

HEALTH IN ACTION . ANNUAL REPORT

醫護行者 · 年報 · 2011/12



Health In Action (HIA)
is a Hong Kong based non-profit organisation founded in 2011. We hold humanitarian belief and are highly concerned about the well-being of impoverished people in developing countries. By utilizing the expertise of our volunteers, we aim to maintain sustainable health in the region with a multifaceted approach. HIA is independent of any political, religious and economic interests.

醫護行者

於2011年創立，是一個以香港為基地的非牟利組織。我們秉持人道主義信念，極度關注發展中國家貧困人口的生活狀況。我們憑藉義工的專業知識，從多層面關顧當地人的長遠健康。醫護行者獨立於任何政治、宗教及經濟利益。



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forewords · 前言

‘The vicious cycle of poverty must be stopped, not by us HIA, but by the slum population themselves.’



According to UN-HABITAT Report in 2003, slum household is a group of individuals living under the same roof facing one or more of the following conditions: insecure residential status, inadequate access to safe water, inadequate access to sanitation and other infrastructure, poor structural quality of housing and overcrowding.

Mega-cities are primarily a phenomenon of the developing world. The combination of high population density, poverty and limited resources, creates a favourable environment for the rapid growth of slums. In Metro Manila, up to 37% of the total population are living in slums. Holding the vision to restore the **Dignity of the Neglected Population through Humanitarianism** and to bring **Change Momentum into Action in the Local Community**, Health In Action (HIA) started her missions in the Metro Manila region in June, 2011.

After a year’s effort by the volunteers from both the Philippines and Hong Kong, a significant improvement was made in the slum areas of Sawata and Virgo Drive where the local population are now having better access to health services. In line with the delivery of health services by HIA, we target to foster sustainable **CHANGES** from within the slum households themselves. Changes should not be limited to their physical living environment, but must be instilled into their behaviours, their perspectives on their own lives, their families, and especially their offspring. **The vicious cycle of poverty must be stopped, not by us HIA, but by the slum population themselves.** In the past year, we have been working closely, and in a strategic way, with community leaders, local health units, academic institutes and NGOs in order to bring out the best results.

HIA focuses on empowering the local population and community with the capacity to handle their issues. Twelve volunteers with different profiles were recruited and trained locally in Metro Manila to support our services in the slums. Since the start-up of HIA in June 2011, over 20 medical and non-medical Hong Kong volunteers have participated in voluntary services for the slum population. Detailed **health surveillance** within the slum was completed and data was shared with a local university for potential cooperation in the future; and likewise to the Barangay (the smallest administrative division in the Philippines) for their district record. **A range of health programmes** were launched and **two emergency relieves** were carried out after the typhoon attacks. **Monthly mobile clinic** was running on track. Also, a **Christmas party** was enjoyed by the slum population for the first time in their life. HIA was welcomed by the local community and the services were fully supported by various stakeholders including the Barangay, the local church, Philippine Red Cross, university and NGOs.

HIA is a young, dynamic and evolving voluntary non-profit organisation. We hold ourselves accountable to the slum population, and are conscious of promoting self-improvement in the slum community. The commitment on relieving slum population’s sufferings is long term, and should not confine to health services. HIA welcomes volunteers and partners who share the same value and strong commitment for change. The needs are huge, and gaps are everywhere. HIA could not reverse the phenomenon but HIA determines to tell people that urban slum population is part of the community that they have a dream for a better life, and are willing to make it come true through their own efforts, only with opportunities given.



forewords · 前言

根據聯合國人居署2003年的報告，貧民區是指一群生活在同一屋簷下的居民，他們正面對着一個或以上下列狀況：治安差、欠缺淨水、衛生設施和其他基礎設施不足、住房結構質量差劣和過度擠迫。

特大城市普遍出現於發展中國家。人口密度高、貧困和資源有限，有利於貧民區快速增長。在馬尼拉這個特大城市，多達37%的人口正居住於貧民區。我們秉持着一個願景 --- 希望透過人道主義重建被忽略人口的尊嚴，以及用實際行動把求變的動力深植社區。醫護行者於2011年6月在馬尼拉正式展開工作。

經過一年來馬尼拉和香港義工的共同努力，Sawata和Virgo Drive貧民區的衛生環境有明顯的改善，居民現在獲得適切的醫療服務。醫護行者的目標是要透過提供醫療服務及衛生教育，推動貧民區住戶自發尋求可持續的改變。我們說的改變並不限於外在的生活環境，更是從自身行為、對一己生命的看法、以至於家庭，尤其是他們的後代的整體改變。由貧困造成的惡性循環必須停止，但這不是靠醫護行者；而是靠居民自己出發。醫護行者一直與社區領袖、當地衛生部門，學術機構和非政府組織保持緊密而策略性的合作，以期達到最好的工作成效。

醫護行者強調提升當地居民解決社區問題的能力，因此，我們在馬尼拉當地招募和培訓了十二位有着不同背景的社區健康大使，以協助我們在貧民區的工作。自醫護行者於2011年6月成立以來，已有超過20位香港醫療和非醫療義工參予過貧民區的志願服務。

