



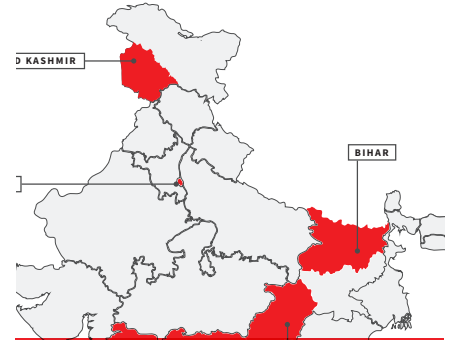
# MSF INDIA ACTIVITY REPORT 2025

# CONTENTS



02

MSF PROGRAMMES  
AROUND THE WORLD



04

MSF IN INDIA



06

BIHAR



08

CHHATTISGARH

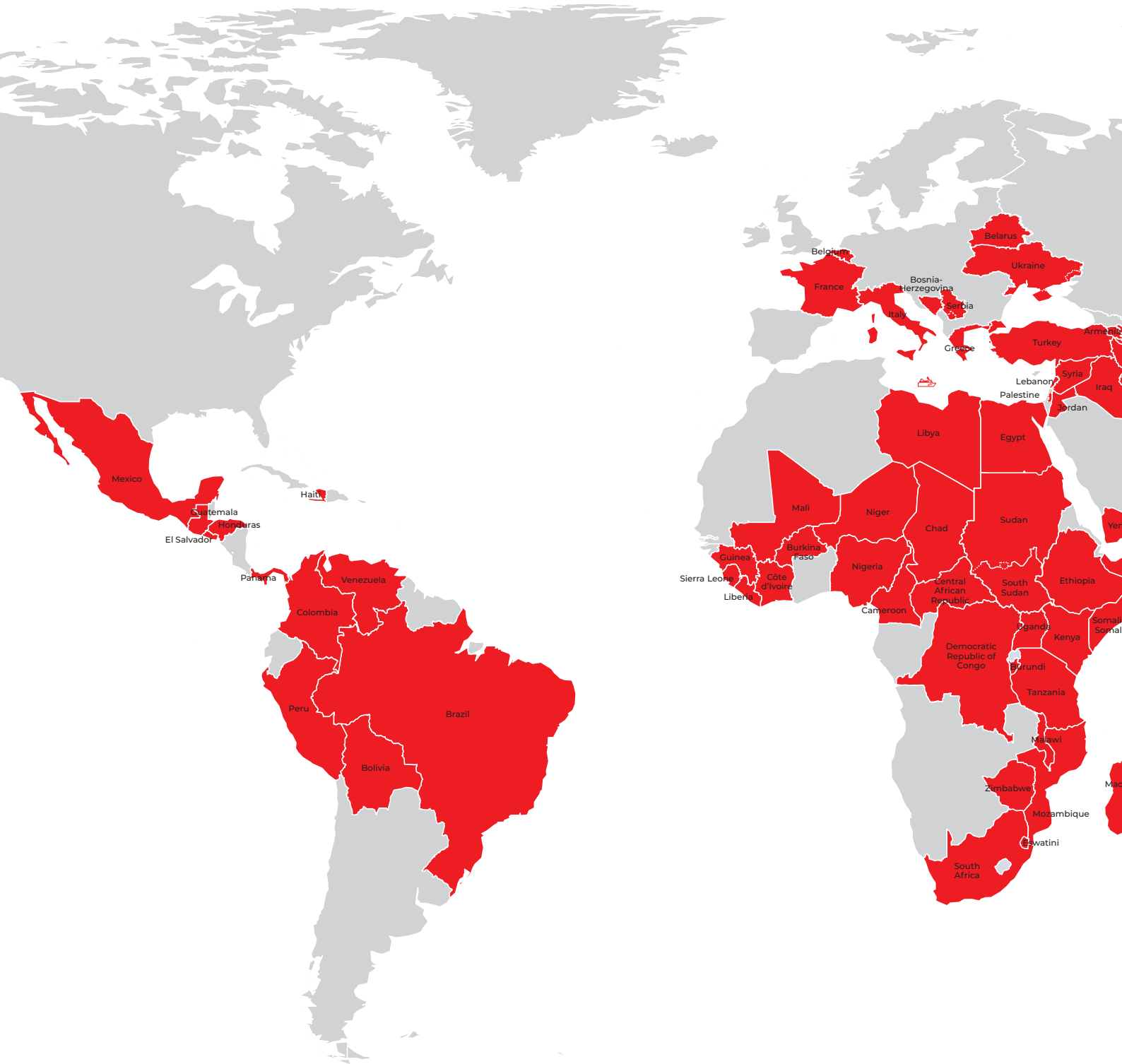


10

JAMMU &  
KASHMIR



# MSF PROGRAMMES AROUND THE WORLD

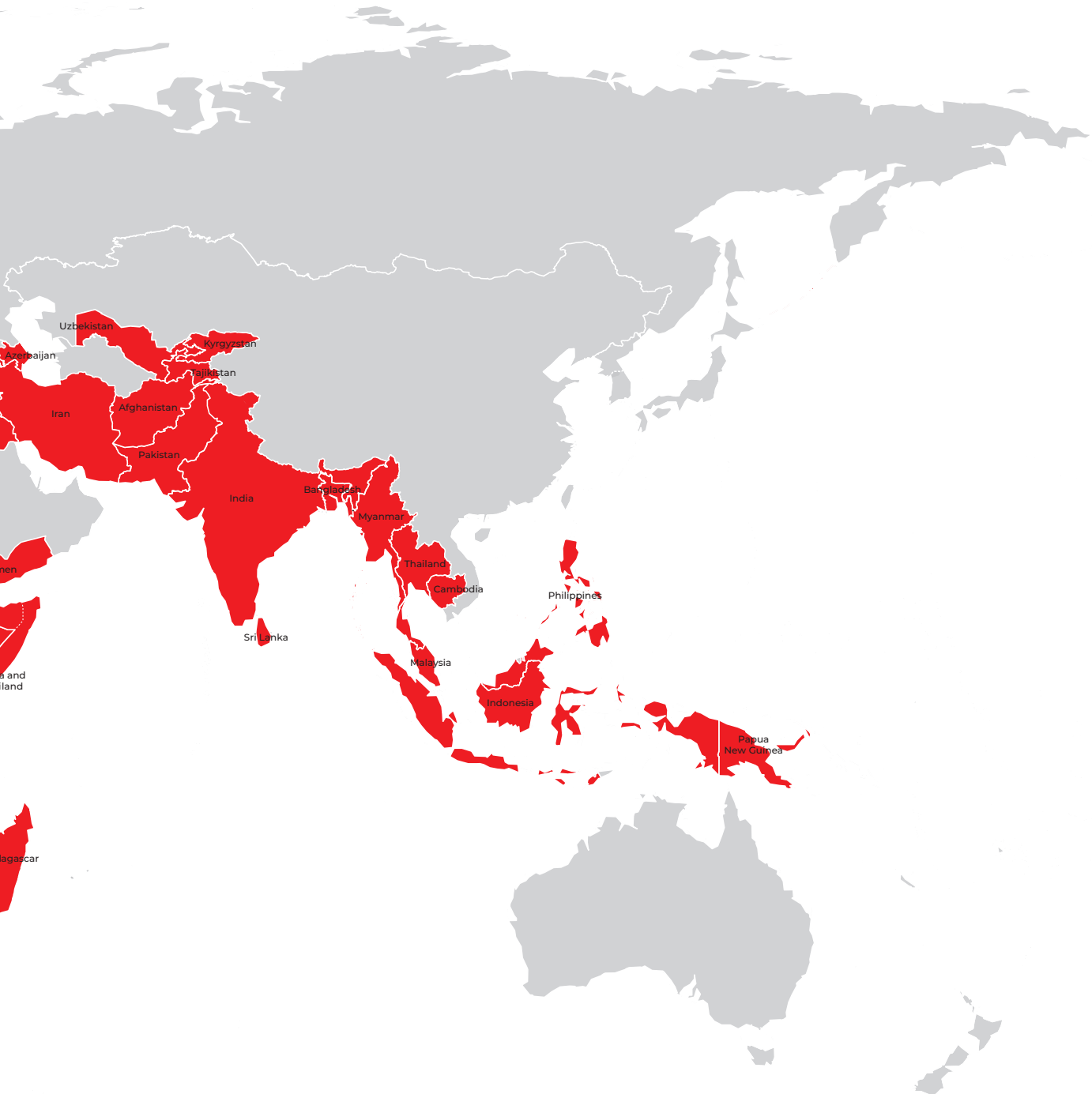




