

WITHOUT BORDERS

BILA HUDOOD Issue 11 | October-December 2010



PAKISTAN FLOODS :
needs remain to be
pressing

Natural disasters, malnutrition and funding gaps

Six months after a destructive earthquake shook Haiti early 2010, unrelenting and severe floods swept across many parts of Pakistan, affecting millions of people. As often in contexts of natural disasters, local communities were the first to provide assistance to people directly affected. However, the needs remained high as too many people were still receiving very little assistance several weeks into the crisis.

MSF, which was already present in Pakistan to address the medical needs of populations displaced by the conflict in Khyber Pakhtunkhwa, scaled up its activities in the affected areas while emergency teams expanded operations to the southern provinces of Punjab and Sindh where flood victims were cut off from crucially needed assistance.

Prevailing concerns are the spread of waterborne diseases, malnutrition, and lack of shelter and clean, safe water. To date, MSF is distributing more than 1,250,400 liters of clean water daily, and has provided 49,534 consultations since the beginning of the emergency.

On a different note, as the world tries to come to grips with the financial crisis, public donor bodies are backtracking on funding to battle HIV/Aids that affects 33 million people worldwide and financial resources are insufficient to cover nutrition gaps.

An estimated 195 million children are affected by malnutrition worldwide. Malnutrition contributes to at least one-third of the eight million annual deaths of children under five years of age. Right now, the humanitarian food aid system provides nutritionally inadequate foods to malnourished children under two years of age. This situation must stop. These deaths are preventable if the nutritional requirements of young children are met. In 2009, MSF provided such treatments to more than 150,000 children under five years old.

Please sign the petition to support Médecins Sans Frontières (MSF)'s efforts to demand that governments supplying humanitarian food aid ensure that the food meets nutritional standards for infants and young children.

I warmly thank you,



Marc Sauvagnac
Médecins Sans Frontières (MSF)

What is MSF?

Founded in 1971 by doctors and journalists, Médecins Sans Frontières (MSF) / Doctors Without Borders is an international medical humanitarian organisation.

MSF is neutral and impartial, delivering emergency medical care to people caught in crisis regardless of race, religion, or political affiliation.

MSF is independent from any political, economic or religious power. Ninety percent of MSF's overall funding comes from private sources, not governments.

MSF is transparent and accountable. Every year, MSF provides detailed activity and financial reports including audited and certified accounts

MSF controls the entire chain of its medical services, from the independent assessment of needs to the delivery of medical care, and does not subcontract to other organizations.

In 1999, MSF received the Nobel Peace Prize

In 2002, MSF received the Emirates Health Foundation Prize

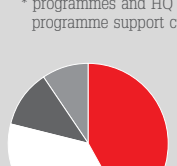
In 2004, MSF received the King Hussein Humanitarian Leadership Prize

MSF in numbers



- Private 86%
- Public institutional 12%
- Other 2%

- Operations 80%*
 - Fundraising 14%
 - Management, general and administration 6%
- * programmes and HQ programme support costs



- Armed conflict 37.6%
- Epidemic/endemic disease 31.2%
- Social violence/healthcare exclusion 24%
- Natural disaster 7.2%

- Africa 42.1%
- Asia 36.8%
- Americas 11.8%
- Europe 9.2%

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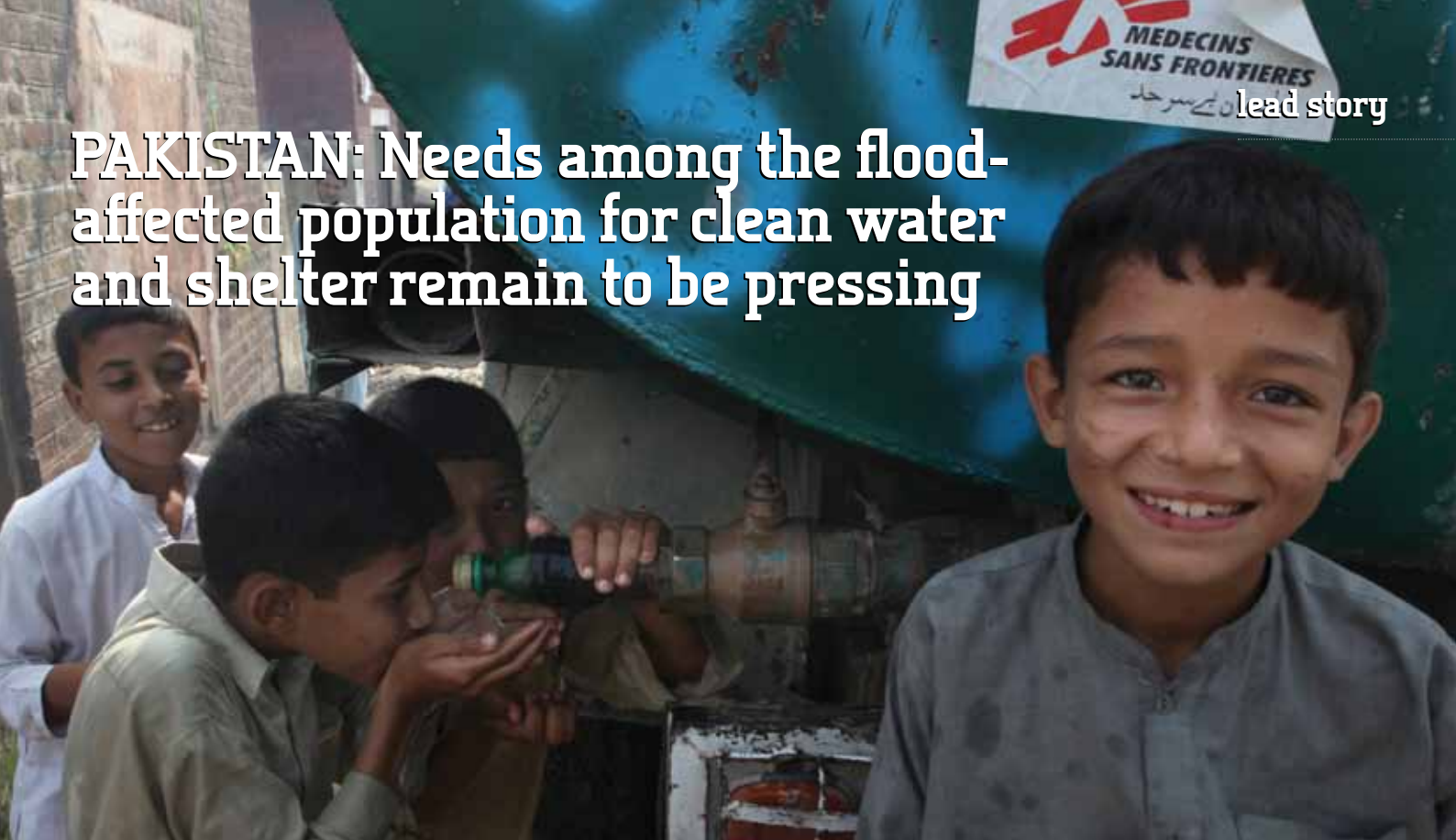
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Front cover: © Ton Koene. Victims of severe floods in Pakistan (2010).

