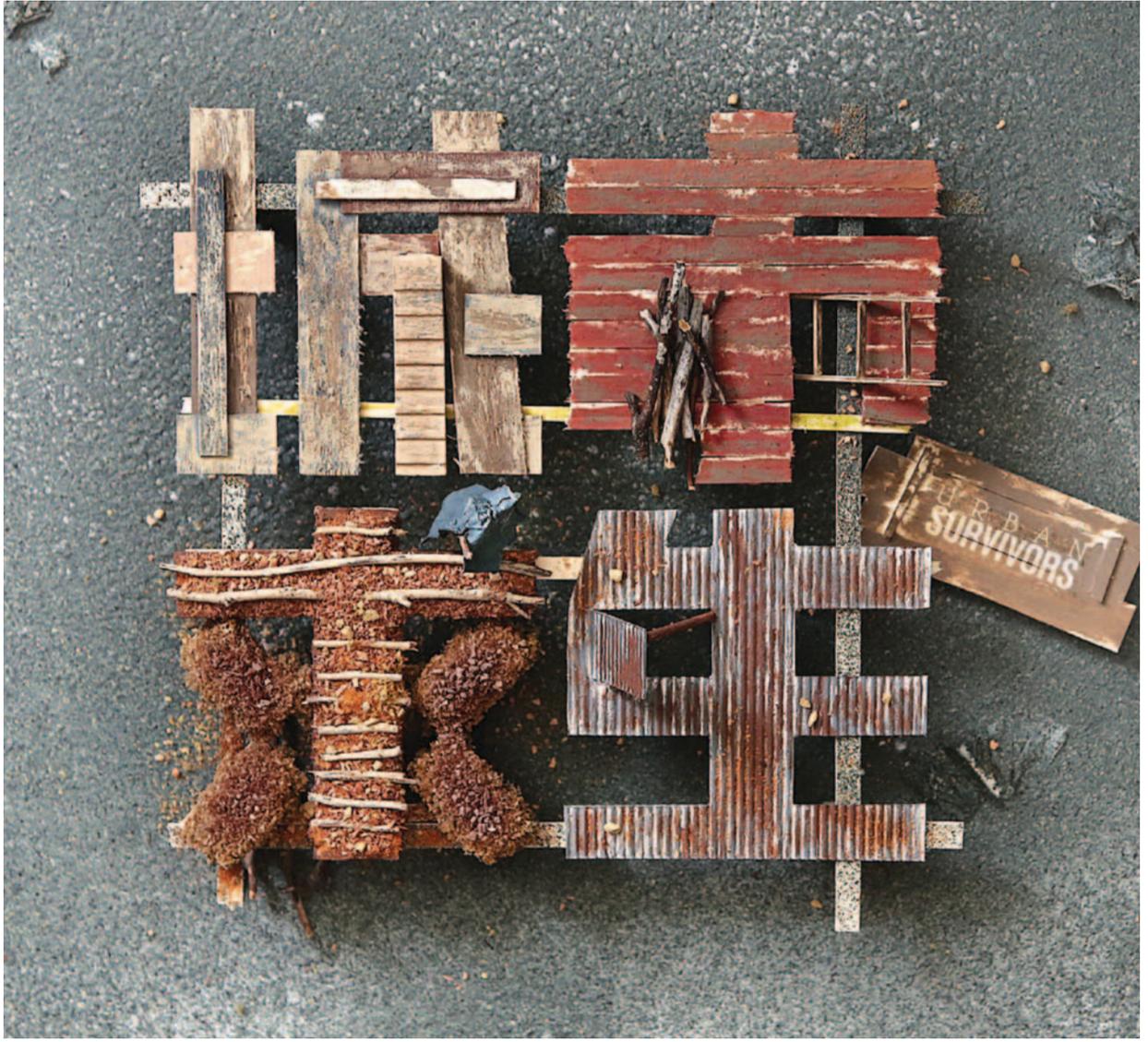


無 疆

SANS
FRONTIERES



大城市裡的小城市

A Small City Inside a Bigger City

無國界醫生(香港) 總幹事 卡磊明

Rémi CARRIER, Executive Director, Médecins Sans Frontières Hong Kong



2007年，我在肯尼亞擔任無國界醫生駐當地的項目總管，而本期《無疆》提及的基貝拉，便是我們在肯尼亞的其中一個項目。那是我首次身處貧民窟環境之中，並首次認識到貧民窟居民日常生活的真實面貌。

你難以想像人們如何在這樣的地方居住。那裡極其擁擠，小孩在泥濘裡玩耍，不存在任何公共服務，沒有公立學校、醫院、正常的電力系統和警察。為處理廢物，人們發明了「飛行廁所」，即是用袋子排便再扔到窗外。那裡是內羅畢裡的小城市。

人們離開鄉村，遷移至貧民窟，往往由於經濟因素，例如當他們的田地被天災破壞，亦有些人因部族衝突而逃難。他們來到城市，希望可以爬上社會階梯，但你看到的卻是一個往下走的社會螺旋。人們因為失業而陷入貧窮，當中很多人成為酗酒者，因而捲入社會或家庭暴力之中。由於居住環境惡劣，他們很容易患病，而一旦病倒，便無法尋找工作。這是一個螺旋，是一個人們無法逃離的困局。

