



The **Art**
of **Volunteering**
Annual Report
2013



COVER RATIONALE

Our pool of volunteers comes from every colour, race and creed. Because there really shouldn't be a checklist for those who come forward with open hearts, seeking to give the little of themselves which will make a big difference to someone else.

The call to serve overrides every barrier, which is why MERCY Malaysia prides ourselves on being a medical relief society whose volunteers come from every walk of life, united in the belief that they are making a difference in the world.

MERCY Malaysia appreciates the dedication and continual support of our volunteers in our work. The commitment of volunteers to our missions in Malaysia and internationally have successfully improved the quality of life for our beneficiaries, proving that the willingness of our volunteers to selflessly give to those in need is an art form they have perfected.

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GET INVOLVED!

Message from the Chairman of the Board of Trustees



"Last year was yet another tough year for both the volunteers and the secretariat of MERCY Malaysia, as we were challenged by both natural disasters and human conflicts."

TAN SRI DATO' AJIT SINGH

Chairman of the Board of Trustees

This year marks my fifth year as Chairman of MERCY Malaysia's Board of Trustees. Far from being detached from the daily operations and challenges facing the organisation, the Board has worked closely with the executive and the management of this estimable humanitarian organisation to uphold and enhance the positive it continues to enjoy world-wide.

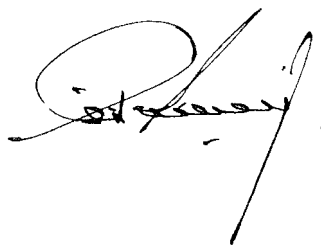
Last year was yet another tough year for both the volunteers and the secretariat of MERCY Malaysia, as we were challenged by both natural disasters and human conflicts.

The Philippines witnessed the full fury of mother nature during the earthquake in Bohol and Typhoon Haiyan. MERCY Malaysia was there in next to no time delivering timely medical and health assistance. Malaysia, too, was not spared and MERCY Malaysia had to rush emergency and medical assistance to the flood-hit East Coast.

A more sad and tragic situation faced is during political upheavals when civilian casualties and lives are lost or threatened on such a large scale that the world can no longer be seen to be a helpless bystander. In these very dangerous and difficult circumstances, MERCY Malaysia has a track record of holding its own within the ranks of international aid organisations of bringing hope and relief to the hapless victims. Our work in the Syrian crisis is a good example of this. In this connection, the Board commends all volunteers who braved possible danger and harm to bring assistance, support and comfort to those who needed it most.

It is always a source of pride when MERCY Malaysia, its staff and volunteers get recognition for their efforts. Hence we felt greatly honoured at being the recipient of the Prime Minister's Innovation Award 2013 for best leading non-government organisation amongst 61 agencies in Malaysia. We are truly humbled by this Award and it will certainly inspire all of us in the organisation to strive harder and make more improvements particularly in such areas as service, management systems and infrastructure.

I would be remiss if I did not say that we share the honour equally with all our donors, corporations, organisations and well-wishers whose generosity and support continues to enable MERCY Malaysia to carry its tasks so effectively.



Message from the President



“These challenges and achievements signify the growing stature of the organisation and the higher level at which it is now operating. The challenges and achievement also mean increased responsibilities and higher expectations of everyone involved in the organisation.”

DATO' DR. AHMAD FAIZAL MOHD. PERDAUS
President

Assalamualaikum warahmatullahi wabarakatuh,

Greetings to members, volunteers, partners and friends of MERCY Malaysia,

May the peace and blessings of The Almighty be upon all.

Indeed the year 2013 saw many challenges and at the same time great achievements for MERCY Malaysia. These challenges and achievements signify the growing stature of the organisation and the higher level at which it is now operating. The challenges and achievement also mean increased responsibilities and higher expectations of everyone involved in the organisation.

In 2013, MERCY Malaysia continued to grow both as an organisation as well as an international humanitarian relief agency. MERCY Malaysia was awarded the Prime Minister's Innovation Award 2013 for our Total Disaster Risk Management (TDRM) approach in managing our response to emergencies and disasters. We are the first NGO to obtain this prestigious award. There were over 100 candidates vying for this award, which was granted to MERCY Malaysia in view of our ability to apply disaster risk management to all phases of the disaster management cycle, while also taking a holistic approach to the deployment of volunteers in our operations. This award is recognition of MERCY Malaysia's excellence as well as its ability to innovate processes and methods to optimise positive impact onto the communities we assist despite relatively limited resources.

Earlier in the year, we were also awarded the Better Malaysia Foundation Personality of the Year Award 2013 by Berjaya Corporation. This award was also significant as it reflected the high level of confidence that the private sector and our private and corporate donors have towards MERCY Malaysia. It is testimony to

the hard work that has gone into making our projects in the field the success that they are as well as the partnerships we have built with our partners over the years.

We continued to share our experience from over 14 years in the field of medical relief and humanitarian work via the International Humanitarian Conference 2013, the third such conference which we've organised on a biennial basis since 2009. Held at the Swan Convention Centre in Sunway Medical Centre, our theme was "Sustaining Humanitarian Efforts Over the Long Haul." It touched specifically on the role of Asian humanitarian non-governmental organisations and civil society organisations in the creation of a 'Southern' humanitarian movement, while simultaneously enhancing greater partnerships with established international humanitarian players and sharing knowledge and information on sustainable humanitarian efforts which would otherwise only be shared in conferences held in the developed world.

We were one of the first responders to the Bohol earthquake in the Philippines in October, and aided by providing primary medical care to the affected communities. When Typhoon Haiyan ravaged the central island of Leyte, Philippines, MERCY Malaysia responded promptly and successfully deployed our Emergency Response Unit (ERU) as an entity for the first time, another major milestone for the organisation. We continued to work especially in Ormoc throughout the emergency and early recovery phases, bringing much needed medical and humanitarian aid to thousands of beneficiaries.

We are now in the second phase of Total Disaster Risk Management (TDRM) in our Typhoon Haiyan response, with the focus being on rehabilitation and the reconstruction of two hospitals and two schools. The Ormoc District Hospital and Leyte Provincial Hospital were both handed over in March 2014. We

Message from the President

employed and trained local nurses as part of capacity building for the Ormoc District Hospital. Work continues to be ongoing at Nasunogan and Balion Elementary Schools. Our work continues for community resilience through our psycho-social training and also in disaster risk reduction programmes in Ormoc and its surrounding communities, thus going into preparedness earlier than would be done traditionally. A special mention goes to The Sun newspaper for successfully partnering us in raising funds for the Haiyan response.

The floods which hit Malaysia's east coast following the Typhoon Haiyan disaster a month later challenged MERCY Malaysia on our relief operational strength, fund-raising efforts as well as our overall management. The organisation was challenged to successfully run two major emergency relief operations at the same time. It was a test of our capacity as well as mental and emotional strength. We had tremendous support from our partners, donors and supporters as well as unyielding efforts from our staff and volunteers throughout the relief operations for the floods in Kemaman, Terengganu and Kuantan, Pahang. The deployment for both the Haiyan Typhoon and East Coast Flood responses saw our biggest deployment of volunteers since 2005.

2013 also saw MERCY Malaysia enter into a renewed Memorandum of Understanding (MOU) with UMW with whom we had collaborated since 2008 and a new partnership with Pfizer Malaysia. These collaborations are used to support sustainable health-related awareness programmes by improving healthcare literacy within the remote areas of Sabah and Sarawak plus indigenous communities of the Belum forest. Some of the funds will also be used to conduct disaster risk reduction programmes for school children throughout Malaysia for a year. These are important as they signify our continued commitment to local and domestic programs in Malaysia.

Also closer to home, MERCY Malaysia also provided assistance during the conflict in Lahad Datu, Sabah earlier in the year, where we provided support and enhanced the capacity of the local rural health clinic located at Pusat Kesihatan Felda Sahabat while adhering strictly to humanitarian principles in the course of our actions.

However, MERCY Malaysia also faced challenges which came with its success and stature. We continued to work in the difficult situation in Rakhine in 2013 and remain one of the very few international NGOs allowed to work in the region. We continued to support our programs in Afghanistan and Somalia despite funding challenges. We have ended our operations in Darfur, Sudan after nine fulfilling years. We continue to this day to work in the Syrian theatre of operations which is still the biggest and most complex humanitarian crisis globally. We have also been asked by partners and beneficiaries to be more active and vocal in humanitarian advocacy, something which we will have to step up to in the years to come.

Our work and relief efforts could not have been possible without the many selfless people and groups who undertook to fundraise for MERCY Malaysia. The different emergencies in Syria, the Philippines and the local floods all evoked great compassion and an outpouring of support and sympathy. The generosity which came out of this solidarity certainly helped repair bodies, livelihoods and communities.

It is therefore of utmost importance for me to thank all the supporters, donors, volunteers and other parties who have continuously supported MERCY Malaysia throughout 2013 and beyond. Even beset with more challenging economic times, it is heartening to see how compassion and empathy can move people from all walks of life and levels of society to do what they can, and give what they have to those who have lost so much.

