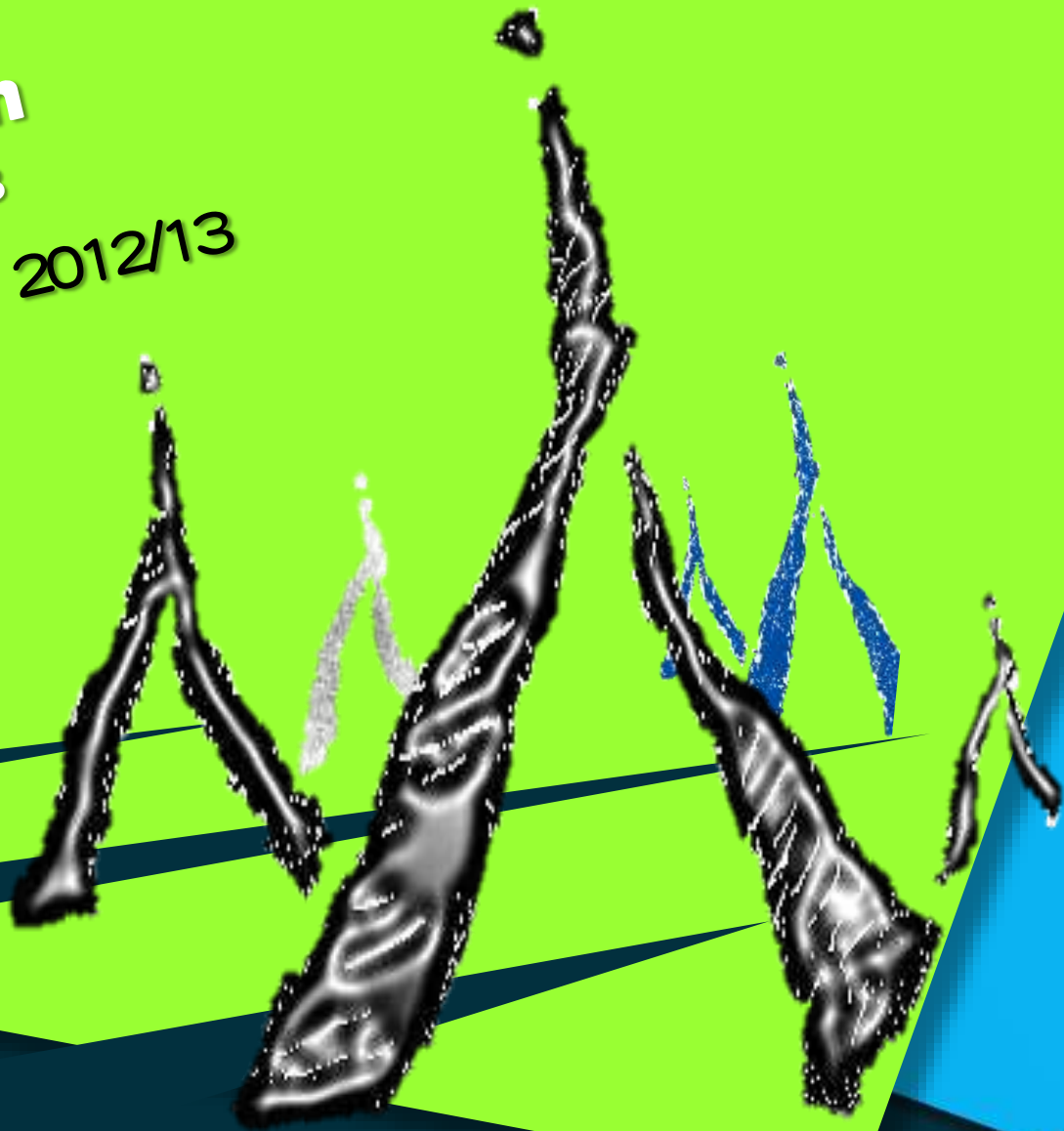


Health In Action

Activity Report 2012/13

醫護行者 · 活動報告 2012/13



Health In Action 醫護行者

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FOREWORD · 前言

Health In Action has been moving steadily in deploying her humanitarian health projects in Metro Manila in the past year. Working with slum population is not always easy due to the extremely complex politico-social environment, especially in an unfamiliar cultural setting. To work efficiently and responsively, integration with the local network and system is essential. During this one year, Health In Action further expanded her links with local stakeholders and established meaningful partnerships on site. We continued to reach our serving population through our team of locally recruited community health volunteers. Our experiences showed that passion, commitment and flexibility are the keys to the success of community health projects.

