

無疆

SANS FRONTIERES

被困於人道危機的婦女

Women Trapped in
Humanitarian Crises



如何問責和維持高透明度？

保持透明度和問責性，是無國界醫生的重要原則。我們致力將救援經驗向大眾和支持者分享，以展示我們的行動和成果。同樣地，對於經費的運用，我們也要保持透明度和問責性，讓支持者得悉捐款的用途。

要接觸最需要援助的一群，無國界醫生有時候必須作出痛苦的決定，以及面對複雜的兩難。應該公開地說還是保持沉默？要擴展還是縮小項目？我們有否在別人對我們的合理期望下，嘗試一切的做法？要進行救援工作意味著我們要勇於作新嘗試，有時需要冒險，以及願意接受失敗。

我們要持續審視行動的成果，來改善工作並將可行之下最高質素的醫療援助帶給病人。無國界醫生根據數個準則對外問責，我們要對訂下的目標，以及以何種模式達到目標負責。在這個層面上，我們會評估項目是否**適當**，即是項目能否接觸和有多應付到最受影響的一群的需要。

另外，行動的**效力**，亦即項目能否依據目標達到預期的效果，也是評估準則之一。第三個準則是項目的**效率**，即如何投放人力、物力和財政資源，達至訂下的成效。

除了這三個主要準則，行動所帶來的更廣義的**影響**，無論是直接還是間接、有意還是無意，也該納入考慮之列。

保持透明度，意味著我們必須向公眾分享救援經驗，縱使工作中面對困難和犯下錯誤，也不能避而不談。透過經驗分享和你對人道危機的認知增加，我們希望你不會繼續支持我們的工作，更會對我們作出的選擇提出疑問和質詢。你可在我們的網站 (www.msf.org.hk) 瀏覽最新的活動報告和財務報告。你的回應，令我們的工作得以改善，幫助更多有需要的人。

無國界醫生香港辦事處總幹事
溫達德

How to Achieve Accountability and Transparency?

Accountability and transparency are important principles for MSF. We are committed to share our experiences with the public and our supporters, in order to demonstrate MSF's mission and our efforts. Of course, we must also be accountable and transparent in how we use the financial resources provided to us.



In order to access populations in extreme need, MSF must sometimes make difficult choices and we are often confronted with complex dilemmas. Do we speak out or do we remain silent, do we scale up the intervention or do we need to scale down, have we tried everything that could reasonably be expected from us? The imperative to act means that we have to be innovative, sometimes take risks and be willing to fail.

It is an ongoing process to assess the results of our action in order to improve our operations and provide the best possible quality medical assistance to our patients. MSF's approach to accountability is based on several principles. We consider that we are accountable for what we set out to achieve and the means that we use to do this. In that respect, our actions are primarily assessed in terms of its **relevance**, meaning the extent to which our interventions reach and correspond to the actual needs of the most affected populations in a crisis.

Our action should also be assessed in terms of its **effectiveness**, meaning the extent to which our programmes achieve expected results based on their objectives. Thirdly our action should be assessed on its **efficiency**, meaning the way in which inputs (human, material and financial resources) are used to achieve intended outputs.

Beyond these three key criteria, the intervention's broader **impact**, meaning its effects, both direct and indirect, intended and unintended, should also be considered.

Transparency implies that we cannot hold back in sharing our experience with you, also when we encounter difficulties or make mistakes. We can tell you about our work and we hope that your increased awareness will not only stimulate your ongoing support for our mission, but that you also will question us about the choices we make. You can find our Activity Report and the Financial Statement for 2007 on our website (www.msf.org.hk). Your feedback will allow us to improve and serve more people in need.

Dick VAN DER TAK
Executive Director
Médecins Sans Frontières Hong Kong

封面圖片 Cover Photo : © Jehad NGA 索馬里 Somalia

被困於人道危機的婦女 Women Trapped in Humanitarian Crises

每年，超過五百萬婦女在無國界醫生的候診室聚集。五百萬——一個龐大的數字，然而這只是冰山一角。更多的婦女，無論是身在暴力衝突還是戰後國家；處身難民營還是臨時帳篷；居於偏遠地區還是槍林彈雨的城市，都無法獲得所需的醫療護理。在救援的前線，當針對婦女的醫療援助寥寥無幾時，無國界醫生目睹無數婦女面對的特殊困境，令她們要承受不必要的懷孕、肉體創傷，甚至死亡。

Every year, more than five million women gather in MSF waiting rooms. Five million: so many, and yet this is just the tip of the iceberg. Many more – whether in conflict or post-conflict settings, in refugee or displaced person camps, in remote rural areas or dangerous urban neighbourhoods – still do not have access to the health care they need. In our projects, MSF witnessed many singular and difficult situations for women in humanitarian crises when the medical response to their specific health needs is neglected. As a result, they needlessly suffer unwanted pregnancies, physical injury and even death.