PAKISTAN: Needs among the flood-affected population for clean water and shelter remain to be pressing



©Ton Koene. Children drinking water from an MSF water distribution tank. Since the start of the crisis MSF has been distributing drinking water to victims of the Pakistan floods.

The severe floods that first struck Pakistan on 22nd July and subsequently devastated villages and communities across all provinces of the country left hundreds of thousands displaced and vulnerable. MSF emergency teams were racing against time to deliver aid in accessible areas as well as establish new bases in remote regions under bids to reach flood affected communities on either side of the Indus River.

An increase in the emergency response, particularly with regard to safe water and access to health facilities, was a major focus for MSF throughout the crisis in order to ensure that those who have been left vulnerable from the floods are able to recover, and to prevent a deterioration of the medical situation.

Major concerns for MSF were over waterborne diseases, malnutrition, shelter and clean, safe water.

To curb possible outbreaks of waterborne diseases, MSF ramped up its distribution of clean water in larger towns and remote villages. Medical and water and sanitation teams also expanded operations to the south of Punjab and in hard-hit Sindh and Baluchistan provinces in order to ensure that the public water supply plant sufficiently chlorinates its water before it reaches the population at large.

“We are still very worried about potential epidemic outbreaks. All of the elements conducive for this to happen are present – poor sanitation and water supplies, and people are

living in cramped conditions in open camp,” said Sylvain Groulx, MSF Project Coordinator, Sukkur, northern Sindh.

More than five weeks into the crisis and the situation in the south of the flood-hit country still looked dire. The needs among the flood-affected population for clean water and shelter remain to be pressing. There are also growing concerns over a severe and acute malnutrition situation. In the north there are early signs the people of the country were slowly starting to rebuild their lives after the floods.

But much more still needs to be done, MSF doctors and emergency teams say. Against a background of instability due to the conflict, the response to the humanitarian crisis has taken place in a highly politicized environment. Aid mobilisation was limited and based on interests of donor countries rather than strictly based on the needs of the people affected by Pakistan’s worst-floods in 80 years.

It is for this reason that MSF has a strict policy on fundraising. We do not accept funds from donor governments for our work in Pakistan and Afghanistan. “Our reliance on private funds that are gathered from the general public worldwide ensures that we remain strictly independent from any government or military and allows us to be responsive to the needs that we identify” said Thomas Conan, MSF representative in Pakistan. MSF has called on the international community to prioritise the needs of the affected populations when responding to emergencies.

