

無疆

SANS FRONTIERES

不獲承認 不受保護 不被協助
孟加拉的羅興亞人

Unrecognised, Unprotected, Unassisted
Rohingya in Bangladesh



海地以外的災難

二零一零年一月十二日，一場強烈地震幾乎完全摧毀海地首都太子港及鄰近地區。受災人數觸目驚心：超過二十萬人遇難，三十萬人受傷，數十萬人無家可歸。在這場地震中，無國界醫生痛失七名海地籍員工。

地震發生前，無國界醫生已經在海地工作了十九年，這有助我們較快開展緊急救援行動。許多來自本港和世界各地的捐款人和支持者都積極響應無國界醫生發出的募捐呼籲，以為受災最嚴重的人提供醫療護理和救助。我們衷心感謝你們的支持，讓我們得以救助數千人的生命。

今期通訊刊載了無國界醫生參與海地地震救援工作的更多消息，也包括了被遺忘的羅興亞人的故事。幾十年來，數十萬名羅興亞人因為在祖國緬甸看不到自己的將來，而前往孟加拉尋求庇護。被逐出自己的國家、自己的村莊、自己的家就如同失去一部分生命。我們之前曾呼籲大家關注他們的苦難，但是羅興亞人至今仍然掙扎求存，並面對著更嚴重的暴力和歧視。

此外，我想藉此告訴大家，在任職差不多七年之後，我將於年中離開無國界醫生香港辦事處。無國界醫生香港辦事處董事會將負責招聘新一任總幹事，相信他/她將會在下期通訊和大家見面。過去，我們一起為救助全球身處危難中的人而歷盡艱辛。我為無國界醫生香港辦事處每年派出超過一百名醫療和非醫療前線的工作人員參與海外救援項目而感到自豪，柳天蕙就是其中一員。她在尼日爾工作半年，將會在今期通訊分享她的前線經歷。

我與無國界醫生香港辦事處的旅程到此結束。我非常喜歡在香港工作，亦很珍惜過去這些年來你們對我的禮遇和良好的合作。

謝謝你與我們並肩同行。

祝好！

無國界醫生香港辦事處總幹事
溫達德

Crisis Besides Haiti

On 12 January 2010 a powerful earthquake destroyed most parts of the Haitian capital Port-au-Prince and the regions nearby. The numbers of affected people are difficult to digest: more than 200,000 deaths, 300,000 people injured, and hundreds of thousands made homeless. MSF lost seven of its Haitian staff members in the quake.



MSF had been working in Haiti for 19 years before the earthquake struck, which helped us to set up our emergency programmes relatively quickly. Many donors and supporters in Hong Kong and elsewhere responded generously to MSF's fundraising appeal to provide medical care and relief for the most seriously affected population. We are grateful that your support helped us to make a difference for thousands of people.

In this Bulletin you will read more about MSF's earthquake relief efforts in Haiti, but we also pay attention to the forgotten Rohingya refugees. For decades, hundreds of thousands of Rohingya have sought refuge in Bangladesh, as they see no future for themselves in their homeland Myanmar. To be driven out of your country, your village and your home is to lose part of your life. We have drawn your attention to their plight before, but the Rohingya people continue their struggle for survival, as they are confronted with new levels of violence and stigmatization.

On another note, I would like to take this opportunity to inform you that after almost seven years I will leave my position as Executive Director of MSF-Hong Kong in mid 2010. The MSF-Hong Kong Board of Directors is responsible for the recruitment of my replacement, and I am sure s/he will get in touch with you in the next issue of this Bulletin. Together we have come a long way in assisting populations in danger all over the world. I am proud that MSF-Hong Kong annually sends more than a hundred medical and non-medical field workers to MSF's project overseas, like our own Beatrice LAU, who is spending six months in Niger. You can read more about her experience in this Bulletin.

My experience with MSF-Hong Kong ends here. I have greatly enjoyed working in Hong Kong and I treasure all the kindness and good cooperation I received over the last years.

Thanks very much for standing by us.

With warm regards,

Dick VAN DER TAK
Executive Director
Médecins Sans Frontières Hong Kong



© Javier ARCENILLAS

在孟加拉，很多未獲登記為難民的羅興亞人被迫成為非法入境者。
Many unregistered Rohingyas in Bangladesh are forced to live as illegal migrants.

不獲承認 不受保護 不被協助 孟加拉的羅興亞人

Unrecognised, Unprotected, Unassisted Rohingya in Bangladesh

幾十年來，數十萬名來自緬甸的伊斯蘭少數民族羅興亞人，為了逃避祖國的打壓和迫害而來到孟加拉尋求庇護，當中只有少數人獲得難民身分，其餘不被承認為難民的則在毫無援助的境況下掙扎求存。自去年十月起，未獲登記為難民的羅興亞人受到前所未有的暴力對待，並被當局強制遣返緬甸。數千名羅興亞人為了家庭和性命再次逃亡。他們的苦難漫無止境。

For decades, hundreds of thousands of Rohingya, the Muslim minority population in Myanmar, have fled severe repression and persecution they face in their homeland to seek refuge in Bangladesh. Few have been granted refugee status and instead the majority struggle to survive, unrecognised and unassisted. Since October last year, the unregistered Rohingya have become the victims of unprecedented levels of violence and attempts at forced repatriation. Thousands have had to flee again for the sake of their families and lives. Their suffering is far from over.



