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AN OVERVIEW OF ACTIVITIES

2025

MÉDECINS SANS FRONTIÈRES IN PAKISTAN

- Launched a new TB project in Karachi and introduced CL and newborn care services in Bara, Khyber.
- Responded to floods in Buner, Khyber Pakhtunkhwa, and in Multan and Muzaffargarh, Punjab.
- Maintained regular activities nationwide, including primary healthcare, mother and child health services, CL treatment, and drug-resistant TB care.

www.msf.org/Pakistan



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THE MÉDECINS SANS FRONTIÈRES CHARTER

Médecins Sans Frontières (MSF) is a private international association. The association is made up mainly of doctors and health sector workers and is also open to other professions which might help in achieving its aims.

All of its members agree to honour the following principles:

- Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political conviction.
- 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 the professional code of ethics and maintain complete independence from all political, economic or religious powers.
- As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.



An MSF vehicle passes in front of ruined buildings in Jabalia, Gaza.
@ Nour Alsaqqa

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ABOUT MSF

MSF, also known as Doctors Without Borders, provides medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, logistics and administrative staff bound together by our charter.

Our actions are guided by universal medical ethics and the principles of impartiality, independence, and neutrality. We are a non-profit, self-governed, and member-based organisation. MSF was founded in 1971 by a group of journalists and doctors.

Today, we are a worldwide movement of nearly 68,000 people working in more than 70 countries across the world.

HOW WE WORK

MSF provides free, quality medical care to millions of people caught up in crises around the world. We provide medical care to people based on need alone, irrespective of race, ethnicity, religion, gender or political affiliation. With over seven million individual donors and private foundations worldwide, more than 90% of MSF's income comes from private sources.

Our teams conduct independent evaluations to determine medical needs and assess what assistance to provide. Different criteria determine what we do, such as the magnitude of a given crisis, the levels of illness and mortality in the population, the severity of exclusion from healthcare, and the added value we can bring to the affected people.

Rapid and effective response to emergencies is at the core of our work. MSF keeps pre-packaged kits so that teams can offer rapid lifesaving aid – from surgical kits to inflatable hospitals to cholera equipment. Our cash reserves for emergencies mean we can quickly provide assistance, when and where the need is greatest. From large-scale catastrophes to local emergencies, MSF's network of aid workers and supplies around the world enables us to quickly respond to disasters. With over 50 years' experience, we are experts in rolling out emergency responses with highly skilled medical staff and non-medical staff.



MSF staff pushing a vehicle that got stuck in the mud as a result of the flooded paths, on the way to one of the Health Centers in Ethiopia where MSF does the outreach activity, doing mid-upper arm circumference (MUAC) and providing plumpy'nuts for children under 5.

@ Paula Casado Aguirregabiria/MSF

MSF IN PAKISTAN

MSF has been working in Pakistan since 1986. In 2025, MSF launched a tuberculosis project focusing on children at the Rural Health Centre Baldia in Keamari district, Sindh. The project strengthens access to testing and early diagnosis, ensuring families no longer need to travel across the city to larger hospitals for care.

In July 2025, MSF also began supporting department of health's cutaneous leishmaniasis (CL) program at Dogra Hospital in Bara, Khyber district, Khyber Pakhtunkhwa. In September, MSF expanded its support at the same facility by providing much-needed maternal and neonatal healthcare services.