每天都是一場在社會最底層掙扎求存的鬥爭。正如在其他地方的人一樣，他們也需要購買食物、為孩子交學費和照顧家庭。但除此之外，假如他們生病，尤其是像愛滋病和結核病這類致命疾病，他們幾乎不可能負擔醫藥費。這正是無國界醫生決定提供援助的原因。

在緊急災難中工作了多年，對我而言，貧民窟是一個真正的人道環境。人們亟需要支援，以活得有尊嚴。但我印象最深刻的是他們的力量。儘管生活環境既窮困又充滿暴力，但人們仍然十分堅強，生存能力令人詫異。他們是真正的城市倖存者。

今期《無疆》將與你分享5個不同貧民窟的倖存者故事。我們亦邀請你參觀我們的展覽和瀏覽城市求生網站，以更了解貧民窟居民的人道和醫療問題，以及無國界醫生如何應對。我們希望你享受這次旅程，並繼續支持無國界醫生在城市裡的救援工作。

In 2007, I was in Kenya as the MSF Head of Mission there, and Kibera, one of the slum areas that we are going to be talking about here, was in our project area. That was my very first time to be exposed to a slum environment, and to get to know the reality of how people there live every day.

You can hardly imagine people can live in such place. It was terribly overcrowded, and you could see children playing in the mud. Access to any kind of public services did not exist, as there was no public school, no hospital, no proper electricity system and no police. To manage sewage, people created "flying toilets", which means defecating in plastic bags and throwing them out of the window. It is a small city inside a bigger city of Nairobi.

Slum residents often left the countryside for economic reasons when their homeland areas were hit by natural disasters, and some others fled due to conflicts among tribes. They came to the city in the hope of climbing up the social ladder, but what you see is a social spiral going down. People fall into poverty because of unemployment, and quite a number of them become alcoholics, which plunges them into social or domestic violence. They are vulnerable to sickness because of the poor living and social environment, and when they get sick they cannot find a job. It is a spiral, a trap in which they are obliged to stay.

Every day is a fight for survival at the bottom. Like people everywhere, they need to buy food, pay school fees for their children and take care of their family. But on top of that, if they get sick, it is almost impossible for them to sustain the cost of a treatment, especially for deadly diseases like HIV/AIDS and tuberculosis. That is why MSF has decided to help.

After all these years working in emergencies, to me the slum is a real humanitarian environment. People are in dire need of support to help them live in dignity. But what also impressed me is their strength. Despite all the poverty and violence, people are extremely strong and their capacity to survive is amazing. These people are true urban survivors.

This Bulletin issue will share with you the stories behind the survivors in five different slums. You are also invited to visit our exhibition and website, where you can see the humanitarian and medical issues that slum residents are facing - and how MSF responds to them. We hope you enjoy the journey, and we ask for your continuous support for MSF's work in urban settings.

海地太子港馬蒂斯桑的貧民窟。
A deprived slum of Port-au-Prince in
Martissant, Haiti.

© *Cristina DE MIDDEL*

城市求生

About URBAN SURVIVORS

3年前，人類歷史踏入了新里程：全球首次出現大部分人居住在城市的情況。急速城市化令「不正式」的聚居點激增——目前有超過8億人住在貧民窟，而且數目正在上升。

貧民窟居民往往需要在暴力和罪案橫行、污染無孔不入和衛生欠佳的地方，適應貧困的生活，而且難以獲得醫療護理和其他形式的援助。他們被邊緣化和歧視，當中以婦女、兒童和沒有證件的入境者尤甚。

「城市求生」是無國界醫生與NOOR圖片社及Darjeeling製作社合辦的多媒體計劃，將達卡、約翰內斯堡、太子港、卡拉奇和內羅畢貧民窟居民的人道問題，以及無國界醫生為應對他們未能被滿足的需要而進行的工作，帶到鎂光燈下。

Only three years ago, the world passed a significant milestone in human history: for the first time, most people on the planet are living in cities. Rapid urbanisation has also led to the boom of "informal" settlements - over 800 million people now live in slum conditions, and the number is growing.

Slum inhabitants often adjust to a life of poverty in a place where there is more violence and more crime, pervasive pollution and poor hygiene, but limited access to medical healthcare and other forms of assistance. They are marginalised and discriminated against. Women, children and undocumented migrants are particularly at risk.

URBAN SURVIVORS is a multi-media project by MSF in collaboration with the NOOR photo agency and Darjeeling Productions, that highlights the humanitarian issues faced by slum inhabitants in Dhaka, Johannesburg, Karachi, Nairobi and Port-au-Prince, and what MSF is doing to address their unmet needs.