© Javier ARCENILLAS

羅興亞人是一個逃離緬甸的少數民族。
The Rohingya is an ethnic minority who has fled Myanmar.

雖然這幾十年來有大量羅興亞人到孟加拉尋求庇護，但至今只有二萬八千人被孟加拉政府承認為表面難民（即根據「表面證據」認定身分的難民），並在聯合國難民署的官方難民營中居住和接受援助。相比之下，約二十二萬人的身分未被承認，被迫以非法入境者的身分生活。他們大都居於科克斯巴扎爾縣，一個與緬甸接壤，擁擠不堪且資源貧乏的地區。

正當數千名羅興亞人已自力更生，融入當地社會生活多年，但在資源本已緊絀的情況下，他們大都被視為一個負擔，他們低廉的薪金也被視為當地勞動力市場的一個威脅。

被迫返回緬甸

去年十月起，無國界醫生陸續在位於科克斯巴扎爾縣的庫圖巴朗診



© Juan Carlos TOMASI

庫圖巴朗臨時營地的基礎設施嚴重不足。

The infrastructure of the Kutapalong makeshift camp is severely inadequate.

所，接收到因暴力事件而受傷的羅興亞人。傷者說他們被驅離住所，當中多人被政府當局弄致身體受創。有些則透露被強行帶到納夫河，並著他們游回緬甸。今年一月，政府在整個科克斯巴扎爾縣重覆地嘗試進行多輪強行遣返行動。

除了要忍受政府的殘暴對待，羅興亞人還要承受當地居民的欺壓。在地方領袖和媒體的鼓動下，加劇了反羅興亞人的情緒。在這段期間，無國界醫生治療了被毆打、遭砍刀砍傷和強暴的病人。

在驚惶失措卻又無路可走之下，約六千名羅興亞人逃到庫圖巴朗的臨時營地，這營地正位於聯合國難民署在那裡的官方難民營外圍。

「我曾以為我擁有一個家，自我離開緬甸後，這裡的人已與我相處了十五年。但之前有兩個月，他們日以繼夜恐嚇我，令我決定離開。我很傷心，不得已只能來到臨時營地。我失去所有財物，然而我的性命和家庭還在，這才是最重要的。」一個剛來到臨時營地的病人說。

臨時營地的人道危機

因為不受官方承認，這些人被迫居於擁擠骯髒的地方，極難獲得清潔食水、衛生設備和醫療服

務。他們不能合法地工作謀生，也沒有資格接受聯合國難民署提供的食物援助。隨著營地的人數增加和營內資源愈來愈少，狹窄不潔的生活環境對他們的健康構成巨大的威脅。

此外，住在庫圖巴朗臨時營地並不保證他們免受暴力鎮壓。去年六月和七月，當地政府為了清理包圍著聯合國難民署官方難民營的土地，而拆毀臨時營地內的住處，並強行驅逐裡面的居民。無國界醫生目睹許多住處被毀，得悉許多羅興亞人都遭到警告：要不自行清拆住處，要不自己承擔後果。

一位臨時營地的居民憶述：「那時我正在工作，回去時我發現住處已被完全摧毀。一位巡查員帶著九至十個人在場，我問他們為甚麼要拆毀我的住所。他們向我亮出一把切魚刀並說：『若你再哼半聲，我便戳你。』」

負責單位應盡快採取措施

由於針對羅興亞人的迫害仍然持續，一個人道危機正在加劇，孟加拉政府應立即採取行動，停止這些暴力事件，並為這些人提供他們應得的保護。

無國界醫生孟加拉項目總管克里奇利說：「聯合國難民署同樣需要採取更積極的措施，以制定出清晰的政策解決這個問題，同時不能容許其與政府的協議條款，損害其作為國際保護者的角色——即是為那些失去祖國保護，又或是沒有國家收留的人士提供協助。」

國際社會必須支持孟加拉政府和聯合國難民署採取措施，使在孟加拉未獲承認為難民的羅興亞人，其尊嚴和福祉都能得到保障。

制止這場人道危機實在刻不容緩。否則，這些羅興亞人會繼續被困在沒有未來、被遺忘、飽受壓迫和操縱，以及連番打壓的絕望境地。

Despite the huge amount of Rohingya seeking refuge in Bangladesh over the decades, today, only 28,000 Rohingya are recognised as prima facie refugees (refugee status determinate on a prima facie basis) by the Government of Bangladesh, and live and receive aid at official camps under the supervision of UNHCR. In sharp contrast, an estimated 220,000 others are forced to live as illegal migrants and the majority of them reside in Cox's Bazar District, an overcrowded and resource-poor area bordering Myanmar.

While thousands of self-settled Rohingya have lived in the local community for years, they are largely perceived as a burden on already scant resources and a threat to the local job market through the provision of cheap labour.

