

# BORDERLINE 无疆

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危难中的神奇女侠  
WONDER WOMEN IN  
HUMANITARIAN CRISES



## 脆弱而顽强 VULNERABLE BUT RESILIENT

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自无国界医生成立以来，应对暴力所带来的人道影响一直是我们的主要工作，无论暴力是来自战争、部族冲突还是家庭。我们的队伍每天在前线治疗众多暴力受害者，妇女往往是当中受苦最多、却最为振作坚强的一群。

在南苏丹，医疗系统多年以来被持续冲突和局势不稳破坏，人们不时被困在疫症之中。去年疟疾来袭，我们看到有母亲徒步数小时，把病倒的孩子带来给我们，生怕孩子死去。她们并非在前线打仗，却在人道危机恶化之际，承受着和前线战士一样的痛苦。

另一种在巴布亚新几内亚肆虐的暴力，亦毁掉许多妇女的生命。自2009年以来，无国界医生治疗了超过2.8万家庭和性暴力生还者，当中大部分为妇女，很多曾受到死亡威胁。社会或法律保障不足，令她们被困在暴力循环之中，但我们的员工仍看到她们如何在逆境中奋力求存。「封面故事」将讲述我们在这两个国家所遇见的妇女的故事，并借此呈现当地的人道危机。

同时，暴力亦迫使很多中非共和国人离开家园，当中很多是妇孺。他们住在流离失所者营地里，回家希望渺茫。「图片特写」揭示他们的生活以及营地庞大的医疗需要。

为带你更贴近无国界医生的工作，新栏目「救援补给站」将介绍我们在项目上使用的物品和设备。这一期我们会看看「即食营养治疗食品」这种在发展中国家最有效治疗营养不良儿童的工具。

无国界医生坚持在任何情况，包括在极端暴力下，向妇女和脆弱社群提供必要的医疗援助，而你的支持不可或缺。谢谢你与我们同行。

MSF has been dealing with the humanitarian consequences of violence as a core activity since we were founded, whether it is a war, a tribal conflict or a family incident. Among the many victims that our teams treat every day in the front line, women are the group that often suffers most but shows the greatest resilience.

In South Sudan, where ongoing conflicts and instability have crushed the health system over many years, people are regularly trapped in epidemics. When malaria hit last year, we saw mothers who walked for hours to bring us their sick children, fearing they may lose them. They are not fighting in the front line, but they suffer as much as fighters do when crises develop.

A different form of violence that prevails in Papua New Guinea (PNG) has also devastated many women's lives. Since 2009, MSF has treated over 28,000 survivors of family and sexual violence there, most of whom were female and many of them having been threatened with death. The lack of social or legal protection leaves them trapped in cycles of violence, and yet our staff have seen how they survive against all odds. In our Cover Story, we bring you stories of women we encountered in these two countries which illustrate the humanitarian crises unfolding there.

Meanwhile, violence has also forced thousands of Central Africans, many of them women and children, to flee their homes and stay in displaced persons camps with little hope of returning. The Photo Feature is about their lives and their massive medical needs.

Bringing you even closer to MSF's work, the new section, MSF Warehouse, introduces various items and equipment that we use in our projects. In this issue we look at Ready-to-Use Therapeutic Food (RUTF), the most effective tool in treating malnourished children in developing countries.

MSF remains committed to providing the much needed medical assistance to women and vulnerable populations in all circumstances, including the most extreme violence, but your support is indispensable to achieving this. Thank you for walking with us.

# 危难中的神奇女侠 WONDER WOMEN IN HUMANITARIAN CRISES



她，生于烽火连年的南苏丹，带着子女仓皇逃难，只求一刻喘息，却又面临疾病来袭。

她，活在家庭和性暴力弥漫的巴布亚新几内亚，从小到大身不由己，活在恐惧笼罩下。

她与她，是无国界医生前线人员看见的活生生的真实人物。每日，组织在全球约70个国家，目睹女性在武装冲突和疫病等人道危机面前，为了家人的生存挑起重担；她们却也最为脆弱，容易因风俗文化、社会地位和缺乏保护沦为暴力和虐待的受害者。

我们遇见的女性也许并非能言善辩；也不懂争取妇女权益，然而一个又一个平凡而振作坚强的女子，时刻咬紧牙关尝试克服疾病和暴力，是不折不扣的「神奇女侠」。

Born in war-torn South Sudan, she has fled with her children hoping to find sanctuary. But now she is confronted with the threat of disease.

