

MSSF INDIA

ACTIVITY REPORT

2014



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

www.msfindia.in

Cover Photo:

MSF doctor examines a child suffering from malaria at a clinic in Mallempeta, which is a small village in Andhra Pradesh along with border of Chhattisgarh. MSF clinics provide free primary healthcare services which include diagnostic tests, vaccination, malaria and tuberculosis treatment, antenatal and postnatal consultations and primary emergency services.

Photo © Sami Siva

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- A. MDR-TB patient Seikholien, 45, is given an injection by an MSF staff nurse in Churachandpur, Manipur, India
Photo © Sami Siva
- B. Mothers with young children wait for consultation at the MSF mobile clinic in Pusuguppa, which is a small village in Andhra Pradesh along with border of Chhattisgarh. MSF mobile clinics provide free primary healthcare services which include diagnostic tests, vaccination, malaria and tuberculosis treatment, antenatal and postnatal consultations.
Photo © Sami Siva
- C. MSF nurse seen dispensing free medications and explaining patients how to take it at the MSF mobile clinic in Pusuguppa, which is a small village in Andhra Pradesh along with border of Chhattisgarh. MSF mobile clinics provide free primary healthcare services which include diagnostic tests, vaccination, malaria and tuberculosis treatment, antenatal and postnatal consultations.
Photo © Sami Siva
- D. PKDL or Post Kala-azar Dermal Leishmaniasis is a skin condition that often develops 6 months to 1 year or more after the Kala-azar treatment. Its treatment must be prioritized to achieve the elimination of Kala-azar.
Photo © Malika Gupta
- E. An HIV/ XDR-TB patient seen at the MSF clinic in Mumbai during her routine check up.
Photo © Sami Siva

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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.

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- A. Mother with her children at the MSF Mother and Child Healthcare Clinic in Bijapur, Chhattisgarh for a routine checkup of her two year old daughter who was diagnosed with malnutrition. MSF provides nutrition supplements to malnourished children aged 6 months to 5 years and also provides weaning counselling to mothers.

Photo © Malika Gupta



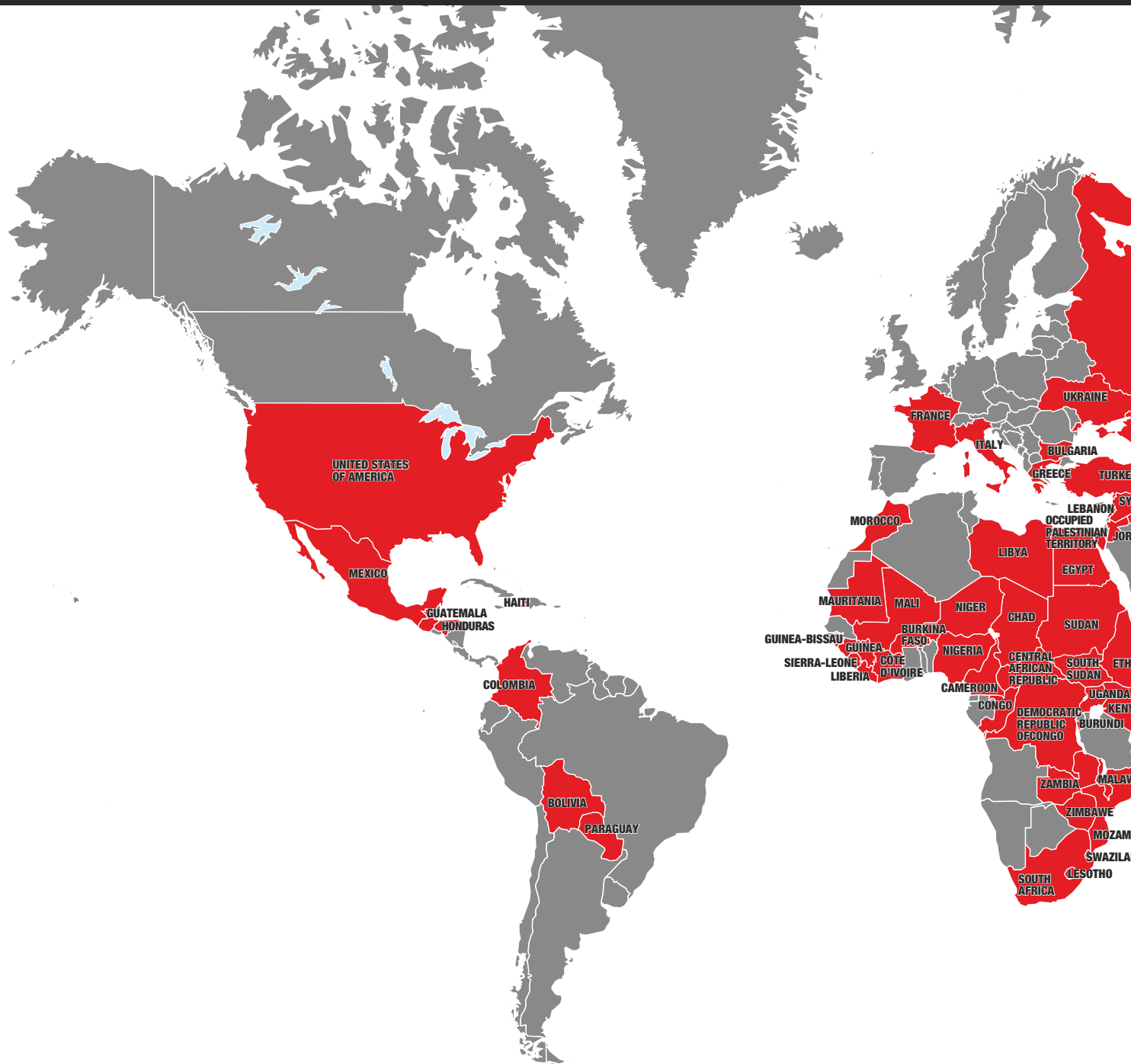
MSF: AN INTRODUCTION

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.

