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# MSF INDIA ACTIVITY REPORT 2018

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# FOREWORD

In 2018, Doctors Without Borders/Médecins Sans Frontières (MSF) ran medical programmes in 10 states in India, addressing some of the country's most pressing health issues and emergencies.

In the wake of the devastating floods in Kerala in August, our teams carried out medical camps in some of the worst-affected districts, initiated water and sanitation activities and responded to an outbreak of leptospirosis.

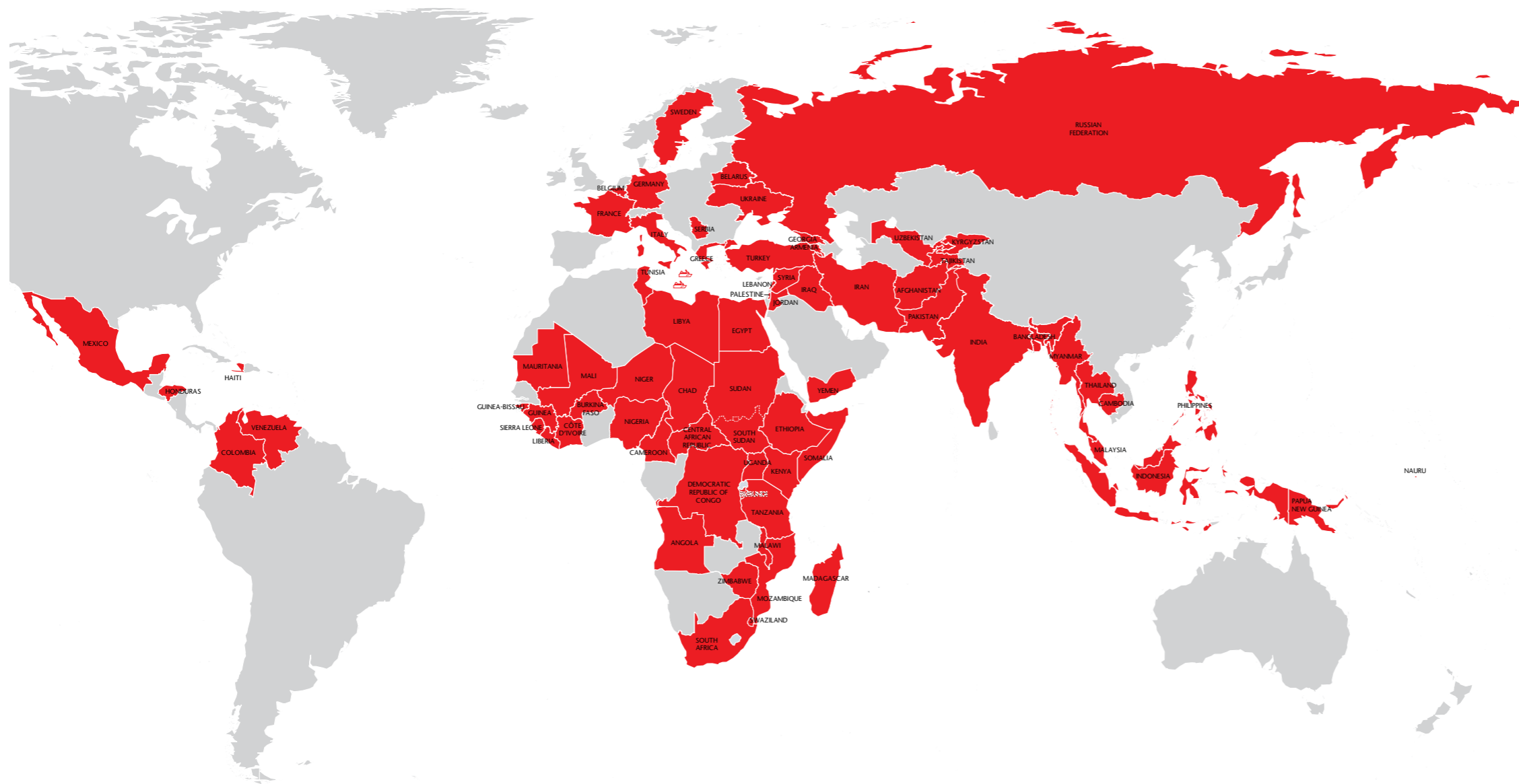
We marked the second year of our programme in Jharkhand to treat severe acute malnutrition (SAM), a medical condition that leaves children under five at the risk of death by weakening their immune system. Using a decentralised, community-based approach in the state's Chakradharpur block, MSF treated 500 children for SAM.