坎蘭格查貧民窟的高腳屋。
Houses built on sticks in the Kamrangirchar slum. © Stanley GREENE

坎蘭格查 孟加拉·達卡 Kamrangirchar Dhaka, Bangladesh

作為孟加拉的首都，達卡的人口在過去20年急增至1,480萬人。現時達卡有超過50個貧民窟地區，當中最大的是坎蘭格查半島。當地曾經是達卡的垃圾傾卸區，面積僅為3平方公里，卻容納了40萬人。

達卡的工廠把有毒廢料排放到布里甘加河——很多坎蘭格查的居民就在這裡洗澡和洗衣服。只有少數人能負擔醫療護理的費用。

阿卜杜勒的3個孩子都不幸離世，而第4個孩子莫然則在出生後患有重病：「看著他，我和妻子都哭了。我們問上帝為甚麼這樣？我們沒有錢，也沒有辦法賺到錢，沒有土地可賣，更沒有辦法可以負擔孩子的醫藥費。」

「莫然和他的母親每天來日間護理中心，我們會幫助她餵哺母乳。」在無國界醫生診所工作的助產士萊斯利續說：「今天，他已經七個星期大了，雖然體重和剛出生時一樣，但對我們來說，已是很好的成果。」

As the capital city of Bangladesh, Dhaka's population has doubled in the last two decades to 14.8 million. There are now over 5,000 slum areas in Dhaka and the Kamrangirchar peninsula is the largest of them. It used to be a dumping ground for the city's trash but the population of this three square kilometer area has boomed to 400,000.

Toxic waste from Dhaka's industries is released into the Buriganga river, where many people from Kamrangirchar bathe and wash their clothes. Few can afford the cost of healthcare.

Abdul Rahman lost three sons and then his fourth, Moran, got seriously ill after birth. "Seeing him like this, my wife and I cried and called out to God, asking why? We have no money or means to get money – no land to sell, nothing that we can use to pay for treatment."

"Moran and his mother come to the daycare centre every day, and we provide breastfeeding support," said



白色、粉紅色和黑色的布料和垃圾，俯瞰著布里甘加河。
White, pink, black sheets and garbage overseeing the Buriganga river. © Stanley GREENE

Lesley, a midwife who works in the MSF clinic. "Today he is seven-week old, and he weighs the same as his birth weight. But for us, that's a very good result."

無國界醫生行動 MSF ACTION

無國界醫生作為坎蘭格查唯一的免費醫療護理提供者，在這裡開辦了兩所基層醫療中心，為5歲以下兒童、孕婦和哺乳中的婦女提供護理。無國界醫生亦透過一個治療性餵食項目，為嚴重營養不良兒童和他們的母親提供特別支援。

MSF, as the only provider of free medical care in Kamrangirchar, runs two primary healthcare centres that provide care to children less than five years old and to pregnant and lactating women. It also provides special support to severely malnourished children and their mothers through a therapeutic feeding programme.



坎蘭格查52%的兒童患有長期營養不良，是導致孟加拉兒童死亡和身體虛弱的主因。事實上，坎蘭格查有很多售賣食物的商店和市場，但家長們負擔不起，或是他們不知道如何為孩子們準備健康的膳食。因此孩子們經常不定時進食，和靠低營養的食物為生。

52% of children in Kamrangirchar suffer from chronic malnutrition, which is a major cause of death and debility in children in Bangladesh. In fact, there are many shops and markets selling food in Kamrangirchar, but parents cannot afford to buy food, or they do not know how to prepare healthy meals for their children. So their children often eat irregularly and survive on a low nutrition diet.

攝影師 / 斯坦利·格林林 Photographer / Stanley GREENE

斯坦利·格林林在紐約出生，以雜誌及報紙攝影展開其職業生涯。1986年，斯坦利移居巴黎，碰巧拍下了柏林圍牆倒塌的一刻。他最享負盛名的作品是在車臣戰爭中拍攝的照片，即2003年發布的《創傷》，並於2007年創辦 NOOR 圖片社。他曾5次獲得世界新聞攝影獎，亦是尤金·史密斯人道攝影獎的得主。

Born in New York, Stanley GREENE began his career in photographing for magazines and newspapers. In 1986 he moved to Paris and by chance he was on hand to record the fall of the Berlin Wall. He is most well known for his coverage of the wars in Chechnya, from which he released "Open Wound" in 2003. In 2007 he co-founded NOOR photo agency. He has won five World Press Photo Awards and is a recipient of the Eugene Smith Humanistic Grant.



約翰內斯堡的貧民窟大廈非常擁擠，沒有正常的廢物和污水處理系統。
Slum buildings in Johannesburg are overcrowded, lack of proper waste and sewage management. © Pep BONET

黑暗之城 南非·約翰內斯堡

*Dark City
Johannesburg
South Africa*

約翰內斯堡是非洲最繁華國家南非的經濟引擎，但市內有很多貧民窟，住了無數脆弱的入境者。

這些人原想在城市尋找新機會，但很多人最後卻活在罪案、剝削、邊緣化、暴力和排外問題中。由於害怕被驅逐出境，他們總是隱藏在廢棄的高樓大廈內，不為外人所見。

當奴在無國界醫生的外展隊擔任健康推廣員，他說：「有些大廈沒有電力供應，有些沒有飲用水。人們最初來到約翰內斯堡，都希望找到工作。他們任何工作都肯做，而這通常會決定了他們在哪裡生活和居住。」

武西是津巴布韋人，今年41歲。他以收集人們扔掉的東西再轉售為生，但在他的家鄉，他是一位受過訓練的法律從業員。他說：「我必須求生存，但這並不容易。我有能力，也很樂意在這裡貢獻我的一生，並為南非人作出貢獻，但願這個城市能給我們更多寬容和接納，那樣大家才能有更好的生活。」

Johannesburg is the economic engine of the most prosperous country in Africa, but it is also home to slums inhabited by vulnerable migrants.