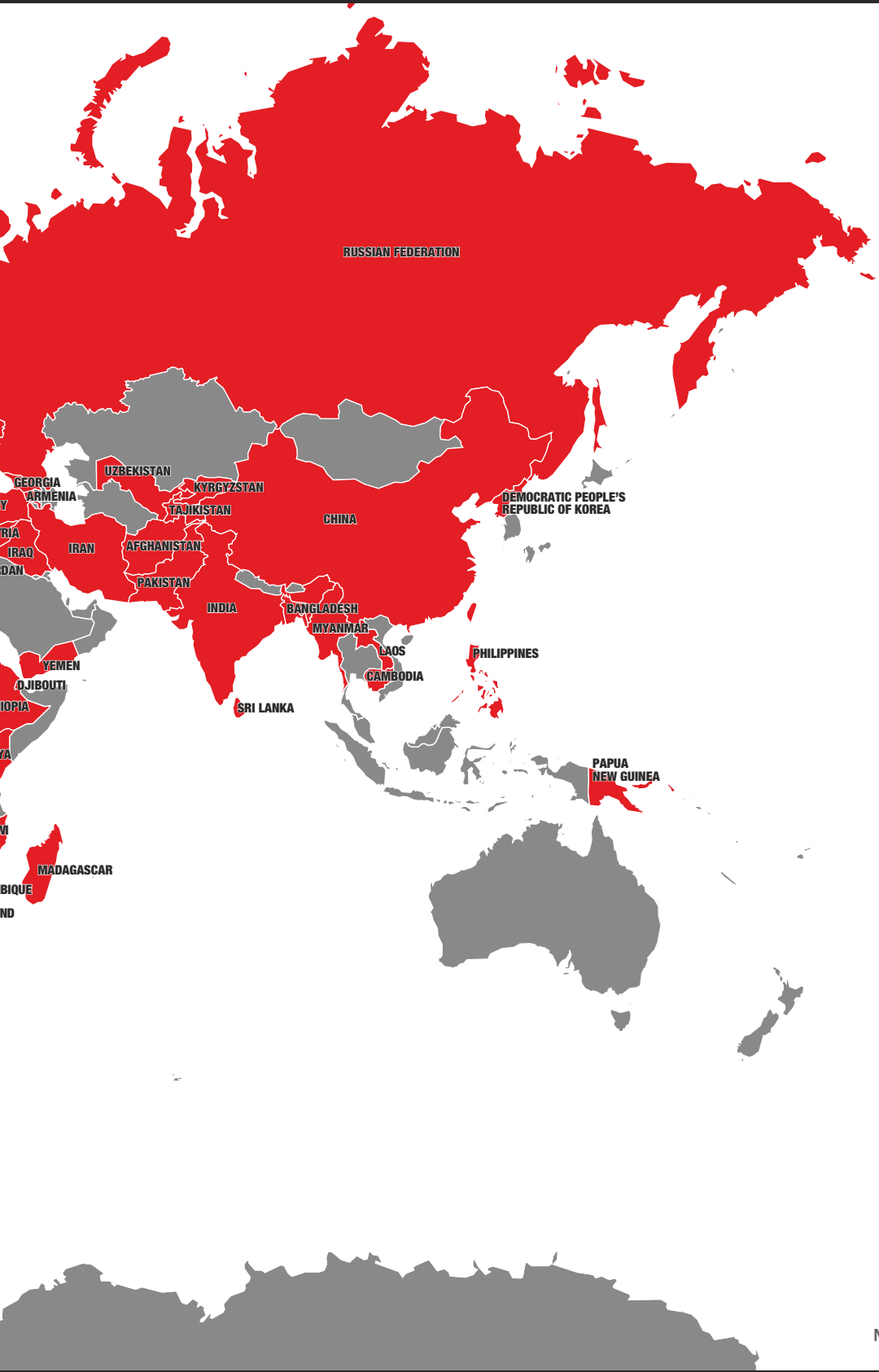
- A. At the Kala-azar ward in Vaishali, Bihar. Since July 2007, MSF has been running a kala-azar diagnostic and treatment project in Vaishali district, Bihar.
Photo © Anna Surinyach
- B. As a result of the Israeli blockade established in 2007, Gazan people are facing electricity shortages. Poor quality electric generators and gas bottles cause serious and frequent accidents. MSF teams carry out a program of reconstructive surgery in Al Shifa and Nasser hospitals to support burn victims, mainly women and children. Patients also benefit from postoperative care (physiotherapy, dressings) in the MSF clinic, located in the city of Gaza.
Photo © Chris Huby
- C. A HIV / MDR-TB patient seen at the MSF clinic in Mumbai during his visit for routine check ups.
Photo © Sami Siva
- D. A mother with her child seen at the MSF Clinic in Bijapur, Chhattisgarh where her younger (4 months) child is being treated for malaria.
Photo © Malika Gupta
- E. Daily dose of pills for Hekim, 40, a XDR-TB patient from Myanmar currently staying in Moreh, a town in Manipur, India that borders Myanmar, for her treatment from MSF.
Photo © Sami Siva
- F. Border between México and Guatemala. This is the beginning of the journey for the Central American migrants trying to make it to the US. MSF is giving humanitarian assistance to this population in several spots of southern México.
Photo © Anna Surinyach