Force Back to Myanmar

Last October, MSF medical teams in the clinic in Kutupalong, Cox's Bazar District began to receive unregistered Rohingya patients suffering from violence related injuries. Patients told stories of being driven from their homes in Bangladesh, many of which were physically destroyed by the authorities. Some of them spoke of having been forced into the river Naf and told to swim back to Myanmar. In January this year, attempts at forced repatriation by the authorities

were repeated throughout the Cox's Bazar District.

To add to the brutality of the authorities, the Rohingya also suffer at the hands of the local population, whose anti-Rohingya sentiment is fuelled by local leaders and the media. Throughout the period, MSF has treated patients for beatings, machete wounds and rape.

Scared and with nowhere else to go, about six thousands Rohingya fled to Kutupalong makeshift camp, which located on the periphery of the UNHCR supported official camp there.

"I used to think I had a home but after two months of constant threats from people I have lived with for 15 years since leaving Myanmar I had to move. I felt sad and came to the makeshift camp. I lost my belongings but my life and family comes first," explained one patient who had recently arrived at the makeshift camp.

Humanitarian Crisis at the Makeshift Camp

Without official recognition, these people are forced to live in overcrowded squalor, with little access to safe drinking water, sanitation and medical care. They are not legally allowed to work to support themselves. They also do not qualify for UNHCR-supported food relief. As the numbers

swell and resources become increasingly scarce in the camp, the cramped and unsanitary living conditions pose a significant risk to people's health.

Also, living in the Kutupalong makeshift camp cannot guarantee that they are immune to violent crackdowns. In June and July last year, local authorities demolished shelters in the camp and forcibly removed their inhabitants in an attempt to clear a space around the perimeter of the official UNHCR camp. MSF witnessed countless destroyed homes and heard many reports of people being warned to remove their own shelters or face the consequences.

A camp resident recalled, "I was working. When I went back to my shelter I found it totally destroyed, an inspector was there with nine or ten people. I asked why they destroyed my house. They showed me a fish cutter and said, 'If you say anything, I'll cut you!'"

Urgent Action by Those Responsible

As the persecution of the Rohingya continues, and a humanitarian crisis intensifies, it is imperative that the Government of Bangladesh act immediately to stop the violence and provide these people with the protection to which they are entitled.

"UNHCR also needs to take greater steps towards developing a clear policy to tackle the issue, and must not let the terms of its agreement with the government undermine its role as international protector of those who have lost the protection of their state, or who have no state to turn to," said Paul CRITCHLEY, MSF Head of Mission for Bangladesh.

The international community must support the Government of Bangladesh and UNHCR to adopt measures to guarantee the unregistered Rohingya's lasting dignity and wellbeing in Bangladesh.

Action is needed now to stop this humanitarian crisis. Otherwise, these unregistered Rohingya will remain trapped in a desperate situation with no future, vulnerable to neglect, abuse and manipulation, and to intense crackdowns.



© Javier ARCENILLAS

去年十月開始，孟加拉發生針對羅興亞人的暴力鎮壓，約六千名未獲登記為難民的羅興亞人逃到庫圖巴朗臨時營地。

About 6,000 unregistered Rohingyas have arrived in Kutupalong makeshift camp since a violent crackdown began in October last year.

歷史在重演

這不是無國界醫生首次目睹大批不獲承認為難民的羅興亞人在絕望的境地中掙扎，飽受疾病煎熬、剝削和虐待。二零零二年，孟加拉政府發起名為「清除核心行動」的軍事行動，暴力地強迫不獲難民身分的羅興亞人離開家園。這些流離失所的羅興亞人其後遷移到科克斯巴扎爾縣的代格納夫，在一片沼澤地上建了一個臨時營地。

這個營地於二零零四年遷到另一個地方。二零零六年春季，無國界醫生在新址設立了一個醫療項目。當時約有五千七百名不獲難民身分的羅興亞人在一小片泛濫地上居住，衛生環境極其惡劣。在無國界醫生提供人道救援兩年，加上強烈的倡議行動後（此行動最終得到聯合國難民署和國際社會的支持），孟加拉政府於二零零八年中，將約一萬名羅興亞人遷徙到勒達巴扎爾的一塊土地上。在少於一年間，勒達巴扎爾營地的人數已激增至一萬三千人，而他們的基本居住環境只有少量改變。今天，這些人仍然在不被承認、不能自力謀生，以及愈來愈遭到敵視的環境下掙扎求存。

歸根究底，在庫圖巴朗以及孟加拉其他地方居住的不被承認為難民的羅興亞人，他們所面對的苦難只是一個更嚴峻的長期問題的一部份，而相關的單位也沒有採取行動去解決這個問題。這個問題源自緬甸，現在已發展成一個地區性的挑戰，無數脆弱不堪的人們的健康和尊嚴就牽繫在這個問題上。



© Juan Carlos TOMASI

無國界醫生自二零零九年開始於庫圖巴朗臨時營地工作。
MSF teams began working in Kutupalong makeshift camp in 2009.



History Repeats Itself

This is not the first time that MSF has witnessed large numbers of unregistered Rohingya gathering in desperate circumstances, vulnerable to ill health, exploitation and abuse. In 2002, the Bangladeshi military-led operation 'Operation Clean Heart' violently forced the unregistered Rohingya from their homes. Afterwards, the displaced Rohingya established a makeshift camp on a swamp-like patch of ground in Teknaf, Cox's Bazar District.

