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MSF INDIA ACTIVITY REPORT 2019



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FOREWORD

In 2019, Doctors Without Borders/Médecins Sans Frontières (MSF) ran medical programmes in Jammu and Kashmir, Delhi, Uttar Pradesh, Bihar, Jharkhand, Manipur, Maharashtra, Andhra Pradesh, Telangana and Chattisgarh in India, addressing some of the country's most pressing health issues and emergencies.

Three years after MSF set up a project in Meerut, UP, to support the state Ministry of Health (MoH) to develop an effective, decentralized and simplified programme to diagnose and treat hepatitis C infections, the project was handed over to MoH in December 2019. Since 2017, MSF has been able to cure over 3,000 patients. Our teams also actively engaged at the community level to raise awareness about prevention from hepatitis C in western UP.

The abrogation of Article 370 by the Indian government in August 2019 and the subsequent online service blackout led MSF/DWBI to reassess the mental health status of the people visiting our counselling clinics and review activities with various stakeholders of mental health services in relation to needs in Kashmir Valley.

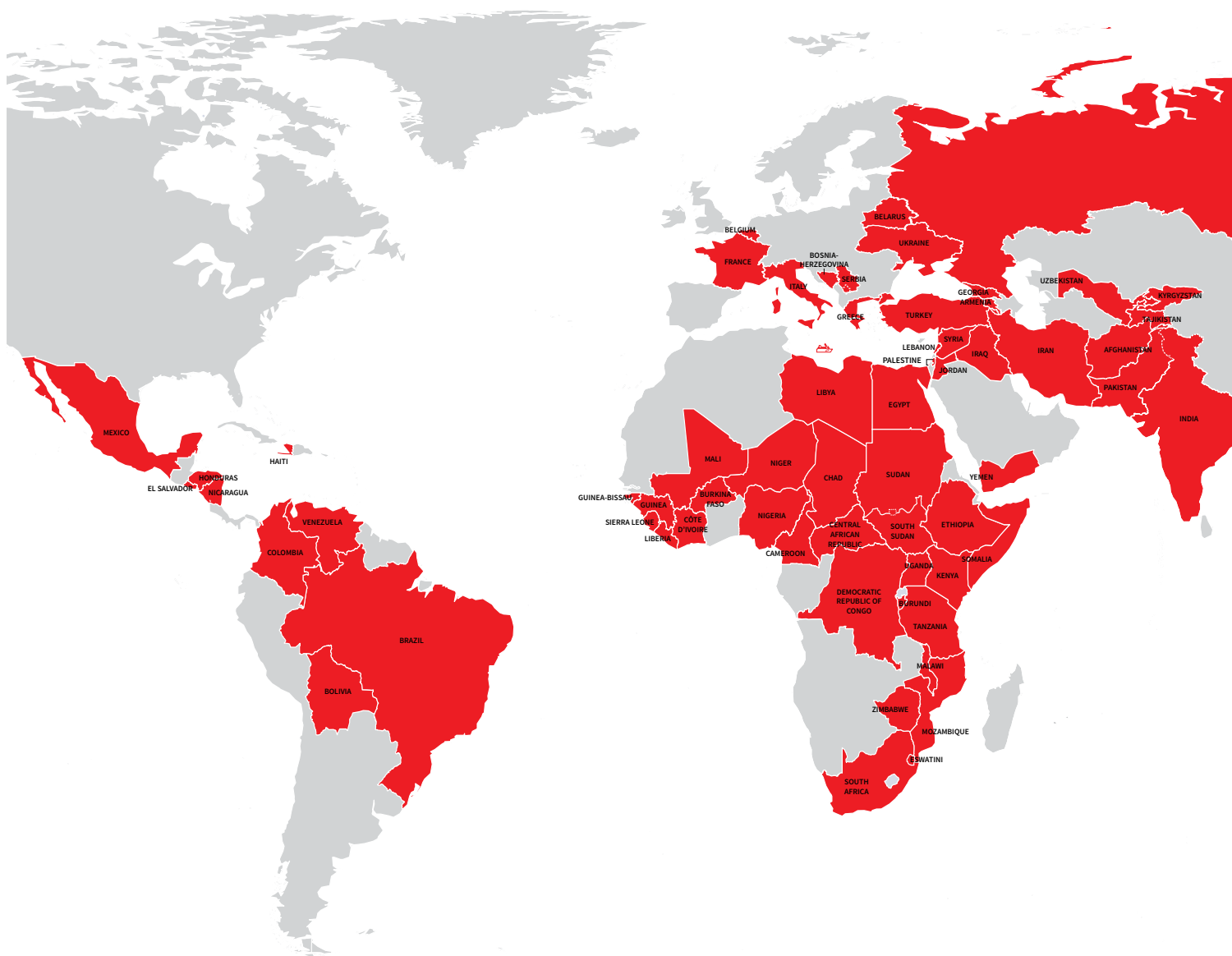
In 2019, MSF in Delhi, where it has been running a clinic since 2015 for survivors of sexual and gender-based violence (SGBV), included local accredited social health activist workers into our outreach program, central to the project's significant increase in patient numbers for this year.