MSF expanded its services in Delhi, where it has been running a clinic since 2015 for survivors of sexual and gender-based violence (SGBV). In addition to offering medical and psychological assistance to survivors at the clinic, our team now provides counselling at a local hospital.

Counselling is also at the heart of MSF's programme in the Kashmir Valley, where nearly 45% of the adult population shows symptoms of significant mental distress. In 2018, our team started supporting the Government of Jammu and Kashmir in the implementation of the district mental health programme in the Bandipora district.

With India recording the highest incidence of tuberculosis (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. Going forward in 2019, 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.

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.

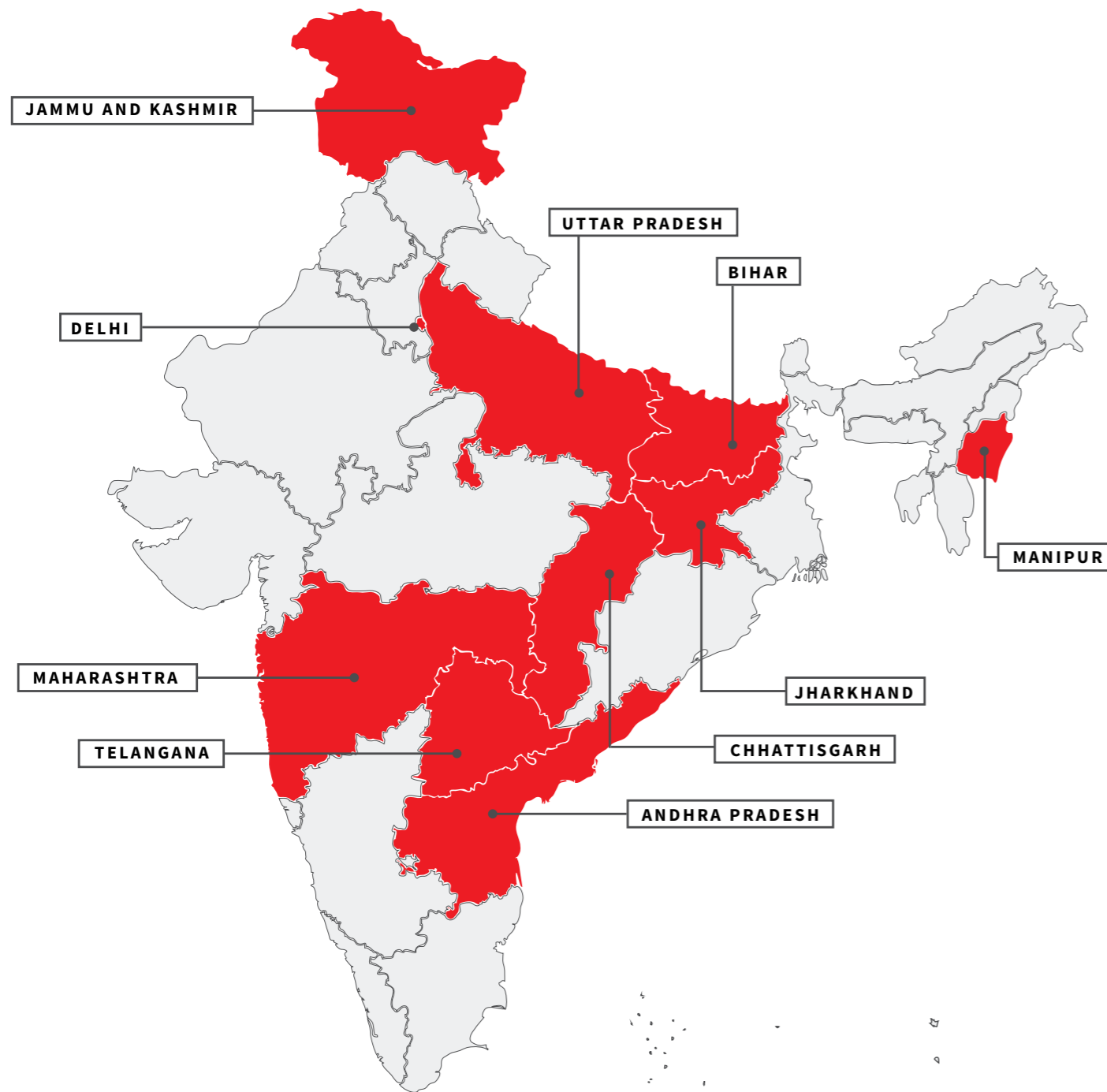
MSF has worked in India since 1999. Our teams currently provide free medical care in 10 states. We also advocate for the development of more effective and affordable medicines to improve access to treatment globally.