It is my hope that the spirit of openness and generosity will carry on beyond 2013 so that we too may continue to serve those who need us the most.

May we all continue to live well and give generously.

Thank you



Message from the Executive Director



“In 2013, we have begun to build a larger pool of trained volunteers who are deployable locally as well as internationally. We are eternally grateful to our volunteers who have given their full commitment, sacrificed their time, safety and security to volunteer for MERCY Malaysia”

AHMAD FAEZAL BIN MOHAMED

Executive Director

Each year has its own challenges and achievements and the year 2013 was no different. MERCY Malaysia responded to two major disasters, locally in Terengganu and Pahang due to the floods and internationally in the Philippines due to the Super Typhoon Haiyan. Apart from responding to the two major disasters, MERCY Malaysia continued its medical related, psychosocial, water sanitation and hygiene, and disaster risk reduction programmes in Malaysia as well as overseas. Each programme presents its own challenges but a common challenge is to raise adequate funds to ensure that the programmes are sustainable. MERCY Malaysia continued to receive recognition for its work from local as well as international organisations. It has been invited to sit on the board of various international humanitarian bodies as well as receiving the prestigious PM's Innovation Award 2013 for its Total Disaster Risk Management (TDRM) concept.

In 2013, MERCY Malaysia continued to adopt the TDRM concept as well as adopting a “friendly” approach towards its stakeholders such as government agencies, donors, beneficiaries, volunteers and partners. MERCY Malaysia has been able to gain acceptance in “sensitive” areas such as in Rakhine State, Myanmar as well as being approached by major international organisations to become partners in conflict areas. Due to our exceptional work and achievements, MERCY Malaysia is affiliated to various international organisations such as Humanitarian Accountability Partnership, Asian Disaster Reduction and Response Network (ADRRN), International Council of Voluntary Agencies, People in Aid, ALNAP and Global Health Cluster, to name a few. Locally, MERCY Malaysia received the PM's Innovation Awards 2013, Merdeka Awards, an organisation entrusted to organize disaster response in Malaysia as well as collaboration requests from institutions of higher learning, corporate bodies and government agencies.

In its objective of providing sustainable quality services which will create major impact for its beneficiaries, MERCY Malaysia's major challenge is to raise adequate funding from local as well

as international donors. Traditionally, MERCY Malaysia's major donors were from the Malaysian public, corporate sector as well as government agencies. This year, MERCY Malaysia has begun to explore funding opportunities from international donors as well as expanding its local donor base. We have begun to create more awareness on our international programmes and given greater emphasis on creating awareness on our local programmes. Hopefully, with greater awareness, our funding base will grow which will allow us to provide improved services and creating bigger impact on the communities that we serve.

With a vision of “building better responses”, MERCY Malaysia will continue to engage with its supporters and volunteers who will continue to be the pillar of the organization. Volunteers, from all walks of life, will be welcomed and trained to provide quality services to the beneficiaries whilst our staff will provide the necessary support. In 2013, we have begun to build a larger pool of trained volunteers who are deployable locally as well as internationally. We are eternally grateful to our volunteers who have given their full commitment, sacrificed their time, safety and security to volunteer for MERCY Malaysia.

Lastly, our sincere gratitude goes to all our supporters and stakeholders, corporate partners, government agencies and ministries, institutions of higher learning, donors, volunteers, the media who have been supportive of our work as well as helped us raise funds.

Vision & Mission Statement

Vision

To be outstanding in delivery of medical and humanitarian aid to all.

Mission

MERCY Malaysia is an international non-profit organisation focusing on providing medical relief, sustainable health-related development and risk reduction activities for vulnerable communities, in both crisis and non-crisis situation.

Core Values

Motivation	We are highly motivated and passionate
Excellence	We do the right things in the right way; we are accountable to beneficiaries and donors
Respect	We show trust and respect in all our interactions
Collaboration	Working with peers, partners and volunteers, build on each other's strengths and enhance the impact of beneficiaries
Yearn to Serve	We will go the extra mile to help those in need

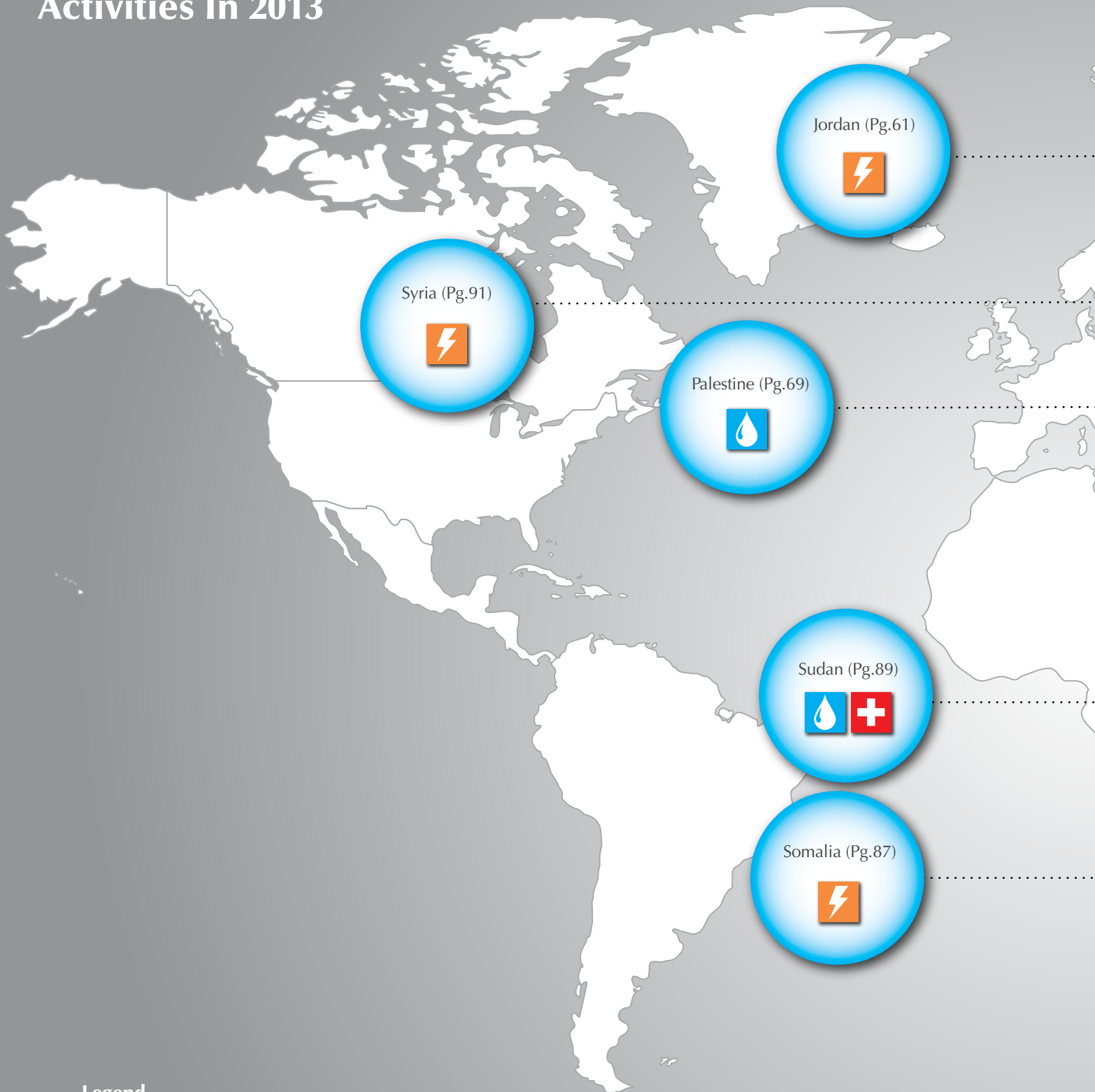




In 2013

- The MERCY Malaysia footprint of timely, non-denominational medical relief saw us aid beneficiaries from all around the world. In 2013, we helped citizens from 15 countries get back on their feet
- From Afghanistan to Turkey, and Bangladesh to Thailand, we managed to touch the lives of over one million beneficiaries
- We believe the RM 14.5 million we spent on humanitarian services in 2013 gave the recipients hope, and the belief that they are not forgotten

