duration, counselling plays an important role in encouraging the patients to complete the treatment. MSF counsellors continue to provide psychosocial support to the TB patients to ensure successful treatment.

Since 2014 MSF has also been supporting a local NGO that works with Intravenous Drug Users (IVDUs)/ people who inject drugs. The organization provides harm reduction and oral substitute therapy (OST) services. This includes comprehensive medical assessment and psychosocial treatment.

Due to high prevalence of Hepatitis C (HCV)/ HIV co-infection, MSF started providing treatment for Hepatitis C in mid-2015.



## Project Highlights:

**111 patients  
started ARV therapy**



**1,439 HIV patients  
screened for Hep C**



**30 patients started  
Hep C treatment**



**270 patients treated  
for drug sensitive TB**



**31 patients started drug  
resistant TB treatment**



**11,093 counselling  
sessions conducted**



# DELHI

## Treating survivors of sexual and gender based violence

As sexual violence affects millions of people across the world, Médecins Sans Frontières/Doctors Without Borders (MSF) acknowledges a responsibility to respond to the medical needs of people in situations of violence, abuse, and deliberate neglect. Our focus is to reach the survivors of sexual and gender based violence and provide appropriate and timely medical and psychological care.







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MSF inaugurated the UMEED KI KIRAN CLINIC- a community based clinic in November 2015. The clinic aims to provide appropriate and timely medical and psychological care to the survivors of sexual assault and domestic violence, including children, in the Jahangir Puri area in north of Delhi.

The aim is to increase access to quality treatment for survivors of sexual assault, who may develop medical and psychological complications. This includes treatment of physical injuries, prevention of HIV/AIDS, unwanted pregnancy, sexually transmitted infections and counselling for severe psychological problems. The MSF team, at the same time, is also raising

awareness on the importance of provision of timely medical and psycho-social care, in the community through health education and outreach activities.

All services are offered in a friendly, confidential and unbiased manner and will be provided free of cost. A team of doctors, nurses and counsellors are available round the clock. For patients requiring advanced medical care, MSF is providing referrals to tertiary hospitals. Referrals for other relevant services as per requirement (tertiary care, legal, shelter etc.) are also provided.



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## WEST BENGAL Treating febrile illnesses

Fever is among the main reasons for patients seeking healthcare services in the state of West Bengal. However, integrated management of fevers, especially in places with limited medical staff and infrastructure remains a challenge. With this in mind, Médecins Sans Frontières/Doctors Without Borders (MSF) in collaboration with West Bengal's Department of Health and Family Welfare Samiti opened a fever management project in the state's Asansol district in November 2015.

The project focuses on providing free-of-cost quality diagnosis, treatment and referrals for acute febrile illnesses (including dengue, chikungunya, influenza, malaria, Japanese encephalitis) for all, especially among children in the age group of 2 months to 14 years who are the most vulnerable.

Currently, MSF is operating a daily fever clinic in the paediatric OPD of Asansol District Hospital and has provided treatment to about 178 cases so far. Medical activities are soon to begin in the Dakshin Dadkha Primary Health Centre, Raniganj, and Barakar. MSF is also in the process of rehabilitating a 20-bed specialised fever care unit attached to the Asansol District Hospital where in-patient care to

the most severe cases of dengue and other febrile illnesses will be provided. It will also set-up a specialized laboratory for differential diagnosis of fever-related illnesses very soon.

Non-standardized and low quality diagnosis along with poor management of febrile illnesses with possible consequences of late or missed referrals for severe cases can lead to serious complications and even death. Hence, the main objective of the project is to reduce morbidity and mortality due to acute febrile illnesses by ensuring access to rapid diagnostic tests (RDTs) to detect and treat such illnesses accurately and quickly.



# EMERGENCY RESPONSE IN 2015

Soon after severe spells of rain flooded Chennai on December 2, 2015, Médecins Sans Frontières/Doctors Without Borders (MSF) teams began assessment in the affected areas. After a detailed assessment of the needs in Cuddalore district, hygiene and shelter kits were distributed at three sites in Nanjnur, Mellanadnumbur and Shivayam of the Chidambaram tehsil, Cuddalore district.



MSF response teams set out to distribute 500 hygiene kits (washing powder, soap, sanitary pads, towels, toothpaste, toothbrush etc.), 500 shelter kits (ground mats, plastic sheets, blankets etc.) and 1000 mosquito nets among one of the most marginalised populations in the area. Majority of this population was displaced during the floods as their mud houses suffered huge damage. Distribution also took place in the primary school in Nanjnur where the displaced population took refuge for a few days while they started to move back to their houses as the water started to recede.