She has lost control over her own body. Living in Papua New Guinea (PNG) where family and sexual violence is prevalent, she is overshadowed by fear all her life.

In some 70 countries, MSF's field workers have witnessed how women are the first to assume the humanitarian mantle, shouldering heavy responsibilities for their family's survival. They are also vulnerable, falling victim to violence and abuse because of tradition and culture, their social status and lack of protection.

The women we have met may not be eloquent, or know how to fight for their rights. They are ordinary but resilient, braving disease and violence. They are true wonder women.



无国界医生在联合州平民保护营地每周治疗疟疾个案

Number of malaria cases MSF treated in PoC camp in Unity State every week

多达 Up to

4,000

宗 Cases



栖身在南苏丹平民保护营地的奈柏咬紧牙关照顾儿子穆特，绝不让疟疾夺走他。

Nyapar took good care of her son Mut and wouldn't let malaria take his life.

© Jacob Kuehn

## 冲突未去 疾病又来

南苏丹正午的阳光，烤得人浑身发烫，但奈柏此刻只感受到背上年幼儿子穆特的热力。再不尽快把发高烧的儿子送到诊所，恐怕他小命不保。

奈柏把儿子送到无国界医生由帆布搭建成的临时诊所，护士为穆特探热，他的体温高达摄氏40度，快速测试确诊他患上疟疾。

“我全部孩子最近都患上疟疾。”也难怪奈柏如此紧张，战争之中她失去丈夫，6个孩子中有3个病死，作为一个寡妇的她要独力抚养余下的孩子。

2013年年底南苏丹爆发内战，暴力蔓延全国。为了躲避武装冲突，两年前奈柏带着孩子离开村庄，逃到联合州由联合国驻南苏丹特派团设立的平民保护营地。

去年春天烽烟再起，逃难到平民保护营地的人数激增一倍，营地环境恶化，临时帐篷搭建在泥泞积水之上。营内爆发前所未见的疟疾疫情，高峰期间无国界医生每周治疗近4,000人，每日最少有3至4人死于疟疾，大部分为儿童。

穆特算是幸运，高烧在数小时内减退，病况好转，奈柏感到欣慰之余，又要为一家人的糊口踌躇。她要犯险离开相对安全的营地，长途跋涉收集柴枝出售赚钱。

同一片天空下，巴布亚新几内亚女子一生要面对的，是在社区和家中的暴力。

## 家庭和性暴力无处不在

6岁女童被带到无国界医生的家庭支持中心，阴道和直肠受伤。“妈妈不在家，叫同村一对男女照顾我。有一天，男人叫我走进房间和脱去裤子，他摸我下面，我哭起来，他用手掩住我的口，我尝试尖叫，但他使劲掩住我的口……我的肚子很痛，走也走不动。几日后我开始流血，倒在路边，最后有个阿姨把我送来这里。”

巴布亚新几内亚针对妇女和儿童的家庭和性暴力无处不在。无国界医生为暴力受害者提供综合而保密的护理，包括诊治、外科手术和心理社交护理。2014年至2015年间，组织治疗逾千名性暴力的受害者，当中每10人有9人为女性，逾半是18岁以下的儿童。无奈的是，污名、羞



愧令受害者怯于举报，这些数字仅是冰山一角。

即使女童长大嫁人，噩梦仍然萦绕挥之不去。在无国界医生诊所，不时会听到这些可怕的故事：“我的丈夫用脚踩住我的胸口，使我动弹不得，我试图用砍刀阻止他，刀尖反而刺伤我的眼睛。我希望警方能给我家庭保护令，让我可以跟我5岁的女儿离开我的丈夫。”