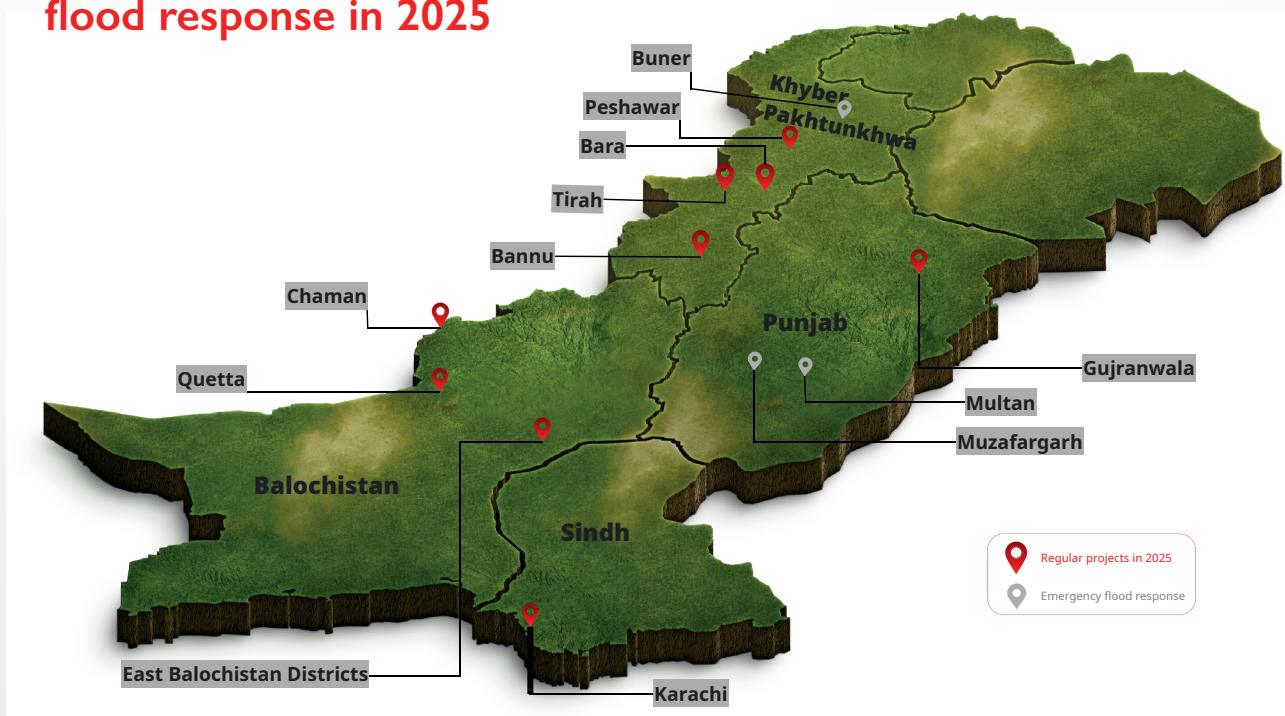
Following devastating floods in 2025, MSF delivered immediate assistance to affected communities. Activities included outpatient consultations, mental health services, and health promotion sessions in Buner, Khyber Pakhtunkhwa. MSF also operated mobile clinics and distributed non-food items in Multan and Muzaffargarh districts in Punjab.

Most of MSF's regular activities continued throughout 2025. These included mother and child healthcare services at three locations in Balochistan: Kuchlak, Chaman, and Dera Murad Jamali. MSF also maintained its cutaneous leishmaniasis programs at three sites in Balochistan and two in Khyber Pakhtunkhwa.

In Gujranwala, Punjab province, MSF continued diagnosing and treating people with drug-resistant and multidrug-resistant tuberculosis through outpatient and outreach services, bringing care closer to patients' homes.