Health In Action has not overlooked the need in Hong Kong. Asylum seekers and refugees is a hidden group which is forgotten by the mainstream society and receives minimal support. The often extreme situations they escaped from and the stresses of a difficult life in Hong Kong render them vulnerable to many mental health issues. "Community Participation Programme" is a pilot project aiming to improve their mental well-being through social integration. The response was very positive and it has gained wide support from our working partners and other related NGOs.



Our success needs a devoted team and full support from all Hong Kong volunteers. The recognition of our work had lead us to expand our funding sources. Working for marginalized population is challenging as a good amount of advocacy and liaison works are needed to gain the necessary attention and acceptance from the society. We are willing to take on this challenge and will keep on bringing positive changes to our serving population through our dedicated health projects in the future.

過去一年，醫護行者在菲律賓馬尼拉及香港展開人道醫療工作。我們面對不少挑戰，包括如何在複雜的社會政治環境下的貧民區工作，如何喚醒社會關注被遺忘的尋求庇護者及難民等。

貧民區往往有著非常複雜的政治及社會背景，加上文化差異，在馬尼拉貧民區工作並不容易。然而，這令我們更加意會到與其他社區組織溝通的重要性，我們積極聯繫當地機構，作出整合以及建立夥伴關係，推行更多直接改善貧民區居民健康及生活的項目。另外，醫護行者社區健康大使的工作亦從不間斷，他們定期接觸居民，了解居民的健康需要。經驗告訴我們要在重重困難中實踐理念，熱忱、承擔及靈活性實不可或缺。

另一方面，醫護行者從來沒有漠視香港的人道問題，尤其在社區及個人健康方面。尋求庇護者及難民一直受主流社會忽視，缺乏社區支援加上窘迫生活釀成的壓力，令他們出現精神健康問題。醫護行者希望透過社區參與試驗計劃，讓他們參與社區服務，達致共融及改善精神健康。項目推行以來，參加者反應踴躍，不少相關機構亦非常支持。

一直以來，醫護行者團隊的投入及香港義工的支持是項目得以維持的關鍵。同時，我們的工作認受性與日俱增，這讓機構得以增加營運資金來源。在未來一年，我們需要面對另一挑戰——為社會被忽視人士發聲，教育大眾關注他們。我們期望透過醫療項目改善有需要人士的健康，並喚起社會接受及關注對這群邊緣化的人士。



Fan Ning 范寧
President of the Board
董事會主席

WHO WE ARE • 認識HIA

Health In Action (HIA) was founded in 2011 and registered as a non-profit organisation in Hong Kong in September 2012.

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，並於2012年9月在香港註冊為非牟利機構。

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

- ✓ Provide assistance to marginalized population to establish a life with dignity
通過人道主義重建被忽略人口的尊嚴

Mission 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
- ✓ To bring Change Momentum into Action in the Local Community 將求變的心轉變成動力，深植當地社區
- ✓ Promote Humanitarianism in Societies 在社會提倡人道主義

Core Values 核心價值

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

Sustainability 可持續
Accountability 承擔
Community Focus 社區為本
Humanitarianism 人道主義
Voluntary 志願

WE WORK HERE · HIA工作點

It is estimated that as of 2012,

- 37% of Metro Manila population (equivalent to over 4 million Filipinos) are living in slums
- The slum population grows in a rate of 8% annually
- 32% of the slum population lives with incomes less than US\$2 daily

The slum area consists of many marginalized families and individuals who are deprived of even the most basic human needs.