MSF also expanded its services in Manipur with a new clinic facility in Chakpikarong while health promotion efforts were intensified in Moreh, Churachandpur, and Chakpikarong.

We marked the third year of our programme in Jharkhand to treat severe acute malnutrition (SAM), a medical condition that leaves children under five at the risk of death by weakening their immune system. Using a decentralised, community-based approach in the state's Chakradharpur block, MSF treated 1,934 children for SAM.

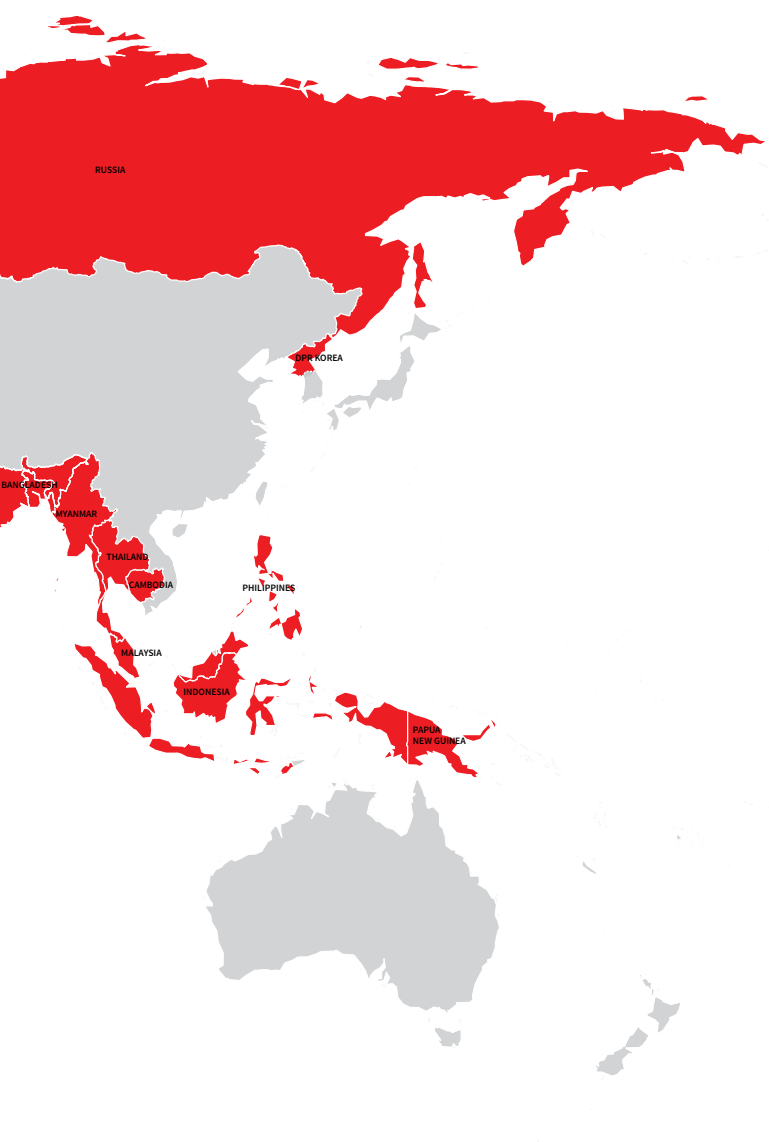
With India recording the highest incidence of TB and drug-resistant TB in recent years, the disease remains an important area of focus for MSF in the country. Apart from running programmes in Maharashtra and Manipur to treat drug-sensitive and drug-resistant patients in a holistic manner, MSF worked to safeguard and expand access to the new anti TB drugs bedaquiline and delamanid. Our teams also continued to provide antiretroviral treatment to people living with HIV in these states. For 2020 and beyond, MSF India remains committed to providing free medical care and to advocating for better health outcomes for our patients and increased access to essential drugs for all.

