Activity Report 2012
Médecins Sans Frontières/Doctors without Borders (MSF) is an independent international medical aid organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural or man-made disasters, or exclusion from health care in more than 65 countries.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The MSF Charter</td>
<td>2</td>
</tr>
<tr>
<td>Médecins Sans Frontières/Doctors without Borders (MSF) in five words</td>
<td>3</td>
</tr>
<tr>
<td>MSF Programmes across the world</td>
<td>4</td>
</tr>
<tr>
<td>Médecins Sans Frontières/Doctors without Borders (MSF) in India</td>
<td>6</td>
</tr>
<tr>
<td>HIV/AIDS and Tuberculosis (TB) Treatment Programme - Manipur</td>
<td>8</td>
</tr>
<tr>
<td>Mother and Child Health Care - Chhattisgarh and Andhra Pradesh</td>
<td>10</td>
</tr>
<tr>
<td>Mental Health Programme - Jammu and Kashmir</td>
<td>12</td>
</tr>
<tr>
<td>HIV/AIDS and TB Treatment Programme - Maharashtra</td>
<td>14</td>
</tr>
<tr>
<td>Nutritional Intervention - Bihar</td>
<td>16</td>
</tr>
<tr>
<td>Kala Azar Treatment - Bihar</td>
<td>18</td>
</tr>
<tr>
<td>Secondary Health Care - Nagaland</td>
<td>20</td>
</tr>
<tr>
<td>Emergency Intervention - Assam</td>
<td>22</td>
</tr>
</tbody>
</table>
Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and also includes other professionals who help achieve 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 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 beneficiaries for any form of compensation other than that which the association might be able to afford them.
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 medical health. More than two thirds of our volunteers in the field are surgeons, anesthetists, nurses, midwives, psychiatrists, epidemiologists, doctors, pharmacists or laboratory technicians. In the midst of wars, epidemics and famines, they operate on the injured; care of the sick; run vaccination campaigns; set up medical feeding programmes; and offer psychological support to the traumatized. Additionally, our teams help to reinstate and re-equip 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 centers (France, Belgium, Holland, Spain, Switzerland) manage humanitarian operations in approximately 65 countries. Each national section is an association under the responsibility of the 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 economical discrimination. The organization works independently, evaluating the medical needs of the population. Médecins Sans Frontières 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 grave 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 European Union, individual government aid budgets and other international organizations. Around 80% of the organisation’s expenditure is allocated to its social mission; 6% is spent on management and administration costs; and 14% on fund raising.
MSF Programmes across the world

Disclaimer: The map and boundaries do not reflect any position by MSF on their legal status.
MSF established in 1971

More than 30,000 staff world wide

MSF awarded Nobel Peace Prize in 1999

MSF Programs in more than 65 Countries
SRINAGAR, BARAMULA (JAMMU & KASHMIR)
Mental Health, Primary Health
(Until April 2012)

NEW DELHI
Head Office

MUMBAI (MAHARASHTRA)
HIV/AIDS, MDR-TB

Disclaimer: This map does not reflect any position by MSF on the legal status of the territory of India
MSF programmes in India since 1999

- More than 600 staff in India

MSF awarded Indira Gandhi Prize for Peace, Disarmament and Development in 1996

In India since 1999

MSF programmes in 7 states

VAISHALI, DARBHANGA (BIHAR)
Kala-azar, Nutrition

MON (NAGALAND)
Secondary Healthcare

CHURACHANDPUR, CHANDEL (MANIPUR)
HIV/AIDS, MDR-TB

BIJAPUR, SUKMA (CHHATTISGARH)
Primary and Secondary Healthcare

ANDRACHALAM (ANDHRA PRADESH)
Primary Healthcare

In India since 1999

MSF programmes in 7 states

More than 600 staff in India

MSF awarded Indira Gandhi Prize for Peace, Disarmament and Development in 1996
The year 2012 was important for Médecins Sans Frontières/Doctors without Borders (MSF) in Manipur. MSF opened a new HIV/TB clinic in the border town of Moreh and installed a rapid diagnostic machine – GeneXpert - in its clinic in Churachandpur. This machine diagnoses Drug Resistant Tuberculosis (DR-TB) faster than traditional diagnostic methods thereby ensuring early treatment for patients.