Médecins Sans Frontières/Doctors Without Borders (MSF) is an international, independent, medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare in more than 70 countries. MSF offers assistance to people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

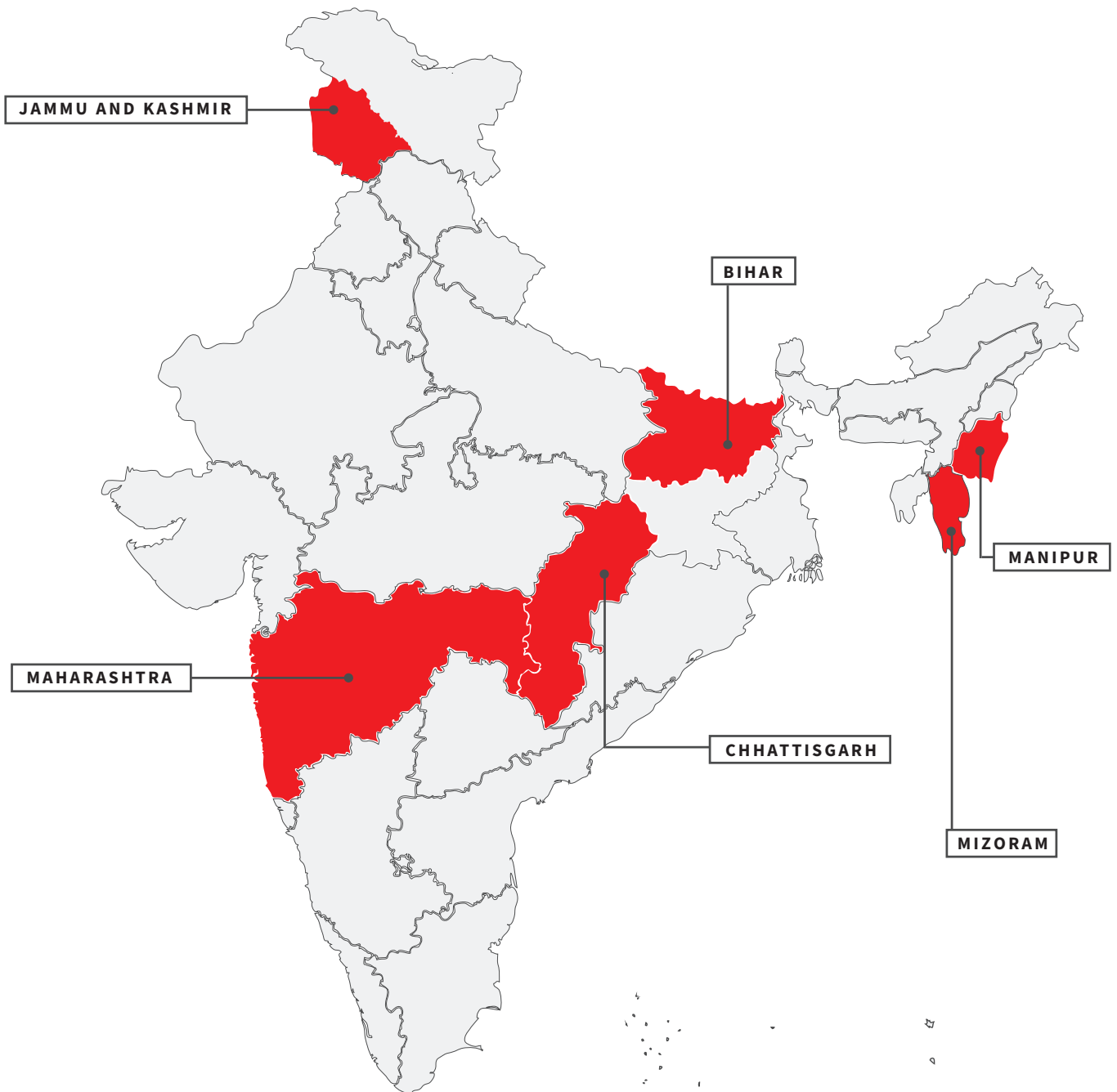
MSF has worked in India since 1999. Our teams currently run medical projects in Bihar, Chhattisgarh, Jammu & Kashmir, Manipur, Maharashtra and Mizoram. We also advocate for the development of more effective and affordable medicines to improve access to treatment globally.