MSF PROGRAMMES AROUND THE WORLD



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

THE WORLD



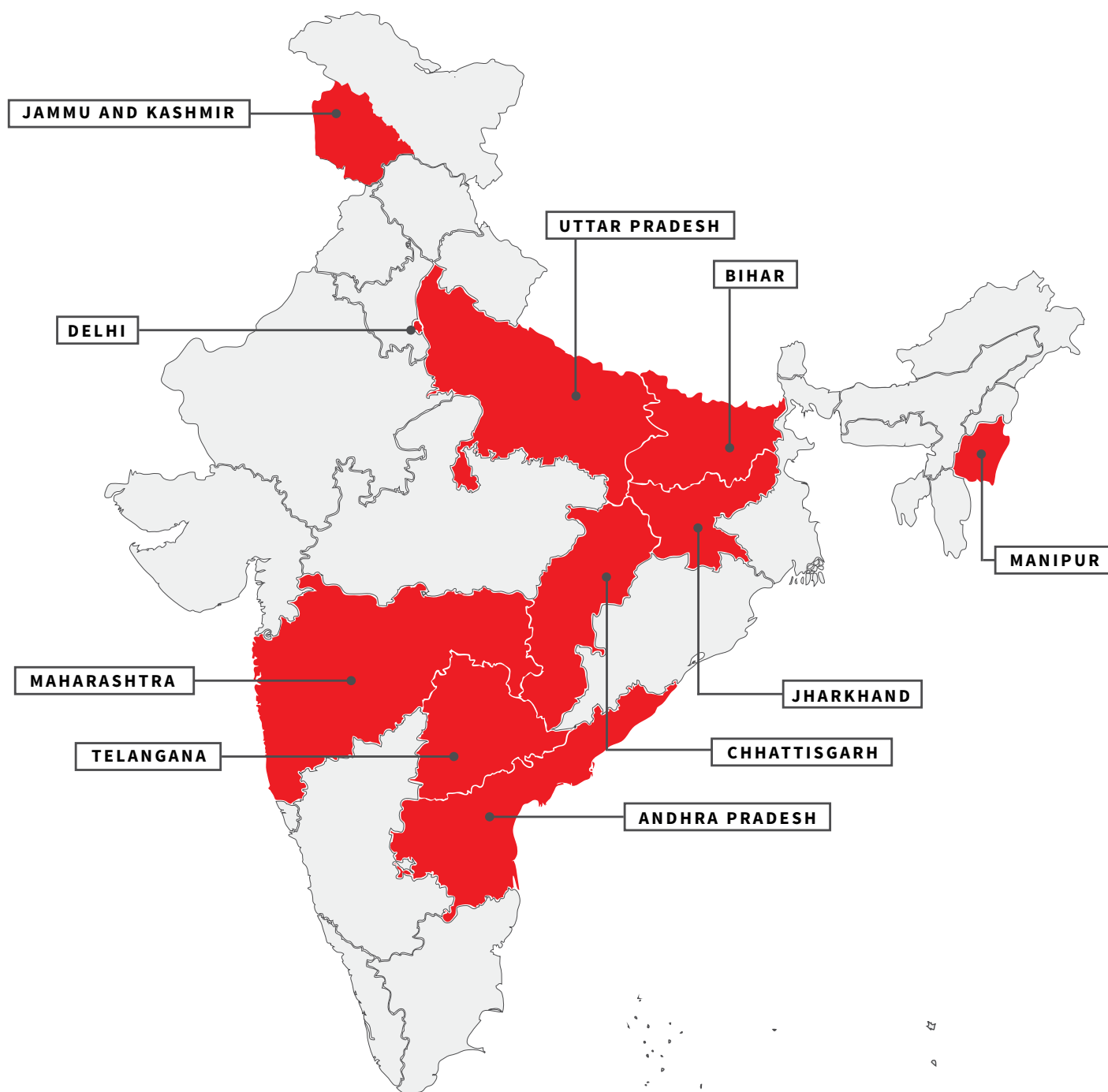
Countries in which MSF only carried out assessments or small-scale cross-border activities in 2019 do not feature on this map.