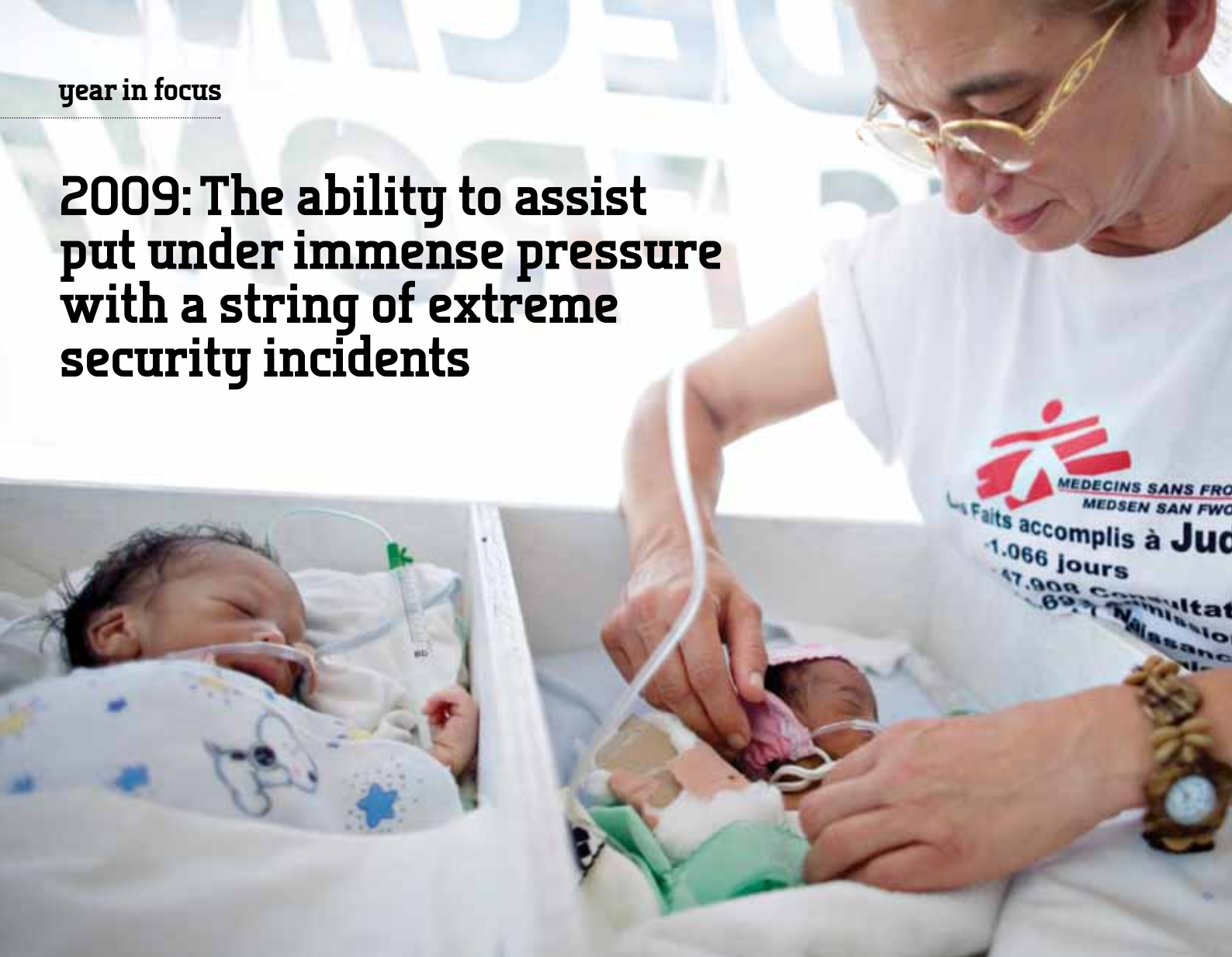
Since the beginning of the crisis, MSF has conducted more than 49,534 medical consultations through 6 hospitals, 7 mobile clinics and 7 Diarrhoea Treatment Centres. We treated over 1,748 malnourished children and distributed 1,250,400 litres of clean water per day and built 714 latrines. MSF also distributed a total of 57,714 relief item kits and 13,755 tents. There are 135 international staff working alongside 1,198 Pakistani staff in MSF’s existing and flood response programmes in Pakistan.

MSF has been in Pakistan since 1988



©Florian Lems.

2009: The ability to assist put under immense pressure with a string of extreme security incidents



© Espen Rasmussen. Nurse carrying out baby consultations in the premature children ward in Solidarité, MSF's maternity hospital in Port-au-Prince.

With the passing of every year, Medecins Sans Frontieres - an organisation that has specialised in responding to emergencies as well as working in fragile and unpredictable contexts - comes face to face with new challenges. There is of course the ongoing work carried out by our thousands of staff around the world, who provide healthcare where it's lacking and deal with diseases that continue to take a high toll on populations. But over and beyond the constant medical activity, each year we find ourselves navigating through new and rough terrain. For the year 2009 two major developments stand out: the sharp increase of security incidents and the dwindling commitments of donor bodies for continuing the battle against HIV/AIDS, according to MSF's International Activity Report.

SECURITY/CONFLICTS

In conflict areas where MSF is often one of very few providers of healthcare, our ability to assist has been put under immense pressure with a string of extreme security incidents.

In February, two of our colleagues were brutally killed in Pakistan's Swat Valley, as they were trying to collect wounded people by ambulance from the scene of heavy fighting. During the year, MSF workers were abducted in Pakistan, Sudan, Somalia and Chad. Luckily, we saw all of them released in good health.

For MSF, our determination to be with the victims of conflict has not diminished – if anything, it has only grown – but we are forced to continuously evaluate how to bring lifesaving assistance in areas where our colleagues are so exposed to acts of violence.

In addition to the direct victims, conflict situations generally stimulate a dramatic rise of maternal and child fatalities or an eruption of epidemics. Victims of sexual violence and survivors affected by profound mental health trauma are also among the hidden casualties of war.