© David LEVENE

在科特迪瓦，婦女在無國界醫生一間流動醫療診所等候生殖健康護理。雖然當地正重新統一，但醫療制度仍有待重建。
Women waiting for reproductive healthcare in the waiting area of an MSF mobile clinic in Côte d'Ivoire. Although the country is under reunification, its healthcare system is not fully rebuilt yet.



© Sven TORFINN / HH

在戰爭和衝突中，婦女是最容易被性侵犯的一群。
Women and girls are the most vulnerable groups to sexual violence during wars and conflicts.

在戰爭衝突期間，婦女面對的健康危機尤其嚴重。婦女和女童經常成為性暴力的目標和受害者，導致嚴重的身體創傷如不必要的懷孕、不安全流產、性病感染和婦科問題，亦會受到社會歧視。

性暴力：戰爭的武器

「性暴力在戰爭中是一種武器。它可以用來獎勵士兵，或是慰勞他們。它也是一種酷刑，用以羞辱某個社群中的男性。系統性的強暴可逐離一批人口，以獲取財物或土地，又或是策略性地使婦女懷孕，進行種族清洗。」在無國界醫生負責暴力研究的都爾樂解釋。

就算在相對和平的地區，針對婦女的暴力可以在家庭或友儕間發生，犯案者通常是受害者認識的人。無國界醫生在印尼西巴布亞阿斯馬地區發現，有八成至九成的受訪婦女曾遭受不同形式的家庭暴力。

懷孕：徘徊生死之間

婦女在懷孕期間特別脆弱。在衝突地區，由於緊急婦產服務難求，迫使孕婦要在逃難期間，在路旁或草叢中生產。在戰後國家和偏遠地區，醫療護理往往非常昂貴，成效甚低，甚至缺乏供應，也不會提供針對女性需要的醫療服務。

無國界醫生通常是區內唯一一個提供醫療服務的組織，婦女很多時要長途跋涉才能抵達我們的醫療設施。她們經常要等到併發症出現，才開始尋求醫療援助，延遲急救令她們有機會死亡或嚴重衰弱。

婦女獨自生產，又或依靠家人或傳統產婆接生，也有機會延誤出現併發症的孕婦接受醫療救援。無國界醫生的生殖健康護理項目總管利娜賓說：「延遲婦產護理，已證實有機會令婦女死亡，又或引致終生後遺症。」

陰道瘻管：破壞性的病症

難產或性暴力有機會引致陰道瘻管。陰道瘻管是肌肉壞死，引致陰道與膀胱或陰道與直腸間形成洞口。患上此病的婦女會小便失禁，部分則大便失禁。

長期失禁加上隨之而來的氣味，令患者難以過正常生活。「患者會受到歧視和孤立，引致抑鬱甚至自殺。」利娜賓說。

富裕國家對陰道瘻管的認知少之又少。不過，在發展中國家，特別是在非洲撒哈拉沙漠以南一帶和東南亞的偏遠地區，因為無數婦女在家中生產，沒有剖腹生產的機會，所以此病十分普遍。

During period of war, health crises faced by women exacerbated. Women and young girls often become potential targets and victims of sexual violence, which lead to serious physical consequences such as unwanted pregnancies, unsafe abortions, transmission of infectious diseases and gynaecological problems. It also results in profound social stigma and discrimination.

Sexual Violence – Weapon of War

“Rape during a war can be used as a weapon. It can be used to reward soldiers, or remunerate them. It can also be used as a means of torture, sometimes to humiliate the men of a certain community. Systematic rape can be used to force a population to move, and acquire goods or territory, or in a strategy of ethnic cleansing with forced pregnancies,” Françoise DUROCH, who is in charge of research on violence at MSF explained.

Even in non-conflict areas, violence against women can occur within families or private circles, and is often carried out by someone known to the victim. MSF observed this in the Asmat region of West Papua in Indonesia, where interviews with women revealed that 80% to 90% of them have been affected by different forms of domestic violence.

Pregnancy – Between Life and Death

Women are particularly vulnerable during pregnancy. In conflict areas, the lack of access to quality emergency obstetric care obliges women to give birth on the move, be it at roadsides or in the middle of the bush. In post-conflict settings and remote rural areas, health services are frequently costly, inefficient and inaccessible and do not adequately address women's specific needs.

As MSF is often the only health provider in a region, women often

have to travel long distances to reach us. They often do not make this journey until complications have already developed, which may lead to death or serious infirmity.

Women delivering alone or with the help of family members or a traditional midwife can lead to delay in transferring those with complications to medical structures equipped to offer treatment. Christine LEBRUN, Head of Reproductive Health Programmes at MSF said, “The delays involved in accessing obstetric care can sometimes prove fatal for women, or lead to lifelong infirmity.”

Fistulas – Devastating Illness

Protracted delivery and violent sexual aggression may lead to fistulas. Fistulas is the necropsy of tissue which ends up forming an orifice between the vagina and the bladder or the vagina and the rectum. Women can be left with incontinence, in some cases with continuous leaking of faeces.