據估計，截至2012年，

- 37%的馬尼拉人口(即逾400萬菲律賓人)正生活在貧民區中
- 貧民區的人口以每年8%的速度增長
- 32%的貧民區居民僅以少於每日2美元的收入維持生計

在貧民區中，在邊緣掙扎求存的家庭和個人比比皆是，他們連人類基本所需也無法得到滿足。



✓ LOCATON 地點
Metro Manila 馬尼拉

- Sawata
- Virgo Drive
- Bangkulasi

✓ TARGET 對象
Urban Poor Community
城市貧窮戶



✓ LOCATON 地點
Hong Kong 香港

✓ TARGET 對象
Asylum Seeker and Refugee (ASR)
尋求庇護者及難民

Not known to many of us, Hong Kong lived about 6,000 Asylum Seekers and Refugees (ASRs), coming mostly from African and South Asian countries where severe political disruption and unrest are prevalent. The ASR is a group of marginalized and neglected population in Hong Kong. Mental health problems, like depression and anxiety, are common among the ASRs who have only limited access to help, if any.

不廣為人知的是，現時有大約6,000名尋求庇護者及難民在香港居住。他們大部份來自政局不穩的非洲及南亞國家。在香港，尋求庇護者及難民是被邊緣化及忽視的一群。他們當中有許多正飽受抑鬱、焦慮等精神問題的煎熬，而支援卻幾近全無。

KEY MILESTONES · 年度里程碑



Amid the challenges throughout HIA's start-up year in 2011/2012, a solid foundation was laid enabling us to take our work to the next level, and as well, extend our reach to a new spectrum. A number of key milestones have been achieved in the year 2012/2013:

- **Serving New Site**
- **Serving a New Community Group**
- **Extending Collaboration Networks**

This year, our health services in the slum communities in Metro Manila have extended to Bangkulasi, which is within the same neighbourhood of our other sites in Sawata and Virgo Drive. Bangkulasi sits by the riverside, and the once scenic beauty has become a place where 120 households strive to fulfil the very basic human needs.

In parallel, a new stream of work has also started in Hong Kong for a phantom group invisible to the eyes of the local majority – Asylum Seeker and Refugee (ASR). HIA piloted the Community Participation Programme (CPP) in October, 2012. Through CPP, HIA hopes to improve the mental state of this neglected group and restore their dignity.

We are able to go beyond our limit by extending our collaboration networks and ignite the power of synergy. This

year, HIA has further extended our partnership with a number of local and international organisations; and promoted humanitarianism in the areas.

醫護行者在2011至2012年度成立初期面對不少的挑戰；但我們同時漸漸奠定穩固的基礎。於過去一年，醫護行者將工作推進至另一階段，並把工作範疇擴展至新領域。以下是2012至2013年度的里程碑：

- **健康服務延伸至新地區**
- **服務新的社群**
- **拓展合作夥伴網絡**

今年，我們在馬尼拉貧民區的健康服務拓展至Sawata和Virgo Drive毗鄰的Bangkulasi。Bangkulasi位處河畔，但昔日的美景現已是120個家庭掙扎求存的地方，為的只是解決基本生存所需。

同時，醫護行者亦在香港開展一項新工作，服務對象為本地遭受忽略的一群 --- 難民及尋求庇護人仕。於2012年10月，醫護行者試行社區參與計劃。透過該計劃，醫護行者希望改善這個被忽視群體的精神狀態，讓他們重拾尊嚴。

我們透過與不同機構合作，突破自身的局限，達至協同效應。今年，醫護行者進一步拓展我們的合作夥伴網絡，與多間本地及國際組織合作，推廣人道主義。

ACTIONS 2012/ 13 · 行動一覽



Medical Service & Health Programme
醫療服務及健康項目



Metro Manila
馬尼拉



Living Condition Improvement
改善生活環境



Disaster Preparedness & Relief
災難防備及災後救援



Community Participation Programme
社區參與計劃



Hong Kong 香港



Medical Service & Health Programme
醫療服務及健康項目

Household Survey and Tuberculosis(TB) Assessment 住戶調查及肺結核病評估

Before HIA decides to work for a new site, it is our standard practice to conduct baseline surveys and assessments among the local households. The data collected reveals a holistic health profile of the community and hence helps to determine the focus of our effort. We have been following this same approach when the Bangkulasi site was set up. At the same time, regular household surveys are carried out in Sawata and Virgo Drive, helping us to understand the changing needs and evaluate our work performance.

Seeing that Tuberculosis (TB) poses a serious health risk to the slum community, HIA has been collecting TB statistics in Bangkulasi since early 2013. The data is used to assess the health condition of the locals and to evaluate the feasibility of running a TB Directly Observed Treatment –Short Course (DOTS) programme next year. DOTS is a TB control strategy recommended by WHO, and will be HIA's work focus in 2013-2014.

