

# 無疆

SANS FRONTIERES

衝突在非洲——  
人道救援的挑戰  
Conflicts in Africa:  
Up Against the Challenges



## 《無疆》新面目

**剛**過去的幾個月世界動盪不停，其中以東非尤甚。於二零零八年一月廿八日，無國界醫生救援隊伍的汽車於索馬里城鎮基斯馬尤不幸受炸彈襲擊，令我們失去三位好同僚。我們後來撤走在索馬里的國際志願人員，救援任務就由當地員工接手。但明顯地，我們對於今次冷血事件感到極度震驚。

與此同時，無國界醫生緊急援助戰火瀰漫的肯尼亞、乍得及蘇丹達爾富爾地區。您亦可從本訊了解到在長年衝突導致數以千計平民流離失所的哥倫比亞，無國界醫生提供的婦產醫療服務和針對性暴力受害者的援助。

您或會留意到，今期我們以新面目出現。在原有的開支限制下，新的《無疆》色彩更豐富、版面編排更緊密。除了外觀外，我們亦致力增強內容，令您可以更認識無國界醫生關注的問題，和了解志願人員身處前線的情況。

《無疆》由無國界醫生工作人員製作，每年兩次向我們的捐款者及支持者派發。刊物增加組織的透明度及認受性，讓您更了解我們怎樣善用您的捐款。希望您喜歡今期的《無疆》，並與我們分享您對《無疆》的意見。

無國界醫生香港辦事處總幹事  
溫達德

## A New Face of “Sans Frontières”

**T**he first months of this year have been turbulent, in particular in East Africa. Sadly, on 28 January 2008 Médecins Sans Frontières (MSF) lost three of its staff, when their car was hit by a roadside bomb in Kismayo, Somalia. Consequently, MSF decided to withdraw all international staff from the country, while the projects continued to run with national staff. Obviously, we are greatly shocked and horrified by this senseless act.



MSF stepped up its emergency response in Kenya, Chad and the Darfur region in Sudan, where fighting intensified. In this publication you will also find a photo feature about MSF's reproductive health care and assistance to the victims of sexual violence in Colombia, where thousands remain displaced because of ongoing conflict.

You may have noticed that we have decided to give the MSF Bulletin a new face. The new “Sans Frontières” is more colourful and has a more compact layout, but still remains within the same budgetary limit. Apart from giving the publication a facelift, we also aim for the content to offer a closer reflection on the issues of concern to MSF and to give a stronger voice to the colleagues in the field.

The “Sans Frontières” is made by people in MSF for our donors and supporters and will be sent twice per year. We send it to keep you informed on how your money is spent and to improve transparency and accountability. We would appreciate your feedback on the new approach. Please, enjoy the read.

Dick van der Tak  
Executive Director  
Médecins Sans Frontières Hong Kong

封面圖片 Cover Photo : © Marcus Bleasdale/VII 肯尼亞 Kenya



在摩加迪沙街道上棲身的流離失所者。Internally displaced people living on a street in Mogadishu.

## 衝突在非洲——人道救援的挑戰

### Conflicts in Africa: Up Against the Challenges

**肯**尼亞選舉後觸發的連串示威和衝突、乍得叛軍控制首都但迅速被擊退、蘇丹達爾富爾衝突持續，還有一直處於無政府狀態的索馬里，暴力衝突似乎仍困擾著非洲的東部至中部地區。危險不穩定的局勢，除了令大批平民傷亡和流離失所外，亦令人道救援工作困難重重。

Riots and clashes following the Kenyan election, rebels entering Chad's capital and later pushing back, conflicts in Darfur, Sudan, and the 17-year-long unstable Somalia, it seems that countries in eastern and central Africa are still plagued by violent conflicts and humanitarian crises. Insecurity not only claims numerous casualties and displacement, but also hinders humanitarian relief work on the front line.





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無國界醫生在基斯馬尤的醫院，病房內的一邊全是槍戰中的受害者。  
Victims of shooting fill one side of a ward in the MSF hospital in Kismayo.

## 索馬里 人道救援空間收窄

### Somalia: Deteriorating Humanitarian Space

**索**馬里處於無政府狀態已十七年，複雜的社會結構加上無數部族衝突，國際救援組織要在該國展開工作，從來不是易事。伊斯蘭法院聯盟與過渡政府交戰，加上埃塞俄比亞軍隊介入，不但令人道情況惡化，戰事亦令當地局勢極不穩定，使救援組織難以接觸及協助有迫切需要的平民。更甚的是，針對性襲擊等安全事件，進一步削弱無國界醫生在該國進行醫療救援的能力。

#### 衝突集中地摩加迪沙

索馬里首都摩加迪沙是暴力衝突的集中地。自去年初，已有超過三十萬人因逃避衝突而流離失所，去年十二月衝突加劇，引發另一輪逃亡潮，令流離失所人數再度上升。摩加迪沙市內隨處可見臨時搭建的帳幕，這些僅用破布和塑膠帆布搭建的帳幕，絲毫不能為平民抵禦子彈、迫擊砲及砲彈的襲擊。

