MSF INDIA

ACTIVITY REPORT 2013




















MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières/Doctors Without Borders (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 in more than 65 countries.

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THE MSF 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:

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 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 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

Medical Care

The objective of Médecins Sans Frontières/Doctors Without Borders (MSF) is to provide the best possible medical care to those in need, to ease suffering, to show solidarity and to respect people's dignity. Our teams assist and care for people enduring crises that endanger both their physical and mental health. More than two-thirds of our volunteers in the field are surgeons, anaesthetists, nurses, midwives, psychiatrists, psychologists, doctors, pharmacists or laboratory technicians. In the midst of wars, epidemics and famines, they operate on the injured; care for the sick; run vaccination campaigns; set up medical feeding programmes; and offer psychological support to the traumatised. Additionally, our teams help to reinstate and reequip existing health services and to train medical personnel.

A Movement

Médecins Sans Frontières is a worldwide movement with 19 national sections and an international coordination office based in Geneva, Switzerland. Among the 19 sections, 5 operational centres (France, Belgium, Holland, Spain, Switzerland) manage humanitarian operations in more than 65 countries. Each national section is an association under the responsibility of a General Assembly and a Board, which is elected by its members.

Impartiality

Médecins Sans Frontières offers aid to populations in danger, free from any ethnic, political, religious or economic discrimination. The organisation works independently, evaluating the medical needs of the population. MSF strives to ensure that it always has the power to freely evaluate medical needs, to access populations without restrictions and to directly control the aid provided, giving priority to those in the most danger.

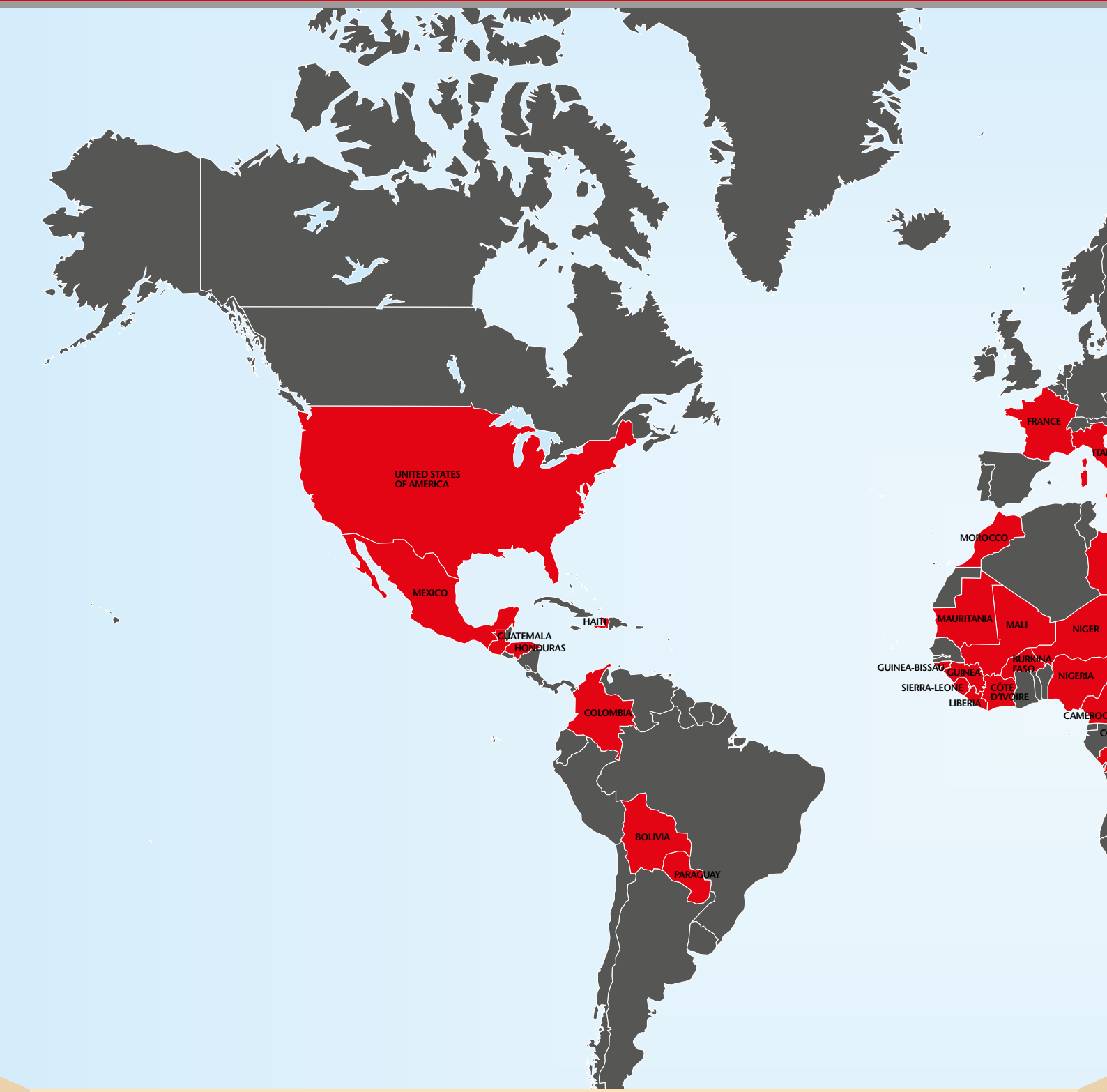
Neutrality

Médecins Sans Frontières does not take sides in any armed conflict, and thereby strictly adheres to the principle of neutrality, which is not synonymous with silence.