藉着義工們的協助，我們得以完成一連串的工作，包括一份詳細的健康狀況調查。我們把得出的數據與當地一所大學分享，為雙方未來合作計劃作準備；我們亦把數據交給當地的Barangay (菲律賓最小的行政機關)作地區紀錄。另外，醫護行者先後推行了一系列健康項目，並在颱風吹襲後進行了兩次緊急救援。流動診所則每月如常運作。我們更在區內舉行了一次聖誕派對，讓不少當地人首次感受到聖誕派對的歡樂氣氛。能夠獲得當地社區的歡迎當然教我們鼓舞，但當地團體包括Barangay、教會、菲律賓紅十字會、大學和非政府組織的支持亦非常重要。

醫護行者是一個年輕、充滿動力和不斷求變的自發性非牟利組織。我們對貧民區居民作出承擔，並鼓勵他們提升自己的能力。在我們而言，要紓緩貧民區人口增長所帶來的問題正是一個長遠的承諾，這更不應只局限於醫療範疇。醫護行者歡迎所有心繫相同信念和承諾的義工和合作夥伴一起締造改變。面對眼前龐大的需求，有待填補的差距無處不在，醫護行者深明現實無法扭轉，然而，我們可以肯定的是——貧民區居民和任何人一樣，都夢想着過更好的生活，並願意憑自身力量將夢想變為現實。他們所需要的，只是一個機會。

Fan Ning 范寧
President of the Board
董事會主席

「貧困造成的惡性循環必須停止，但這不是靠醫護行者；而是靠居民自己出發。」



About HIA · 關於醫護行者

OUR VISION 我們的願景

- ✓ To restore Dignity of the Neglected Population through Humanitarianism
通過人道主義重建被忽略人口的尊嚴
- ✓ To bring Change Momentum into Action in the Local Community
將求變的意慾轉變成動力，深植當地社區
- ✓ To Act Locally
當地本土行動

CORE VALUES 核心價值

The core values of HIA that guide our work:
為醫護行者工作導向的核心價值:

Accountability
Independence
Sustainability
Community Focus
Humanitarianism
Voluntary

OUR MISSION 我們的使命

- ✓ Improve Public Health Condition of Slum population in South East Asia
改善東南亞貧民區人口的公共健康狀況
- ✓ Build up Local Capacity to achieve Self-Sufficiency
提昇當地人的能力，實踐自給自足
- ✓ Promote Humanitarianism in Societies
在社會提倡人道主義





Actions 2011/12 · 年度行動一覽

TARGET SITES 目標服務地區

Since HIA started up in June 2011, our work focused in **the Philippines**, mainly in the region of :
自2011年6月醫護行者創立以來，我們的工作主要集中在菲律賓的：

METRO MANILA 馬尼拉

Metro Manila is a typical mega-city of a developing country with a population of about 1.1 million, while about 40% of the population lives below the poverty line. 馬尼拉地區是發展中國家的典型特大城市。她有人口約一千一百萬，當中40%生活在貧窮線以下。

Tugatog Public Cemetery was one of the sites that HIA made her first presence. Considering the demand for health care services and the level of support from local authority units, the slum communities in **Sawata** and **Virgo Drive** later emerged as the major sites for our service delivery.

Tugatog公墓區是醫護行者最初服務的地點之一。考慮到醫療需求及地方單位的支持程度，**Sawata** 和 **Virgo Drive** 兩個貧民區後來成為我們的重點服務地區。



CONDITIONS IN THE SLUM COMMUNITY

貧民區內的情況



The living conditions inside these slums are extremely poor and overcrowded. People settle themselves in shabby shelters supported only by weak materials like wood, cardboard, or zinc plates. Hot and damp environment, inadequate ventilation, poor sewage management and contaminated water are factors that trigger a wide range of community-based diseases.

貧民區內的生活環境極為惡劣而且非常擠迫。人們棲身在簡陋的居所，這些住處僅靠脆弱的材料如木材、紙板或金屬片搭建而成。悶熱潮濕、通風不足，加上污水積聚，這都是導致社區疾病的因素。

▲ Homes by the river in Sawata slum, connected by wooden or bamboo planks which are so fragile that one could easily fall into the murky water if not paying good attention.

在Sawata貧民區的水上屋，均以木條或竹條搭建的小橋連接代步，但小橋非常脆弱，居民很容易墮進污水裡。



Actions 2011/12 · 年度行動一覽

OUR WORK 我們的工作

In view of these extreme conditions that are devouring human dignity, HIA got into action and provided assistance in the following areas:

生活在如此惡劣的環境中，就連人的尊嚴亦被蠶食。有見及此，醫護行者坐言起行，針對下面幾個範疇提供援助：

Medical & Health Care Service 醫療與健康



Living Condition Improvement 改善居住環境



Capacity Building & Disaster Relief 能力培訓及救災



The pages that follow provide a detailed report of HIA's activities for the period of **1-June 2011 to 30-June 2012.**

後頁將提供詳細的活動報告，詳列醫護行者於**2011年6月1日至2012年6月30日**期間的項目。



MEDICAL & HEALTH CARE SERVICE

醫療與健康

To provide a baseline for HIA's work, a thorough household survey was conducted in the slum communities of Sawata and Virgo Drive in July 2011. The data collected provided HIA a better picture of the demographic structure, health condition, disease pattern, lifestyle/ living condition, accessibility to health services, etc of the population, and formed a solid ground for HIA's medical and health programme planning.