MSF has been working in Manipur since 2005 with commencement of HIV treatment programme. Later in 2009 MSF started treating DR-TB patients in Chakpikarong and Churanchandpur.

Programme Updates

**Comprehensive treatment for Tuberculosis (TB)**

MSF screens all non-respondent TB patients for drug resistance to ensure that they can be put on requisite treatment at the earliest.

Treatment for DR-TB is long, complicated and usually lasts two years. The "pill burden" is significant and often patients need to take up to 20 pills, along with injections, every day. To support patients, MSF provides adherence counselling and offers continuous psychological and clinical support with daily visits to provide drugs, review side-effects and treat other co-morbidities as needed.

In 2012, MSF treated 119 patients for sensitive TB and 21 were on drug-resistant TB treatment. Most patients responded well to the treatment.

**HIV/AIDS Treatment**

MSF provides counselling, testing and treatment for HIV positive patients in all MSF clinics in Manipur. In 2012, 1523 tests were carried out; 865 patients were on ARTs while five patients were on second line ARTs.

MSF also provides HIV treatment to pregnant women in all Manipur clinics to prevent mother to child transmission of HIV virus. In 2012, 22 women tested positive and were put under treatment.

MSF also works closely with the Community Care Centre, Shalom, in Churanchandpur where MSF refers patients that need 24 hour care.
### Adherence counselling HIV and TB
MSF has counsellors in all clinics who encourage and urge patients to complete their treatment. The counsellors also provide support to family members of patients by organising monthly meetings of support groups.

### “TB and Me” Blog
“TB and Me” is a blog which MSF created so that TB patients in health centres around the world can post their personal stories about living with TB. A patient from Manipur is also telling his story on the blog. To read “TB and Me” blog, visit: http://blogs.msf.org/tb/

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV – Total tested</td>
<td>1523</td>
</tr>
<tr>
<td>HIV – Total patients in programme</td>
<td>922</td>
</tr>
<tr>
<td>HIV patients on ARTs</td>
<td>865</td>
</tr>
<tr>
<td>HIV patients on Second line ART</td>
<td>5</td>
</tr>
<tr>
<td>Sensitive TB patients</td>
<td>119</td>
</tr>
<tr>
<td>Drug Resistant TB patients</td>
<td>21</td>
</tr>
</tbody>
</table>
Médecins Sans Frontières/Doctors without Borders (MSF) in Andhra Pradesh and Chhattisgarh

Médecins Sans Frontières/Doctors without Borders (MSF) continues to provide impartial medical assistance to population with little or no access to health care in Andhra Pradesh and Chhattisgarh. MSF provides primary and secondary healthcare including reproductive health, immunization, health education and treatment of tuberculosis (TB), malaria and diarrhoea among other diseases to people impacted by conflict. MSF runs a Mother and Child Health Centre (MCHC) in Bijapur, Chhattisgarh, and also runs mobile clinics that bring health care directly to people.

Programme Updates

Malaria Treatment
An easily treatable and preventable disease, Malaria remained a major cause of severe illness in areas of MSF’s operation in Chhattisgarh and Andhra Pradesh. Malaria is caused by a bite from a mosquito infected with plasmodium falciparum or plasmodium vivax parasites.

At the MSF-run Mother and Child Health Centre (MCHC) in Bijapur, diagnosis was done using microscopic slides, which were examined in the lab, whereas mobile teams areas used rapid diagnostic tests to detect Malaria. In 2012, MSF treated 6201 malaria patients with Artemisinin based Combination Therapy (ACT) - the national protocol. People suffering from severe Malaria were either treated at in-patient facilities or referred to secondary health facilities.

On the prevention side, MSF teams provided information on precautions against the disease and distributed insecticide-treated mosquito nets, especially to pregnant women. MSF also trained health workers on the proper usage of rapid diagnostic tests and delivery of ACT treatment.