每當醫護行者決定在該區展開工作前，會向當地住戶進行普及調查及評估。調查所收集的數據，有助我們了解社區的當地居民健康狀況的全貌，制訂適切的健康項目。在建立Bangkulasi 工作點時，我們亦先展開全面評估。與此同時，我們在Sawata和Virgo Drive亦進行定期住戶調查，好讓我們掌握當地不斷變化的需要，以及我們工作的成效。

有見結核病在貧民區有一定的威脅，醫護行者於2013年初開始收集Bangkulais結核病的數據，用作評估居民的健康狀況及研究「直接督導下的短程化療」(DOTS)項目的可行性。DOTS 是世界衛生組織倡導的結核病控制方法。有關項目將成為醫護行者2013至2014工作重點之一。





Child Health (IMCI) 兒童健康

- Visual acuity screening was arranged for about 117 children in Virgo Drive with follow-up consultations.
- Mothers and care takers were taught to monitor the growth of children and identify signs of malnutrition or pediatric diseases.

Notable achievement was made last year in child health by increasing overall vaccination coverage, routine growth monitoring of children under five, organising visual acuity and deworming. Besides, we educate the parents and care takers by promoting good nutrition, and handling common childhood illnesses.

In 2012-2013, 117 children under five benefit from our Integrated Management of Childhood Illness (IMCI) programme, making a healthy childhood possible.

- Malnutrition children were arranged to visit the mobile clinic for assessment. Among the 56 cases assessed, three required further follow-up.
- Deworming tablets were given to care takers of 43 children aged two years old or below in Sawata, through the coordination of a local health center.



過去一年，醫護行者致力改善區內兒童健康。我們一方面增加區內兒童的整體疫苗接種率，並且定期監測五歲以下兒童的生長情況，亦為他們安排杜蟲及視力檢查。另一方面，我們亦積極向父母推廣高營養膳食，及教導他們如何處理兒童常見的疾病。

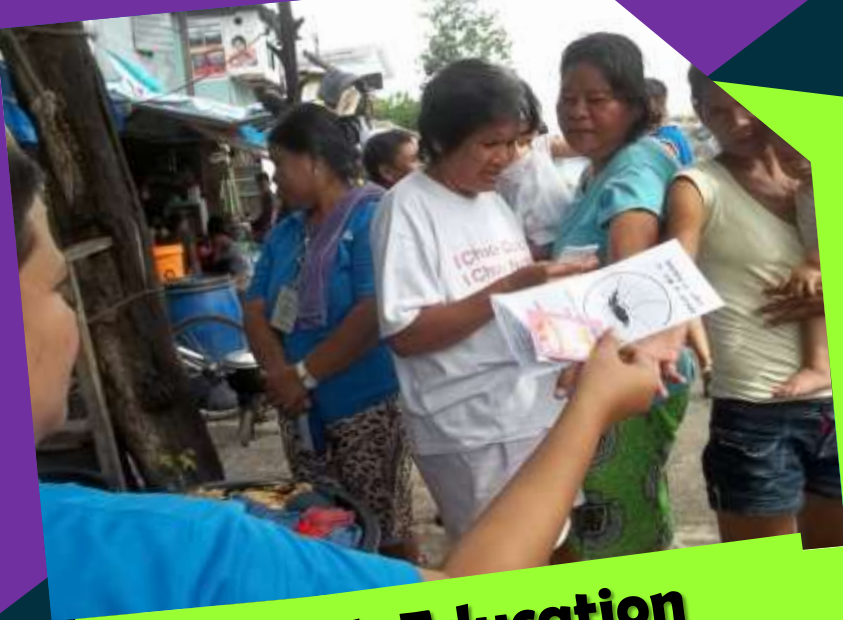
於2012至2013年，有117名五歲以下的兒童參與我們的兒童疾病綜合管理項目(IMCI)，在社區健康大使的指導及協助下，健康情況得以改善。

