



HEALTH IN ACTION

Activity Report

醫護行者 · 活動年報 · 2013/14



Health In Action 醫護行者

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CONTENT · 目錄



FOREWORD · 前言

WHO IS HIA · 認識醫護行者

HIA JOURNEY · 我們的歷程

OUR WORK · 我們的工作

THANKS · 衷心感謝



FOREWORD · 前言

This is the third year since the establishment of Health In Action (HIA), and we continue to embrace volunteer passion and expertise to push forward HIA's works on marginalized population.

In the past year, HIA's Manila slum project had never been interrupted. We were putting more effort in the provision of health access concerning the essential health care needs of women and children through networking with other NGOs. We attained almost complete vaccination rate of 99% for children under five. There was once an outbreak of measles in Metro Manila, and some slum communities were inevitably affected. Nevertheless, through our volunteers' continuous effort to maintain a high vaccination coverage amongst the children from the slums we are serving, no single case of measles has been reported. The outcome of our vaccination effort is encouraging. At the same time, retarded growth children were identified and managed timely with the collaboration of local NGO partners. Under the Women Reproductive Health Programme, over 90% of women could now undergo regular clinic-based prenatal and postnatal check-up and cases of home-based delivery have been largely reduced to zero. In addition, our Tuberculosis (TB) Treatment Support Programme was also successfully deployed.

In Hong Kong, this is our second year focusing our services on Asylum Seekers and Refugees (ASR). The Healthy Living

Programme is deployed to educate the ASR about healthy living style and behaviour, the public health access system in their living vicinity and the appropriate way of utilization. Feedback from working partners and programme participant is very rewarding and the changes for health seeking behaviour are observed. The surveillance of the health status has enabled HIA to develop more specific health related programmes for the target population in the future.

HIA upholds the vision of serving marginalized groups and we will never fall short of sight of people in need which we could make contribution. 'Working Poor' in Hong Kong is being identified as a rapidly evolving group which is lack of support and attention. A programme will be devised in the coming year.

HIA intends to make change not solely by ourselves but by the jointed effort of all supporters who respond to the appeals voiced out by the people in need. It is a blessing that HIA could be one of the contributors in pushing forward social changes. Providing health service is not the end, but as a mean to fill in one of the major missing links along the whole course.

Lastly, I have to thank all the volunteers who had endeavoured to work closely on HIA projects and the effort of our Project Manager Carol Wong, the Manila Team in the Philippines and our Project Coordinator Levina Khoe in Hong Kong.

這是醫護行者成立以來的第三年，我們貫徹以義工團隊的熱誠及專業作為動力，推動我們為被邊緣化群體的工作。

在過去一年，醫護行者在馬尼拉貧民區的工作從未間斷。我們積極為當地婦女及兒童安排獲取重要醫療護理服務的途徑。我們為五歲以下小童的疫苗接種率達到99%，幾近全面覆蓋。2014年，馬尼拉爆發麻疹，不少貧民區報告感染個案，然而，醫護行者服務的地區均能倖免，這一方面證明疫苗接種工作的重要性；亦反映馬尼拉團隊作出了很大的努力，確保大部份兒童獲疫苗接種。同時，我們在區內透過與當地非政府機構的合作，找出並支援一些生長比較遲緩的兒童。

在我們推廣的「婦女生育健康計劃」工作下，愈90%的婦女都得以定期到診所接受產前及產後檢查，而在家中生產的個案亦大幅下降至零。另外，我們的「肺結核治療支援計劃」亦成功推行。

在香港方面，這是我們第二年主力於尋求庇護者及難民的工作。「健康生活計劃」的目的是要向他們灌輸正確的健康生活的模式及行為，並且介紹他們社區內公共醫療健康服務的途徑，及正確的使用方法。我們的工作伙伴及參與者對計劃都有很好的評價，而尋求醫療支援的行為轉變亦有目共睹。透過跟進我們目標群體的健康情況，我們可於將來籌劃更多健康相關的計劃。