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 2019. Place names and boundaries do not reflect any position by MSF on their legal status.

INDIA ACTIVITY HIGHLIGHTS 2019



48,759

OPD consultations



9,700

plus participants attended
health education sessions



9,247

patients
treated for malaria



5,378

counselling sessions
conducted



1,934

SAM children admitted



1,796

antenatal consultations



428

postnatal
consultations



330

mobile clinics
conducted

ANDHRA PRADESH CHHATTISGARH AND TELANGANA



Due to a longstanding, low-intensity conflict, large sections of the population of Andhra Pradesh, Chhattisgarh and Telangana have extremely limited or no access to healthcare, especially in 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 become fatal.

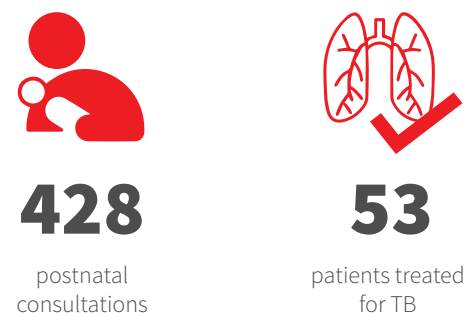
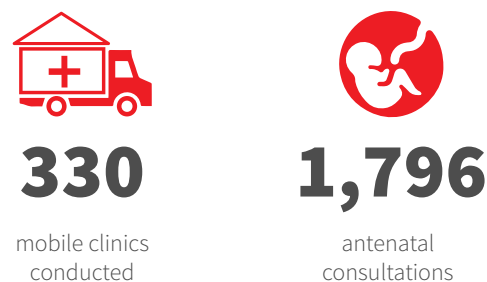
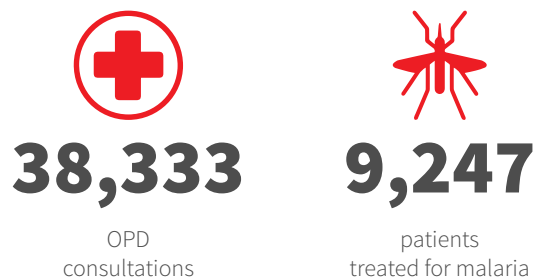
WHAT WE DO

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 2019

In Andhra Pradesh, Chhattisgarh and Telangana states affected by a longstanding low-intensity conflict, MSF provides primary healthcare including health promotion and disease surveillance through mobile clinics. MSF's package of care includes treatment of malaria, tuberculosis, respiratory infections, antenatal and post-natal care and immunization of children as well as referrals. As the Chhattisgarh programme nears its closure by the end of 2020, the MSF trained community health workers are progressively being handed over to MoH, with three already transferred to MoH in 2019.