不过，无国界医生的护士墨菲看到这些身心受创的女性坚强的一面。“病房内的妇女纵使互不相识，或来自不同氏族，仍然彼此看顾，守望相助，我真正感受得到那份姐妹情谊。她们惨遭殴打强暴，才会来到这里，但只要过一阵子，又会看到她们满脸笑容，七嘴八舌说个不停，她们真的很坚强。”

无国界医生的医疗人道救援行动一直关注妇女及其子女的特殊需要，提供一系列的服务协助她们克服在危机之中获取医疗的障碍。除了支持家庭和性暴力受害者，以及治疗患病的妇孺外，无国界医生亦在多个地区提供妇产科服务，协助妇女安全分娩。

## DISEASE STRIKES WHEN THE CONFLICT HAS NOT SUBSIDED

It is high noon and the hot South Sudanese sun is blasting down. But Nyapar only feels the heat of her son, Mut, as she carries him on her shoulder. He's running a fever of 40 degrees Celsius and Nyapar is terrified that he may not survive as she reaches MSF's makeshift clinic. An MSF nurse confirms the diagnosis of malaria with a rapid test.

"All my children have had malaria recently," says Nyapar. No wonder she is so anxious. She lost her husband in the war and three of her six children have died of disease. As a widow, Nyapar has to raise the remaining children alone.

A civil war erupted in South Sudan in December 2013 and violence swept across the country. Two years ago, Naypar left her village with her children, and arrived in the Protection of Civilian (PoC) camp in Unity State.

Since last spring, fighting has escalated throughout the state. With the population of the PoC doubled, camp conditions have deteriorated

as the makeshift shelters fill with mud and stagnant water. Following an unprecedented malaria outbreak, MSF has treated up to 4,000 malaria patients weekly, and has seen three to four people dying from malaria every day. Most of them are children.

Thankfully for Nyapar, Mut quickly shows signs of improvement. Nonetheless, she has to think of making money to support her kids. She makes long treks to gather firewood for sale, a dangerous job that takes her away from the relative security of the camp.

Under the same sky, women in PNG have to face the violence perpetrated by family members or within their own community.

身心受创的妇女带着孩子来到无国界医生在巴布亚新几内亚的家庭支持中心，接受治疗后笑容再现。

An injured mother with her child at the MSF Family Support Centre in PNG.

© Yann Libessart





## 医疗队伍2014–15年于巴布亚新几内亚治疗性暴力受害者数目

Number of sexual violence victims MSF treated in PNG in 2014-2015

# 1,046

宗 Cases



这名6岁的女童和她两岁的妹妹遭邻居强暴，被送到「安全屋」暂住。

This 6-year-old girl and her 2-year-old sister were raped by their neighbor. She was then brought to the safe house.  
© Jodi Bieber

### FAMILY AND SEXUAL VIOLENCE IS WIDESPREAD

A 6-year old girl was brought to the MSF's Family Support Centre, suffering from vaginal and rectal injuries. "Mum was away. She left me with a couple from my village. One day, the man told me to come into the house and take off my pants. He touched me down there. I started to cry and he covered my mouth. I tried to shout.....My tummy was very painful and it was difficult to walk. I bled and fell down on the road. In the end, an auntie brought me here."

PNG has disturbing levels of family and sexual violence directed towards women and children. MSF provides confidential and integrated care to victims of violence. Out of 1,046 sexual violence survivors MSF treated in 2014 and 2015, nine out of ten were female, and more than half were children younger than 18 years. This is just the tip of the iceberg, as sexual violence and rape stay largely unreported due to stigma and shame.

Even when girls grow up and get married, their nightmares continue. MSF's clinics hear these stories all the time. "My husband held me

down with his foot on my chest and I couldn't move. I tried to hold onto the bush knife to stop him and the tip of the knife went into my eye.... I want the police to give me a family protection order. Then I can leave with my 5-year-old daughter."

Despite all odds, Aoife Ni Mhurchu, an MSF nurse, highlights the resilient side of these traumatized women. "You can really see a sisterhood between the women in the ward, even if they don't know each other, or they're from different kin networks. They look after each other very well. They come in here having been beaten and raped. Still, you can see them grinning, chatting away after a while. They're very resilient women."

MSF's medical and humanitarian action has focused on women and their children, helping them get the healthcare they need. Apart from assisting victims of family and sexual violence and treating sick women and children, MSF also provides maternal services in many places to help women deliver safely.