醫護行者一直秉持為被邊緣化群體服務的願景。對於那些被忽略、亟待協助的群體，醫護行者並不視若無睹。本港的「在職貧窮」便是一例，這是一個正在急速轉變，而又缺乏支援及關注的群體。醫護行者將於來年展開有關工作。

醫護行者集合所有支持者的力量，直接回應有需要人士的訴求。對於機構能作為推動社會改變的其中一員，我們感到欣喜。我們明白提供醫療健康服務並非終結，而是作為填補演變過程中的空隙。

在此，我衷心感謝所有義工的無私付出，另外也包括我們的項目經理 Carol Wong、菲律賓的馬尼拉團隊及香港的項目統籌 Levina Khoe，你們均與醫護行者一起並肩前行。



Fan Ning, President
范寧 主席

WHO IS HIA · 認識醫護行者

Founded in 2011 as a Hong Kong based non-profit organisation, Health In Action holds humanitarian belief and is highly concerned about the well-being of impoverished and underprivileged people in Hong Kong and South East Asia 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.

於2011年創立，醫護行者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，極度關注香港及其他東南亞國家貧困及弱勢人口的生活狀況。我們憑藉義工的專業知識，從多方面關顧當地人長遠的健康狀況。醫護行者獨立於任何政治、宗教及經濟利益。

VISION 願景

- ✓ To eliminate health inequity in societies
消除社會上醫療健康的不公平

MISSION 使命

- ✓ Improve health status of underprivileged groups in Hong Kong and around the region 改善在香港及鄰近地區弱勢群體的健康狀況
- ✓ Empower the underprivileged to achieve health ownership by improving their health literacy and the capacity of local community health system 提升弱勢群體的健康識能及強化當地社區健康系統，讓弱勢群體能夠掌控個人的健康
- ✓ Promote Humanitarianism in the society and within healthcare sectors through volunteering and advocacy 透過參與義務工作及倡議，在醫護界及社會宣揚人道主義

CORE VALUES
核心價值

Make Changes

Volunteerism

Sustainability
Humanitarianism

Community Focus

HIA JOURNEY · 我們的歷程

- Founded in 2011
醫護行者於2011年成立
- Set up the 1st working site in Metro Manila
於馬尼拉設立首個工作點

- Started working for the Asylum Seeker and Refugee group in Hong Kong
在香港展開為尋求庇護者及難民的工作

- Set up the 2nd working site in Metro Manila
於馬尼拉設立第二個工作點
- Disaster relief for Typhoon Haiyan
颱風海燕救援工作

2011-2012

2012-2013

2013-2014

OUR WORK · 我們的工作

Health In Action's (HIA) work focuses on two key marginalized and neglected groups:
醫護行者集中關注兩個被邊緣化及忽視的群組：

Asylum Seekers and Refugees (ASR) in Hong Kong 香港的尋求庇護者及難民

The Problems We Witnessed 我們看到的問題

In Hong Kong, there are an estimate of 6,000 asylum seekers and refugees (ASR), mainly coming from African and South Asian countries. They flee for safety due to armed conflicts, political unrest, etc. in their homeland.

The ASR is a group of marginalized and neglected population in Hong Kong. They can be idled for up to ten years while going through the refugee recognition process and awaiting for resettlement arrangements. During this period, ASR can only live under the limited subsidies from the government or NGO.

HIA has conducted a need assessment among the ASR group we served, and identified the following health related problems:

- A general misunderstanding of health service system due to differences in culture and language
- Limited health information
- Lack of access to dental service
- Psychological problem due to trauma, unemployment, and culture shock

現時大約有6,000名難民及尋求庇護者現時居於香港，他們主要來自非洲及南亞國家。他們因為武裝衝突、政局不穩等而逃離家園，只為尋找一處可安生立命之所。然而，難民及尋求庇護者是香港裡被邊緣化及忽視的一群。他們等候難民身份認證的時間可達十年，但期間只能靠政府或非政府組織的有限援助維生。

醫護行者為我們服務的難民及尋求庇護者做了一次評估，反映出幾項健康相關的問題：

- 因文化及言語差異，而對本港健康服務系統存誤解
- 有限的健康訊息
- 缺乏接受牙科服務的途徑
- 創傷、失業及文化衝擊造成的心理問題

The Programmes HIA Deployed 我們開展的項目

Grounding on the assessment outcome, HIA formally launched the "Healthy Living Programme for ASR" in April 2014. The purpose is to improve ASR's health knowledge and condition, facilitate access to health information and resources applicable to their specific cultural context.