These people came to the city for new opportunities, but what many found instead is a life defined by crime, exploitation, marginalisation,

violence and xenophobia. Fear that they will be deported from the country is a constant, so they remain hidden in abandoned high-rise office buildings.

Donald is working with MSF's outreach team as a health promoter. "Some don't have electricity. Some don't have water in them. People, when they come to Johannesburg, they are looking for work. They resort to all kind of jobs that might be available, and this also has a strong bearing on where they are going to stay at the end of the day."

Vusi is a 41-year-old Zimbabwean. He collects stuff that people throw away and sells it for a living, but in his home country he was a trained legal practitioner. "I have got to survive, which has not been easy. I am quite able and willing to contribute to my life here and to South African lives in general. If only there could be that level of tolerance and acceptance, things would be better for everybody."



來自萊索托的入境者在貧民窟大廈裡演奏傳統樂器。
Immigrants from Lesotho playing traditional music at slum building. © Pep BONET

無國界醫生行動 MSF ACTION

無國界醫生派出兩支流動醫療隊伍，穿梭市內各個貧民窟，進行醫療檢查、輔導、愛滋病毒檢測和轉介服務。這些醫療工作是與市內的衛生部門攜手進行的，旨在協助脆弱的入境者獲得公共醫療服務。無國界醫生隊伍亦準備就緒應對緊急狀況，例如傳染病爆發或暴力事件。

MSF operates two mobile units that circulate through the inner city slums for medical screenings, counselling, HIV testing, and referrals. These activities are carried out in partnership with the city's Department of Health to improve access for vulnerable migrants into the public health system. The team is also ready to react to emergencies, such as outbreaks of communicable diseases or violence.

71%

71%的貧民窟居民需要與超過20人共用一個廁所。在人口稠密的大樓裡，衛生和清潔是嚴重的問題。由於這些大廈欠缺有效的系統清除廢物，空洞偌大的房間和大廈外圍的空間，都堆滿了數百立方米的垃圾和污水。無國界醫生已協助清理部分大廈。

71% of slum residents share a toilet with more than 20 people. In densely populated buildings, hygiene and sanitation are severe problems. Because there is no effective system to remove waste, the cavernous indoor rooms and surrounding outdoor spaces of the buildings are filled with hundreds of cubic meters of garbage and raw sewage. MSF has helped to clean up of some of these buildings.

攝影師 / 佩普·博內特 Photographer / Pep BONET

佩普·博內特的作品關注非洲問題和長期項目。他有關愛滋病等社會問題的作品，曾被收錄於多本攝影書籍，並在各地多個展覽展出。佩普為尤金·史密斯人道攝影和多個世界新聞攝影獎項得主。他是NOOR的創辦人之一，現居於馬略卡。

Pep BONET focuses on African issues and long-term projects. His work on social issues such as HIV/AIDS has led to several photography books and many exhibitions worldwide. Pep is a recipient of the Eugene Smith Humanistic Grant in Photography and several World Press Photo Awards. Pep is a co-founder of NOOR and lives in Mallorca.



自2010年大地震後，馬蒂斯桑無家可歸的人口激增，很多人無法負擔醫療護理。
After the 2010 earthquake, number of homeless people in Martissant increased dramatically. Many of them could not afford medical care.
© Jon LOWENSTEIN

馬蒂斯桑 海地·太子港 *Martissant Port-au-Prince, Haiti*

馬蒂斯桑位於海地首都太子港的南部，是一個人口稠密的地區，有超過30萬名居民。90年代人口激增期間，馬蒂斯桑變得愈來愈擁擠和無法無天。當地的組織開始囤積武器並演變成黑幫，性暴力和家庭暴力的循環因此出現。

自2010年大地震後，無家可歸的人口激增，當中很多人由於未能負擔海地私營醫療系統的費用，而無法獲得醫療護理。

露西是貧民窟的性暴力受害者。武裝份子強行入屋，發現沒有值錢的東西，於是向她施暴。她說：

「有些人像我一樣保持沉默，有人會很抑鬱，以為一輩子這樣就完了。有人想自殺，有人開始抽煙，有人開始憎恨男人。但我不想一直被這些問題困擾。生活依然要繼續。」

無國界醫生向家庭及性暴力受害者提供心理治療護理。心理學家福樓拜說：「每當接收到一名受害者，我們首先會聽她的故事，為她解憂，接著我們會把她轉介給醫生。如果她是在被強暴後72小時內來到這裡，醫生會給她抗愛滋病毒藥物和其他必要的藥物，然後幫她們預約，在7天之內接種疫苗。」

Martissant is a densely populated district with more than 300,000 inhabitants in the south of Haiti's capital, Port-au-Prince. During a demographic explosion in the 1990s, Martissant grew increasingly overcrowded and anarchic. After localised groups began stockpiling weapons and transforming into gangs, a cycle of sexual and domestic violence took hold.