- 安排區內56名營養不良的兒童到醫護行者流動診所接受評估，並為其中三位安排跟進治療
- 社區健康大使在Sawata 的健康中心協助下，向43名兩歲以下兒童的照顧者派發杜蟲藥片及加以講解
- 為Virgo Drive 的117名兒童安排視力檢查及跟進
- 教育母親及照顧幼兒者注意兒童的生長情況，以及早察覺營養不良或兒科疾病的徵狀



When the CHVs first met Ariel Osayan, he was a 3 year-old child bearing a belly so big that was obstructing even his own movement – a sight of serious worm infection. The child was borne to a family in extreme poverty, which could only afford to take shelter under the bridge. With much effort to persuade Ariel's family, our CHV was finally able to escort the child to a local clinic where he received deworming treatment. On his return after recovery, Ariel's family was provided with soaps, shampoo, etc to help improve their personal hygiene, together with milk and nutritious food.

當社區健康大使遇上Ariel Osayan時，他是一個三歲的小孩，肚子大得連走路也有困難---嚴重的寄生蟲感染症狀。孩子生於一個極度貧窮的家庭，僅可容身橋底。我們的社區健康大使經過一番努力說服Ariel的家人，把他帶到當地診所接受杜蟲治療。在Ariel康復返家時，社區健康大使不單為他們一家提供牛奶和營養食物，還給予肥皂、洗頭水等日用品以改善他們的個人衛生狀況。



Health Education 健康教育

預防勝於治療。醫護行者希望透過教育，提高貧民區居民的健康意識，並改善他們的健康狀況。過去一年，醫護行者舉辦的健康講座包括：

- 預防登革熱
- 頭蝨
- 鉤端螺旋體病毒
- 營養與膳食
- 餵哺母乳

考慮到貧民區人口的流動性，此類健康講座正定期進行，以讓新來戶亦有機會得到健康知識。

Prevention is better than cure. The health condition of the community can be improved if they have the knowledge to decide what is good for them. A number of health talks have been held by HIA to raise awareness and provide the people with basic health knowledge:

- Dengue
- Head lice
- Leptospirosis
- Nutrition and Diet
- Breastfeeding

Considering the mobility of the slum population, these talks are being held on a regular basis to ensure the newcomers also have the opportunity to receive the health knowledge.



HIA's Community Health Volunteer (CHV) team has invited around 200 people from Sawata and Virgo Drive to attend a number of eye screening and dental consultation sessions conducted by HIA and other organisations.

While the locals are struggling to simply fill their stomach, eye and dental check up is always a luxury. In the case of any eye or dental problems, they have no means of proper treatment but to simply live with the illnesses which deteriorate in time. With the collaboration of San Lorenzo Ruiz Parish and Tzu Chi Foundation, the service was brought to the reach of the locals.

As a result of the visual acuity screenings, cases of eye ailments like cataract, pterygium, squint were further referred to a related eye clinic in Metro Manila for proper follow-up. HIA provided the necessary transportation and escort service to the beneficiaries.

Eye and Dental Consultation 眼科及牙科診症



醫護行者的社區健康大使先後安排了近200位來自Sawata 及Virgo Drive 的居民接受我們和合作夥伴舉行的眼科及牙科檢查。

當本地人連基本生活所需都未能滿足之際，眼科及牙科檢查對他們來說都是奢侈。如不幸遇有視力或牙科問題，他們都沒有途徑接受正規治療，只有聽天由命，而病情往往隨時間惡化。我們有賴當地教會(San Lorenzo Ruiz Parish)及菲律賓慈濟基金會的共同合作，終於可以聯手讓更多有需要的人接受治療。

當地居民在接受連串視力檢查後，如發現患上較嚴重眼疾如白內障、翼狀胬肉或斜視等，則會轉介至專科診所作進一步詳細診治。醫護行者會為居民安排交通及提供陪診。

Mobile Clinic 流動診所

自從醫護行者於2011年8月在Tugatog公墓區的貧民社區設立首個流動診所以來，流動診所已成為醫護行者的持續項目。我們過定期於馬尼拉的Sawata 及Virgo Drive設置診所，服務不受公共醫療系統保障的社群。自2012年12月，服務已擴展到Bangkulasi。

由香港醫護人員組成的醫療團隊於去年為貧民區的居民提供了20次醫療服務，共800次診症。藉著流動診所及相關的健康教育，我們觀察到居民的健康狀況持續改善，我們亦正尋求與當地健康中心及其他非政府組織合作，提供其他方面的醫療服務。

Since the first mobile clinic was run for the slum community in Tugatog Public Cemetery in August 2011, the service has become an ongoing project of HIA. Mobile clinics were run on a regular basis in Sawata and Virgo Drive in Metro Manila, serving the marginalized community who fell into the gap of public medical system. Since December 2012, mobile clinic service has also extended to our new site in Bangkulasi.