A major conflict situation in 2009 was the Israeli military offensive in the Palestinian territories

which left 1,300 people dead, 5,300 injured and an entire population dependent on medical aid and relief. It was only when the offensive was put on hold that a complete MSF surgical team was allowed to enter Gaza City. We set up two inflatable hospitals, and between January and July performed over 500 operations. The psychological toll of the fighting was especially heavy on children. Additional MSF staff were brought in to help with consultations; as more than half of the 400 new patients they saw for counseling were under 12 years old.

In Afghanistan, 2009 was the deadliest year for civilians since the war began in 2001. Our immediate preoccupation, both in Kabul and in



and three Sudanese organizations in the wake of International Criminal Court's indictment of Sudanese President Omar Al-Bashir for war crimes and crimes against humanity. This decision ignored MSF's binding and publicly communicated policy to refrain from any cooperation with the aforementioned Court, a policy based on the recognition that humanitarian activities must remain independent from political and judicial pressure in order to be able to provide medical assistance to populations in situations of violence.

MEDICAL

Our contribution towards reducing the HIV/AIDS and TB epidemics continued unabated, while we assessed donors backtracking on earlier commitments. In 2009 over 190,000 people were being treated by MSF for HIV, and some 160,000 were on antiretroviral treatment (ART). Many of these patients live remotely, have little money, and under normal circumstances would not receive medical care. But MSF continued to address this lack of access to treatment where possible.

Teams offered testing and counseling, provided ART free of charge, reduced rates of transmission from mother to child and trained 'expert patients', to help others adhere to treatment. For example in Lesotho alone, 54,000 HIV tests were carried out and 6,000 patients began ART. TB, which has become the leading cause of death among HIV patients, is also a growing concern for MSF. In 2009 MSF treated over 21,000 TB patients.

MSF also launched large-scale immunization campaigns, particularly against meningitis in Western Africa, where we vaccinated almost eight million people in both Nigeria and Niger.

Our teams intervened after major natural disasters throughout the year, by providing medical and mental health care, as well as shelter and other logistical support. Likewise we helped 150,000 people made homeless by floods in the Burkina Faso capital of Ouagadougou, when the amount of rain that usually falls in a year fell in one single day. And other teams assisted 75,000 people hit by Cyclone Aila in Bangladesh, and 60,000 flood victims in India's Andhra Pradesh.

the province of Helmand, was to offer medical assistance for the general population rather than only focusing on war wounded. In Pakistan's Mardan, where around one million displaced people settled, having fled fighting in the Swat district, our teams supported referral hospitals, health centres and mobile clinics.

In the Democratic Republic of Congo (DRC), ongoing conflict continues to cause huge critical needs, prompting one of MSF's largest interventions year after year.

The conflict in Sri Lanka came to a climax in 2009 leaving many civilians in a vulnerable state as they tried to reach safe zones, but they all too often found themselves trapped by the violence.

There are also times when our ability to bring care to people trapped in conflicts is restricted by policies and actions of governments.

In Sudan, providing food, water and health care for people in Darfur became much more difficult in March 2009 when the Sudanese authorities expelled 13 international aid agencies – including two sections of MSF –

A number of neglected diseases are still not getting the desired international attention. Three in particular – sleeping sickness, Kala Azar and Chagas leave more than 500 million people at risk from infection. In 2009 MSF committed 18 million Euros over the next six years to a joint initiative with the Drugs for Neglected Diseases Initiative (DNDi) for continued research into clinically needed new drugs to treat these diseases more effectively. In 2009 MSF treated over 6,000 patients for these three diseases.

The neglected needs of migrants remain among our most pressing concerns. Migrants undergo journeys fraught with danger and uncertainty, and when they arrive – if they arrive – their health often continues to be compromised. We give medical assistance at different stages of their journey.

In countries of origin, such as Somalia, Afghanistan, DRC and Nigeria, we treat the medical consequences of violence and deprivation. In Morocco, Greece, Malta, Italy and France, our teams provide medical and psychological care to those immigrants who survived a journey fraught with violence, abuse, and imprisonment.

"Today more than ever, it seems that we must relentlessly explain the principles of neutrality, impartiality and independence that guide our choices as a humanitarian organization"

Somalia: Civilians Continue to Bear Brunt of Warfare in Mogadishu

Recent medical data shows that a very high proportion of civilians, among them large numbers of women and young children, are bearing the brunt of ongoing extreme warfare in Somalia's capital, Mogadishu, with many suffering catastrophic injuries.

Data gathered at the MSF hospital in the Dayniile neighborhood on the outskirts of Mogadishu reveal an alarming pattern over the first seven months of the year. Of 2,854 patients treated by MSF medical teams at Dayniile Hospital, 48 percent suffered war-related injuries. In the 84-bed hospital, 64 percent of the war-wounded patients sustained serious blast injuries, largely consistent with continuous intensive mortar fire in residential areas of the city. Notably, 38 per cent of the people with war-related injuries were women and children under 14 years of age.

In the three-day period between August 23 and August 25 alone MSF medical teams treated 127 casualties in Dayniile Hospital. This was by far the largest influx of wounded people MSF hospitals have taken in since the beginning of the year, a result of the substantial escalation of the fighting in Mogadishu this week.

"Our staff in Somalia is treating the war-wounded and doing its best to meet the massive medical needs in this increasingly volatile situation," said MSF's Head of Mission Thierry Goffeau."

MSF has been working in southern central Somalia continuously since 1991

"The fact that we see these high numbers so early, in the traditional low season of the disease, indicate that we are on the brink of a massive outbreak later in the year"

- Koert Ritmeijer, MSF health advisor and Kala Azar specialist.