Activities In 2013



Legend

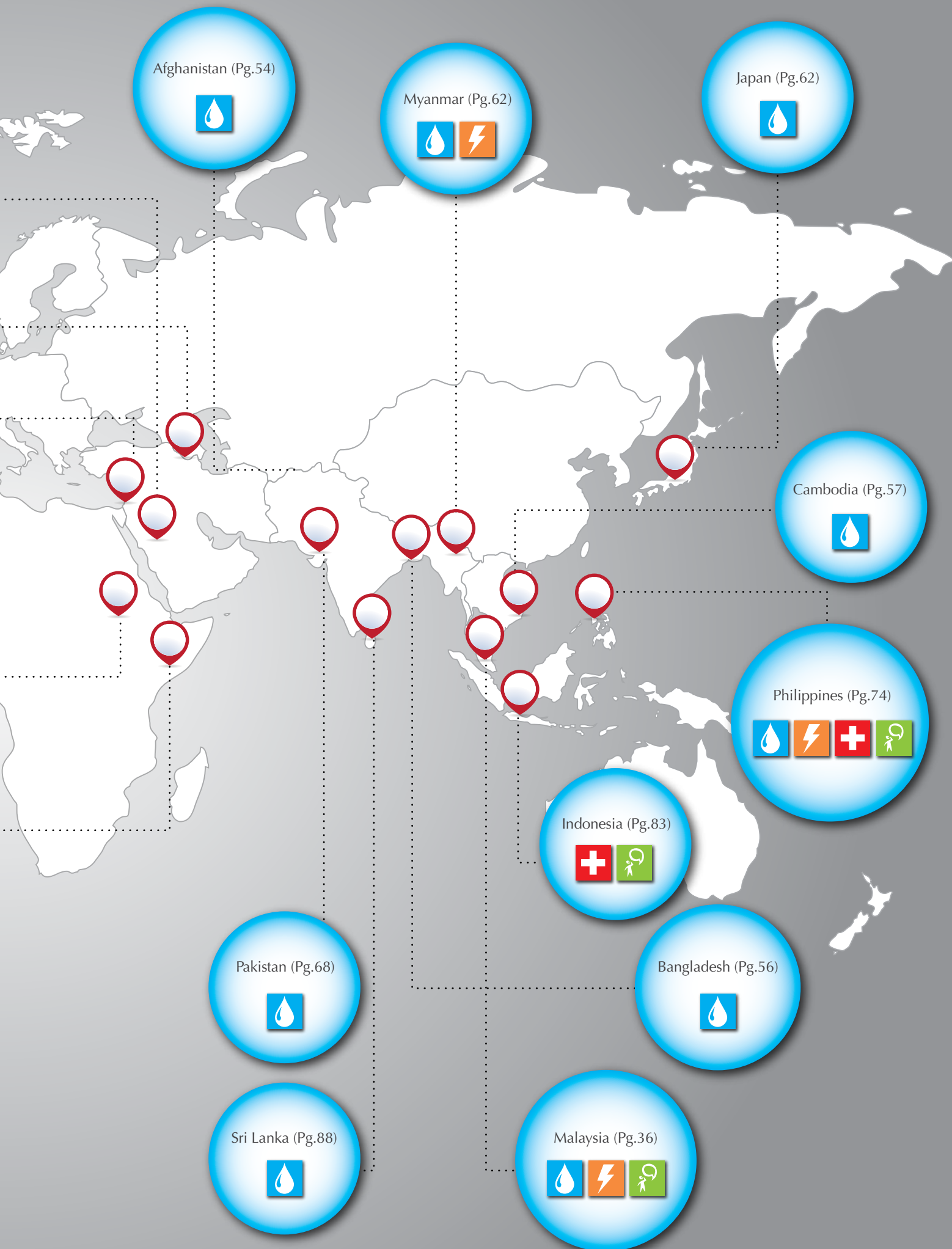


Health-Related Development

Crisis Response

Health - Post Emergency

Disaster Risk Reduction



Our Strategic Commitments

2

- **Complementary Partnership** – We aim to work as much as possible with local partners on the field and enhance complimentary factors between both parties. In and beyond the field, we will work with partners who are responsible, transparent and accountable in accordance with our Principles of Partnership.
- **Consultative/Participatory** – We consult with our beneficiaries and staff and include their feedback into project plans to ensure holistic results.
- **Ethical Reporting** – We maintain the confidentiality of our stakeholders, especially beneficiaries, at all times.
- **Transparency/Information Provision** – We are transparent in sharing information of our financial statements, MERCY Malaysia's constitution, MERCY Malaysia's Humanitarian Accountability Framework, organisation missions and core values and commitments to all stakeholders.

1

- **Impartiality** – We maintain impartiality in the selection of our staff. The selection of our beneficiaries purely is on a needs basis and not based on race, religion and/or political affiliation.
- **Staff Integrity** – We maintain a workforce who adhere to high moral and ethical principles.
- **Continuous Improvement** – We monitor and evaluate our work in order to improve on our past experiences and provide better humanitarian services as we progress.

3

- **Listening/Responsive** – We encourage feedback from our stakeholders through our Complaints Response Mechanism policy and we respond to all feedback. Our responses include evaluating all feedback to ensure continuous improvement.
- **Quality Management/Quality Assurance** – We continuously review our work and learn from our mistakes and apply our lessons learnt as we progress.
- **Financial Stewardship** – We promote good stewardship of our financial resources and are transparent about our expenditures.
- **Health, Safety and Security** – We strive to ensure the physical safety and the emotional well-being of all staff and volunteers, especially in the line of duty.

Humanitarian Accountability

Principle of Accountability

1. Commitment to humanitarian standards and rights

- Members state their commitment to respect and foster humanitarian standards and the rights of beneficiaries

2. Setting standards and building capacity

- Members set a framework of accountability to their stakeholders
- Members set and periodically review their standards and performance indicators and revise them if necessary
- Members provide appropriate training in the use and implementation of standards

3. Communication

- Members inform and consult with stakeholders, particularly beneficiaries and staff, about the standards adopted, programmes to be undertaken and mechanisms available for addressing concerns

4. Participation in programmes

- Members involve beneficiaries in the planning, implementation, monitoring and evaluation of programmes and report to them on progress, subject only to serious operational constraints

5. Monitoring and reporting on compliance

- Members involve beneficiaries and staff when they monitor and revise standards
- Members regularly monitor and evaluate compliance with standards using robust processes
- Members report at least annually to stakeholders, including beneficiaries, on compliance with standards. Reporting may take a variety of forms

6. Addressing complaints

- Members enable beneficiaries and staff to report complaints and seek redress with confidence

7. Implementing partners

- Members are committed to the implementation of these principles, if and when working through implementation partners

MERCY Malaysia achieves re-certification from HAP International

Accountability and transparency measures, which have always been a priority for MERCY Malaysia, grew in its significance to the organisation, when MERCY Malaysia became a member of Humanitarian Accountability Partnership International (HAP) in 2007.

MERCY Malaysia's continuous commitment towards improving accountability measures was again put to the test, when it undertook re-certification against HAP 2007 Standards in Humanitarian Accountability and Quality Management. In 2011, MERCY Malaysia was successful in its bid to acquire the HAP re-certification. This marks an achievement for MERCY Malaysia in its effort to expand humanitarian relief in an accountable and transparent manner.

Established in 2003, HAP is the humanitarian sector's first international self-regulated body. As a member, MERCY Malaysia is committed to complying with the HAP Principles of Accountability.

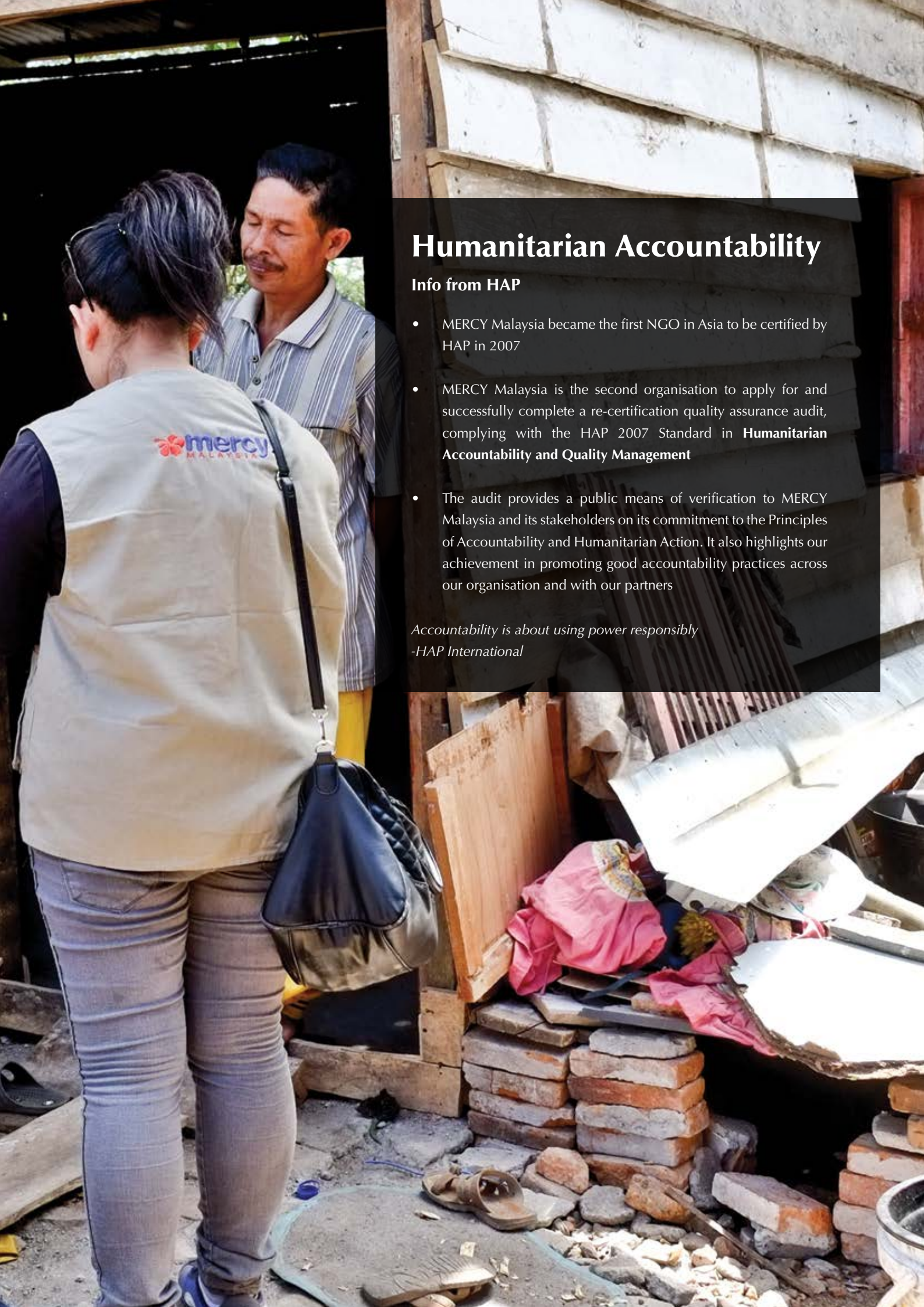
The HAP Standard in Humanitarian Accountability and Quality Management is the most widely recognised humanitarian programme management for achieving the best possible humanitarian outcomes for all stakeholders.