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



# MSF IN INDIA

# INDIA ACTIVITY HIGHLIGHTS 2018



**8,138**

cases of malaria treated



**5,720**

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



**1,573**

hepatitis C patients (mono and co-infected) treated



**849**

mobile clinics conducted



**691**

severely malnourished children treated



**363**

patients medically treated for sexual violence



**193**

patients were initiated on new TB drugs



**149**

patients treated for kala azar-HIV co-infection

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.



# 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 2018

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 also continued through interactive presentations on malaria, breastfeeding, use of latrines, general hygiene, human immunodeficiency virus / acquired immunodeficiency syndrome (HIV/AIDS), scabies and more. The project began to reorient its intervention strategy towards a community-driven approach and local capacity building. This included initiatives to identify and train community health workers/volunteers to conduct health promotion sessions in their villages, to diagnose and treat malaria cases, and to identify warning signs and refer emergency cases. In collaboration with the Ministry of Health, MSF has been able to refer a greater number of patients, increase the diagnostic capabilities for presumptive TB cases, and assist in case follow-up.



**45,468**

OPD  
consultations



**8,138**

patients  
treated for malaria



**849**

mobile clinics  
conducted



**3,420**

antenatal  
consultations



**930**

postnatal  
consultations



**77**

patients treated  
for TB



“

We run mobile clinics in the remote rural regions of Chhattisgarh and Telangana. In our mobile clinics, we have seen women walking twenty-thirty kilometers just to seek antenatal and postnatal care, these are essential and lifesaving services for children as well as for women.

”

**- PAVANI VEMULA**

*Nurse Supervisor*

# 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 2018

We continued to treat kala azar-HIV co-infection in collaboration with the Rajendra Memorial Research Institute in Patna, Bihar. In 2018, we explored better treatment modalities for co-infected patients and started assessing their efficacy. We also started to research the prevalence of asymptomatic kala azar in HIV patients. In partnership with the state authorities, we have agreed to create an integrated centre for holistic care and treatment of patients with advanced HIV, to offer them a better quality of life and reduce the stigma they face.



**149**

kala azar-HIV co-infected patients admitted



**149**

kala azar-HIV co-infected patients treated







“

Even though our treatment is free, people need to be assured that they will be taken care of and live life the way they used to. The doctors give medicines and treat our patients but my work is to make people feel hope and show them that a normal life is possible.

”

- **CHHAVI KUMAR**  
Health Promoter

# 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 2018

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 help.

Progressing towards our goal of increasing access to holistic treatment for SGBV survivors, MSF strengthened its collaboration with the local district hospital, where we now provide counselling services during Out Patient Department (OPD) hours.