This camp relocated in 2004, and in spring 2006 MSF started a medical programme at the new site, where at the time around 5,700 unregistered Rohingya lived in atrocious unsanitary conditions on a small strip of floodland. After two years of providing humanitarian assistance and following strong advocacy by MSF, which ultimately gained the support of UNHCR and the international community, the Government of Bangladesh allocated new land in Leda Bazar for around 10,000 people to move to in mid 2008. Less than one year later, nearly 13,000 people live in Leda Bazar Camp. Their fundamental condition having changed little. Today people continue to struggle to survive without recognition and opportunities to provide for themselves, within an increasingly hostile environment.

Ultimately, the plight of the unregistered Rohingya in Kutupalong and elsewhere in Bangladesh is part of a larger, chronic problem on which none of the relevant actors have chosen to act. Stemming from Myanmar, the issue has developed into a regional challenge on which the health and dignity of countless vulnerable people depends.

庫圖巴朗臨時營地位於由聯合國難民署監管的羅興亞官方難民營旁邊。
Kutupalong makeshift camp is next to an official camp for Rohingya, run by the UNHCR.

極速殺手 流行性腦膜炎

Quick Killer - Meningococcal Meningitis



© Olivier ASSELIN

無國界醫生與尼日爾衛生部合作，提供腦膜炎治療。
MSF works with the Ministry of Health to provide meningitis treatment in Niger.

流行性腦膜炎在香港人聽來似乎不大熟悉。然而，對於生活在非洲撒哈拉沙漠以南、由西岸塞內加爾橫跨至東岸埃塞俄比亞，被喻為「腦膜炎地帶」上的三億人來說，腦膜炎是頻繁爆發並威脅他們生命的極速殺手。

流行性腦膜炎是一種由細菌感染而引起的腦膜（即包裹腦和脊髓的薄膜）炎症，傳染性極高，可通過呼吸道或咽喉的分泌物傳播。最常見病徵是後頸僵硬、發高燒、畏光、意識混亂、頭痛以及嘔吐。

如果得不到治療，患者能於病徵出現後的四十八小時內死亡，死亡率高達五成。

抗擊疫症爆發

世界各地都偶有腦膜炎個案出現，但大多數病例和死亡個案都在「腦膜炎地帶」發生，每年十二月至六月的旱季更是爆發的高危季節。

每當監測到有腦膜炎爆發跡象，無國界醫生不僅會馬上派出醫療隊確診、為病人提供治療和監測疫情，亦會進行大規模疫苗注射計劃——預防該病蔓延的最有效辦法。

去年一月，西非有大規模腦膜炎爆發，超過六萬五千人受感染，二千一百多人死亡。為應對疫情，無國界醫生在尼日利亞北部、尼日爾南部以及乍得首都南部，分別展開治療項目，並與當地衛生部門合作，為約七百五十萬人接種疫苗。

當時在尼日利亞卡齊納州工作的無國界醫生救護人員埃內斯醫生說：「我們需要為醫護人員提供足夠的藥物和設備，必要時更提供培訓。如果治療不夠迅速，腦膜炎患者可能會死亡，或出現併發症。」四個月後，死亡率維持在低水平，除了因妥善處理病例，也因病例數字達到高發期水平時，迅速展開的疫苗注射計劃有效阻止了疫情進一步擴散。

Meningococcal meningitis may sound unfamiliar to people in Hong Kong. But for 300 million people living in sub-Saharan Africa known as the meningitis belt, which stretches from Senegal in the west to Ethiopia in the east, it can be a quick killer that threatens their lives frequently.

Meningococcal meningitis is a bacterial infection of the meninges – the thin tissues surrounding the brain and the spinal cord. It is highly contagious and can be transmitted through droplets of respiratory or throat secretions. The most common symptoms are stiff neck, high fever, sensitivity to light, confusion, headaches and vomiting.

Without treatment, meningitis kills up to half of those infected, usually within 48 hours of the first symptoms.

Battle Against the Outbreak

Meningitis occurs sporadically throughout the world, but most cases and deaths are across the “meningitis belt”. The danger period is the dry season between December and June.

When there are signs of a meningitis outbreak, MSF will not only send medical teams to identify the disease, provide treatment to patients and disease surveillance, but also organise mass vaccination campaigns, the most effective way to prevent the spread of the disease.

In January 2009, there was a large meningitis outbreak in West Africa, with more than 65,000 people infected and over 2,100 deaths. In response to the outbreak, MSF provided treatment in northern Nigeria, southern Niger and south of the Chad capital, and worked with national health ministries to vaccinate around 7.5 million people.

MSF doctor Laurentia ENESI who worked in Katsina State, Nigeria at that time said, “We have to provide health staff with adequate drugs and equipment or training when needed. People infected with meningitis might die or develop complications if they are not treated quickly enough.” Four months later, the number of deaths remained relatively low. This was due partly to good case management and also because disease transmission was limited by vaccination campaigns launched quickly once epidemic thresholds were met.