作為少數在索馬里提供醫療服務的國際組織，無國界醫生致力為當地人提供醫療及人道援助。當地助理項目主管艾達詩雅說：「索馬里最主要的健康問題包括營養不良、結核病及引起腹瀉的疾病，婦產健康亦是一大關注，而索馬里根本沒有任何醫療基本建設。」

同時，我們亦目擊受傷平民因為極不安全的局勢，而難以獲得醫療援助。例如因局勢太危險，有些人無法被及時送院醫治，結果流血至死。而且，無國界醫生部分當地員工亦曾因暴力事件造成道路封閉，令他們無法返回醫院工作。

#### 人道工作者被襲

離開摩加迪沙並不代表安全，無國界醫生也不能避免受襲。二零零七年十二月廿六日，無國界醫生兩名國際救援人員在索馬里北面博沙索前往營養治療中心工作

途中，被武裝分子擄走，於一星期後獲釋。

但事隔不足一個月，於二零零八年一月，無國界醫生救援隊在另一城鎮基斯馬尤遭針對性炸彈襲擊，三名救援人員被殺，一名國際救援人員受傷。無國界醫生唯有暫時撤走所有在索馬里的國際救援人員，以策安全。

無國界醫生索馬里項目主管希臣說：「基斯馬尤的襲擊事件，等同對人道工作的侵害，和損害我們在索馬里救援的能力。」他解釋：「以基斯馬尤為例，國際救援人員被撤走，便沒有其他醫療人員可以進行緊急外科手術，令該醫療項目受影響。」

無國界醫生繼續為索馬里的醫療項目提供物資，項目就由當地救援人員繼續運作。無國界醫生亦呼籲索馬里交戰各方和派系，尊重致力為當地百姓提供醫療的國際及本地救援人員的工作。

Being anarchical for 17 years, with many clan rivalries under complex society structure, Somalia is never an easy place for international aid organisations to work in. Fighting between the Union of Islamic Courts and the Transitional Federal Government and the presence of Ethiopian troops has not only worsened the humanitarian situation, but the massive insecurity induced also has prevented relief agencies from reaching those most in need. Worse still, the security incidents, including targeted killing, have further undermined MSF's ability to provide health care in the whole country.

### Mogadishu: Epicentre of Violence

The capital Mogadishu has been the epicentre of violence in Somalia. In December, increased fighting in Mogadishu has led to another exodus of the population, adding to over 300,000 internally displaced persons (IDPs) who have already fled the conflict area since early last year. Makeshift camps are found throughout the city. People of these camps usually have little more than ripped cloth and plastic sheeting for shelters – providing no shelter from bullets, mortars and shells.

Being one of the few international organisations providing health services in Somalia, MSF is struggling to provide healthcare and humanitarian assistance to people in need. "The main health problems are malnutrition, tuberculosis and diarrhoeal diseases. Maternal health is also a huge concern. Somalia has virtually no health infrastructure," said Reshma Adatia, MSF Assistant Head of Mission.

But meanwhile, we witness the high levels of insecurity often preventing wounded civilians from receiving medical assistance. For instance, some people bled to death as it was too dangerous to move them to hospital. Also some MSF staff have not been able to travel to work due to roads being closed because of the violence.

### Attack on Humanitarian Workers

Outside Mogadishu, it is not necessarily safer. And MSF is not immune to the violence, either. Two MSF international staff were abducted on 26 December 2007 in Bossaso, in northern Somalia, while riding on their way to the MSF feeding centre. They were freed a week later.

However, less than a month later, three MSF members were killed in a targeted bomb attack in another town, Kismayo, in January 2008, with one international staff member wounded. MSF withdrew all international staff members from Somalia as a precautionary measure following this brutal murder.

"The attack on our team in Kismayo has been an attack on the very idea

of humanitarianism and our ability to alleviate the suffering in Somalia," said Christoph Hippchen, MSF Head of Mission in Somalia. "The absence of international staff on the ground has affected, for example, our surgical programme in Kismayo: we currently do not have any staff there who can perform emergency surgical interventions in the hospital where we were working," he explained.

MSF continues to send medical supplies to the projects in Somalia where the local staff keep running the medical programmes at the best of their capacity. It also appeals to all groups and belligerents in Somalia to respect the work of our national and international staff members who dedicate themselves to treating Somalis in desperate need of healthcare.