Southern Sudan: Spike in Kala Azar Cases Spurs Expansion of MSF Response

In response to the alarming increase in the number of patients infected with kala azar —or visceral leishmaniasis, MSF has set up an additional clinic in Pagil, in Jonglei State, Southern Sudan.

The clinic comes in addition to MSF project sites in Leer, Lankien, and Nasir, all of which report an unusually large number of kala azar patients seeking medical care, and many of which are seeing dozens of new admissions every week. Some patients have traveled for days to get treatment.

If left untreated, the disease, which is transmitted through the bite of the sand fly, is fatal. Treatment includes not only providing kala azar drugs, but also intensive treatment of associated infections, such as pneumonia, diarrhoea, and anemia. Treatment providers must also focus on malnutrition, which leaves patients more susceptible to the disease.

MSF decided to set up the extra base in Pagil, a remote village in South Sudan, to relieve the pressure on existing health centers. Within the first two days, MSF's medical team confirmed 16 cases of kala azar; this number is expected to rise once word spreads in communities that treatment is available in Pagil. The Pagil base will remain open well into 2011.

MSF has been working in Sudan since 1979. MSF runs clinics and hospitals across 10 Sudanese states

Kyrgyzstan: Ongoing Care for Victims of Violence in the South

As tension heightened in Southern Kyrgyzstan, MSF teams began providing medical care and assistance to victims of violence in the cities of Osh, Jalal-Abad and Bazar-Korgon. MSF is running mobile clinics in areas where people are still too scared to venture out of their communities, giving consultations to 250 to 300 people every week.

"We hope this situation will improve in the coming days," says MSF Head of Mission for Kyrgyzstan Alexandre Baillat. "One positive sign is that armed personnel present in and around medical facilities in Osh have been removed on the 2nd of August. That will hopefully bring back trust in people who were reluctant to go to hospitals because of the presence of armed persons."

MSF also provides drugs, medical equipment and treated water to health facilities that need them. Additionally, MSF psychologists are providing psychological support to the many people who have suffered in the June clashes, including some who lost family members and others who witnessed violent episodes.

MSF has also pre-positioned medical equipment and drugs in strategic locations to be able to respond quickly in case of renewed violence.

MSF has been active in Kyrgyzstan since 2006



© Jenn Warren. A mother helped care for her infected 24-year-old son at an MSF kala azar clinic.

Now is the time for ambition – not the time to turn back on AIDS treatments scale-up



**TREAT AIDS
DON'T
TURN BACK**

Help us stop the U-turn on AIDS

After a decade of important progress on AIDS treatment in developing countries, donors are walking away from AIDS when 10 million people are still waiting for treatment. MSF is speaking out to urge donors to reaffirm their promises and provide timely treatment to all in need.

"I don't think donors really understand what is at stake. If they saw the problem from HIV-positive people's perspective, maybe then they would think of a way to sustain HIV/AIDS funding, and to keep giving additional resources for pressing health care needs". – Jimmi Gidegi, PLWHA (People Living With HIV/Aids), Kenya

Over the past ten years, antiretroviral treatment (ART) scale-up to millions of people living with HIV/AIDS in developing countries has been possible thanks to a massive mobilisation of resources and political will, the simplification of ART, and the competition among drug manufacturers that has pushed prices for AIDS medicines down by more than 99% since 2000. More than four million people are alive today who without treatment would not be.

Recently, the World Health Organization (WHO) made important changes to treatment guidelines, and now recommends that people be provided with treatment earlier, before the disease is allowed to progress. This would bring clinical practice in developing countries closer to standards long adhered to in wealthy ones. In addition, new evidence shows that wide-scale and early treatment may be an effective way to curb transmission of the virus at population level.

MSF currently provides ART to more than 162,000 people in 25 countries.

But despite evidence of the broad benefits of ART, we are witnessing alarming backtracking just as efforts should be intensified. Donors started to shift their support away from HIV/AIDS, and funding is not up to the needs. MSF has seen the negative impact this is already having in some countries: care is being rationed because of limited treatment slots, slowing treatment scale-up for those in urgent need, and threatening the lifeline of those fortunate enough to be on treatment. Today, ten million people are in immediate need of treatment. If nothing is done, most of these people will die within the next few years.

"We were told we couldn't put more patients on Antiretroviral drugs (ARV's) because the funding was insufficient. It's really hard seeing a patient come here to be told 'we can't help you.' We don't know how many of them died or what happened to them, unfortunately." – Dr. Margie Hardman, physician in PEPFAR-funded clinic, South Africa.

What needs to happen

Donors must be pushed to close the \$20 billion funding gap, as the number of people in need of ART is projected to reach as many as 55 million by 2030. Therefore, MSF campaigners are urging the public to not let donors and governments off the hook, but rather continue to pressure them to meet their commitments.

We also need to search for alternatives that would prompt world leaders to commit to including new fundraising mechanisms with some of the revenues earmarked to health.

There are promising antiretroviral drugs (ARVs) in the pipeline that could either radically simplify or vastly improve ART. These as well as today's drugs, should be added by patent powers to the new medicines patent pool, to foster competition and bring prices down. To ensure medicines are affordable, countries should make regular use of trade law flexibilities to overcome the barriers standing in the way of access to treatment.