MSF continued to run mobile clinics in five locations in the Bijapur district: Reddi, Kamkanar, Palnar, Kaika and Korma. Primary healthcare services were continued in 2019, as were health promotion activities at the mobile clinic sites. Health education sessions were conducted across the Bijapur district in schools and markets by our health promotion team assisted by our medical doctor team. In 2019, nurse-led treatments were initiated in our mobile clinics where nurses, in collaboration with medical doctors, started treating malaria patients thus greatly improving the efficiency and scope of our patient care.



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 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

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. The evidence base regarding best treatment practices for co-infected patients worldwide is limited, due to a lack of studies.

IN 2019

Médecins Sans Frontières (MSF) has been treating kala azar in Bihar since 2007. The project has seen a gradual transition to focus on HIV-kala azar (HIV-KA) coinfecting cases - a highly vulnerable group - and in patients with advanced HIV at Guru Gobind Singh Hospital in Patna since the beginning of 2019. Anecdotal evidence coupled with our experience in Bihar suggest that HIV patients are often discriminated against by medical staff, other patients as well as attendants across health facilities. People living with HIV live with life-threatening infections and those in critical condition are sometimes discharged without being provided appropriate medical support thereby decreasing their chances of survival.

The main purpose of the programme is to reduce mortality in patients with advanced HIV by increase in access to holistic care for those with life threatening opportunistic infections and ensure safe, appropriate and dignified access to services, including palliative care.