Primary health care
MSF supports Ministry of Health’s initiatives to make health care accessible to people living in remote villages and settlements in the Bijapur and Sukma districts of Chhattisgarh and Khammam district of Andhra Pradesh.

In 2012, MSF provided more than 78553 medical consultations - a noticeable increase from the 67,000 consultations done in 2011.

Screening, diagnosis and treatment of Tuberculosis (TB)
At every MSF facility or during the mobile clinics, health workers screen and diagnose TB amongst people. Sputum samples are collected from people suspected of having TB which are then brought to the microscopy centre at the MCHC. This centre was set up in collaboration with the Revised National Tuberculosis Control Programme in 2010 and
reached accreditation in 2011. By the end of 2012, 226 patients were on drug sensitive TB treatment while 7 were on DR-TB treatment.

**Reproductive Health**

MSF provides comprehensive reproductive health services in its clinics in Andhra Pradesh and Chhattisgarh. This includes family planning, ante-natal and post-natal care. Medical staff also provided care for newborns and babies with low birth weight.

In 2012, MSF staff carried out 5808 antenatal consultations and more than 457 babies were delivered at MSF’s MCHC.

**Immunization**

MSF administered more than 12449 vaccinations which included BCG, Hepatitis B, DTP, Polio, Measles, Tetanus and Sexual Violence Cases in 2012.

**Health Education**

An integral part of MSF’s work is to impart health education on prevention of common illnesses and improvise patient’s health seeking behaviour. To raise awareness about health issues, several activities were conducted on World AIDS Day, World Breastfeeding Week, World Malaria Day, World Tuberculosis Day, and World Immunization Day across project locations.

**Collaboration with the Ministry of Health**

Starting late 2012, in collaboration with the Ministry of Health, MSF started providing surgical services for emergency obstetrics at the Bijapur District Hospital which is perhaps the only facility in about 200 kilometres around Bijapur. At the hospital, MSF supports the Blood Storage Unit and MSF technicians work along with the Ministry of Health staff in the laboratory.
Médecins Sans Frontières/Doctors Without Borders (MSF) in Jammu and Kashmir

Médecins Sans Frontières/Doctors without Borders (MSF) has been providing Mental Health counseling services in Kashmir since 2001.

After internal reviews, MSF reworked its priorities in Jammu and Kashmir in 2012 and as a result, primary health care activities were closed in Kupwara and Tangdhar. MSF continued its commitment to Mental Health Care and additional counselling services were started in Sopore.

As part of the phase-out of primary health care activities, MSF worked closely with local and state administration and also built capacity of local communities by giving First Aid training and leaving enough emergency supplies.

In addition to already existing counselling centres in Srinagar and Baramulla, a new counseling centre in Sopore’s Sub District Hospital was started in May 2012. It has been receiving several new cases.

Programme Updates

Mental Health Counselling

MSF offers Mental Health counselling services in five fixed centres which are located within the Ministry of Health’s hospitals in Srinagar and Baramulla. These facilities are in SMHS hospital, SKIMS Bemina and SKIMS Soura in Srinagar district and District Hospital Baramulla and Sub-district hospital, Sopore, in Baramulla district.

In 2012, MSF conducted 2701 individual counselling sessions.

MSF also offered public psycho-education sessions on mental health issues in the Valley in 2012. As many as 542 psycho-educational sessions were conducted in 2012. These sessions aim to raise public awareness of mental health issues and provide people with positive coping mechanisms. Overall 3045 individuals participated in these sessions.

Public Awareness Activities

MSF has been at the forefront in raising awareness about mental health issues in Jammu and Kashmir. MSF observes Mental Health Week every year and has run a popular talk show ‘Alaw bay Alaw’ that is now being adapted for television.