叙利亚：医疗设施被炸 平民成炮灰

## SYRIA: MEDICAL FACILITIES AND CIVILIANS TARGETED IN ATTACKS

无国界医生报告指出，去年组织在叙利亚支持的医疗设施当中，有63所共遭到94次袭击，而设施接收的伤者中，妇孺多达四成。组织呼吁参战各方，特别是联合国安理会中的4个常任理事国，确保医疗设施及平民免受袭击。

An MSF report shows that 94 attacks hit 63 MSF-supported facilities in Syria in 2015. 40 percent of the many thousands of casualties received in those facilities were women and children. MSF urges all warring parties, particularly the four permanent members of the United Nations Security Council, to ensure medical facilities and civilians are spared in attacks.

希腊：在中转站协助难民

## GREECE: LOOKING AFTER REFUGEES IN TRANSIT



尽管冬季已经到来，但今年以来已有逾9.4万人铤而走险，乘搭简陋的小船渡海前往希腊岛屿。无国界医生正在几个中转中心工作，为有需要人士提供急救、饮用水、高能量饼干和毛毯等。

Despite the arrival of winter, more than 94,000 people have risked their lives to reach Greek islands in unseaworthy boats since this year. MSF is working in several transit centres to provide emergency first aid, water, high-energy biscuits and blankets to those in need.

苏丹：北达尔富尔爆冲突 流离失所者众

## SUDAN: THOUSANDS FLED FIGHTING IN NORTH DARFUR

约5.8万人已因新一轮冲突而离开家园。他们徒步50公里到位于半沙漠地带的营地，但由于气候酷热干旱，人们只能挣扎求存。无国界医生向流徙者提供饮用水、食物和医疗护理，并计划为儿童接种麻疹和小儿麻痹症疫苗。

Around 58,000 people have fled their homes because of new fighting in the area. They make a 50km trek to camps in the hot, dry semi-desert area and struggle to survive. MSF is providing water, food and medical care to the displaced, and planning to launch a vaccination campaign for measles and polio.

刚果民主共和国：治疗营养不良和疟疾

## DEMOCRATIC REPUBLIC OF CONGO: TREATING MALNUTRITION AND MALARIA



该国的麻疹疫情逐步减退，但营养不良和疟疾继续肆虐。无国界医生在马诺诺地区支持27间医疗中心，提供疟疾诊断测试和治疗，并在逾15个偏远地区开设流动治疗喂食中心。

As a measles epidemic gradually fades, malnutrition and malaria continue to rage across the country. MSF supports 27 health centres with medicines and diagnostic tests for malaria in the Manono region, and has opened ambulatory therapeutic feeding centres in more than fifteen other remote areas.

归家无期  
NO HOPE OF  
RETURNING  
HOME ANY  
TIME SOON

3年前，武装份子包围了阿明娜的社区，杀死居民，她与家人为保命而逃亡，其中一个女儿不久后病死。

Three years ago, armed groups surrounded Amina's neighbourhood and killed people. Amina fled with her family for safety. One of her daughters then died following an illness. © Luca Sola





自2015年9月族群冲突爆发之后，中非共和国大部分平民都惶恐不安，担心会演变成全面的冲突。持续恶化的形势，亦使45万名国内流离失所者和差不多相同数量、已逃往邻国的难民，回家的希望破灭。

在首都班吉，超过3万人在过度拥挤且卫生状况不佳的临时营地、学校和教堂里避难。无国界医生在班吉和附近营地开设流动诊所，并管理医院和产科诊所，又在穆斯林聚集区域的中央清真寺，每周提供一次医疗护理。

吕西安娜在无国界医生的医院为生病的女儿预约门诊。两年前，她的4名邻居在冲突中被杀，她逃离家园，自此和家人一同在营地寻求安全。她说：「营地的生活太艰难了，不安全、肮脏，而且到处都是苍蝇。」

无国界医生项目统筹助理巴利在过去两年目睹了情况如何一步步恶化：「与小区里虐待、杀戮和抢劫相比，他们在营地里更安全，但生活环境太恶劣。除非安全状况改善，否则他们只能一直住在营地里。」

无国界医生目前有超过300名国际员工和2000多名本地员工在该国15个地区工作，并在周边国家为中非共和国难民提供援助。

Renewed outbreaks of inter-communal violence since September 2015 are keeping the population in the Central African Republic (CAR) on edge, with many fearing a flare-up of full conflict. The worsening security situation has also crushed hopes for the 450,000 internally displaced people - and a similar number of refugees who have fled to neighbouring countries - of returning home in the near future.

