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FOREWORD 前言

With the support of many devoted volunteers and donors, Health In Action is able to continue to grow based on the foundation that was built since our establishment in 2011. Despite the many challenges we have encountered and are facing now, we continue to do our best to deliver our vision:

To eliminate health inequity in societies

In the year of 2014/15, we continued our work on health equity in Manila, which was the first project of this small NGO. This project, which aimed at improving health access to the urban poor living in slums in metro Manila, has been successfully conducted for four consecutive years¹. Since our first involvement in the health topics of Asylum Seekers and Refugees² in 2012, we pushed forward a new phase of Healthy Living program for Asylum Seekers and Refugees in 2015. Besides, we also launched a brand new Healthy Living program for the Working Poor population of Hong Kong.

Despite the prosperity of Hong Kong, our government has finally recognized a need to establish a clear poverty line for the Hong Kong society. The non-CSSA working population falling below the poverty line, even after government intervention, was as high as 470,000 as of 2013. The Healthy Living program for the Working Poor was then launched in January 2015 to evaluate and address healthy living issues of this disadvantaged group. Until June of this year, we have launched two health sessions in the Kwai Ching area, reaching out to 600 families.

With regard to the Asylum Seekers and Refugees' program, we published a new French and Indonesian version of a comprehensive Healthy Living Orientation Booklet, which was only available in English before these new editions. As most of the Asylum Seekers and Refugees do not speak English, publications available in their languages will be more effective in addressing their needs. The refugee

recognition process involves a lengthy period of waiting, during which they are not allowed to work. Without any incomes, the health needs of this large neglected group of foreign people in Hong Kong cannot be ignored any further.

After operating without office for three odd years, we are happy to share with you that this small NGO has finally received the support to establish a small office in Kwai Chung this year. This small office is not only a place for our staff to work, but also makes us more accessible to people in need of our services.

Finally, on behalf of Health In Action, I would like to give heartfelt thanks to the support of all volunteers, old and new who have been/are helping our group throughout the years with their personal time. Our deepest gratitude also goes to our donors for supporting our aspirations financially. Last but not least, our very devoting staff, who have been/are working wholeheartedly to operate our organization, are well deserved our appreciation.

自2011年成立以來,全賴各位義工朋友和善款捐助者的支持,醫護行者才能在原有的基礎上,為達成我們的願景繼續盡展所能。縱然遇到不少挑戰,但我們堅持實現我們願景的工作:

消除社會上醫療健康的不公平

在2014/15年度·我們繼續進行在馬尼拉的醫療健康公平項目··目的是提高馬尼拉貧民 窟居民的醫療使用權。此項目自機構設立之始便開立·在2015已踏入第四年。另一方 面·我們自2012年開展的「尋求庇護者和難民²健康生活計劃」·亦在本年度進入了一個 新階段;同時·我們也針對香港的在職貧窮人口·推出了一個全新的健康生活項目。

儘管香港是一個非常富裕的社會,我們的政府近年才終於認知到有需要為社會建立一條明確的貧窮線。縱使有政府介入,在2013年家庭收入低於貧窮線下的在職非綜援戶人口高達 470,000,我們在2015年1月啟動的「在職貧窮健康生活計劃」正是以評估和解決這一弱勢群體的健康生活問題為目標。直至今年六月,我們在葵青區推出了兩次健康活動,接觸超過600個家庭。

關於尋求庇護者和難民計劃·我們在2015年推出了健康生活計劃的第二階段。其中一個關鍵成果是將我們去年推出的英語版的健康生活指引·翻譯成法文和印尼文版本。許多尋求庇護者和難民不會看英文·用他們常用的語言印製資訊會更有效應對他們的需要。等待難民資格甄選的過程非常漫長·而在等待期間他們不能合法工作;為了倡議社會醫療健康的公平·我們對這群來自外地而備受忽略的群體的健康需要·實在不能再視而不見。