Given the physical consequences of fistula and the resulting smell, it is difficult for afflicted women to lead a normal life. “Fistulas can result in stigmatisation, isolation, depression and even suicide,” said Christine.

Fistulas are practically unknown in the developed world. But in developing countries, especially in rural areas of sub-Saharan Africa and Southeast Asia, fistulas are common as countless women deliver at home and have no access to caesarean sections.



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當地員工在塞拉利昂一所無國界醫生醫院提供產前檢查。當地的母嬰死亡率為全球最高。
A national health worker provides prenatal care in an MSF hospital in Sierra Leone. Maternal mortality in this country is the highest in the world.

無國界醫生婦女醫療護理的工作 MSF's Effort on Women Health

在全球各地，無國界醫生正擴展針對婦女醫療需要的項目。我們致力減低母嬰死亡率，甚至於極度不穩定的地方如索馬里、達爾富爾，提供婦產及生殖健康護理項目。工作包括緊急婦產服務、產前及產後診症，以及家庭計劃服務。

無國界醫生為性暴力受害者提供的醫療護理包括外傷治理，以及預防愛滋病、破傷風和性病的治療。另外，若在性侵犯後的一百二十小時內接受治療的話，我們也會為被強暴者提供緊急事後避孕服務。我們又提供心理及社區支援。

我們在許多國家提供瘻管修補手術，包括利比里亞、科特迪瓦、乍得和尼泊爾。若由經驗豐富的外科手術醫生處理，手術成功率高達九成。透過手術以及家庭和社區的支持和接納，大部分婦女都可重投正常生活。

Around the world today, MSF is developing programmes that address women's vulnerability. The maternal and reproductive health programmes focusing on reducing maternal and infant mortality can be found even in the most unstable areas such as Somalia and Darfur. They include emergency obstetric care, pre- and postnatal consultations and family planning services.

For MSF, the medical care provides to sexual violence victims includes the treatment of lesions and pain and the administration of a prophylactic treatment against HIV/AIDS, tetanus and sexually transmitted diseases. In addition, patients can receive emergency contraception if they reach treatment within the 120 hours following the rape. MSF also offers parallel psychological and social support.

Fistula repair has been provided in numerous countries including Liberia, Côte d'Ivoire, Chad and Nepal. The success rate of fistula repair by experienced surgeons can reach 90%. With treatment and support for reintegration in families and communities, most women can go on to lead a normal life.



婦女說…… Women Say...

© Julie REMY 馬拉維 Malawi

我的丈夫不相信我是愛滋病患者。當我要求他進行性行為時配戴安全套，他拒絕並說：「你是我的妻子，我不會使用安全套。安全套是性工作者使用的。若你真的是性工作者，我便會拋棄你。」他確定我是愛滋病患者後，便拋棄了我和四名子女。

——三十一歲、來自肯尼亞的亞媞奴

My husband wouldn't believe that I am HIV-positive. When I told him that we should use condoms during sex he refused and said, "You are my wife. I can't use a condom with you. Condoms are for prostitutes. If it is that case I'm going to leave you alone." He left me and four children after confirming that I am HIV-positive.

- Catherine ATIENO, 31 from Kenya



© Mariella FURRER 肯尼亞 Kenya

有一位婦女在村中生產，產程持續了差不多一個星期！嬰兒在子宮內死去。一位傳統產婆用刀割開會陰，嘗試把嬰兒拿出來，卻切下了嬰兒的頭，因為嬰兒屍身已在子宮內腐爛。無國界醫生的外科手術醫生救了她的命，但她卻患上陰道瘻管。

——於南蘇丹博爾任助產士的納華蒂

Awoman delivered in the village and the labour lasted nearly a week! The baby died in uterus. A traditional midwife tried to remove the child, opening up the perineum with a knife, but in vain. She cut off the baby's head, as it was decomposing inside the womb. The MSF surgeon could save her life, but she was suffering from an obstetric fistula.

- Rachael NATWATI, an MSF midwife worked in Bor, South Sudan

我整天在哭，不想活下去。每天都忙著洗澡和清洗衣服。我不敢外出，村民都遠離我。他們說我被詛咒或曾經不忠，才會患上這個病。我沒有回應。當不斷有尿液和糞便在你雙腿間流出，你還可以說些甚麼？

——二十六歲、五年前因難產而患上陰道瘻管的瑪麗
當丈夫發現瑪麗失禁時便拋棄了她

Icried all day. I no longer had any reason to live. I spent my time washing myself and my clothes. I didn't dare to leave home, people were so wary of me. People said I'd been bewitched, or I'd been unfaithful, which is why this had happened to me. I didn't respond. What can you say when you have urine and faeces trickling down your legs?

- Marie, 26, spent five years with obstetric fistula.

When her husband saw that she was incontinent, he abandoned her.