2011年7月，我們在Sawata和Virgo Drive的貧民區進行了一次住戶調查，收集到的數據讓我們了解當地的人口結構、健康狀況、疾病模式、生活方式/條件、衛生保健服務狀況等，這為醫護行者的醫療及健康項目規劃奠定了鞏固基礎。

MOBILE CLINIC 流動診所

HIA aims to provide healthcare services to the people in need. A mobile medical team formed by medical volunteers from Hong Kong was deployed to the slum areas in Metro Manila on a regular basis.

The first mobile clinic was run in August 2011 for the slum community in Tugatog Public Cemetery.

The demand was found to be substantial. About 30 consultations were made in the first three hours, and the majority was children. The mobile clinic team continued their visit to Tugatog until November 2011 when HIA decided to focus our efforts in the slum areas of Sawata and Virgo Drive where the needs for medical services were more intense.

HIA's mobile clinic team noticed that even under normal circumstances in the slums, malnutrition, upper respiratory tract infection, dermatitis, scabies, head lice, intestinal diarrhoea, tuberculosis, hypertension, diabetes and a number of other diseases are still rampant in the community. Due to the heavy burden from over-population, general public medical services are unable to bear the rapid expansion of the impoverished population. A lot of people are not covered by basic medical services because they cannot afford to pay for the medicines, and some are simply excluded from the public medical system owing to the household register policy.

From August 2011, voluntary medical missions have been deployed to Sawata, each with the medical doctor from Hong Kong stationed for half a day. Since the service started, a total of 307 attendances was recorded in Sawata, and 43.6% was children of 5 years old or less. The same mobile clinic service was also launched in Virgo Drive in December 2011. The mobile clinic project is meant to be an ongoing one as long as needs exist.

Whereas tuberculosis (TB) suspects are identified active follow-up is necessary to confirm the diagnosis. The Community Health Volunteers (CHVs) paid follow-up visits to the TB suspects. Health status was then assessed and reported back to the mobile clinic team for proper evaluation.

醫護行者為有醫療需要的人提供服務。我們定期派遣由香港義工組成的流動醫療隊到馬尼拉的貧民區。2011年8月，我們在Tugatog公墓區首次提供流動診所服務。在短短三小時內，收到三十個診症，當中大部份為小童，需求極大。在其後的幾個月，流動醫療隊繼續到訪Tugatog。直至11月，醫護行者決定把工作集中在Sawata 和Virgo Drive地區，以應付當地更大的需求。

醫護行者發現，即使在一般情況下，營養不良、上呼吸道感染、皮膚炎、疥瘡、頭蝨、腹瀉、肺結核、高血壓、糖尿病和其他疾病在貧民區內亦猖獗。公共醫療服務無法支持迅速增長的貧困人口。許多人根本不受基本醫療服務保障，因為他們沒有能力支付藥費，或是由於戶籍政策而被排擠在公共醫療系統之外。

從2011年8月，志願醫療工作便在Sawata貧民區展開。從香港來的醫生於貧民區內逗留半天為居民診症。迄至2012年6月，Sawata地區已有307個診症記錄，當中43.6%是五歲或以下的孩童。至於Virgo Drive，流動診所的工作亦已於2011年12月展開。只要當地仍有醫療需求，流動診所項目便會繼續下去。

我們必需跟進肺癆懷疑個案，而於當地招募的社區健康大使正好在這方面便提供了協助。他們負責探訪病友，搜集健康狀況資料，再交予流動診所團隊作評估。



Dennis Reyes, aged 29 and a father of two, was diagnosed with tuberculosis in HIA's mobile clinic. He was under the health escort plan in which our CHVs accompanied him to public health centres for regular check-up and x-ray screening. Dennis is still in his fight against tuberculosis and is receiving medication from HIA as of September 2012.

二十九歲的Dennis育有兩個孩子。他早前被確診患上肺癆。在醫護行者的保健護送計劃中，社區健康大使會定期陪伴Dennis到公共健康

中心照X光片及作身體檢查。迄至2012年九月，Dennis仍努力對抗肺癆，並透過醫護行者得到所需的藥物。

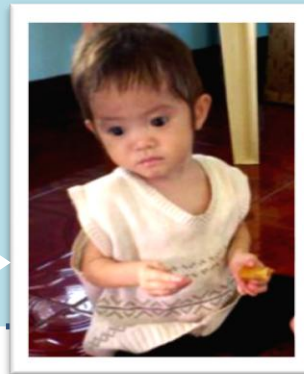




Vanessa Fernandez,

aged two, was a malnourished girl. Her case was found in HIA's mobile clinic. Vanessa was provided with nutritious food like milk powder and rice by HIA since mid-January 2012. She had made very prompt progress and regained her weight to a normal standard in only a month.

流動診所裡的醫護人員發現兩歲的Vanessa營養不良。醫護行者遂為她提供奶粉和米飯等營養豐富的食物。自從2012年1月中接受醫護行者的支援後，她的身體狀況迅速改善。在短短一個月之內，Vanessa的體重已回復至正常水平。



Challenges along the way 沿途的挑戰

While HIA was running the mobile clinic project, a number of challenges and dilemma were encountered. These were good lessons learnt that turned us into a better and more mature organisation.