MSF PROGRAMMES AROUND THE WORLD



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



**MSF
ESTABLISHED IN
1971**

**MSF
PROGRAMMES
IN MORE THAN
65
COUNTRIES**

**MORE THAN
30,000
STAFF
WORLDWIDE**

**MSF
AWARDED
NOBEL PEACE
PRIZE IN
1999**



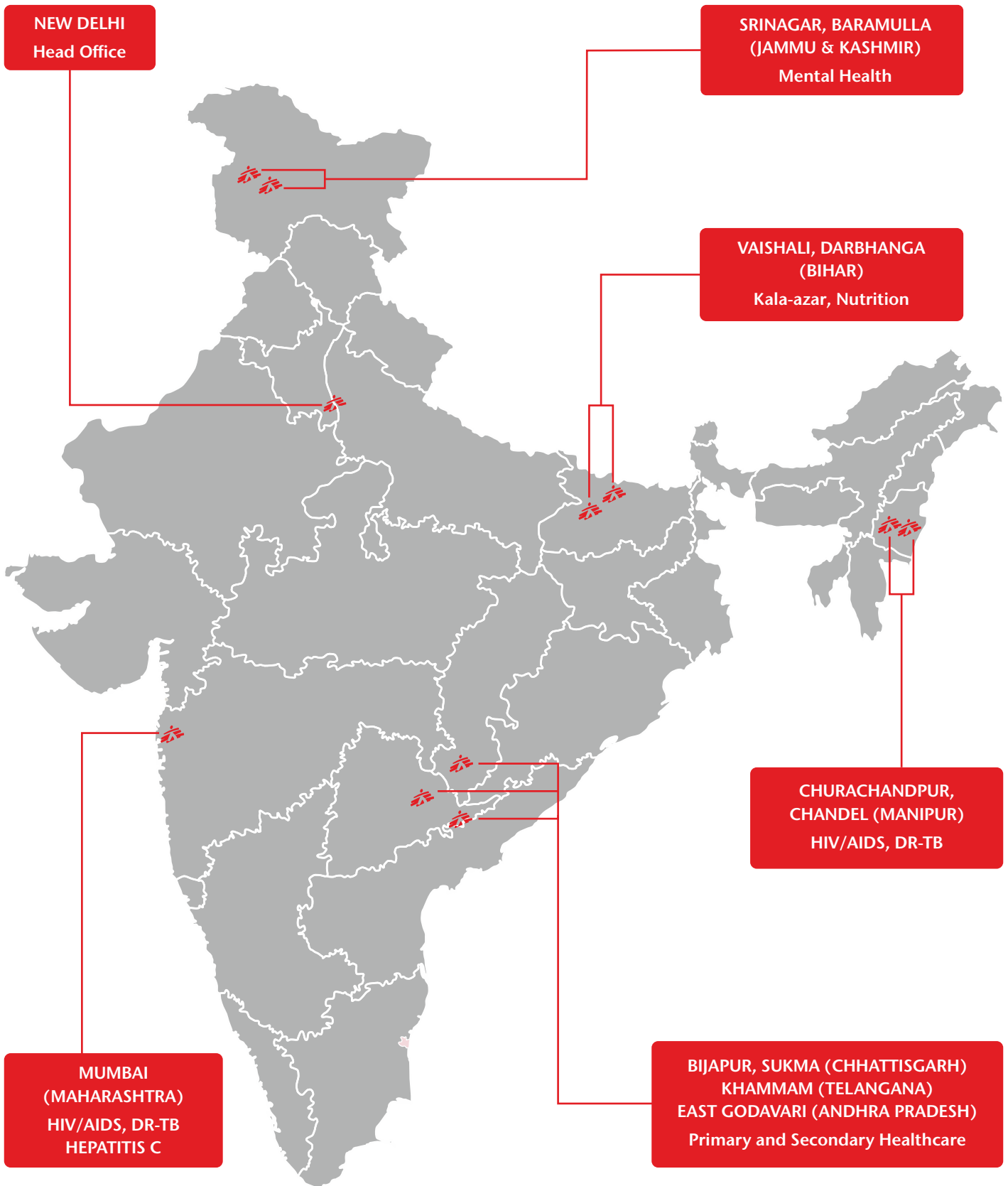
MSF IN INDIA

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, tuberculosis, kala-azar and malnutrition. We also respond to natural disasters and other emergencies, provide mental healthcare and lobby for the development of more effective and cheaper medicines to improve access to treatment for people everywhere.

MSF currently runs projects in the states of Andhra Pradesh, Bihar, Chhattisgarh, Jammu & Kashmir, Maharashtra, Manipur and Telangana.

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

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- A. One of the premature twins under observation at the MSF Mother and Child Healthcare Clinic in Bijapur, Chhattisgarh.
Photo © Malika Gupta
 - B. A team of doctors, translators, drug dispensers, nurses and assistants walk to set up a mobile clinic in a remote area that has no other access to primary healthcare. Each team member carries around 10 kgs of medical supplies- malaria kits, medication, mosquito nets, lab tests, weighing scale etc. and sometimes walk for as long as an hour and a half to reach the area where the clinic is set up.
Photo © Malika Gupta
 - C. An HIV / XDR-TB patient seen at the MSF clinic in Mumbai during her regular check up.
Photo © Sami Siva
 - D. MSF has been treating malnutrition in Bihar since 2009. In 2014, it set up a Malnutrition Intensive Care Unit in Darbhanga Medical College and Hospital to treat acutely malnourished patients with complications.
Photo © Sami Siva



Disclaimer: This map does not reflect any position by MSF on the legal status of the territory of India.

BIHAR

ELIMINATING KALA-AZAR

Transmitted by the bite of a sand fly, 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 been running a 20-bed kala-azar ward in the Sadar Hospital and supporting five PHCs in Vaishali district of Bihar since 2007. It has treated more than 11,500 patients with Liposomal Amphotericin B (LAmB).

Bihar is the epicentre of kala-azar in India, where 33 out of 38 districts are affected. The population at risk is nearly 35 million in approximately 11,500 villages spread over 429 provincial blocks.

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-DNDi (Drugs for Neglected Diseases Initiative) pilot study. The change to SDA sets a milestone towards achieving the 2015 elimination goal.

Single-dose LAmB is an effective, safe treatment and is administered through intravenous infusion in a short period of time. It is a patient-friendly drug that can be easily administered by trained staff even at the level of primary health centres.

In support of the national kala-azar elimination programme, MSF is helping to make this new treatment available, free of cost, in the most endemic districts in Bihar, as well as in Jharkhand and West Bengal.