## 悼念三位在索馬里基斯馬尤遇害的同僚 In Memoriam: The Tragic Loss of Our Three Colleagues in Kismayo, Somalia

維托奧古姆 —— 五十一歲，肯尼亞籍外科手術醫生  
Victor Okumu — 51 years old, Kenyan surgeon



維托奧古姆是一名擁有超過十四年行醫經驗的外科手術醫生。二零零二至零八年間，曾先後到南蘇丹、蘇丹達爾富爾地區、塞拉利昂、尼日利亞及索馬里等地，參與無國界醫生的救援任務，及至今年初開始參加在基斯馬尤的項目。維托奧古姆已婚，育有五名子女。

Victor was a committed surgeon with over 14 years experience. He worked with MSF from 2002 - 2008 in South Sudan, Darfur, Sierra Leone, Nigeria and Somalia. He joined the MSF Kismayo project early this year. Victor was married and had five children.

迪米殷利爾 —— 二十七歲，法國籍後勤人員  
Damien Lehalle — 27 years old, French logistician



迪米殷利爾於二零零六年加入無國界醫生，曾參與剛果民主共和國加丹加省的救援工作，他剛於今年一月開始參與基斯馬尤的任務。

Damien had worked with MSF as a logistician since 2006. He had worked with MSF in Katanga, the Democratic Republic of Congo and had just arrived in the Somalia mission at the beginning of January this year.

穆邁比翰 —— 二十八歲，索馬里籍司機  
Mohamed Abdi Ali (Bidhaan) — 28 years old, Somali driver



穆邁比翰在基斯馬尤的救援項目中擔任司機。已婚的他育有三名子女，遇害時妻子正懷有身孕。

Mohamed Abdi Ali was working for MSF as a driver for the international team in Kismayo. He was married with three children and his wife was pregnant when he lost his life.

# 肯尼亞 衝突下維持長期病患治療

## Kenya: Long-term Treatment Still on the Move

**毗**鄰索馬里的肯尼亞，一直以美麗自然景觀及野生動物遊而成為旅遊熱點。但去年十二月總統選舉後的暴力事件觸發國內多處暴亂，霎時令當地人及全球遊客震驚。事件亦令不少正接受治療的愛滋病和結核病人面臨中斷治療的危機，故無國界醫生採用新方法，盡力確保他們的治療得以繼續。

無國界醫生一直在肯尼亞首都內羅畢兩個貧民區基貝亞和瑪薩瑞開設項目，提供基本醫療、愛滋病及結核病護理。然而，選舉後的暴力事件，不但引致超過一千人死亡及三十萬人逃亡，亦令正接受治療的愛滋病及結核病人，難以去到醫療設施。今年一月，無國界醫生診所的一萬二千名愛滋病人當中，便有一至兩成人沒有覆診及到診所領取藥物。

### 療程中斷 抗藥風險增

無國界醫生救援人員安格金醫生說：「當愛滋病人中斷療程，出現抗藥性的風險就相應大增。」而相似情況亦會出現在結核病人身上，而且把結核病傳染給其他人的機會亦會增加。

為了使這些病人繼續獲得治療，無國界醫生設立免費電話熱線，向他們提供指引，助他們獲取藥物，及提供最就近他們的醫院資料，而此熱線服務透過報章、電台和單張等方式在全國宣傳。

此外，無國界醫生救援隊伍在內羅畢增設診所及急救站，醫治示威及暴力事件的傷者，並為心理受創的平民提供輔導。無國界醫生亦在肯尼亞西部提供不同的醫療及後勤支援，包括進行麻疹疫苗注射、提供食水及派發非糧食救援物資。



© Oscar Sanchez-Rey

肯尼亞選舉後引發連串暴力事件，無國界醫生繼續為病人提供愛滋病和結核病的治療和護理。

MSF teams in Kenya continue to provide HIV/AIDS and TB care amid the post-election violence.

Kenya, the country next to Somalia, has been a hotspot of natural landscape sightseeing and safari. However the post-election violence in December 2007 unleashed countrywide riots, shocking Kenyans and tourists worldwide. It also puts many HIV/AIDS and TB patients at risk of interrupting their treatment and hence MSF has been struggling in ensuring treatment with innovative measures.

MSF has been running projects providing primary health care, HIV/AIDS and tuberculosis (TB) care in Kibera and Mathare slums in Nairobi. However, the violence and insecurity following the election has not only led to over 1,000 deaths and 300,000 people displaced, but also had an impact on access to health facilities for patients under HIV/AIDS and TB treatments. In January, nearly 10-20% of the 12,000 HIV/AIDS patients missed their appointments at MSF clinics and did not collect their medicines.

### Risk of Treatment Interruption

“When HIV/AIDS patients stop

their medication abruptly, the risk of developing drug resistance will considerably increase,” explained MSF doctor Ian Van Engelgem. TB patients face similar problems if their treatments are discontinued. And the risk of infection of those around them will increase.

In order to re-engage the patients, MSF has set up a free hotline to provide guidance on how to get their medicines and advice on their closest health structure. The hotline service has been promoted by a national advertising campaign, advertising channels including newspapers, radio spots and leaflets.

Moreover, MSF teams in Nairobi have set up extra clinics and first aid posts to assist people wounded during the protests and violence. And they provide counselling to psychologically traumatised civilians.