Rooted in extensive research and consultation, the HAP standards set six affordable, realistic and result-oriented benchmarks that ensure the needs of disaster survivors are met. This is the only aid standard developed in this manner and it also meets the ISO guidelines for designing quality standards.

DOMPET
DHUFA





Humanitarian Accountability

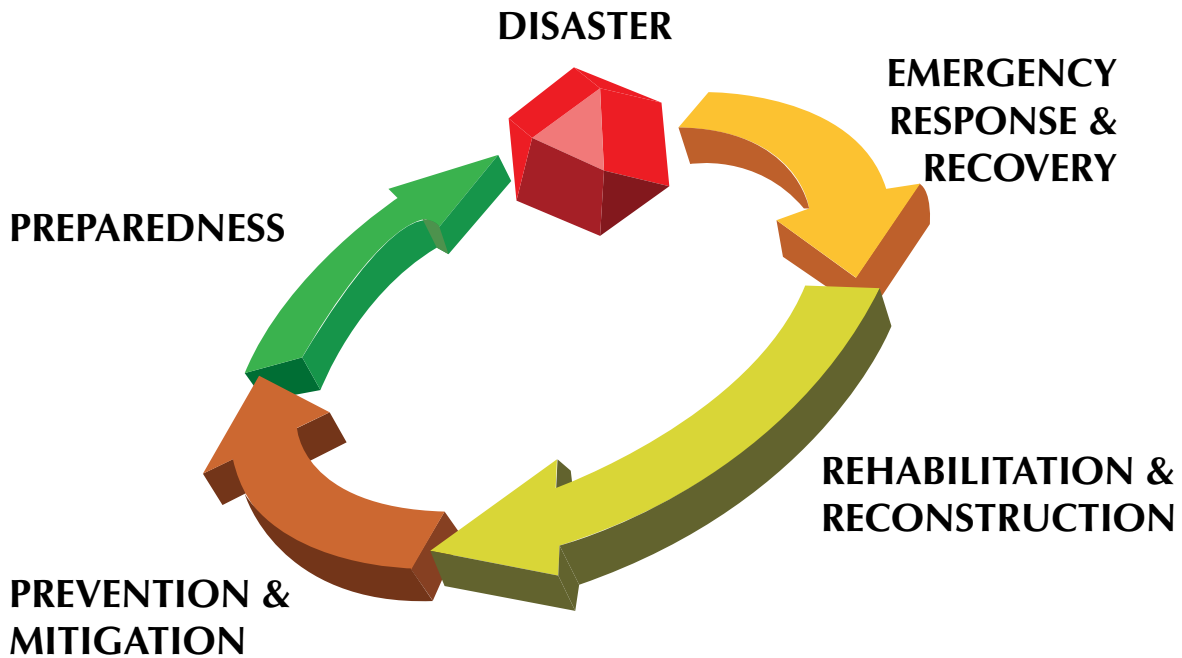
Info from HAP

- MERCY Malaysia became the first NGO in Asia to be certified by HAP in 2007
- MERCY Malaysia is the second organisation to apply for and successfully complete a re-certification quality assurance audit, complying with the HAP 2007 Standard in **Humanitarian Accountability and Quality Management**
- The audit provides a public means of verification to MERCY Malaysia and its stakeholders on its commitment to the Principles of Accountability and Humanitarian Action. It also highlights our achievement in promoting good accountability practices across our organisation and with our partners

Accountability is about using power responsibly
-HAP International

Our Approach

Total Disaster Risk Management (TDRM)



Like many international organisations involved in the delivery of medical and humanitarian aid to vulnerable communities, MERCY Malaysia has been actively involved in providing emergency assistance to affected populations.

In January 2005, MERCY Malaysia began implementing its key domestic and international projects and programmes by utilising a holistic approach to manage natural disasters, namely Total Disaster Risk Management (TDRM).

MERCY Malaysia takes a pro-active approach to natural disaster risk management. After many years of responding to the occurrence of natural disasters, we came to realise that we needed to help communities to be prepared before a natural disaster strikes. Although traditionally more attention was paid to the post-disaster phase, we wanted to make sure that we give equal attention, if not more to the pre-disaster activities.

Total Disaster Risk Management (TDRM) takes a holistic approach to natural disaster risk management. With a balance between the pre-disaster (prevention/mitigation and preparedness) efforts and post-disaster (response and recovery) activities, we can ensure that the root causes and underlying factors that lead to natural disasters are also addressed.

TDRM places emphasis on total stakeholder engagement and is in line with our strategic commitments. We engage all our stakeholders, especially the beneficiaries to ensure our efforts meet their needs and we adopt and disseminate local knowledge to improve community resilience.

As such, our work covers all four disaster risk management phases. While it is not always possible to label an activity as belonging to a particular phase, it is important to ensure our overall impact contributes towards building resilience in all the communities that we touch.

Our Approach

Total Disaster Risk Management (TDRM)

DISASTER



Our humanitarian **EMERGENCY RESPONSE** and **RECOVERY** provides timely relief to survivors



Our **REHABILITATION** and **RECONSTRUCTION** efforts help affected communities return to their normal daily lives



PREVENTION and **MITIGATION** activities help build resilience in the community



PREPAREDNESS in the community helps everyone to be ready for future disasters



Affiliations

No single humanitarian agency is able to respond to all humanitarian needs. Humanitarian actors must collaborate in order to share experiences, learn from each other and respond effectively to needs.

MERCY Malaysia is affiliated to the following entities in order to create a learning and collaborative culture within the organisation and to encourage continuous improvement in its humanitarian efforts.



The Asian Disaster Reduction and Response Network (ADRRN)

The Asian Disaster Reduction and Response Network (ADRRN) was established in 2002 to strengthen collaboration in disaster response and risk reduction among the local civil society in the Asia-Pacific region. MERCY Malaysia plays the important role of hosting the Secretariat of the Network. Indeed MERCY Malaysia's Executive Committee Member, Dr. Heng Aik Cheng has been the Vice Chairperson of the Network since 2011.

The Secretariat is operated by two MERCY Malaysia staff members – an ADRRN Programme Officer and an ADRRN Finance Advisor. The major roles of the Secretariat are to coordinate with the Representative Office in India, network members and major programme donors in key activities and to provide necessary support in financial and accounting matters. ADRRN currently has 36 Core Members and 14 Associate Members from 21 countries. With a strong footprint in the region, the network works unrelentingly with its members to strengthen the ability of communities to combat disasters; provide humanitarian assistance such as food, water, shelter and health care; protect critical facilities such as schools and hospitals; create awareness on disasters and risk reduction, advocate for policy changes; and improve the capacity of community-based organisations.

In 2010, ADRRN published a booklet titled Disaster Risk Reduction (DRR) Terminology in nine Asian languages. The original booklet was issued by the United Nations International Strategy for Disaster Reduction (UNISDR) and ADRRN was selected as their implementing partner to translate it to suit the Asian context. The UNISDR booklet aims to promote common understanding and usage of DRR concepts and to assist the DRR efforts of authorities, practitioners and the public. ADRRN was

best placed to implement this activity due to its members' strength and vast experience in working in the field of DRR.