過去三年·我們這個小組織的工作人員都沒有辦公室;今年·我們很高興通知大家·我們終於得到支持在葵涌設立一個小型辦公室。這個新辦公室不單給工作人員一個工作的地方·亦方便我們和服務使用者見面。

最後·本人代表醫護行者·感謝所有新、舊義工朋友貢獻寶貴時間·一直支持著我們這個群體;亦感謝我們的捐助者對各項目的財政支持·同時感謝我們的員工不懈的努力。



Fan Ning, Chairman 范寧主席

 $^{^1}$ The Manila program was terminated in May 2015. 馬尼拉項目於2015年5月結束。

² The asylum seekers and refugees also include the torture claimants. 尋求庇護者和難民亦包含酷刑聲請者

WHO IS HIA 認識醫護行者

Founded in 2011 as a Hong Kong-based non-profit organization, Health In Action (HIA) 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 promote 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、運用多元策略、推動改善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



Make Changes
Sustainability Humanitarianism
Volunteerism Community Focus

HIA JOURNEY·我們的歷程



OUR WORK 我們的工作



Medical Related Services 醫療相關項目

- Working Poor Families in Hong Kong 香港的在職貧窮家庭
- Asylum Seekers and Refugees from around the world 由世界各地來港的尋求庇護者及難民
- Slum Population in Metro Manilla, Philippines 菲律賓馬尼拉的貧民區居民

Disaster Preparedness and Relief 防備災害及災難救援!

• Gorkha earthquake — Hong Kong Nepalese Volunteer 尼泊爾地震 - 香港尼泊爾裔義工

Medical Related Services 醫療相關項目



Working Poor Families in Hong Kong 香港的在職貧窮家庭



設践行者

Program Purpose 計劃目的

- 1. To assess the health needs of and the service gap for working poor
- 2. To empower working poor on managing their health using family approach
- 3. To foster relationship between HIA with working poor families, and to build network with stakeholders
- 4. To explore and develop a feasible plan and to provide direct health service
- 5. To raise awareness on negative effect of poverty on health and its impact on society
- 1. 評估在職低收入人士及其家庭健康需求與服務差距
- 2. 協助在職低收入人士及家庭以家庭為本管理其健康
- 3. 促進醫護行者與在職低收入人士及家庭的關係,並與各持份者建立工作聯繫
- 4. 探索及制定一個可行的健康服務方案
- 5. 就貧窮對建康的負面影響以及此現象對社會帶來的衝擊推動倡議工作

Tasks

項目內容

- 1. Organize health promotion campaign
- 2. Provide health screening to front line workers
- 3. Conduct basic health checking session in ERB center
- 4. Pilot test on health service session (Pain assessment and health advice)
- 1. 舉辦健康推廣活動
- 2. 向特定行業前線工友提供健康普查
- 3. 向僱員再培訓中心學員提供基本健康檢查及健康諮詢
- 4. 就健康服務模式進行先導性測試 (痛症評估及個人健康諮詢)







The Results 成果

This pilot project was started in January 2015 in Kwai Ching district of Hong Kong. Till June 2015, we have organized / co-organized 2 health promotion events in January and March respectively. In these health promotion events , we have provided health messages and distributed health education material to more than 600 working poor families in Kwai Ching district.

Health screening sessions and individual health advice service sessions were also conducted, such services have been provided to over 200 beneficiaries as of June. This pilot project will continue until the end of 2015.

Data regarding beneficiary's health status and health needs were collected through the project activities. Detailed analysis and comprehensive proposal for further development will be made by the end of the project.

本試驗性項目於2015年1月在葵青區開展。直至2015年6月‧本項目已舉辦/協辦了2個大型健康教育活動‧向超過600個在職貧窮家庭提供健康資訊。

本項目亦提供健康檢查及個人健康咨詢服務時段,截至本年6月,我們已為約200名項目 受惠者提供了相關服務。這個試驗性項目將延續至2015年年尾。

項目期間會同時蒐集受惠者的健康狀況以及健康需求數據·並加以分析總結·以便為項目的未來發展作更周詳的計劃。

Asylum Seekers and Refugees 尋求庇護者及難民

Following completion of Phase I of the Healthy Living Program for Asylum Seekers and Refugees (ASR) in 2014, HIA has begun Phase II of the program in January 2015.