HIV/AIDS continues to be a global emergency requiring an emergency response. The epidemic already claims more than two million lives annually, but a reduction in support will add many more lives to this glaring statistic.

"Now is the time for ambition – not the time to turn back on AIDS treatments scale-up...we need to take the steps to stop the U-turn on AIDS treatment," – Sharonann Lynch, HIV/AIDS Policy Advisor for the MSF campaign for Access to essential Medicines.

MSF began treating people living with HIV in the 1990s and started antiretroviral treatment programs in three countries in 2000. MSF now operates HIV/AIDS programs in 32 countries. We provided care for over 190,000 people living with HIV/AIDS and anti-retroviral therapy for more than 162,000 people in 2009.

"Their homes had been submerged and all they had were the clothes they were in and what few items they had managed to rescue"

As floodwaters began spreading across Pakistan, uprooting thousands of families and many entire communities in the process, MSF continued to scale up its activities in the affected areas while preparing to expand its work to serve new locations and places where thousands of people were cut off from assistance they vitally needed. Dr. James Kambaki, Project Co-ordinator in Baluchistan, tells the story of floods in Pakistan:

"We'd heard that there were a group of people around Khabula who were stuck and isolated, but we weren't sure of exactly where they were. It took us more than two days to find them, driving around in 4x4s because the flooding has made it so difficult to get around. I was shocked when we found them – I had been in this area three or four days before and the area was completely dry. People had been farming, keeping their livestock, living their normal lives and then all of a sudden here it was completely flooded. Usually there is rain and then flooding. Here there was a flood under a scorching sun.

We drove as far as we could before we came to a large canal and across it we could see thousands of people stranded on a small bit of road that was completely cut off by the water. People were obviously desperate and gesturing to us for help, but there was no way we could get across. One man was obviously so desperate that he jumped

into the water and swam all the way across the flooded canal to get to us. He came out, his clothes dripping wet and told us: 'We have been stuck here for seven days and have not eaten.' He told us there were 3,000 families stranded on the other side of the canal who had no idea that the flood was coming and had been caught completely unaware by the rising water. For most of them their homes had been submerged and all they had were the clothes they were in and what few items they had managed to rescue. They had lost most of their food stock and most of their possessions.

One old man dragged me away and pointed out across the water. 'My house is here', he said. But I couldn't see anything – all there was water. His house was completely submerged. Most of these people were farmers who work for landlords so they have nowhere else to go. This is the only place they have and these mud dwellings are the only homes they have. This old man and his family had lost nearly everything. "

Médecins Sans Frontières has been working in Pakistan since 1988 providing medical assistance to Pakistani nationals and Afghan refugees suffering from the effects of armed conflicts, poor access to health care and natural disasters. MSF scaled up its rapid response to the flood disaster as volunteers conducted medical

activities in more than 15 locations in Khyber Pakhtunkhwa, Federally Administered Tribal Areas, Punjab, Balochistan and Sindh provinces. There were over 1,198 national and 135 international staff operating in Pakistan.

There were a lot of children around happily playing in the mud. To them it was fun and a change from their normal life, but for their parents it was complete devastation.

MSF finds thousands of families trapped by flooding in Baluchistan province

© Ton Koene. MSF doctor examining and offering medical care to victims of the floods in Pakistan.



Overview of MSF operations in 2009



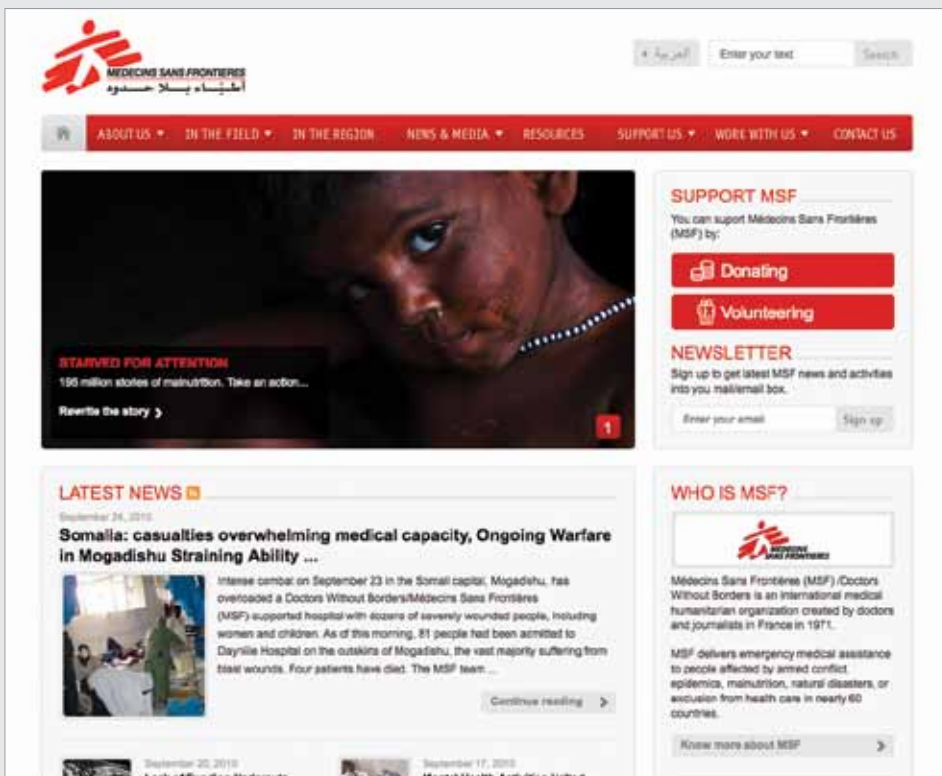
ACTIVITY	DEFINITION	TOTAL
Outpatient	Total number of outpatient consultations	7,509,512
Inpatient	Total number of admitted patients	292,347
Malaria	Total number of confirmed cases treated	1,110,495
Therapeutic feeding centres	Number of severe malnourished children admitted to inpatient or ambulatory therapeutic feeding centres	154,133
Supplementary feeding centres	Number of moderately malnourished children admitted to supplementary feeding centres	41,288
Deliveries	Total number of women who delivered babies, including Caesarean Sections	110,236
Sexual Violence	Total number of cases of sexual violence medically treated	13,624
Surgical interventions	Total number of major surgical interventions including obstetric surgery under general or spinal anaesthesia	49,680
Violent trauma	Total number of medical and surgical interventions in response to direct violence	88,765
Mental health	Total number of individual consultations	109,755
Mental health (group)	Total number of counselling or support group sessions	7,895
Cholera	Total number of people admitted to cholera treatment centres or treated with oral rehydration solution	130,220
Measles vaccination	Total number of people vaccinated for measles in response to an outbreak	1,419,427
Measles treatment	Total number of people treated for measles	28,261
Meningitis vaccinations	Total number of people vaccinated for meningitis in response to an outbreak	7,932,403
Meningitis treated	Total number of people treated for meningitis	77,901