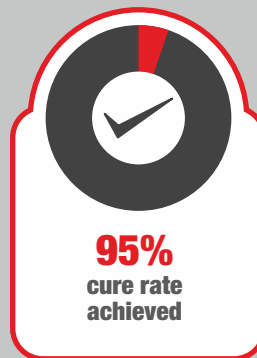


MSF has been on the frontline of fighting kala-azar in Bihar for the past eight years and has achieved excellent results. It continues to extend its support to the Ministry of Health and Family Welfare (MoHFW), the National Vector Borne Disease Control Programme (NVBDCP) and the Rajendra Memorial Research Institute (RMRI) in the roll-out of the newly available treatment and contribute to improving the health status of risk populations in India.



B

PROJECT HIGHLIGHTS



“I walked out of the PHC in less than 3 hours after receiving a single dose of the kala-azar treatment. This not only saved my life, but also saved me an entire month's salary, which I couldn't have earned if I had remained sick.”

- *Rajkumar Paswan, Vaishali.*

Although there's a decrease in the number of kala-azar cases, challenges such as post kala-azar dermal leishmaniasis (PKDL) and co-infection of kala-azar with HIV persist. A study published by MSF in June 2014 highlights the magnitude of the problem, both at the individual and public health

levels. It concludes that an inter-programmatic management is required, if kala-azar elimination is to be achieved. Besides, what is crucially needed is further evidence on best treatment regimen for this group of co-infected kala-azar patients.

A. Lalita Devi, 40, with Post Kala-Azar Dermal Leishmaniasis (PKDL) symptoms admitted at the MSF Kala-Azar unit in Sadar Hospital, Hajipur, Bihar.

Photo © Sami Siva

B. MSF has treated more than 12,000 Kala-azar patients free of charge since July 2007. A nurse prepares single dose liposomal amphotericin B (LAmB), an effective treatment administered through intravenous infusion.

Photo © Malika Gupta

For more information on the findings of the study, please see:

<http://cid.oxfordjournals.org/content/59/4/552.full.pdf+html?ijkey=fsDHmw5hl0ORk&keytype=ref&siteid=cid>

BIHAR

FIGHTING MALNUTRITION

Severe acute malnutrition (SAM), if untreated, can lead to death and may affect growth and/or cognitive development in the long run. It is time to recognise and accept SAM as a medical condition that needs a medicalised approach, ideally using the resources available within the public health system.



Médecins Sans Frontières/ Doctors Without Borders (MSF) has been working in Bihar's Darbhanga district since 2009 providing curative treatment to children suffering from severe acute malnutrition (SAM). So far, MSF 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 percent were less than two years old, 87 percent belonged to the poorest and most vulnerable castes and more than 60 percent were females.

MSF's experience shows that SAM can be accurately detected in children at the community level with the help of frontline health workers. Accredited Social Health Activists (ASHAs) in the villages identify and screen children for SAM before referring them to the nearest primary health centre (PHC), where trained government nurses provide the necessary nutritional and medical care. Only cases with medical complications require inpatient care at a facility that provides specialised care, like MSF's Nutritional Rehabilitation Unit (NRU) or Malnutrition Intensive Care Unit (MICU). Set up in March 2014 inside the Darbhanga Medical College and Hospital, the MICU provides treatment to SAM patients with severe medical complications.

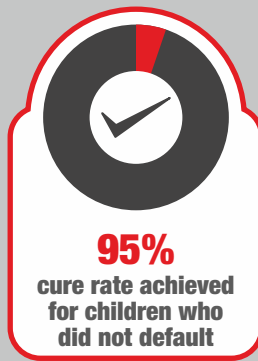
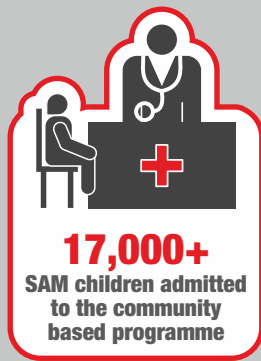
MSF BELIEVES THAT A DECENTRALISED APPROACH NOT ONLY ENSURES GREATER TREATMENT COVERAGE FOR SAM CHILDREN, BUT ALSO REDUCES THE RISK OF PATIENTS DEFAULTING ON TREATMENT.

Treatment for SAM in Bihar is largely inadequate or inaccessible, enhancing the problem of acute malnutrition. A June 2014 survey conducted by MSF in collaboration with the District Health Society in Darbhanga recorded the prevalence of SAM in the district as three percent. This represents around 20,000 children under-five in the district as severely affected by the condition.



B

PROJECT HIGHLIGHTS



“I didn't have to walk 15-20 kilometres to get my child treated for acute malnutrition. Nutritional care and treatment was available next door, at our PHC, which has been a life-saver for my one year old baby, Nazo”

- Makina Khatoon, Satighat.

MSF, in close collaboration with the Bihar State Health Society, continues to work with the medical staff in Darbhanga's primary health

centres to ensure proximity and continuity of care to the most vulnerable and malnourished children.

A. By identifying children before medical complications develop, a large number of severely acute malnourished children can be treated as outpatients in community settings, not too far from home. Makina Khatoon with her one year old baby, Nazo at the Satighat, Darbhanga mobile clinic, barely 3 kms from her village.
Photo © Oriane Zerah

B. Early detection of SAM at the community level can save more lives.
Photo © Sami Siva

Population census 2011 estimates Darbhanga's population to be 3.9 million, of which 15 percent are children aged between six months – five years. For more information, see:

<http://www.census2011.co.in/census/district/67-darbhanga.html>

ANDHRA PRADESH, CHHATTISGARH AND TELANGANA

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.

BATTLING MALARIA

Malaria is the most commonly diagnosed disease among the patients seen by our medical teams, other common illnesses being respiratory tract infections, skin diseases and general body pain. 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 2014, MSF treated 15,274 patients for malaria after diagnosis at its clinics, either by giving them medication to take home or, in severe



cases, by referring them to the nearest government health structure or MSF's Mother and Child Health Centre (MCHC) in Bijapur, Chhattisgarh. MSF's health educators took every opportunity to explain how to recognise and prevent malaria, distributing mosquito nets, especially to pregnant women. The health promotion teams play a vital role in ensuring that the population is informed about prevention of common illnesses like malaria and encouraging them to seek early medical care.