The network still continues to coordinate such activities among its membership for more effective disaster response and risk reduction in the region. This also includes collaboration with strategic partners such as UNISDR and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in order to build long-term resilience of affected and at-risk communities. ADRRN is now working with different stakeholders in the Philippines in its response to Typhoon Yolanda, in efforts to strengthen the engagement and coordination between the local civil society and the national humanitarian architecture.

MERCY Malaysia recognises the importance of the role of a network for Asian civil society organisations (CSOs) in order to achieve community resilience ahead of disasters in the Asia-Pacific region and will continue to support ADRRN as its Secretariat. Together, we aim to continue to develop local and national CSO capacities for disaster management and to advocate for the interests of the civil society at national, regional and international levels.

www.adrrn.net



In 2010, ADRRN translated and published a booklet of "DRR Terminology" in nine Asian languages



International
Council of
Voluntary
Agencies

The International Council of Voluntary Agencies (ICVA)

The International Council of Voluntary Agencies (ICVA) is a global network of non-governmental organisations (NGOs) which advocates for effective humanitarian action by strengthening humanitarian policy and advocacy.

Founded in 1962, ICVA brings the experience and views of over 70 national and international NGOs to international policy-making forums. ICVA provides its members with up-to-date information and analyses on policy developments in humanitarian response and provides support in certain field situations. ICVA has the most diverse membership among all the international NGO networks.

An essential feature of ICVA is its links with NGOs from developing countries. As the only global humanitarian NGO network; membership in ICVA gives NGOs unique opportunities to engage with other actors and each other on humanitarian policy issues. ICVA makes sure the voices of southern NGOs are heard at the international policy level. MERCY Malaysia has been on the

Affiliations

Board of ICVA for three consecutive terms, a great honour and recognition of MERCY Malaysia's role and position in the wider humanitarian world and in being a leading voice from the Global South. MERCY Malaysia President, Dato' Dr. Ahmad Faizal Mohd Perdaus is currently the Vice-Chair of ICVA.

www.icva.ch



People In Aid

People In Aid is a not-for-profit membership organisation which aims to improve organisational effectiveness within the humanitarian and development sectors worldwide. People In Aid advocates, supports and recognises good practice in the management of people.

Established by agencies in the humanitarian and development sectors in 1995; People In Aid channels assistance to organisations within the humanitarian and development sector to enhance their organisational impact through better management and support of staff and volunteers.

People In Aid are governed by their members, whose experiences and human resource practices shape their activities and have informed the development of the People In Aid 'Code of Good Practice' in the management and support of aid personnel. MERCY Malaysia is a full active member of People In Aid and is working towards certification in the near future.

www.peopleinaid.org



The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)

The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) was established in 1997, following the multi-agency evaluation of the Rwanda genocide. ALNAP is a collective response by the humanitarian sector, dedicated to improving humanitarian performance through increased learning and accountability.

It is a unique network, ALNAP incorporates many of the key humanitarian organisations and experts from across the humanitarian sector. Members are drawn from donors, NGOs, the Red Cross and Crescent Movement, the UN, independent consultants and academics.

ALNAP uses the broad range of experience and expertise within its membership to produce tools and analysis which are relevant and accessible to the humanitarian sector. ALNAP's workplan is aimed at improving humanitarian performance through learning and accountability, it consists of core projects and linked activities.

www.alnap.org

Global Health Cluster

The Global Health Cluster (GHC), under the leadership of the World Health Organisation (WHO), is made up of more than 30 international humanitarian health organisations that have worked together over the past four years. The GHC was established in 2005, as part of the humanitarian reform process. It has built partnerships and mutual understanding and developed common approaches to humanitarian health actions.

The GHC's mission is to build consensus on health priorities and related best practices, and to strengthen system-wide capacities to ensure effective and predictable responses. The GHC works together with their partners on global, regional and country levels to improve the effectiveness, predictability, accountability and response time of humanitarian health actions based on need assessments. At the country level, partners work together to monitor situations, jointly assess and analyse information, prioritise interventions, build both strategies and implementation plans and when required, mobilise joint resources to ensure scarce resources are maximised and only invest in complementary services, without duplication.

The active GHC members are represented by 6 United Nations agencies, 24 International Non-Governmental Organisations (INGOs), 4 donor agencies, 2 academic institutes, 2 International organisations International Federation of Red Cross and Red Crescent Society and International Organisation of Migration (IFRC and IOM) the CDC and the Public Health Agency of Canada.

http://www.who.int/hac/global_health_cluster/en/



Humanitarian Accountability Partnership

Established in 2003, Humanitarian Accountability Partnership (HAP) International is the humanitarian sector's first international self-regulatory body. It is a multi-agency initiative, working to improve the accountability of humanitarian action to people affected by disasters and other crises. HAP members range from agencies with a mandate of emergency relief and development activities to institutional donors. All are committed to meeting the highest standards of accountability and quality management.

HAP's strategic directive is building quality, accountability and programme results. By improving agency accountability in a systemic way, programme quality, impact and outcomes will also be enhanced. The essential tools for driving this virtual circle are the application of a programme quality management system, reinforced through shared learning and independent verification. All stakeholders, intended beneficiaries, affected communities, donors and agencies alike, make measurable gains as a consequence of the work undertaken by the partnership.

<http://www.hapinternational.org/>

MERCY Malaysia Board of Trustees



1. Tan Sri Dato' Ajit Singh
2. Toh Puan Dato' Seri Hajjah Dr. Aishah Ong
3. Tan Sri Dato' Ahmad Fuzi Haji Abdul Razak
4. Tan Sri Professor Dato' Dzulkifli Abdul Razak
5. Tan Sri Datuk Johan bin Jaaffar
6. Mrs. Gaik Wong
7. Ms. Elizabeth Lee Fuh Yen

MERCY Malaysia Board of Trustees

1. Tan Sri Dato' Ajit Singh

Many firsts mark Tan Sri Dato' Ajit Singh's distinguished career as a diplomat. In his 30-year career with the Malaysian Foreign Service, which he joined in 1963, he served as the nation's ambassador to Austria, Brazil (with concurrent accreditation to Bolivia, Colombia, Peru and Venezuela), Germany and Vietnam after holding various positions in the Ministry of Foreign Affairs and at Malaysian Missions in Canberra, Addis Ababa and New York.

He was elected the first Secretary-General of the Association of Southeast Asian Nations (ASEAN) which carries Ministerial rank. He served a five-year term from 1 January 1993 to 31 December 1997. His leadership gained him the recognition of Laos and Vietnam, who awarded him their prestigious Friendship Medals in December 1997. The Indonesian Government bestowed on him the "Bintang Jasa Utama" in February 1999 in recognition of his work in ASEAN and for his role in improving Malaysia – Indonesia relations. Home recognition came in 1998, in the form of the Panglima Setia Mahkota award, which carries the title of "Tan Sri". After leaving the Foreign Service, the University of Malaysia graduate joined the National Petroleum Oil Company, PETRONAS, where he worked as Director, International Business Ventures from August 1997 to October 1999.

He went on to become the first Secretary-General of the Boao Forum for Asia in February 2001. Tan Sri Dato' Ajit is now the Advisor for India Business for IJM Corporation Bhd., a member of the Malaysia-India CEO Forum set up by the Prime Ministers of the two countries, the Advisor to the Malaysia-India Business Council, (MIBC), and Chairman of the Board of Trustees of Mercy Malaysia. In early 2009, he was appointed to the Indian Prime Minister's Global Advisory Council of Overseas Indians. January 2011 saw him lauded with India's highest award for an overseas Indian, the Pravasi Bharatiya Samman Award, which is bestowed by the Indian Government.

2. Toh Puan Dato' Seri Hj Dr Aishah Ong

Toh Puan Dato' Seri Hj Dr. Aishah Ong is an alumnus of the University of London, from where she received her medical degree in 1969. The Distinguished Fellow of the International Medical University was Chairman of University Hospital from 1987 to 1996 before she took on the duties of Pro-Chancellor at Malaysia's most respected higher learning institution, the University of Malaya.

A great believer in the ability to adapt to change, Toh Puan Dato' Seri Hj Dr Aishah Ong's involvement in many charitable bodies, both medical-related, as well as welfare-centric, underscores her many talents and abilities. She has been the Chairman of Yayasan Institut Jantung Negara, Malaysia's national heart institute, and was a member of the Board of Governors of the International Medical University from 1983 to 1998.

She has championed cancer research in her role as Founding Trustee of Cancer Research Initiatives Foundation (CARIF) since 2000. She is also a Founding Trustee of the Alzheimer's Disease Foundation Malaysia. She is the Patron of Cancerlink, the Arthritis

Foundation of Malaysia, the Mental Health Association of Malaysia, and Haemophilia Society Malaysia.