在危地馬拉，醫護人員正為一名女孩進行美洲錐蟲病血液測試。
In Guatemala, a health worker is doing a blood test for Chagas for a girl.

© Juan Carlos TOMASI

美洲錐蟲病 殺人於無形 Chagas Disease: A Silent Killer

在古裝劇中，殺手經常擁有大批暗器，能夠殺人於無形。真實世界裡，也有一種疾病能夠悄悄地奪人性命，它就是美洲錐蟲病。這個病對亞洲人來說可能比較陌生；但它在中南美洲許多國家肆虐，目前約八百萬人受感染，每年導致五萬人死亡。

美洲錐蟲病的病原體透過吸血昆蟲叮咬傳播。它殺人著無痕跡，在於急性感染期沒有明顯徵狀。兒童患者可能出現發熱、淋巴腫大、肝脾腫大或傷口發炎等徵狀，但通常於數日內消失。由於上述病徵與常見的兒童疾病病徵相似，染病兒童往往沒有及時尋求治療。

徵狀不明期於感染後的八至十個星期開始，患者沒有任何病徵，因此多不知道寄生蟲已潛藏體內。約二至三成患者會於十至二十年內發展成慢性美洲錐蟲病，心肌、食道及結腸都受到不可逆轉的損害，令身體愈來愈虛弱，大部份患者最後會心臟衰竭而死。

現存療法未如理想

美洲錐蟲病是現時全球最被忽略的疾病之一，治療藥物僅得兩種，但效用都不理想：因為它們僅對急性和初期的病症有效，也可能會導致嚴重副作用，療程又長達一至兩個月，並需由專門的醫護人員監察治療進度。

無國界醫生自一九九九年，為美洲錐蟲病患者提供治療，亦致力推動藥物和檢測工作的研究與發展。

In costume dramas, hitmen always have a range of secret weapons to kill someone without a sound. In the real world, there is a disease with a similar attribute. Little known in Asia, Chagas is a parasitic disease found in the Americas, where it affects an estimated eight million people and claims up to 50,000 lives a year.

Chagas is caused by a parasite called *Trypanosoma cruzi*, which is transmitted to humans by blood-sucking insects. Chagas kills silently because during the acute stage of the disease, there are often no apparent symptoms.

Children may show some symptoms such as fever, swollen lymph glands, enlarged liver and spleen, or an inflamed bite wound. But, these symptoms may be confused with those of other common childhood illnesses, and they pass in a few days. Thus, most of the infected children miss the opportunity to seek medical attention.

The indeterminate stage begins

between eight to ten weeks after the initial infection. People do not have symptoms and can carry the parasite for years without knowing it. About 20-30% of those infected develop the chronic form of the disease ten or twenty years later. The lesions that develop in this phase cause irreversible damage to the heart, oesophagus and colon. Patients gradually become more ill, and heart failure is a common cause of death among them.

Existing Medical Tools Far From Ideal

Chagas is one of the most neglected diseases in the world. There are only two medicines available to treat Chagas, and neither is ideal. They are effective only in the acute and early stages of the disease. Also the treatment can cause severe side-effects, lasts 30 to 60 days and needs to be taken under medical supervision.

MSF has been treating Chagas patients since 1999. MSF is advocating increased research and development in new diagnostic tools and medicines.



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營養治療穩定中心內，醫護人員正為一名營養不良的小孩進行檢查。
A member of the medical staff is examining a malnourished child in the stabilisation centre.

營養不良陰影下的埃塞俄比亞南部

Southern Ethiopia: In the Shadow of Malnutrition



© Elena TORTA / MSF

無國界醫生安排救護車定期穿梭各個診所和醫療中心，以便即時為有需要的兒童提供深切治療服務。
Ambulances which travel regularly between the clinics and the medical centres allow MSF to immediately treat those children who need intensive medical care.



© Susan SANDARS / MSF

在奧羅米亞區流動營養治療項目裡，一名幼童獲發即食營養治療食品。
A young child with ready-to-use therapeutic food at one of MSF's outpatient therapeutic programmes in Oromiya region.

在埃塞俄比亞這個有七百萬人定期需要糧食援助的國家，營養不良並非新鮮事。但今年初，雨季遲來及部分地區雨量太少，加上通脹、糧食價格上升及其他因素，令該國南部的奧羅米亞和南方人民民族地區的營養不良情況更為惡劣。

無國界醫生自今年五月中展開醫療項目，設立五所營養治療穩定中心，為有肺炎或瘧疾等併發症的嚴重急性營養不良兒童，提供廿四小時醫療護理。

沒有併發症的嚴重營養不良兒童則在外展營養治療項目接受門診治療。這些小孩每周會獲發即食營養治療食品，並可留在家中，毋須住院治療。自七月中，醫療隊亦向中度營養不良的兒童及其家人，派發營養補充食品。

截至八月中，已有約二萬八千名嚴重營養不良的病人，在無國界醫生的項目中接受治療。醫療隊會繼續評估區內的營養不良情況。

In a country where around seven million people routinely rely on food aid, malnutrition is nothing new in Ethiopia. But early this year, the rainfalls were too late and too little in a number of areas. Combined with high inflation, an increase in food price and other factors, all these have made the situation in the Oromiya and Southern Nations and Nationalities People's (SNNP) regions of southern Ethiopian much worse than normal.