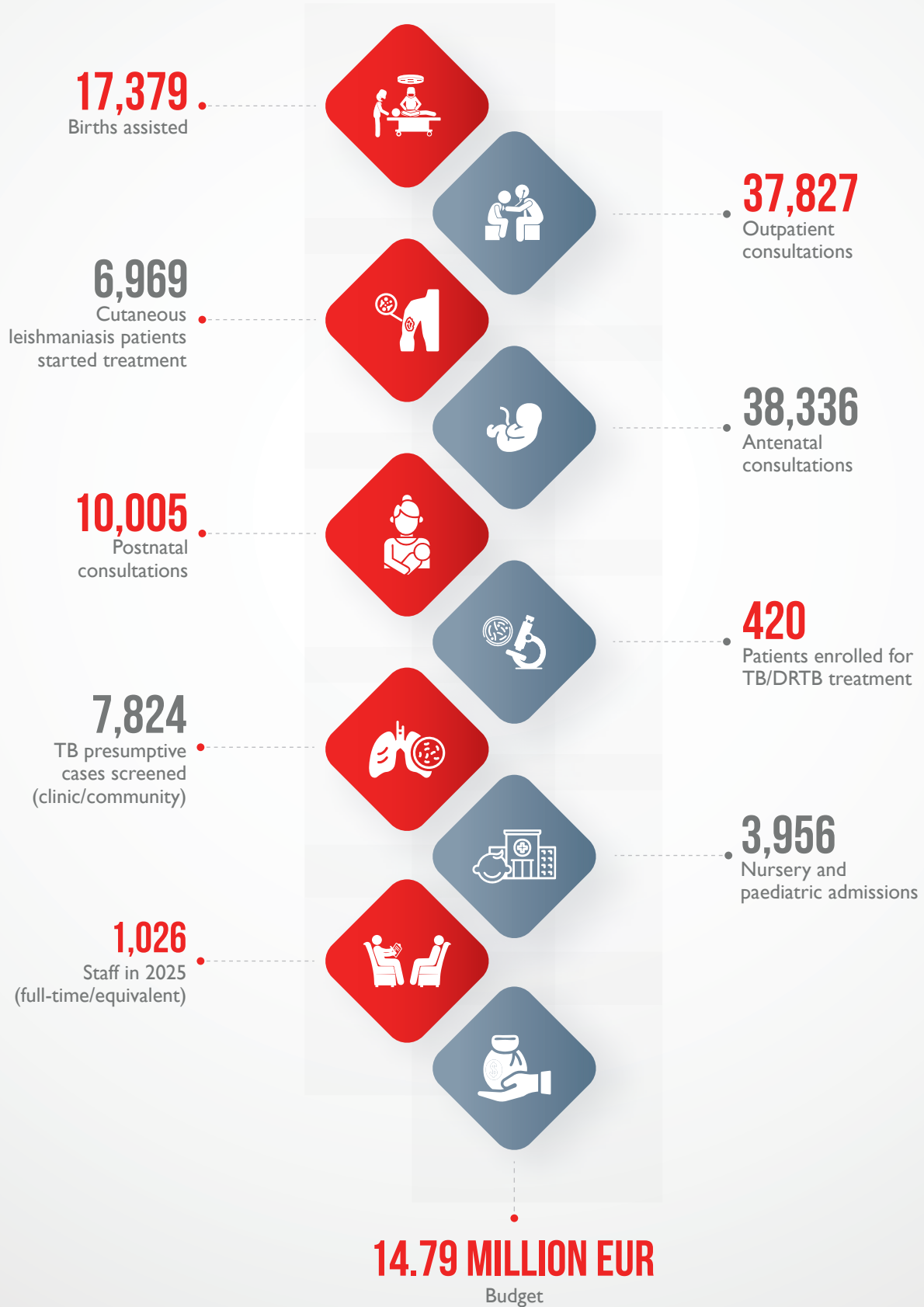
In Tirah Valley, Khyber Pakhtunkhwa, MSF continued providing primary healthcare, as well as antenatal and postnatal services, to people displaced by conflict who have returned to the area after 2021.

MSF's regular projects and emergency flood response in 2025



* The map and place names do not reflect any position of MSF on their legal status.

FACTS AND FIGURES 2025



MSF FLOOD RESPONSE 2025

In 2025, Pakistan faced a repeat of climate-driven catastrophe as devastating floods, triggered by monsoon rains that began on June 26, impacted over 6.9 million people nationwide. Punjab, the country's most populous province, bore the brunt of the riverine flooding, where record-breaking flows in the Sutlej and Chenab rivers forced the evacuation of over 2.7 million residents from their homes. Simultaneously, in Khyber Pakhtunkhwa, catastrophic cloudbursts, including a single event in Buner that dropped 150mm of rain in one hour, swept away entire villages and destroyed nearly 80% of local infrastructure. MSF deployed its team for assessments in the flood-hit areas, where they engaged directly with the affected communities and local authorities to understand their immediate needs. Based on the identified needs of the communities, MSF responded in three locations, including district Buner in Khyber Pakhtunkhwa, and Multan and Muzaffar districts in Punjab province.

KHYBER PAKHTUNKHWA

BUNER

On 15 August 2025, following two days of relentless monsoon rains, a rare and powerful cloudburst triggered devastating floods in Pakistan's Buner district in Khyber Pakhtunkhwa province. The disaster caused widespread destruction: over 250 lives were lost, thousands were displaced, and there was extensive damage to homes, schools, hospitals, and essential infrastructure.