A. MSF health promoters demonstrate the best way to use the mosquito net at the MSF mobile clinic in Pusuguppa, which is a small village in Andhra Pradesh along with border of Chhattisgarh. MSF mobile clinics provide free primary healthcare services which include diagnostic tests, vaccination, malaria and tuberculosis treatment, antenatal and postnatal consultations.
Photo © Sami Siva

B. MSF nurse provides education session on basic hygiene to the patients visiting at the MSF clinic in Mallempeta, which is a small village in Andhra Pradesh along with border of Chhattisgarh. MSF clinics provide free primary healthcare services which include diagnostic tests, vaccination, malaria and tuberculosis treatment, antenatal and postnatal consultations and primary emergency services.
Photo © Sami Siva

BRINGING HEALTHCARE TO THE PEOPLE

It is not always possible for people from remote areas to seek medical care at the existing health structures. MSF hence conducts mobile clinics to provide free primary healthcare services including diagnostic tests, vaccination, malaria treatment, antenatal and postnatal consultations and health education by reaching out to them. 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 living in these areas. In 2014, MSF treated 39,769 patients at the 15 mobile clinics it conducted per week at 11 different locations.

Severe cases were also referred to the MSF run MCHC in the Bijapur town of Chhattisgarh or the round the clock MSF fixed clinic in Mallampeta, Andhra Pradesh. The MCHC admitted 891 patients in 2014 mostly for neonatal and postnatal care. At the outpatient facility, running six days a week, 14,211 patients were seen. MSF's mobile teams were also instrumental in referring 677 patients to relevant hospitals in Bhadrachalam where 75 surgeries were performed and 112 obstetrical cases were successfully treated.

MOTHER AND CHILD HEALTHCARE

MSF conducted 2361 antenatal consultations in 2014, assisting pregnant women during their pregnancy. At the MCHC Bijapur, 361 babies were delivered under specialised care.

Mothers with high risk pregnancy were referred to the Ministry of Health centre where cesarean section facilities are available. MSF also provided 7,956 vaccinations against hepatitis B, DTP, polio, measles and tetanus for newborns in line with the Department of Health's EPI programme.

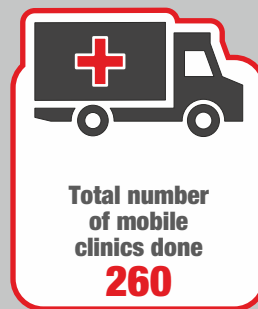
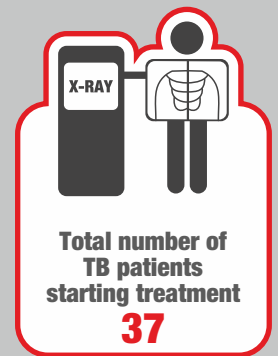
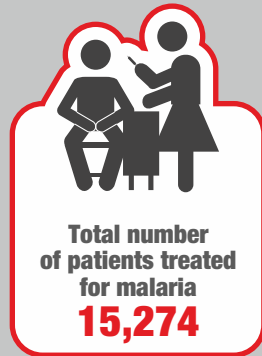


- C. A team of doctors, translators, drug dispensers, nurses and assistants walk to set up a mobile clinic in a remote area that has no other access to primary healthcare. Each team member carries around 10 kgs of medical supplies- malaria kits, medication, mosquito nets, lab tests, weighing scale etc. and sometimes walk for as long as an hour and a half to reach the area where the clinic is set up.

Photo © Malika Gupta



PROJECT HIGHLIGHTS



“We trust you on giving us quality healthcare services. If any of us has any health issue, we visit the MSF mobile clinic. We appreciate MSF for its free medical services.”

- Podiyam Mude, a patient from Rasapadu village in Chhattisgarh.

D. A team of doctors, translators, drug dispensers, nurses and assistants passes through a rough terrain on their way to a mobile clinic in one of the remote areas of Chhattisgarh.
Photo © Malika Gupta

MUMBAI

EXTENDING COMPREHENSIVE CARE FOR HIV, DR-TB AND HEPATITIS

Médecins Sans Frontières/ Doctors Without Borders (MSF) started working in Mumbai in 1999 when the Revised National Tuberculosis Control Programme (RNTCP) invited MSF to offer its technical expertise for scaling up diagnostic services. In response to the high prevalence of HIV and drug-resistant tuberculosis (DR-TB) in Mumbai, MSF has been offering specialised healthcare to people living with tuberculosis (TB), HIV/AIDS, DR-TB, hepatitis B and C and other co-infections ever since.

Since 2006, MSF has been running an independent clinic in one of the western suburbs of Mumbai. This facility offers ambulatory medical and psychosocial care for people living with DR-TB, HIV, hepatitis C or a combination of these diseases. The majority of the patients are HIV positive who require second or third line treatment.

At the end of 2014, the active cohort of HIV positive individuals with MSF in Mumbai was 237 patients, of whom 125 are on second-line and 25 are on third-line antiretroviral (ARV) treatment. HIV positive patients co-infected with DR-TB were 33. The clinic functions as a transit facility that facilitates a dynamic 'transfer out' approach- once the patient is stabilised on a standard treatment regimen and is in good health to be absorbed by the public healthcare sector, if treatment is available, they are transferred back. By the end of 2014, MSF had transferred out nearly 500 patients to government run healthcare facilities.

MSF ensures that all patients receive comprehensive care through-out their treatment. Considering the treatment for DR-TB can be long and difficult as a result of the grueling side effects of the medication, MSF's patient support team encourages patients to adhere to the treatment and supports them emotionally and socially.

At community level, collaboration with private doctors is in place to ensure continuous medical care and easy roll-out of Directly Observed Treatment (DOT) for DR-TB patients. In addition to adhering to best standards of infection control (IC) at the clinic, MSF also reviews IC measures being adopted in hospitals and hospices which it supports at DOT providers' level and in patients' homes in order to prevent the spread of TB infection in the community.



