

MSF INDIA ACTIVITY REPORT 2016



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



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MSF: AN INTRODUCTION

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 65 countries. MSF offers assistance to people based on need, and irrespective of race, religion, gender or political affiliation.

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MÉDECINS SANS FRONTIÈRES CHARTER



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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:

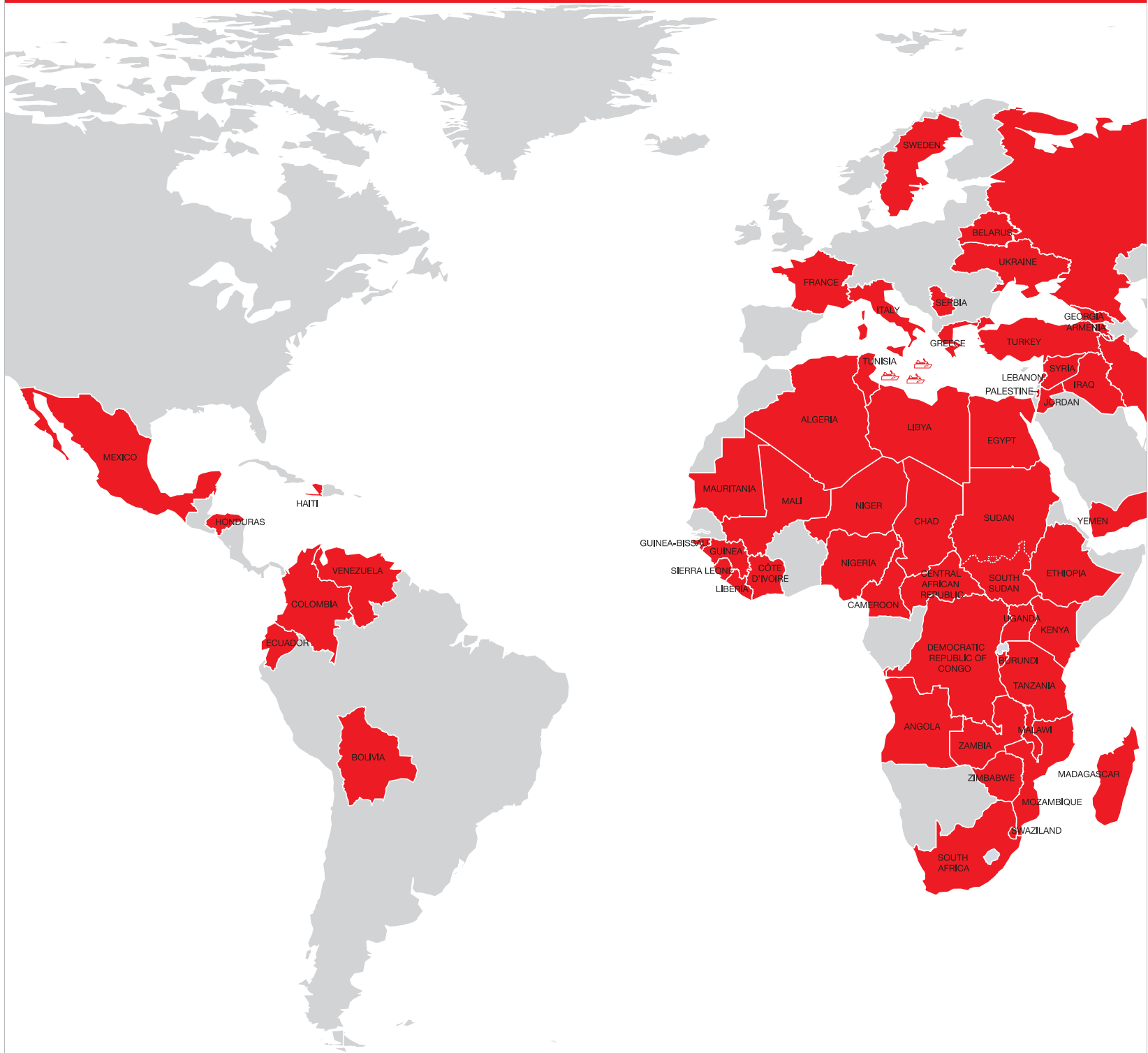
Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters, and to victims of armed conflict. They do so irrespective of race, religion, creed, gender or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford.

