

# BORDERLINE 無疆

01 2016

危難中的神奇女俠  
WONDER WOMEN IN  
HUMANITARIAN CRISES



© Jodi Bieber



## 脆弱而頑強 VULNERABLE BUT RESILIENT

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自無國界醫生成立以來，應對暴力所帶來的人道影響一直是我們的主要工作，無論暴力是來自戰爭、部族衝突還是家庭。我們的隊伍每天在前線治療眾多暴力受害者，婦女往往是當中受苦最多、卻最為振作堅強的一群。

在南蘇丹，醫療系統多年以來被持續衝突和局勢不穩所破壞，人們不時被困在疫症之中。去年瘧疾來襲，我們看到有母親徒步數小時，把病倒的孩子帶來給我們，深怕孩子死去。她們並非在前線打仗，卻在人道危機惡化之際，承受著和前線戰士一樣的痛苦。

另一種在巴布亞新幾內亞肆虐的暴力，亦毀掉許多婦女的生命。自2009年以來，無國界醫生治療了超過2.8萬名家庭和性暴力生還者，當中大部分為婦女，很多曾受到死亡威脅。社會或法律保障不足，令她們被困在暴力循環之中，但我們的員工仍看到她們如何在逆境中奮力求存。「封面故事」將講述我們在這兩個國家所遇見的婦女的故事，並藉此呈現當地的人道危機。

同時，暴力亦迫使很多中非共和國人離開家園，當中很多是婦孺。他們住在流離失所者營地裡，回家希望渺茫。「圖片特寫」揭示他們的生活以及營地龐大的醫療需要。

為帶你更貼近無國界醫生的工作，新欄目「救援補給站」將介紹我們在項目上使用的物品和設備。這一期我們會看看「即食營養治療食品」這種在發展中國家最有效治療營養不良兒童的工具。

無國界醫生堅持在任何情況，包括在極端暴力下，向婦女和脆弱社群提供必要的醫療援助，而你的支持不可或缺。謝謝你與我們同行。



MSF has been dealing with the humanitarian consequences of violence as a core activity since we were founded, whether it is a war, a tribal conflict or a family incident. Among the many victims that our teams treat every day in the front line, women are the group that often suffers most but shows the greatest resilience.

In South Sudan, where ongoing conflicts and instability have crushed the health system over many years, people are regularly trapped in epidemics. When malaria hit last year, we saw mothers who walked for hours to bring us their sick children, fearing they may lose them. They are not fighting in the front line, but they suffer as much as fighters do when crises develop.

A different form of violence that prevails in Papua New Guinea (PNG) has also devastated many women's lives. Since 2009, MSF has treated over 28,000 survivors of family and sexual violence there, most of whom were female and many of them having been threatened with death. The lack of social or legal protection leaves them trapped in cycles of violence, and yet our staff have seen how they survive against all odds. In our Cover Story, we bring you stories of women we encountered in these two countries which illustrate the humanitarian crises unfolding there.

Meanwhile, violence has also forced thousands of Central Africans, many of them women and children, to flee their homes and stay in displaced persons camps with little hope of returning. The Photo Feature is about their lives and their massive medical needs.

Bringing you even closer to MSF's work, the new section, MSF Warehouse, introduces various items and equipment that we use in our projects. In this issue we look at Ready-to-Use Therapeutic Food (RUTF), the most effective tool in treating malnourished children in developing countries.

MSF remains committed to providing the much needed medical assistance to women and vulnerable populations in all circumstances, including the most extreme violence, but your support is indispensable to achieving this. Thank you for walking with us.

## 危難中的神奇女俠 WONDER WOMEN IN HUMANITARIAN CRISES



她，生於烽火連年的南蘇丹，帶著子女倉惶逃難，只求一刻喘息，卻又面臨疾病來襲。

她，活在家庭和性暴力瀰漫的巴布亞新幾內亞，從小到大身體不由自主，恐懼籠罩一生。

她與她，是無國界醫生前線人員看見活生生的真實人物。每日，組織在全球約70個國家，目睹女性在武裝衝突和疫病等人道危機當前，為了家人的生存挑起重擔；她們卻也最為脆弱，容易因風俗文化、社會地位和缺乏保護淪為暴力和虐待的受害者。

我們遇見的女性或許不會能言善辯，也不懂爭取婦女權益，然而一個又一個平凡而振作堅強的女子，時刻咬緊牙關嘗試克服疾病和暴力，是不折不扣的「神奇女俠」。

Born in war-torn South Sudan, she has fled with her children hoping to find sanctuary. But now she is confronted with the threat of disease.