Independence

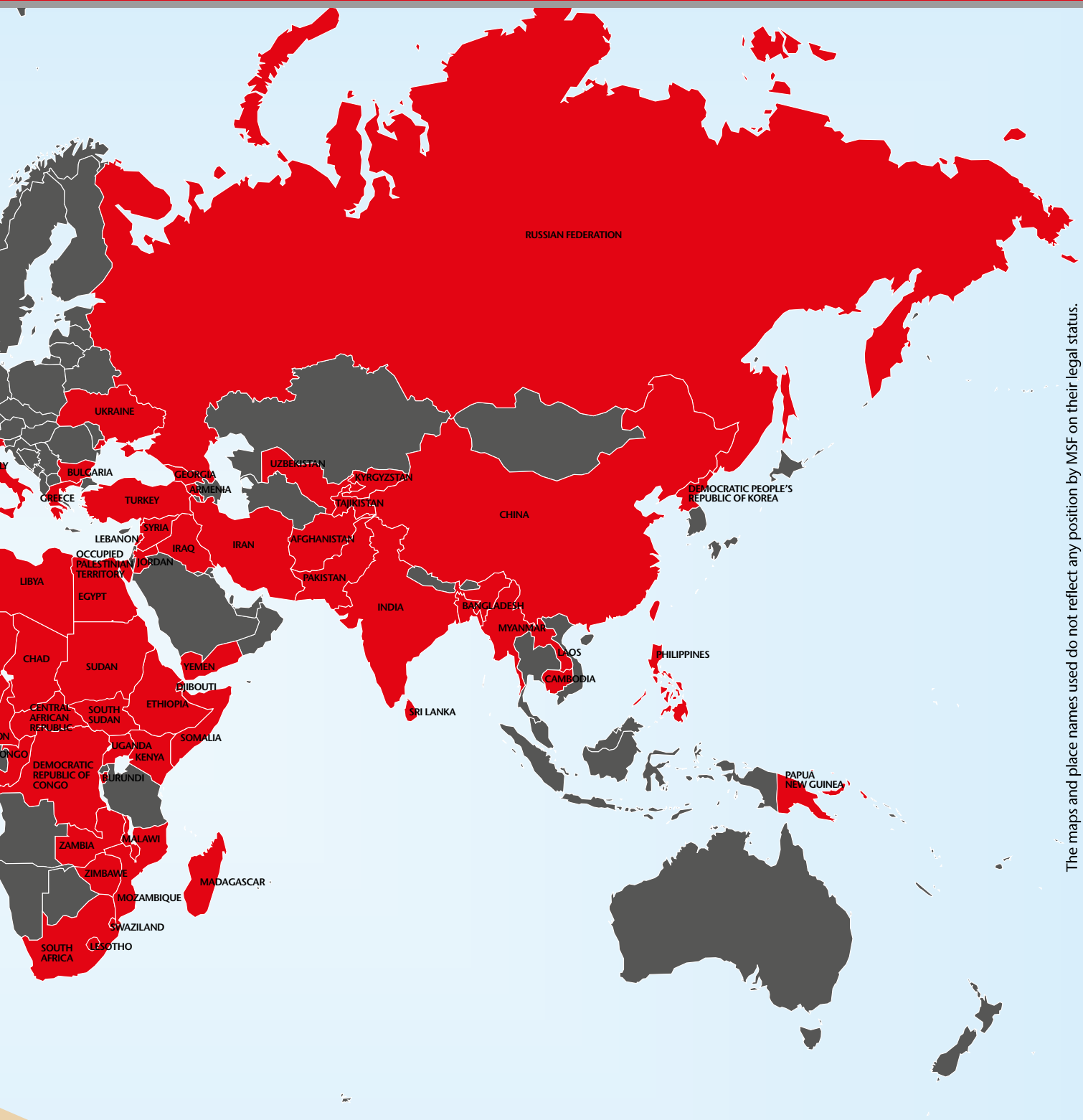
Médecins Sans Frontières is independent of all political, religious, military and economic powers. The organisation's autonomy in decision making and action derives principally from its financial independence. The majority of operating funds come from donations made by the general public. Around 90% of MSF's income comes from private sources. The remainder comes from institutional donors such as the European Union, individual government aid budgets and other international organisations. Around 80% of the organisation's expenditure is allocated to its social mission; 6% is spent on management and administration costs; and 14% on fundraising.

MSF PROGRAMMES ACROSS THE WORLD



MSF ESTABLISHED IN 1971

MSF PROGRAMMES IN MORE THAN 65 COUNTRIES



The maps and place names used do not reflect any position by MSF on their legal status.