Emergency Response

MSF is committed to emergency intervention and provided assistance on several occasions in 2012.
In February, MSF swung into action to respond to the fire accident in Nowpora, Khanyar, where eight buildings were destroyed impacting 20 families. MSF distributed non-food items such as foam matting, jerry cans, tarpaulin sheets, sanitary items, socks and warm inner-wear to the victims. In July 2012 after a firing incidence, MSF provided affected families materials for bedding, cooking, food and hygiene items and also provided psychological support. In October, MSF provided training to the Ministry of Health officials on basic counseling skills and mental health trauma support at Uri in Baramulla district.
Médecins Sans Frontiers/Doctors without Borders (MSF) in Mumbai

Médecins Sans Frontiers/Doctors without Borders (MSF) has a long history of working in Mumbai with initiation of a Tuberculosis (TB) treatment programme in 1999. Currently, MSF treats and supports HIV patients suffering from drug-resistant TB and other (Hepatitis B/C) co-infections. MSF also provides third line treatment or salvage therapy to patients that do not respond to second line HIV treatment.

MSF’s approach for treatment of People Living With HIV (PLWHIV) addresses gaps in public health system and work towards “Universal Access to HIV treatment” as mandated by the Hon’ble Supreme Court of India.

Programme Updates
Treatment of HIV and Co-infections
MSF runs an ART centre in Khar where comprehensive care for HIV and HIV/DR-TB is provided.

The cumulative cohort of patients is 955 out of which 140 are co-infected with DR-TB. In the active cohort of 331 patients last year, 38 are infected with HIV 2, 185 are on second line while nine are on third line ARV treatment. In 2012, 37 patients co-infected with HIV and DR-TB were under MSF treatment.

The active cohort of the project remains at around 300 patients with a dynamic attitude of transfer out. Once the patient is stabilized on a standard scheme and can be absorbed by the public sector, he is transfered out showing the consolidation of the clinic as a ‘transit’ space.

Support to patient
MSF outreach team ensures the continuity of care in the community, tertiary hospitals, DOT (Directly Observed treatment) providers and hospices. MSF’s patient support unit provides a holistic approach by emotionally and socially supporting patients and maintaining adherence to treatment.

Group support meetings are held regularly with special groups for children. A group of NGO partners work with us on adherence follow-up of patients and defaulters tracing. Mental health care is provided to patients, when required, with an external psychiatrist.
Maharashtra

While the MSF clinic has reached the best standard of TB infection control, MSF is also concerned about infection control measures in hospitals, hospices, DOT providers and patient’s houses. An Infection Control programme, including house check list, has been implemented in order to improve infection control in the community.

Training and capacity building
MSF conducts training programmes, capacity building and treatment literacy for civil society groups and medical staff. The MSF medical team is composed of international and Indian doctors, nurses and health workers. MSF has also been providing infection control training and discussing cases with Sewri Tuberculosis Hospital in Mumbai.

Operational Research in Mumbai project
MSF carries out Operational Research in Mumbai that aims to improve programme outcomes in relation to medical care and prevention, assessment of the feasibility of new strategies or interventions, and to support advocacy initiatives for policy change. MSF envisions to document emergence of drug resistant TB among PLWHIV and to advocate for urgent planning and allocation of resources for effective interventions at national level.

In 2012, MSF published several papers and made presentations in local, regional and international medical conferences.

Project Highlights

955
Cumulative Cohort of patients

140
Cumulative co-infected with HIV and DR-TB

331
Active HIV cohort

185
are on second line HIV treatment

9
on third line HIV treatment

37
 Patients co-infected with HIV and DR-TB
Médecins Sans Frontières/Doctors without Borders (MSF) in Darbhanga, Bihar

Since 2009, Médecins Sans Frontières/Doctors without Borders (MSF) has been providing curative treatment for children aged six months to five years suffering from Severe Acute Malnutrition (SAM) in Biraul block, Darbhanga district, Bihar (population 300,000).

After its 2008 floods intervention, MSF began treating children with SAM on an out-patient basis in five ambulatory centres throughout Biraul block, in cooperation with the state and district authorities. Additionally, MSF opened a 20-bed in-patient stabilization centre (SC) in Biraul town for care of malnourished children with medical complications. MSF has given medical care to more than 12,000 severely malnourished children since 2009; over 85% of whom have been from the poorest and most vulnerable castes.