MSF PROGRAMMES AROUND THE WORLD



Countries in which MSF only carried out assessments in 2016 do not feature on this map.



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

MSF IN INDIA



MSF has worked in India since 1999, providing free-of-charge essential healthcare to people in remote areas, and specialist care for people affected by HIV/AIDS, hepatitis C, malnutrition, antibiotic resistance, tuberculosis, kala azar and sexual and gender-based violence. We also respond to natural disasters and other emergencies, provide mental healthcare, and advocate for the development of more effective and affordable medicines to improve access to medical treatment for people everywhere.

We currently run projects in the states of Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Jammu and Kashmir, Jharkhand, Maharashtra, Manipur, Telangana, Uttar Pradesh and West Bengal.

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

MSF PROJECTS IN 2016-17



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

TIMELINE

1996

- Government of India awards MSF the Indira Gandhi Prize for Peace, Disarmament and Development

1999

- MSF establishes an office in India
- MSF receives the Nobel Peace Prize and a letter of appreciation from the President of India
- MSF provides technical support to the revised National TB programme in scaling up diagnostic services in southern Mumbai
- MSF responds to cyclone in Odisha

2001

- MSF assists the victims of the earthquake in Gujarat
- MSF begins a basic and mental healthcare programme
- MSF receives approval from the Union Home Ministry and state authorities to implement a malaria project in Assam

2004

- MSF receives approval from the National Vector Borne Disease Control Programme and the Manipur state government to implement malaria control activities in Manipur
- MSF responds to tsunami in Tamil Nadu
- MSF responds to floods in Khagaria district, Bihar

2005

- MSF's Access Campaign sets up office in India
- MSF signs a memorandum of understanding (MoU) with the Manipur AIDS Control Society to implement an HIV treatment programme

- MSF provides emergency medical care in the wake of floods in Mumbai and Kurla
- MSF assists 14,000 people displaced by ethnic clashes in Karbi Anglong district, Assam
- MSF assists 25,000 individuals and distributes 2,500 shelter kits following an earthquake in Jammu and Kashmir

2006

- MSF receives approval from authorities in Dantewada, Chhattisgarh, to support displaced population
- MSF starts HIV/AIDS treatment programme in Mumbai

2007

- MSF signs an MoU with the Bihar State Health Society to implement a kala azar treatment project
- MSF starts medical activities in Andhra Pradesh for people on the Chhattisgarh border affected by the conflict
- MSF responds to floods in Darbhanga district, Bihar
- MSF hands over its malaria project in Assam to the Ministry of Health and advocates for change in the malaria treatment protocol to artemisinin-based combination therapy (ACT)

2008

- MSF receives a certificate of recognition from Vaishali district authorities in Bihar for kala azar treatment
- MSF responds to floods in Bihar and Odisha
- MSF gets approval from district and state authorities in Darbhanga district, Bihar, to begin a medical treatment programme for children aged 6 to 59 months suffering from severe acute malnutrition (SAM)

2009

- MSF responds to floods in Andhra Pradesh, and Cyclone Aila in West Bengal, and assists the Government of India in fighting a meningitis outbreak in Meghalaya and Tripura
- MSF shifts operational activities in Chhattisgarh from Dantewada to Bijapur district, and inaugurates the Mother and Child Health Centre (MCHC) in Bijapur town
- MSF begins treatment of drug-resistant tuberculosis (DR-TB) in Mumbai and Manipur

2010

- MSF signs a three-year MoU with the Nagaland government to manage the government district hospital in Mon, providing primary and secondary care
- MSF distributes non-food item (NFI) kits, and provides mental health support for victims of flash floods in Leh, Ladakh

2011

- MSF hands over its basic healthcare programme in Manipur to the Ministry of Health

2012

- MSF begins treatment of HIV and drug-resistant TB co-infection in Moreh, Manipur
- MSF distributes NFI kits to people displaced by violence in Assam
- MSF launches partnership with Drugs for Neglected Diseases Initiative (DNDI) in its kala azar programme, Vaishali, Bihar
- MSF's Community Management of Acute Malnutrition (CMAM) programme in Darbhanga surpasses 10,000 children treated, and expands after recognition from the state government
- As a result of MSF's advocacy efforts, the Bihar State Health Minister declares March 15 as Kala Azar Day
- MSF consolidates its presence in India by opening an institutional office in New Delhi to support MSF's field activities through recruitment of volunteers, collection of funds and raising awareness in the country
- MSF hands over its basic healthcare programme in Jammu and Kashmir to the Ministry of Health