In response, the MSF team engaged directly with affected communities and authorities to understand their most pressing challenges. Based on the identified needs, MSF began supporting a government health facility in Pir Baba, Buner, in the middle of the affected community, offering outpatient consultations, mental health services, and community-based health education. In addition to providing direct healthcare, MSF's support contributed to improvements in THQ Hospital Pacha Kallay in Buner and ensured the continuation of services at the Civil Dispensary through donations of medical supplies and logistical support.

After ensuring the stabilisation of local health services and addressing the urgent health needs of the affected community, MSF concluded its response in the district.

DURING RESPONSE:

Consultations provided: **2,361**

Mental health sessions held: **169**

Population reached through health promotion activities: **13,277**



The village of Bishoni in Buner district, once a scenic landscape, is now reduced to rocks with only a little water flowing between them. On 15 August 2025, devastating flash floods triggered by an intense cloudburst washed away the entire village.

@Dial Naysb/MSF

PUNJAB

JALALPUR PIROWALA, MULTAN

In 2025, exceptionally heavy monsoon rains resulted in severe flooding across Punjab, causing extensive riverine and urban inundation that submerged large tracts of agricultural land and necessitated the evacuation of millions to safer locations. Multan District was among the most severely affected areas, particularly the Saddar, Shujabad, and Jalalpur Pirwala tehsils.

By mid-September, MSF had deployed an assessment team to South Punjab to identify the most urgent needs. Among the affected areas, Jalalpur Pirwala sustained significant damage, with an estimated 11,000 displaced persons continuing to depend on external humanitarian support at the time of MSF's assessment. Health infrastructure was severely overstretched; THQ Jalalpur Pirwala had to be relocated, and camp residents were largely dependent on limited, under-resourced health facilities.

In response to this crisis, MSF initiated its emergency response focusing on primary health care (PHC) services through mobile clinics by providing basic medical consultations, triage, referrals for chronic and emergency cases, and outbreak surveillance, in three different locations. In addition, non-food items (NFIs) that include kitchen kits, hygiene kits, blankets, and mosquito nets were distributed among affected households in Moza Narol. MSF provided 1,000 families with 1,000 hygiene kits, 1,000 kitchen kits, 3,000 blankets, 2,000 buckets, and 2,538 mosquito nets.

DURING RESPONSE:

Provided consultations

2,255

Families received NFIs

1,000



An MSF doctor checks a child's temperature during a mobile clinic consultation in Tibbi Sohrab, Jalalpur Pirwala, Multan District.

@Gul Nayab/MSF

ALIPUR, MUZAFFARGARH

In Alipur Tehsil, located in Muzaffargarh District, another area heavily affected by the floods, MSF distributed hygiene kits, each containing blankets, water containers, and personal hygiene items to 200 families. Additionally, we donated a stock of 57 types of essential medicines and other medical supplies to the district health office to support the community's urgent healthcare needs.

MOTHER AND CHILD HEALTHCARE

In Pakistan, improving healthcare for mothers, newborns, and young children remains one of MSF's key priorities. Maternal and child healthcare services are provided in Balochistan and Khyber Pakhtunkhwa, with MSF being one of the largest international providers of such care in Balochistan. MSF is offering mother and child healthcare in two locations in Balochistan – the old District Headquarters Hospital (DHQ) in Chaman, and the District Headquarters Hospital (DHQ) in Dera Murad Jamali (DMJ). Sexual and reproductive health (SRH) services are provided in Kuchlak health facility in Quetta, with the closure of MCH in May 2024. In 2025, MSF started providing maternal and newborn services in Dogra Hospital in Bara Tehsil of Khyber district in Khyber Pakhtunkhwa.

BALOCHISTAN

DERA MURAD JAMALI

Since 2008, MSF has been working in the district of Naseerabad in eastern Balochistan. At the DHQ hospital in Dera Murad Jamali, our teams provide essential health services, including inpatient therapeutic feeding for malnourished children under five years old, a general paediatric ward, and a neonatal intensive care unit. Additionally, we offer basic emergency obstetric and newborn care through a 24-hour birthing unit, antenatal and postnatal care, family planning, and integrated nutrition services for pregnant and lactating women. Complicated cases are referred to Larkana and Sukkur in Sindh province. At the DHQ Hospital, MSF, in collaboration with the Ministry of Health, has also initiated the rollout of the hepatitis C program.