© Frederic SAUTEREAU

地震發生後不久，無國界醫生團隊便在臨時手術室為傷者做手術。
Shortly after the earthquake MSF teams started to perform surgeries for victims in makeshift surgical wards.

海地地震救援 一場與時間的競賽

Haiti Earthquake Relief A Race Against Time

一月十二日，海地發生七級大地震，造成
超過二十萬人死亡，三十萬人受傷。

無國界醫生之前一直在該國進行數個項目，所以地震發生後能迅速作出回應，立即為傷者和災民提供緊急醫療護理、施手術和派發救災物資。救援隊盡力醫治更多人，在街道上臨時搭建的設施裡、塑膠帳幕下和經改裝的集裝箱裡做手術，同時尋找新地方增建手術室。

在災後首數周與時間競賽，為數千名病人提供救命的手術和護理後，隨著醫療需求轉變，醫療隊更專注於物理治療等手術後護理，以及精神健康輔導的工作。

無國界醫生也加強了帳篷、毛毯、衛生和煮食器具等物資的分發，為那些震後一個多月遷住在臨時營地或露宿街頭的災民提供這些必需品。無國界醫生亦增加了門診服務，把更多重點放在基礎醫療護理上。

On 12 January, Haiti was struck by an earthquake with a magnitude of 7.0 and its devastating consequences – the loss of over 200,000 lives, and 300,000 wounded.

MSF, already running several projects in the country, responded immediately, providing emergency medical care and surgery as well as relief materials to the survivors. The teams treated as many people as they could—performing operations in makeshift facilities in the streets, under plastic sheetings, and in converted shipping containers—while also seeking out new places in which they could set up operating theatres.

After the race against the clock of the first couple of weeks to provide life-saving surgery and care to thousands of patients, MSF drew more attention to post-operative care including physiotherapy and mental health as the medical needs shifted.

MSF also stepped up the distribution of tents as well as blankets, hygiene and cooking kits to the people who still live in makeshift camps or on the street more than a month after the earthquake, and began focusing on primary healthcare with outpatient activities.



無國界醫生為接受了手術或重傷病人提供密集式的物理治療，以助康復。
MSF provided intensive physiotherapy to help patients recover from surgery or severe injury.



為受感染的傷口進行緊急護理，是一場與時間的競賽。
It is a race against time to provide urgent care of infected wounds.



無國界醫生在太子港的心理治療病房內的病童。
Child patients in MSF psychological unit in Port-au-Prince.



雨季快將來臨，但仍有數以千計倖存者在帳篷下棲身。
As the rainy season approaches, many thousands of survivors still live in tents.



© Julie RÉMY

地震摧毀了海地首都太子港及周邊地區。
The earthquake devastated Haitian capital Port-au-Prince and beyond.

控制項目開支 靈活而問責

Be Flexible and Accountable – Budget Controlling in the Field

在發給每位無國界醫生財務人員的會計手冊中，我發現前言部分寫著：「一個財務預算並不是一個目標，亦不是一個必須遵守的制約。」

作為無國界醫生的籌款人員，我的神經因此被觸動起來。過去無國界醫生香港辦事處籌款部主管的工作培養了我要對捐款人負責，要小心運用每一分捐款。因此，控制開支是一個必須遵從的重要守則。

但當身處救援項目之中，我便發現前線的實況充滿著變數和意外——尼日爾這裡剛發生了一場政變。若無國界醫生要為有需要的病人提供醫療護理，能於任何情況下作靈活安排是十分重要的。對於團隊中的醫療人員而言，他們當然想利用所有的、或能夠使用的資源去治療病人。

但這個觀念卻意味着我們可以近乎無限制地支出，那麼我們該如何定下界線呢？

這就是財務人員出場的時候了。

證明所需合理

我們的工作並不是要將支出減到愈低愈好，而是要證明將錢花在某個事情上是否合理。財務人員必需對救援項目有一定的了解，才能將控制預算的原則應用到實際環境。

還記得有次我批核開支，發覺其中一項是購買肉類、米及其他食品予營養不良兒童的母親時，我充滿疑惑並想：「無國界醫生籌募的經費是用於治療營養不良兒童，而不是他們的母親！」但當我了解整個營養治療中心的運作後，就明白到治療嚴重營養不良兒童的最好方法，不單是把他們留醫，而是把他們的母親一併留院。要治療營養不良的兒童，無國界醫生會為他們提供即食營養治療食品 and 營養奶；但是長



© Laurent CHAMUSSY / Sipa Press

一位母親協助營養不良的孩子進食營養奶。

A mother helps her malnourished child to take therapeutic milk.