She has lost control over her own body. Living in Papua New Guinea (PNG) where family and sexual violence is prevalent, she is overshadowed by fear all her life.

In some 70 countries, MSF's field workers have witnessed how women are the first to assume the humanitarian mantle, shouldering heavy responsibilities for their family's survival. They are also vulnerable, falling victim to violence and abuse because of tradition and culture, their social status and lack of protection.

The women we have met may not be eloquent, or know how to fight for their rights. They are ordinary but resilient, braving disease and violence. They are true wonder women.





## 無國界醫生在聯合州平民保護營地每周治療瘧疾個案

Number of malaria cases MSF treated in PoC camp in Unity State every week

多達 Up to

4,000

宗 Cases



棲身在南蘇丹平民保護營地的奈柏咬緊牙關照顧兒子穆特，決不讓瘧疾奪走他。

Nyapar took good care of her son Mut and wouldn't let malaria take his life.

© Jacob Kuehn

### 衝突未去 疾病又來

南蘇丹正午的陽光，烤得人渾身發燙，但奈柏此刻只感受到背上年幼兒子穆特的熱力。再不盡快把發高燒的兒子送到診所，恐怕他小命不保。

奈柏把兒子送到無國界醫生由帆布搭建成的臨時診所，護士為穆特探熱，他的體溫高達攝氏40度，快速測試確診他患上瘧疾。

「我全部孩子最近都患上瘧疾。」也難怪奈柏如此緊張，戰爭之中她失去丈夫，6個孩子中有3個病死，作為一介寡婦的她要獨力撫養餘下的孩子。

2013年年底南蘇丹爆發內戰，暴力蔓延全國。為了躲避武裝衝突，兩年前奈柏帶著孩子離開村莊，逃到聯合州由聯合國駐南蘇丹特派團設立的平民保護營地。

去年春天烽煙再起，逃難到平民保護營地的人數激增一倍，營地環境惡化，臨時帳篷搭建在泥濘積水之上。營內爆發前所未見的瘧疾疫情，高峰期間無國界醫生每周治療近4,000人，每日最少有3至4人死於瘧疾，大部分為兒童。

穆特算是幸運，高燒於數小時內減退，病況好轉，奈柏感到欣慰之餘，又要為一家人的糊口躊躇。她要冒險離開相對安全的營地，長途跋涉收集柴枝出售賺錢。

同一片天空下，巴布亞新幾內亞女子一生要面對的，是在社區和家中的暴力。

### 家庭和性暴力無處不在

6歲女童被帶到無國界醫生的家庭支援中心，陰道和直腸受傷。「媽媽不在家，叫同村一對男女照顧我。有一天，男人叫我走進房間和脫去褲子，他摸我下面，我哭起來，他用手掩住我的口，我嘗試尖叫，但他使勁掩住我的口……我的肚子很痛，走也走不動。幾日後我開始流血，倒在路邊，最後有個阿姨把我送來這裡。」

巴布亞新幾內亞針對婦女和兒童的家庭和性暴力無處不在。無國界醫生為暴力受害者提供綜合而保密的護理，包括診症、外科手術和心理社交護理。2014年至2015年間，組織治療逾千名性暴力的受害者，當中每10人有9人為女性，逾半是18歲以下的兒童。無奈的是，污名、羞

愧令受害者怯於舉報，這些數字僅是冰山一角。

即使女童長大嫁人，噩夢仍然縈繞揮之不去。在無國界醫生診所，不時會聽到這些可怕的故事：「我的丈夫用腳踩住我的胸口，使我動彈不得，我試圖用砍刀阻止他，刀尖反而刺傷我的眼睛。我希望警方能給我家庭保護令，讓我可以跟我5歲的女兒離開我的丈夫。」

不過，無國界醫生的護士墨菲看到這些身心受創的女性堅強的一面。「病房內的婦女縱使互不相識，或來自不同氏族，仍然彼此看顧，守望相助，我真正感受到那份姐妹情誼。她們慘遭毆打強暴，才會來到這裡，但只要過一陣子，又會看到她們滿臉笑容，七嘴八舌說過不停，她們真的很堅強。」