Visit our new website

MSF is pleased to announce the launch of its bilingual English – Arabic website, www.msf-me.org. The new and more interactive website is meant to serve the wider Arab audience and respond to inquiries in the region and beyond.

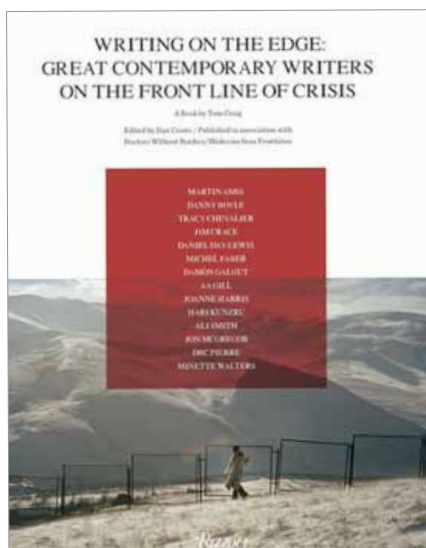
The site features the latest news and information about MSF's activities around the world. Interviews with staff and patients, videos and photo slideshows on the site provide a direct link to MSF's work in different countries. When you surf our website, you can follow up on our news from the field and navigate through our galleries of images and videos capturing our activities and interventions around the world.

Press releases as well as medical and financial reports are available on the site. Visitors can also sign up to receive a quarterly newsletter and a monthly e-newsletter which will deliver the latest information from MSF direct to their inbox.



Writing on the edge

Doctors Without Borders/Médecins Sans Frontières (MSF) and Rizzoli International Publications, Inc.'s "writing on the edge" is a collection of 14 first-hand accounts of life inside conflict zones where the international medical humanitarian organization provides emergency medical care. The book takes readers on a harrowing tour of countries in crisis, profiling people struggling to cope with war, disease, and lack of access to basic health care. Award-winning photographer Tom Craig teamed up with MSF and an international roster of 14 highly-esteemed, widely-traveled writers, directors, and actors, and visited various MSF projects, returning with poignant accounts of their experiences. Acclaimed author Martin Amis writes of gang violence in Colombia; New York Times best-selling



author Tracy Chevalier focuses on the abuse of women in Burundi; Academy Award-winning actor Daniel Day Lewis describes his trip to Gaza, and Booker-prize winning author DBC Pierre addresses the unusually high incidence of mental illness in Armenia.

These unforgettable stories, accompanied by Tom Craig's compelling photographs, offer readers a glimpse into a world of tremendous suffering that might otherwise remain unknown.

Starved for Attention

195 million stories of malnutrition.



We need your help to rewrite the story of childhood malnutrition

To take action, please go to <http://msf-me.org/starved-en> >

On June 2, Médecins Sans Frontières and VII Photo launched "Starved for Attention," an international multimedia campaign on the neglected crisis of childhood malnutrition.

An estimated 195 million children worldwide suffer from the effects of malnutrition, with 90 percent living in sub-Saharan Africa and South Asia.

In fact, malnutrition contributes to at least one-third of the eight million annual deaths of children under five years of age. Many families simply cannot afford to provide nutritious food—particularly animal source foods such as milk, meat, and eggs—that their young children need to grow and thrive.

Instead, they struggle to survive on a diet of little more than cereal porridges of maize or rice, amounting to the equivalent of bread and water.

Right now, the international humanitarian food aid system provides nutritionally inadequate foods to malnourished children under two years of age—the population most vulnerable to this treatable and preventable condition.

This situation must stop now...

As part of efforts to stop childhood malnutrition, MSF set-up an online petition to garner support for demands that governments supplying humanitarian food aid ensure that the food meets the nutritional needs of infants and young children.