MSF's team based in Dera Murad Jamali also frequently provides medical support and emergency response, including during floods across the East Balochistan Region. The MSF team in DMJ also manages infectious disease outbreaks such as diphtheria, cholera and measles in collaboration with district health officer (DHO). Our health promotion and counselling teams engage with the communities to disseminate valuable health messages and promote safe medical practices.

IN THE YEAR 2025:

Antenatal consultations	18,300	Children received nutritional support	585
Postnatal consultations	3,006	IPD admissions for communicable diseases	782
Births assisted	5,789	Nursery and paediatric admissions	2,030
IPD Admissions (MCH)	866	Children tested for malaria (RDTs)	3272



An MSF nurse is feeding a four-week-old neonate that has severe malnutrition and meningitis. The newborn was admitted to MSF's Neonatal Intensive Care Unit at DHQ Hospital in Dera Murad Jamali, Balochistan. [@GulfNavyMSF](#)

CHAMAN

MSF has been present in Chaman since 2007 and currently operates out of the Old DHQ Hospital, providing obstetric, neonatal, and paediatric services. Ongoing medical supply ruptures forced the closure of the operating theatre in April 2025, somewhat constraining clinical activities.

MSF provides healthcare to both Pakistani residents and an increasing number of Afghan refugees seeking care in Chaman. However, access for patients crossing from Afghanistan has mostly ceased as border closures and large-scale forced repatriation of Afghan refugees continues to restrict movement.

IN THE YEAR 2025:

Births assisted	5,961	Gynaecology OPD consultations	2,756
Antenatal care consultations	14,974	Gynaecology IPD admissions	1,606
Postnatal care consultations	3,299	Nursery and paediatric admissions	1,827

QUETTA

Established in 2006, the Quetta primary healthcare project aimed to improve maternal, newborn, and child health for Afghan people and local communities in Kuchlak and nearby areas. Its cornerstone is the birthing unit, which offers lifesaving delivery, antenatal care, and postnatal care services for mothers and newborns. This was supported by an outpatient department (OPD) dedicated to children under five until its closure in May 2024. Immunizations continue in collaboration with the Ministry of Health's EPI program, and the vaccination program carries on even after the closure of the OPD for children under five years of age.

IN THE YEAR 2025:

Pregnant and Lactating Women screened for malnutrition	9,038	Postnatal care consultations	3,700
Neonates vaccinated at birth (BCG/ HepB)	6,263	Contraceptive methods dispensed	2,470
Births assisted	5,629	EPI vaccinations	23,197
Antenatal care consultations	5,562	Mental health counselling sessions (individual + group)	9,166



MSF Health Promotion Supervisor Razia is guiding a woman about medication. The woman came to Kuchlak Mother and Child Healthcare facility to have her one-year-old son examined.
@Gul Nayab/MSF

KHYBER PAKHTUNKHWA

BARA, KHYBER

In Khyber, geographical barriers, insecurity, and referral delays significantly contribute to maternal and newborn deaths. In collaboration with the Department of Health, KP, MSF has started supporting maternal and newborn services to reduce preventable mortality. The aim is to ensure round-the-clock access to comprehensive, high-quality emergency obstetric and newborn care at a strategically located referral facility—Dogra Hospital in Bara Tehsil.

MSF began newborn unit activities in mid-September, following the completion of phase one rehabilitation and construction at Dogra Hospital. This included establishing the neonatal unit, recruiting laundry and sterilization staff, and conducting training on maternal and neonatal care, as well as ancillary services, for both MSF and the Department of Health staff. In 2025, MSF admitted a total of 99 patients.

CUTANEOUS LEISHMANIASIS

Cutaneous leishmaniasis (CL) is a parasitic tropical skin disease transmitted by the bite of a phlebotomine sand fly. It is endemic in Pakistan and is characterized by lesions on exposed skin, typically the face, hands, and feet, that can lead to severe disfigurement, stigma, and discrimination. Although CL can be cured with antimonial drugs (meglumine antimoniate or sodium stibogluconate), these are often unavailable in the public health system or sold privately at high prices.