無國界醫生的醫療人道救援行動一直關注婦女及其子女的特殊需要，提供一系列的服務協助她們克服在危機之中獲取醫療的障礙。除了支援家庭和性暴力受害者，以及治療患病的婦孺外，無國界醫生亦在多個地區提供婦產科服務，協助婦女安全分娩。

### DISEASE STRIKES WHEN THE CONFLICT HAS NOT SUBSIDED

It is high noon and the hot South Sudanese sun is blasting down. But Nyapar only feels the heat of her son, Mut, as she carries him on her shoulder. He's running a fever of 40 degrees Celsius and Nyapar is terrified that he may not survive as she reaches MSF's makeshift clinic. An MSF nurse confirms the diagnosis of malaria with a rapid test.

"All my children have had malaria recently," says Nyapar. No wonder she is so anxious. She lost her husband in the war and three of her six children have died of disease. As a widow, Nyapar has to raise the remaining children alone.

A civil war erupted in South Sudan in December 2013 and violence swept across the country. Two years ago, Nyapar left her village with her children, and arrived in the Protection of Civilian (PoC) camp in Unity State.

Since last spring, fighting has escalated throughout the state. With the population of the PoC doubled, camp conditions have deteriorated

as the makeshift shelters fill with mud and stagnant water. Following an unprecedented malaria outbreak, MSF has treated up to 4,000 malaria patients weekly, and has seen three to four people dying from malaria every day. Most of them are children.

Thankfully for Nyapar, Mut quickly shows signs of improvement. Nonetheless, she has to think of making money to support her kids. She makes long treks to gather firewood for sale, a dangerous job that takes her away from the relative security of the camp.

Under the same sky, women in PNG have to face the violence perpetrated by family members or within their own community.

身心受創的婦女帶著孩子來到無國界醫生在巴布亞新幾內亞的家庭支援中心，接受治療後笑容再現。

An injured mother with her child at the MSF Family Support Centre in PNG.

© Yann Libessart







## 醫療隊伍2014-15 年於巴布亞新幾內 亞治療性暴力受害 者數目

Number of  
sexual violence  
victims MSF  
treated in PNG  
in 2014-2015

1,046  
宗 Cases



這名6歲的女童和她兩歲的妹妹遭鄰居強暴，被送到「安全屋」暫住。

This 6-year-old girl and her 2-year-old sister were raped by their neighbor. She was then brought to the safe house.  
© Jodi Bieber



## FAMILY AND SEXUAL VIOLENCE IS WIDESPREAD

A 6-year old girl was brought to the MSF's Family Support Centre, suffering from vaginal and rectal injuries. "Mum was away. She left me with a couple from my village. One day, the man told me to come into the house and take off my pants. He touched me down there. I started to cry and he covered my mouth. I tried to shout.....My tummy was very painful and it was difficult to walk. I bled and fell down on the road. In the end, an auntie brought me here."

PNG has disturbing levels of family and sexual violence directed towards women and children. MSF provides confidential and integrated care to victims of violence. Out of 1,046 sexual violence survivors MSF treated in 2014 and 2015, nine out of ten were female, and more than half were children younger than 18 years. This is just the tip of the iceberg, as sexual violence and rape stay largely unreported due to stigma and shame.

Even when girls grow up and get married, their nightmares continue. MSF's clinics hear these stories all the time. "My husband held me

down with his foot on my chest and I couldn't move. I tried to hold onto the bush knife to stop him and the tip of the knife went into my eye.... I want the police to give me a family protection order. Then I can leave with my 5-year-old daughter."

Despite all odds, Aoife Ni Mhurchu, an MSF nurse, highlights the resilient side of these traumatized women. "You can really see a sisterhood between the women in the ward, even if they don't know each other, or they're from different kin networks. They look after each other very well. They come in here having been beaten and raped. Still, you can see them grinning, chatting away after a while. They're very resilient women."

MSF's medical and humanitarian action has focused on women and their children, helping them get the healthcare they need. Apart from assisting victims of family and sexual violence and treating sick women and children, MSF also provides maternal services in many places to help women deliver safely.