2013

- MSF begins surgical activities and opens a new TB ward in Mon Hospital, Nagaland
- MSF begins treatment of hepatitis C and seronegative DR-TB in Mumbai
- MSF receives the Rotary Club of India award and Governor's Gold Medal for its work in Nagaland

2014

- MSF hands over its project in Mon, Nagaland, to the Ministry of Health
- MSF receives the Governor's Gold Medal for its work in Nagaland for the second consecutive year
- MSF responds to the malaria epidemic in Tripura
- MSF conducts an assessment for a project on sexual and gender-based violence in Delhi

2015

- MSF India supports earthquake emergency response in Nepal
- MSF opens a treatment centre for survivors of sexual and gender-based violence in Jahangirpuri, Delhi
- MSF conducts a mental health survey in 10 districts of Jammu and Kashmir
- MSF hands over its malnutrition and primary kala azar treatment projects in Darbhanga and Vaishali to Bihar state health authorities
- MSF opens a new project to treat febrile illnesses in Asansol, West Bengal

2016

- MSF responds to a fire in Hanuman Nagar Block of Darbhanga district in Bihar and distributes NFI kits to 960 beneficiaries
- MSF together with RNTCP and Municipal Corporation of Greater Mumbai inaugurates a new outpatient department at MMM Shatabdi Hospital in M/East Ward to tackle drug-resistant TB in the city
- MSF releases the results of mental health survey conducted in 10 districts of Jammu and Kashmir



ANDHRA PRADESH, CHHATTISGARH AND TELANGANA

Ensuring access to healthcare for those who need it most

The longstanding low-intensity conflict in Andhra Pradesh, Chhattisgarh and Telangana has left a large part of the population in this area with limited or no access to healthcare. Doctors Without Borders/Médecins Sans Frontières (MSF) started working in Chhattisgarh in 2006 by addressing the medical needs of the displaced population and is currently one of the very few healthcare providers in the area.



MSF conducts mobile clinics to provide free primary healthcare services to people in remote areas. This includes reproductive care, immunisation, treatment for TB, malaria, skin diseases, diarrhoea, bacterial infections, and gastritis among others. A small team comprising doctors, translators, drug dispensers, nurses, assistants and other support staff carry medical equipment including malaria kits, medication, mosquito nets, lab tests, weighing scales etc. to address the medical needs of the population. MSF also collaborates with the local population by training community health workers to assist in reaching out to villagers and encouraging them to seek care. In 2016, MSF conducted 21 mobile clinics per week at 17 different locations. Till June 2017, MSF ran a 15-bed Mother and Child Health Centre (MCHC) in Bijapur, Chhattisgarh, where medical staff provided outpatient care for mothers and children, delivered antenatal and postnatal care, and treated TB.

MALARIA

Malaria remains a major health concern in remote areas due to lack of awareness about the disease and unavailability of treatment. In 2016, MSF treated 9,174 malaria patients. People suffering from severe malaria were either treated at in-patient facilities in Bijapur or referred to secondary health facilities. To promote prevention, MSF health promoters conducted awareness sessions and also distributed insecticide-treated mosquito nets, especially to pregnant women and malnourished children.

REPRODUCTIVE HEALTH

In 2016, 309 babies were delivered and 5,419 antenatal consultations were conducted at the MSF-run MCHC. MSF was also instrumental in supporting many caesarean section deliveries at the Bijapur District Hospital.

MSF conducts ante-natal and post-natal consultations at the mobile clinics to provide family planning options if requested, and also promotes safe deliveries. The mobile clinics offer a separate area for women to address special needs in reproductive health, where group and individual sessions are conducted on topics such as hygiene, care of newborns and sexually transmitted infections.

HEALTH EDUCATION

The MSF health education team plays an active role in promoting a healthy lifestyle educating individuals and groups about common diseases, prevention and treatment, including services provided by MSF. They conduct group and individual sessions at the MCHC and mobile clinics on a variety of topics, including malnutrition, malaria, immunisation, skin disease, diarrhoea, hygiene, tuberculosis and reproductive health. The health educators also make weekly visits to schools in Bijapur town to educate young students about common childhood diseases and to raise awareness of the services that MSF provides.