In 2018, MSF also started conducting a knowledge, attitudes and practices (KAP) survey on SGBV in the project's catchment area. The aim of this survey (the only study of this kind to be conducted in Delhi on the topic of SGBV) is to allow MSF and its partners to have a clearer picture of the problem areas, ensuring the continued improvement of the quality of care provided to survivors.



### 91

survivors of rape treated



### 20

survivors of sexual violence treated



### 252

survivors of physical and psychological violence treated



### 1,393

counselling sessions conducted



“

Sexual and gender-based violence (SGBV) is extremely stigmatised and hidden in most societies. Shame, fear, stigma and many other obstacles prevent many victims from receiving, or even seeking, treatment, even though immediate medical and psychosocial care after sexual assault is critical in order to limit the potential consequences. This is precisely what we are trying to do—to make people aware of the medical consequences of SGBV and provide free and timely care to those who need it.

”

**- DR. KANUPRIYA**  
Medical Activity Manager

# JHARKHAND

**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 (MOH) 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 2018

Several training sessions were conducted at the community level for healthcare workers of the MOH so as to ensure sustainability of the project. We focus on preventive and therapeutic measures as part of the model including robust screening and community engagement activities.

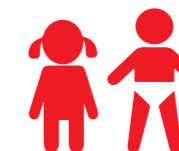
A qualitative study was also conducted to identify factors that determine health-seeking behaviour, gender division and decisional power dynamics with regard to the perception and practices related to malnutrition in Chakradhapur, Jharkhand.

In November 2018, we began an operational research study to work on context-specific indicators to improve the Community-Based management of Acute Malnutrition (CMAM) model of care.



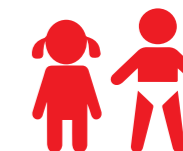
# 4,073

children screened for SAM



# 500

SAM children treated through the CMAM approach



# 191

SAM children admitted to inpatient facility



“

I don't know much about MSF's work across the world but I am extremely happy that my grandchild is now cured of malnutrition. That is because of the MSF team. My granddaughter was stunted and would fall ill often, but with proper medicines and care she has gained weight and her health has improved.

”

**- KULIYA HASDA**

*Grandmother of a malnutrition survivor Susari Hasda*

# 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 to 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 initially, and to other high-prevalence areas later.



**10,915**  
consultations

## IN 2018

In collaboration with the state health services, the NHM and other stakeholders, MSF succeeded in highlighting hepatitis C as a priority for the state. The project collaborated with the state health services and the NHM to adopt and implement an effective hepatitis C programme in Uttar Pradesh in a phased manner, scaling up this model to more locations using a decentralised, simplified approach.

On World Hepatitis Day 2018, MSF in partnership with Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, and the NHM brought key stakeholders together for a state-level consultation to ensure better access to treatment in Uttar Pradesh in 2019, when the National Programme for Prevention and Control of Viral Hepatitis is rolled out.



**1,164**  
patients initiated on  
treatment



**1,310**  
patients completed  
treatment



“

I was very scared when I found out, because I had never heard of hepatitis C. Some people scare you by spreading misinformation. But I am cured now, and I tell everyone there is no point getting scared. Everyone should get themselves tested. And if they have hepatitis C, they should get it treated.

”

**- FATIMA**

*Hepatitis C survivor*

# 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.*

MSF also works in close collaboration with the national TB programme to reduce the mortality and morbidity linked to TB in Mumbai. To this end, MSF provides support for diagnosis, treatment and community-based follow-up of patients with drug-resistant tuberculosis in a ward (M/East ward) with one of the highest TB burdens in Mumbai. In collaboration with the Ministry of Health (MoH), MSF provides OPD-based DR-TB services at Shatabdi Hospital located in this ward.