MSF started nutritional intervention in mid May. Five stabilisation centres have been set up to provide 24-hour care for children with severe acute malnutrition combined with medical complications, such as pneumonia or malaria.

Severely malnourished children without complications are treated on an outpatient basis in outreach therapeutic programmes. They are provided with ready-to-use therapeutic food on a weekly basis and are able to stay at home with their families. Since mid July, medical teams have also distributed supplementary food rations to moderately malnourished children and their families.

Until mid August, about 20,800 severely malnourished patients had been cared for in MSF programmes in the affected regions. And the teams continue to assess the situation in the affected regions.



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父母攜同子女輪候糧食派發。每兩個星期，每個家庭都可獲得二十五公斤的糧食。
Families queuing for food distribution. Every two weeks, each family will receive 25kg of food rations.



© fastxmsf

在南方人民民族地區數個地方，無國界醫生工作隊也為一些營養不良的成年人提供醫療護理。
In some areas of SNNP region, the MSF teams have also cared for a number of malnourished adults.



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深切治療部的醫生已經竭力搶救這個小男孩，可惜他終告不治。
The doctors in the intensive centre struggled long and hard, even resuscitating this little boy several times. But he eventually died.



© William DANIELS

塞拉利昂一所無國界醫生醫院的深切治療部，一名母親陪伴患上瘧疾的兒子。
A mother takes care of her malarial child in the intensive care unit at an MSF hospital in Sierra Leone.

財務統籌的挑戰——在銀行不多的地方支薪

Challenge of a Financial Coordinator – Paying Salary Where Bank is Rare

我自今年五月參與塞拉利昂一個救援項目，擔任財務統籌一職。這項目包括一間轉介醫療中心、五間診所和外展醫療隊，主要提供免費的瘧疾治療、婦產健康護理和醫治五歲以下的營養不良兒童。

雖然我不是負責醫療方面的工作，但日常工作也很忙碌。每日都會有很多人來到我們的辦公室收取各類款項。為確保日常運作有足夠資金，我需要制訂預算，讓歐洲的救援行動中心每月按預算匯款過來。

另外，我需要妥善記錄項目的財政狀況。每年年終，我們都要準備財務報告，以便核數師查核。確保每名前線員工明白我們要對捐款者負責任，同時對項目的開支承擔責任，是十分重要的。

給當地員工支薪，是我們財務行政隊每月的一大事項。我們的支薪名單上有超過四百名員工，需要根據各人每月底薪、加班時間、資歷，再扣除薪俸稅、社會保障供款等，逐一計算他們的薪金。

我們通常以現金支付大部分員工的薪酬。塞拉利昂並沒有自動櫃員機，亦只在鎮中心才有銀行。由於當地交通基礎設施不足，要身處偏遠地區的員工去銀行提取薪金，是十分困難和昂貴的事。故一支五人組成的工作隊要花上一整天時間把各人薪金包好，再以一日時間到不同地點分發薪金。

到醫院播卡通電影

每個周末，我都會跟隨隊員到醫院。我們會用電腦和投影器給病人播放卡通電影。醫院裡的病人和員工對我都友善，當大家知道我是

來自中國香港時，都第一時間問我知不知道誰是成龍或李小龍。

對於部分小孩來說，這可能是他們第一次看電影。孩子到醫院求診的原因有很多，例如意外飲下「哥士的」（製肥皂用的化學物氫氧化鈉）而需要接受手術、從樹上跌下斷肢、嚴重燒傷、營養不良、瘧疾、結核病等。如果沒有無國界醫生這醫療項目，他們大都可能沒有機會得到適當治療，甚至失去性命。

每次看見這些小孩，我都會想起在香港的家人。是太太和孩子們的諒解和支持，讓我可以來到這裡。我期待農曆新年時能與他們相聚，但此刻，我會先專注如何把前線工作做好。

無國界醫生塞拉利昂項目財務統籌
吳炳杰

joined the mission in Sierra Leone as financial coordinator in May 2008. The mission operates a referral centre, five clinics and outreach medical teams, with a focus on providing malaria treatment, nutritional programmes for children under five as well as maternity healthcare. These treatments are all free of charge.

Though I don't work on the medical side, the daily work in the field is busy. Every day, people come to the finance office for payments. To make sure that there is sufficient fund for the everyday operation, I have to send an estimate to the operation centre in Europe. Based on this information they wire money to the mission each month.

I also need to maintain a proper financial record of the mission. At the end of each year we have to prepare a financial report which is subject to review by the auditor. It is important to ensure that all the staff in the mission understand our responsibility to the donors and are accountable for all the resources spent on the mission.