In the capital Bangui, over 30,000 people have taken refuge in overcrowded, unsanitary makeshift camps across town, or in churches and schools. MSF is running mobile clinics, a hospital and a maternity clinic in camps in and around Bangui. The team also provides medical care once a week at the central mosque in a Muslim enclave.

Lucienne help her sick daughter make an appointment at the MSF hospital in the camp. She fled her home two years ago when four of her neighbours were killed during an outbreak of violence. Since then, she has been seeking safety in a camp together with her family. "Life is too difficult in the camp. It's unsafe, dirty and the flies are everywhere" she says.

Reims Pali, Assistant Field Coordinator for MSF, has witnessed the situation deteriorate in the last two years. "In comparison to the abuses, killings and robberies in their neighborhoods, they feel relatively safe here. But the living conditions in the sites are very difficult. Unless the security situation gets better, they will have to stay here in these camps."

MSF now has over 300 international and more than 2,000 Central African staff deployed in the country. The organisation runs activities in 15 locations and provides assistance to Central African refugees in neighbouring countries.



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2



3

1/

尽管居住环境恶劣，人们为求安全，在晚上仍情愿留在营地里。

Despite poor living conditions, people still prefer to stay in the camps at night for safety © Luca Sola

3/

在班吉营地的无国界医生医院等待接受治疗的病人。

Patients are waiting for treatment at an MSF hospital in a camp in Bangui. © Luca Sola



4

2/

在首都班吉的一个流离失所者营地，居民住在简陋窄小的帐篷里。

In a displaced persons camp at the capital Bangui, people are living in small and shabby tents. © Luca Sola

4/

一名婴儿在班吉的无国界医生医院称重。无国界医生正在班吉和周边地区的营地提供免费和有质量的医疗护理。

A baby is weighed in an MSF hospital in Bangui. MSF is providing free quality care at camps in and around the city. © Luca Sola



5



6



7



8

5/

一名病人在班吉的无国界医生诊所领取药物。大部分人患上疟疾、呼吸道感染和腹泻等疾病，均与营地的居住环境有关。

A patient receives medication at an MSF clinic. Most patients suffer from malaria, respiratory infections and diarrhea because of the deplorable conditions in the camp. © Luca Sola

7/

一名男子被人殴打受伤后，被送到无国界医生在班吉的医院接受诊治。在中非共和国，暴力事件十分普遍。

A man is brought to the MSF hospital in Bangui after being tied up and beaten. Violence is not uncommon in the country. © Luca Sola

6/

照片上的年轻人名叫阿穆萨，去世时年仅23岁。由于没有工作，阿穆萨的母亲阿丽玛和她丈夫只能依靠营地里其他人的帮助维持生计。

The picture is of Amousa, who was 23 years old when he died. His mother, Alima, is trying to cope by relying on other people in the camp, as she and her husband are unemployed. © Luca Sola

8/

埃特娜的家被武装分子袭击，她之后逃到营地来居住，靠在路上卖蛋糕为生。她说：「我们和孩子没有足够食物，一天只能吃到一餐。」

Ethna's home was attacked by armed men so she fled to take refuge in the camp. She is making a living by selling cakes in the street. "We only have enough food for ourselves and our children for one meal a day." © Luca Sola

抱着当地市场食品供货商两岁的女儿，魏钊华想起自己同龄的女儿。

Holding the two-year-old daughter of the food supplier in local market, Ray thought of his daughter at the same age.