遠來說，若要他們健康成長，母親必需給予他們妥善的餵哺。很多年輕母親並不懂得餵哺母乳，我們的醫療人員會教導她們。不少母親自己也患上營養不良而無法生產母乳餵哺嬰兒，故此，要求這些母親與孩子一同住院並提供食物，是治療營養不良兒童的一個重要部分。

無國界醫生有一系列嚴格的指引去控制開支。在尼日爾，任何超過約八百五十港元的支出均需在事前獲得批准。我亦要確保這項支出是在已核准的項目財務預算之內。若支出並不在預算中，我便要和項目總管及統籌隊伍討論是否有真正需要才能批核。我們亦有一個定義清晰的會計系統，確保簿記的支出能反映真正的項目開支，讓無國界醫

生可以向捐款人維持透明度和問責性。

很多朋友問我，為甚麼前線救援會需要像我這般沒有醫療背景的救援人員。在應用了會計手冊數個月後，現在的我可以用手冊中的另一句子回答：「財務預算是以財務的角度反映出我們的醫療項目。它是一個管理工具，去為履行項目目標所需的金錢和資源訂下一個規範。」

只要一天有醫療項目的需要，就會有財務人員的需求！

無國界醫生尼日爾項目
行政及財務管理人員

柳天蕙

In the accounting manual given to all MSF financial staff, I found this line in the introductory paragraph: "A budget is neither an objective in itself, nor a constraint to be respected."

For someone who has worked as a fundraiser for MSF, my nerves were being tickled. My previous job as Head of Fundraising in MSF-Hong Kong had trained me to be accountable to our donors when spending every cent of donation we have collected. Expense control is therefore the golden rule to be observed.

But being in the mission now, I see how uncertainties and surprises are a field reality: there has just been a coup d'état here in Niger. Flexibility (in every sense) is a crucial necessity, if MSF is to do its work - to provide medical care to patients in need. For medical people in the team, they of course want to utilize every resource available, or could be available, in order to treat the patients.

But the idea can then mean there is almost no limit to how much we are to spend. So, where do we draw the line?

This is where the field financial staff come into the picture.

Justify the Need

It is not about cutting expenses as much as possible, but to be able to justify why the money has to be spent. Financial staff need to know the operation quite thoroughly in order to put budget control principles into the context.

I remember how I was when I had to sign off the payment for buying meat and rice and other food supplies for the mothers of the malnourished children. I thought, "MSF raised money to feed the malnourished children, not their mothers!" But after understanding how our nutritional treatment centre functions, it is clear that the best way to help these severely malnourished children is not only to hospitalize them but also their mothers. To treat them, MSF gives the children food like ready-to-use therapeutic food and therapeutic milk, but to get them survive in the longer run, they need to be properly fed by their mothers, too. Many of these young mothers do not know how to breast-feed, and thus our medical members need to teach them; many of them are malnourished themselves and thus cannot provide milk at all for the baby. Hospitalizing and feeding the mothers is therefore a crucial part of the treatment process for the malnourished children.

MSF has a very strict set of procedures for controlling expenses. For Niger, any expense more than about HKD850 needs to be pre-approved, and I need to make sure the approval is based on the approved project budget, or in the case when it is not, it needs to be justified and discussed with the Head of Mission and the coordination team. There is also a well defined accounting system to ensure that expenses are booked to reflect the



© Olivier ASSELIN

無國界醫生為當地兒童注射疫苗。
MSF carries out vaccination campaigns for the children in Niger.

true spending of the project, which allows MSF to have transparent and accountable reporting to the donors.

Many of my friends questioned why non-medical people like me are needed in the field. Now having practiced the field accounting manual for a few months, I can then answer the question with another quote from the manual: "A budget is the financial reflection of our medical programmes. It is a management tool that serves to define a framework for the financial means and resources deemed necessary to fulfil our operational objectives."

As long as there is a need for medical programme, there is a need for financial staff!

Beatrice LAU
MSF Administrator & Financial Controller
in Niger



Photo Source: Beatrice LAU / MSF

柳天蕙不時探訪營養治療中心的小孩。
Beatrice often visits the children in the nutritional treatment centre.

自二零零一年開始，無國界醫生在尼日爾開展營養不良項目。救援隊伍與國家及當地衛生部門合作，治療五歲以下患上中度或嚴重營養不良的兒童。無國界醫生也為其他高危人士，如孕婦和正在餵哺母乳的婦女提供營養治療。

柳天蕙於今年一月被派往尼日爾擔任行政及財務管理人員，為期六個月。在這次任務之前，她為無國界醫生香港辦事處的籌款部主管。

Since 2001, MSF has been running programmes to combat malnutrition in Niger. Teams work with the national and local health authorities to treat moderately or severely malnourished children under five. Other high-risk groups, such as pregnant and lactating women are also targeted for nutritional care.

Beatrice LAU was sent to Niger in January this year, where she works as an Administrator & Financial Controller for a six-month mission. Before this mission, she had been working as Head of Fundraising of MSF-Hong Kong.

全球工作 Worldwide Work

在巴基斯坦派發救援物資 Relief Items Distribution in Pakistan

從一月底到二月初，無國界醫生在聯邦行政部落區的古勒姆地區，向超過三萬五千名民眾發放基本救援物資。這些民眾都因持續的武裝衝突而被迫在該區流徙。無國界醫生亦向孕婦和餵哺母乳的婦女派發含高卡路里和維他命的營養餅。

From late January to early February MSF conducted a distribution of basic relief items to more than 35,000 people who fled the ongoing armed conflict and are currently displaced inside Kurram Agency, in the Federally Administrated Tribal Area. Rations of high calorie and vitamin biscuit bars were also distributed to pregnant and breast feeding women.