A tireless social worker, she is currently Chairman of the NST Press Charity Fund, as well as Chairman of the Welfare subcommittee of BAKTI, the welfare organisation of the wives' of ministers, deputy ministers and Parliamentary Secretaries. She recently completed two terms as the first Chairman of the Health Promotion Board at the Ministry of Health.

She also serves as a Director of the Board of the Malaysian Philharmonic Orchestra, Petronas, and a Director of the Board of Nestle (M) Bhd.

Her accomplishments have won her both National and State honours, which include the Johan Mangku Negara (JMN) in June 1990, Darjah Yang Mulia Pangkuan Negeri (Pulau Pinang) in 2003, Dato' Paduka Mahkota Selangor (DPMS) in December 2005 and Darjah Gemilang Pangkuan Negeri (DGPN) in July 2007.

3. Tan Sri Dato' Ahmad Fuzi Haji Abdul Razak

Tan Sri Dato' Ahmad Fuzi Haji Abdul Razak holds a Bachelor of Arts Degree (Honours) from the University of Malaya and a Certificate in Diplomacy (Foreign Service Course) from the University of Oxford. He joined the Malaysian Diplomatic and Administrative Service in 1972, and served in various capacities at the Ministry of Foreign Affairs, mainly in the Political Division, and at Malaysian Missions abroad in Moscow, The Hague, Canberra, Washington and Dhaka. He was previously the Secretary-General of the Ministry of Foreign Affairs Malaysia.

His other posts have included the Director Generalship of the Institute of Diplomacy and Foreign Relations Malaysia; Ambassador-at-Large; Malaysia's Representative to the ASEAN High Level Task Force (HLTF) on the Drafting of the ASEAN Charter and Malaysia's Representative to the High Level Panel (HLP) on the Drafting of the Terms of Reference of the ASEAN Human Rights Body. He was awarded the AMN in 1979, JSM and DSPN in 1999, DMPN in 2002 and the PSM in 2003 in recognition of his service to the nation.

Tan Sri Ahmad Fuzi is currently Secretary-General of the World Islamic Economic Forum Foundation (WIEF) and Chairman of Amanahraya-Reit Managers Sdn Bhd, Seremban Engineering Berhad, Ranthill Energy and Resources Bhd, Theatre Management Associates Sdn Bhd, Optima Capital Sdn Bhd, Sofgen (Malaysia) Sdn Bhd and ACE Holdings Sdn Bhd.

He is also a member of the Board of Directors of Maybank Islamic Bhd; Maybank Islamic Asset Management Sdn Bhd; Puncak Niaga Holdings Berhad; Management Development Institute of Singapore; Alstar Solutions Sdn Bhd and WEROS Technology Sdn Bhd as well as Advisor, Xadarcorp Sdn Bhd and Leisure Guide Publishing Sdn Bhd.

Tan Sri Ahmad Fuzi is currently also a Distinguished Fellow, Institute of Strategic and International Studies (ISIS) and Institute of Diplomacy and Foreign Relations; Deputy Chairman, Malaysian Member Committee of the Council for Security Cooperation in the Asia Pacific (CSCAP Malaysia); Perdana Global Peace Foundation (PGPF) and F3 Strategies Bhd; Member, Institute of Advanced

MERCY Malaysia Board of Trustees

Islamic Studies (IAIS) and Advisor, Asia Pacific Entrepreneurship Award (APEA), Malaysia -Myanmar Chamber of Commerce and High School Bukit Mertajam Alumni Malaysia.

4. Professor Tan Sri Dato' Dzulkifli Abdul Razak

Professor Tan Sri Dato' Dzulkifli Abdul Razak established the National Poisons Centre (Pusat Racun Negara) in 1994, and spearheaded it into a World Health Organisation (WHO) Collaborating Centre for Drug Information in the Western Pacific Region in 1998. In 2001, he convened the first United Nations University-recognised Regional Centre of Expertise (RCE) on Education for Sustainable Development in the ASEAN region and played a definitive role in the granting of APEX (Accelerated Programme for Excellence) status for Universiti Sains Malaysia in September 2008, after a competitive bid among nine Malaysian universities.

As the 5th Vice-Chancellor of Universiti Sains Malaysia from 2000 – 2011, he facilitated the setting up of the Centre for Chemical Biology to decipher the Malaysian Hevea Brasiliensis Rubber Genome – a world's first in October 2009. He departed from Universiti Sains Malaysia to establish Albukhary International University, a waqf-based institution of higher learning in Alor Setar, at which he was Founding Vice-Chancellor from 2011-2013. In this time he also headed the Malaysian Independent Review Committee of Experts for the Malaysia Education Blueprint 2013-2025.

He is currently the 14th President of the International Association of Universities (IAU), a UNESCO-affiliated organisation, based in Paris. He was also IAU's 1st Vice-President from 2008 to 2012. Prior to that, he was the President of the Association of Southeast Asia Institutions of Higher Learning (ASAIHL) from 2007 to 2008. His other academic involvements include membership of the Asia-Europe Meeting (ASEM) – Advisory Education Hub Committee since 2007, Executive Council of the Association of Commonwealth Universities (2006-2011), and Advisory Committee of the World Universities Forum, Davos (2008).

He currently leads the Business Transformation Committee for the transformation of the Malaysian Productivity Corporation. He has been a Director of the Malaysian Productivity Corporation Board since 2008, and leads the Innovation and Consultative Panel. He is currently a member of the Malaysian Innovation Agency (AIM), having served on the National Innovation Council, the National Biotechnology Implementation Committee, and the National IT Council.

He is a member of a number of Board of Trustees, including MERCY Malaysia, the Razak School of Government, Asian Women Leadership University, the Malay College Kuala Kangsar Foundation, Prime Minister's Fellowship Exchange Programme, and Yayasan Bumiputra Pulau Pinang.

5. Tan Sri Datuk Johan Jaaffar

Tan Sri Datuk Johan Jaaffar is the Chairman of Media Prima Berhad, having been appointed to the Board on 30 April 2009. He is also Chairman of the subsidiaries within Media Prima group,

namely Sistem Televisyen Malaysia Berhad, Synchrosound Studio Sdn Bhd, Primeworks Studios Sdn Bhd, Alt Media Sdn Bhd and Big Tree Outdoor Sdn Bhd.

Tan Sri Datuk Johan Jaaffar is Chairman of the Consultation and Corruption Prevention Panel (an independent panel under the Malaysian Anti-Corruption Commission (MACC), a board member of Perbadanan Tabung Pendidikan Tinggi Nasional (PTPTN), Laureate Malaysia Advisory and Majlis Penasihat Pendidikan Kebangsaan. In addition, he sits on the National Unity Consultative Council (NUCC) and National Information Technology Council (NITC). He is also the Chairman of private education institution, Sekolah Sri Nobel.

He has been an Adjunct Professor at Limkokwing University of Creative Technology since 2011 and Universiti Utara Malaysia since 2012. He was also a Resident Writer at University Technology Malaysia (UTM) for a year from July 2012.

Previously, Tan Sri Datuk Johan Jaaffar was the Chairman of the Board of Dewan Bahasa dan Pustaka (DBP) from 2006 until 2010. He began his career with DBP in 1977 and in 1988 was appointed as the Chief Editor of DBP's magazine division. He was the Group Chief Editor of Utusan Melayu (M) Berhad from November 1992 until July 1998. In 1995, he was appointed as one of the members of the Malaysian Business Council. When the government mooted the idea of the Multimedia Super Corridor, Tan Sri Datuk Johan Jaaffar sat on the Board of the Multimedia Development Council (MDC). He has also served as a Director of Sindora Berhad.

In the past, Tan Sri Datuk Johan Jaaffar has been a committee member of Yayasan Anak-anak Yatim Malaysia, Jawatankuasa Diplomasi dan Hubungan Antarabangsa, Majlis Perpaduan Negara and the National Brains Trusts on National Education which is under the auspices of ISIS and the National Economic Action Committee (NEAC).

6. Mrs. Gaik Wong

Gaik Wong is one of the most prolific female entrepreneurs of the Malaysian Food and Beverage industry. In her 25 years with KFC Holdings (Malaysia) Berhad, she was instrumental in expanding the chain throughout Malaysia and taking it public. She also built the KFC subsidiary, Ayamas. She retired from KFC Holdings (Malaysia) Berhad as Director and Chief Operating Officer, only to undertake the founding of her own brand of Quick Service Restaurants, The Chicken Rice Shop (TCRS) after consulting for another restaurant chain.

As Founder and Director of TCRS, Wong has established regional presence for the brand, with 50 outlets nationwide, one in Singapore and with further plans to develop it internationally. TCRS Restaurants now has four brands under its umbrella; three of which have been conceptualised by Wong and her team. These include Sweet Chat Café, Dubu Dubu Seoul Food and Pancake House International, the sole brand not built from scratch by Wong.

She is an in-demand speaker both from the perspective of successful brand building, as well as the role of women in international business. An active member of the National Association of Women Entrepreneurs of Malaysia (NAWEM), Wong is a big believer in the

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empowerment of people, beginning with her rank and file staff. She especially enjoys being available to young entrepreneurs and sharing her experiences with them.