Photo source: Ray Wei



## 暴力山林 IN THE WOOD- ED MOUNTAIN OF VIOLENCE

这里是塔里，巴布亚新几内亚南高地省的偏远山区。空气绝佳，天空湛蓝，云朵起伏，与高山相映成迷人的风景画。然而，2009年无国界医生在这里开设项目以前，这里的医院已经多年没有医生——没人愿意在这样一个偏远又暴力的地区久留。我们开设的两个项目都与暴力有关——治疗创伤的外科手术项目，以及为家庭暴力和性暴力的受害者服务的家庭支持项目。

作为后勤人员，我的工作之一是在紧急状况下支持手术室的后勤供应。

去年9月的一个午夜，睡得正香的我被守卫唤醒。一名枪伤病人被送进医院。我和来自印度的外科医生巴维娜立即赶往手术室，很快看到一名头部中枪、满脸是血、脑壳裂开的年轻人。虽然这里暴力受伤的病人很常见，但亲眼看见巴维娜将手伸到病人的头上尝试定位子弹时的那一幕，还是让我感到震撼。她无法取出子弹，因为它位置太深，强行取出反倒会造成更大的伤害。花了两三个小时处理伤口，我们回到住处时已是凌晨时分。

第二天早餐时，我问巴维娜病人是

否能活过来，巴维娜摇摇头，不说话。但我们都没有放弃，这个在部落冲突时被误伤的19岁小伙子也成了每天吃饭时的必谈话题。两周后，奇迹出现了，一直半昏迷的他醒了！他还能说一些简单的句子！一个月的康复训练后，他能下床走上20米！出院那天，他送给巴维娜一封手写的感谢信，我们都开心地跟他合照。

在塔里的9个月里，紧急状况不断发生。一个周六早晨，我和几位队友约好到附近的河边散步，来自西班牙的护士莎拉还提醒我们要准时。但当我们如约抵达，却不见莎拉——出发前5分钟，一位手臂被砍伤的病人被送进手术室，莎拉要治疗他，直到下午4点才从手术室回来享用「午餐」。

作为山区仅有的医疗提供者，我们会收到各式各样、危险程度不同的病人。虽然不是每次都能起死回生，但队伍里人人都拼尽全力，为病人争取生存机会，总让我心生感动。

魏钊华是无国界医生来自广州的救援人员，于2015年5月至2016年1月期间在巴布亚新几内亚参与救援任务。



Tari is located in the remote Southern Highlands Province of Papua New Guinea. With clean air, blue sky, wavy clouds and mountains, it looks like a perfect, fantasy landscape. But the hospital here had no doctors for many years before MSF arrived in 2009 as no one would work in such a remote and unfortunately very violent place. MSF runs two programs related to violence – a surgical program dealing with wounds, and a Family Support Centre supporting victims of domestic and sexual violence.

As a logistician, part of my job was to support our operating room in emergencies.

One midnight in September, I was woken up by our guard after the arrival of a gun-shot patient. I went to the operating room immediately with our Indian surgeon Bhavna, and saw the young patient with his face covered in blood. His skull was fractured where a bullet had penetrated. Though I had seen many patients here before, I was still shocked when Bhavna tried to locate the bullet with her hand. It was deep inside the brain and she couldn't remove it because of the risk of more damage. After spending

two or three hours repairing the wound, it was early morning when we finally went back to rest.

I asked Bhavna during breakfast if the patient would survive. She shook her head without saying anything. But we didn't give up. We talked about this 19-year-old man who had been accidentally wounded in a tribal conflict, every day when we met for meals. Two weeks later, he miraculously woke up from his half coma. He could say simple sentences. After one month of rehabilitation, he could stand up and walk 20 metres! When he was discharged, he wrote Bhavne a thank you letter and took photos with us happily.

Emergencies happened often during my nine-month mission in Tari. One Saturday morning, my colleagues and I planned to walk along the river nearby. Our Spanish nurse Sara had reminded us to depart on time, but she failed to show up herself — she was treating a patient who had arrived at our hospital with a cut arm just five minutes before we had planned to start the walk. Sara only managed to leave the operating room for lunch at 4 that afternoon.

魏钊华与当地小孩合照。

Rey with children in PNG.

*Photo source: Ray Wei*

As the only healthcare provider here, we received patients with the whole range of critical, medical conditions. Not all those emergencies ended perfectly, but I was moved by the efforts everyone made to give our patients at least a chance to live.