A. An HIV / XDR-TB patient seen during a counselling session with a MSF psychologist at MSF clinic in Mumbai.
Photo © Sami Siva



B

Besides this, MSF is also working with Group of TB Hospitals (GTB) in Sewri that is managed by the Municipal Corporation of Greater Mumbai (MCGM). The Infection Control Officer of MSF is an active member of the Hospital IC Committee, thus providing continuous technical support to improve air-borne infection control in the hospital. A full-time counsellor has also been assigned to offer psycho-social support to DR-TB patients in the out-patient and in-patient departments. Since mid-2014 MSF teams have supported capacity building and have trained the nurses, house-keeping staff and labourers of the Sewri hospital in soft communication, counselling skills and infection control. In 2014, MSF trained more than 240 nurses and 370 house-keeping and other support staff.

MSF is active in Medical Operational Research concerning HIV co-infections and co-morbidities such as DR-TB. In 2014, several scientific abstracts have been presented in local, regional and international medical conferences and papers have been published in internal medical and peer-review journals. MSF in collaboration with MDACS, MSACS, RNTCP and NACO published an important study that found out high burden of DR-TB among people living with HIV receiving care and treatment at ART centers in Mumbai. The study highlights that primary transmission is the cause of DR-TB in as many as 25% of the newly-diagnosed TB patients.

These patients were exposed to DR-TB mycobacterium either in their communities or during their visits to health facilities as they have no previous records of receiving treatment for TB. Several other studies are currently at different stages of implementation.

MSF is also a member of Mumbai AIDS Forum, a group of 35 civil society and non-governmental organisations, positive people's network and individual patient activists. It collaborates with Mumbai District AIDS Control Organisation, Maharashtra State AIDS Control Organisation, National AIDS Control Organisation, Revised National TB Control Programme, Central TB Division, Group of TB Hospitals Mumbai, Religare Lab, Hinduja Microbiology Lab and K.J. Somaiya Hospital.

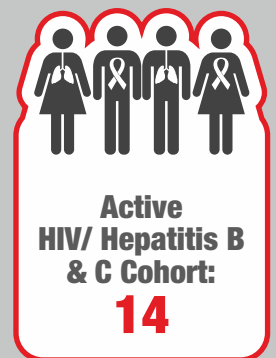
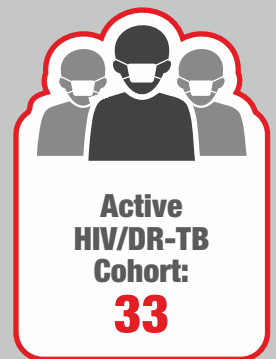
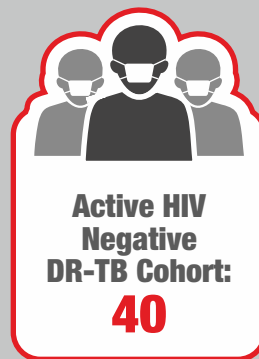
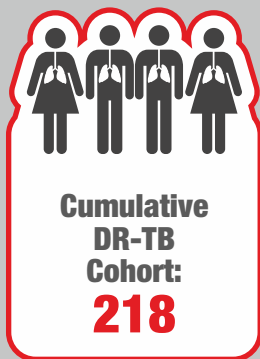
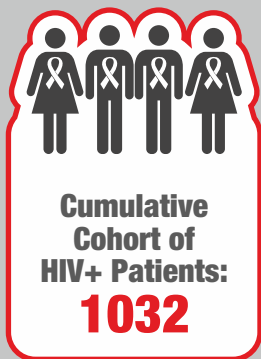
MSF plans to expand its collaboration with national and local partners, primarily in DR-TB and HIV, in order to build on the expertise it has developed over the years at the MSF clinic, particularly in infection control, counselling and medical management of complicated cases. Proposal submission and discussions are ongoing with Mumbai authorities which will hopefully lead to activities in 2015.

B. MSF nurse by the door of the clinic pharmacy at MSF's clinic in Mumbai.
Photo © Cristina De Middel



C

PROJECT HIGHLIGHTS



“Things can get better. DR-TB can be cured. You can live a normal life like everyone else. You just have to be patient and not give up. Most importantly you have to take medicines everyday as it can do wonders. It changed my life.”

- says Iqbal, a drug-resistant survivor from Mumbai, Maharashtra, as he speaks about defeating the disease with the help of MSF India.

C. Peer-educator interacting with a female adolescent patient and her father at the MSF clinic in Mumbai.
Photo © Sami Siva

JAMMU AND KASHMIR

MEETING MENTAL HEALTH NEEDS

Jammu and Kashmir has been afflicted by years of conflict. Médecins Sans Frontières / Doctors without Borders (MSF) has been providing quality, free-of-cost counselling to those affected since 2001.

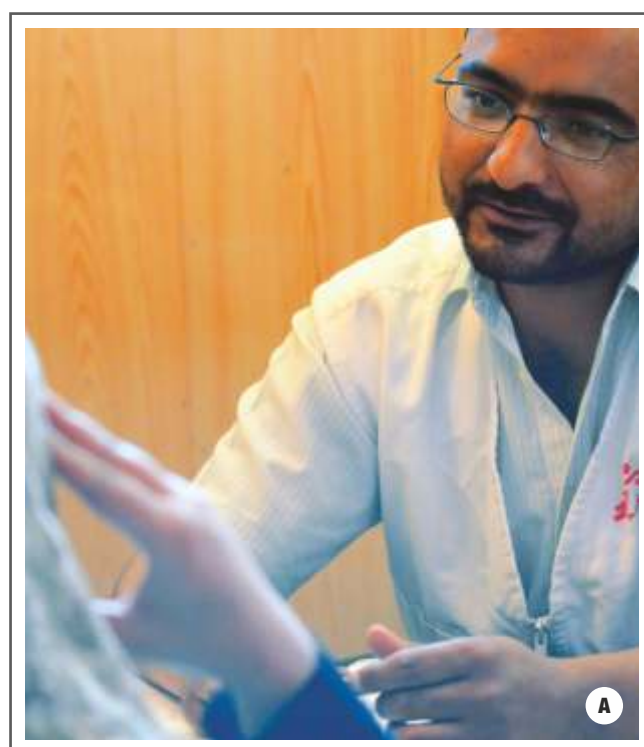
Understanding mental health is essential to overcome the stigma associated with it. MSF has been raising awareness on the importance of mental health and the need for availability of mental health services in the valley besides counselling those who seek help.