She was awarded 2004's The Innovative Woman Entrepreneur of the Year Award for her many accomplishments, and continues to share her experiences in Food & Beverage marketing to appreciative audiences.

7. Ms. Elizabeth Lee Fuh Yen

Elizabeth Lee Fuh Yen received her higher education in the United Kingdom and graduated as an English teacher specialising in Multi-Cultural Education. She went on to read for her M.Phil. in Education at the University of Cambridge. She is now on the Executive Committee of the Oxford and Cambridge Society of Malaysia, as well as the Regional Co-coordinator of the Cambridge Society for the University of Cambridge.

Her expertise in the field of education propelled her to the post of Executive Director of Sunway University and the Sunway Education Group, which she joined in 1992. A passionate educator, she has been instrumental in developing the organisation from Sunway College to the dynamic Sunway education group consisting of twelve institutions, including Sunway University, Monash University Sunway Campus Malaysia, the Sunway International School and Sunway-Le Cordon Bleu Institute of Culinary Arts.

A proud alumnus of the Bukit Bintang Girls School in Kuala Lumpur, Lee was instrumental in orchestrating the signing of a Memorandum of Cooperation in which the Sunway Education Group, which is owned and governed by the Jeffrey Cheah Foundation, sponsor tuition fees worth RM500,000 to deserving students selected by her alumni.

A vocal and active proponent for higher education, Lee sits and serves on various committees tasked by the Malaysian Government with charting Higher Education direction, strategy, and policies. Her appointments include membership of the Ministry of Higher Education's International Promotion Council. She is also on the Board of Advisors of National Higher Education Research Institute and is a founding member of the Academic Advisory Committee of Monash University Malaysia, as well as the Master Builders Association of Malaysia Education Fund Board of Management.

She features prominently in the field of Asian women in economics, and is a frequent presenter at many international and local conferences. Her participation in these has seen her being honoured with the Outstanding Asian Women Community Contribution Award from Malaysia Women's Career Building Association in 2011.

In her personal capacity, she has written and edited a number of children's English storybooks for early language learning services. Her culinary interests find her serving on the National Council of the Confrérie de la Chaîne des Rôtisseurs, Baillage de Malaisie.

MERCY Malaysia Executive Council



- | | |
|---|------------------------------------|
| 1. Assoc. Prof. Dr. Shalimar Abdullah | 6. Hj. Norazam Ab Samah |
| 2. Dr. Heng Aik Cheng | 7. Ir. Amran Mahzan, <i>PMP</i> |
| 3. Assoc. Prof. Dr. Mohamed Ikram Bin Mohamed Salleh | 8. Dr. Shahridan Mohd Fathil |
| 4. Yang Mulia (YM) Raja Riza Shazmin Raja Badrul Shah | 9. Dr. Jitendra Kumar S. N. Tejani |
| 5. Dato' Dr. Ahmad Faizal Mohd. Perdaus | 10. Mr. Tee Kam Bee |

Not in the photo:

1. Dr. Hariyati Shahrina Abdul Majid, *PhD*
2. Prof. Zabidi Azhar Mohd Hussin
3. Assoc. Prof. Dr. Helen Benedict Lasimbang

MERCY Malaysia Executive Council



1. Dato' Dr. Ahmad Faizal Mohd. Perdaus
2. Assoc. Prof. Dr. Mohamed Ikram Bin Mohd Salleh
3. Hj. Norazam Ab Samah
4. Yang Mulia (YM) Raja Riza Shazmin Raja Badrul Shah
5. Dr. Hariyati Shahrina Abdul Majid, *PhD*
6. Ir. Amran Mahzan, *PMP*
7. Dr. Heng Aik Cheng

MERCY Malaysia Executive Council

- 8. Assoc. Prof. Dr. Shalimar Abdullah
- 9. Prof. Zabidi Azhar Mohd Hussin
- 10. Mr. Sam Tee Kam Bee
- 11. Dr. Jitendra Kumar S. N. Tejani
- 12. Assoc. Prof. Dr. Helen Benedict Lasimbang
- 13. Dr. Shahridan Mohd Fathil



MERCY Malaysia Executive Council

1. Dato' Dr. Ahmad Faizal Mohd. Perdaus *President*

Dato' Dr. Ahmad Faizal Mohd. Perdaus obtained his Bachelor of Medical Science in 1989 from Universiti Kebangsaan Malaysia, followed by his Master's degree in Internal Medicine in 2000. He was accredited as a Respiratory Physician in 2003. He is now attached to KPJ Johor Specialist Hospital as a Consultant Physician (Internal Medicine, Respiratory and Sleep Medicine). He previously was a Consultant Physician (Internal Medicine and Respiratory Medicine) at Hospital Universiti Kebangsaan Malaysia (HUKM), where he also served as a Senior Lecturer in Internal Medicine and Respiratory Medicine in the University's Faculty of Medicine. He was a Visiting Research Fellow at the Woolcock Institute of Medical Research, Sydney, Australia from 2006 to 2009.

His involvement with MERCY Malaysia began in 2003, when he signed on as a volunteer. He was made a member of MERCY Malaysia's Executive Council in the same year. He headed the Drug Rehabilitation and Assistance Programme in Malaysia from 2003 to 2006, before being elected as President in 2010, after acting in interim since August 2009. He was re-elected in 2011.

Dato' Dr. Ahmad Faizal's tours of duty include Sri Lanka (2003), Iran (2004), Sudan (2004, 2008), Indonesia (2005, 2006), Pakistan (2005), Myanmar (2008), Syria (2013) and Philippines (2013).

He currently sits on the boards of international humanitarian bodies such as the International Council of Voluntary Agencies (ICVA), Humanitarian Innovation Fund (HIF), Advanced Training Program on Humanitarian Action (ATHA) and Professionals in Humanitarian Assistance and Protection (PHAP), of which MERCY Malaysia is a member.

He is also ICVA's representative on the Inter-Agency Standing Committee (IASC) as one of three NGO representatives globally. The IASC is the highest decision making and direction forming body in the humanitarian world and is chaired by the Under-Secretary General (USG) for humanitarian affairs/Emergency Relief Coordinator (ERC) of the United Nations (UN).

2. Assoc. Prof. Dr. Mohamed Ikram Bin Mohamed Salleh *Vice President I*

Assoc. Prof. Dr. Mohamed Ikram bin Mohamed Salleh has been the Vice-President of MERCY Malaysia from 2004. He was one of the seven founding members of the organization, which began loosely in 1999 when like-minded doctors travelled on their own steam to war-torn Kosovo to provide much needed medical assistance to the victims of the conflict.

He has since been on missions to Indonesia, Philippines, Cambodia, Afghanistan, Sudan, Iraq and Palestine, having seen real-time action as one of the MERCY Malaysia doctors who responded earliest to the Indian Ocean Tsunami. Domestically, Assoc. Prof. Dr. Mohamed Ikram contributes to local health-related community services for the poor and underprivileged in Sabah and rural areas.

Currently the Director of the Student Affairs Department at the Cyberjaya University College of Medical Sciences (CUCMS), he is also Consultant Anaesthesiologist at both the An Nur Specialist Hospital and Serdang Hospital. He is a graduate of Universiti Sains Malaysia, obtaining his masters in anaesthesiology from University Kebangsaan Malaysia.

His teaching career began at Hospital Kuala Lumpur, where he was honorary lecturer to Universiti Kebangsaan Malaysia, after which he began fulltime lecturing at International Medical University. Dr. Ikram introduced the Disaster and Relief Medicine Course at Cyberjaya University College of Medical Sciences, where the Young MERCY Co-curricular course is designed to instill exposure to volunteerism and disaster management in the early years of undergraduate medical and pharmacy training. He is also the Director of the Disaster Centre, which is one of CUCMS' Centres of Excellence.

In the corporate world, he is the Director of Medical Interest Group Sdn. Bhd which spearheaded the formation of CUCMS. He is also the Director of Mediwealth Sdn. Bhd. which focuses on financial education for professionals.

MERCY Malaysia Executive Council

3. Hj. Norazam Ab Samah

Vice President II

Hj. Norazam Abdul Samah made it to Top 10 of Malaysia's list of towering personalities for consistently going above and beyond the call of duty. This is especially true, given that he, an architect by training and profession, has shown great dedication to the medical relief society of which he is Vice President II.

Despite being the Chief Executive Officer and Executive Director of AZAMAS Engineering Consultant, which he founded with his spouse, Hj. Norazam is deeply dedicated to the work that needs to be done after medical emergencies have been addressed.

He joined MERCY Malaysia in 2001 when he volunteered for a relief mission to Afghanistan. He was elected to the Executive Council in 2002 and was elected Vice President II in 2011. He is also the Advisor to MERCY Malaysia's Technical Team.

As Head of Operations for MERCY Malaysia in Indonesia from 2005-2008, he successfully designed and managed the construction and completion of 27 projects in Indonesia.