- To ensure everyone has a fair chance in receiving HIA's medical services, each household was given one quota. However, this system was biased by the decision-maker in the household, causing the neediest patients failed to receive treatments. For instance, parents tended to give priority to their children while they themselves might need to be treated more urgently. In view of this, the quota system was abandoned. Instead, triage system was applied inside the mobile clinic and the most urgent cases are attended with priority.
- Expectation alignment was also a key lesson learnt. The purpose of HIA's mobile clinic is to help fill the gap of the public medical system by providing first level medical services to the slum population. While restrained by limited resources, terminal diseases like cancer are actually out of depth of the mobile clinic. Though related messages had already been disseminated to the community, the slum population still had a different expectation, meaning more communication works are required.
- Suspected domestic violence or child abuse cases are sometimes found in the mobile clinic. However, a dilemma existed regarding the extent of social follow-ups that HIA should involve, considering our limitation in resources,

local culture and potential mistrust from the community which might keep the needy away from access to medical treatment. It is a difficult topic that HIA is still exploring an optimal approach to proceed with.

- 醫護行者在貧民區推行流動診所項目期間，雖遇上不少運作上的困難，但都是難得的經驗，從中裨益不少，讓我們的機構更臻成熟。
- 為使貧民區內的居民都有平等機會接受醫護行者的醫療服務，每個家庭會獲發一個配額。但是，這個系統的公平性往往取決於每戶的決策者，可能令更需要的人無法接受服務。例如，即使家長自己急切需要看病，他們也寧願把機會留給孩子。有見及此，我們放棄了配額制度，而改用分流系統，讓流動診所內的醫護人員按病情的緩急安排治療。
 - 如何恰當地設定期望，也是我們很好的一課。醫護行者的流動診所是要為貧民區人口提供第一線的診療，以協助填補公共醫療系統的空隙。然而，受制於有限的資源，我們無法長期跟進如癌症等嚴重疾病。雖然相關訊息已跟社區說明，但大家的期望還有差距，暗示溝通工作還需要加強。
 - 在流動診所裡，我們偶爾會發現一些懷疑家暴或虐兒個案。就我們應如何跟進有關個案，醫護行者往往陷入兩難之中。有限的人手及緊絀的資源固然令我們在跟進工作上步步為艱；同時，我們亦考慮到彼此的文化差異。如果我們堅持干預，有可能導致社區對醫護行者失去信任，令有需要的人失去唯一接受治療的機會。這是一個需要慎思的題目，而醫護行者正在探討一個能平衡各方的處理手法。

HEALTH PROGRAMMES 健康項目

Many of the cases encountered in the mobile clinic could actually be prevented by proper health education. HIA ran a number of health programmes to empower the locals with the necessary knowledge to maintain a healthy lifestyle for themselves and their family.

流動診所內的許多個案，其實是可以透過恰當的健康教育而有效地作出預防。因此，醫護行者推行了一連串健康計劃，向當地人灌輸必要的知識，令他們有能力為自己和家人維持一個健康的生活方式。

Personal Hygiene Promotion 個人衛生推廣

Two campaigns on **hand-washing** and **head lice & scabies** were launched to educate the locals about the importance of personal hygiene, and how to integrate it into their daily habit. Our CHVs paid visits to the households, distributed educational pamphlets and explained the actions required to maintain personal hygiene. Both campaigns managed to involve the whole of the slum community in Sawata, accounting for about 155 participants for hand-washing project and 120

participants for the head lice & scabies one.

我們舉辦了兩項關於**清潔雙手**和**頭蝨及疥瘡處理及預防**的活動，讓當地人了解個人衛生的重要，和如何令個人衛生成為日常習慣的一部份。我們的社區健康大使進行家訪、派發教育小冊子和解釋如何保持個人衛生。整個Sawata貧民區都踴躍參與是次活動，清潔雙手及頭蝨及疥瘡活動的參加人數分別達155人及120人。

Love your Lung 護肺運動

A good proportion of community diseases diagnosed in the mobile clinic are related to smoking. The Love-Your-Lung campaign was carried out to **promote smoking cessation**, and particularly to **prevent adolescents from picking up the habit**. About a hundred people including adult smokers, parents and children were involved in this campaign. They were taught about the harm of smoking, and were given new

information to change any misconception about smoking.

不少社區疾病都跟吸煙有直接關係，為此，我們開展了護肺運動去**鼓勵戒煙**，並同時**避免青年人染上吸煙的惡習**。大約一百位成年吸煙者、家長和孩子參與了護肺運動，從中得知吸煙的禍害，並糾正他們對吸煙的錯誤理解。

Visual Aid for Children 兒童視覺保健

This project targeted at children aged 6-15 years old. We aimed to **provide useful interventions for children with visual impairment**. A total of 63 children had received clinical eye examination. Out of this group, 16 of them required a follow-up screening. The good news was that no serious visual problems were identified in the

group. Five of them were given prescription eye glasses.

該項目針對6-15歲的兒童。我們的目標是**為視障兒童提供援助**。共有63名兒童接受臨床眼科檢查，其中16位需要進行更詳細的檢查。好消息是，當中並沒有發現嚴重的視力問題，只有五位兒童需要配眼鏡。

Domestic Safety 家居安全

Feb 2012

In general, the awareness for domestic safety was low in the slum community, posing risk of bodily harm particularly to children. By referring to the demographic survey held early in the year, a total of 77 households with children aged 10 years old or below were selected as the target for this campaign. **Education** effort was made, for example, to encourage mothers to attend their children at all time, and to keep sharp objects away. Works were carried out to **install common cooking**

areas which reduced the number of high risk spots in the slums.