MSF also provides a wide range of medical and logistical assistance in western Kenya, including transporting patients to hospitals, measles vaccination, distribution of water and non-food emergency relief supplies.

# 蘇丹與乍得 流離失所者無處容身

## Sudan and Chad: Displaced Have Nowhere Better to Go

**蘇**丹西部達爾富爾地區上，親政府與叛軍之間多個武裝派系的衝突持續五年，令超過二百萬人仍然在避難營過著危困的生活。當地情況仍未見改善，蘇丹軍隊於今年二月，在達爾富爾西北部空投炸彈，進行大規模襲擊，令數以千計平民逃難至鄰國乍得。

其中一名受今次襲擊影響而逃至乍得的難民說：「我們看見士兵包圍城鎮，然後開始搶掠我們的屋和放火。」有難民更指，他們夜間逃往乍得途中，遭民兵襲擊、恐嚇和搶掠。

然而，乍得情況未必比達爾富爾好。乍得政府與叛軍的持續對抗，加上於邊境一帶來自達爾富爾的軍事入侵，亦激發另一人道危機，導致很多乍得人被殺或受傷，數以萬人逃離家園。

### 乍得首都猛烈受襲

更甚的是，今年二月，叛軍於首都恩賈梅納進行猛烈襲擊，儘管其後被擊退，但今次暴力事件便造成超過二百七十人死、近一千人傷及數千人逃往鄰國喀麥隆。

部分人對今次襲擊仍猶有餘悸。與其中兩名孫兒在喀麥隆避難的花蒂瑪憶述：「叛軍進城，全城癱瘓。到處都是屍體，連我家門前也有。」

無國界醫生自零四年起，於蘇丹達爾富爾與乍得的邊境進行救援，為受戰事影響的平民提供護理。至於身處喀麥隆的乍得難民，無國界醫生則在難民聚集的營地提供醫療護理及派發毛毯、防水帆布等基本用品。

數以千計蘇丹難民棲身於乍得東部的臨時營地內。

Thousands of Sudanese refugees are living in temporary camps in eastern Chad.

Fighting among various armed factions – both pro-government and rebels – lasting for five years in Darfur in western Sudan has led to over two million people living a precarious existence in camps for the displaced. While the situation has shown little or no improvement, the Sudanese army launched a large offensive with aerial bombings in northwest Darfur and led thousands of civilians to flee to neighbouring Chad in February.

“We saw the soldiers surrounding our town before they started looting our houses and setting them afire,” said one of the refugees who fled to Chad due to this offensive. The displaced population also reports being further attacked, threatened and having their property looted by roaming militias while on the way to Chad over the night.

However, Chad may not necessarily be a better place than Darfur. The ongoing confrontations between the Chadian government forces and rebels, combined with border military incursions from Darfur, have also fuelled a humanitarian crisis leaving numerous Chadians killed

or wounded and tens of thousands forced to flee their homes.

### Major Assault in Chad's Capital

Even worse, in early February, rebels launched a major assault on Chad's capital, N'Djamena. Though the rebels were pushed back later, the violence has caused over 270 deaths, nearly 1,000 injuries and thousands of civilians fleeing to neighbouring Cameroon.

Some are still too frightened after the extremely violent clash. “The rebels entered and broke down the city. There were bodies everywhere, even at our doorstep,” Fatima who sought refuge in Cameroon with two of her grandchildren recalled.

MSF medical teams have been working on both sides of the border between Darfur-Sudan and Chad since 2004, providing care for populations directly affected by the conflict. For the Chadian refugees in Cameroon, MSF provides health care in refugee regroupment sites and distributes essential items such as blankets and plastic sheeting.



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# 哥倫比亞叢林城市上

## Colombia: Sexual and Reproduc

**哥**倫比亞雖擁有多元文化和豐富的自然資源，但四十多年來，一直飽受游擊隊與政府部隊衝突蹂躪。喬科省是其中一個備受戰火影響的地方，也是國內最貧窮的地區，半數人口都得不到適當的醫療護理。

喬科省的首府基布多，是一個人口超過十二萬、位於叢林之中的城市。無國界醫生在當地為最危困的人群，尤其是性暴力受害者，提供一整套的生殖健康護理。服務對象大多是因區內持續衝突而逃離家園的國內流離失所者。

無國界醫生支援當地兩間醫院，提供緊急婦產護理和為性暴力受害者提供心理支援服務，並派出流動醫療隊伍到市內最貧窮和市郊地區，提供醫療援助。流動醫療隊亦在喬科省南部，為聖胡安河沿岸的居民，提供基本醫療和生殖健康護理。

Colombia is a thriving country with a diverse culture and significant natural resources. But it has been ravaged for over 40 years by active conflict of guerrilla groups fighting against government-backed paramilitary. Chocó Department is one of the afflicted areas. Worse still, it is the poorest region of Colombia and half of the population has no proper access to medical care.