The salary payment to our national staff is a big event for the finance and administration team every month. There are over 400 staff on our payroll list. We have to calculate everyone's salary according to his/her basic salary, overtime, seniority,

the deduction for income tax and contribution to the national social security etc.

We are used to paying staff mainly in cash. You can only find the bank in the town centre and there is no ATM machine in this country. It would be difficult and expensive for our staff in remote areas to go to the bank to collect their salary due to the poor transportation infrastructure. Therefore a team of five staff will spend a whole day packing the money and then go for another whole day to different locations distributing the salary.

Showing Cartoons in Hospital

Every weekend I will join my teammates to go to our hospital. We use a computer and a projector to show cartoons to patients. Both the patients and the national staff are very friendly to me. Once people know that I am from Hong Kong, China, they always ask if I know Jacky Chan or Bruce Lee.

To some kids it may be the first movie they have seen. The kids come to our hospital for various reasons – accidentally drinking caustic soda and needing operations, falling from the tree and breaking a limb, suffering from serious burns, malnutrition, malaria, tuberculosis, or other health problems. If MSF were not here many of them would not have the chance



© William DANIELS

無國界醫生醫護人員正向一群孩子患上營養不良的母親講解。
An MSF health worker meets with women whose children are suffering from malnutrition.

to receive proper medical treatment or even to survive.

Every time I see these kids I miss my family in Hong Kong. It's only with the great understanding and support from my wife and kids that I could come here. I look forward to the reunion with my family for the Chinese New Year but right now I will focus on my work in the mission.

Freeman NG Ping Kit
MSF Financial Coordinator in Sierra Leone



Photo Source: Freeman NG Ping Kit

吳炳杰喜歡探訪無國界醫生醫院內的小孩。
Freeman enjoys visiting the patients in the MSF hospital.

無國界醫生自一九八六年開始在塞拉利昂工作，提供基本醫療服務，並在博城一間轉介醫院提供兒科、婦產科護理和營養不良治療，同時支援五間診所，以提供產前、產後護理、家庭計劃服務、性病治療，並為性暴力受害者提供醫療和心理護理。

來自香港的吳炳杰自二零零八年加入無國界醫生，這是他首個救援任務。

MSF has worked in Sierra Leone since 1986. MSF provides basic health services and runs a referral hospital near Bo that offers paediatric and maternity care and therapeutic feeding. We also support five clinics to provide ante- and post-natal care, family planning, treatment of sexually transmitted disease and medical and psychological care for victims of sexual violence.

Freeman NG Ping Kit who comes from Hong Kong joins MSF in 2008. This is his first mission with MSF.



© Eyal WARSHAWSKI

在伊洛瓦底省三角洲的一條村落，熱帶風暴納爾吉斯的生還者站在被暴風摧毀的房屋旁邊。
Cyclone Nargis survivors stand next to a house damaged by the storm in a village in the Irawaddy Delta area.

全球工作 Worldwide Work

五月 緬甸風災緊急救援行動

May Emergency Intervention Following the Cyclone in Myanmar

五月二日，熱帶風暴納爾吉斯吹襲緬甸，多個地區損毀嚴重，數以千計人死亡。雖然國際志願人員難以進入災區工作，但在當地員工的努力下，無國界醫生在重災區伊洛瓦底省三角洲展開了緊急救援行動，為超過四十六萬人提供緊急援助，並進行超過三萬宗診症。

Myanmar was severely hit by Cyclone Nargis on 2 May, devastating entire communities and destroying thousands of lives. Despite difficulties for international staff to access the affected areas, MSF launched an emergency intervention in the worst-affected Irawaddy Delta area with the help of national staff, providing emergency assistance to more than 460,000 people and carried out more than 30,000 medical consultations.



© Joanne WONG / MSF

中國四川省發生地震後，無國界醫生派出四十名國際救援人員及十六名當地人員，到災區進行救援工作。

Up to 40 international staff and 16 national staff from MSF have joined the relief effort in the affected region in Sichuan, China.

五月 中國四川地震緊急救援行動

May Emergency Response to the Earthquake in Sichuan, China

五月十二日，中國四川省發生黎克特制八級地震。無國界醫生隨即在當地的醫院支援外科手術、基本醫療及精神健康服務，並捐贈醫療及其他物資。透過與中國紅十字會緊密合作，無國界醫生向災民捐出帳篷、塑料帆布及其他基本物資。

On 12 May, a magnitude 8.0 earthquake hit Sichuan, China. MSF responded to the catastrophe by providing surgical and basic medical support to local hospitals, giving mental health support to the victims, and donating medical and other supplies to the relief effort. In close collaboration with Red Cross Society of China, MSF also donated tents, plastic sheeting and other basic items to the population.