MSF offers one-to one-counselling through trained psychologists and counsellors who listen to the patients' stories and help them find ways to cope. In 2014 MSF extended its mental health counselling services to the district hospitals in Pulwama and Bandipora and a primary health centre in Kakapora, Pulwama while counselling services continue in the sub district hospitals in Sopore and Pattan, the district hospital in Baramulla and SKIMS Soura in Srinagar. MSF conducted a total of 2426 individual counselling sessions across these seven centres in 2014.

Psycho-education sessions were organised 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 the different coping mechanisms that can be put to use to deal with them.

EMERGENCY RESPONSE DURING KASHMIR FLOODS

MSF is committed to its core work of providing medical aid in emergencies. In September 2014, when Kashmir witnessed disastrous floods, MSF distributed relief items including water, biscuits, blankets and mattresses among those affected and



conducted a field assessment. Information camps were set up and workshops were organised to inform people about the effects of floods on mental health. MSF also opened new counselling centres in Kakapora and Pulwama as a response to the floods.

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- A. During a counselling session at one of the counselling centres of MSF in Jammu and Kashmir.
Photo © Malika Gupta
- B. A shot from Aalav Baya Aalav- a TV series on mental health produced by MSF.
Photo © MSF



B

PROJECT HIGHLIGHTS



“One of my clients was a woman of about 36 years. She came to one of our clinics through the reference of the show- Aalav Baya Aalav. She had been distressed for many years and had seen many doctors for her symptoms but with little improvement. After a few sessions, she started doing much better with the help of detailed psycho education and an insight into her problems. It also helped her husband who had been psychologically burdened and exhausted because of her illness.”

- Zahoor Wagay (Counsellor)

AALAV BAYA AALAV: AWARENESS THROUGH A TV SHOW

In December 2014 MSF started to telecast a 13 episode TV series on mental health- Aalav Baya Aalav on Doordarshan Kashir. This series was produced post the success of MSF's radio programme - Aalav Baya Aalav in the valley.

The TV series was produced by MSF in Kashmiri in order to inform and educate the population about the importance of mental health and help them identify the mental health issues they or their near and dear ones could be suffering from. The aim of the show is to help these people find their way to MSF's counselling services, if needed.

MANIPUR

CONTINUING TEN YEARS OF HEALTHCARE PROVISION

Ten years ago, MSF started a primary healthcare programme in Manipur. With the growing need to diagnose and treat HIV and tuberculosis (TB), MSF began providing specialised care for HIV and TB in the state in 2005 and 2007 respectively. In 2011, MSF handed over its primary healthcare activities to the Ministry of Health and focused on the continued provision of treatment for patients living with HIV/AIDS, drug sensitive and drug resistant TB.

MSF continued to run medical activities in its clinics located in Churachandpur, Moreh (on the Indo-Myanmar border) and Chakpikarong. As a result of high prevalence of Hepatitis C (HCV)/ HIV co infection detected at the clinics and the presence of intravenous drug use in the community, in 2014, MSF started supporting a local NGO to assist people who inject drugs and also started to prepare to provide treatment for HIV-HCV co-infection. This preparation included virological confirmation of Hepatitis C, evaluating

disease severity and a comprehensive medical and psychosocial assessment to determine the suitability for immediate Hepatitis C treatment. It is anticipated that this treatment will begin in 2015.

MSF began supporting the DR-TB ward in the Churachandpur District Hospital by providing two nurses, thus making it operational from October 2014.



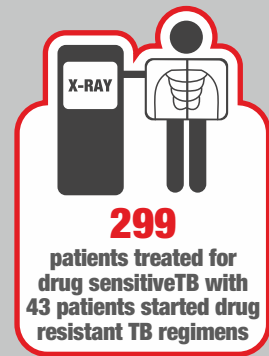
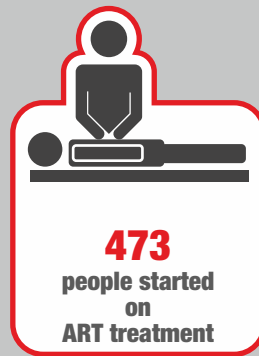
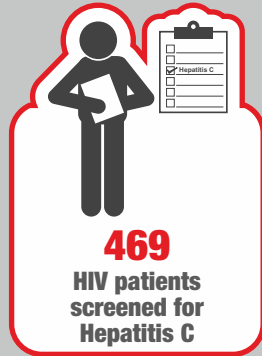
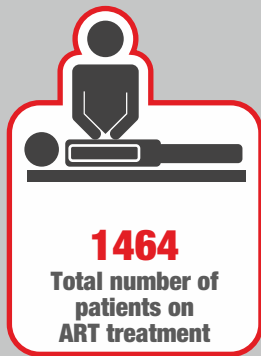
A. Local staff nurse draws blood from MDR-TB patient Seikholien, 45, for laboratory testing. Churachandpur, Manipur, India.
Photo © Sami Siva

B. A health education session being organized by MSF in a village near Moreh, a town that borders Myanmar. Moreh, Manipur, India.
Photo © Sami Siva



B

PROJECT HIGHLIGHTS



“Come rain or sunshine, MSF staff come to see if I’m following the treatment. They encourage me. They counsel me on the possible side effects of the medicines, why it’s important to continue and on the steps I should take to prevent the spread of infection.”

- says 47 year old T Muan who completed his MDR-TB treatment from MSF in Churachandpur (Manipur). He credits his family and MSF staff for supporting him in adhering to the demanding schedule of taking medicines.