MORE THAN 30,000 STAFF WORLDWIDE

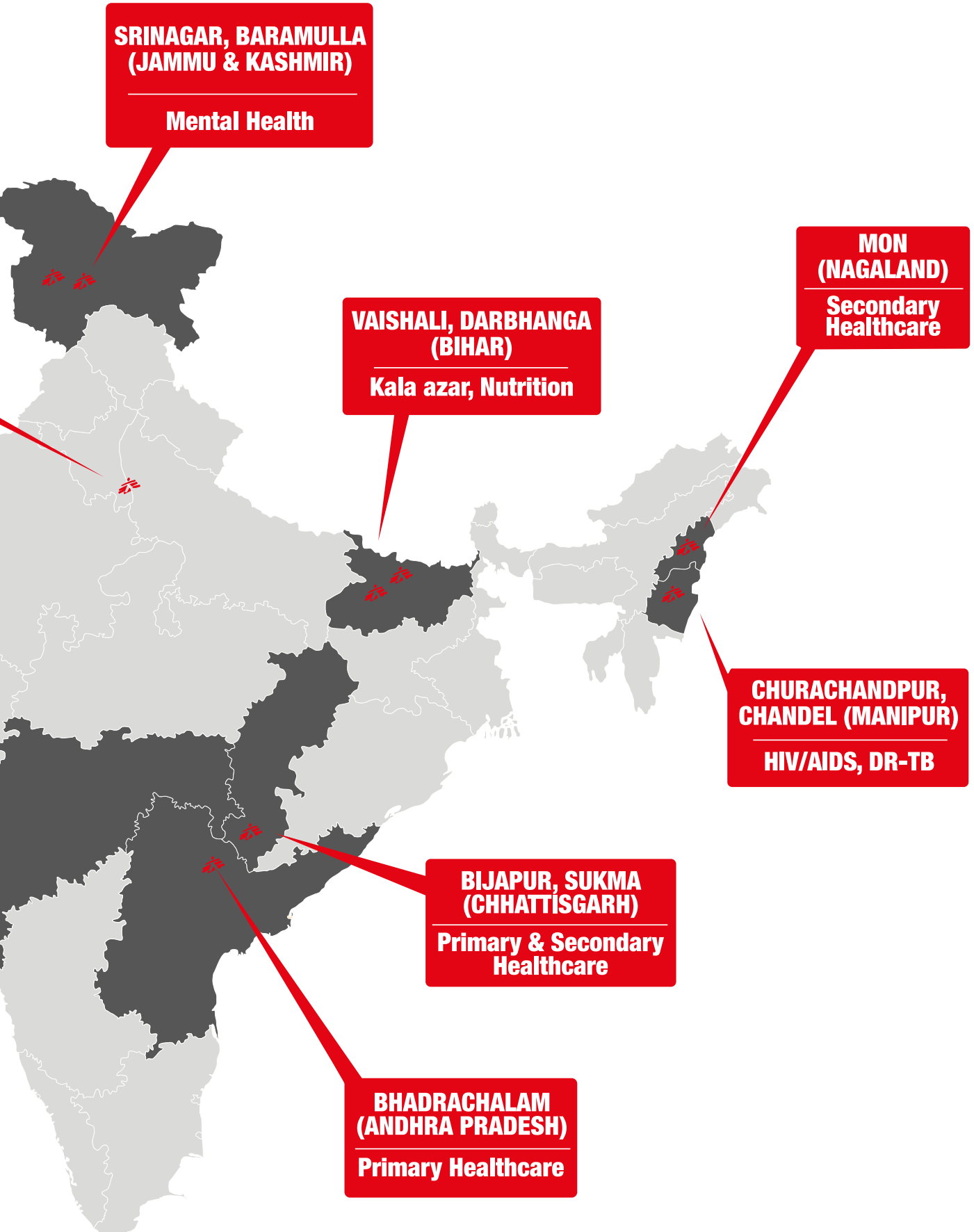
MSF AWARDED NOBEL PEACE PRIZE IN 1999

MSF IN INDIA

Médecins Sans Frontières/Doctors Without Borders (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 has worked in India since 1999 and has provided free medical treatment to hundreds of thousands of patients in Andhra Pradesh, Bihar, Chhattisgarh, Jammu and Kashmir, Maharashtra, Manipur and Nagaland. MSF has responded to different emergencies in the last 14 years in India; from Gujarat earthquake in 2001 to Uttarakhand floods in 2013.

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



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

KALA AZAR
Vaishali, Bihar

A patient in the kala azar ward at the Sadar hospital in Vaishali district of Bihar

Since 2007, Médecins Sans Frontières/Doctors Without Borders (MSF) has been on the frontline against kala azar in Bihar. MSF offers diagnosis and treatment services in the 50-bed kala azar ward in the Sadar Hospital and in five Primary Health Centres (PHCs) run by the Ministry of Health (MoH). All these facilities are in Vaishali district.

So as to be comprehensive in its approach, MSF also carries out Information, Education and Communication (IEC) activities and advocacy based on evidence from the project.

KALA AZAR: A NEGLECTED DISEASE

A patient is diagnosed of kala azar if he or she fits into the clinical case definition, typically prolonged fever, weight loss, anaemia, swelling of liver and spleen. The rK39 rapid diagnostic test is conducted and, depending on results, treatment is then started. Yet those who have been cured might relapse again or develop PKDL (Post-Kala Azar Dermal Leishmaniasis). One of the major concerns is the lack of knowledge and awareness on both kala azar and PKDL among the community and the medical staff as a result of which patients are wrongly diagnosed and treated for malaria or other diseases.

Another little recognised issue is the emerging threat of kala azar and HIV co-infection, which MSF has addressed in particular. Prevalence of HIV

Visceral Leishmaniasis, also known as kala azar, is a protozoan infection caused by the *L.donovani* complex and transmitted by sand flies. The disease thrives in rural areas of the Indian subcontinent, usually affecting the poorest segments of society. India reports 50% of the cases worldwide; of which 90% are from Bihar. Kala azar is almost always fatal if left untreated.

among kala azar patients is found to be 10 times higher than the background population in Bihar. The co-infected patients are difficult to treat and require a multi-programme approach. Not much is known about the magnitude of the problem and our work forms the only cohort from India. MSF provides counselling services in collaboration with the national programme, and advocates for HIV-Kala azar guidelines specific to India.
At the same time, MSF has been generating evidences through robust data collection and publications in peer-reviewed journals, which in turn should inform policy makers and stakeholders in the fight against kala azar.

THE DECREASING TREND OF KALA AZAR CASES

As per data released by the National Vector Borne Disease Control Programme (NVBDCP), more than 13,000 cases were reported in India in 2013, of which around 10,000 were from Bihar. This shows a significant decrease at both the state and country level. While the reasons for this decline are hard to ascertain, they could be explained by different factors such as epidemiological pattern, entomological reasons, the government's ongoing vector control activities or the impact of effective diagnosis and treatment. The government has set its target on eliminating kala azar by 2015. However, efforts need to gain further strength in this opportune moment if this goal is to be realised.

IN SEARCH OF BETTER TREATMENT

Due to concerns about the potential development of drug resistance, long treatment courses, poor compliance and teratogenicity of the current nationally recommended treatments, there was a consensus by experts to move away from mono-therapies to combination treatments. Subsequently, MSF partnered with Drugs for Neglected Diseases Initiative (DNDi), State Health Society-Bihar, Rajendra Memorial Research Institute of Medical Sciences (RMRI) and NVBDCP in 2012 to implement a pilot project. This project aims to gauge the safety and effectiveness of new treatment regimens with existing registered drugs for the treatment of kala azar in Bihar.
In December 2013, initial results were presented before the Indian Council of Medical Research (ICMR) which gave an approval for the continuation of this pilot project and also expanding it to more kala azar affected districts. The pilot will continue through 2014 and 2015. The results of this study are expected to provide India-specific evidence so as to encourage a shift in the current national treatment policy to a safer, more effective and patient friendly treatment regimen.

> *"In our programme, most patients come to our facilities when the disease is already at an advanced stage because people are still not familiar with the signs and symptoms or do not know where they can find adequate diagnosis and medication."*
>
> **Dr Prince Mathew (Deputy Medical Coordinator, India)**

REACHING OUT TO THE COMMUNITY

The Information, Education and Communication (IEC) team engages local communities through street plays and live demonstrations about the disease, symptoms of kala azar and possible precautions that can be taken. These activities aim at achieving positive health related behavioural changes in the community.
In 2013, MSF also emphasised on community sensitization and case detection through ASHAs - government grassroots level social workers - to ensure timely detection and referral to the PHCs and better treatment compliance. After six years of working in partnership with the State Health Society-Bihar and MoH, MSF programme results have been excellent.

PROJECT HIGHLIGHTS

More than 11,000 patients treated

95% success rate of treatment

MALNUTRITION
Darbhanga, Bihar

An MSF staff member uses the mid-upper arm circumference (MUAC) tape to determine if the child is severely malnourished

Malnutrition is a stark reality in Darbhanga district, Bihar. Since 2009, Médecins Sans Frontières/Doctors Without Borders (MSF) has been offering treatment for children aged six months to five years suffering from Severe Acute Malnutrition (SAM). Till now, over 13,000 severely malnourished children have received medical care.