784

outpatient consultations



419

in-patient consultations



507

individual mental health consultations



35

mental health group sessions



205

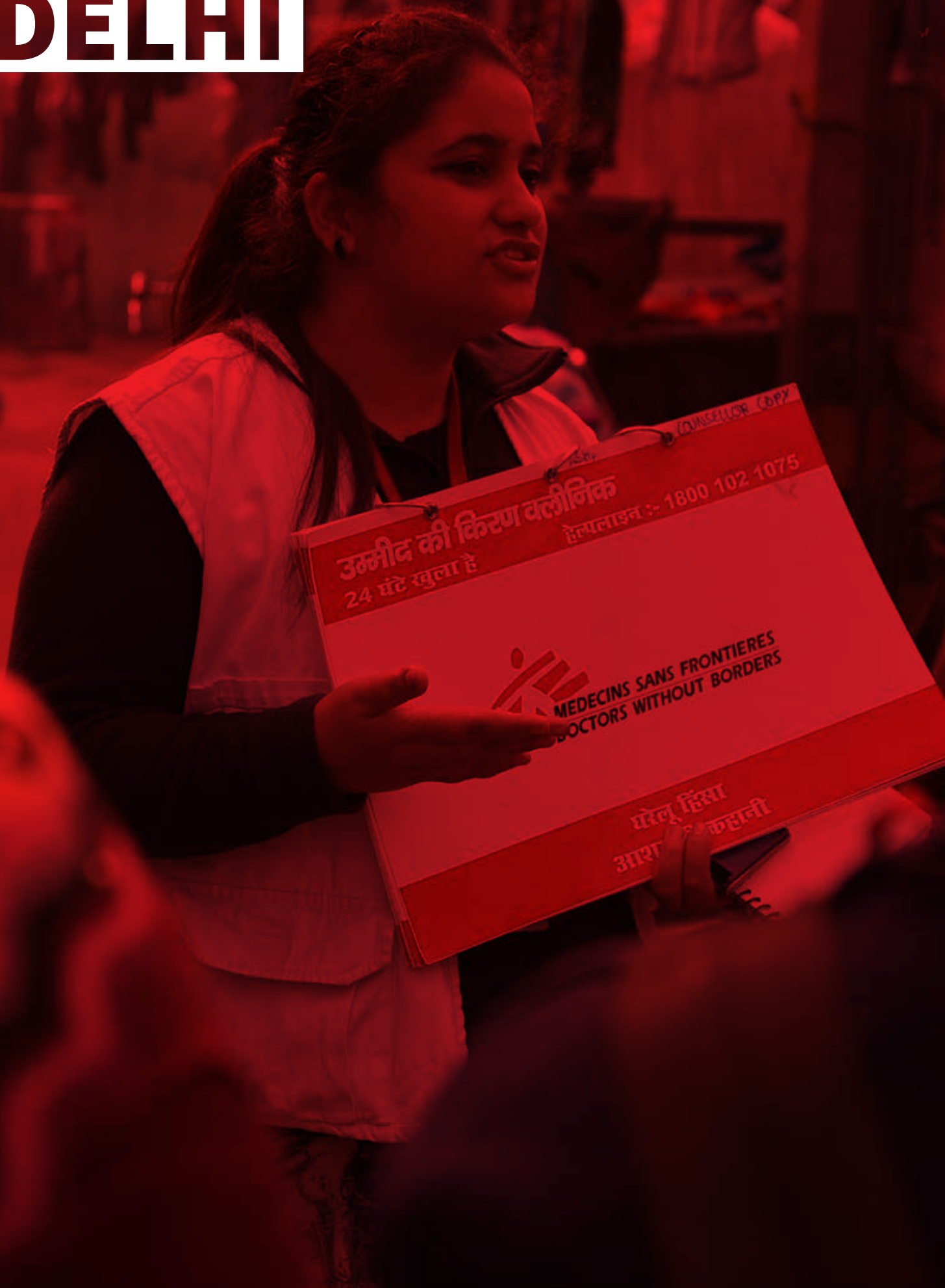
patients started treatment for TB



5

HIV-MDRTB co-infected cases

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 and 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 that can occur as a result of violence.

IN 2019

MSF continued to work with community-based organisations, police, government protection agencies, the Health Ministry and other stakeholders to highlight the clinic's services and create an efficient referral system to receive and refer survivors who need care. Progressing towards our goal of increasing access to holistic treatment for SGBV survivors, MSF continued its collaboration with the local district hospital, which inaugurated its own one-stop centre dedicated to SGBV survivor care in 2019, where MSF provides counselling services.

In 2019, MSF concluded its knowledge, attitudes, practices (KAP) survey, and shared its findings with relevant public sector and NGO partners and stakeholders. Another highlight of the SGBV project in 2019 was the inclusion of local accredited social health activist workers into our outreach program, central to the project's significant increase in patient numbers for this year.



114

survivors of
rape treated



46

survivors of sexual
violence treated



582

survivors of physical and
psychological violence
treated



860

counselling sessions
conducted

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

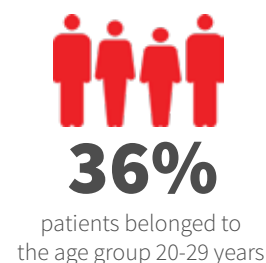
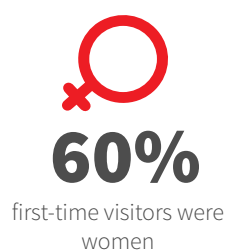
MSF has been providing free, high-quality counselling to people affected in the valley since 2001. Currently, our teams provide counselling services at hospitals in four districts: Baramulla, Bandipora, Pulwama and Srinagar. To combat the stigma associated with mental illness, MSF teams also raise awareness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

IN 2019

MSF continued to provide mental health counselling service at district hospitals in Baramulla, Bandipora, Pulwama, Srinagar, the sub-district hospital in Sopore and SKIMS Soura in Srinagar.

