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# MSF INDIA ACTIVITY REPORT 2020







# CONTENTS

**03**

**MSF PROGRAMMES  
AROUND THE WORLD**

**04**

**MSF IN INDIA**

**06**

**ANDHRA PRADESH  
CHHATTISGARH  
AND TELANGANA**

**08**

**BIHAR**

**10**

**DELHI**

**12**

**JAMMU AND  
KASHMIR**

**14**

**JHARKHAND**

**16**

**MANIPUR**

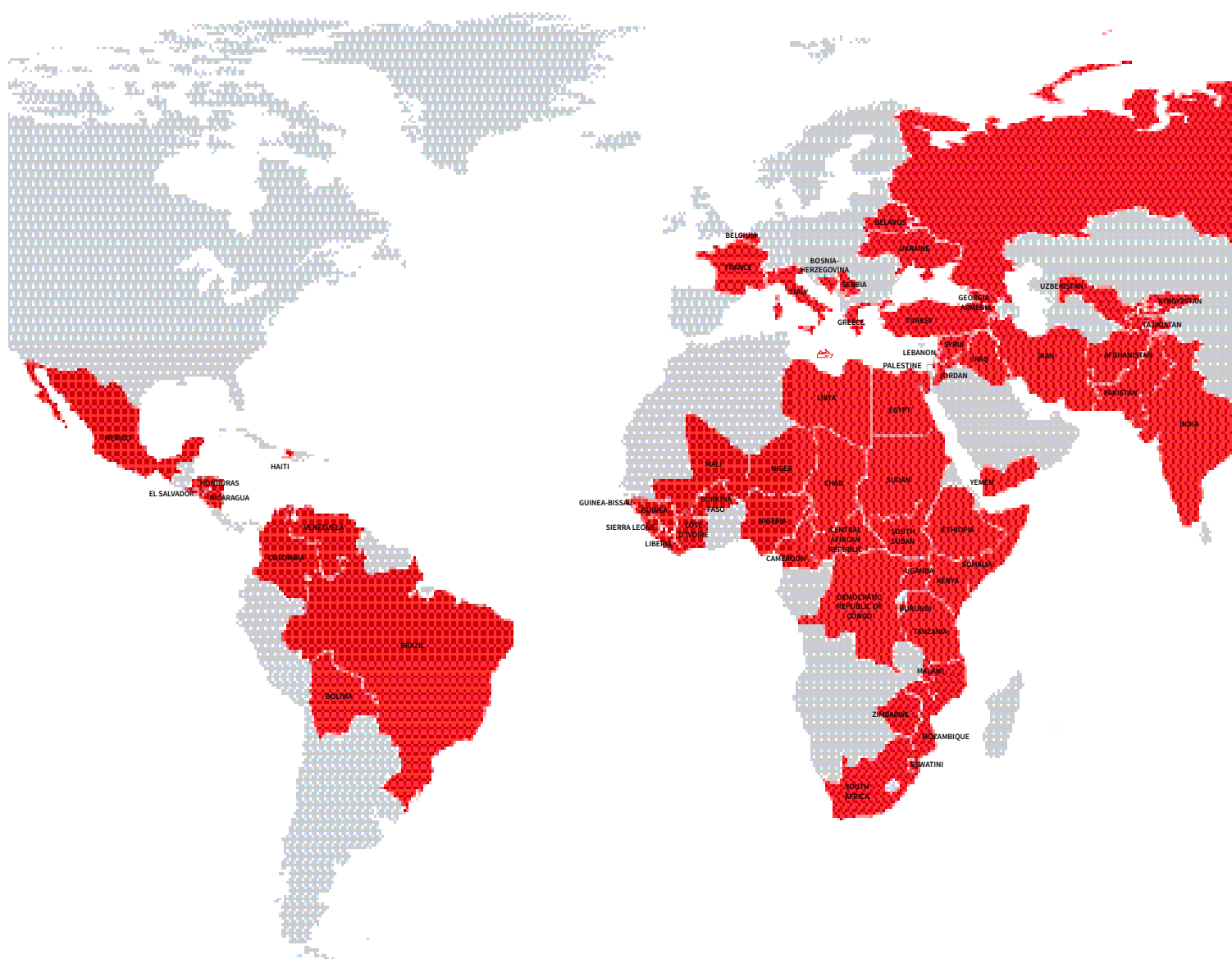
**18**

**MAHARASHTRA**

**20**

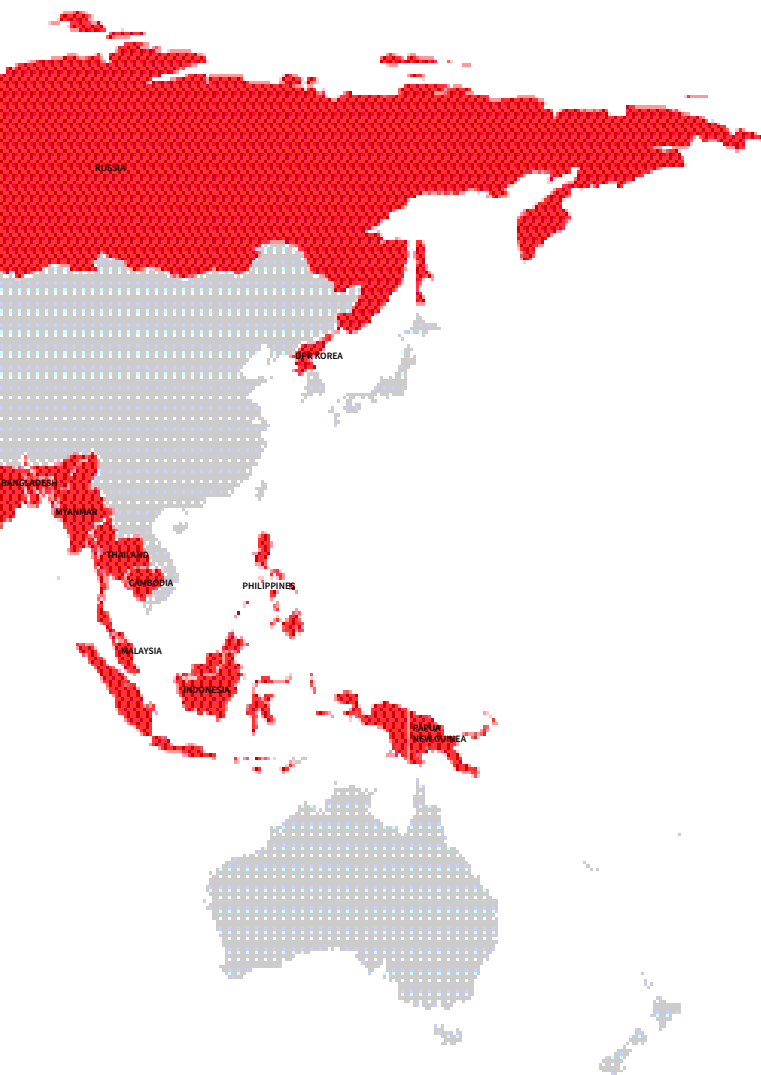
**COVID - 19  
EMERGENCY**

# MSF PROGRAMMES AROUND



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

# THE WORLD



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

**Doctors Without Borders / Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural and man-made disasters and exclusion from healthcare in more than 70 countries. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation.**