MSF began treating children with SAM on an outpatient basis in five ambulatory centres in Biraul block in close collaboration with state and district authorities. A 20-bed inpatient Stabilisation Centre (SC) at the Primary Health Centre in Biraul was also opened. Over 85% of the children whom MSF has treated have been from the poorest and most vulnerable castes.

MEDICAL ATTENTION CLOSER TO HOME

Approximately 10% of SAM children need to be hospitalised. This can have an impact on the economic livelihood of the child's family as their caretakers are usually also the breadwinners. Therefore, it is likely that, due to compulsions, the child's family fails to get treatment. The Community Management of Acute Malnutrition (CMAM) project set up by MSF in Darbhanga district aims to improve the situation.

CMAM has established treatment for SAM children in the government's additional primary health centres (APHCs) and primary health centres (PHCs). This approach gives the capacity and opportunity to treat 100% SAM affected children with the majority being taken care of through ambulatory services at these local APHCs and PHCs. The standard F-100 oil-based paste is being used to treat them. The availability of SAM treatment close to home encourages the families

The Indian government's National Family Health Survey III (2006) estimated Global Acute Malnutrition (GAM) in India to be approximately 20% and levels of Severe Acute Malnutrition (SAM) between 4.1% and 8.3%. This represents a population of SAM children in India of approximately 8 million, and in Bihar state of more than 7,00,000, based on population figures from the 2011 national Census. Since 2006, there is no updated data regarding this medical condition, but with a conservative 3.5% prevalence, more than 27,000 children may be affected by SAM in Darbhanga district alone.

of sick children to seek medical care. Over the years, MSF has developed the CMAM project so that it is comprehensive. The malnutrition programme has one of the largest cohorts of SAM children treated in India by a single organisation.

ASSESSING A CHILD'S HEALTH

Since July 2010, MSF has been using the Mid-Upper Arm Circumference (MUAC) tape to determine if a child is severely malnourished. This is a simple tool which measures the width of a child's upper arm. It easily facilitates the detection and referral of SAM children by ASHAs (government grassroots level workers). MUAC < 115mm has been employed as the admission criteria by MSF while MUAC > 120mm is being used as the discharge criteria.

In 2013, a cure rate of 95% was achieved for children who did not default (62%). The mortality rate was recorded at 0.5%. The seemingly high defaulter rate of 38% can partly be explained by the fact that many children coming to CMAM-supported PHCs belonged to areas from outside Biraul block. This fact emphasises the need to bring treatment nearer to the children.

The long-term outcomes of SAM children who defaulted showed that mortality was highest in those defaulting with a MUAC < 110mm (27%) compared with 6.6% and 0.8% in those defaulting with MUAC 100-110mm and 110-115mm respectively. Furthermore, the relapse of children who exited as cured or who defaulted happened in the first three months. The risk factors associated with it were also identified.

REACHING MORE CHILDREN

In 2013, MSF expanded its nutritional activities in three additional blocks in Darbhanga district and supported a total of 11 APHCs and PHCs. Nearly 600 ASHAs were trained to ensure detection and follow up of SAM children at the community level. As many as 30 government ANMs were also trained to provide quality care to the non-medically complicated cases of SAM children at the APHC and PHC level. Any SAM child who was identified with mild or moderate medical conditions was referred to our stabilisation centre in Biraul.

On July 17, 2013 MSF started building a Malnutrition Intensive Care Unit (MICU) inside the Darbhanga Medical College Hospital (DMCH). This unit will provide specialist, inpatient nutritional care to those children who are severely unwell and are at high risk of mortality. After they improve, they will be sent back to the stabilisation centre and eventually to the PHCs and APHCs for observation and completion of treatment. Various surveys were done at the DMCH following which it has been estimated that 25% of current admissions to the paediatric ward are children who have SAM and have no access to nutritional care.

PROJECT HIGHLIGHTS

- 13,000+ severely malnourished children have received medical care till now
- Cure rate of 95% achieved for children who did not default
- 0.5% mortality rate
- Nearly 600 ASHAs trained to ensure detection & follow up of SAM children at the community level
- Started building the Malnutrition Intensive Care Unit (MICU)

PRIMARY AND SECONDARY HEALTHCARE
Chhattisgarh & Andhra Pradesh

Médecins Sans Frontières/Doctors Without Borders (MSF) continued in 2013 to provide neutral and impartial medical assistance to people impacted by the longstanding low-intensity conflict in Chhattisgarh and Andhra Pradesh. The programme, now in its eighth year, offered primary and secondary healthcare with a particular focus on illnesses like malaria, diarrhoea and respiratory tract infections. Reproductive health, immunisation and tuberculosis (TB) treatment were also covered.
MSF runs a Mother and Child Health Centre (MCHC) in Bijapur, Chhattisgarh and a primary healthcare clinic in Khammam district of Andhra Pradesh sharing borders with Sukma district of Chhattisgarh. Mobile clinics bring healthcare directly to people in remote areas.

THE BATTLE AGAINST MALARIA

While malaria is easily cured and entirely preventable, it remained a major source of severe illness. MSF provided diagnosis and treatment for malaria by using either microscopic slides or rapid diagnostic tests at its mobile clinics. In 2013, MSF treated 8,502 malaria patients with artemisinin-based combination therapy (ACT), as per the national protocol. People suffering from severe malaria were either admitted to inpatient facilities or referred to secondary health facilities. To help prevent malaria, sessions on taking precautions were conducted in the communities and insecticide-treated mosquito nets were distributed, especially to pregnant women. Health workers were also trained on ACT treatment and the proper usage of rapid diagnostic tests.

TAKING PRIMARY HEALTHCARE TO REMOTE AREAS

MSF supported the Ministry of Health to make medical attention accessible to people living in remote villages and settlements in Bijapur and Sukma districts of Chhattisgarh and Khammam district of Andhra Pradesh. MSF carried out more than 52,400 consultations in 2013.
At the 15-bed Mother and Child Health Centre (MCHC) in Bijapur town, MSF treated TB, severe respiratory problems, malaria, and provided nutritional support to malnourished children. In the rural areas, mobile medical teams travelled every week to make healthcare available. In November 2013, MSF opened a primary healthcare centre on the Andhra Pradesh-Chhattisgarh border. It provides round-the-clock care on all days of the week. A second centre is planned to open in April 2014.
Services offered at all the facilities included reproductive care, immunisations, emergency stabilisation, safe delivery and emergency referrals to local hospitals. Malaria, TB, skin diseases, diarrhoea, bacterial infections and gastritis were also treated. As part of the mobile clinics, health information and hygiene practices were shared with the people. MSF staff also trained community health workers to recognise and treat common diseases such as malaria and diarrhoea.