TUBERCULOSIS

In 2016, 173 patients started TB treatment at the MCHC and in mobile clinics. In order to ensure patients continue treatment without interruption, MSF has had to find ways to overcome barriers such as lack of access to remote areas and poor patient literacy. Patients in the community who suffer from severe TB are offered assistance through referrals to secondary health facilities.

IMMUNISATION

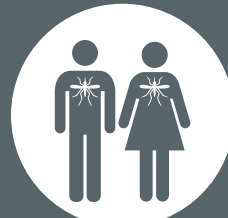
In 2016, MSF provided 5,490 vaccinations against TB, hepatitis B, DTP, polio, measles, and tetanus in line with the Ministry of Health immunisation programme.

Project Highlights:

50,057 outpatient consultations



9,174 malaria cases treated



7,037 antenatal consultations



1,348 patients admitted in the IPD at MCHC



309 deliveries



173 new admissions to tuberculosis 1st line treatment



©MSF



BIHAR

Treating kala azar–HIV co-infection

Kala azar or visceral leishmaniasis (VL) is a neglected tropical disease transmitted through the bite of a sand fly. The disease is prevalent in impoverished rural agricultural settings with mud walls, earthen floors and where cattle and livestock live in close proximity to humans. While India accounts for 50 per cent of the global burden of kala azar, Bihar alone has 80 per cent of the cases found in India. With a large part of the population living with HIV, kala azar–HIV co-infection is an emerging health issue in Bihar, affecting the most vulnerable sections of the society. Doctors Without Borders/Médecins Sans Frontières (MSF) started providing free diagnosis and treatment to people suffering from kala azar in the Vaishali district of Bihar in 2007. After a successful handover of its primary kala azar project to the Government in 2015, MSF began focusing on the treatment of kala azar-HIV co-infection in partnership with the Rajendra Memorial Research Institute of Medical Sciences in Patna in 2016.



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Kala azar is almost always fatal, if left untreated. Patients co-infected with HIV are at a greater risk of death as both diseases reinforce each other and weaken the immune system of those infected. Studies show that people living with HIV are over 400 times more likely to develop kala azar, and that kala azar accelerates HIV progression to end-stage disease. The treatment for co-infection is different from kala azar alone as relapse of kala azar tends to be a rule rather than an exception in co-infected patients. Testing and diagnosis of this disease becomes a public health challenge in a low-income setting like India where there is a lack of awareness about the disease, poor referrals, and stigma around HIV.

Since 2007, MSF has treated over 13,000 kala azar patients with support from the Government of Bihar. One of the key achievements of this project was the introduction of a first-line treatment using a single

dose of Liposomal Amphotericin B (LAmB) in the national policy. With support from MSF, patients suffering from kala azar from endemic states have been treated in government facilities in Bihar over the last 2 years. However, kala azar cannot be completely eliminated without adequately addressing kala azar–HIV co-infection.

After a successful handover of its primary kala azar project to the Government in 2015, MSF began focusing on the treatment of kala azar–HIV co-infection in partnership with the Rajendra Memorial Research Institute of Medical Sciences in Patna. There remains a substantial amount of work to be done for the patients, ranging from ensuring that all kala azar patients are offered HIV testing, to supporting a multidisciplinary approach to their care. MSF has treated 421 kala azar–HIV co-infected cases since 2007, 80 of which were in 2016 alone.

Project Highlights:

2007-2016: 38,875 patients screened



2007-2016: 13,114 patients treated for kala azar



2007-2016: 421 kala azar–HIV co-infected patients treated till now



2016: 80 kala azar–HIV co-infected patients treated





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DELHI

Treating survivors of sexual and gender-based violence

Acknowledging a responsibility to respond to the medical needs of people affected by sexual violence, Doctors Without Borders/Médecins Sans Frontières (MSF) inaugurated the Umeed Ki Kiran clinic in November 2015. Since then, the clinic has been providing free, appropriate and timely medical and psychological care to survivors of sexual and gender-based violence besides raising awareness about the immediate need for treatment.



The clinic remains open 24 hours a day, 7 days a week, and all services are offered free of cost in a friendly and confidential environment by a team of trained and qualified doctors, nurses and counsellors.