After the 2010 earthquake, the number of homeless people increased dramatically, but many of them could not get medical care because they could not afford entry into the privatised Haitian health system.

Lucie is a victim of sexual violence in the slum. She was raped when her home was invaded by armed men who found nothing of value in the house. "Some keep it secret, like me. Some are depressed, thinking that their lives are over. Some want to commit suicide, some smoke, some start to hate boys. I don't want to be overwhelmed with problems. And life continues for me."

MSF provides psychological care for victims of domestic and sexual violence. Flauberte, the psychologist, said, "When we receive a victim, the first thing is to listen to her and help her. Then we refer her to the medical doctor. If she arrived within 72 hours of the attack, he will give her antiretroviral treatment (ARVs)



無國界醫生馬蒂斯桑的緊急醫療中心。MSF emergency health centre in Martissant.
©Cristina DE MIDDEL

and other necessary drugs, and then make an appointment within seven days for the vaccination."

無國界醫生行動 MSF ACTION

近年，無國界醫生一直是太子港貧民窟地區裡，其中一個醫療護理的主要提供者，為市內居民提供免費的產科、急症和創傷護理服務。在馬蒂斯桑，無國界醫生自2006年起開設了一所有40張病床的緊急醫療中心。在2010年，馬蒂斯桑的員工共進行了超過4萬次緊急診症。

In recent years, MSF has been one of the main healthcare providers in the slum districts of Port-au-Prince, providing free obstetric, emergency and trauma care to the city's inhabitants. In Martissant, MSF has been running a 40-bed emergency health centre since 2006. In 2010, staff there performed over 40,000 emergency consultations.

150

2010年，馬蒂斯桑的緊急醫療中心接獲150宗強暴個案，但這數字不能完全反映當地實況，因為性暴力和家庭暴力的受害者，往往因害怕遭到報復而不願意求醫或報案。無國界醫生在貧民窟地區舉辦提高相關意識的活動，強調保密制度和在遭到強暴後72小時內求醫的重要。

In 2010, 150 rapes were reported in Martissant's emergency health centre. However, this figure does not show the full picture, as victims of sexual and domestic violence are often reluctant to seek treatment or report the crime for fear of reprisals. MSF organises awareness campaigns in slum areas of the city, emphasising confidentiality and the need to seek treatment for sexual violence within 72 hours.

攝影師 / 喬恩·洛溫斯坦 Photographer / Jon LOWENSTEIN

喬恩·洛溫斯坦擔任專業攝影師超過10年。他擅長進行長期深入的攝影項目，直視權力、窮困和暴力問題。作為一名紀實攝影師，他追求徹底的清晰，並堅信影像能透過揭露備受忽視的歷史議題作出重大的貢獻。他是NOOR成員，現居於芝加哥。

Jon LOWENSTEIN has been a professional photographer for more than ten years. He specialises in long-term, in-depth projects that confront the realms of power, poverty, and violence. As a documentary photographer, he strives for unsparing clarity, and believes images make a critical contribution by revealing the subjects of history that lack voice. Jon is a member of NOOR and resides in Chicago.



四歲的法爾扎納住在卡拉奇的「一號超級高速公路」營地。她每周會到無國界醫生的營養診所，領取補充食品。
Four-year-old Farzana lives in the camp known as Super Highway One in Karachi. She attends MSF nutritional clinic every week for supplementary food. © *Alexandra FAZZINA*

超級高速公路 巴基斯坦·卡拉奇

Super Highway Karachi, Pakistan

2010年7月，洪水侵襲巴基斯坦，摧毀了全國多個村落和小區。儘管該國最大和最富庶城市卡拉奇，本已住有大量貧民窟居民，仍有約10萬人逃難到當地。新到來的人民獲得了迅速應對水災的當地政府和社區組織的幫助，然而緊急救援沒有持續下去，人們很快便為棲身處、飲用水和藥物等基本需要而掙扎。

攝影師亞歷山德拉·法茲納形容這密密麻麻的棲身所為「一個非常非常荒蕪可怕的居住地」。她說：「基本上是延綿幾公里的破舊帳篷，風很大，到處都是灰塵和熱氣騰騰。人們境況都備受忽略。」

卡拉奇的生活艱苦，但很多洪水災民仍選擇來到這裡。蒙尼和她的家人在水災後逃難至此，雖然她每天只能賺取幾元盧比買食物，但他們沒有計劃回家，擔心洪水會再次來襲。她說：「我們已經習慣了這種生活。在這裡生活較為容易。」

雷什瑪和她的家人也踏上了同樣旅程，作出同樣決定。她說：「家裡沒有藥物，也沒有食物。我們沒有地方睡，也沒有衣服穿。丈夫就在這樣的環境下死去。」在逃難到卡拉奇後，她成為了一位無國界醫生的健康推廣員，向人們講解清潔的重要。

The floods that first struck Pakistan in July 2010 devastated villages and communities across the country. Some 100,000 people fled to Karachi, the country's largest and richest city, though one with an already enormous slum population. The new arrivals received help from community-based organisations and

authorities which responded quickly to the floods. But the emergency help did not last and they were soon struggling for basics like adequate shelter, clean water and medical care.