IN SUPPORT OF TUBERCULOSIS PATIENTS

At every MSF facility and during the mobile clinics outreach, health workers screened and identified people for TB. The collected sputum samples were brought to the MSF clinic in Bijapur and MoH lab facilities in Sukma district Community Health Centres (CHCs) for testing.
The microscopy centre at the Bijapur MCHC also allows testing of the samples. This centre was established in collaboration with the government's Revised National TB Control Programme (RNTCP) in 2010. It received accreditation in 2011. MSF also collaborates with RNTCP in Khammam district, and patients from

Andhra Pradesh have been made part of this programme for their treatment.
In addition to the necessary medicines, nutritional supplements were given to the patients when they returned to the clinic sites for follow up appointments. Patients with complicated medical conditions due to TB were admitted to an inpatient facility where family members were encouraged to stay back to support them. MSF provided the families with food and shelter during this time.

> *Our clinic staff works hard to help TB patients stay on course. We offer counselling and our health workers visit patients' homes to deliver medicines and for follow ups.*
>
> **Dr Merina Pradhan (Medical Doctor)**

GIVING BIRTH SAFELY

MSF offers comprehensive reproductive health services in its clinics in Chhattisgarh, including family planning and antenatal and postnatal care. Newborns and babies with low birth weight are also looked after by the medical staff.
In 2013, 6,339 antenatal consultations were done. In total, 800 babies were delivered at MSF clinics. MSF also administered close to 14,594 vaccinations against BCG, hepatitis B, DTP, polio, measles and tetanus.

SPREADING THE MESSAGE OF GOOD HEALTH

An integral part of MSF's work is to provide general health information on the prevention of common illnesses and to encourage people to seek early medical care.
To raise awareness, MSF organised a variety of regular activities such as role-play sessions and rallies along with the distribution of health information leaflets at market places. Most of these activities were planned around international health days such as World Malaria Day, World Tuberculosis Day and World Immunisation Day.
On World AIDS Day in December, a rally took place in Bijapur town to support people living with HIV. It was organised to promote awareness on how the virus spreads through blood, unprotected sexual contact and from a mother to her child during pregnancy.

Collaboration with the government

Starting late 2012, MSF began providing surgical services for emergency obstetrics at the Bijapur District Hospital, which is the only such facility in around 200 kilometres. In 2013, a total of 45 surgeries and many smaller procedures were performed.
A challenge for the programme has been the recruitment of specialists in gynaecology, obstetrics and anesthesiology for long duration assignments. Therefore, since June 2013, patients had to be referred again to other hospitals which were often located far away.
Throughout the year, MSF supported the Blood Storage Unit at the hospital and continued to send technicians to work alongside the MoH staff in the laboratory. In Andhra Pradesh too, MSF worked closely with the government and some private health facilities for referral of patients requiring secondary-level care.

PROJECT HIGHLIGHTS

Total number of consultations	**52,404**
Total number of malaria cases treated	**8,502**
Total number of antenatal visits	**6,339**
Total number of babies delivered	**800**
Total number of new patients on sensitive TB treatment	**128**
Total number of vaccinations administered	**14,594**

MENTAL HEALTHCARE
Jammu & Kashmir

© Luis Ponte

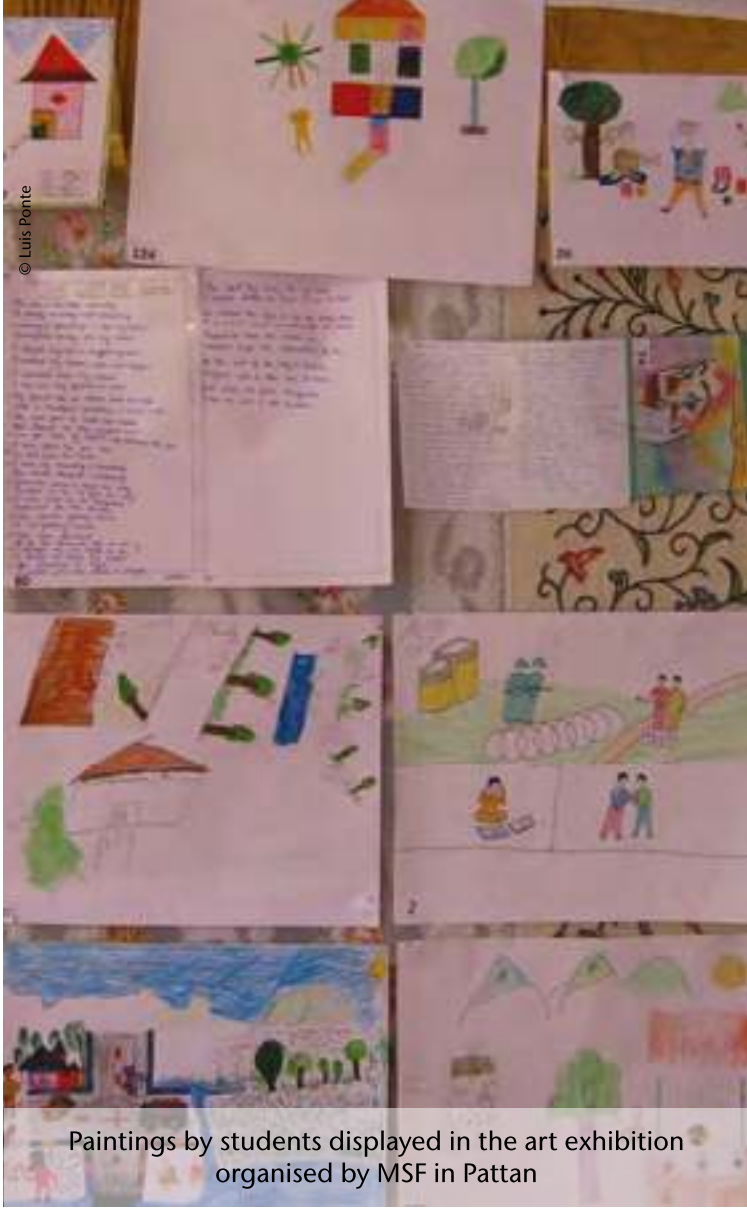
MSF staff at an art exhibition in Pattan to mark World Mental Health Day