貧民區的家居安全意識通常相當低，這特別為兒童帶來威脅。我們參考年初舉行的人口調查結果，選定了77個擁有10歲或以下兒童的住戶作為活動的目標群組。**教育**是這次活動的重點，例如我們鼓勵母親要時刻提高警覺，包括看顧他們的孩子、把鋒利的東西放在遠離兒童的地方等。此外，我們更選點**安裝公共煮食區**，以減少區內的高危點。

Integrated Management of Childhood Illness (IMCI) 兒童疾病綜合管理

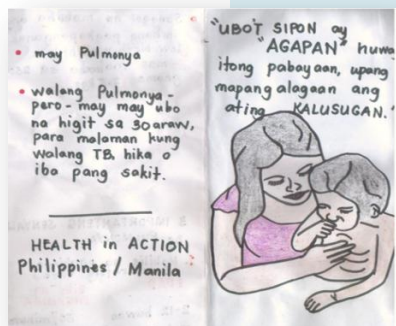
Following the IMCI standard, HIA ran a number of projects aiming to decrease the mortality and common morbidities of children under 5 years old.

By encouraging breast-feeding, it helps reduce childhood illnesses like diarrhoea. **Vaccination** services to children were also carried out as part of the programme.

Key works included introducing the use of **growth chart** to help mothers or child care-takers in the households to keep track of any early signs of malnutrition, poor growth and development.

Also, **breast-feeding** was promoted to mothers through counselling and knowledge transfer of breastfeeding techniques.

根據兒童疾病綜合管理的標準，醫護行者開展了數個項目，旨在降低五歲以下兒童的死亡率和共同發病率。主要工作包括介紹如何使用**成長線圖**，以助母親或其他照顧者及早留意任何營養不良或生長發育不良的跡象。此外，我們通過輔導和教育哺乳技巧去推動**母乳餵哺**。母乳餵哺有助減少如腹瀉等兒童疾病。兒童**疫苗接種**服務亦是我們項目工作的一部分。



Health Programmes Evaluation Framework 健康項目評估框架

With the health programmes started for about 12 months, it is still early to conclude on the programme results. Time is needed for the programme to attain a mature stage for proper evaluation. Nevertheless, the seeds of change were sow, and behavioural improvement in areas like personal hygiene was obvious.

As the programmes continue, HIA is identifying an appropriate framework to evaluate the effectiveness of the work. The

result will help HIA improve programme quality to better suit the needs of our service targets.

醫護行者的健康項目展開了十二個月，但若為我們的項目總結成效，暫時仍言之尚早。我們需要時間讓項目進入成熟期，以作出有意義的評估。畢竟，變更的種子已播下，而我們亦目睹社區在個人衛生等方面的明顯改進。在醫護行者的項目進行之際，我們正同時制定一個評估框架，去評估項目成效。結果將有助醫護行者提高項目質素，以更切合受眾的需求。



LIVING CONDITION IMPROVEMENT

改善居住環境

CLEAN SAWATA CAMPAIGN 清潔Sawata運動



A clean living environment is essential to sustainable health. In **November 2011**, HIA kicked off the Clean Sawata Campaign as an ongoing project.

The influx of urban migrants and the construction of new factories had seriously polluted the river around Sawata, turning it into a domestic sewage and industrial effluents canal. This posed hazardous health risk to the locals. HIA thus leveraged the CHVs' network to mobilize the community to clean their environment.

The purpose of the campaign was to improve the living condition of the locals by **cleansing solid waste from the river**. Clean-up tools were provided and basic clean-up knowledge was transferred. In parallel, HIA took the chance to **promote volunteerism**, and instil awareness and commitment among the public towards the **conservation of environment**. A campaign review was conducted in February 2012. The result indicated significant enhancement in the surrounding and also an urge within the community for a cleaner environment.



一個清潔的生活環境是維持長遠健康的關鍵。2011年11月，醫護行者發起「清潔Sawata運動」，並計劃將此發展成長期項目。

由於大量城鎮移民湧入和新工廠落成，Sawata附近的河流遭受嚴重污染，成為一條溢滿家居及工業廢水的污水河。嚴重的污染正危害着當地人的健康。

醫護行者利用社區健康大使網絡去動員社區居民著手清潔自己的環境。運動的目的是要清除河道上的固體廢物以改善當地的生活條件。我們提供清理工具，和教導當地人清理垃圾的基本知識。同時，醫護行者利用這個機會，推動志願服務，並向公眾灌輸環保意識和強化他們的決心。

2012年2月，我們作了一次活動回顧。結果顯示周遭環境的衛生情況有了顯著改善，而社區間亦凝聚了一股動力去為自己社區締造更清潔的環境。

Key Figures

- Means of disposing garbage:
Before the campaign – River (60%);
After the campaign – Garbage Collection (**99%**).
- **97%** believed a clean environment can prevent disease.
- **92.3%** would like their children to learn about cleanliness and participate in cleaning the environment.
- **82%** indicated they will commit to the campaign for another half a year, while 11% thought they will carry on for the rest of their lives.

主要數字

- 處理垃圾的方法: 活動前，60%的受訪居民選擇把垃圾丟到河裡；活動後，**99%**會把垃圾放到收集站。
- **97%**的受訪居民認為一個乾淨的環境可以預防疾病。
- **92.3%**的受訪居民會希望自己的孩子學習衛生常識和參與清潔環境。
- **82%**表示他們未來六個月仍會致力於清潔運動，而11%則認為他們會繼續堅持下去。





CAPACITY BUILDING & DISASTER RELIEF

能力培訓及救災

COMMUNITY HEALTH VOLUNTEER (CHV) TRAINING

社區健康大使培訓

A team of CHVs was recruited from the local communities in July 2011. With the CHVs sharing the same culture and language as our service targets, they acted as change agents and helped to instill the change momentum within the community.