The photographer Alixandra FAZZINA described this cluster of shelters as "a very, very barren horrible place to live. It was basically miles and miles of just ragged shelters. Wind blown, with huge amounts of dust and heat. Very neglected," she said.

Life in Karachi is tough, but it is still preferable for many flood victims. Munni and her family fled there after the flood. Although she can only earn a few rupees each day to buy food, they are not planning to go back home because they worry that the flood will hit again. "We get used to this kind of life. It will be easier to live here," she said.

Reshma and her family made the same journey and decision. "There was no medicine and we had nothing to eat. We had nothing to sleep on and no clothes. My husband



卡拉奇貧民窟現時容納了約70萬人，居民生活環境惡劣。
The slum in Karachi houses an estimated population of 700,000 who live in terrible conditions. © *Alexandra FAZZINA*

died there in those conditions," she said. After she had sought refuge in Karachi, she worked with MSF as a health promoter and educated people about cleanliness.

無國界醫生行動 MSF ACTION

自2010年11月起，無國界醫生開展流動診所服務，提供清潔飲用水和分發救援物資。無國界醫生最初在兩個地點工作，其後擴展至卡拉奇內所有水災災民聚集的地點。在2011年5月，無國界醫生將醫療護理和衛生服務工作移交予當地政府。

In November 2010, MSF started running mobile clinics, providing clean water and distributing relief items. MSF initially worked in two sites, and later extended its activities to cover all locations where flood-affected people were gathering in Karachi. In May 2011, MSF handed over medical care and sanitation services to the local authorities.

50%

卡拉奇是亞洲其中一個擁有最多貧民窟人口的地方。市內50%的居民生活在擁擠、不衛生而又難以獲得飲用水和醫療護理的環境，使那裡成為傳染病的溫床。若非環境惡劣，這些疾病是很容易避免的。

Karachi has one of Asia's largest slum populations. 50% of the city's inhabitants live in cramped, unhygienic conditions with poor access to water and medical care. They are a breeding ground for the spread of infectious diseases that are otherwise easily preventable.

攝影師 / 亞歷山德拉·法茲納 Photographer / Alixandra FAZZINA

阿歷山德拉·法茲納曾修讀美術專業，在波斯尼亞開始其戰爭藝術家生涯。她曾在東歐、非洲、中東及亞洲擔任攝影記者，集中於被媒體忽略的衝突事件，以及常被遺忘的戰後人道問題。亞歷山德拉為NOOR成員，主要在巴基斯坦工作。

Alixandra FAZZINA is from a fine art background and began her career as a war artist in Bosnia. She has worked as a photojournalist throughout Eastern Europe, Africa, the Middle East and Asia focusing on underreported conflicts and the often forgotten humanitarian consequences of war. Alixandra is a member of NOOR and is based in Pakistan.



烏干達鐵路線貫穿基貝拉的中心，也是貧民窟居民的主要通道。
The Uganda Railway Line passes through the centre of Kibera. It is also the main thoroughfare for the slum residents. © Francesco ZIZOLA

基貝拉 肯尼亞·內羅畢

Kibera Nairobi, Kenya

位於內羅畢市中心西南方5公里的基貝拉，是一個不規則地延伸的貧民窟，到處都是泥濘和由波紋鐵皮搭建的棚屋，許多家庭就擠在棚屋的狹小房間內。

基貝拉極度擁擠，大多數房屋都沒有廁所，人們在白天需要到外面的公廁。由於這些公廁在晚上都不太安全或難以前往，人們不得不用袋子排便，然後扔到屋外。在基貝拉，超過60%的疾病與環境衛生有關。居民經常患上腹瀉、呼吸道感染、皮膚病或寄生蟲。

不過，基貝拉的居民很難獲得免費或負擔得起的醫療服務。當地政府長久以來認定這是一種「非正式安

置」，令貧民窟居民被當局和社會各界所忽視。這裡也沒有公共飲用水、衛生設施、教育、基建或醫療護理提供。

法麗達帶著妹妹來到無國界醫生診所，進行愛滋病診斷和治療。她們兩人都接受了輔導。妹妹胡祖拉病情已有好轉，而法麗達也希望開展新生活。「如果有那麼一個機會，我想努力工作，盡力改變現在的生活。」法麗達續說：「如果我變得富有，要做的第一件事就是開設一間醫療中心，照顧感染愛滋病病毒的人。」

Five kilometres southwest of downtown Nairobi, the sprawling Kibera slum is a sea of mud and corrugated iron shacks with small, narrow rooms that house entire families.