Médecins Sans Frontières/Doctors Without Borders (MSF) aims to provide quality, free-of-cost counselling to those affected by the low intensity conflict which has sustained itself over the years in Jammu and Kashmir.
During 2013, MSF extended its mental health counselling services in Baramulla district to the sub-district hospital of Pattan town, thus reaching out to more people in rural areas. Counselling remained available in the sub-district hospital of Sopore and in the district hospital of Baramulla. It was also offered in three hospitals in Srinagar - SMHS hospital, SKIMS Bemina and SKIMS Soura.
MSF continued to work closely with the Ministry of Health of Jammu and Kashmir. Psychiatrists in other hospitals refer patients for counselling , which is a common way for clients to avail MSF services. The team of MSF counsellors was reinforced by hiring two clinical psychologists.
MSF conducted 2,532 counselling sessions in the six centres located within the state hospital facilities. There was also an increase in the number of clients in Sopore. During these sessions, the most common complaints were related to anxiety, followed by that of mood fluctuations and the experience of physical uneasiness. Out of 552 patients who exited, 530 patients reported that their complaint was either completely resolved (379) or its impact on them had weakened (22).
Public psycho-education sessions on mental health issues were organised to provide people with coping mechanisms so that they could deal with, for example anxiety, mood-associated or physical complaints. In total, 1,650 individuals participated in all the sessions.

ENGAGING THE PUBLIC THROUGH AWARENESS ACTIVITIES

MSF continues to be at the forefront of increasing awareness about mental health issues in Jammu and Kashmir. As part of this, MSF observed the International Mental Health Week in October in Pattan and Baramulla by organising an art exhibition on 'Mental Health and Violence'. The event saw lively participation by students from various schools. Negotiations are also currently underway so that the widely popular radio talk show 'Alaw baya Alaw,' which has now been fully adapted for television, can be broadcast.

The 'Unnicycles' tour for MSF, during which former MSF International President (2010-2013) Dr Unni Karunakara bicycled from Kashmir to Kerala, started from Srinagar. He covered a distance of over 5,000 kilometres in a span of three months, sparking dialogues with the public on humanitarianism and healthcare. In Srinagar's Sher-i-Kashmir Institute of Medical Sciences, he spoke on MSF's work and also about mental health being an integral part of general healthcare. For more information on 'Unnicycles,' please visit www.cycleformsf.in



Paintings by students displayed in the art exhibition organised by MSF in Pattan

> *One of my clients was a man about 31 years. He had been through traumatic experiences as a teenager due to the conflict situation in Jammu and Kashmir. In many of the cases, I have seen people suffer from anxiety and depression, just as he did. They often don't understand what they're going through and professional psychological support is crucial to help them overcome their problems.*
>
> **Asiya Niyaz**
> **(Clinical Psychologist)**

EMERGENCY RESPONSE IN JAMMU AND KASHMIR

MSF is committed to its core work of giving assistance in emergencies. In line with this, MSF continued providing mental health first aid to people in distress when needed and appropriate in the valley. Additionally, a team of counsellors from the Kashmir programme was sent to Uttarakhand to meet the psychosocial needs that emerged after the June 2013 flash floods.

PROJECT HIGHLIGHTS

2,532 counselling sessions conducted

HIV/AIDS & TUBERCULOSIS TREATMENT
Manipur

© Sami Siva

Patients wait outside the MSF clinic in Moreh, a town that borders Myanmar

In 2013, Médecins Sans Frontières/Doctors Without Borders (MSF) continued its commitment to treat people with HIV/AIDS and tuberculosis and its severe strains like multidrug-resistant tuberculosis (MDR-TB) in Churachandpur and Chandel districts of Manipur.

ENSURING COMPREHENSIVE TUBERCULOSIS CARE

MSF screened all HIV-positive individuals for tuberculosis (TB) and vice versa. The use of rapid diagnostic machine GeneXpert since the end of 2012 has led to an increased number of people being screened and diagnosed of MDR-TB in a shorter time. The treatment for MDR-TB is long and tough for patients; usually lasting 24 months and requiring numerous medicines and injections which can have strong side effects.

During 2013, a total of 1,312 patients were tested for TB. MSF started 332 patients on TB treatment. Of these, 21 new patients were started on treatment for MDR-TB with MSF giving the option of home-based treatment to them as opposed to the usual ambulatory method where patients have to come to the clinic everyday.

In an effort to improve the quality, collaboration and access to care for people with suspected MDR-TB, MSF also held an information sharing workshop with medical practitioners in Churachandpur. In these sessions, diagnostic and treatment services of MSF and other actors were discussed.

HIV/AIDS TREATMENT IN TIME

MSF counselled, tested and treated people living with HIV in the three clinics in the state during the year. This was in close collaboration

with the Antiretroviral Therapy (ART) centre in Churachandpur, which is supported by the Manipur AIDS Control Society or MACS. Cross referrals were also made to ensure that patients received the required treatment in time.

As many as 2,178 people were tested for HIV in MSF clinics, out of which 671 were found to be positive. By the end of 2013, 1244 people were on HIV treatment by MSF in Manipur.

MSF also contributed to a week-long World AIDS Day celebrations in December by sending speakers for public awareness sessions. Cooperation with other NGOs working in the field of HIV/AIDS in Churachandpur and Chandel districts has always been an important part of the effort in Manipur, and remained so this year.

NOT GIVING UP: HIV AND TB ADHERENCE COUNSELLING

MSF offered psychological support through counselling services for the mental well-being of HIV and TB patients so that they continue with their treatment. In 2013, a team of eight counsellors conducted over 13,500 sessions across the three clinic locations of Churachandpur, Chakpikarong and Moreh.

HIV and TB adherence counselling and Voluntary Counselling and Testing (VCT) constituted 95 per cent of the counsellors' overall activities. In addition, one MSF counsellor continued to provide mental health support to those patients from the district hospital who were affected by other complaints. In total, there were 348 counselling sessions.

To further improve the quality of counselling services, the second half of the year also saw the team improving the procedure for screening of cases so as to allow them to spend more quality time with the patients.

Monthly support groups were organised for HIV-positive individuals and quarterly support groups for those on MDR-TB treatment. In these meetings, the patients shared their experiences and challenges. The counsellors also arranged monthly, adolescent support group meetings in which young children who are on treatment took part.