六月 布隆迪增建婦產科急症中心

June New Obstetrical Centre in Burundi

無國界醫生於布瓊布拉郊區開設一所婦產科急症中心，負責處理轉介個案，並為在懷孕或分娩時患上併發症的婦女和未能在健康中心接受治療的病人提供治療。無國界醫生希望透過這個項目，強調獲得免費醫療服務的重要性。

MSF opened a new obstetrical emergencies centre in the rural district of Bujumbura. This centre takes on referred cases and provides medical care for women presenting complications during pregnancy or delivery and who cannot be treated in health centres. MSF intends to draw on this project to emphasise the importance of accessible and free medical care in this domain.



© Didier RUEF

現時，無國界醫生於布瓊布拉郊區支援十三間婦產醫療中心，能應付孕婦的緊急醫療需要。
In the rural district of Bujumbura, MSF is now supporting 13 maternity clinics with the management of obstetrical emergencies.

八月 無國界醫生於馬耳他開展救援項目

August MSF Starts to Work in Malta

馬耳他是北非海岸其中一個船隻入境的主要地點。這個項目的目的是為登陸的入境者提供醫療援助。醫療隊伍的工作主要分三方面：在船隻靠岸的地方醫治入境者；於拘留所提供精確健康治療和生殖健康護理，以及在尋求庇護人士和難民居住的臨時房屋區診症。這是無國界醫生在該國的首個救援項目。

Malta is one of the main arrival points for boats coming from the North African coast. The project aims to provide medical assistance to migrants landing on the island. MSF medical teams focus on three areas: medical assistance at the landing of boats on the coast, mental health as well as sexual and reproductive healthcare inside the detention centres and access to healthcare for asylum-seekers and refugees living in temporary settlements. This is the first time that MSF has intervened on the island.

八月 支援格魯吉亞的流離失所者

August Provide Support to the Displaced in Georgia

南奧塞梯分離地區爆發暴力事件以及俄軍進攻格魯吉亞後，無國界醫生在格魯吉亞首都第比利斯支援數間醫院，為受外傷及燒傷的病人提供藥物。流動醫療隊亦於數個臨時避難營派發基本救援物資及治理病人。兩個原有的耐多藥結核病項目則在衝突期間繼續服務。

Following the outbreak of violence in the breakaway region of South Ossetia and subsequent attacks by the Russian army on Georgian territory, MSF teams in Tbilisi, the capital of Georgia, supported several hospitals by providing medicines for patients who have been injured or burned. The mobile teams also provided basic relief supplies and medical care in several displaced person camps. The two existing multi-drug resistant tuberculosis programmes were continued during the turmoil.



© Brigitte BREUILLAC / MSF

在格魯吉亞，無國界醫生在空置的樓宇成立臨時醫療站處理傷者。

In Georgia, MSF team sets up a temporary health post in an abandoned building to provide emergency medical care.



© Jean-Marc GIBOUX / Getty Images

無國界醫生在全球超過六十個國家工作，為被遺忘的一群提供醫療援助。
MSF provides medical assistance to the neglected populations in more than 60 countries worldwide.

愈多捐款愈好？ 無國界醫生對籌款的反思 When More Money is Not Better - a Closer Look at When and How MSF Raises Funds

「5.12 大地震」後的數個星期，全港市民發揮「一方有難，八方支援」的精神；有人義務到前線救災，更多人捐錢支持災後的支援工作。香港市民就四川地震有關的災後救援及重建工作，共捐出超過二十億港元。無國界醫生是其中一個在災區展開救援工作的組織，亦收到很多指定用途支持我們在四川救援項目的捐款。不過，當指定用於四川地震救援工作的捐款金額超過五百萬港元時，無國界醫生香港辦事處便停止接受有關捐款。

很多人對於無國界醫生這個決定，感到大惑不解，甚至覺得憤怒。為甚麼無國界醫生「有錢都唔要」？

對捐款者負責任

無國界醫生是一個以病者的需要為

主導的人道緊急醫療救援組織。雖然我們十分感謝捐款人和公眾的支持，但在某些情況下，當無國界醫生在所收到的指定用途捐款超過有關救援項目所需要的經費時，便會停止接受有關捐款。零四年的南亞海嘯和今年五月的四川地震，都出現這個情況。

在四川地震發生後，無國界醫生為部分災民提供了帳篷及基本救援物資；亦展開了精神健康治療項目。但總體上，由於中國政府龐大的應災能力，以及無數民間自發的救災行動，大部分災民的基本需要很快便已經得到照顧。因此，無國界醫生沒有必要在是次地震中展開大規模的救援行動。

力求為最需要一群服務

無國界醫生認為，以實際的救援需要——而不是以捐款的踴躍程度一

一來決定救援行動的規模，才是最負責任、最有效率地運用資源的方法。在其他較少獲得注意的地方，還有很多傷病者因為無法獲得人道醫療救援而危在旦夕。無國界醫生堅守救援原則，繼續專注在缺乏人道及醫療援助的地方提供支援，例如在四川地震同一個月，受熱帶風暴納爾吉斯吹襲的緬甸。