繼「尋求庇護者和難民(ASR)健康生活計劃」第一期計劃在2014年完成、醫護行者在2015年1月啟動了第二階段的工作。

Program Purpose 計劃目的

- To improve ASR access to public health system via proper training on use procedures
- To raise awareness and understanding of ASR health support needs among public health officials and NGO service providers
- To promote social inclusion, humanitarianism and volunteerism in the ASR space
- 透過使用程序的培訓·改進ASR使用公共衛生服務的能力
- 提高公共衛生官員和非政府組織服務提供者對ASR健康支援需求的認知和理解
- 在ASR群體內外促進社會包容,人道精神和志願服務

Tasks 項目內容

- Translation of the Healthy Living Orientation Booklet published in 2014 into non-English languages commonly used by ASR
- Run organized health sessions to introduce ASR to the Hong Kong public health system. Provide personalized health advices through one-to-one health consultation sessions and basic health check-up

- Organized NGO frontline training sessions to enhance work skills and knowledge with regard to ASR health support activities.
- 翻譯2014年出版的健康生活指引成其他尋求庇護者和難民常用語言的版本。
- 舉辦健康講座,介紹ASR認識香港公共衛生體系。通過一對一的健康諮詢和基本健康檢查,提供個人健康諮詢。
- 舉辦培訓課程‧提高非政府組織的前線人員在ASR健康支援活動方面的工作技能和知識。



The Results 成果

The Healthy Living Program for ASR Phase II will be completed by end of 2015. Until July 2015, the following results have been achieved:

- The Healthy Living Orientation Booklet is now available in two more languages, i.e. French and Indonesian. This is helpful to some African ASR who speak French only.
- A survey was conducted to understand the views of ASR-serving NGOs about the challenges in supporting the ASR on health issues. Six NGOs (Christian Action, Justice Centre, Peace & Love Ministry, Sunshine Action, The Vine, UNHCR) were interviewed and the survey report was published in June 2015.
- One training session has been held for ASR-serving NGOs and volunteers. Over 30 participants and representatives from working partners included Christian Action, ISS, PathFinders, Sunshine Action and UNHCR joined the training session.

The Asylum Seekers and Refugees NGO Survey identified the following health support gaps that need to be addressed:

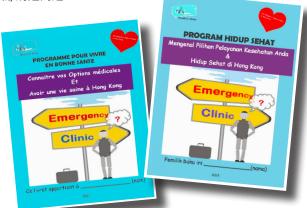
- Treating mental health issues of ASR
- Language barriers/communication issues in usage of public health system
- Cultural barriers and health literacy of ASR
- Cost of medical or health services not supported by the public health system, such as dental
- Access to food to provide for a healthy diet

ASR健康生活計劃第二階段將在2015年底完成。直至2015年7月,計劃取得了以下的成果:

- 「健康生活指引」現添加了兩個新語言版本 —— 法語和印尼語· 這特別有助一些只懂法語來自非洲的ASR。
- 完成關於ASR健康問題支援困難的調查,調查對象為有提供ASR服務的非政府組織。六個非政府組織(基督教勵行會、Justice Centre、仁愛和平事工、耀陽行動、The Vine及聯合國難民署)接受了採訪,調查報告於2015年6月發表。
- 舉辦了一項培訓課程,對象為有提供ASR服務的非政府組織和義工,參與人士包括來 自各合作夥伴的代表:基督教勵行會、香港國際社會服務社、Pathfinders、耀陽行動 和聯合國難民署,課程有超過30人參加。

有關支援尋求庇護者和難民的非政府組織的調查結果,確定了以下健康支援的差距:

- ASR的心理健康問題
- 使用公共衛生系統的語言障礙/溝通問題
- ASR的文化障礙和健康認知
- 公共衛生體系和醫療衛生 服務不支援的健康需要和 其費用,如牙醫服務
- 提供健康和均衡的食物



Healthy Living Orentation booklets further published in French and Indonesian.