MSF piloted until July 2019 a Community Mental Health Care Program in Bandipora district to support the Government of Jammu and Kashmir in their efforts to increase community-based mental health care. The evaluated outcome proves the success of a decentralized health care model in a population with high prevalence of mental distress.

Following the abrogation of Article 370 on in August, 2019, and accompanying online service blackout, MSF/DWBI conducted a data analysis of mental health status of the clients visiting MSF/DWBI counselling clinics, which indicated that this status has worsened during the last quarter of 2019. Therefore, MSF/DWBI reviewed its activities with various stakeholders of mental health services in relation to needs in Kashmir Valley. Consequently, current community mental health care programme reinforces the mental health service proximate to the community and improves the referral pathway to mental health services at district hospital in addressing and decreasing the population's mental distress through a bottom-up approach.



JHARKHAND

The image is a full-page photograph with a strong red color overlay. In the foreground, a woman is smiling and looking towards the camera while holding a baby. To her left, another woman is sitting and writing on a form. In the background, there are other people, including a man and a young girl. The overall scene appears to be a community health or social service setting. The text 'JHARKHAND' is prominently displayed at the top in a white box.

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

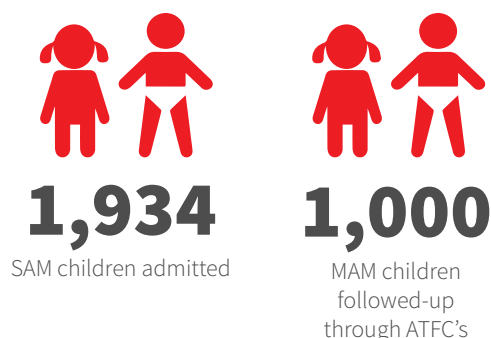
In June 2017, MSF launched a programme in collaboration with the Ministry of Health and State Nutrition Mission in Jharkhand's Chakradhapur block to identify and treat children with SAM using the community-based management of acute malnutrition (CMAM) model.

IN 2019

MSF has been working in collaboration with the Ministry of Health and State Nutrition Mission in Jharkhand to identify and treat children with severe acute malnutrition since 2017.

In 2019, MSF admitted 1,934 severe acute malnutrition (SAM) children and followed approximately 1,000 moderate acute malnutrition (MAM) children through 47 Ambulatory Therapeutic Feeding Centres (ATFCs) across three blocks and started the follow-up of children from November 2019 onwards. MSF also did an operational research study to identify the optimal mid-upper arm circumference (MUAC) test cut-off for discharge from community-based management of acute malnutrition (CMAM) for SAM children aged between 6 to 59 months in India through a randomised controlled trial.

MSF aims to use the research analysis to publish scientific evidence for a change in MUAC cut-off point and effectiveness of CMAM.



MANIPUR



Manipur has a high prevalence of HIV, TB (both drug-sensitive and drug-resistant TB) and hepatitis C. Due to lack of resources, there is also a high incidence of co-infection in the state. 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 its 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 for DR-TB 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 also treats hepatitis C patients (mono-infected) in an opioid substitution therapy (OST) centre in Churachandpur, along with treating partners of co-infected patients.

IN 2019

MSF continued to support the district hospital in Churachandpur by treating the HIV cohort for hepatitis C. Treatment of hepatitis C, including counselling, was started in July 2017, and was scaled up in 2018. A new collaboration with district hospital in Churachandpur started in 2019 providing medical technical assistance and support to the hospital IPD and the hospital art centre. A new MSF clinic facility was also finalized in Chakpikarong by start of 2019 and a bigger health promotion team was scaled up in Moreh and Churachandpur, Chakpikarong. During the same year a study assessment was also conducted by MSF to implement and open by 2020 in Moreh a One Stop Care Centre (OSCC), in support and cooperation of the existing (OST) program at Paicham Primary Health Care (PHC) in Moreh.