In line with the national protocol, MSF provides quality treatment (treatment of injuries, prevention of HIV/AIDS, unwanted pregnancy, sexually transmitted diseases) to survivors of sexual violence, rape, domestic violence throughout the year. In addition, our counsellors offer psychosocial support to reduce the risk of psychological complications which can occur as a result of violence. Referrals for access to other services such as shelters, legal and child welfare etc. are also arranged by MSF.

RAISING AWARENESS

For victims and survivors to seek timely and quality treatment, it is important that sexual violence is seen as a medical emergency. Raising awareness in the community on the medical and psychological consequences of sexual violence is central to this project. A team of MSF health educators regularly organises various events and activities in the community to achieve this.

In March 2016, a community room was opened in the heart of Jahangirpuri to provide an informal and comfortable setting to gather and hold discussions with groups of men, women and youth on various issues such as domestic violence, sexual assault and child abuse. This was done through engaging activities like

role plays and interactive games presenting them with everyday situations citing problems and encouraging solutions. Street plays, psycho-education sessions and puppet shows were performed throughout the year at various locations in and around Jahangirpuri. The team also addressed these serious issues by illustrating them through relatable stories and presenting them to the community through flipcharts.

Sexual and gender-based violence is an issue that is considered taboo in various communities, leaving survivors stigmatised and unable to discuss their experiences. This further deters survivors from seeking much-needed medical and psychological attention.

MSF's medical team also trained

164 accredited social health activists (ASHAs) in identifying signs and symptoms of gender-based violence. As trusted community health workers who serve as an important link between the healthcare system and local populations, they were also trained in talking to survivors in an appropriate way, thereby increasing their ability to help survivors seek medical care.

MSF also participated in the 16 Days of Activism against Gender-Based Violence Campaign by UN Women, which began on 25 November (the International Day for the Elimination of Violence against Women). Interactive games, puppet show, poster making competition and other activities were conducted with women from the community as part of this initiative.

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JAMMU AND KASHMIR

Providing mental healthcare

Jammu and Kashmir has been afflicted by years of conflict. Doctors Without Borders/Médecins Sans Frontières (MSF) has been providing free, high quality counselling to those affected in the valley since 2001. Understanding mental health is essential in overcoming the stigma and lack of resources associated with the mental health situation in Kashmir. MSF has hence also been raising awareness on the importance of mental health and the need for availability of mental health services in the valley.



In early 2016, MSF continued its counselling services and psychological education sessions in sub-district hospitals in Sopore and Pattan; district hospitals in Pulwama, Bandipora, Baramulla; and SKIMS Soura and JLNH Hospital in Srinagar. Professionals and general public were informed about different mental health issues, how to manage stress, and the benefits of psychological first aid. MSF conducted 3,278 individual counselling sessions in 2016.

In the immediate aftermath of the outbreak of violence in July 2016, MSF teams re-established regular contact with various medical facilities to determine their medical needs. MSF teams provided psychological first aid to support and enhance coping mechanisms of victims of trauma at these facilities. In addition, MSF donated more than two tonnes of medical materials, including external fixators, to other health facilities.

MENTAL HEALTH SURVEY IN KASHMIR

MSF conducted a comprehensive mental health survey in collaboration with the Department of Psychology, Kashmir University, and the Institute of Mental Health and Neuroscience (IMHANS) between October and December 2015. The Kashmir Mental Health Survey (KMHS) report provides a summary of the results of the first mental health survey conducted in all 10 districts of the Kashmir Valley. The main objective of the KMHS was to estimate prevalence of mental health-related conditions, specifically depression, anxiety and post-traumatic stress disorder (PTSD) symptoms in Kashmir, and to determine the accessibility to mental health services.

The survey found significant symptoms of mental distress in 45 per cent of adults, with 41 per cent of people exhibiting symptoms of depression, 26 per cent showing symptoms of anxiety and 19 per cent showing symptoms of post-traumatic stress.