Since May 2016, MSF in partnership with Mumbai District AIDS Control Society (MDACS) and Municipal Corporation has been offering enhanced adherence counselling (EAC) and routine viral load testing for people living with HIV at the antiretroviral treatment (ART) centre in King Edward Memorial (KEM) Hospital. A small team of MSF counsellors also provides psychosocial support to both inpatients and outpatients in the Group of TB Hospitals, Sewri.

## IN 2018

At MSF's clinic, 193 patients were initiated on regimens comprising new TB drugs (Bedaquiline and Delamanid) in 2018. Of these patients, 54 were declared 'completed and cured'. Considering the fact that most patients treated in MSF's clinic have failed standard MDR/XDR-TB treatment and have no other treatment options left, the project has been able to achieve a significant success rate.

At Shatabdi Hospital, one of the few decentralised sites to offer bedaquiline-based treatment regimens in Mumbai, 87 patients were put on bedaquiline-based regimens between June–December 2018—the highest number for a site of its kind in a span of six months. The MSF team also started an outreach (mobile) intervention with the objective of ensuring systematic clinical and psychosocial follow up of DR-TB patients from seven health posts in Mumbai. Through this approach, MSF intends to demonstrate a community-based model of DR-TB care that the national programme could replicate in high-burden contexts.

In KEM Hospital's ART centre, MSF's model of care resulted in improved outcomes for people living with HIV. The model was adopted by the MDACS and implemented across Mumbai, and MSF is advocating the country-wide replication of this approach.



# 193

patients were initiated on new TB drugs



# 54

patients were declared 'completed and cured'