根據評估的結果，醫護行者於2014年4月展開了「難民及尋求庇護者健康生活計劃」，目的是提昇他們的健康知識水平，並顧及他們的文化差異，改善他們獲得健康訊息及資源的途徑。



Slum Population in Metro Manila, Philippines 菲律賓馬尼拉的貧民區居民

The Problems We Witnessed 我們看到的問題

In Philippines, a huge number of migrants are moving from the other provinces into the capital Manila every year. Most of them ends up living in the slum area which already has a population of up to 4.5 million people. The increasing number of development projects in the country is adding to the problem, as lands for livelihood are taken away from the locals and families are displaced.

It is a daily struggle in the slum. Being in this heavily polluted swamp area, women in the reproductive age and children are among those most vulnerable to disease and illness. The chances of locals contracting tuberculosis and other water borne diseases multiply comparing with the rest of the city.

在菲律賓，每年都有大批移民從其他省份遷到首都馬尼拉。他們大部份最終都會流落到市內已達450萬人口的貧民區。國家急速發展，奪去了許多住宅用地；不少家庭因而流離失所，加劇了貧民區的問題。

貧民區內的生活是日復一日的煎熬。處於嚴重污染的沼澤地中，正值生育年齡的婦女及兒童都是最易受病患影響的一群。當地人感染肺結核和其他由水傳播的疾病的機會，較市內其他地方高出以倍計。

The Programmes HIA Deployed 我們開展的項目

HIA provides medical and health services in the community we serve. Bringing forward the outcomes from previous years, HIA is sustaining the related projects in the regions of Sawata, Virgo Drive and Bangkulasi, with strong focus on the programmes of Tuberculosis (TB) Treatment Support and Women Reproductive Health.

Apart from this, HIA also supports disaster preparedness and relief in the community.

醫護行者在區內提供醫療服務及健康方面的工作。貫徹年前的項目成果，醫護行者繼續在Sawata, Virgo Drive 及Bangkulasi地區的相關項目，並把重點放在「肺結核治療支援」及「婦女生殖健康」兩個計劃上。

此外，醫護行者亦在防備災害及災難救援方面提供支援。



MEDICAL RELATED SERVICES

醫療相關服務

Tuberculosis (TB) Treatment Support

肺結核治療支援

HIA has carried on the TB data collection effort from the previous activity year, and brought it to the next stage of TB diagnosis and treatment support. This is part of the TB Directly Observed Treatment –Short Course (DOTS) programme, which is a TB control strategy recommended by WHO particularly for high risk region, and is a core area of HIA's work in 2014.

Between February and August 2014, TB assessments have been conducted for 138 people and statistics are collected to evaluate their TB symptoms and history through collaboration with the University of Santo Tomas (UST). Grounding on this database, HIA carried out sputum test and consultation services to the TB patients identified in the region, among whom 13 received treatment from HIA through medicine supplied by the UST. Patients are paying daily visit to the HIA office to obtain medication, while HIA's Community Health Volunteers (CHVs) help monitor their intake of medicine, and also track records of their food intake, weight and any other sickness.

While the existing cycle is reaching an end with ongoing monitoring, a second phase of DOTS programme is being planned in 2015.