We need your help to rewrite the story of childhood malnutrition

*for more information please go to this web address: <http://msf-me.org/starved-en>



Médecins Sans Frontières (MSF) / Doctors Without Borders is an independent international medical humanitarian organization that delivers emergency

aid to people affected by armed conflict, epidemics, natural and man-made disasters, or exclusion from health care in nearly 70 countries.

الهند: ضحايا سوء التغذية في الخفاء India: The invisible victims of malnutrition



© ستيفاني سانكلير / VII - يُصاب الناس بسوء تغذية مزمّن حين لا يستطيعون الحصول على توازن غذائي مناسب. وبسبب الفقر، يحصل الأطفال في طعامهم على الأرز الأبيض المعالج، ما يؤثر سلباً على عملية نموهم الطبيعي.

© Stephanie Sinclair/VII. People are chronically malnourished if they consistently don't have access to the right balance of food. With the lack of income and economic imperative, the country's nutritious food gets sold and children are fed refined white rice and the child grows up to be stunted.



© ستيفاني سانكلير / VII - أم تحمل طفلتها وهي تمشي من محطة القطار عبر البلدة للوصول إلى مركز التغذية العلاجية المتنقل التابع لمنظمة أطباء بلا حدود. وتقطع الأمهات مسافات طويلة للوصول إلى العيادات. وفي المجموع، يقضين ساعتين إلى ثلاثة في اتجاه واحد من أجل الوصول إلى عياداتنا.

© Stephanie Sinclair/ VII- A mother carrying her child walks from the train station through the town to receive a weekly check-up at MSF's ambulatory therapeutic feeding centers (ATFC) for severe acute malnourished patients. Mothers walk from their home to the train station. The train ride and the walk take up to three hours to reach our clinics.



© ستيفاني سانكلير / VII - الأم وطفلها داخل مركز تثبيت حالات المرضى التابع لمنظمة أطباء بلا حدود في بلدة بيروول. تقطع الأمهات مسافات طويلة للغدوم من قرية أخرى إلى المركز، لتسجيل أطفالهم في إطار برنامج منظمة أطباء بلا حدود الخاص بعلاج سوء التغذية الحاد، حيث يتم وزنهم وقياس طولهم وفحصهم على يد طبيب، ثم إعطاؤهم حصّتهم الأسبوعية من الأطعمة العلاجية الجاهزة للإستعمال.

© Stephanie Sinclair/ VII- The mother and her child inside MSF's stabilization center in Biraul town. The mothers make a long journey from another village to come to the center where their children, enrolled in MSF's program for severe acute malnutrition, are weighed, measured, examined by a doctor, and given a week's ration of therapeutic ready-to-use foods (RUTF).



© ستيغاني سانكلير / VII - موظف صحة لدى منظمة أطباء بلا حدود يقيس وزن طفل في مركز التغذية العلاجية المتنقل في بلدة بيرول.

© Stephanie Sinclair/ VII- An MSF worker weighs a child at the fixed ATFC in Biraul town



© ستيغاني سانكلير / VII - موظف صحة في منظمة أطباء بلا حدود يأخذ قياس محيط عضد طفل داخل مركز التغذية العلاجية المتنقل في بلدة بيرول بواسطة أداة تدعى MUAC. صُنعت خصيصاً لهذا الغرض. يتم تسجيل الأطفال في برنامج علاج سوء التغذية الحاد الذي تديره منظمة أطباء بلا حدود اعتماداً على هذا القياس.

© Stephanie Sinclair/ VII- A child's middle upper arm circumference (MUAC) is measured by an MSF health worker inside the ATFC in Biraul town with a MUAC bracelet. Children are admitted to MSF's program for severe acute malnutrition based on this measurement



© ستيغاني سانكلير / VII - طفل يتناول الحليب العلاجي. بالنسبة للأطفال الذين يعانون من سوء تغذية حاد مصحوب بتعقيدات طبية، ما يمكن أن يعرضهم لخطر الموت، فإنهم يدخلون إلى مركز تثبيت الحالات الطبية. هناك، تتم معالجة مرضهم وإطعامهم بالحليب العلاجي. وعندما تستقر حالتهم، يرجعون إلى منازلهم على أن يعودوا إلى مركز التغذية العلاجية التنقلية من أجل فحوص منتظمة وللحصول على حصص أسبوعية من الأطعمة العلاجية الجاهزة إلى أن يصبحوا بصحة جيدة تماماً.

© Stephanie Sinclair/ VII - A child being fed therapeutic milk. Severe acutely malnourished children who have complications, and as such are at risk of death, are admitted to the in-patient stabilization center. There, their illnesses are treated and they are fed with therapeutic milk. When they are stable, they are sent home and must come to the ATFC for regular check-ups and to get weekly rations of RUTF until they are completely healthy.



© ستيغاني سانكلير / VII - طفلة مسجلة في برنامج منظمة أطباء بلا حدود للمرضى الذين يعانون من سوء تغذية حاد، جالسة أمام جدول حالتها الصحية الذي يظهر إحرارها لتقدم ملموس في زيادة الوزن منذ إدراجها في البرنامج.

© Stephanie Sinclair/ VII- A child in MSF's program for severe acute malnourished patients is seen next to her chart which shows good progress in weight gain since she has been in the program.