## 全球工作

## Worldwide Work

## 敘利亞：醫療設施被炸 平民成炮灰

## SYRIA: MEDICAL FACILITIES AND CIVILIANS TARGETED IN ATTACKS

無國界醫生報告指出，去年組織在敘利亞支援的醫療設施當中，有63所共遭到94次襲擊，而設施接收的傷者中，婦孺多達四成。組織呼籲參戰各方，特別是4個聯合國安理會的常任理事國，確保醫療設施及平民免受襲擊。

An MSF report shows that 94 attacks hit 63 MSF-supported facilities in Syria in 2015. 40 percent of the many thousands of casualties received in those facilities were women and children. MSF urges all warring parties, particularly the four permanent members of the United Nations Security Council, to ensure medical facilities and civilians are spared in attacks.

## 希臘：在中轉站協助難民

## GREECE: LOOKING AFTER REFUGEES IN TRANSIT



儘管冬季已經到來，但今年以來已有逾9.4萬人鋌而走險，乘搭簡陋的小船渡海前往希臘島嶼。無國界醫生正在幾個中轉中心工作，為有需要人士提供急救、飲用水、高能量餅乾和毛毯等。

Despite the arrival of winter, more than 94,000 people have risked their lives to reach Greek islands in unseaworthy boats since this year. MSF is working in several transit centres to provide emergency first aid, water, high-energy biscuits and blankets to those in need.

## 蘇丹：北達爾富爾爆衝突 流離失所者眾

## SUDAN: THOUSANDS FLED FIGHTING IN NORTH DARFUR

約5.8萬人已因新一輪衝突而離開家園。他們徒步50公里到位於半沙漠地帶的營地，但由於氣候酷熱乾旱，人們只能掙扎求存。無國界醫生向流徙者提供飲用水、食物和醫療護理，並計劃為兒童接種麻疹和小兒麻痺疫苗。

Around 58,000 people have fled their homes because of new fighting in the area. They make a 50km trek to camps in the hot, dry semi-desert area and struggle to survive. MSF is providing water, food and medical care to the displaced, and planning to launch a vaccination campaign for measles and polio.

## 剛果民主共和國：治療營養不良和瘧疾

## DEMOCRATIC REPUBLIC OF CONGO: TREATING MALNUTRITION AND MALARIA



該國的麻疹疫情逐步減退，但營養不良和瘧疾繼續肆虐。無國界醫生在馬諾諾地區支援27間醫療中心，提供瘧疾診斷測試和治療，並在逾15個偏遠地區開設流動治療餵食中心。

As a measles epidemic gradually fades, malnutrition and malaria continue to rage across the country. MSF supports 27 health centres with medicines and diagnostic tests for malaria in the Manono region, and has opened ambulatory therapeutic feeding centres in more than fifteen other remote areas.



歸家無期  
NO HOPE OF  
RETURNING  
HOME ANY  
TIME SOON

3年前，武裝份子包圍了阿明娜的社區，把居民殺死，她與家人為保命而逃亡，其中一個女兒不久後病死。

Three years ago, armed groups surrounded Amina's neighbourhood and killed people. Amina fled with her family for safety. One of her daughters then died following an illness. © Luca Sola

自2015年9月族群衝突爆發之後，中非共和國大部分平民都惶恐不安，擔心會演變成全面的衝突。持續惡化的形勢，亦使45萬名國內流離失所者和差不多相同數量、已逃往鄰國的難民，回家的希望破滅。

在首都班吉，超過3萬人在過度擁擠且衛生狀況不佳的臨時營地、學校和教堂裡避難。無國界醫生在班吉和附近營地開設流動診所，並管理醫院和產科診所，又在穆斯林聚集區域的中央清真寺，每周提供一次醫療護理。

呂西安娜在無國界醫生的醫院為生病的女兒預約門診。兩年前，她的4名鄰居在衝突中被殺，她逃離家園，自此和家人一同在營地尋求安全。她說：「營地的生活太艱難了，不安全、骯髒，而且到處都是蒼蠅。」

無國界醫生項目統籌助理巴厘在過去兩年目睹了情況如何一步步惡化：「與社區裡虐待、殺戮和搶劫相比，他們在營地裡更安全，但生活環境太惡劣。除非安全狀況改善，否則他們只能一直住在營地裡。」

無國界醫生目前有超過300名國際員工和2000多名本地員工在該國15個地區工作，並在周邊國家為中非共和國難民提供援助。

Renewed outbreaks of inter-communal violence since September 2015 are keeping the population in the Central African Republic (CAR) on edge, with many fearing a flare-up of full conflict. The worsening security situation has also crushed hopes for the 450,000 internally displaced people - and a similar number of refugees who have fled to neighbouring countries - of returning home in the near future.