Kibera is severely overcrowded and most houses do not have toilets, so people must seek out public ones during the day. At night, however, these are unsafe or unreachable, forcing people to defecate in bags

that they then throw outside. Over 60% of diseases among Kibera patients are linked to hygiene and sanitation conditions. Inhabitants also suffer from diarrhoeal diseases, respiratory infections, skin diseases and worms.

The people of Kibera, however, have very limited access to free or affordable healthcare. The government has historically considered it an 'informal settlement,' which renders slum residents "invisible" to the authorities and the rest of the society. There is no provision of public water, sanitation, education, infrastructure or healthcare.

Farida brought her sister Zuhura to MSF for diagnosis and treatment of HIV, and both of them also received counselling. Now Zuhura is getting better, and Farida is hoping for another life. "When I can be given an opportunity, I want to work hard, help us change our lifestyle," Farida said. "If I will be rich, first I would like to open a centre which will take care of the patients with HIV."



基貝拉貧民窟的街道在烈日下塵土飛揚，在大雨過後則變成泥灘。
The streets of Kibera slum are dusty under the baking sun and a mud bath in the torrential rains. © Francesco ZIZOLA

無國界醫生行動 MSF ACTION

無國界醫生在基貝拉貧民窟的診所，提供免費基層醫療服務，並為愛滋病、結核病、糖尿病和高血壓等慢性疾病的患者提供治療。無國界醫生同時為性侵犯和被強暴的倖存者提供護理。醫療隊伍每月在門診部治療約8,000名病人，並為4,000名正接受抗病毒治療的愛滋病感染者進行診症。

MSF runs clinics in the Kibera slum to provide free primary healthcare and also integrate treatment for chronic diseases such as HIV/AIDS, tuberculosis, diabetes and hypertension. It also provides care for survivors of sexual assault and rape. Medical teams treat nearly 8,000 in the outpatients department every month, and conduct consultations with 4,000 people living with HIV/AIDS who are on ARV treatment.

2x

基貝拉的婦女因分娩而死亡的人數，是肯尼亞其他地方的2倍。除了由無國界醫生資助的一間私營診所外，基貝拉沒有其他免費的產科服務。因此，儘管在家中由傳統接生員協助分娩帶有風險，當地大部分婦女仍然這樣做。在2010年，無國界醫生合共轉介和資助了1,674名基貝拉的孕婦接受護理，以確保她們可安全分娩。

Twice as many women die giving birth in Kibera as elsewhere in Kenya. Aside from MSF-sponsored services in a private clinic, maternal delivery services are not available free of charge in Kibera. So, despite the risks, most women still deliver at home with traditional birth attendants. In 2010, MSF referred and sponsored 1,674 pregnant women in Kibera to have a safe delivery.

攝影師 / 佛朗切斯科·齊佐拉 Photographer / Francesco ZIZOLA

佛朗切斯科·齊佐拉生於羅馬，曾修讀人類學。他自1986年起拍攝各地主要的衝突和背後的隱藏危機，作品曾收錄於國際知名雜誌。他的作品曾8次獲得世界新聞攝影獎，包括一項首獎和4次年度照片。佛朗切斯科是NOOR的創辦人之一，現居於羅馬。

Francesco ZIZOLA was born in Rome and studied anthropology. Since 1986, he has photographed the world's major conflicts and its hidden crises and his pictures have appeared in leading international magazines. His work has granted him eight World Press Photo Awards, including the premiere award, and four Pictures of the Year. Francesco is a co-founder of NOOR and lives in Rome.

無國界醫生在其他 貧民窟的工作

MSF's work in other slums

無國界醫生在城市環境下工作已經數十年，目睹人口上升的壓力如何增加貧民窟對人道援助的需求。無國界醫生目前在全球超過20個城市設有項目，並已經加大投放在相關工作的資源。

例如在莫桑比克，無國界醫生正在愛滋病患感染率高企的馬普托貧民窟，引入抗病毒的社區治療小組，主動地讓病人參與管理他們自己的治療，因此出現了針對愛滋病及結核病雙重感染者、尚未接受抗病毒治療的病人、兒童、青少年和性工作者的不同病人支援小組。

無國界醫生亦在尼日利亞的港口大城市拉各斯提供醫療服務，當地人口約有1,800萬。我們在馬科科的貧民窟地區成立了一所醫療中心，以確保境況堪虞的居民可以獲得醫療服務。當地亦設有一所水上流動診所，為那些住在高腳屋而無法到岸上醫療設施求醫的新移民提供服務。

為了在貧民窟項目工作，無國界醫生改良了原為鄉村地區而設的工具

和程序，同時兼顧當地情況和文化傳統。無國界醫生又與市政府、當地非政府組織和城市規劃者，共同創造一個可以有效提供援助、推廣和鼓勵醫療衛生的環境。組織亦與貧民窟居民合作，讓經常被忽視和剝削的人群在過程中有發聲的機會。

M SF has been working in urban settings for decades, and has seen how the pressure of numbers has created an increased need for humanitarian work in slum environments.