Thanks to our medical volunteers, a total of 20 medical missions were deployed last year, with over 800 consultations made to the local community, who would otherwise have no access to any medical services. A gradual improvement in the health condition of the populations is observed. HIA seeks to further our collaboration with local health centres and NGOs to enhance the healthcare access for the people.





Living Condition Improvement
改善生活環境



Clean Sawata Campaign 清潔Sawata運動

However, the fast household turnover and the lack of belongingness to their living places mean continuous efforts to foster the change. To sustain the hygiene habits among the locals, HIA help provide cleaning materials like fish net, bamboos, etc, so that they can initiate regular cleaning themselves.

於2011至2012年，首次清潔Sawata運動為居民帶來了啟發，並團結了社區各人。

去年，醫護行者訪問了Sawata的住戶，訪問結果令人鼓舞。當地居民體會到衛生環境的重要性，及與健康的關係。居民正逐漸養成基本衛生習慣，例如洗手、適當地處置垃圾等。

儘管如此，居民的搬遷及欠缺對社區的歸屬感意味我們需要不斷的教育及鼓勵，才能令他們延續求變的動力。為了讓居民維持衛生習慣，醫護行者一直繼續供應清潔用品，例如：漁網、竹子等予居民自發進行定期清潔。

In 2011-2012, our first Clean Sawata Campaign has brought insights to the locals while gathering people from different communities together.

Last year, HIA conducted a survey to the Sawata household and the feedback is encouraging. The community realized the importance of a clean living environment, and the relation to their well-being. Hence, hygiene habits such as hand washing and appropriate garbage disposal begin to develop among the community.





Disaster Preparedness & Relief
災難防備及災後救援



In August 2012, a significant number of cities in Metro Manila were put under the state of calamity due to continuous torrential rain. The low-lying Navotas region where our service sites located was no exception.

To help the 240 flood affected families in Sawata and Virgo Drive, HIA has joined the local Red Cross (Caloocan- Navotas chapter) with disaster relief. We also lined up with the San Lorenzo Ruiz Parish, to speed up evacuation and relief material distribution.

2012年8月，由於連場暴雨，馬尼拉多個地區處於災難狀態，而醫護行者工作的Navotas正處於低窪地區，因此亦不能幸免。

為協助Sawata 及Virgo Drive 當地240個受水災影響的家庭，醫護行者參與了當地紅十字會Caloocan-Navotas分會的救災工作。我們亦與當地教會San Lorenzo Ruiz Parish合作，加快疏散災民及把食物和救災物資分發給他們。

Relief Material Distribution 分配救援物資

HIA organised workshops to raise the awareness of disaster preparedness among the locals. With the facilitation of HIA's professional volunteers, the community formed plans on preparedness and evacuation for future disasters.

醫護行者為當地居民舉行工作坊以提高防災意識。在醫護行者專業義工的引導下，社區居民就未來的災害建立一套防災計劃，包括防備及撤離災區。

Disaster Preparedness 防備災害





Community Participation Programme

社區參與計劃

Community Participation Programme

社區參與計劃

Asylum Seekers and Refugees (ASRs) are a group of marginalized and neglected population in Hong Kong. Most of them has endured trauma while being through the political unrest or inhumane condition in their homeland. Besides, their stress accumulates through their long wait for refugee status recognition.

In December 2012, HIA piloted a health project for the ASRs. This was the start of the Community Participation Programme, aiming to

- Improve the psychological well-being of ASR through community participation
- Help contribute the skills and talents of ASR to serve the local people in need
- Promote social inclusion of ASR to the local communities

As of April 2013, a total of 36 ASR members have participated in 198 service opportunities with 760 service hours. They provided services for clients from five local organizations.