Quibdó, the capital of Chocó Department, is a city of more than 120,000 people, located in the middle of the jungle. Here MSF provides a package of sexual and reproductive health care to the most vulnerable population and particularly targets the victims of sexual violence. Most of the beneficiaries are internally displaced people, fleeing their homes due to the region's ongoing conflict.

MSF supports two hospitals by offering emergency obstetric care and psychological care for survivors of sexual violence. It also provides medical assistance in the poorest urban settings and in semi-rural areas surrounding Quibdó through mobile health brigades. In the southern Chocó Department, medical brigades are sent to provide primary health care as well as sexual and reproductive health care to the communities living along the river San Juan.



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無國界醫生的流動醫療隊於聖胡安河沿岸一帶，提供醫療護理。

MSF medical brigades actively provide health care to the communities living along the river San Juan.



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流動醫療隊伍到市內最貧窮和市郊地區，提供醫療援助。

Mobile health brigades provide medical assistance in the poorest urban settings and in semi-rural areas.



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無國界醫生的心理專家正為一名被強暴的四歲女童提供治療。

An MSF psychologist is giving a therapy to a raped victim – a 4-year-old girl in Quibdó.



# 的生殖健康護理

## tive Health Care in a Jungle City



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基布多一所醫院內，無國界醫生一名護士正為孕婦進行檢查。  
An MSF local nurse is doing an obstetric examination in a hospital in Quibdó.



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聖胡安河沿岸一所醫療中心內，醫護人員正為一名六歲女童進行檢查。  
MSF medical staff are examining a 6-year-old girl in the health centre along the river San Juan.



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醫療中心產科病房內一名正等候看診的孕婦。  
A pregnant indigenous patient is waiting for consultation in the maternity ward of MSF health centre.



© Rosalie Ann R. Reyes / MSF

近一百名難民便是在這艘漁船上，蜷縮著身軀達三日三夜之久。  
The fishing boat where around 100 refugees were crammed for three days.

## 也門救援項目——大海的秘密

### Yemen Project: The Secrets of the Sea

**鬧**鐘五點響起前，我就醒來，睡眼惺忪地梳洗，穿好衣服，吃過早餐。六點之前，我們已坐進車裡，準備去也門南部海岸巡邏，為那些從索馬里來的索馬里人和埃塞俄比亞人提供援助。我小聲地作了個簡短的禱告，希望獲得力量以應付接下來又一日的艱辛工作。

我們用上四個小時，在無國界醫生認為難民很可能登岸的區域上巡邏。眼前盡是一望無際的沙灘，偶而有一、兩叢灌木點綴；美麗的藍天，與波光粼粼的大海相互輝映。但是，如果大海會說話，它訴說的不是美麗，而是難民從索馬里到也門這段可怕旅程的驚與恐。

如果大海會說話，它會訴說在索

馬里和埃塞俄比亞的人民是怎樣厭倦生活在暴力與饑餓的陰霾下，是怎樣不顧一切地費掉辛苦賺來的錢和冒著生命危險，只求在大海的另一邊，找到獲得和平和安全的機會。

如果大海會說話，它會作證每年多達幾百艘僅長達八米、但就擠滿九十至一百二十人的漁船漂洋過海，船上的人都要蜷縮著身軀達三日三夜之久，沒有水也沒有食物，又饑又渴；船上連存放糧水的地方也不夠，因為船隻都已塞滿了人，彼此在扭動著驅體，但求有一點空間。

如果大海會說話，它會講述的故事是：人們如何蹲伏在黑暗的船艙裡，偏促得幾乎透不過氣來；人們無法走動去如廁，船艙內盡

是大小二便的惡臭。

如果大海會說話，它會揭示船上的人如何被迫跳進海裡，儘管他們不懂游泳，而多少人的父親、母親、兄弟、姊妹、朋友，也就此在海裡消失。

大海不能說，但我可以。要講出這些可怕的故事，很是困難，有時我甚至感到跟大海一樣欲語無言。不過現在，大海保守的秘密終於給我說出來了。

無國界醫生  
也門項目精神健康治療員  
衛倚詩

I wake up before my alarm goes off at 5 am and sleepily go through my morning routine - bathroom, dress and have breakfast. We're in the car by 6 am ready to patrol the coastline of South Yemen to provide assistance to Somali and Ethiopian arrivals from Somalia. I whisper a short prayer to ask for strength for the tough day ahead.

It takes about 4 hours to patrol the areas that MSF identified to be the probable places of refugee arrivals. It's an endless sight of sand with bushes sometimes breaking the monotony; the incredible blue sky, a breathtaking background to the equally beautiful sparkling sea. But if the sea could only speak, it would speak not of beauty but of the horrors of refugees in their terrible journey from Somalia to Yemen.

If the sea could only speak, it would speak of how people in Somalia and Ethiopia had grown weary of the violence and hunger; how they are desperate enough to spend hard earned money and risk their lives for a chance to have peace and security on the other side of the sea.