健康生活指引新增了法語和印尼文兩種翻譯。

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

HIA has worked hard to build a local team of volunteers that focused on the key health issues of the target slum population. As the local team matured, HIA decided to close down the project in 2014. Starting from July 2014, transitional support has been maintained to the local team of volunteers until the project was fully closed in May 2015.

Over a period of four years, HIA was relieved that several targeted health related risks in the slum population we worked hard on was gradually under control:

Women Reproductive Health – it was a success that over 2700 local residents benefited from the education and consultation program under this work stream. Local mothers are now more aware of the importance of antenatal and postnatal care, the benefits of breast feeding to the mother themselves and their babies, and how immunization plays a very pivotal role in their children's health.

Tuberculosis – Directly Observed Treatment – Short Course (DOTS) Treatment to 13 identified high-risk patients in collaboration with University of Santo Tomas was completed.

Child Illness Management - Almost all children under five covered by the program have completed their vaccine schedule. Children weight and height was monitored monthly. Deworming tablets were distributed to families in need.

有見醫護行者已逐漸建立一支能幹的義工隊伍·有能力處理當地的關鍵醫療問題;醫護行者遂於2014年決定逐步關閉本項目·自2014年7月開始·醫護行者為當地義工提供過渡性的支援·而本項目於2015年5月正式關閉。

在為期四年的時間裏·醫護行者樂見數項本項目針對的貧民窟社區健康相關的風險逐漸被解除:

婦女生育健康 - 超過2700名當地居民受益於本項目的教育和諮詢計劃 · 當地的母親現在更加認識到產前和產後護理的重要性、餵哺母乳對母親自己和嬰兒的好處和疫苗注射為何對孩子的健康起着關鍵的功用。

肺結核病 - 聯同聖托馬斯大學對13名認定高危患者完成「短程直接監督治療法」(DOTS)治療。

兒童疾病管理 – 差不多為所有在計劃內的5歲以下的兒童完成了注射疫苗計劃。每月監測 兒童的體重和身高。有需要的家庭也分發到杜蟲藥片。



Disaster Preparedness and Relief 防備災害及災難救援



Gorkha earthquake – Hong Kong Nepalese Volunteer尼泊爾地震 - 香港尼泊爾裔義工

In response to severe devastation caused by the 7.8 magnitude earthquake that hit Nepal on 25th April 2015, Health In Action and Hong Kong Red Cross have co-organized a training course - "Introduction of Psycho-social Support in Emergency" for Nepalese in Hong Kong on 3rd May 2015.

Volunteer clinical psychologist has given the participants communication skills and basic techniques of applying Psychological First Aid through a series of exercises and discussions. HIA hopes the training course could enhance the mental awareness and

promote self-care and peer support among Nepalese during this difficult time.

今年4月25日尼泊爾發生7.8級地震·災區受到嚴重破壞。醫護行者聯同香港紅十字會在今年5月3日在香港為本地的尼泊爾裔人士舉辦了一項培訓課程——「緊急心理社會支援介紹」。

培訓課程包括一系列的練習和討論‧義務臨床心理學家在課程中教導學員有關溝通技巧和基本心理急救的技術。 HIA希望在這個困難時期‧透過本培訓課程去增強尼泊爾裔人士的思想認知、推動自力更新和加強尼泊爾人之間的守望相助精神。





THANKS 衷心感謝

HIA would not have achieved the success without the joint contributions from our local NGO partners, volunteers, staff and board members, to whom we would like to express our whole hearted gratitude!

沒有非政府組織夥伴、義工、員工及董事會成員的共同付出,醫護行者的計劃不可能成功。在此,我們向各位表示衷心感謝!

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