A training plan was put in place for each CHV, to equip them with knowledge like public health, disaster preparedness, first aid, etc necessary to execute the campaigns. Through planned household visits, community forums, etc, knowledge was further transferred to the local communities.



2011年7月，即醫護行者在馬尼拉地區工作之始，我們在當地招募了一隊社區健康大使(CHV)。社區健康大使跟我們的服務對象有共同的語言和文化，更方便溝通。他們擔當變革推動者的角色，協助我們把求變的動力深植社區。每一個社區健康大使都需要接受培訓，汲取公共健康、防災、急救等各方面的知識去推行項目工作。通過有計劃的家訪，社區論壇等，社區健康大使更能進一步把知識帶給有需要的人。

Challenges along the way 沿途的挑戰

The Community Health Volunteers are an important element of HIA. We are serious about the volunteers' quality, as well as their morale and passion for work. In the past year, we experienced challenges due to cultural differences, which are shared as below:

- Maintaining standard – As cultural background and work mentality varied, different members in HIA may have their own definition for service quality. This was particularly the case between the practice of Hong Kong and that of the working team in the Philippines. Withholding mutual respect, the team strived to align a commonly agreed quality standard within the group.
- Instilling new concept – There was a perception that capacity building in forms of knowledge transfer should not be considered as a form of 'help' to the locals. Instead, assistance from non-profit organisation must be tangible, like distributing food, clothes, and daily necessities. Efforts were made to change this mindset, with actions to prove that intangible aid is also a form of 'help' to one

and others; thus enhancing CHVs' engagement and ownership to the delivery of our capacity building programmes.

社區健康大使是醫護行者架構中非常重要的一環，因此，我們特別重視大使們的質素、士氣及熱誠。經過一年來的工作，我們遇上因文化差異帶來的挑戰，現分享其中兩項：

- 維持標準 – 由於文化背景和工作態度的不同，醫護行者內不同成員都有自己對服務質素的定義。這差異在香港和當地工作團隊之間尤其明顯。我們抱着互相尊重的態度，在團隊裡致力達至一個大家認同的質素標準。
- 灌輸新思維 – 當地有一個普遍的想法，認為非牟利團體必須提供物質援助，因此派發食物、衣物及日常必需品等救援項目是不可或缺的一環；反之，透過知識傳播以提昇本地人能力的項目，則不予重視。醫護行者着力改變此固有想法，以行動証明非物質援助亦能助人助己，從而令社區健康大使更投入推行有關能力培訓的項目。



DISASTER RELIEF 災難救援



In September 2011, the Philippines were battered by two typhoons within a week causing many deaths and leaving large areas flood-logged including the slum areas in Sawata and Virgo Drive. HIA responded to the needs of the local community by deploying **two relief missions in October 2011**. Relief materials including food and water containers were distributed.

The CHVs helped group together beneficiary households and coordinated the logistic of

material distribution. A ticket system was applied to ensure the relief materials were delivered to the right targets. In the first round of action, a total of 95 households had received the aid material which amounted to 11.5 thousands Philippines pesos. As for the second round of action, 139 beneficiary households had been provided with 44.9 thousands Philippines pesos worth of relief material.

2011年9月，菲律賓在一個星期內先後被兩個颱風吹襲，造成多人死亡及大範圍地區水浸。我們所服務的Sawata及Virgo Drive貧民區亦難倖免。醫護行者遂於**10月發起兩次救災行動**，於當地派發救濟物資包括食物及盛水容器。在兩次行動中，社區健康大使協助把受助住戶分組，並協調物流。我們依循票據式分配制度，使物資分發到真正合適的災民手上。在第一輪的行動中，共有95戶收到總額為11,500菲律賓比索(約2,200港元)的援助物資。至於第二輪行動，則有139個家庭受惠，物資總額為44,900菲律賓比索(約8,400港元)。

DISASTER PREPARATION 災難應變

In face of natural disasters, the slum population is always left helpless and hopeless; because they are unaware of their ability to minimize the grave impact. As such, HIA organised **disaster preparedness trainings in April and May 2012**. The three-day disaster preparedness management class was conducted with 50 participants in Virgo Drive and 34 participants in Sawata. The participants were informed about the actions they should take in time of common disasters like typhoon, flooding and landslides. Also, a **full-day first-aid training** was held in partnership with the Philippines Red Cross in both Sawata and Virgo Drive.

貧民區的居民在天災面前只有無奈，然而，這不過是他們沒有意識到自己是有能力將破壞減低的。有見及此，醫護行者在**2012年4月及5月期間**，舉辦了災難應變培訓。一連三天的培

訓分別為50名居住於Sawata及35名居住於Virgo Drive的居民提供基本防災知識，讓他們學習到在颱風、水浸及山泥傾瀉等災害出現時的應變措施。我們亦聯同菲律賓紅十字會，分別為居住於Sawata及Virgo Drive的居民舉行**全日急救課程**。



Life in the slum is tough, but smiles can always be found. A Christmas party was held in December 2011 to share the joyful moment with the local community.