Feedback from clients and the organizations was encouraging. The ASR participants also expressed that community participation could improve their psychological well-being and make their lives more positive. In our



evaluation workshop attended by 12 participants, over half found the programme “very helpful” that they have a more positive attitude facing the future.

在香港，難民及尋求庇護者(ASR)是被邊緣化及忽視的一群。他們大部份都在家鄉的政治動蕩及不人道狀況中，經歷過創傷。此外，在難民身份被確認的漫長等待中，他們的壓力亦不斷累積。

在2012年12月，醫護行者試行社區參與計劃。這就是社區參與計劃的開始，目的是要：

- 透過社區參與改善尋求庇護者及難民的生活
- 協助尋求庇護者及難民發揮他們的技能及天賦服務本地有需要人士
- 向本地社區推廣尋求庇護者及難民的社會共融

迄至2013年4月，我們先後有36位成員在198項服務中，為五間本地機構提供共760個服務時數。

機構和受惠群眾的回饋都是令人鼓舞的。參與的ASR亦指社區服務令他們的生活更正面。出席反饋會的12位參與者中，逾半認為項目「非常有幫助」，讓他們以一個更正面的態度面對未來。

As our first project of this kind in Hong Kong, we have gone through different challenges:

Reconnecting - ASRs and community

Effort to reconnect the ASRs and the community is significant. Being a prolonged hidden group, the ASRs need time to get adapted to the social interaction with the locals. Since most of the ASR members do not have experience in providing social services, and not familiar with different event venues in Hong Kong, intensive coaching to the group was required by HIA volunteers. In parallel, advocacy effort is also needed to re-introduced the forgotten group of ASR to the locals.

Matching - service opportunities and skills

Finding service opportunities and conducting skill match are also challenging. Since the skillsets among members vary. Those with special skills in, for examples, African music or regional cuisine usually receive more service opportunities than those with relatively generic skills. It requires proper planning and coordination to maintain a fair chance for every member.

This programme will continue into 2013-2014, and we seek to overcome more challenges.

這是醫護行者在香港推行的首個尋求庇護者及難民項目，過程中我們遇上不少挑戰：

重新聯繫 - 尋求庇護者及難民與社區

將尋求庇護者及難民聯繫至社區是一項艱巨的工作。由於長期隱閉，尋求庇護者及難民需要時間適應與本地社區互動。由於他們大部份都不曾參與社會服務，亦不熟悉香港的活動地點，因此醫護行者的義工需要更仔細地從旁協助。同時，我們亦需要進行倡導，向本地人再介紹這被遺忘的一群。

配對 - 服務機會和技能

尋找服務機會和進行技能配對都是充滿挑戰性的。成員的技能因人而異。相對於擁有一般技能的成員，那些有著較特別的技能，如香港人較少接觸的非洲音樂或地區菜餚烹飪的，通常會得到更多服務機會。我們需要妥善計劃及統籌去讓各會員都有同等機會。

我們將在2013-2014活動年度繼續此項目，並尋求跨越更多挑戰。

Samim, 24,
Male, Sri Lanka 男性，來自斯里蘭卡
"We are mentally dead, because we
can't work, we can't have education,
but we have ambitions, we have dreams
and we have different talents and skills,
but we are in a trap, like being in jail!"
「精神上，我們已死，因為我們不能工作，不
能接受教育；但我們有野心、有夢想、有各樣
技能...然而，我們被困，就像在牢獄之中。」

HIA PEOPLE · 醫護行者

People are the sowers of change. Thanks to our dedicated team, modest steps are taken to realize HIA's vision together.

散播變更的種子，皆由人出發。感謝致力貢獻醫護行者的同路人，共同朝願景邁進。

Community Health Volunteer (CHV) 社區健康大使

HIA believes that real and lasting changes cannot be elicited solely from external, but to be intuited as part of the local community. At HIA's start-up in 2011, a Community Health Volunteer (CHV) team was formed by recruiting local members in Metro Manila. Since then, the team has been playing a crucial part to sustain HIA's programmes locally.

Training has been provided to equip the team with the knowledge required to perform their role. The CHVs were empowered to conduct regular household visits, case follow-up, health promotion and basic health services for over 450 households, consisting of about 2,000 individuals. They also take ownership to develop educational materials that fit well into their cultural context. The Manila team consists of eight members now – six CHVs, one Assistant Health Liaison Officer and one Health Liaison Officer – each making a difference in their community.