On 11 May 2016, an expert group of key Kashmiri stakeholders took part in a round-table conference to formulate recommendations deemed necessary to effectively respond to the mental health situation as outlined in the KMHS 2015. The survey report highlights the need to develop a comprehensive and integrated decentralised prevention, care and treatment program in the Kashmir Valley, tailoring services to address the specific socio-cultural understanding of mental illness. The recommendations of this report are the result of contributions from various stakeholders working on mental health in the Kashmir Valley who unanimously agreed that mental health services across the valley should be decentralised. The recommendations listed in the report call for expansion of mental healthcare services and increased sensitisation in the community for prevention and care of mental distress. The full report is available for download on:

<https://www.msfindia.in/our-publications>

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Project Highlights:

3,278 individual counselling sessions conducted





MUMBAI

Providing comprehensive care for HIV, DR-TB and Hepatitis

Doctors Without Borders/Médecins Sans Frontières (MSF) has been present in Mumbai since 1999, initially providing technical assistance to scale up TB diagnostic capacity in southern Mumbai. Currently MSF has four projects in Mumbai and works in collaboration with the Revised National Tuberculosis Control Programme (RNTCP), Mumbai District AIDS Control Society (MDACS) and the Municipal Corporation of Greater Mumbai (MCGM) to reduce morbidity and mortality of TB and HIV by providing access to free, quality medical and psychosocial care.

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MSF INDEPENDENT CLINIC: COMPREHENSIVE CARE FOR DR-TB AND HIV

Since 2006, MSF has been running an independent clinic in Mumbai. The facility provides ambulatory medical and psychosocial care for patients with drug-resistant tuberculosis (DR-TB), who require treatment regimens which are not available in the public sector. MSF treats patients with very complex TB resistance patterns (meaning their TB strain is resistant to many or nearly all available TB drugs) and the most resistant forms of HIV, including those co-infected with hepatitis B and C.

M/EAST WARD: WORKING IN COLLABORATION WITH RNTCP/MCGM

In October 2015, MSF signed an agreement with the Municipal Corporation of Greater Mumbai (MCGM) and the Revised National Tuberculosis Control Programme (RNTCP) to start a collaborative and innovative DR-TB project to reduce transmission, morbidity and mortality of TB and DR-TB in the M/East ward (one of the highest burden areas) in Mumbai. This led to the inauguration, in June 2016, of a dedicated TB outpatient department (OPD) at MMM Shatabdi hospital (Govandi). The new OPD consists of four container units comprising

consultation rooms, counselling rooms and a microscopy lab. It is situated on a separate site within the hospital and provides optimal conditions for infection control. Medical activities in the new OPD and in 15 health posts in the community include early case detection, diagnosis of TB and DR-TB, as well as access to treatment regimens guided by drug-sensitivity testing.

GROUP OF TB (GTB) HOSPITALS, SEWRI

A small team of MSF counsellors provides psychosocial support to both inpatients and outpatients in the hospital setting. The team also conducts health education

sessions for the patients, and works with hospital staff to implement airborne infection control policies.

KING EDWARD MEMORIAL (KEM) HOSPITAL

In May 2016, MSF signed an agreement with the Mumbai District AIDS Control Society (MDACS) and MCGM to support the implementation of routine viral load testing and systematic screening of TB signs and symptoms for HIV patients at the KEM hospital. This will help in detecting adherence and treatment failures, allowing for a switch to a second-line regimen in time, if needed.

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Project Highlights:

74 patients on DR-TB treatment



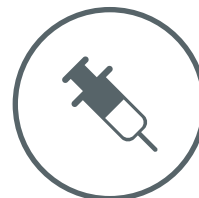
8 patients on 1st line ARV



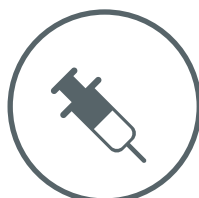
6 patients on alternative 1st line ARVs



54 patients on 2nd line ARVs



6 patients on alternative 2nd line ARVs



57 patients on 3rd line ARV



5 patients on HIV/DR-TB treatment



6 patients on HIV/hep B treatment



5 patients on HIV/hep C treatment



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MANIPUR

Delivering Specialist Care For HIV, TB And Hepatitis C

In 2005, Doctors Without Borders/Médecins Sans Frontières (MSF) started a primary healthcare programme in Manipur. With the growing need to treat HIV and TB in the state, MSF started providing specialised care for patients in 2005 and 2007 respectively. In 2011, MSF handed over its primary healthcare programme to the Ministry of Health and focused on more complex HIV, TB, drug-resistant TB (DR-TB) cases requiring second and third-line drugs for those co-infected. Due to high prevalence of hepatitis C (HCV) / HIV co-infection, MSF started screening, diagnosing and treating hepatitis C in 2015. Currently, MSF runs medical activities at its clinics located in Churachandpur, Chakpikarong and Moreh (on the Indo-Myanmar border).