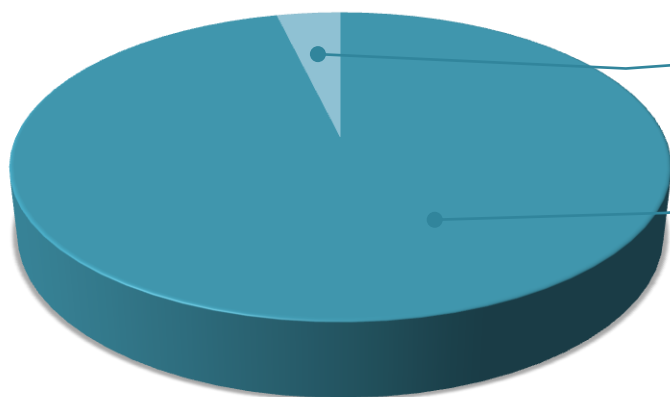
貧民區內的生活雖然一點也不容易，但笑容依然隨處可見。醫護行者在2011年12月舉行了聖誕晚會，與當地社區一起分享節日的喜悅。



Financial Summary · 財務報告

FINANCIAL OVERVIEW 財務狀況總覽

Financial period 財政年度: 01-June-2011 to 31-March-2012



Total Income 總收入:
HKD 546,583

Airfare Payment from Volunteers
義工支付機票費用:
HKD 20,371 (4%)

Donation 捐款:
HKD 526,212 (96%)

Surplus for the Year
年度盈餘:
HKD 314,535

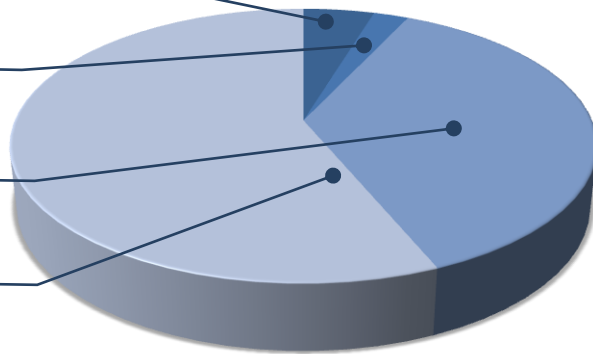
Total Expense 總支出:
HKD 232,048

Promotion Expenses 宣傳費用:
HKD 10,800 (5%)

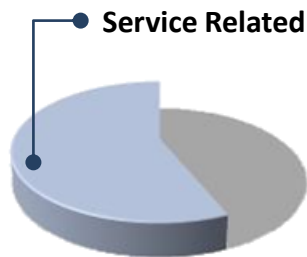
Administrative Expenses 行政費用:
HKD 5,350 (2%)

Service Related Trip Expenses 項目相關旅費:
HKD 85,302 (37%)

Service Related Field Expenses 項目相關開支:
HKD 130,596 (56%)



FIELD EXPENSE BREAKDOWN 項目相關開支細項



Service Related Field Expenses 項目相關開支 HKD 130,596

- Field Administration 服務地區行政 HKD 9,242 (7%)
- Honorarium 酬金 HKD 61,828 (47%)
- Medicine & Medical Apparatus 醫藥及醫療器材 HKD 5,507 (4%)
- Training 培訓 HKD 12,524 (10%)
- Field Transportation 服務地區交通 HKD 2,489 (2%)
- Programme Operations 項目營運 HKD 25,665 (20%)
- Disaster Relief 救災 HKD 11,475 (9%)
- Miscellaneous* 雜項 HKD 1,867 (1%)

(* Including exchange rate discrepancies 包括滙率差額)



Our Plan · 未來計劃

As HIA's work continued into the financial year 2012-13, we keep exploring the way to manage our scarce resources in times when we need to do more, with less. At a glance, here are the key programmes HIA will implement to address the health needs of people in the slums and to ensure the continuity of the services:

醫護工作者的工作踏入2012-13年度的同時，我們一直在探索如何能以有限的資源，讓更多人受惠。我們將會施行下面幾個重點項目，以針對貧民區人口的健康需要和確保項目得以延續：

MEDICAL 醫療方面

HIA will focus to strengthen our medical programs in both Sawata and Virgo Drive and to improve the overall quality in terms of comprehensiveness, accuracy and effectiveness.

1. Ensuring the comprehensive community health delivery by CHVs

- Production of a CHV handbook to integrate knowledge obtained from last year's trainings in order to support service deliveries to the community.
- Regular health education will be provided to the community by CHVs through household visits, mobile clinics as well as health education programmes.
- Health escorts will be offered to the patients in need.

2. Household health surveillance

- Simple weekly household surveillance on episodic morbidities (e.g. communicable diseases, injuries) and specific surveillance (i.e. under 5, pregnant or postnatal women) at regular intervals would be conducted to guide CHVs for immediate interventions, for baseline monitoring and guidance for necessary public health interventions.
- Data compilation and analysis would be done at regular intervals.

3. Standardization of the operation of monthly mobile clinic

- This includes proper record keeping, triage system, drug dispensary and follow-ups for indicated cases.
- We will also explore possible sites in late 2012 to extend the mobile clinic services.