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



Countries/regions in which MSF only carried out assessments or small-scale cross-border activities in 2025 do not feature on this map.

# MSF IN INDIA



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



# INDIA ACTIVITY HIGHLIGHTS 2025



**40,936**

Total consultations held



**2,542**

Antenatal care consultations



**877**

Advanced HIV  
inpatient admissions



**10,853**

Patients treated  
for malaria



**521**

Mobile clinics conducted



**10,725**

Mental health counselling  
sessions provided



**20,881**

Psycho-educational sessions  
conducted at community level



**3,320**

Health promotion  
sessions conducted



**1,500+**

Healthcare workers trained



© Deepak Bhatia



## ADVANCE HIV PROJECT, BIHAR

**The issue:** People Living with HIV (PLHIV) in Bihar face several interconnected medical, social, and structural challenges that affect their health, dignity, and access to services. One of the most significant issues is stigma and discrimination, both within communities and sometimes in healthcare settings, which often delays timely testing and treatment. Many people living with HIV (PLHIV) come from economically vulnerable backgrounds, which significantly affects their ability to sustain regular hospital visits, afford transportation costs, and maintain adequate nutrition necessary for treatment adherence. In addition, a significant burden from private healthcare expenses, as patients are often referred to or choose private facilities leading to significant out-of-pocket costs. Also, limited awareness about HIV, persistent misconceptions about transmission, and high migration in Bihar further complicates prevention and disrupts access to care.



## WHAT WE DO

MSF offers a lifesaving, holistic advanced HIV care package to an extremely vulnerable and highly stigmatized group of advanced HIV patients who have limited treatment options and a high mortality rate. Working in collaboration with the Bihar State AIDS Control Society (BSACS) and Bihar State Department of Health and Family Welfare, MSF offers care to these patients at Guru Gobind Singh Hospital (GGSH) in Patna.

The objective is to reduce the morbidity and mortality associated with advanced HIV by treating opportunistic infections associated with HIV, such as Tuberculosis, liver diseases, cryptococcal meningitis, renal failure to name a few.

## In 2025

The project continued to improve access to care for patients with advanced HIV disease in Bihar. It expanded the package of care by broadening the scope of palliative care and introduced new reserve antibiotics and companion diagnostics to treat carbapenem-resistant bacterial infections. Additionally, the social vulnerability assessment tool introduced in 2024 helped integrate over 90 percent of eligible patients into the state's social welfare and protection programmes. The project also strengthened its engagement with Bihar's medical community and affected people through structured activities.



**3,320**

Health promotion sessions conducted on HIV



**1,449**

Advanced HIV consultations held (new patients)



**877**

Advanced HIV inpatient admissions



© Tadeu Andre/MSF



# MOBILE PRIMARY HEALTHCARE, CHHATTISGARH

**The issue:** In Chhattisgarh, due to a prolonged low-intensity conflict, a significant percentage of the population, particularly in remote areas, has limited or no access to healthcare. Medical facilities are scarce, and even preventable and treatable conditions such as malaria can prove fatal under such circumstances.