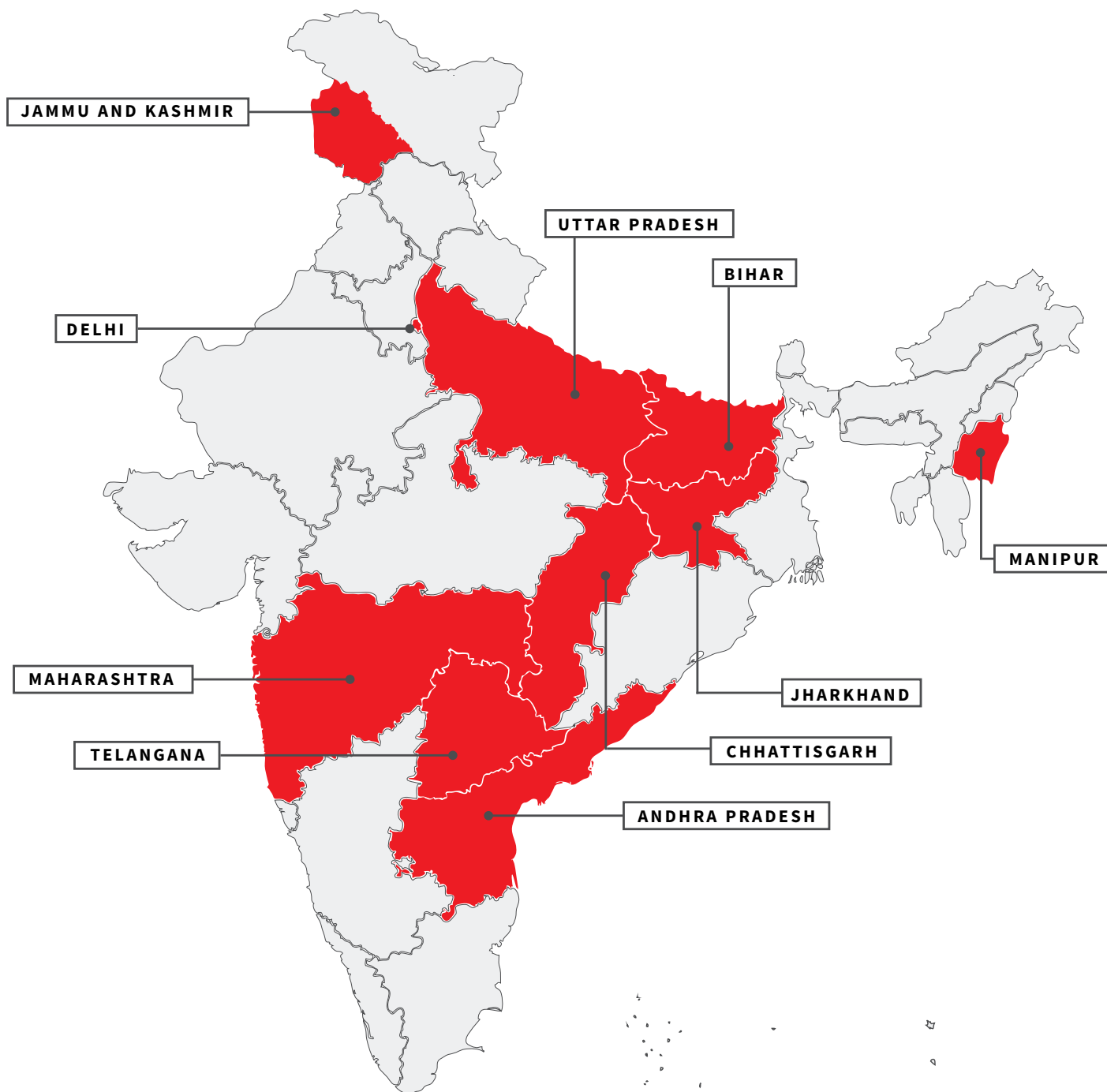
MSF has worked in India since 1999. Our teams currently provide free medical care in 10 states. We also advocate for the development of more effective and affordable medicines to improve access to treatment globally.

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



# MSF IN INDIA





Disclaimer: This map represents MSF's projects in India from January-December 2019. Place names and boundaries do not reflect any position by MSF on their legal status.



# 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 basic healthcare to people living in remote villages who find it extremely difficult to access medical care. Our teams provide free treatment for conditions such as malaria, respiratory infections, pneumonia and skin diseases. The clinics also offer a separate area for women to address reproductive health needs, with group and individual sessions conducted on topics such as hygiene, care of newborns and sexually transmitted infections.

### IN 2020

We continued to provide primary healthcare in Chhattisgarh through mobile clinics in the area around the town of Bijapur. We handed over mobile health clinic activities in the border areas of Andhra Pradesh, Chhattisgarh and Telangana to health authorities after training community health volunteers and establishing a community approach model to ensure continuity of care.