In the capital Bangui, over 30,000 people have taken refuge in overcrowded, unsanitary makeshift camps across town, or in churches and schools. MSF is running mobile clinics, a hospital and a maternity clinic in camps in and around Bangui. The team also provides medical care once a week at the central mosque in a Muslim enclave.

Lucienne help her sick daughter make an appointment at the MSF hospital in the camp. She fled her home two years ago when four of her neighbours were killed during an outbreak of violence. Since then, she has been seeking safety in a camp together with her family. "Life is too difficult in the camp. It's unsafe, dirty and the flies are everywhere" she says.

Reims Pali, Assistant Field Coordinator for MSF, has witnessed the situation deteriorate in the last two years. "In comparison to the abuses, killings and robberies in their neighborhoods, they feel relatively safe here. But the living conditions in the sites are very difficult. Unless the security situation gets better, they will have to stay here in these camps."

MSF now has over 300 international and more than 2,000 Central African staff deployed in the country. The organisation runs activities in 15 locations and provides assistance to Central African refugees in neighbouring countries.





1/

儘管居住環境惡劣，人們為求安全，在晚上仍情願留在營地裡。

Despite poor living conditions, people still prefer to stay in the camps at night for safety © *Luca Sola*

3/

在班吉營地的無國界醫生醫院等待接受治療的病人。

Patients are waiting for treatment at an MSF hospital in a camp in Bangui. © *Luca Sola*

2/

在首都班吉的一個流離失所者營地，居民住在簡陋細小的帳篷裡。

In a displaced persons camp at the capital Bangui, people are living in small and shabby tents. © *Luca Sola*

4/

一名嬰兒在班吉的無國界醫生醫院磅重。無國界醫生正在班吉和周邊地區的營地提供免費和具質素的醫療護理。

A baby is weighed in an MSF hospital in Bangui. MSF is providing free quality care at camps in and around the city. © *Luca Sola*

5/

一名病人在班吉的無國界醫生診所領取藥物。大部分人患上瘧疾、呼吸道感染和腹瀉等疾病，均與營地的居住環境有關。

A patient receives medication at an MSF clinic. Most patients suffer from malaria, respiratory infections and diarrhea because of the deplorable conditions in the camp. © *Luca Sola*

7/

一名男子被人毆打受傷後，被送到無國界醫生在班吉的醫院接受診治。在中非共和國，暴力事件十分普遍。

A man is brought to the MSF hospital in Bangui after being tied up and beaten. Violence is not uncommon in the country. © *Luca Sola*

6/

照片上的年輕人名叫阿穆薩，去世時年僅23歲。由於沒有工作，阿穆薩的母親阿麗瑪和她丈夫只能依靠營地裡其他人的幫助維持生計。

The picture is of Amousa, who was 23 years old when he died. His mother, Alima, is trying to cope by relying on other people in the camp, as she and her husband are unemployed. © *Luca Sola*

8/

埃特娜的家被武裝分子襲擊，她之後逃到營地來居住，靠在路上賣蛋糕為生。她說：「我們和孩子不夠食物，一天只能吃到一餐。」

Ethna's home was attacked by armed men so she fled to take refuge in the camp. She is making a living by selling cakes in the street. "We only have enough food for ourselves and our children for one meal a day." © *Luca Sola*



## 救援實錄 Frontline Sharing

抱著當地市場食品供應商兩歲的女兒，魏釗華想起自己同齡的女兒。

Holding the two-year-old daughter of the food supplier in local market, Ray thought of his daughter at the same age.

*Photo source: Ray Wei*



## 暴力山林 IN THE WOODED MOUNTAIN OF VIOLENCE

這裡是塔里，巴布亞新幾內亞南高地省的偏遠山區。空氣絕佳，天空湛藍，雲朵起伏，與高山相映成迷人的風景畫。然而，2009年無國界醫生在這裡開設項目以前，這裡的醫院已經多年沒有醫生——沒人願意在這樣一個偏遠又暴力的地區久留。我們開設的兩個項目都與暴力有關——治療創傷的外科手術項目，以及為家庭暴力和性暴力的受害者服務的家庭支援項目。