> *"Completing the two-year long treatment for MDR-TB is arduous. Swallowing the pills is one thing. Facing the injections is another. It's very difficult to stay motivated. But if you stop the medication, you can lose your life. Come rain or sunshine, MSF staff come to see if I'm following the treatment. They encourage me."*
>
> **T. Muan (Patient)**

Towards the end of the year, MSF sharpened its focus on providing psychosocial assistance to patients who had failed in treatment, an area that might require increasing attention. This is due to the complexity of the cases that MSF is facing in its clinics - patients with complicated medical issues, those who have developed more resistance to the medicines and those who have failed in the first-line treatment.

SUPPORTING SURVIVORS OF SEXUAL VIOLENCE

In 2013, MSF provided Sexual and Gender-based Violence (SGBV) services to five survivors in Churachandpur. All of them received psychological care and they were encouraged to complete their treatment in the prescribed time.

PROJECT HIGHLIGHTS

- 1,312 patients tested for TB
- 2,178 people tested for HIV
- 332 patients on TB treatment
- 1244 people on HIV treatment
- 13,500 HIV and TB adherence counselling sessions conducted

HIV/AIDS, TUBERCULOSIS & HEPATITIS
Mumbai

An HIV/XDR-TB patient at the MSF clinic during a counselling session

Médecins Sans Frontières/Doctors Without Borders (MSF) has come a long way in Mumbai since the establishment of its first programme in 1999 to treat tuberculosis (TB). Today, MSF is increasing access to quality medical care for people living with HIV, drug-resistant tuberculosis (DR-TB), Hepatitis B and C and other co-infections. In response to the high prevalence of DR-TB in the megacity, the programme is now increasingly focusing on its prevention, diagnosis and treatment.

MSF runs an independent clinic in Khar where it offers ambulatory comprehensive care and treatment for patients excluded from the national HIV/TB programme. Those that suffer from the most severe forms of DR-TB as well as those requiring third-line Antiretroviral (ARV) salvage therapy with second-line ARV failure, are not being provided for by the government to date.

Besides this, MSF supports key TB actors like RNTCP and MCGM (Revised National TB Control Programme and Municipal Corporation of Greater Mumbai). MSF is also working closely with Sewri Hospital, one of the largest municipal hospitals specialising in TB care in Mumbai - with attention being particularly given to Infection Control (IC), counselling and technical medical support.

In 2013, the programme became the first within the MSF movement to treat hepatitis co-infections. Three patients have been put on Hepatitis C medication.

TREATING THE LETHAL COMBINATIONS OF HIV AND CO-INFECTIONS

When HIV lowers the immunity level of a person, it also exposes them to other infections like tuberculosis, Hepatitis C etc. Subsequently, treatment becomes even more complicated, needing expert guidance.

The cumulative cohort of HIV-positive individuals with MSF is 1,009. The cohort of the programme remains at around 300. The active HIV cohort is of 249 patients, of whom 147 were on second-line and 16 were on third-line ARV treatment in 2013. Patients with HIV co-infection were 72.

The dynamic 'transfer out' approach is being used to treat them. As part of this, once the patient is stabilised on a standard scheme and can be absorbed by the public sector, he or she is 'transferred out'. The clinic is therefore consolidating itself to be a 'transit' space. As many as 99 patients were 'transferred' back to the public healthcare system in 2013.

FROM COUNSELLING TO INFECTION CONTROL AND TRAINING

MSF outreach teams also ensure that required care continues to be given by DOT (Directly Observed Treatment) providers and tertiary hospitals and hospices. Through counselling, MSF's patient support unit encourages patients to adhere to the difficult treatments and supports them both emotionally and socially. The team is also responsible for contact tracing of index cases.

MSF works with a group of NGO partners on adherence follow up and tracing of defaulters. Support groups have been organised that hold regular meetings, especially for children. Mental healthcare services, when required, are within reach of patients through an external psychiatrist.

The clinic in Khar follows the best standards for TB infection control. MSF also reviews measures being taken in hospitals and hospices which it supports, by DOT providers and in patients' homes. An Infection Control project, which includes the house checklist, is being implemented in order to prevent the spread of infection in the community.

In line with this approach, MSF has been conducting training and capacity building workshops for enhancing treatment literacy among civil society groups and medical and non-medical staff.

MSF has partnered with 35 local NGOs and positive peoples networks; MDACS (Mumbai Districts AIDS Control Society); MSACS (Maharashtra State AIDS Control); National AIDS Control Organisation (NACO); CTD (Central TB Department); RNTCP; Sewri TB Hospital; Religare Lab; Hinduja Microbiology Lab and Somaiya Hospital.

WHY OPERATIONAL RESEARCH?

The programme in Mumbai has been medically innovative as it is managing a very complex cohort of HIV (including comorbidities/infections, alternative lines, third-line), HIV/DR-TB, and DR-TB cases. Operational Research (OR) is therefore essential. Among the goals is improving the programme's outcomes in relation to medical care, prevention and assessment of the feasibility of new strategies or interventions and supporting advocacy initiatives for policy change.

In 2013, MSF collaborated with the National AIDS Control Organisation (NACO) for screening of patients. An Operational Research was done to measure the burden of DR-TB co-infection among those receiving treatment at the government Antiretroviral Treatment (ART) centres in Mumbai. This large-scale screening helped MSF to better understand the prevalence of DR-TB in the HIV population. MSF also provided treatment to these people.

MSF has published several papers and made presentations at local, regional and international medical conferences. Three oral presentations were accepted for the International Union TB Conference held in Paris in November 2013, and two oral presentations were delivered during the AIDS Conference in Mumbai.

PROJECT HIGHLIGHTS

Cumulative Cohort of patients	**1,009**
Patient with DR-TB	**55**
Seronegative DR-TB	**24**
MDR-TB/HIV co-infection	**48**
Active HIV cohort	**249**
Patients on second line HIV treatment	**147**
Patients on third line HIV treatment	**16**
Patients co-infected with HIV & DR-TB	**48**
HIV with Hep-B co-infection	**14**
HIV with Hep-C co-infection	**10**

SECONDARY HEALTHCARE
Mon, Nagaland

A counsellor in a session with a DR-TB patient

Mon has shown one of the worst health indicators in India. With the presence of neglected diseases such as paragonimiasis, onchosercosis and scrub typhus, medical care is vital but mostly unavailable in this remote district. Its district hospital has been supported by Médecins Sans Frontières/Doctors Without Borders (MSF) since 2010.

Improving all medical and surgical activities of the Mon district hospital with an emphasis on sexual and reproductive health (SRH), tuberculosis and drug-resistant tuberculosis (DR-TB) have been priorities over the years. In 2013, two focus areas for MSF were capacity building of the hospital and gradual handover of the hospital departments to the local authorities. MSF will phase out its presence in Mon by July 2014.