醫護行者相信真正及持久的轉變不能單靠外力，而需深植本土社區。於2011年，我們在馬尼拉組織了一群社區健康大使。從此，他們便擔當着一個重要角色，令健康項目得以維持。

醫護行者一直為社區健康大使提供培訓，提升技能。他們的主要工作是關注當地居民的健康狀況，因此，他們定期為超過450個家庭(即約2,000人)進行家訪、個案跟進、健康推廣，以及提供基本保健服務。同時，他們亦擔起製作教材的工作，將當地文化融入。

現時，馬尼拉團隊共有八位成員，包括六位社區健康大使、一位助理健康聯絡主任及一位健康聯絡主任，各自在地區中締造改變。

The Manila Team 馬尼拉團隊

- Milagros C. IBASCO
- Maria Lourdes S. CRUZ
- Vivian M. ANAS
- Maria Jesusa N. PADOLINA
- Mary Lou C. SIA
- Jesusa E. DIEGO
- Percy R. TAN
- Nelita O. DIZON



Working Team & Volunteers 工作小組及義工

While the CHVs provide on-site support by leveraging their local culture competency, HIA's working team and volunteers bring in expertise in project management, medical and public health. Currently, HIA has a pool of over 30 professional volunteers who provides support to HIA programmes on a regular basis.

社區健康大使運用他們的本地智慧在當地直接服務，而醫護行者的工作小組及義工則運用他們的專業知識在項目管理、醫療及公共健康方面提供協助。現時，醫護行者有逾三十名專業義工，他們不時為我們的地區項目提供意見。

- 30+ Professional Volunteers 三十多位專業義工
- Project Coordinator 項目統籌: Carol WONG
- Hong Kong Project Planner (Freelance) 香港項目計劃: Eva LAM
- Administrative Officer (Part-time) 行政主任: Ivan CHUNG

Management Team & Board of Directors 管理團隊及董事會

In parallel, our management team and board of directors are providing support to HIA's work in the backend. 同時，我們的管理團隊及董事會亦在幕後支持醫護行者的工作。

President 主席

FAN, Ning

Vice President 副主席

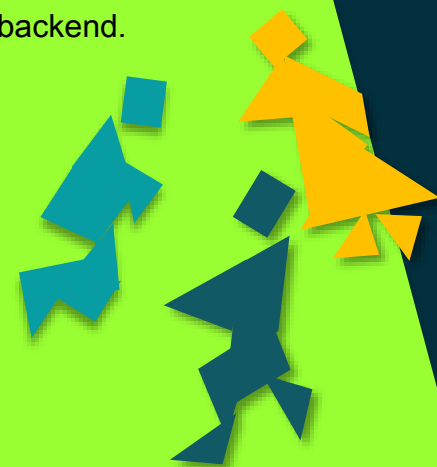
CHUN, Kok Wai

Honorary Consultant 榮譽顧問

Mr SHIH, Wing Ching

Board of Directors 董事會成員

- CHAN, Yung Wai, Desmond
- CHING, Tak Kwan, Joyce
- HO, Po Ki, Polly
- HO, Po Shan
- LAU, Wing See, Bea
- YIU, Miu Fan, Esther



▶ NOTES OF THANKS • 鳴謝

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- Rev. Fr. Patricio P. Hiwatig, OP
- Rev. Fr. Hilario Q. Singian Jr., OP
- Association for Engineering and Medical Volunteer Services 工程及醫療義務工作協會
- HKSKH Lady MacLehose Centre Services for Ethnic Minorities 香港聖公會麥理浩夫人中心少數族裔服務
- Hong Kong Red Cross 香港紅十字會
- Philippine Red Cross 菲律賓紅十字會
- San Lorenzo Ruiz Parish
- The Rock Foundation 磐石協會
- The Vine Church
- Tzu Chi Foundation Philippines 慈濟基金會菲律賓分會
- Vision First
- 長者老友記



Lastly, thanks very much for all volunteers who have contributed their time and efforts to HIA's works in Manila and Hong Kong!

最後，感謝各位曾為醫護行者在馬尼拉和香港工作貢獻時間精力的義工們！