135

hepatitis C patients (mono and co-infected) treated



TB

215

drug-sensitive TB patients treated

25

new DR-TB patients treated



270

people with HIV initiated on antiretroviral treatment



UTTAR PRADESH



Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). A bloodborne 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.

There is a very high prevalence of hepatitis C in western Uttar Pradesh, believed to be largely due to unsafe medical practices by informal and formal care providers. With no public health programme till date, testing and treatment is a huge challenge in Uttar Pradesh. While testing and treatment services are available in the private sector, there are major barriers to access due to lack of awareness, financial constraints and geographical distances.

WHAT WE DO

MSF implements a pilot project in Meerut in collaboration with the National Health Mission (NHM), Uttar Pradesh. The project aims to demonstrate the effectiveness of decentralised and simplified hepatitis C treatment and care by providing free testing, treatment, health education and counselling services to patients at a district-level hospital. Through this collaboration, MSF shares best practices and advocates the replication of this model in western Uttar Pradesh and to other high-prevalence areas later.

IN 2019

Since 2017, MSF has supported the MoH in Meerut, Uttar Pradesh (UP) to develop an effective, decentralized and simplified program to diagnose and treat hepatitis C infections. Since the initiation of the project over 10,000 people have been tested for hepatitis C, 3,675 patients initiated on treatment, 3,314 finished treatment and over 3,164 were cured. This programme was handed over to MoH in 2019.

Between August and December 2019, 433 community influencers and service providers (village heads, rural practitioners, barbers); 1,156 community-based health workers and 2,978 students were given basic training in raising awareness about prevention of hepatitis C in western UP.



MAHARASHTRA



When tuberculosis patients are resistant to two of the key first-line TB drugs (isoniazid and rifampicin), they are said to have multidrug-resistant tuberculosis (MDR-TB). Extensively drug-resistant tuberculosis (XDR-TB) is a rare type of MDR-TB that is resistant to these first-line drugs, plus any fluoroquinolone and at least one of three injectable second-line drugs (amikacin, kanamycin and capreomycin). Both MDR-TB and XDR-TB are more difficult and more expensive to treat than standard TB, with treatment taking up to two years and potentially causing side effects such as deafness and psychosis.

WHAT WE DO

MSF provides free, comprehensive and individualised treatment at its independent private clinic in Mumbai to people living with HIV, and to people with severe forms of drug-resistant TB (DR-TB). Patients seen by MSF have often previously been treated with ineffective regimens for several years by public and private practitioners. Some are also believed to have been directly infected in the community by extensively resistant strains.

IN 2019

2019 proved to be a significant year for the collaboration as apart from managing the MoH OPD, MSF have scaled up the medical outreach to 8 health posts in community and provides psychosocial support to patients in Sewri Hospital.

In 2016, MSF started working in Mumbai's M/East ward that has one of the highest TB burdens in the city. In this ward we are running an independent clinic that offers comprehensive care for HIV and DR-TB patients – including those with very complex drug resistance patterns. These patients require treatments which are difficult to avail in the public or private sector and globally, it is one of the first sites to provide Bedaquiline (BDQ) and Delamanid (DLM) to patients with advanced DR-TB resistance, including paediatric patients.

In addition to the cutting edge work done in the MSF clinic, we have been working with the National TB Programme (MoH) to strengthen DR-TB management in M/East Ward since 2017 in the Out Patient Department (OPD) of a peripheral MoH hospital. MSF also supports Asia's largest TB Hospital in Sewri (~1200 bedded hospital) in providing DRTB treatment for complicated cases.



488

patients initiated on new TB drugs



17

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



303

paediatric DR-TB patients comprises of active cohort



83

paediatric DR-TB patients initiated on new TB drugs



1,074

DR-TB patients initiated on treatment (MEW OPD)



1,454

DR-TB patients in MEW-OPD comprises of active cohort

NOTES

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