**Ray Wei is an MSF field worker from Guangzhou. He worked in MSF's project in Papua New Guinea from May 2015 to January 2016.**

## 即食营养治疗食品

# READY-TO-USE THERAPEUTIC FOOD (RUTF)

下图这个小男孩来自中非共和国，因武装冲突而离开家乡，成为难民。患有营养不良的他正食用的即食营养治疗食品，是无国界医生用来治疗营养不良儿童的主要工具。

营养不良会削弱免疫系统，令儿童容易患上致命疾病，如疟疾、肺炎和麻疹。此外，儿童的发育亦有可能受阻，并造成脑部受损。这些损害大多在儿童两岁之前已造成。

即食营养治疗食品由法国的医疗研究人员于1997年成功研发，无国界医生在经过数次测试之后，开始以它作为治疗营养不良儿童的主要方式。它可治愈高达90%没有并发症的营养不良儿童。

即食营养治疗食品有哪些好处呢？以往，国际粮食援助组织多以强化混合食物来治疗营养不良的孩童，主要成分是玉米糊，但它通常不包括营养不良儿童所需的所有营养，而五谷类和豆类的成份，也令孩童不易吸收其中的营养。

至于每包含有500卡路里（相当于6只香蕉）的即食营养治疗食品，不但可提供儿童成长必需的维他命、矿物质、脂

肪和蛋白质，而且由于味道如同花生酱，深受儿童喜爱，母亲喂食起来也很方便。即食营养治疗食品可以实时使用，也能于热带地区储存与运输，更不需要烹煮或加温水食用，减低受污染风险。

过去，妇女必须将儿童带到营养治疗中心，甚至必须住院过夜，才能让儿童接受完整的营养不良治疗，现在她们可以领取即食营养治疗食品回家。在尼日尔，其中一位需要给孩子食用即食营养治疗食品的母亲就解释说：“我宁愿每星期带孩子到治疗中心一次，也不想他住院治疗，因为我需要下田耕种，和照料家中的另外三个孩子。”

即食营养食品是价格低廉且具有效率的治疗食品，价值人民币430元的即食营养食品可为13位儿童提供一周治疗。



即食营养治疗食品  
对没有并发症的营养不良儿童治愈率

Cure rate of RUTF  
on children with  
uncomplicated  
malnutrition

90%



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This little boy in the picture comes from the Central African Republic. He's a refugee from the fighting there and because he is suffering from malnutrition, he is consuming Ready-to-Use Therapeutic Food (RUTF), a major tool used by MSF to treat malnourished children.

Malnutrition weakens immune systems, opening the door for deadly illnesses like malaria, pneumonia and measles. Impaired growth and brain damage are possible. Most of the damage is done before a child reaches two years of age.

RUTF was invented by French medical researchers in 1997 and after several pilot tests, MSF started to use it as an essential tool to treat children during food crises. It can cure up to 90% of children with uncomplicated malnutrition.

What are the advantages of RUTF? International food aid used to rely on fortified blended foods to improve the quality of children's diets, mostly in the form of a corn-soy blend. But they rarely include all of the elements needed by a malnourished child, and the cereal and soy components make absorption of nutrients difficult for children.

RUTF, which carries 500 kcal (equal to six bananas) per pack, provides the essential vitamins, minerals, fat and proteins children need to survive and grow properly. Formulated in a peanut-milk paste that children find tasty and easy to eat, RUTF helps mothers provide nourishment for their children. The packs are instantly consumable, easy to store and transport even in hot or humid climates, and don't need to be cooked or prepared with warm water, thus eliminating the risk of contamination.

In the past, mothers needed to bring their children to therapeutic feeding centres or even have them hospitalized to receive complete nutritional therapy. Now RUTF can be handed out for home use. "I prefer to come here once a week rather than staying in a treatment centre," says one mother in Niger who has a child needing RUTF. "I have to take care of the fields and my other children - I have three other children at home."

RUTF is a low-cost and efficient kind of therapeutic food. For example, 13 children can be treated for a week at the cost of only HKD \$516.



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