In 2016, MSF continued to provide antiretroviral (ARV) therapy to people living with HIV and initiated 294 new patients on ARVs. Additionally, MSF teams provided psychosocial support to help patients cope with the stigma associated with HIV. MSF teams also worked on raising public awareness on HIV/AIDS in order to reduce stigmatisation of people living with HIV.

MSF also diagnosed and treated patients with DR-TB (MDR-TB and XDR-TB). The treatment for DR-TB takes up to two years and causes significant side effects, making it difficult for patients to adhere to their treatment regimen. MSF's counsellors provided pre and post-test adherence counselling to ensure a successful outcome for patients.

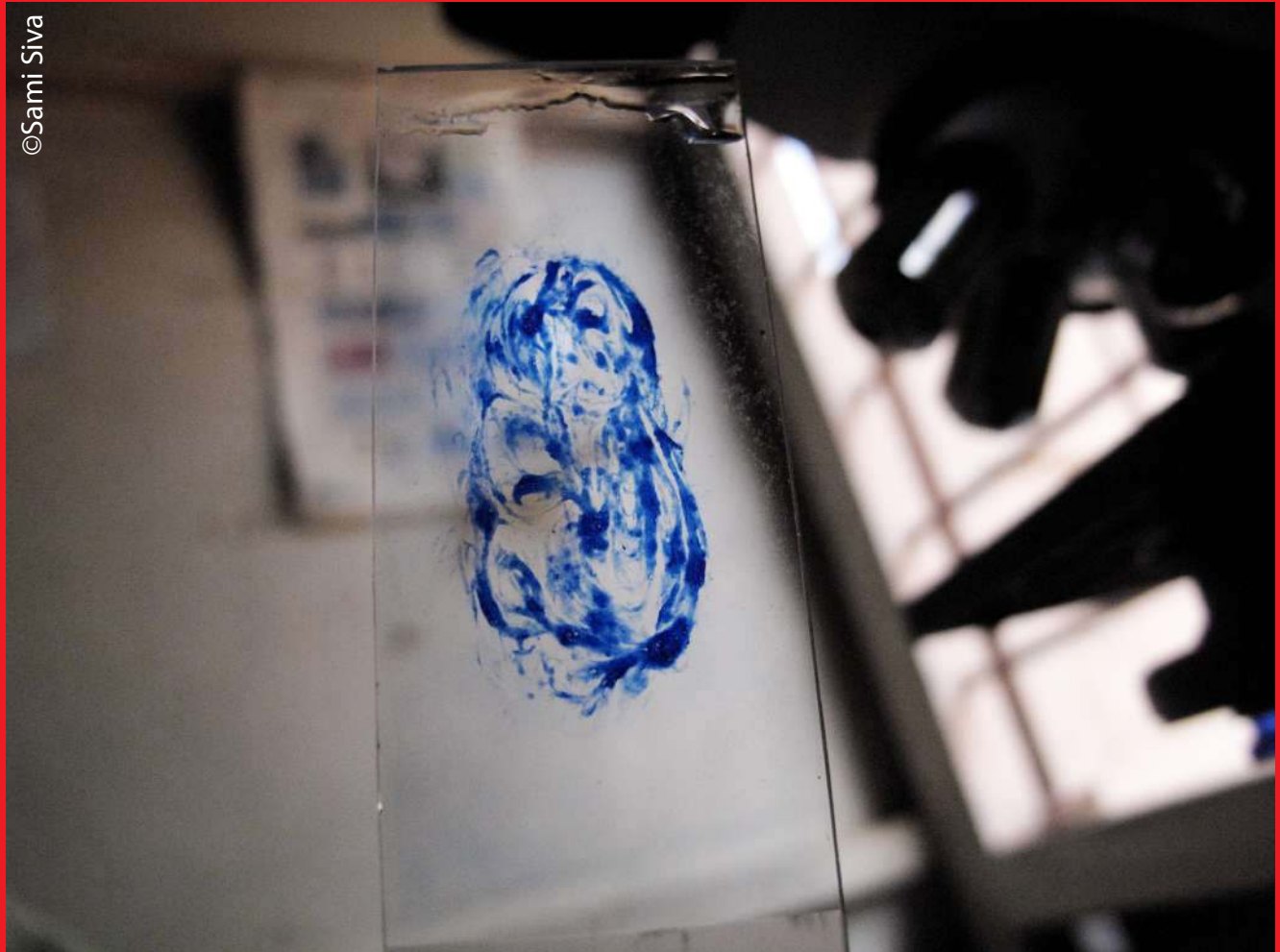
MSF teams continued to create awareness within the community and among local

health professionals on the public health implications of TB and the need to get tested and treated. Additionally, MSF continued to support the DR-TB ward in the district hospital of Churachandpur.