If the sea could only speak, it would testify to hundreds of 8 metre

fishing vessels crossing the waters every year crammed with 90-120 people crouched for three days; the hunger and thirst of the passengers with no water or food; the lack of room for any kind of provisions because the boat was already crammed with squirming bodies aching to find space.

If the sea could only speak, it would tell the tale of people in the hull gasping for breath crouched in the darkness of the fish compartment; the stench of urine and feces of those who cannot relieve themselves properly.

If the sea could only speak, it would divulge how people were forced to jump into the water despite not knowing how to swim; the father, mother, brother, sister, friend lost in its depths.

The sea cannot speak but I can. It is difficult to speak of something so terrible and sometimes I find myself as speechless as the sea. But now I have revealed the secrets of the sea.

Rosalie Ann R. Reyes  
MSF mental health officer  
in Yemen project



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無國界醫生的工作人員正為一名剛上岸的難民提供食水和援助。

An MSF staff member is providing water and assistance to a refugee who has just landed on the coast.



Photo Source: Rosalie Ann R. Reyes

衛倚詩（後排右三）於也門的項目擔任精神健康治療員，為生還者提供心理輔導。Rosalie (third on the right at the back) has worked as a mental health officer to offer counseling to survivors in Yemen project.

Rosalie Ann R. Reyes, who is a Filipino psychologist, worked as a mental health officer in the Yemen project from August 2007 to January 2008. She offered counselling to the survivors as many had lost more than one close relative or friend and had been traumatised by the terrible experience in the journey.

無國界醫生自零七年九月，於也門艾赫沃爾開設項目，為抵達南部海岸的難民和入境者，提供醫療及心理支援，包括傷口包紮、心理輔導、提供糧食和其他救援物品。大部分的難民和入境者來自非洲的索馬里和埃塞俄比亞，於極為危險的情況下橫渡亞丁灣到達也門。

來自菲律賓的心理專家衛倚詩，於去年八月至今年一月期間，在也門這項目擔任精神健康治療員，為那些深受可怕旅程重創或痛失親友的生還者，提供心理輔導。

Since September 2007, MSF has run a project in Ahwar, Yemen providing medical and psychological support, including wound dressing, counselling and food and other relief item distribution, to refugees and migrants arriving on the southern coast. Most of them come from Somalia and Ethiopia to Yemen by crossing the Gulf of Aden in extremely dangerous conditions.



© Natalia Sheletova / MSF

一名愛滋病感染者在無國界醫生位於蒂拉斯波爾的門診診所接受診治。  
An HIV-positive patient is under care of an MSF outpatient department in Tiraspol.

## 全球工作 Worldwide Work

### 二月 摩爾多瓦愛滋病項目進展良好 February HIV/AIDS Project in Moldova Making Progress

在歐洲摩爾多瓦分離的德涅斯特河東岸地區，無國界醫生開展的愛滋病項目進展良好。直至今年二月，當地蒂拉斯波爾的愛滋病門診診所，有超過五百名愛滋病患者正接受抗逆轉錄病毒治療或其他相關護理。

無國界醫生是第一個在德涅斯特河東岸地區註冊的國際非政府組織。德涅斯特河東岸地區宣稱從摩爾多瓦獨立，但一直不獲國際社會承認，故被排拒於政府和國際組織的援助之外。無國界醫生除了繼續接收病人，亦倡議應讓東岸地區的愛滋病感染者得到跟摩爾多瓦病人的同樣醫療護理。

The MSF HIV/AIDS project in Moldova's breakaway region Transnistria, is making good progress. Up till February 2008, more than 500 HIV-positive patients were either under anti-retroviral treatment (ART) or care in the HIV/AIDS outpatient department in Tiraspol.

MSF is the first international non-governmental organisation to be registered in Transnistria, a country claiming its independence from Moldova but unrecognised by the international community and thus excluded from assistance normally provided by inter-governmental and international organisations. As MSF continues to enrol patients into its programme, it also advocates for people with HIV/AIDS in Transnistria to have the same access to quality care as their Moldovan counterparts.

## 二月 剛果民主共和國爆發霍亂 四千多人感染

### February Cholera Outbreaks in the DRC with Over 4,000 Patients

自今年一月，剛果民主共和國加丹加省幾個城市爆發霍亂疫情。截至二月，無國界醫生錄得超過四千宗感染個案，當中約一百人死亡。無國界醫生緊急醫療隊於盧本巴希和利卡西的霍亂治療中心治療病者，並改善衛生環境及食水供應。無國界醫生亦非常關注有關城市欠缺潔淨食水供應問題，並呼籲有關當局應就此採取多項措施及長遠投資，阻止疫症爆發。

Cholera outbreaks have broken out in several cities in Katanga Province, in the Democratic Republic of Congo (DRC) since January. Until February MSF has recorded over 4,000 patients and around 100 deaths. MSF emergency teams treated the patients adequately in cholera treatment centres in Lubumbashi and Likasi. They also improved hygiene conditions and water supply. MSF was very concerned about the lack of access to safe water in these cities. It called for considerable means and long-term investment to tackle the problem and stop the outbreaks.