Additionally, we screened our patients for symptoms of COVID-19 and provided referrals for testing and treatment.



# 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

MSF has been working in Bihar since 2007. Our activities have seen a gradual transition to focus on people living with advanced HIV at Guru Gobind Singh Hospital in Patna. This focus has been driven by a lack of access to care for this extremely vulnerable population, by stigma from healthcare providers and by a lack of specialist tests and drugs[2]. Patients with advanced HIV have an extremely high mortality rate, with complex treatment needs covering nutrition, infection and mental health.

MSF has been working in collaboration with the government to reduce the mortality and morbidity in this group of patients through increasing access to holistic care for those presenting with life-threatening opportunistic infections.

## IN 2020

Since 2019, we have developed and introduced several parallel synergistic approaches to demonstrate a model of care that could be replicated across other sites or whose specific components could be used to generate knowledge to improve approaches to treatment for this patient group at the national level.

Our areas of current focus include proactive antimicrobial resistance stewardship to better guide the use of antimicrobials. The project's other components – including palliative care, nutrition, intensive mental health support and advocacy – make it significant for demonstrating a model of care for advanced HIV in low-resource settings. MSF is working with state and national level AIDS control programme leadership to contribute knowledge and experience. As part of this, the project conducted four workshops during 2020 with the Ministry of Health to train five external medical doctors and four counsellors.

The COVID-19 pandemic had a substantial impact on access to care for advanced HIV patients, with a 50 per cent reduction in the number of patients seen in the hospital over the year, reflecting in part the precarious situation in which this cohort of patients' lives; the impact of this on overall mortality and morbidity remains to be seen. The team worked hard to maintain access to patients and continue delivering lifesaving services, managing eight patients with advanced HIV and COVID-19 infection, of whom the majority survived.



**48**

outpatient consultations



**590**

in-patient consultations



**1,082**

individual mental health consultations



**31**

mental health group sessions



**249**

patients started treatment for TB



**11**

HIV-MDRTB co-infected cases



# DELHI





**Sexual and gender-based violence (SGBV) is a medical emergency. Survivors of SGBV require immediate medical care in order to limit some of the serious consequences to their health, such as unwanted pregnancy and sexually transmitted infections. Violence can also affect the mental health of survivors, and lead to anxiety, depression and post-traumatic stress disorder.**

## WHAT WE DO

Since November 2015, MSF has provided integrated medical and psychological care to survivors of sexual and gender-based violence (SGBV) through a community-based clinic in Jahangirpuri, northwest Delhi.

The clinic, named Umeed Ki Kiran, provides survivor-centred, non-stigmatising and confidential SGBV care, 24/7 and free of charge, across all age groups and genders. Based on needs, we offer quality treatment including wound care, prophylaxis, diagnosis and treatment of sexually transmitted diseases, post-exposure prophylaxis for HIV, emergency contraception, access to termination of pregnancy services, vaccinations and psychosocial support.

We also offer short-term shelter for women and child survivors and facilitate referrals to tertiary care, social welfare and legal services.

Our community health workers engage with the community in Jahangirpuri to raise awareness of the health consequences of SGBV and facilitate access to quality medical care. Our model of care is based on international evidence, experience and learnings from the community.

## IN 2020

Our clinic continued to provide services throughout the pandemic by adapting measures to contain the spread of COVID-19. When movement restrictions came into force, we introduced phone counselling services and digital health promotion activities.



**191**

survivors of  
rape treated



**391**

survivors of sexual  
violence treated



**424**

counselling sessions  
conducted

# JAMMU AND KASHMIR





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

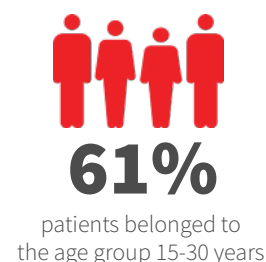
## WHAT WE DO

MSF has been providing free, high-quality counselling to people affected in the valley since 2001. Currently, our teams provide counselling services at hospitals in four districts: Baramulla, Shopian, 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 2020

We continued to provide counselling services through four district hospitals in Kashmir division. Additionally we provided phone counselling services due to movement restrictions associated with COVID-19 epidemic.