在緊急救災期間作出拒絕捐款的決定並不容易；這實在不是一個容易讓捐款者和公眾明白的概念，特別是當某一個地方災情嚴重的消息言猶在耳，而有很多需要醫療援助的國家被傳媒遺忘的時候。無國界醫生在全球超過六十個國家，包括剛果民主共和國、蘇丹達爾富爾、哥倫比亞和尼泊爾等地工作，仍然需要經費支持。不過，在必要的情況下，無國界醫生仍然會作出拒絕接受指定用途捐款的決定。



© Jodi HILTON / Corbis

去年八月，秘魯發生強烈地震，無國界醫生立即到偏遠地區展開緊急救援。MSF provided emergency medical relief to remote communities after a powerful earthquake hit Peru in August last year.

In the weeks following the "5.12 earthquake" that devastated parts of Sichuan Province, Hong Kong public demonstrated great solidarity: more than HKD2 billion in donations were made to the relief effort, and many people offered to support the relief activities otherwise. As MSF was one of the organisations providing emergency relief in the affected areas, we also saw an impressive surge in requests to make donations earmarked to this disaster. Nevertheless, MSF actively stopped receiving earmarked donations once the amount collected for our Sichuan earthquake operations exceeded HKD5 million. Many people found it intriguing, if not inappropriate or absurd, that MSF would sometimes decide to turn down donations. The understanding is, from a funding point of view, isn't it true that more money is always better?

Be Responsible to Donors
MSF is a needs-driven humanitarian emergency medical organisation. Though we are very grateful for the generosity and support shown by our donors and the public, in some cases, when the amount of donations earmarked to a specific disaster surpasses the financial requirements for the respective relief operation, MSF has to stop accepting any more donations earmarked for that cause.

This was the case during the Asian tsunami in 2004 and again for the Sichuan earthquake intervention. The Chinese government and volunteer civil efforts demonstrated great capacity in providing relief and covering post-disaster humanitarian needs. There were few gaps in medical health, basic relief items and shelter. MSF responded to fill these gaps, but the scale of operations remained modest throughout our intervention.



© Francesco ZIZOLA / Noor

南亞海嘯發生後數天，無國界醫生已停止接受指定用途捐款，而有關的救援工作則繼續進行。

Several days after the Asian tsunami, MSF stopped receiving earmarked donations, whilst MSF provided relief work uninterruptedly in the affected areas.

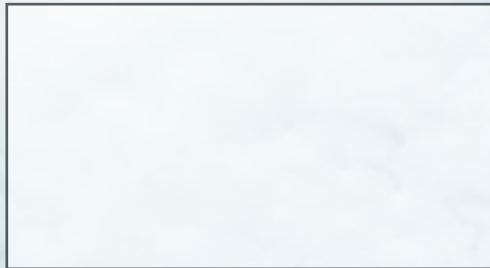
Strive for Serving the Most Needed

MSF believes that it is irresponsible and inefficient to boost operations artificially only on the basis of easy access and availability of funds, and leave urgent and massive needs unmet in less prominent crises where the immediate survival of tens of thousands of people continues to be at stake. MSF stood by its principles and focused on continuing to provide medical assistance to people in these places where medical and humanitarian needs are not addressed. Myanmar, struck by cyclone Nargis in the same month as the Sichuan earthquake, was one of these places.

Saying 'no' to donations is not easy, especially during emergencies. It is not an idea easily understood by the public, especially when images of victims in dire situations are still on the news. Moreover, MSF runs relief projects in more than 60 countries and continues to need funds for its medical assistance in areas largely forgotten by the media, such as the Democratic Republic of Congo, Darfur, Colombia and Nepal. However, if and when the situation calls for it, it is a decision that MSF is ready to make.

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Bulk Economy



無疆之意義

《無疆》主要是由無國界醫生香港辦事處的職員撰寫，透過一年兩期的《無疆》，讓你了解我們如何運用你的捐款及加深你對無國界醫生救援工作的了解。《無疆》也是一個平台，讓我們的志願人員和工作人員喚起大家對人道危機的關注，和分享他們的前線救援點滴。

What is "Sans Frontières" ?

"Sans Frontières" is written by staff in MSF Hong Kong and sent twice a year to our supporters. We send it to keep you, our donors, informed on how your donation is spent and up-to-date MSF's worldwide work. It is also a platform for our volunteers and staff to raise awareness of the humanitarian crises in which MSF works and share their frontline relief experience.



© Michael GOLDFARB / MSF 尼日爾 Niger

無國界醫生是國際醫療人道救援組織，我們的宗旨是無分種族、宗教、政治背景或性別，為有需要的人提供醫療援助，並致力引起大眾對危困中人群的關注。

Médecins Sans Frontières (MSF) is an international medical humanitarian organisation, committed to two objectives: providing medical aid whenever needed, regardless of race, religion, politics or gender and raising awareness of the suffering of the people we help.