© François Dumont / MSF

無國界醫生在利卡西的霍亂治療中心，於二月初的平均留醫人數達一百六十人。  
The MSF cholera treatment centre in Likasi hospitalised an average of 160 in early February.

## 三月 中國襄樊愛滋病項目移交

### March Hand-over of HIV/AIDS Project in Xiangfan, China

無國界醫生在三月份正式將湖北省襄樊市的愛滋病治療項目，移交予襄樊疾病控制及預防中心，結束為期五年的工作。

自二零零三年五月，無國界醫生為愛滋病感染者提供綜合護理和治療，包括在自願和保密情況下接受輔導和愛滋病毒測試、機會性感染的預防和治療、抗逆轉錄病毒治療（尤其關注病人服藥的依從性）、健康及反歧視教育，及向病人提供心理及社會性輔導。無國界醫生亦訓練當地醫護人員，提升他們的能力，以便項目順利交接。

五年裡有超過四百五十人在襄樊項目的診所登記，其中一百八十二人在項目交接期間仍接受抗逆轉錄病毒治療。

In March, MSF officially handed over the HIV treatment and care project in Xiangfan, Hubei Province, to the Xiangfan Centre for Disease Control and Prevention, which marked the completion of MSF's 5 years of work.

Since May 2003, MSF has provided comprehensive care and treatment to HIV patients, including confidential voluntary counselling and testing, prevention and treatment of opportunistic infections, anti-retroviral therapy (ART) with special attention given to drug adherence, health promotion, stigma reduction and patient activities as well as psycho-social support. MSF also trained local health personnel to enhance their capacity to facilitate the handover.

In five years, over 450 patients were registered in the Xiangfan clinic, of which 182 were still taking ARV at the moment of the hand-over.



© Joanne Wong / MSF

無國界醫生的護士（右）和輔導員（左）到愛滋病童的家作家訪，確定他的家人懂得按時按量餵藥給孩子。  
MSF nurse (right) and counsellor (left) paid a home visit to a child infected with HIV and made sure the family was aware of the importance of drug adherence.



©Misha Friedman

在印度比哈爾，患上內臟利什曼病的兒童於無國界醫生的醫療中心，接受為期三十天的注射療程。  
*In Bihar, India, children suffering from visceral leishmaniasis receive a 30-day course injections in the MSF's health centre.*

## 內臟利什曼病 沙蠅叮咬可致命的疾病 Visceral Leishmaniasis: A Sandfly Bite Can Kill Millions

每當看見身形消瘦但腹部脹大的小童相片，大家或會以為他們患有營養不良，但一種大家未必聽過的疾病——內臟利什曼病（又稱黑熱病），都可能是病因，而且不論小童抑或成年人都可以是受害者。

黑熱病威脅全球數以百萬人，每年有五十萬宗新症。由於該病主要影響位處偏遠地區的窮困社群，因而被外界忽略。根據世界衛生組織資料顯示，九成的黑熱病個案在孟加拉、巴西、印度、尼泊爾及蘇丹出現，而當地病人都缺乏防疫措施或藥物。

黑熱病是由沙蠅叮咬所傳播的原蟲疾病，主要影響人體器官如脾臟、肝、骨髓及淋巴腺。病發時，患者會長期發熱、體重下降、貧血、脾臟及肝臟腫脹。如沒有適當的治療，死亡率幾乎是百分之一百。但經過適當治療

後，九成二的病人可以康復。

### 每天注射疼痛的針藥

最普遍的黑熱病療法是給病人每日進行肌肉注射，為期三十天，那是一種令病人十分疼痛的針藥。去年曾在埃塞俄比亞參與黑熱病治療工作的香港志願人員程德君醫生憶述說：「由於在我們治療中心的黑熱病人大多數是小孩，所以每天中午打針的時間，病房也會傳來孩子們陣陣的慘叫聲。」

另一方面，現行的檢測方法也存在問題，對病人身體有潛在危險，而且在物資缺乏的地區亦難找到所需的化驗室設備及人員。

無國界醫生一直倡議研發合適的檢測方法，以及價格可負擔的改良藥物。自一九八八年起，無國界醫生治療了超過七萬五千名黑熱病患者，治癒率高達九成半。

People may often associate images of an emaciated child with a distended belly with malnutrition. However, visceral leishmaniasis (VL, also known as black fever or kala azar) may be the cause. And not only the children, but also adults can be the victims.

VL threatens millions of people over the world, with 500,000 new cases each year. Yet it is a neglected disease because it mainly affects poor communities in isolated regions. According to the World Health Organisation, 90% of all VL cases occur in Bangladesh, Brazil, India, Nepal and Sudan, where patients have little access to preventive measures and drugs.