醫護行者繼續去年搜集肺結核數據的工作，並延伸到下一階段的肺結核診斷及治療支援。這是世界衛生組織特別為高危地區建議的「短程直接監督治療法」(DOTS) 的一部份，亦是醫護行者本活動年度的一項核心工作。

在2014年2月至8月期間，醫護行者與聖托馬斯大學為138人進行了肺結核評估，並搜集數據分析他們的病徵及病歷。在這個數據基礎上，醫護行者為當地確診的肺結核病人提供痰液檢驗及醫生會診。當中13位確診病人透過醫護行者及當地聖托馬斯大學的合作得到所需治療。病人每天都會到醫護行者的辦公室取藥，並由醫護行者的社區健康大使協助監察他們服藥，以及紀錄他們的進食情況、體重和其他疾病。

治療項目已於2014年8月完結，並進入監察階段。有見項目成效，第二階段的DOTS項目將於2015年展開。

"I just wanted to say thank you because they helped me and my son and I know they will be helping more people in the future especially those children with pulmonary diseases or the needy. I hoped that those people who helped us like UST and HIA will not get tired of helping people like us. I am thankful that HIA visited our place that's why UST has the opportunity to help us as well. I am not asking too much but I am hoping that there will be a next round of the treatment. Thank you again!"

*Evelyn Sanchez,
a mother living in Bangkulasi,
whose son has contracted Tuberculosis,
and is undergoing treatment*

" 我只是想說一聲謝謝，因為他們幫助了我和我的兒子，而且我知道他們還會幫助更多人，尤其是那些有肺病的孩子或有需要的人。我希望那些好像聖托馬斯大學及醫護行者等幫過我們的人，不會厭倦繼續幫助我們這些人。我非常感恩醫護行者曾探訪我們，就是這樣聖托馬斯大學才有機會協助我們。我不奢求什麼，只希望有下一輪的治療。再次謝謝你們!"

*Evelyn Sanchez,
一個住在Bangkulasi的母親，
兒子患有肺結核，正接受治療*

Women Reproductive Health

婦女生育健康

A major health issue that HIA comes across in the working zone is Mothers and Children's Health. While clinical services give immediate help to cure the sickness, actions that cater the root of the problem is important in the same way, helping to alleviate the situation in a sustainable manner.

Since October 2013, HIA has formalized the services for pregnant women into a Women Reproductive Health Programme, which is being implemented in three urban poor communities in Navotas and Kaloocan City. In accordance with HIA's standard approach, the programme started with a survey, from which qualitative and quantitative data are collected as an input for programme design. A health surveillance focusing on women and children was held in two phases. Through a series of focus groups and household visits conducted by the CHVs, a total of over 380 women at reproductive age or having children under 5 were interviewed. Questions covering health awareness, knowledge and application of family planning measures were posed. The survey results indicated that 50% of the women interviewed had unplanned pregnancy. In addition, there is a general misconception towards birth control methods, and also towards deworming and vaccination for their children.

The survey outcomes revealed the challenges of implementing women reproductive health programme in the community, which drove the design of the framework to focus on:

1. Advocating awareness and access to safe, effective, affordable and acceptable methods of fertility regulation and family planning
2. Bridging access to appropriate services of pre & post natal care and safe delivery
3. Enabling healthy growth of infant through implementation of Integrated Management of Childhood Illness (IMCI) practices





醫護行者在區內遇到不少環繞母嬰健康的問題。直接的治療雖然可解燃眉之急，但針對問題根本的服務同樣重要，這才符合長遠發展方針。從2013年10月開始，醫護行者為孕婦提供「婦女生育健康計劃」。計劃在 Navotas及Kaloocan City的三個貧民區推行。貫徹醫護行者的項目標準做法，項目由問卷調查展開，先收集所需數據及資料以助設計項目細項。醫療行者針對婦女及兒童展開了兩個階段的健康調查。透過舉行一連串的專題小組及由社區健康志工進行的戶口探訪，醫護行者訪問了380名正值生殖年紀或育有5歲以下幼兒的婦女。訪問的問題包括健康意識、家庭計劃知識及措施等。結果顯示一半的被訪婦女都在沒有計劃下懷孕。此外，大家對避孕措施，以及為子女進行杜蟲及疫苗注射都存有不少誤解。調查結果透視了在社區推行婦女生育健康計劃的挑戰，因此，項目重點集中於以下方面：

1. 提倡意識及獲取安全、有效、可負擔及可接受的生育調控及家庭計劃的渠道
2. 銜接適當的產前產後護理、安全分娩服務的途徑
3. 透過推行兒童疾病綜合管理項目的措施讓幼兒健康成長

As of May 2014, a total of approximately 2,700 individuals benefited from the programme.