## WHAT WE DO

MSF conducts mobile clinics to provide primary healthcare to people living in rural villages, who find it extremely difficult to access medical care. Our teams provide free treatment for malaria, respiratory infections like pneumonia, skin diseases, and malnutrition among others. The clinics offer a designated area for women to address needs in reproductive health, where group and individual sessions are conducted on topics covering pregnancy, hygiene, care of newborns, family planning and sexually transmitted infections.

### In 2025

MSF has 6 mobile clinic sites in areas with a high prevalence of malaria. With MOH vaccines, the teams are able to provide the EPI schedule for children under 5. Addressing malnutrition among pregnant and lactating women was implemented, complementing the therapeutic treatment of malnutrition among children under 5 years of age. Our teams keep improving our understanding of the health-seeking behavior of the people through regular focus group discussions and engagement with the communities.



**26,142**

OPD consultations



**10,853**

Patients treated for malaria  
(MCs and ICCM)



**521**

Mobile clinics conducted



**2,542**

Antenatal care  
consultations



© Deepak Bhatia



# MENTAL HEALTH, JAMMU & KASHMIR

**The issue:** Years of conflict in 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 Kashmir 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 services to people affected in Kashmir since 2001. Our teams provided counselling services at hospitals and Primary health centers in Pulwama, Srinagar, Tral, and Sopore. Along with this, to combat the stigma associated with mental illness, MSF teams also raise awareness on the importance of mental health and the need for mental health services in the region.

### In 2025

A new mental health programme model looking through a community resilience lens is being developed. The team is engaging with community centers and MOH, in the PHCs we work in, in Sopore and Tral areas specifically, to co-design this program.



**2,877**

New patients enrolled in our program



**10,725**

Mental health counselling sessions provided



**20,881**

Psycho-educational sessions conducted at community level



**38,912**

Number of adults benefiting from psycho-education sessions

(6,404 group sessions and 1,447 individual sessions)



© Prem Hessenkamp



**MSF INTEGRATED MEDICAL, PSYCHOSOCIAL,  
AND CAPACITY BUILDING TB UNIT (IMPACT)**

# MAHARASHTRA

**The issue:** With the closure of a two-decade tuberculosis (TB) project in Mumbai in 2024, MSF South Asia initiated a short-term exit strategy that included establishing a TB Training Unit. India accounts for nearly one-quarter of the global tuberculosis burden, making TB a critical public health challenge. Despite sustained efforts under the National Tuberculosis Elimination Programme (NTEP), TB continues to cause significant illness, deaths, and economic hardship, particularly among vulnerable and marginalized populations. Socio-economic factors such as poverty, undernutrition, overcrowding, migration, and limited access to healthcare services continue to influence TB transmission and treatment outcomes. Effective tuberculosis control depends not only on robust policies and programmatic frameworks but also on the availability of trained, competent, and accountable health personnel at all levels of the healthcare system.



## WHAT WE DO

The IMPACT initiative aims to co-create a sustainable transition model in close collaboration with civil society organizations, communities, and other key stakeholders in Mumbai. Through this effort, MSF seeks to ensure that the knowledge, experience, and best practices developed during the project are transferred to local systems and partners. The Training Unit strengthens the capacity of the health workforce involved in TB care, focusing on early identification and referral of presumptive TB cases, improving treatment adherence and outcomes through compliance with standard guidelines, and enhancing the management of drug-resistant TB (MDR/XDR-TB) through specialized knowledge and monitoring. MSF builds capacity of frontline health workers (ASHAs, ANMs, nurses, and community volunteers) for treatment support, follow-up, and patient counseling, while promoting convergence with

allied health programs, including HIV, nutrition, diabetes, and maternal and child health services. A key advocacy priority has been to support the establishment of a community-based organization led by TB survivors who received treatment through the MSF programme, strengthening long-term community engagement and providing peer-to-peer psychosocial support for people undergoing TB treatment.