Before MSF's intervention, the district hospital was functioning minimally. MSF has significantly invested in upgrading key facilities like pharmacy management, laboratory, infection control measures, water and sanitation in the hospital as well as training staff and providing equipment and medicines free of cost. MSF thus provided the much needed "boost" to the hospital giving access to better quality healthcare to the local communities. A waste management unit has also been set up, which is seen as a potentially replicable model for other district hospitals in the state. A unit for blood transfusion has been established as well.

COMPREHENSIVE MEDICAL CARE

In all, there were 28,543 outpatient consultations and 3,137 inpatient admissions in 2013.

These included emergency response and SRH among other cases. Besides this, 396 people suffering from scrub typhus were treated.
Several health promotion and awareness raising activities were carried out in the hospital premises with a special focus on SRH hygiene, infection control and tuberculosis.

ESSENTIAL SERVICES: OBSTETRICS AND GYNAECOLOGY

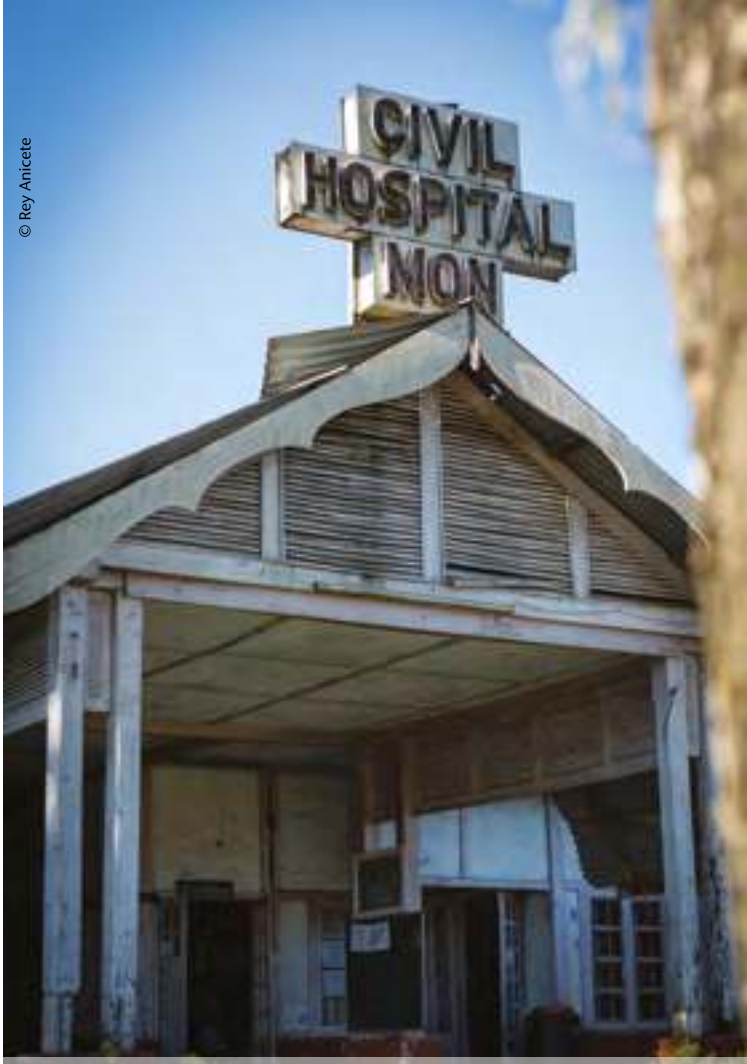
In 2013, the hospital had 2,587 antenatal care visits, 686 deliveries, and 41 caesarean sections. This is a marked improvement since MSF's intervention. Additionally, the nurses also educate women on mother and child healthcare, encouraging them to avail the quality obstetrics and gynaecology services provided by the hospital.

SAVING LIVES: SURGERY

The operation theatre that was opened in the hospital with MSF's support in 2012 is the only functioning one in the region. From January to August of 2013, 508 surgical interventions were carried out - 43% of which were major and 57% were minor surgeries. The surgery unit has now been successfully handed back to the Department of Health and Family Welfare. MSF is still providing auxiliary services like sterilization and supply of medical and non-medical items.

FOR SENSITIVE AND DRUG-RESISTANT TB PATIENTS

In collaboration with the Revised National Tuberculosis Control Programme, MSF has been providing treatment for sensitive and drug-resistant TB. 357 patients were admitted for drug sensitive TB programme with a success rate of 74%. Currently 215 patients are undergoing treatment for sensitive TB and 15 patients are on drug-resistant TB treatment.



Outside view of the Mon district hospital

PROJECT HIGHLIGHTS

Total number of consultations	**28,543**
Inpatient admissions	**3,137**
Total number of deliveries	**686**
Antenatal care visits	**2,587**
Patients undergoing treatment for sensitive TB	**215**
Patients undergoing treatment for drug resistant TB	**15**

EMERGENCY RESPONSE: PSYCHOLOGICAL SUPPORT TO FLOOD SURVIVORS Uttarakhand

An MSF staff member providing psychological support to a flood survivor

In June 2013, flash floods swept through the Rudraprayag district of Uttarakhand causing widespread destruction. This led to the loss of many lives with thousands of people also being reported as missing. In the wake of the disaster, Médecins Sans Frontières/Doctors Without Borders (MSF) responded to the psychosocial needs of the survivors.

MSF's assessment of the situation after the natural calamity indicated that general health-related requirements and relief efforts were well covered by various governmental and non-governmental agencies. However, psychosocial support was identified as a gap that had to be filled. MSF therefore responded with a three-month long intervention in Ukhimath Tehsil of the district, one of the worst hit areas, by offering counselling through mobile teams and raising awareness about mental health. These teams travelled through difficult terrain, mainly by walking long distances to reach those most in need.

MSF's services were well received by the local population even as there was lack of awareness on the relevance of mental health in such adverse circumstances. In total, 482 individual counselling sessions took place during the period. This included 75 follow-up sessions (or clients who saw a counsellor more than once). As many as 37 group sessions were held with family and non-family members, where neighbours were encouraged to join so that the communities could support each other as a whole. Besides this, MSF reached 358 people through psycho-education sessions in the villages.

In the sessions, many of the bereaved clients showed grief reactions that are within expectation following traumatic losses. These included feelings of despair, anger, hopelessness, and at times, suicidal ideations.

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