The out-patient or ambulatory, community-based approach to treat severe acute malnutrition is an extremely patient-friendly model of care. Often the parents of malnourished children cannot afford to stay at an in-patient facility for treatment because they have to take care of their farms which are an important source of livelihood, and in most cases mothers have several other children to look after. It is impossible for these mothers to leave their homes and stay at an in-patient health facility for several weeks. Therefore, supporting the government to provide SAM treatment options inside local community health centres is greatly helpful to mothers.

Throughout MSF’s time in Biraul, a number of research studies have been conducted in order to develop a better understanding of the local context and the dynamics causing malnutrition. Programme results are very different to other nutritional contexts in which MSF works. For example, it appears there is a lower mortality rate than would be expected for such a relatively high prevalence of SAM. This is of great interest in a country where there are an estimated 8 million SAM children, and where use of RUTF has been so controversial.

The Indian government’s National Family Health Survey III (2006) estimated Global Acute Malnutrition (GAM) in India of 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 700,000, based on population figures from the 2011 national census.
In addition to this, there is an extremely high prevalence of stunting in this population – over 60%. This has shown to have long-term effects on the health of children. In October 2011, MSF performed a relapse and defaulter survey where a representative proportion of children who were discharged from the programme as cured or as defaulted were followed up after different periods of time ranging from 6 months to 2 years. The results of this follow-up survey are available and await publication, and it is hoped that this analysis will have a significant impact on the future operational orientation as well as advocacy potential of the project.

**Addressing “Defaulter”s**
MSF ensures that children who do not complete their treatment, known as defaulters, are followed up. Often MSF teams visit every house in a village to trace these children. The goal of the MSF tracing team is to return these children back into the treatment programme.

MSF has made substantial progress in reducing the number of defaulters, but it is still an ongoing challenge. Based on research, MSF is responding to the results with new approaches, fostering the involvement of the community (ASHAs, mukiays, etc) in order to make the system more sustainable and cost-effective.

**Health Education**
MSF health educators are active during market days in different locations to spread the messages about the recognition and treatment of SAM throughout Biaul block. This proximity to the people builds trust and confidence, facilitating families to seek proper support and treatment for their malnourished children. Community perception and knowledge about malnutrition has to be increased, and MSF is working hard to do so.

**Programme Expansion**
In early 2012, MSF decided to publicise its malnutrition work in Bihar. This advocacy campaign and subsequent negotiations resulted in the State Health Society desiring scale-up of MSF’s model of care in Darbhanga district, and integrating MSF’s proposed model into its state planning documents for fiscal year 2013-2014.
Kala Azar Treatment

Médecins Sans Frontières/Doctors without Borders (MSF) in Vaishali, Bihar

Médecins Sans Frontières/Doctors without Borders (MSF) runs a Kala Azar treatment project in Bihar which has one of the highest incidences of Kala Azar in the world. The project started in June 2007 and as of May 2012, in partnership with the State Health Society, MSF has treated more than 10,000 patients with 20mg/Kg L-AmB.

This MSF project aims to assist the Government of India in identification of the safest and most effective life-saving treatment for Kala Azar (Visceral Leishmaniasis) patients in Bihar. MSF contributes evidence-based medical justification to policy-makers in order to facilitate the most effective management of Kala Azar in India.

MSF’s programme has taken a comprehensive approach to case management, offering diagnosis and treatment at Vaishali District Sadar Hospital and in five MSF-supported Primary Health Centres (PHC) run by the Ministry of Health (MoH). Information, Education and Communication (IEC) strategies and evidence-based advocacy activities have augmented MSF’s medical work.

After five years in partnership with the State Health Society-Bihar / MoH using Liposomal Amphotericin B at 20mg/Kg, MSF programme results have been excellent: more than 98% of all 10,000 patients have been cured. A significant percentage of these patients were treated in rural PHCs, another important point as travel to district hospitals can be costly and inconvenient for the poor.

Due to concerns about development of resistance, long treatment courses and poor compliance to the current recommended treatments, there was a consensus of expert opinion to move away from these monotherapies to combination based treatments. Subsequently, in 2012 MSF partnered with Drugs for Neglected Diseases Initiative (DNDi), State Health Society-Bihar, Rajendra Memorial Research Institute of Medical Sciences (RMRI) and National Vector Borne Disease Control Programme (NVBDCP) to implement a pilot project that aims to evaluate safety and effectiveness of new combinations of existing registered drugs for the management of Kala Azar in Bihar.