# IMAGE REFERENCE

Image No.	Caption	Copyright
Cover Image	MSF nurse with a mother and child at a mobile clinic in Andhra Pradesh.	© Catherine Vincent
1	Mothers with young children wait for consultation at the MSF mobile clinic in Pusuguppa, which is a small village in Andhra Pradesh along the border of Chhattisgarh. MSF mobile clinic provides free primary health care services which include diagnostic tests, vaccination, malaria and tuberculosis treatment, antenatal and postnatal consultations.	© Sami Siva
2	Villagers wait for care at the MSF mobile clinic in Dantewada district.	© Jean-Marc Giboux
3	MSF team with villagers in the Gorkha District, Nepal. On 25 April, 2015 a 7.8 magnitude earthquake killed more than 8,000 people and destroyed massive amounts of property in Nepal.	© Brian Sokol
4	An MSF rescue team responding to a sinking rigid inflatable boat carrying 45 Afghan refugees crossing from Turkey to the north shore of Lesbos, Greece.	© Will Rose
5	A member of the MSF medical staff examines a patient. Detainees in Maula high security prison in Lilongwe, Malawi, often suffer from poor health due to inadequate conditions of detention.	© Luca Sola
6	Attending to the medical needs. Every year, thousands of people fleeing violence, insecurity or persecution at home attempt a treacherous journey across the Mediterranean Sea to reach Europe. And every year, countless lives are lost on these journeys.	© Anna Surinyach
7	MSF staff working in Kok island makes his way back towards a MSF helicopter food drop in the troubled Unity State in South Sudan. Kok Island is the home to over two thousand IDP's who have fled the fighting in their home areas.	© Dominic Nahr
8	Villagers wait for care at the MSF mobile Clinic in Dantewada district.	© Jean-Marc Giboux
9	MSF has been treating malnutrition in Bihar since 2009. In 2014 it started a Malnutrition Intensive Care Unit in Sadar Hospital to help acutely malnourished patients with complications	© Sami Siva
10	Seen at a mobile clinic in Malampetta, Andhra Pradesh. MSF mobile clinic provides free primary health care services which include diagnostic tests, vaccination, malaria and tuberculosis treatment, antenatal and postnatal consultations	© Erwin Vantland
11	MDR-TB patient Seikholien, being counselled by an MSF doctor in Churachandpur, Manipur	© Sami Siva
12	MSF staff visiting patients in a field hospital in Bhachau, Gujarat. On January 26, 2001, an earthquake measuring 7.9 on the Richter scale hit the north-western Indian state of Gujarat. MSF dispatched additional staff and relief supplies to the country, and a two-month emergency intervention began.	© Henk Braam
13	10-year old Kanchan with Post Kala Azar Dermal Leishmaniasis (PKDL). PKDL is a recurrent but non-fatal form of Kala Azar that affects 5–10 per cent of patients between six months to three years after cure.	© Matthew Smeal
14	After several weeks of being sick and missing school, 8 year old Jitu waits to receive treatment for PKDL at MSF's Kala Azar ward.	© Malika Gupta
15	Sonam, 3, suffers from Severe Acute Malnutrition (SAM). She was admitted to the Malnutrition Intensive Care Unit (MICU) run by MSF at the Darbhanga Medical College Hospital (DMCH) for treatment of SAM and severe Ascites.	© Malika Gupta



Image No.	Caption	Copyright
16	6-month old Dharam suffers from wasting. Wasting indicates acute malnutrition and contrary to popular belief, it not only occurs in humanitarian emergencies, but also in stable contexts such as Indonesia and India.	© Oriane Zerah
17	MSF nurse takes the blood sample of both mothers and children to determine if they have malaria at the mobile clinic in Pusuguppa, which is a small village in Andhra Pradesh along the border of Chhattisgarh. MSF mobile clinic provides free primary health care services which include diagnostic tests, vaccination, malaria and tuberculosis treatment, antenatal and postnatal consultations.	© Sami Siva
18	MSF nurse at a mobile clinic in Mallampeta, Andhra Pradesh gives treatment to a child with malarial fever.	© Sami Siva
19	MSF nurse takes the blood sample of a mother to determine if she has malaria at the mobile clinic in Pusuguppa, Andhra Pradesh.	© Sami Siva
20	MSF health promoters conduct a session on basic hygiene at the mobile clinic in Pusuguppa, Andhra Pradesh.	© Sami Siva
21	A 17 year old DR-TB patient at the MSF clinic in Mumbai.	© Nilesh Kadam
22	A patient in Mumbai clinic receiving 3rd line Antiretroviral (ARVs) during her 3 monthly follow-up.	© Nilesh Kadam
23	MSF nurse assesses a patient for hearing loss, which can be experienced by some patients while on DR-TB treatment.	© Siddhesh Gunandekar
24	MSF team during data collection for the Kashmir Mental Health Survey in Srinagar.	© Tambri Housen
25	MSF team preparing to gather data for the Kashmir Mental Health Survey in Pulwama, Jammu and Kashmir.	© Tambri Housen
26	Nemvung, 41, an ongoing pre XDR-TB patient started treatment in August 2014. She is currently under medication. She speaks about the severe side effects- nausea and weakness that almost made her bed ridden as she talks about her illness and is happy to be improving. She remembers how she spent all her assets while seeking treatment from private hospitals before she came to MSF.	© Malika Gupta
27	OST dosage for IV drug users at the SHALOM centre. OST or opioid substitution therapy is a medical treatment that involves replacing an illegal opioid such as heroin, with a longer acting but less euphoric opioid; and the drug is taken under medical supervision.	© Malika Gupta
28	MSF health educator interacting with the community in Jahangirpuri, Delhi.	© Marisa Denault
29	MSF team during an awareness session in the community in Jahangirpuri, Delhi.	© MSF
30	MSF team distributing pamphlets to raise awareness about the MSF clinic in a local market in Jahangirpuri, Delhi.	© MSF
31	MSF staff interacting with a woman outside a metro station, Delhi.	© Marisa Denault
32	MSF doctor examines a patient suffering from prolonged fever. Currently, MSF is operating a daily paediatric fever clinic at the Asansol District Hospital.	© MSF
33	MSF team in the village affected by floods in Chennai	© MSF



**MEDECINS SANS FRONTIERES**  
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