作為後勤人員，我的工作之一是在緊急狀況下支持手術室的後勤供應。

去年9月的一個午夜，睡得正香的我被守衛喚醒。一名槍傷病人被送進醫院。我和來自印度的外科醫生巴維娜立即趕往手術室，很快看到一名頭部中槍、滿臉是血、腦殼裂開的年輕人。雖然這裡暴力受傷的病人很常見，但親眼看見巴維娜將手伸到病人的頭上嘗試定位子彈時的那一幕，還是讓我感到震撼。她無法取出子彈，因為它位置太深，強行取出反倒會造成更大的傷害。花了兩三個小時處理傷口，我們回到住處時已是凌晨時分。

第二天早餐時，我問巴維娜病人是

否能活過來，巴維娜搖頭，不說話。但我們都沒有放棄，這個在部落衝突時被誤傷的19歲小伙子也成了每天吃飯時的必談話題。兩周後，奇跡出現了，一直半昏迷的他醒了！他還能說一些簡單的句子！一個月的康復訓練後，他能下床走上20米！出院那天，他送給巴維娜一封手寫的感謝信，我們都開心地跟他合照。

在塔里的9個月裡，緊急狀況不斷發生。一個周六早晨，我和幾位隊友約好到附近的河邊散步，來自西班牙的護士莎拉還提醒我們要準時。但當我們如約抵達，卻不見莎拉——出發前5分鐘，一位手臂被砍傷的病人被送進手術室，莎拉要治理他，直到下午4點才從手術室回來享用「午餐」。

作為山區僅有的醫療提供者，我們會收到各式各樣、危險程度不同的病人。雖然不是每次都能起死回生，但隊伍裡人人都拼盡全力，為病人爭取生存機會，總讓我心生感動。

**魏釗華是無國界醫生來自廣州的救援人員，於2015年5月至2016年1月期間在巴布亞新幾內亞參與救援任務。**



Tari is located in the remote Southern Highlands Province of Papua New Guinea. With clean air, blue sky, wavy clouds and mountains, it looks like a perfect, fantasy landscape. But the hospital here had no doctors for many years before MSF arrived in 2009 as no one would work in such a remote and unfortunately very violent place. MSF runs two programs related to violence – a surgical program dealing with wounds, and a Family Support Centre supporting victims of domestic and sexual violence.

As a logistician, part of my job was to support our operating room in emergencies.

One midnight in September, I was woken up by our guard after the arrival of a gun-shot patient. I went to the operating room immediately with our Indian surgeon Bhavna, and saw the young patient with his face covered in blood. His skull was fractured where a bullet had penetrated. Though I had seen many patients here before, I was still shocked when Bhavna tried to locate the bullet with her hand. It was deep inside the brain and she couldn't remove it because of the risk of more damage. After spending two

or three hours repairing the wound, it was early morning when we finally went back to rest.

I asked Bhavna during breakfast if the patient would survive. She shook her head without saying anything. But we didn't give up. We talked about this 19-year-old man who had been accidentally wounded in a tribal conflict, every day when we met for meals. Two weeks later, he miraculously woke up from his half coma. He could say simple sentences. After one month of rehabilitation, he could stand up and walk 20 metres! When he was discharged, he wrote Bhavna a thank you letter and took photos with us happily.

Emergencies happened often during my nine-month mission in Tari. One Saturday morning, my colleagues and I planned to walk along the river nearby. Our Spanish nurse Sara had reminded us to depart on time, but she failed to show up herself — she was treating a patient who had arrived at our hospital with a cut arm just five minutes before we had planned to start the walk. Sara only managed to leave the operating room for lunch at 4 that afternoon.

魏釗華與當地小孩合照。

Rey with children in PNG.

*Photo source: Ray Wei*

As the only healthcare provider here, we received patients with the whole range of critical, medical conditions. Not all those emergencies ended perfectly, but I was moved by the efforts everyone made to give our patients at least a chance to live.