© MSF
流離失所者獲發救援物資。
Relief items are distributed to displaced people.

斯里蘭卡北部新設外科項目 New Surgical Project in Northern Sri Lanka

二月，無國界醫生開始為斯里蘭卡北部的馬納爾醫院提供外科手術支援。馬納爾地區之前一直深受戰事影響，現時已有數千名流離失所者離開政府開設的營地，到當地安頓下來。

In February, MSF began supporting surgical needs in Mannar Hospital in northern Sri Lanka. Mannar district is an area that was badly affected during the war and now thousands of displaced people have settled there after leaving the government camps.

援助南非邊境的津巴布韋人 Assist Zimbabweans on the Border of South Africa

今年初開始，為了逃離本國的經濟和人道危機而逃到南非的津巴布韋人，在越過邊境時，遭武裝暴徒襲擊、搶掠和強姦的人數大幅上升。無國界醫生醫療隊在邊境城鎮穆希納為這些受傷和心理受創的津巴布韋人提供治療。

Since the beginning of the year, there has been a rise in the number of Zimbabwean migrants attacked, robbed and raped by armed gangs when these migrants try to cross the border, fleeing the economic and humanitarian crisis in their home country. MSF medical teams in the border town of Musina have provided treatment to these traumatised and injured Zimbabweans.



© REUTERS / Finbarr O'REILLY

津巴布韋人在南非的荒廢建築物煮食。
Zimbabweans cook in an abandoned building in South Africa.



© Pierre GARRICOU / MSF

無國界醫生救援隊評估智利災區的需要。
MSF teams assessed the needs in the affected areas in Chile.

評估智利地震重災區

Assess Areas Most Affected by Chile Earthquake

二月底，智利中部發生八點八級地震，無國界醫生醫療隊前往災區，支援病人眾多的醫療設施，重建基礎醫療服務，並向災民分發生活必需品和提供心理健康輔導。

After an 8.8-magnitude earthquake struck central Chile in late February, MSF teams supported health structures that were caring for large numbers of patients, re-establishing primary health care services, distributing basic necessities, and offering mental health assistance to the affected population.

布隆迪產科急症中心重開 **Obstetric Emergency Centre Reopens in Burundi**

一月初，無國界醫生在加比施鎮的產科急症中心因洪水侵襲而嚴重損毀。急症中心經修葺後於三月初重開，繼續為孕婦和產婦提供免費的專門醫療護理。

MSF medical centre in the town of Kabezi, which was struck by heavy flood with considerable damage in early January, reopened in early March after rehabilitation work. It continues to provide free specialised medical care for women during pregnancy and delivery.



© Sune JUUL-SORENSEN

加比施產科急症中心內，醫生正診治一名新生嬰兒。

A doctor is checking a newborn baby in MSF centre for obstetrical emergencies in Kabezi.

為剛果民主共和國難民提供醫療護理 **Provide Healthcare for DRC Refugees**

去年底，剛果民主共和國赤道省爆發暴力衝突，超過十萬名難民逃到鄰國剛果共和國和中非共和國的烏班吉河沿岸地區。他們正面臨糧食、住房及醫療護理嚴重短缺的問題。無國界醫生在沿河兩岸的超過二十個地點提供醫療支援。

More than 100,000 refugees who fled the violence that erupted in Equateur province in the Democratic Republic of Congo (DRC) at the end of 2009 are facing extreme shortages of food, shelter and healthcare in neighbouring Republic of Congo and Central African Republic, on the banks of the Ubangi River. MSF is providing healthcare assistance at more than 20 locations along the river.

支援阿富汗醫院

Support Hospitals in Afghanistan

自二零零九年十月開始，無國界醫生一直支援喀布爾東部艾哈邁沙巴巴醫院，提高其服務質素。另一醫療隊則支援赫爾曼德省拉什卡爾加的布斯醫院，提高其治療質素，並為病人提供免費藥物。

MSF has been supporting Ahmed Shah Baba Hospital in eastern Kabul since October 2009, by improving the quality of care provided in this facility. Another team also supports the Boost Hospital in Lashkargah, Helmand province by improving the quality of treatment and providing free drugs to patients.



© Pascale ZINTZEN / MSF

喀布爾東部的艾哈邁沙巴巴醫院。

Ahmed Shah Baba Hospital in eastern Kabul.



Photo source: Shun Sang Anglo-Chinese Kindergarten

幼稚園學生捐出利是錢支持無國界醫生。
Kindergarten pupils donated their red pocket money to MSF.