自項目展開至2014年5月為止，已有近2,700人受惠。

Education

Health talks were held bi-weekly to raise public's health awareness on the importance of antenatal and post natal care, skilled birth delivery, family planning, breastfeeding and management of children illnesses. About 18 health talks were delivered as of May 2014, each accommodating 30-40 locals. Leaflets were also distributed to widely disseminate the message.

教育

每兩星期舉行的健康講座為大眾提供有關產前產後護理、安全分娩、家庭計劃、母乳餵哺及兒童疾病管理的資訊，以提升健康意識。迄至2014年5月，醫護行者馬尼拉團隊舉行了18次健康講座，每次吸引30-40人參與。另外，我們亦派發有關單張，傳播正確的教育資訊。

Consultation and Monitoring

Volunteers from Hong Kong have run a number of pre and post natal consultation sessions in the region. A total of about 40 cases were identified for follow-up, some referrals have been made to local NGOs, barangay health centres or hospitals for delivery preparation or antenatal check up. HIA provided escort service to the pregnant women to ensure smooth access to the health services .

會診及監察

香港醫護義工在當地進行產前產後會診，當中有40個需要跟進的個案，部份已轉介至到其他本地非政府組織、barangay健康中心或醫院作臨盆準備或產後檢查。醫護行者為孕婦提供陪診服務，確保她們獲得適切的治療。

Integrated Management of Childhood Illness (IMCI)

Vaccination to children has always been part of HIA's work. Since August 2013, over 50 vaccination outreaches have been carried out through barangay health centres. Visits were made to children under 5 to ensure they receive the vaccination scheduled. Currently, all children in our working area are keeping an immunization card, which records the vaccination they have received since birth. Mothers are more aware of the importance of complete vaccination, knowing that it helps prevent their children from contracting diseases like Hepa-B, Measles, etc.

Besides vaccination, other measures under IMCI practices have been carried out including a half-yearly deworming exercise, monthly weight monitoring, distribution of supplement, nutritional support for underweight children and follow up of malnourished ones.

兒童疾病綜合管理

兒童疫苗注射是醫護行者持之以恆的工作。2013年8月起，已透過本地健康中心進行了逾50次疫苗注射外展服務，接觸5歲以下幼兒，確保他們接受恰切的疫苗注射。現時，所有在我們工作區域內的兒童都有疫苗注射卡，紀錄他們自出生以來已注射的疫苗。母親亦意識到完成疫苗注射的重要性，明白到疫苗可避免他們的孩子感染如乙型肝炎、麻疹等疾病。

除了疫苗注射外，其他兒童疾病綜合管理的措施亦如期推行，包括半年一次的杜蟲項目、每月生長監察、派發營養補充品、為體重過輕兒童提供營養支援及跟進營養不良兒童個案。

The Effort Pays Off

- There was a measles outbreak in Metro Manila in 2014, with over 19,000 confirmed cases of measles were reported between January and November. HIA was able to respond in a short period of time, by basing on the well-maintained immunization records for a clear view of the needs. As the record indicated that over 95% of the children in HIA's working location have already received measles vaccinations or scheduled, HIA worked with the Department of Health of Philippines to identify the children who would require a second booster shot and proceed to contact the mothers of the arrangement. This has effectively prevented the measles outbreak in the community HIA serves, as no case of measles was recorded in the communities we served.
- Pregnant women understand more about the potential complications during pregnancy and delivery, and hence the importance of antenatal check up and delivery in safe setting. Within the group that HIA serves, the average antenatal care session has increased from only one per pregnancy to above two within a year of the programme. Also the number of delivery in hospital or clinic has increased. Out of the 11 cases handled by HIA, 82% has the delivery in hospital or registered health clinic.