# JHARKHAND

A photograph of a woman holding a young child, with a medical professional's hands visible, all under a red overlay. The woman is looking down at the child, and the medical professional is holding the child's arm. The child has a yellow identification band on their wrist. The background is blurred, showing other people in a similar setting.



**Severe acute malnutrition is a medical condition that weakens the immune system and reduces the ability to fight off infection. This 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 acute malnutrition in the world, with 9,300,000 children under the age of five affected. In 2017, in collaboration with the government of Jharkhand and national academic institutions, MSF initiated the Community Management of Acute Malnutrition (CMAM) programme in the West Singhbhum district of Jharkhand, a remote area with a high proportion of tribal people. As well as providing care to severely malnourished children, the project generated context-specific evidence to help address critical gaps in India that have prevented wider state and nationwide implementation of CMAM.**

## WHAT WE DO

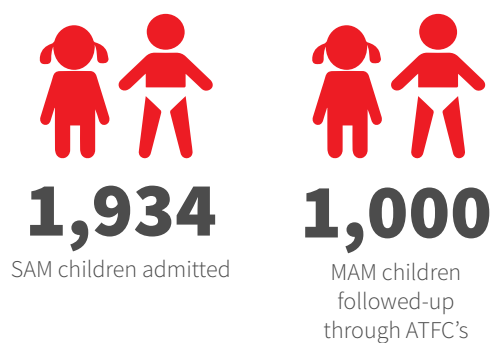
India remains the country with the highest burden of childhood malnutrition in the world. In 2017, in collaboration with the government of Jharkhand and two renowned national academic institutions (RIMS Ranchi; JNU, Delhi) MSF initiated a community management of acute malnutrition (CMAM) program in West Singhbhum district of Jharkhand, a remote area with a high proportion of tribal population. Aside from providing care to severe malnourished children, the project had an additional objective of generating contextual specific evidence that would help address critical evidence gaps in India that have prevented wider state and nationwide implementation and uptake of CMAM. During the life of the project, which was wound down at the end of 2019, 2000 children with severe acute malnutrition were treated.

The project included a multi-centre randomized, controlled non-inferiority process of care study for SAM children aged 6-59 months. This objective was to see if earlier discharge of children treated for SAM would be safe compared to existing recommendations; if shown to be possible, this would have substantial programmatic implications on CMAM introduction, potentially doubling the number of children that could be managed with the same resources.

During the COVID-19 pandemic, MSF also provided technical input in developing emergency national guidance on the continuation and mitigation of CMAM programmes. The academic partnership also published the findings from a qualitative study[1]; the findings will guide future community management of acute malnutrition initiatives from community engagement perspectives.

## IN 2020

Although our regular programme was discontinued in the first quarter of 2020, MSF continued to follow up on children with severe acute malnutrition who had been discharged from the programme until mid-year. As a member of the Technical Advisory Group of Jharkhand State Nutrition Mission, MSF contributed to shaping the state treatment protocol and has been working with district authorities to provide sustained technical support to the health authorities to continue CMAM.



# 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 across 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-centred 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 our 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. As treatment for DR-TB has 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. Our health education teams also raise awareness on getting tested and treated. MSF also treats hepatitis C patients (mono-infected) in an opioid substitution therapy centre in Churachandpur, along with treating partners of co-infected patients.

## IN 2020

We continued to provide medical care for HIV, TB, DR-TB and hepatitis C through our clinics in Churachandpur, Chakpikarong and Moreh. In our HIV centres, we adopted a simplified model of care that rationalised medical attention based on patient needs. We supported the HIV antiretroviral treatment centre and inpatient management of HIV in the district hospital of Churachandpur. In addition, we provided homeless intravenous drug users with support in the form of food coupons and dry food rations.