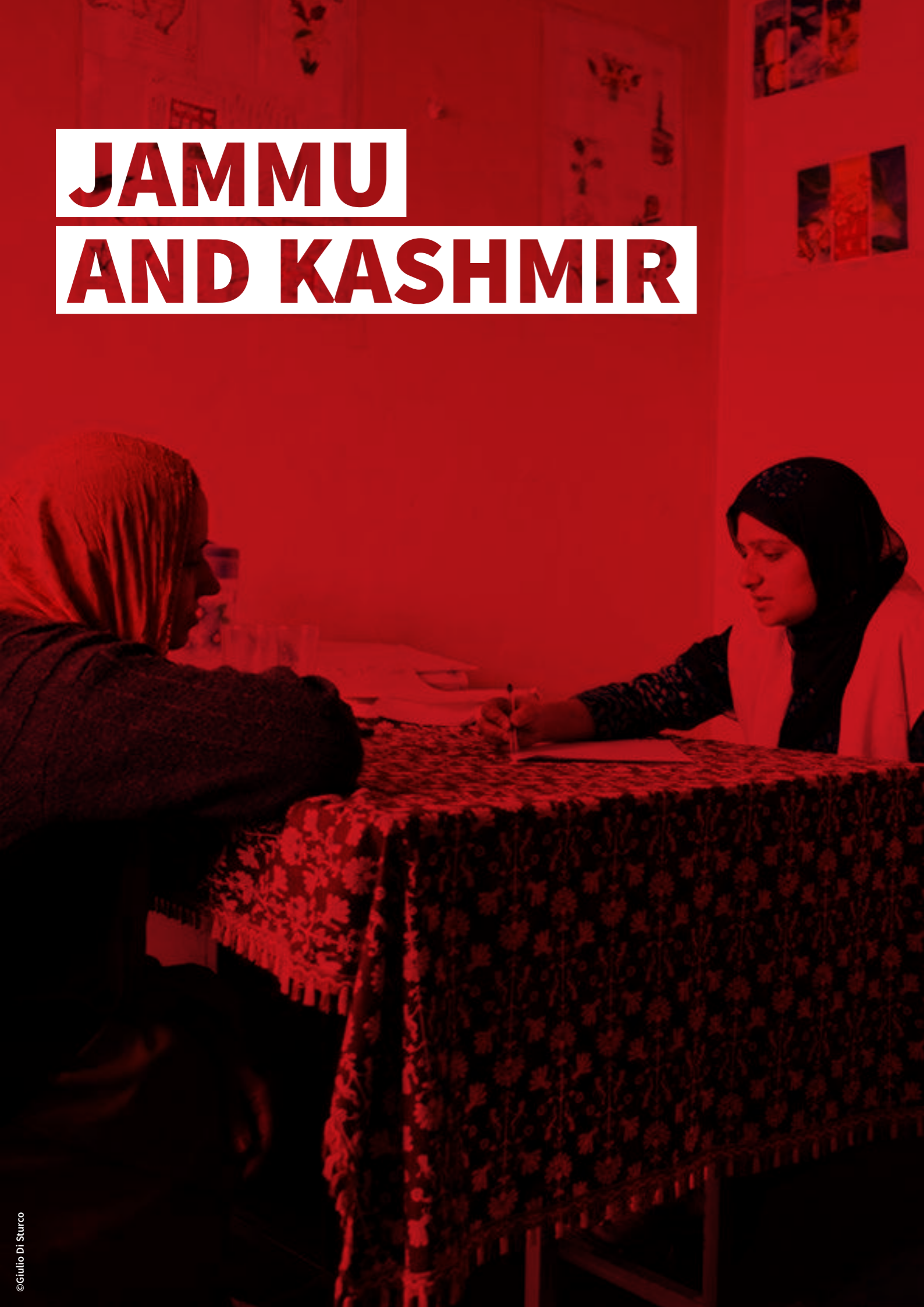
“

A daily Amikacin injection would cost me Rs.150. The other medicines were also costly. So most of my salary would be spent on these medicines. Here at the MSF clinic, I get all the medicines I need free of cost.

”

**- GANESH KAJREKAR**  
*former MDRTB patient*

# JAMMU AND KASHMIR



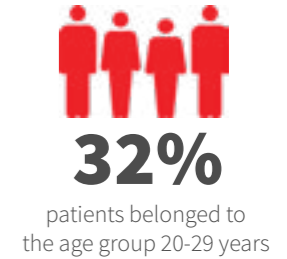
Years of conflict in Jammu and Kashmir have taken a toll on people’s mental health in the state. According to a survey conducted by MSF in 2015, nearly 1.8 million adults (45% of the adult population) in the Kashmir Valley show symptoms of significant mental distress. This is compounded by the stigma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