努力的成果

- 馬尼拉在2014年爆發麻疹。由1月至11月期間，當地已收到超過19,000個確診個案。憑藉我們一直的疫苗注射工作及紀錄，醫護行者得以在短時間內掌握情況。由於紀錄顯示逾95%的兒童都已接受或安排了麻疹疫苗注射，醫護行者遂與當地健康部門合作，認定需要接受第二次加強劑的兒童，並聯絡他們的母親作注射安排，有效令我們服務區內的兒童沒有受是次麻疹爆發影響。
- 孕婦們對懷孕及分娩期間可遇到的風險有更多的了解，亦因而認識到產前檢查及在安全環境分娩的重要性。在項目推行的一年間，醫護行者服務群組參與的產前護理，由平均一次增加至兩次以上。此外，在醫院或診所分娩的數字亦有上升。在醫護行者處理的11個個案中，82%均在醫院或診所進行分娩。



DISASTER PREPAREDNESS AND RELIEF
防備災害及災難救援

Disaster Relief – Typhoon Haiyan

災難救援 – 颱風海燕

On 8 November 2013, Typhoon Haiyan battered the Philippines. The unexpected level of storm surge, flooding and sustained winds have brought widespread devastation across 44 provinces. Haiyan was a category-five super-typhoon. Over 5,700 deaths, 27,000 injured, and 853,634 displaced families were recorded within a month after the disaster. Seven regions in the country were placed in a state of calamity.

Infrastructures in the path of the typhoon were badly destroyed and deferring relief work. Health In Action (HIA) has been on alert since the typhoon entered the Philippines. On 10 November, 2013, HIA initiated to respond to the situation by starting an assessment team to reach the heavily affected areas.

Based on the assessment result, HIA carried out relief work in phases and distributed relief packs to the needy in a number of provinces including Bohol, Antique, Capiz and Iloilo. Relief materials like drinking water, food, hygiene kit, etc. were provided to the disaster victims through the coordination of local organisations.

2013年11月8日，颱風海燕吹襲菲律賓，帶來難以預計的風暴潮、水浸及持續強風，導致44個省份廣泛受災。海燕是第五級的超強颱風，在災後短短一個月內，便錄得超過5,700人死亡、27,000受傷，及853,634家庭流離失所。國內七個地區進入災難狀態。

颱風所經之處，所有基建都受到嚴重摧毀，令救援工作受阻。在颱風開始進入菲律賓，醫護行者便已戒備。在2013年11月10日，醫護行者就災情展開行動，派遣評估小組出發到嚴重受災地區。

因應評估結果，醫護行者分段進行救援工作，並把救援包分發給包括 **Bohol, Antique, Capiz 及 Iloilo** 幾個省份的有需要人士。透過本地機構的協調，例如飲用水、食物、個人衛生用品等物資都分發到災民手上。

Action Timelines

行動時序

Phase One: 13- 18 November, 2013

- Needs assessment and initial health checkup in Bohol, Antique, Capiz and Iloilo
- Disaster victims were interviewed
- Liaison was made with local partners including religious organisations and barangays to prepare for the second phase

第一階段: 2013年11月13-18日

- 在Bohol, Antique, Capiz 及 Iloilo 省評估需要及作初步健康檢查
- 訪問受災人士
- 聯絡本地合作機構，包括宗教組織及barangays，為第二階段作準備



Action Timelines 行動時序

Phase Two: 22 November to 2 December, 2013

- Relief material distribution carried out and closely monitored
- A total of 5,680 packs of relief goods distributed to the families in Antique, Capiz and Iloilo
- Re-assessment for the severely devastated area and visited the far-flung areas inaccessible during Phase 1
- Further liaison was made with local partners regarding the rehabilitation work ahead

第二階段：2013年11月22日至 12月2日

- 展開救援物資分發及密切監控
- 共有5,680個救援物資包分發到 Antique, Capiz 及 Iloilo 省的家庭
- 為嚴重受災區重新評估及到訪首階段未能到達的偏遠地區
- 繼續與本地合作單位接軌，準備災後恢復工作

The Challenges Along the Way 沿途的挑戰

This is the largest scale of disaster relief work that HIA has participated. The lesson learnt was particularly valuable as a reference for HIA to provide similar support in future through cooperation with local partners. From this relief experience, cooperation with local non-profit partners helped HIA to respond promptly and assess the affected areas timely. However, an obvious gap in post disaster service is observed to exist, which is an area that HIA has the right expertise to supplement.