**62**

hepatitis C patients (mono and co-infected) treated



**14**

Patients with multidrug-resistant TB treated

**77**

Patients with drug-sensitive TB treated



**121**

people with HIV initiated on antiretroviral treatment

# MAHARASHTRA





**Patient centered care, In 2020, the World Health Organisation (WHO) updated their DRTB guidelines, stating that combined use of Bedaquiline and Delamanid is safe and that the two drugs can be used together in patients with limited treatment options. The successful outcomes of treatment (70% of patients cured) in MSF independent clinic in Mumbai, made a remarkable contribution towards this change in DRTB guidelines.**

## WHAT WE DO

MSF provides free, comprehensive and individualized treatment at its independent clinic in Mumbai to people with severe forms of Drug resistant Tuberculosis (DRTB). Patients seen by MSF have previously been treated with ineffective regimens for several years by public and private practitioners. Some are believed to have been directly infected in the community by extensively resistant strains.

MSF also supports DRTB diagnostics and treatment at Public DOTS plus centre in Mumbai east ward in collaboration with National Tuberculosis Elimination Programme.

## IN 2020

Due to the covid pandemic and lockdown associated restrictions, the DRTB services were adapted- Virtual consultations and counselling was done and medications were delivered to patient's houses. The diagnosis fell by more than 50% during this period which slowly picked up by Q4,2020. Switching away from Injectables, more DRTB patients were started on all oral regimens.

Pediatric DRTB services were improved with a focus on child friendly services at MSF clinics. The project developed pediatrics counseling guidelines and set up dedicated consultation days, while exploring improved diagnostic and treatment.

First patients in the EndTB clinical trials were enrolled. The two Phase III randomized controlled clinical trials, endTB & endTB-Q, use the new generation of TB drugs, which were developed after almost 50 years of drought of new anti-TB drug classes, to find radically shorter (6 or 9 months), more tolerable, injection-free treatments for MDR-TB.



**526**

patients initiated on new TB drugs



**17**

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



**170**

paediatric DR-TB patients comprises of active cohort



**121**

paediatric DR-TB patients initiated on new TB drugs



**1,644**

DR-TB patients initiated on treatment (MEW OPD)