Our Plan · 未來計劃

4. Enhancement of Integrated Management of Childhood Illness (IMCI)

- Vaccination and deworming programmes will be carried out regularly in collaboration with the local clinics.
- Regular monitoring of growth of children with therapeutic feeding programme provided for the malnourished children.
- Refresher training and practicum for all CHVs on Common Pediatric Problem Management according to IMCI standard.

5. Introducing Reproductive Health into the existing healthcare delivery package

- Implementation of reproductive health education.
- Strengthen compliance and access on antenatal care, postnatal care, skill-birth attended deliveries, sexually transmitted diseases management and family planning.

HIA plans to further expand our health services to Virgo Drive starting from October 2012 onwards.

我們將加強在Sawata和Virgo Drive的醫療項目，以及從覆蓋性、準確性及效率三方面提升整體質素。

1. 確保社區健康大使能提供全面的社區醫療衛生服務

- 編制一本社區健康大使手冊，以收錄去年培訓的內容，作支持日後社區服務之用。
- 安排社區健康大使通過家訪、流動診所，以及健康教育項目，定期為社區舉辦健康教育
- 為有需要的病人提供陪診服務。

2. 住戶健康狀況監控

- 每星期進行有關偶發性疾病發病率（如傳染性疾病、損傷）的簡單住戶健康狀況監控，以及作定期的特定監控（即五歲以下的小童、懷孕或產後婦女）。這類型的監控有助社區健康大使即時介入，提供基線作監測及作為必要的公共健康介入指引。
- 定期彙編和分析數據。



3. 每月流動診所標準化

- 這包括妥善的記錄、分流制度、配藥及特別個案跟進。
- 我們將於2012年底尋找其他合適的地區，以擴展流動診所服務。

4. 加強兒童疾病綜合管理

- 我們將與當地診所合作，定期展開疫苗接種和杜蟲計劃。
- 為營養不良的兒童提供定期的生長發育監測及食療方案。
- 根據兒童疾病綜合管理的標準，為所有社區健康大使安排「常見兒科問題管理」的複習培訓和實習。

5. 現有的醫療保健項目將涵蓋生殖健康

- 實施生殖健康教育
- 加強合規性，以及令產前/後護理、專業助產，性傳播疾病管理及家庭計劃更為普及。

醫護行者計劃從2012年10月起在Virgo Drive地區展開社區健康項目。



Our Plan · 未來計劃

OTHERS 其他方面

- Establish the water collection system which includes the practice of rain harvesting in Virgo Drive.
- Set up lighting system. In April 2012, we had trial run a solar bottle lighting project in Sawata. As the shabby roof cannot support the installation of solar bottles resulting in leakage during rainy days, the project was put on hold. With a better solution in place, the project will be conducted again in the coming year.
- Organise social activities and events to promote neighbourhood relationship.
- Continue our supporting and coordinating role on disaster management, which includes better coordination with the local stakeholders and relief to the victims when necessary.
- Continue our supporting and coordinating role on Clean Sawata Campaign.
- As the Philippines suffers frequent typhoons and other natural disasters, emergency relief will remain part of HIA's work in the coming year.
- 建立集水系統，其中包括在Virgo Drive進行雨水收集
- 設置照明系統。2012年4月，我們在Sawata試行了太陽能水樽照明項目。該項目把水樽安裝在屋頂，透過折射原理，於日間為屋內提供照明。可是，水樽的重量令不少破舊的屋頂不勝負荷，更在雨天造成滲漏。因此，該項目已被擱置。現在，我們在設置照明系統上有了更好的解決方案，遂計劃從新推行此項目。
- 組織社區活動，促進鄰里關係。
- 繼續我們在災害管理上的支援及協調角色，其中包括與當地機構維持更好的合作，以及在有需要時為受災群眾提供救援。
- 繼續我們在清潔Sawata運動上的支援及協調角色。
- 由於菲律賓頻頻遭受颱風和其他自然災害的打擊，救災工作將繼續是醫護行者來年工作重點之一。



Our People · 我們的成員團隊

OUR BOARD 董事會

President 主席:	Dr. FAN Ning	范寧醫生
Vice President 副主席:	Mr. CHUN Wai	秦偉先生
Executive Directors 執行董事 :	Dr. Joyce CHING	程德君醫生
	Dr. Bea LAU	劉穎思醫生
	Ms. HO Po Shan	何寶珊女仕
	Ms. Esther YIU	姚妙芬女仕

OUR WORKING TEAM 工作團隊

Health Liaison Officer 健康聯絡主任:	John Michael L. NIANGAR
Field Coordinator 地區幹事:	Nieves A. ITLIONG
Project Manager 項目經理:	Carol WONG
Community Health Volunteers (CHVs) 社區健康大使:	
Vivian M. ANAS	Milagros C. IBASCO
Maria Lourdes S. CRUZ	Imelda S. NACIONAL
Jesusa E. DIEGO	Mary Lou SIA
Nelita O. DIZON	Percy R. TAN





Notes of THANKS · 鳴謝



A very BIG thanks to 衷心感謝:

Father Allan V. LOPEZ

Father Patrick P. HIWATIG

Ms. POON Wan Yu

Mr. Kenneth TSAO

...for bringing HIA to the needy
...謝謝您們讓醫護行者接觸到有需要的民眾

Mr. SHIH Wing Ching

施永青先生

...for funding the work of HIA
...謝謝您的捐款，讓醫護行者的行動得以繼續

All our volunteers

所有義工們

...for offering your time and professional knowledge to make HIA's work possible
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