Health awareness

The spread of water-borne disease is a common issue after typhoon. However, there is a lack of knowledge among locals and authority to handle such diseases like shigella and cholera. Effort is needed to raise awareness of public health and guidance of the disease handling. This could be an area that HIA could support through mid to long term training scheme.

Long term livelihood rehabilitation

The natural disaster has caused much damage to the locals' livelihood. Haiyan has caused the local coconut farmers losing up to 50% of their coconut trees, which generally take 7-12 years to be mature to yield. This means a decade of livelihood has been wiped out. Similar cases were found among rice farmers and fishermen. HIA could leverage the local non-profit networks to jointly fill the gap in providing long term rehabilitation assistance.

Psychological support

From the onsite relief work, mild symptoms of Post-Traumatic Stress Disorder (PTSD) were observed, particularly in Bohol where the local community has suffered consecutive natural disasters within months. The victims of typhoon were living in temporary shelters made of plastic sheets, and were afraid of storms and bad weather. Most of the people could only rely on the Church which was the only source of assistance though informal. The presence of priests and nuns during relief material distribution helped bring survivors hope and resilience. This area could be strengthened through better advanced planning, as psychological support is inevitably an important component during relief recovery.

Action Timelines 行動時序

Phase Three: December 2013 to June 2014

- Provided support to rehabilitation for a 6-month period by leveraging HIA's health and medical expertise
- Conducted health surveillance with data shared with local non-profit partners for necessary follow-up

第三階段：2013年12月至2014年6月

- 醫護行者發揮在醫療健康方面的專業，為災後恢復工作提供了為期六個月的支援
- 進行健康調查，並與本地非牟利合作單位共享數據以作必要跟進

這是醫護行者成立以來參與的最大型災難救援工作，可作為醫護行者日後透過當地合作伙伴提供同類型支援的參考。從這次救援經驗中，醫護行者與當地非牟利伙伴的合作，讓我們更快地作出反應，並及時接觸到受災地區。同時，我們亦看到災後服務的明顯不足，而醫護行者正有這範疇的專業可提供協助。

健康意識

颱風過後，由水傳播的疾病是一個普遍問題。可是，當地人及政府單位都欠缺相關知識去處理如痢疾、霍亂等疾病。因此，有需要著力於提升公共健康意識及提供疾病處理指引的工作。醫護行者可在這方面透過中至長期培訓計劃提供支援。

長遠生計恢復

天災對本地人的生計構成重大破壞。海燕颱風令本地種植椰子的農民失去五成的椰子樹。椰子樹一般需要7-12年才能成熟產果，這代表十年的生計毀於一旦。同樣的情況亦在米農及魚民身上發生。醫護行者可透過本地非牟利組織的網絡共同填補在長遠生計恢復方面的不足。

心理支援

在現場救援工作期間，我們觀察到輕度的「創傷後壓力症候群」，特別是在數月內連續經歷天災的Bahal省。經歷颱風的災民只住在以塑料搭成的臨時屏障內，終日為風暴及惡劣天氣而擔驚受怕。大部份人只能依靠教會這非正式渠道獲取唯一的援助助來自教會。牧師及修女在現場分發救濟物資時，讓生還者感到希望及慰藉。心理支援是災後復甦中不可或缺的重要一環，這方面的工作可以透過預早計劃加以強化。



Healthy Living Programme

健康生活計劃

HIA's Healthy Living Programme for Asylum Seekers and Refugees (ASR) was deployed in 2014 April:

醫護行者為尋求庇護者及難民的健康生活計劃於2014年4月正式展開:

Programme Purpose

- Improve access to information and resources
- Improve the health knowledge of ASR
- Improve the health condition of ASR
- Facilitate access to culturally appropriate health service environment for both ASR and health service providers

Tasks

- Developed a booklet and organized information sessions to introduce about Hong Kong's health system, provide with practical guidance, health tips, etc
- Provided personalized health advices through one-to-one health consultation sessions and basic health check-up

計劃目的

- 改善獲取資訊及資源的途徑
- 提升尋求庇護者及難民的健康知識
- 改善尋求庇護者及難民的健康狀況
- 為尋求庇護者及難民群體以及醫護服務提供者雙方作銜接，提供切合文化需要的醫護服務環境

項目內容

- 製作小冊子及舉辦資訊環節，向尋求庇護者及難民介紹香港的醫療系統、提供實用指引、健康提示等
- 提供一對一健康會診服務及基本健康檢查，為個人提供健康建議



"Now I know where to go (for health check-up or consultation)."

"Now I know how to make phone appointment (for public health consultation)."

Ada, from the ASR group of Ethiopia

“現在我知道要到哪兒接受醫療服務。”

“現在我知道怎樣以電話預約(公共醫療診症)。”

Ada, 來自埃塞俄比亞的
尋求庇護者及難民組

The Result 成果

Concluding the result of the six-month Healthy Living Programme:

總結為期六個月的健康生活計劃的成果:



A total of 231 ASRs have participated in 12 health events at 5 different venues

總計有231名尋求庇護者及難民參與了共12項、分別在5個不同地點舉行的醫護活動



6 ASRs were trained as Healthy Living Ambassadors to share the information with their peers
六位尋求庇護者及難民受訓為健康生活大使，向他們的朋輩分享資訊



288 booklets were distributed among ASRs
發放了共288本小冊子予尋求庇護者及難民



Mini health check-up and individual health advice were provided by HIA volunteers, with follow-up case management when necessary

醫護行者義工提供小型健康檢查及個別健康諮詢服務，並在有需要時進行個案跟進

At the end of the project, the participated group was interviewed again from which 93 survey feedbacks were returned.

The feedbacks indicated an improvement among the ASR participants regarding the standard procedures to access health services in Hong Kong. The participants found the information from talks and booklets very useful. These can provide practical suggestions when they get sick. There are also suggestions to translate the booklet into other languages. Overall, the result of the programme was encouraging. The participants hope it could be sustained, and the mini health check-up could become a regular service.

計劃結束後，我們再度對參與的群體進行調查訪問，並收回93個意見反饋。

反饋顯示，參與計劃的尋求庇護者及難民對獲取醫療服務程序的認識有所提升。參與者都認為講座及小冊子提供的資訊非常有用，可在他們患病時給予實際協助。此外，亦有建議把小冊子翻譯為更多其他語言。整體來說，計劃的成果是令人鼓舞的。參與者都希望計劃能夠延續，小型健康檢查能夠發展成定期服務。

THANKS · 衷心感謝

HIA's programmes would not have achieved the success without the joint contribution across our local NGO partners, volunteers, staff and board members, to whom we would like to express our wholehearted gratitude!

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PARTNERS 夥伴

HONG KONG 香港

- Christian Action 基督教勵行會
- Justice Centre
- The Vine Church
- St. Peter & Paul Church 聖伯多祿聖保祿堂
- Love and Peace Ministry 仁愛和平事工
- Sunshine Action 耀陽行動
- Hong Kong Red Cross 香港紅十字會
- Yuen Long Town Hall Jockey Club Children & Youth Integrated Service Centre
元朗大會堂賽馬會元朗青少年綜合服務中心

PHILIPPINES 菲律賓

- University of Santo Tomas
- Diocesan Social Action Center of The Diocese of San Jose De Antique
- Social Action Centre of the Archdiocese of Capiz
- Dominican Sisters of the Most Holy Rosary of the Philippines (OP Molo)
- 61st Infantry (hunter) Battalion, 31D, PA

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