## In 2025

The team developed a comprehensive Training Unit plan structured around three core components: medical management of TB, psychosocial care in TB, and IPC + nutrition as an essential cross-cutting element in tuberculosis care. Stakeholder mapping was conducted across the TB care cascade, engaging actors from the public, private, and NGO sectors in Maharashtra and Mumbai to identify knowledge and capacity gaps and inform training priorities. Training modules, a training calendar, and supporting materials were developed, tailored to stakeholder needs and adapted for practical use by healthcare workers in the field.

MSF engaged with the Central TB Division and NTEP authorities at the state level to explore opportunities to share best practices and lessons learned from MSF's TB programme. IEC materials adapted to stakeholder needs were developed and disseminated through training activities to support knowledge sharing and improved TB care practices.

The team engaged with TB survivor groups and supported the establishment of a community-based organisation (CBO) in Maharashtra. Capacity-building trainings were conducted for members of the CBO, focusing on technical knowledge of TB care and patient support, community engagement, IEC and nutrition, organisational governance and leadership, and fundraising and resource mobilisation to strengthen long-term sustainability.



**1,500+**

Healthcare workers trained



**16**

Total number of trainings



**11**

Total number of medical trainings



**14**

Total number of psychosocial trainings



**4**

Total number of IPC + nutrition trainings



© Jan-Joseph Stok



# HIV-TB-HEP C, MANIPUR

**The issue:** Manipur has a high prevalence of HIV, TB (both drug-sensitive and drug-resistant), and Hepatitis C. In cases of co-infection, each disease speeds up the progress of the other, making patients more vulnerable and the treatment more difficult. A holistic patient-centered approach which includes addressing mental health can have positive outcomes.



## WHAT WE DO

MSF started providing specialized care for HIV and TB in Manipur in 2005 and 2007 respectively. At our clinics located in Chakpikarong, and Moreh (on the Indo-Myanmar border) MSF provides free, quality screening, diagnosis, and treatment for HIV, TB, Hepatitis C, and co-infections. As treatment regimens for pre XDR/XDR-TB cause significant side effects, MSF provides pre and post-test adherence counselling to help patients successfully complete their treatment regimen. Rolling out of the BPaLm may be more ideal with almost no side effects. Our health education teams also raise awareness about testing and treatment options. Additionally, MSF also treats mono-infected Hepatitis C patients in an opioid substitution therapy (OST) centre in Moreh and provides treatment to partners and children of co-infected patients.

### In 2025

The teams continue their work on initiating new HIV patients and screening for TB (DS and DR) and Hep C. The Harm Reduction Strategy is being developed for the OST patients ensuring that re-infection and relapse will not be recurrent.

An ongoing cohort analysis is held to comprehend the impact of the interethnic conflict on the HIV cohort and refine our strategy to better support the HIV patients in this evolving context.



**13,345**

OPDs consultation



**64**

Hepatitis C (mono and co-infected) patients treated



**13**

New drug-resistant TB patients initiated on treatment



**304**

New patients initiated on antiretroviral therapy



# MIZORAM

**The issue:** A military coup toppling the Myanmar government in February 2021 deteriorated into civil war with fighting particularly affecting the populations living in peripheral states of Myanmar. As a result, the ongoing conflict in Chin State between the Myanmar Armed Force (MAF) and Chin resistance forces since the coup in 2021 has led to population displacement into neighbouring Mizoram State in India.



## WHAT WE DO

MSF has been present in Mizoram State of India to provide humanitarian medical assistance since mid-2022. We were present in three districts, namely Champhai, Siaha, and Lawngtlai. From June 2024, we stopped the support in Siaha and Lawngtlai, while maintaining our activities in Champhai.

### In 2025

We continued to provide OPD and emergency room medical care, mental health and sexual and gender-based violence (SGBV) care at the MSF-operated clinic in Zokhawthar, while facilitating patient referrals to local secondary and tertiary health structures when required. Additionally, we provided non-food item (NFI) kits to newly arriving households and supported displaced persons settlements with water, hygiene and sanitation structures construction, rehabilitation, and maintenance. We also responded to an outbreak of acute watery diarrhea (AWD) in the southern Mizoram by distributing water purification tablets, providing medical materials for case management, and promoting proper hygiene and sanitation practices.