An MSF lab technician is taking a sample from a patient to examine it for cutaneous leishmaniasis at the CL treatment centre in Shaheed Benazir Hospital, Quetta.
@Gul Nayab/MSF

CUTANEOUS LEISHMANIASIS IN BALOCHISTAN

In 2008, the project in Quetta began addressing this neglected tropical disease, screening and treating patients at Kuchlak composed mainly of Afghan refugees, Benazir Bhutto Hospital where patients are from the marginalized communities of Hazara, and Bolan Medical Complex in Quetta city, where patients come from all areas of Quetta. The project also conducted a clinical trial on cutaneous leishmaniasis to explore alternative treatments to the first-line pentavalent antimonial drugs, which have been in use for over seven decades, with the goal of improving CL treatment options.

IN THE YEAR 2025:

Individuals screened
for CL

6,743

Patients started CL
treatment

4,345

CUTANEOUS LEISHMANIASIS IN KHYBER PAKHTUNKHWA

A. PESHAWAR

In Peshawar, MSF continued providing free-of-charge CL services at Government Naseerullah Khan Babar Memorial Hospital (GNKBMH), one of the few treatment centers in Khyber Pakhtunkhwa. In 2025 as the Department of Health succeed to supply more Meglumine injections to CL centres in KP districts, complimented by capacity building of DoH staff by MSF, MSF CL centre in GNKBMH observed 36 per cent decrease in admissions.

IN THE YEAR 2025:

Individuals screened
for CL

2,328

Patients started on CL
treatment

1,448

B. BANNU

In Bannu, MSF offers services to patients from the southern districts of Khyber Pakhtunkhwa at Khalifa Gul Nawaz Teaching Hospital. For the same reason mentioned above, the CL clinic in Bannu saw a 55 per cent decrease in admissions during 2025.

IN THE YEAR 2025:

Individuals screened for CL

1,518

Patients started on CL treatment

1,022

C. DOGRA BARA

MSF began supporting the Department of Health (DoH) CL clinic at Dogra Hospital in Bara, Khyber district, starting in July 2025. This support includes the provision of shared staff and medical supplies to strengthen the clinic's capacity to diagnose and treat CL. By collaborating with the DoH, MSF aims to improve access to quality care for patients, enhance treatment outcomes, and build local healthcare capacity to manage this neglected tropical disease effectively.

IN THE YEAR 2025:

Individuals screened for CL

376

Patients started on CL treatment

154

PRIMARY HEALTHCARE IN TIRAH VALLEY, KHYBER PAKHTUNKHWA

MSF is currently the only organization providing free primary healthcare (PHC), including antenatal and postnatal care, and first aid for critical patients in the Tirah Valley, Khyber district. Many people who fled their homes due to violence between 2008 and 2013 have gradually returned since 2021. However, the community is still facing challenges as the houses are not rebuilt completely, leading to higher seasonal migration to southern parts during winter resulting in the greater seasonal fluctuation in numbers. Occasional displacement of people persisted in 2025.

Higher respiratory tract infections in winter and higher malaria and watery diarrhoea rates in summer months are the trend and pose health risks to children under five.

IN THE YEAR 2025:

Outpatients' consultations:

30,455

Antenatal and postnatal consultations:

971



An MSF nurse checks the blood pressure of Dost Muhammad, a patient at the MSF primary healthcare clinic in Tirah Valley, Khyber Pakhtunkhwa. @Gul Nayab/MSF

TUBERCULOSIS

Tuberculosis (TB) is an infectious disease caused by bacteria that most often affect the lungs. It spreads through the air when people with TB cough, sneeze, or spit. According to the World Health Organization, Pakistan ranks fifth among the world's high-burden TB countries and fourth for drug-resistant TB (DR-TB). The gap between the number of people who develop DR-TB and those enrolled in treatment is one of the largest worldwide. Of an estimated 16,000 annual DR-TB cases, only about 28 percent (4,514) are diagnosed, and just 23 percent (3,682) initiate treatment, highlighting challenges in case detection and access to treatment.

DRUG-RESISTANT TUBERCULOSIS (DR-TB) IN PUNJAB

In 2025, MSF's DR-TB clinic in Gujranwala, Punjab, entered its fourth year of operation, continuing its close collaboration with the Provincial Tuberculosis Control Program (PTP), Health and Population Department, Gujranwala Teaching Hospital, and the Specialized Healthcare and Medical Education Department.