**Ray Wei is an MSF field worker from Guangzhou. He worked in MSF's project in Papua New Guinea from May 2015 to January 2016.**

## 即食營養治療食品 READY-TO-USE THERAPEUTIC FOOD (RUTF)

下圖這個小男孩來自中非共和國，因武裝衝突而離開家鄉，成為難民。患有營養不良的他正食用的即食營養食品，是無國界醫生用來治療營養不良兒童的主要工具。

營養不良會削弱免疫系統，令兒童容易患上致命疾病，如瘧疾、肺炎和麻疹。此外，兒童的發育亦有可能受阻，並造成腦部受損。這些損害大多在兒童兩歲之前已造成。

即食營養治療食品由法國的醫療研究人員於1997年成功研發，無國界醫生在經過數次測試之後，開始以它作為治療營養不良兒童的主要方式。它可治癒高達90%沒有併發症的營養不良兒童。

即食營養治療食品有哪些好處呢？以往，國際糧食援助組織多以強化混合食物來治療營養不良的孩童，主要成分分是玉米糊，但它通常不包括營養不良兒童所需的所有營養，而五穀類和豆類的成份，也令孩童不易吸收其中的營養。

至於每包含有500卡路里（相當於6隻香蕉）的即食營養治療食品，不但可提供兒童成長必需的維他命、礦物質、脂肪和蛋白質，而且由於味道如同花生醬，深受兒童喜愛，母親餵食起來也很方便。即食營養治療食品可以即時使用，也能於熱帶地區儲存與運輸，更不需要烹煮或加溫水食用，減低受污染風險。

過去，婦女必須將兒童帶到營養治療中心，甚至必須住院過夜，才能讓兒童接受完整的營養不良治療，現在她們可以領取即食營養治療食品回家。在尼日爾，其中一位需要給孩子食用即食營養治療食品的母親就解釋說：「我寧願每星期帶孩子到治療中心一次，也不想他留院治療，因為我需要下田耕種，和照料家中的另外三個孩子。」

即食營養食品是價格低廉且具有效率的治療食品，價值港幣516元的即食營養食品可為13位兒童提供一周治療。



This little boy in the picture comes from the Central African Republic. He's a refugee from the fighting there and because he is suffering from malnutrition, he is consuming Ready-to-Use Therapeutic Food (RUTF), a major tool used by MSF to treat malnourished children.

Malnutrition weakens immune systems, opening the door for deadly illnesses like malaria, pneumonia and measles. Impaired growth and brain damage are possible. Most of the damage is done before a child reaches two years of age.

RUTF was invented by French medical researchers in 1997 and after several pilot tests, MSF started to use it as an essential tool to treat children during food crises. It can cure up to 90% of children with uncomplicated malnutrition.

What are the advantages of RUTF? International food aid used to rely on fortified blended foods to improve the quality of children's diets, mostly in the form of a corn-soy blend. But they rarely include all of the elements needed by a malnourished child, and the cereal and soy components make absorption of nutrients difficult for children.

RUTF, which carries 500 kcal (equal to six bananas) per pack, provides the essential vitamins, minerals, fat and proteins children need to survive and grow properly. Formulated in a peanut-milk paste that children find tasty and easy to eat, RUTF helps mothers provide nourishment for their children. The packs are instantly consumable, easy to store and transport even in hot or humid climates, and don't need to be cooked or prepared with warm water, thus eliminating the risk of contamination.

In the past, mothers needed to bring their children to therapeutic feeding centres or even have them hospitalized to receive complete nutritional therapy. Now RUTF can be handed out for home use. "I prefer to come here once a week rather than staying in a treatment centre," says one mother in Niger who has a child needing RUTF. "I have to take care of the fields and my other children - I have three other children at home."

RUTF is a low-cost and efficient kind of therapeutic food. For example, 13 children can be treated for a week at the cost of only HKD \$516.



即食營養治療食品  
對沒有併發症的營養不良兒童治療率

Cure rate of RUTF  
on children with  
uncomplicated  
malnutrition

90%



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Through our online "MSF Warehouse", you can now deliver various relief items including RUTF to the front line and help save more lives:

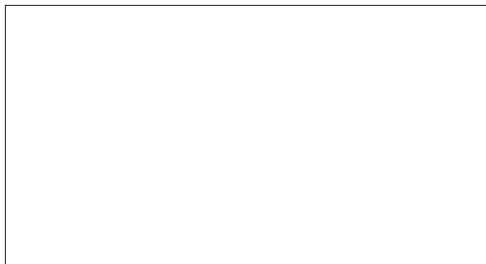
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"MSF Warehouse" is a donation platform based on the e-cart concept. The items you see on this site are the materials and supplies from actual MSF warehouse located around the world, with the largest in Bordeaux, France. MSF has a sophisticated logistics system that allows critical supplies stored at the warehouses to be sent to projects in Africa, Asia, Latin America and other parts of the world rapidly, as soon as they are needed.



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