### WHAT WE DO

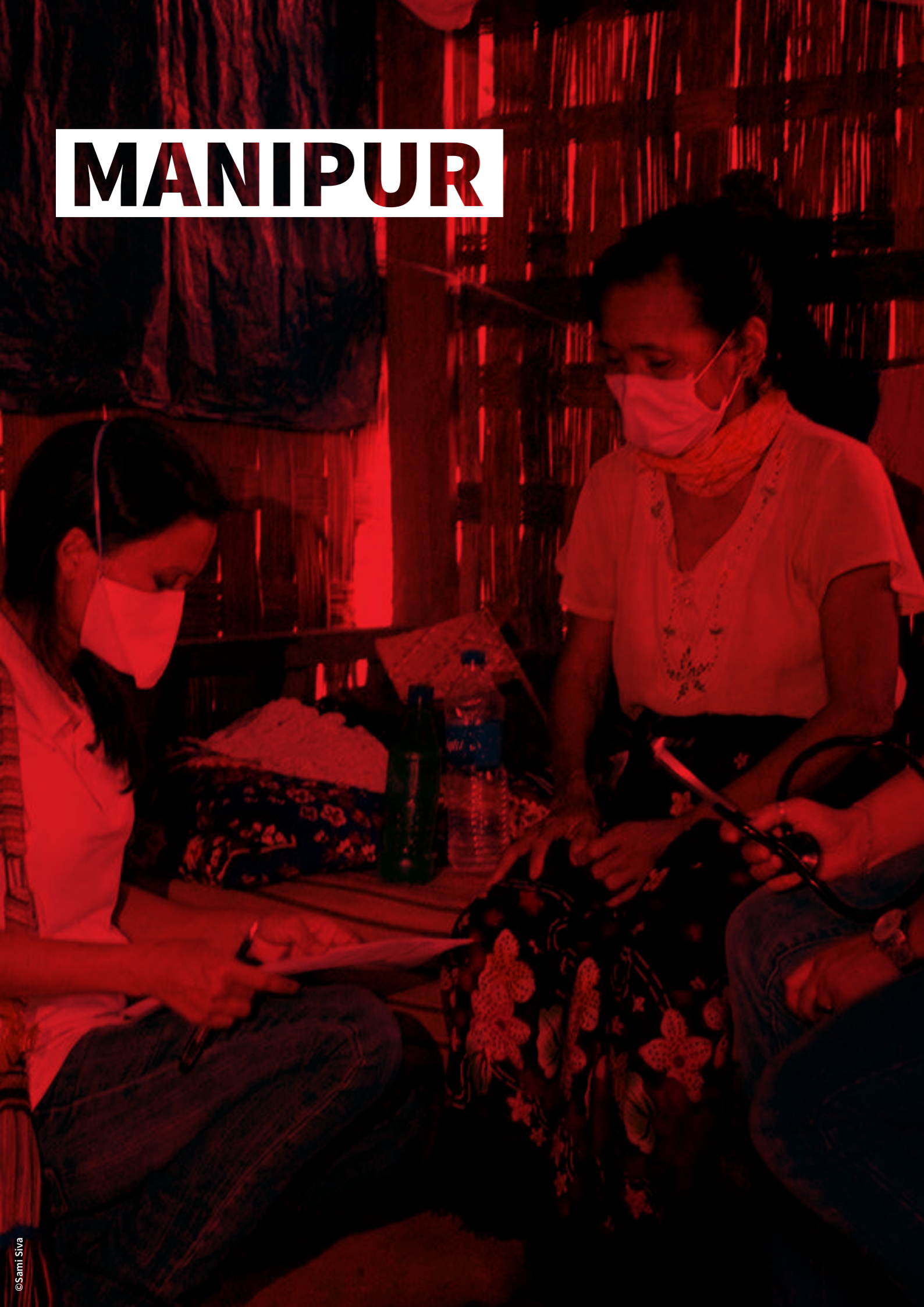
MSF has been providing free, high-quality counselling to people affected in the valley since 2001. Currently, our teams provide counselling services at hospitals in four districts—Baramulla, Bandipora, Pulwama and Srinagar. To combat the stigma associated with mental illness, MSF teams also raise awareness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

### IN 2018

MSF continued to provide counselling services at district hospitals in Baramulla, Srinagar, Bandipora, Pulwama; the sub-district hospital in Sopore; and SKIMS Soura in Srinagar. In line with one of the recommendations of the Kashmir Mental Health Survey 2015 and the government’s efforts to increase community-based mental healthcare, MSF started supporting the Government of Jammu and Kashmir in the implementation of the district mental health programme in the Bandipora district of Kashmir. This support is meant to demonstrate feasibility of community mental health initiatives through community awareness activities and setting up referral linkages.



# MANIPUR



Manipur has a high prevalence of HIV, TB (both drug-sensitive and drug-resistant TB) and hepatitis C. Due to a 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. Along with treating partners of co-infected patients, MSF also treats hepatitis C patients who are mono-infected in an opioid substitution therapy (OST) centre in Churachandpur.

### IN 2018

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. MSF also started using a new drug, bedaquiline, for treatment of patients with extensively drug-resistant TB (XDR-TB). The latest tool to monitor the progress of HIV in a patient—routine viral load monitoring—was also implemented. Additionally, MSF continued to provide treatment for HIV, TB and hepatitis C at its clinics.



**263**

hepatitis C patients (mono and co-infected) treated



**TB**

**285**

drug-sensitive TB patients treated

**40**

new DR-TB patients treated



**304**

people with HIV initiated on antiretroviral treatment







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