**145**

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



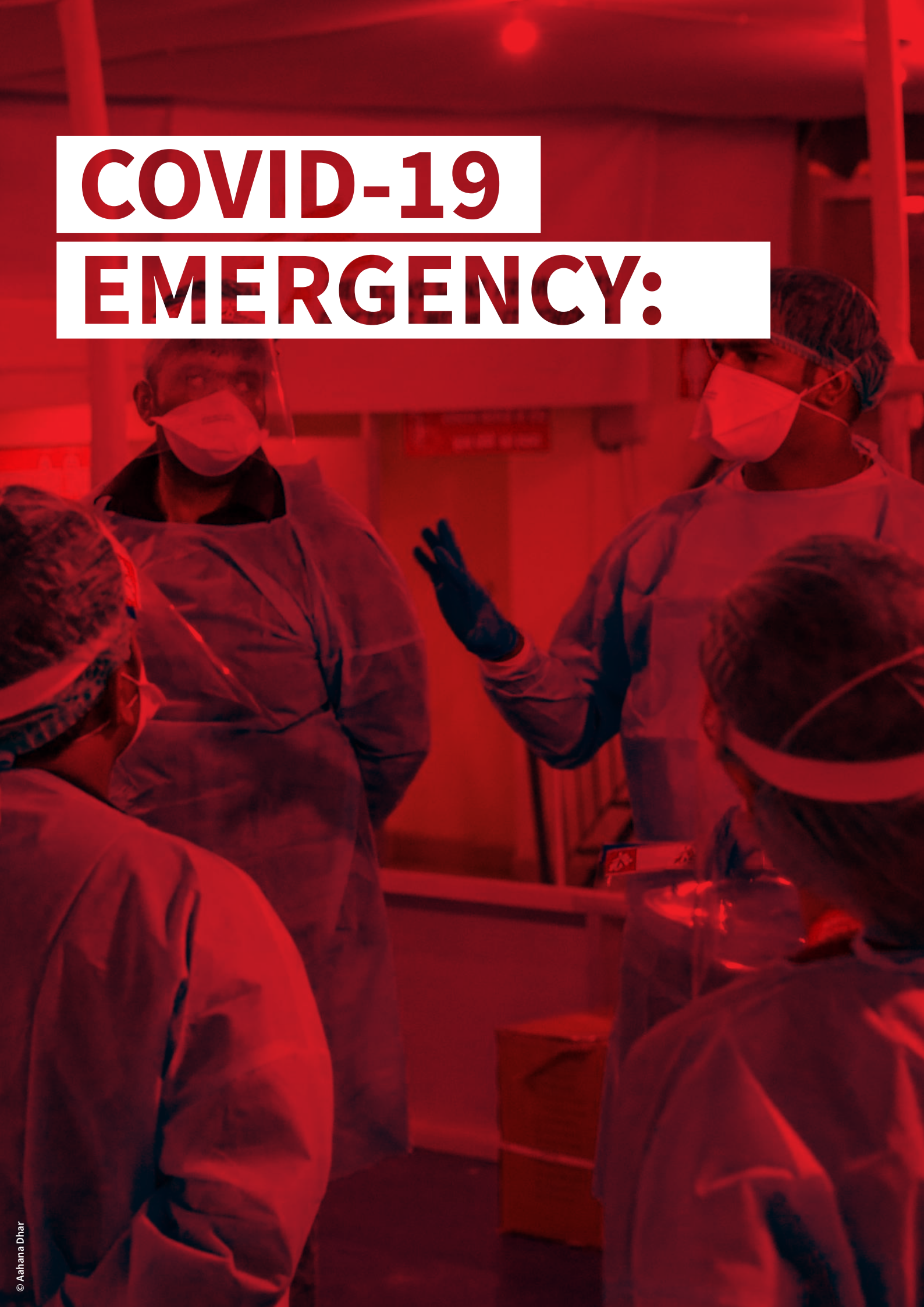
**30**

Total active HIV and DR-TB cohort



# COVID-19

# EMERGENCY:





## Mumbai, Maharashtra

Since May 2020, MSF has implemented a comprehensive COVID-19 emergency intervention from the community level to the health facility level in Mumbai's M East Ward. Working with the Municipal Corporation of Greater Mumbai, MSF supported the management of moderate cases at the Dedicated COVID-19 Health Centre (DCHC) to improve quality of care and treatment outcomes for moderate cases, to reduce the severity of their illness and consequently to decongest hospitals.

Our teams carried out health promotion activities within the informal settlements (population 400,000), distributing cloth masks and soap to vulnerable groups (the elderly and people living with diabetes, hypertension, TB and HIV). Water and sanitation teams disinfected and cleaned 20 community toilet blocks (400 toilets) to reduce the risk of disease transmission within the community.



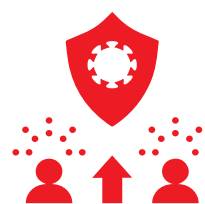
**200**

installed high flow nasal  
oxygen machines



**21,500**

Hygiene kits (containing  
10 cloth masks and 8  
bars of soap) distributed



**10,00,000**

COVID-19 awareness  
to people

## Patna, Bihar

**Working with the Bihar government, in June 2020 MSF opened a 100-bed temporary hospital for COVID-19 patients at Patliputra sports complex in Patna, the first of its kind to be fully managed by MSF in India.**

**Initially our teams provided medical care to patients with mild or moderate symptoms to support the isolation of confirmed COVID cases and reduce community spread.**

**Later the indoor stadium was remodelled by MSF to become a temporary treatment centre that included triage of patients, isolation wards, personal protective equipment, and infection prevention and control measures.**

**Managed by 180 MSF staff from across the country, the centre provided inpatient care, access to all essential drugs and medical equipment for managing moderate cases and mental health support.**

**In October the clinical ward was closed while MSF continued providing mental health support and infection prevention and control promotion activities for both the community and frontline healthcare workers from government and private sector hospitals. The project was closed in December 2020.**



**320**

Patients treated for  
COVID-19



**100**

Hospital beds



# NOTES

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