用你的方式支持無國界醫生 舉辦籌款活動

Your Own Ways to Support MSF -

Self-initiated Fundraising Activities

相信大家都曾聽過「門票收益會撥捐某機構」或「是次活動為某機構籌得港幣若干元」等說法。這些都是個人、學校、公司或團體自發性舉行的籌款活動。去年，無國界醫生在二十多個自發性籌款活動中共收到捐款超過一百二十萬港元。

歡度節慶 惠及他人

無國界醫生每年都收到不少籌款活動的建議，當中有些來自店舖開張、生日會和婚禮。以店舖開張為例，店主發出邀請時可建議來賓以捐款方式代替送贈花籃。新婚夫婦則可以來賓的名義捐款作為婚宴的回禮。舉辦籌款活動，讓你歡度節慶之餘也可支持無國界醫生。

除了以個人名義籌款，不少學校都積極舉辦籌款活動支持我們。這些活動一方面可以支持無國界醫生的救援工作，一方面可以令學生明白到，小小的支持已經可以為一些極需要醫療救援的人帶來改變。啟新書院於今年初舉辦了一系列籌款活動，以慈善義賣及放置籌款箱為海地地震籌款。啟新書院家長教師會共同主席勞埃德指出：「是次活動由學生主動提出及安排，並得到全體師生的支持。我感到很欣慰，因為同學明白到幫助別人的重要，特別是失去醫療援助的人。」

企業的長期支持

企業的支持對我們的工作亦十分重要。不少公司及其員工都經常

透過周年晚會等員工活動支持我們。另外，公司亦會舉辦公眾活動，例如攝影馬拉松及慈善義賣為我們籌募經費。

無國界醫生香港辦事處總幹事溫德說：「我很高興得到這麼多個人、企業及學校的支持。此外，我亦很感謝他們為無國界醫生舉辦籌款活動，支持我們為亟需救助的人民提供醫療救援。」

你的籌款形式？

沒有大眾的支持，我們便不能救助傷病者。你可以參與或舉辦很多不同種類的活動來支持無國界醫生。我們歡迎你提出籌款活動的建議。請即行動，用你的創意支持無國界醫生。

believe you must have heard of “the ticket income will be donated to ...” or “the event has raised \$X for ...” These are self-initiated fundraising activities organised by individuals, schools, companies or organisations. In 2009, MSF received more than 20 gifts from self-initiated fundraising activities, raising more than HKD1.2 million.

Give in Celebration

Every year, MSF receives different fundraising proposals for events like shop openings, birthday parties, weddings, etc. For example, in a shop opening event, the host will send invitations to their guests and suggests in lieu of sending flower baskets, they can donate to MSF. While in wedding parties, the new couple donates in the name of the guests as the “return gift”. Fundraising can be a great way to have a good time whilst supporting us.

Apart from the individuals' effort, a number of schools actively organise fundraising events for us. MSF not only can raise funds for our relief projects, but also educate the students on how a little help can make a difference for those people who are in dire need of medical assistance. Early this year, Renaissance College (RCHK) organised a fundraising campaign to raise funds for the Haiti earthquake through a charity sale and placing a donation box. “This campaign was student initiated, student led and

supported by the whole college. I am very proud of our students who realised the importance of helping people who have lost everything especially their access to medical care,” said Davina LLOYD, the Co-Chair Renaissance Association of Parents and Teachers of RCHK.

Continuous Support from Corporates

Corporate partners also contribute to our ability to provide medical and relief care for those in need. Companies and their staff often support us in the staff activities like annual dinners. They also hold public events like photo marathon and charity auction to raise funds.

“I am pleased to see so many individuals, companies and schools supporting MSF. I really appreciate their help with organising events to raise funds in support of MSF's work for populations in urgent need of assistance.” said Dick VAN DER TAK, Executive Director of MSF-Hong Kong.

What will You Do?

None of our work can be done without help from our supporters. There are all sorts of events you can get involved with or organise yourself to support the work of MSF. We welcome you to initiate your ideas to support us. Act now and use your own creativity to raise funds for MSF.



有捐助者的支持，無國界醫生才可繼續救助生命。
With donors' support, MSF can continue to save lives.

支持無國界醫生日！ Support MSF Day！

若你未能舉辦籌款活動，參與無國界醫生日是支持我們的一個簡單方法！無國界醫生日於每年七月七日舉行。支持者可捐出一日的人工予無國界醫生。企業也可動員公司上下同事捐款參與，或以公司名義捐款，來支持無國界醫生日。

If you do not have the capacity to organise a fundraising event, joining MSF Day is a convenient way to support us! MSF Day is held annually on 7 July. Supporters are encouraged to donate a day's income to MSF. Corporates can also help by motivating and enrolling staff to participate or make a one-off donation in the name of the company.



大眾和企業可透過「無國界醫生日」支持無國界醫生。
General public and corporates can support MSF through MSF Day.

E	POSTAGE PAID	Permit
	HONG KONG PORT PAYE	No. 1600

Bulk Economy



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.



© Guillaume RATEL 尼日爾 Niger

《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，讓我們喚起大家對人道危機的關注，和分享我們的前線救援點滴。

What is “Sans Frontières” ?

“Sans Frontières” is written by staff in MSF-HK and sent twice a year to you, our supporters, to keep you informed on how donation is spent and up-to-date MSF’s worldwide work. It is also a platform for us to raise awareness of the humanitarian crises in which MSF works and share our frontline relief experience.

《無疆》已上載網站 www.msf.org.hk/bulletin

如不欲收到印刷版本，請電郵 donation@msf.org.hk 告知。捐款者請註明捐款者編號。

“San Frontières” is online at www.msf.org.hk/bulletin

To unsubscribe the printed version, please email to donation@msf.org.hk with your donor number (if applicable).