Transmitted by the bite of infected sandflies, this parasitic disease affects the human spleen, liver, bone marrow and lymph glands. The disease is characterised by prolonged fever, weight loss, anaemia and the swelling of the spleen and liver. Fatality rate can be as high as 100% if left untreated. However, with proper treatment, 92% of the patients can recover.

### Painful Daily Injection

The most common treatment is a 30-day course of painful intramuscular daily injection of sodium stibogluconate (SSG). Hong Kong field worker Dr. Joyce Ching worked on MSF's VL treatment project in Ethiopia last year. "As majority of our patients were children, whenever you walked past the ward by noon, you could always hear their cries waving through," she recalls.

There are also problems with existing diagnostic tests, which are either invasive or potentially dangerous, and require lab facilities and specialists not readily available in resource-poor settings.

MSF has been campaigning for more research and development into suitable diagnostic techniques and improved, affordable drugs. MSF has been treating more than 75,000 VL patients since 1988, and achieved 95% cure rate.

# 為身處危困的人騰出一分鐘—— 街頭籌募大使有感

## Spare a Minute for the Needy —

## Face to Face with Fundraising Ambassadors

**您**曾在熙來攘往的街道上，駐足聽聽無國界醫生街頭籌募大使介紹我們的救援工作呢？

籌募大使林美如、鄧偉忠和林志傑都不諱言，不少人誤以為他們是推銷員，當他們還未開口，市民已經「兜路走」或不睇不睬地走過。林美如說：「我們真的希望他們騰出一分鐘讓我們介紹無國界醫生，但很多時他們會因為趕時間而拒絕。」不過，無國界醫生香港辦事處總幹事溫達德的一句「眼不見，自然心不念」，成為了鄧偉忠繼續工作的信念：「香港人不是多多藉口，而是未有機會知道別人的需要而已。」他相信，只要他們解釋無國界醫生的救援工作後，很多市民也會樂意捐助。

市民的冷漠或會令這班籌募大使洩氣，但一些市民的鼓勵和對無國界醫生工作的認同，則往往成為他們支持下去的原動力。林美如說，她絕不會忘記在寒冷的日子，有市民叫他們保重身體；林志傑也記得有婆婆登記做每月捐款人後，竟然給他們送上餅乾，擔心他們只顧工作而忘記吃午飯。他說：「市民的鼓勵足以令我們支持一整天，更肯定了我們作為籌募大使的價值。」他續說，他們的職責是解釋捐款對救援工作的重要，雖然他們不是在前線提供直接救援的一群，但對於自己能在背後透過籌募工作支持前線的救援，感到另一重的意義。

無國界醫生的街頭籌募大使每天會在不同地點向公眾介紹我們在世界各地的的工作，並鼓勵市民作每月捐款。假如您有機會在街上碰見他們，希望您也會給他們一點鼓勵吧！

想知道詳細地點，可登入[www.msf.org.hk](http://www.msf.org.hk)或致電2338 8277查詢。

**H**ave you ever seen our fundraising ambassadors on the street, and stopped to listen to their introduction of MSF's work?

MSF fundraising ambassadors Lam Mei-yu, Tang Wai-chung and Lam Tse-kit say that people always mistake them for salespersons and try to avoid or ignore them. "We just hope they could spare us a minute, but often times, they are in a hurry," says Lam Mei-yu. Yet, Tang is inspired by the saying "out of sight becomes easily out of mind" by Dick van der Tak, Executive Director of MSF Hong Kong. "Hong Kong people are not finding excuses to ignore the needy; they simply have not had the opportunity to know their plight." He believes that if he had the chance to introduce MSF's work, people would find it a worthy cause to support.

Besides this belief, occasional support from the public is also what motivates our fundraisers. Lam Mei-yu says she never forgets warm greetings from the passers-by in the cold weather, while Lam Tse-kit was deeply touched by a generous elderly donor who bought them biscuits, as she worried that they would work too hard and skip

lunch. "Our work is reassured by people's encouragement; they reconfirm our values as MSF fundraisers." Lam Tse-kit adds that as a fundraiser, his duty is to tell people how their donations support MSF's worldwide work. And it is meaningful for him to contribute to relief work of MSF through raising funds.

MSF fundraising ambassadors work in different locations every day, to raise public awareness of MSF's work and encourage the public to support us by being a monthly donor. When you happen to see them next time, do spare a minute for them!

For their daily working locations, please visit [www.msf.org.hk](http://www.msf.org.hk) or call 2338 8277.



鄧偉忠（左）說，作為無國界醫生籌募大使，他要讓市民明白捐款對救援工作的重要性。

Tang Wai-chung (left) says, as an MSF fundraiser, he has to impress the public with the importance of their donations to MSF's relief work.

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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 plight of the people we help.

## 無疆之意義

《無疆》是由無國界醫生的志願人員及香港辦事處的職員撰寫，透過一年兩期的《無疆》，讓您了解我們如何運用您的捐款及加深您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 people 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 field workers and staff to raise awareness of the humanitarian crises in which MSF works and share their front-line relief experience.



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