# 6,381

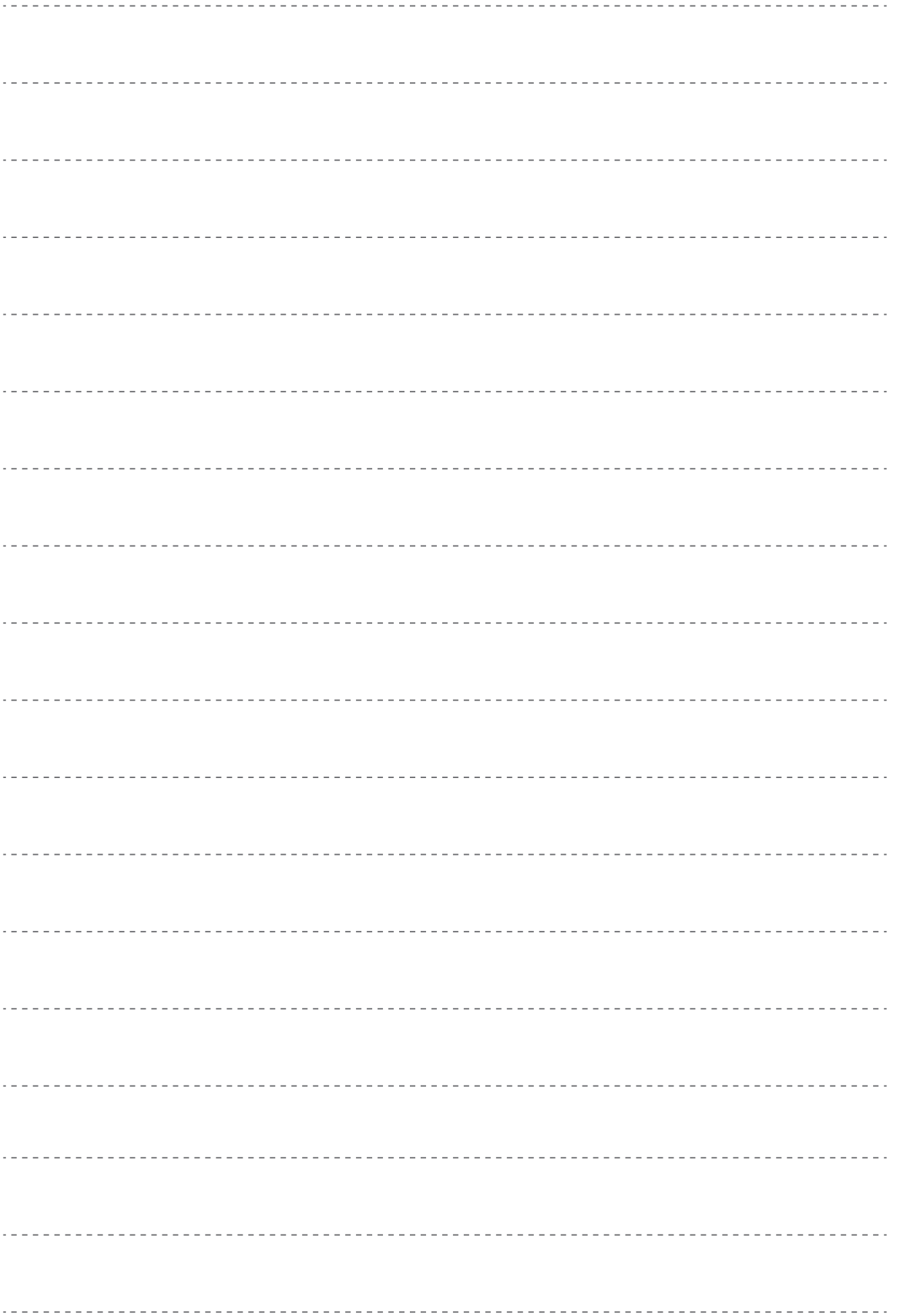
Number of patients treated at the MSF clinic



# 453

Number of facilitated referrals to health structures







[www.msfsouthasia.org](http://www.msfsouthasia.org)