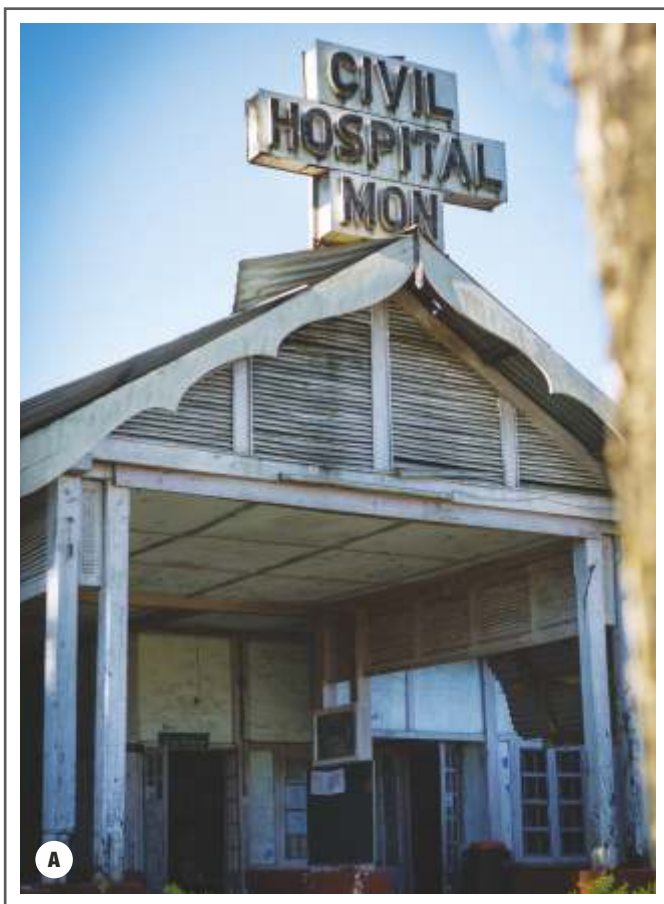
The duration of treatment for drug-sensitive TB is 6 - 12 months (approximately) while treatment for DR-TB continues for 20-24 months often accompanied by severe side effects. Hence, early diagnosis of tuberculosis (especially resistant strains of TB like DR-TB, XDR-TB) is helpful in avoiding severe outcomes and can result in better prognosis. MSF continued to create awareness within the community and among local health

professionals with an aim to increase referrals and testing to facilitate early diagnosis and treatment. 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.

NAGALAND

REVITALISING A HOSPITAL

In 2010, Médecins Sans Frontières/ Doctors Without Borders (MSF) set up a programme in Mon, a remote district of Nagaland, to support the District Hospital there. A culture of self-medication, the presence of neglected diseases like scrub typhus, the lack of healthcare options and a general disregard for this only government-run secondary healthcare provider bred a complicated context. The District Hospital also had insufficient human and technical resources to respond to emergencies.



A. The Mon District Hospital.
Photo © Rey Anicete

B. A color based triage system introduced by MSF to prioritise patients who need urgent medical attention.
Photo © Malika Gupta

C. MSF provided a good quantity of gloves and masks- basic measures to control spread of infection.
Photo © Malika Gupta

D. Housekeeping staff carrying the waste buckets to the waste management area. MSF introduced waste management practices in the hospital.
Photo © Malika Gupta



E

MSF partnered with the state government to revitalise the hospital. During the four years, the hospital was refurbished, new equipment was brought in and its staff were trained.

In July 2014, MSF successfully handed over the hospital to the Department of Health and Family Welfare, Government of Nagaland and left Mon with the hope that the hospital will continue to be of relevance to the people.

The Department of Health (DoH) has committed to invest in the hospital so that it continues to provide quality healthcare to the local people. For the same, the DoH absorbed 19 staff previously employed by MSF, has committed to expand the capacity of the hospital and recruit more doctors for specialised services. These pictures illustrate some of the positive changes that were introduced by MSF in the four years of its presence in Mon, Nagaland.



F



G

E. Nyuphen, a cook at the hospital kitchen shares her experience, thanking MSF for facilitating a fully-equipped kitchen.
Photo © Malika Gupta

F. Housekeeping staff seen at the laundry room constructed by MSF installed with two industrial grade washers and dryers.
Photo © Malika Gupta

G. A daily health promotion session being conducted for IPD and OPD patients.
Photo © Dominique Beels



During the handover ceremony of the hospital from MSF to the DoH&FW, Mr Imkong L. Imchen (former Minister of Department of Health & Family Welfare) said

“I would like to thank MSF for the exceptional and wonderful services rendered to our people and bringing Mon hospital to a reasonable standard of healthcare delivery system. If we compare pre-2010 to today, there is an ocean of change!”



- H. The integrated lab constructed by MSF facilitating effective and regular OPD and IPD tests.
Photo © Dominique Beels
- I. The stock room. MSF introduced a simple stock card system at the hospital to monitor the stock of medicines at the hospital.
Photo © Dominique Beels
- J. A patient's health card. MSF provided quality antenatal, prenatal, postnatal and neonatal services at the hospital.
Photo © Malika Gupta
- K. Two TB patients seen at the Chest Ward of the hospital.
Photo © Malika Gupta
- L. **Left to right:** Konyak Union president: Mr Manlip Konyak, MS MDH: Dr Leamnyei, Principal Director DoH&FW: Dr Neiphi Kire, Minister for DoH&FW: Mr Imkong L. Imchen, MSF Mon Project Coordinator: Ms Beatrice Barbot, MSF Mon project medical coordinator: Dr Rey, MSF Country Director: Mr Luke Arend .
Photo © Mensan Konyak



MSF India

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A. A Doctors Without Borders (MSF), health worker in protective clothing carries a child suspected of having Ebola in the MSF treatment center on October 5, 2014 in Paynesville, Liberia. The girl and her mother, showing symptoms of the deadly disease, were awaiting test results for the virus. The Ebola epidemic has killed more than 3,400 people in West Africa, according to the World Health Organization.
Photo © John Moore/Getty Images

B. At the village level, community health workers or ASHAs go door-to-door screening children under five for SAM.
Photo © Oriane Zerah

C. A health educator talks to families about basic health and HIV after the hepatitis-B vaccination at the MSF Chapikarong clinic, Manipur, India.
Photo © Sami Siva