Following the early adoption of the WHO-recommended six-month, all-oral BPaL/M regimen, the program further expanded its use in 2025. Since implementation, approximately 80% of newly enrolled DR-TB patients have been treated using the BPaL/M regimen, marking a major improvement in treatment acceptability, adherence, and quality of care. This shorter and more tolerable regimen significantly reduces pill burden and avoids the longer treatment regimens previously associated with severe side effects and longer treatment duration.



Dr. Hafsa Fatima examines a child at the MSF-supported PMDT site in Gujranwala.
[@Gul Nayab/MSF](#)

The team continued to prioritize household contact screening and patient-centred care. In 2025, in collaboration with Mercy Corps and Health and Population Department, community awareness sessions were launched in identified DR-TB hotspot areas to promote early diagnosis and timely enrolment into care. Following the implementation of Test, Avoid, Cure Tuberculosis in Children (TACTIC) in August 2024, the intervention continued throughout 2025, resulting in the registration of 60 patients by the end of the year. One medical doctor was trained as a Trainer of Trainers (ToT) and subsequently supported the training of additional staff, strengthening internal capacity and sustainability.

To further enhance patient engagement, peer volunteers were integrated into the team in 2025, improving counselling delivery, patient education, and feedback mechanisms. A Patient-Centred Care Committee was established and held regular meetings to address patient concerns and improve responsiveness to feedback. The team developed a more structured strategy to manage co-morbidities within the cohort. Given the high burden of diabetes among DR-TB patients, a dedicated diabetic clinic was established within the PMDT site, offering a one-stop, integrated model of care. This approach has improved continuity of care and blood glucose control among diabetic patients within the cohort.

OPERATIONAL RESEARCH AND KNOWLEDGE GENERATION

After securing all required approvals, including from the National Bioethical Committee, the project launched a major operational research study in December 2024. The study aims to assess the effectiveness, safety, tolerability, and feasibility of WHO-recommended shorter DR-TB treatment regimens. By the end of 2025, 644 patients had been enrolled in the Study.

IN THE YEAR 2025:

New patients enrolled:

161

Individual patient-support interactions:

2,866

Household visits conducted for health education and contact screening:

728

Patients actively under treatment:

103

TB PROJECT IN RHC BALDIA, KARACHI, SINDH

MSF, in collaboration with the Communicable Disease Control (CDC) and the Department of Health (DoH), Sindh, initiated the 'TB Project with a Focus on Paediatrics' at the Rural Health Center (RHC) Baldia in District Kemari, Karachi. Launched in the first quarter of 2025, the project provides free TB diagnostics and active case finding through contact tracing, household visits, and chest camps. Chest camps are temporary mobile screening sites set up within communities where people are invited to receive free TB screening without the need to visit a health facility. These camps use ultra-portable X-ray devices and are supported by health promotion activities to increase awareness and improve the TB case detection rate. The project also provides free curative and preventive TB treatment according to standard TB protocols and includes operational research to strengthen TB control efforts.



An MSF X-ray technician at the mobile chest camp is performing an X-ray of a child in a locality of Baldia Town, Karachi. Based on the X-ray findings, doctors can request sputum samples for adults and stool samples for children, which are sent to the clinic for GeneXpert testing.

@Dad_Mayab/MSF

MSF will introduce an integrated TB program that combines both drug-sensitive and drug-resistant TB out-patient care at the Primary Healthcare (PHC) level. The aim is to showcase and ultimately sustain such a decentralized and integrated approach with the DoH Sindh to bring the treatment close to the community, thereby minimizing the gap.

Additionally, the project will conduct operational research to assess the feasibility of implementing the 4-month drug-sensitive TB regimen for children and adolescent TB at decentralized level (RHC), aiming to advocate for its broader implementation in Pakistan and informed policy change including sustained funding for TB in Pakistan and a decentralized paediatric TB model of care at the RHC level. To ensure effective implementation, the project will also provide capacity building of staff working under the DoH Sindh on updated TB guidelines adopting latest WHO recommendations.

IN THE YEAR 2025:

TB presumptive cases screened by X-ray in clinic and community	7824	Chest camps conducted in the community:	77
Total GeneXpert tests conducted:	2735	Household contacts screened:	402
TB patients initiated on treatment:	259	Household contacts initiated on TB preventive treatment (TPT):	175