MSF has been working in collaboration with a local NGO in Churachandpur since 2014. At this NGO, intravenous drug users (IVDUs - people who inject drugs) are offered primary healthcare. They are also provided with information and means of harm reduction through needle exchange and oral substitute (OST) services. MSF now supports a female-friendly space for women who might need to avail these services.

In 2015, MSF began providing treatment for hepatitis C (HCV). MSF screened 568 people with HIV for HCV and initiated 73 on treatment in 2016.

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Project Highlights:

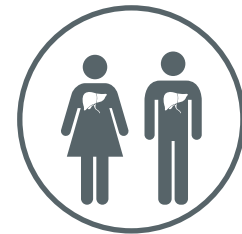
294 patients started ARV treatment



568 HIV patients screened for hepatitis C



149 patients started hepatitis C treatment



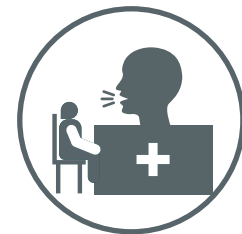
240 patients treated for drug-sensitive TB



25 patients started DR-TB treatment



8,498 counselling sessions conducted





WEST BENGAL

Treating febrile illnesses

West Bengal has been affected by many infectious disease outbreaks including malaria, dengue, chikungunya and Japanese encephalitis in the recent years. Over 600 urban slums concentrated in a very small geographical area, poor diagnostic and case detection capability for dengue and other fevers, and the lack of upward referral options for complicated cases have all made the migrant and floating population in Asansol very vulnerable. In collaboration with the Government of West Bengal, Doctors Without Borders/Médecins Sans Frontières (MSF) initiated a project on febrile illnesses in the Asansol district of Burdwan, West Bengal, in late 2015.



©MSF

This project aimed at improving access to diagnosis and treatment of acute undifferentiated fevers and various infectious diseases including scrub typhus, typhoid, malaria and leptospirosis with a focus on dengue in both children and adults. In 2016, MSF supported medical activities by screening, diagnosing and treating the undiagnosed fevers presenting at the outpatient departments of the Asansol District Hospital and surrounding primary health centres including Barakar, Raniganj and Ward 24.

In 2016, 101,519 patients were screened, of which 11,374 cases of acute fever and 1,425 cases of acute undifferentiated fever were identified and treated. MSF also served as a referent laboratory in the district for confirmation of dengue cases. Cases of scrub typhus were reported for the first time in the district by the project.

In 2017, the project refined its aim towards improving community diagnosis and management of paediatric respiratory tract infections (RTIs), incorporating elements of antibiotic stewardship and exploring the use of innovative tools and technologies to help differentiate pneumonias from other causes of RTIs. Due to the emergence of antibiotic resistance as a pressing global health problem, especially in India, the project will also start exploring ways to help healthcare providers in the district to ensure rational prescription of antibiotics. In order to raise awareness on this issue among researchers and medical practitioners, MSF organised a conference during the World Antibiotic Awareness Week (from November 14 to November 20) in collaboration with the Calcutta School of Tropical Medicine. There are also ongoing awareness activities in primary health centres in Asansol district in the form of individual counselling, quizzes and distribution of leaflets with information on the rational use of antibiotics.

Project Highlights:

101,519 patients
screened



11,374 cases of
acute fever treated



1,425 cases of acute undifferentiated
fever tested and treated



EMERGENCY RESPONSE

Fire in Darbhanga district

In April 2016, over 1,000 houses were gutted after a major fire broke out in the Hanuman Nagar block of Bihar's Darbhanga district. The fire started in a house and spread due to a strong westerly breeze, affecting six villages within a radius of four kilometres. The casualties reported included two persons and few livestock.

A rapid assessment by the MSF team indicated that while there were no medical needs, there was a requirement for non-food items (NFIs). The team hence distributed NFI kits including shelter kits, jerry cans, mosquito nets and kitchen utensils to 960 beneficiaries.





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