Visceral Leishmaniasis (VL), also known as Kala Azar, is a protozoan infection caused by the L. donovani complex and transmitted by sand flies, which thrive in the rural areas of Bihar. India is most affected by Kala Azar in the world, with Bihar state being the epicentre of the disease. According to 2012 data, out of 20,604 patients suffering from Kala Azar in India, Bihar accounted for 16,056 of them, and as many as 93% of all Kala Azar deaths were reported from Bihar (Source NVBDCP 2012).
Programme Updates

Kala Azar Day
March 15 was inaugurated as the Kala Azar Day by the Bihar Ministry of Health in collaboration with MSF. At a high-profile event in Patna, Shri Nitish Kumar, Hon’ble Chief Minister of Bihar; Shri Sushil Kumar Modi, Deputy Chief Minsiter; and Shri Aswini Kumar Choubey, Health Minister, reinforced government’s commitment to fight this neglected disease and declared that March 15 will be observed as Kala Azar Day throughout the state every year.

The official recognition of a Kala Azar Day by Bihar was a strong statement of the commitment of decision-makers towards a neglected population who are victims of a disease that can be eliminated with increased awareness and access to proper treatment.

Diagnosis and treatment of Kala Azar in Sadar Hospital and Five PHCs
Since 2007 MSF has been providing free diagnosis and treatment of Kala Azar at the Ministry of Health’s Hajipur Sadar hospital, and in PHCs of Vaishali, Gorual, Mahua, Raghopur and Mahnar blocks. The 50-bedded in-patient ward at Sadar hospital has a state-of-the-art laboratory to conduct most of the required tests such as the rapid rk39 (confirmatory test for Kala Azar), rapid malaria test, blood biochemistry and blood haemotology tests, thus easing the process for the beneficiaries. Pre- and post-VCT counselling facilities are also provided to all patients. Post Kala Azar dermal leishmaniasis (PKDL) patients and HIV and TB co-infected patients are also treated either by MSF or in collaboration with Rajendra Memorial Research Institute (RMRI) and government-run HIV and TB treatment facilities.

Strengthening collaboration with District Health Authorities
MSF strengthened its collaboration with the district health authorities last year by referring patients to the Sadar Voluntary Counseling and Testing Centre and by using the Sadar blood bank.

Pilot Project with Drugs for Neglected Diseases Initiative and Ministry of Health
MSF is the implementing partner in a DNDI-led pilot project that aims to evaluate safety and effectiveness of new treatment modalities for the management of Kala Azar in Bihar. This initiative is in partnership with DNDi, State Health Society-Bihar, RMRI and National Vector Borne Disease Control Programme (NVBDCP).

Reaching out to communities through IEC activities
MSF in Vaishali continues its effort to reach out to communities through IEC activities aimed at achieving measurable, beneficial health-related behaviour changes amongst the beneficiaries.

Apart from regular IEC activities, MSF has organised several informal information/education sessions in the form of Nukkad Natak and Kala Azar focussed photo exhibitions at Patna, Hajipur and Muzaffarpur railway stations in 2012.

In March, MSF launched a `travelling photo exhibition´ to spread awareness about Kala Azar by putting up week-long stalls in the central railway stations in six districts of Bihar (Patna, Vaishali, Saran, Muzaffarpur, Darbhanga, Samastipur) of which, the last 5 are Kala Azar endemic districts. MSF also actively participated in health camps organized during Bihar Health Minister´s Swasth Chetna Yatra (Health Awareness Journey) in Kala Azar endemic districts in Bihar.

Alliance Against Kala Azar gains momentum
Kala Azar Ke Virudh Sangathan - an alliance that focuses on bringing together people from all segments of society to raise awareness about Kala Azar was launched by MSF in early 2012 with the full support of the Health Minister of Bihar. Various media tools, including the Facebook page, are being used to promote the aims and objectives of the Alliance.