It is now running projects in over 20 cities across the world and has been stepping up the resources devoted to such work.

In Mozambique, for example, MSF is adapting the model of community ARV groups to the slums in Maputo, where HIV prevalence is high. The priority is to actively involve patients in managing their own treatment, so there are a range of support groups for patients co-infected with HIV and tuberculosis, patients not yet on ARV treatment, children, adolescents and sex workers.

MSF is also providing healthcare in Lagos, a large port city in Nigeria with around 18 million inhabitants. A health centre was set up in the slum area of Makoko to ensure some of the most deprived inhabitants have access to medical services. There is also a floating clinic for the most recent arrivals, who build their homes on stilts and cannot access health facilities on shore.

To work in slum projects, MSF has adapted tools and procedures that were originally designed for rural areas, while taking into account local conditions and cultural traditions. MSF also works with city authorities, local NGOs, and urban planners to create an environment in which the help can be delivered effectively, and in which health and hygiene can be promoted and encouraged. It also works with the slum inhabitants to give those often-neglected and disenfranchised people some voice in the process.



位於莫桑比克馬普托貧民窟的醫療中心。
A health centre in the slum areas of Maputo, Mozambique. © Tomas MUNITA

城市求生
URBAN SURVIVORS

「城市求生」圖片展 URBAN SURVIVORS Photo Exhibition

約翰內斯堡 (南非)
卡拉奇 (巴基斯坦)
內羅畢 (肯尼亞)

Johannesburg (South Africa),
Karachi (Pakistan), Nairobi (Kenya)

達卡 (孟加拉)
太子港 (海地)

Dhaka (Bangladesh),
Port-au-Prince (Haiti)

12 - 21/10/2012
11:30 - 20:30

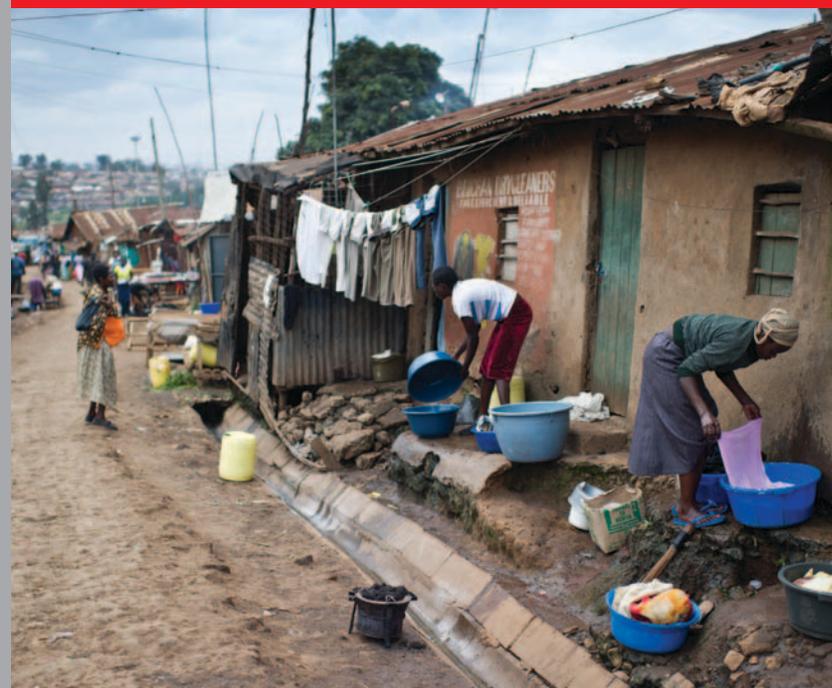
金鐘太古廣場L1層 Park Court
Park Court L1, Pacific Place,
Admiralty

**26/10/2012 -
1/11/2012**
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無國界醫生誠邀你參觀「城市求生」圖片展，透過影像和聲音，置身於貧民窟環境之中，親身體驗貧民窟居民的人道需要。

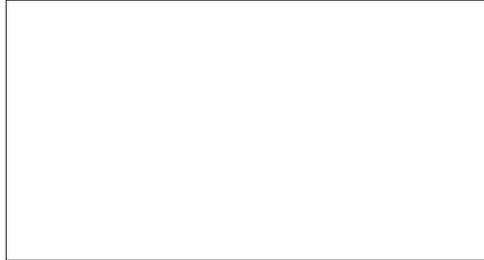
請帶同本刊附設的「城市求生通行證」參觀展覽，集齊5個貧民窟展場的蓋章，你將有機會獲得紀念品一份。你也可在展覽場地與親友寄發明信片，讓「城市求生」訊息可以一路傳開。

To learn more about slum conditions and stories behind slum inhabitants, you are invited to our URBAN SURVIVORS exhibition.

Please bring your URBAN SURVIVORS passport (attached with this bulletin) with you to the exhibition and get it stamped at each of the 5 slums for a chance to win a souvenir. You can also send postcards at the exhibition venues to your friends and help us spread the word about URBAN SURVIVORS.

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