Fighting Neglect
In its ongoing effort to generate awareness about neglected diseases, MSF published a report titled Fighting Neglect in 2012. The report focuses on three life-threatening neglected tropical diseases (NTDs): Kala Azar (or Visceral Leishmaaniasis), sleeping sickness (or Human African Trypanosomiasis), which are both always fatal if left untreated; and Chagas Disease, which can lead to fatal complications. The report is available for download at: http://www.msfaccess.org/content/fighting-neglect

Project Highlights

More than 10,000 patients treated by 20mg/Kg L-AmB
98% success rate of treatment with 20mg/Kg L-AmB

March 15 inaugurated as Kala Azar Day
Médecins Sans Frontières/Doctors without Borders (MSF) in Mon, Nagaland

Médecins Sans Frontières/Doctors without Borders (MSF) has been supporting the District Hospital in Mon, Nagaland, since 2010. MSF is improving all medical and surgical activities with focus on sexual reproductive health, TB and drug-resistant TB treatment along with capacity building of hospital staff at various levels.

Mon is a remote district of Nagaland and is amongst the districts with worst health indicators in India. Additionally, presence of specific neglected diseases such as Paragonimiasis, Onchosercosis and Scrub Typhus shows a profile of heavily under served tribal community in this tropical area.

MSF has significantly invested in upgrading key areas of the district hospital and has improved pharmacy management, laboratory, infection control measures and Water and Sanitation facilities. MSF has also set up a waste management facility which is seen as a potentially replicable model for district hospitals in the state.

Before MSF’s intervention the district hospital was functioning minimally. Access to healthcare for local communities is significantly better since the hospital has been upgraded with improved management.

Programme Updates

Outpatient Consultations and Inpatient admissions

With the objective of providing quality health care to people of Mon, the hospital carried out 30,031 consultations in 2012 which includes emergency response and sexual and reproductive health (SRH) consultations. The hospital also had 1833 inpatient admissions and treated 65 cases of scrub typhus.

With focus on SRH hygiene, tuberculosis and immunization, several health promotion activities are carried out in the hospital premises. A special corner for children has been created in the waiting area, and all visual signages have been upgraded.

Obstetrics and Gynecology services

There has been a marked improvement in obstetrics and gynecology services in the District hospital since MSF’s intervention. The hospital had 2795 Ante natal care visits, 673 deliveries and 59 C-sections in 2012.
Surgical Interventions
An operation theatre was opened in 2012 which is the only functional OT in the region. The hospital carried out 630 surgical interventions of which 60% were minor while 40% were major surgeries. The hospital also has facility for blood transfusions – perhaps the only hospital with this facility amongst the poor performing district of Nagaland.

Treatment of sensitive and drug-resistant TB
In collaboration with Revised National Tuberculosis Control Programme, MSF has been providing treatment for sensitive and drug-resistant Tuberculosis. As many as 186 patients are undergoing treatment for sensitive TB and eight patients out of 16 diagnosed are currently on drug-resistant Tuberculosis treatment.
Médecins Sans Frontières/Doctors without Borders (MSF) in Assam

Médecins Sans Frontières/Doctor without Borders (MSF) distributed more than 6000 Non Food Items (NFI) kits to communities impacted by violent clashes in Assam. Riots between two communities were first reported in July 2012 and soon flared into a major humanitarian crisis which left more than 90 people dead and over 4,00,000 displaced for months. The displaced population took shelter in schools, colleges and public buildings. Relief items, including food, were mainly provided by various government agencies, especially the provision of medical services from the Ministry of Health to the displaced population was commendable.

After monitoring the situation on the ground and assessing unmet humanitarian needs, MSF assisted the affected population. In Gossaigaon sub division of Kokrajhar district, which was worst affected by the violence, 6000 kits for shelter, kitchen and hygiene items were distributed.
Assam

Project Highlights

90
Number of people killed in violent clashes

6000
Number of NFI kits distributed by MSF
MSF in India
C-106, Defence Colony, New Delhi - 110024, India
Tel: +91-11-24332419/7225
E-mail: india@oca.msf.org    Web: www.msfindia.in