His most outstanding achievement was to design a master plan for the Nias General Hospital which was damaged in the earthquake of 2008. The master plan managed to attract funders from Japan, China and Singapore who contributed to the rebuilding of the hospital's infrastructure with a sum of USD15 million.

The graduate of Universiti Teknologi Mara has had vast experience in humanitarian and relief work, having volunteered for missions to Afghanistan, Pakistan, Sudan, Iraq, Iran, Cambodia, Myanmar, Sri Lanka, Indonesia, Gaza, and more recently to Turkey, Japan and Somalia.

Hj. Norazam is currently pursuing a master's degree in Policy and Disaster Management at the South East Asia Disaster Prevention Research Institute, Universiti Kebangsaan Malaysia.

4. Yang Mulia (YM) Raja Riza Shazmin Raja Badrul Shah

Honorary Secretary

YM Raja Riza Shazmin Raja Badrul Shah is the Managing Partner of Messrs Raja Riza & Associates, established in 2004. She first joined MERCY Malaysia as a volunteer in 2004 and was elected to her current position in 2006. She oversees the organisation's legal and compliance matters as well as overseeing the Monitoring and Evaluation department. She also overlooks the Communications and Fundraising department in MERCY Malaysia. She has been the Advisor for the MERCY Malaysia Annual Fundraising Dinner for the past four years. She has been involved in local missions to Belum, Perak (2008) and Johor (2005) as well as international missions to Aceh (2005, 2006), Yogyakarta (2005), Nias (2008), Maldives (2008) and Myanmar (2009).

YM Raja Riza Shazmin Raja Badrul Shah was admitted as an Advocate and Solicitor of the High Court of Malaya in January 2000. She obtained her Diploma in Syariah Legal Practice (DSLPL) from International Islamic University Malaysia in 2002 and earned her Certificate in Legal Practice (CLP) from Brickfields College in 1998. She received her honors degree in Law from University of Glamorgan, Wales, United Kingdom in 1997.

5. Dr. Hariyati Shahriza Abdul Majid, PhD

Assistant Honorary Secretary

Dr. Hariyati Shahriza Abdul Majid is an academician at the Department of Psychology, Kulliyah of Islamic Revealed Knowledge and Human Sciences, International Islamic University Malaysia (IIUM).

She joined MERCY Malaysia as a volunteer in December 2004, where she was deployed to Sri Lanka after the Indian Ocean Tsunami. She was elected to her current role in 2011. She has been deployed to both local and international missions including Kashmir, Jogjakarta, Myanmar, Somalia, and the Philippines, where she and her psychosocial team helped develop capacity for local communities with related psychological intervention skills. She currently leads the psychosocial team in Ormoc, Philippines after Typhoon Haiyan and is also providing psychosocial support to those affected by the MH 370 incident in KLIA.

Dr. Hariyati had served different administrative roles in IIUM including Head of Department and Deputy Dean. Her latest post is Director of Office of Industrial Links and Community Relations Division. She is a life member of MERCY Malaysia, the American Psychological Association and the Malaysia Diabetes Educators Society. She obtained her PhD in Psychology (Health) in 2001 and MSc in Applied Psychology from the University of Surrey in the UK (1996) and her BSc, in Psychology at the University of Wisconsin Madison in the USA in 1992.

MERCY Malaysia Executive Council

6. Ir. Amran Mahzan, PMP *Honorary Treasurer*

Ir. Amran Mahzan is currently the Senior Manager, Projects at KFM Projects Sdn Bhd. At KFM Projects, Ir. Amran specialises in High Performance Green Building and High Performance Workplace development and is now involved in major High Performance Green Building retrofitting work for the Government of Malaysia.

Ir. Amran began his involvement with MERCY Malaysia as a technical volunteer for Mission No 8 to Afghanistan in 2002. There, he assisted in repair and upgrading works for MERCY Malaysia's Health Centre in Spin Boldak. He was also part of the assessment team that entered Kandahar to gauge the possibility of working in Afghanistan.

Involved with MERCY Malaysia throughout the organisation's formative years, Ir. Amran initially actively participated in many fund-raising and awareness programmes for MERCY Malaysia, setting the precedent for the highly successful Annual Fundraising Dinners. He has been to Aceh, Pakistan and Sudan on mission, and is also involved with the Drug Rehabilitation Programme conducted by MERCY Malaysia.

Ir. Amran graduated from the University of Malaya with a Bachelor's degree in Electrical Engineering. He also holds a Masters in Business Administration (Construction Business) from International Islamic University, Malaysia. He is a registered professional with the Board of Engineers, Malaysia and a Member of the Institute of Engineers Malaysia. He is also a certified Project Manager Professional from PMI.

He was elected Honorary Treasurer in 2006.

8. Assoc. Prof. Dr. Shalimar Abdullah *Executive Committee Member*

Assoc. Prof. Dr. Shalimar Abdullah is a specialist surgeon in the Department of Orthopaedics at Hospital Universiti Kebangsaan Malaysia.

She joined MERCY Malaysia as a volunteer in 1999 and was co-opted into the Executive Council in 2005. She is a Medical Advisor for MERCY Malaysia and functions as the Team Lead for the Emergency Response Unit (ERU). She was involved in international missions to Afghanistan, Cambodia, Pakistan, Yogyakarta, Japan and Philippines. Assoc. Prof. Dr. Shalimar holds the post of Secretary in the Malaysian Society for Surgery of the Hand (MSSH), and received her Fellowship in Hand Surgery from Kleinert Institute, Louisville, USA in 2010.

She earned her master's degree in Orthopaedic Surgery from Universiti Kebangsaan Malaysia in 2005. She received her bachelor of Medical Sciences in 1995 and her bachelor of Surgery in 1998 from University of Nottingham Medical School, United Kingdom.

7. Dr. Heng Aik Cheng *Executive Committee Member*

Dr. Heng Aik Cheng is currently a Consultant Orthopaedic Surgeon and Traumatologist at the Sabah Medical Centre.

He joined MERCY Malaysia as a volunteer in 2002, and was elected to the Executive Council in the same year. He has been involved in local missions within Malaysia and international missions to Iraq, North Korea, Sudan, Pakistan, Myanmar, Indonesia, Gaza, Chile and the Philippines.

He serves on the Board of the Asian Disaster Risk Reduction Network (ADRRN) and represents MERCY Malaysia in AADMER Partnership Group (APG) - ASEAN Agreement on Disaster Management and Emergency (AADMER), Asia Pacific Conferences on Military Assistance to Disaster Relief Operations (APC- MADRO), Active Learning Network for Accountability and Performance (ALNAP) and Humanitarian Futures Programme (HFP). In the field of civil society, Dr Heng has served as President for the Rotary Club Kota Kinabalu (1998-1999). He was the President of The Sabah Society from 2011 to 2012.

Dr Heng graduated with a Bachelor in Medicine; Surgery and Art of Obstetrics from Queen's University Belfast and became a Fellow of the Royal College of Surgeons in 1982.

9. Prof. Zabidi Azhar Mohd Hussin *Co-opted Executive Committee Member*

Prof. Zabidi Azhar Mohd Hussin is currently Professor of Paediatrics at the School of Medical Sciences, Universiti Sains Malaysia.

He became involved in MERCY Malaysia's activities in 1999 when he volunteered for a humanitarian mission to Kosova, Kosovo. He was also involved in MERCY Malaysia's mission in Aceh in 2005.

Presently, he sits on the Board of Governors for Perdana University Malaysia. He is the Vice Chairman, National Professors Council (Medical Cluster) and Vice President of the ASEAN Paediatric Federation.

He earned his Bachelor of Medicine and Surgery (MBBS) at the University of Newcastle-Upon-Tyne, United Kingdom in 1985. He underwent training in the field of paediatric neurology in Japan, USA and Australia. He was awarded the Pingat Paduka Setia Mahkota Kelantan Yang Amat Terbilang (PSK) from His Royal Highness the Sultan of Kelantan in 2008. He has been a Fellow at the Royal College of Paediatrics and Child Health of United Kingdom (RCPCH) since 1997.

MERCY Malaysia Executive Council

10. Mr. Sam Tee Kam Bee

Executive Committee Member

'Uncle Button' Sam Tee is the owner of Uncle Button Clown Supplies which has been in the industry for 20 years. Tee joined MERCY Malaysia in 2004 as a life member and volunteer. His first assignment was in Bam, Iran after the 2003 December earthquake, where he partnered with a psychologist. By using his skills in entertaining, clowning and ballooning, he was able to bring humour as a form of therapy. He was part of several other missions which included the Asian tsunami, Pakistan, Sichuan and Taiwan.

Tee is a member of the World Clown Association (WCA) and was recently appointed Regional Director for Asia. He is also a member of Clown of America International (COAI) and the International Fellowship of Christian Magicians. Tee is also part of the network of Clowns of New Hope and REDNOSE Respond in the United States. He is frequently invited to lecture, facilitate and perform in the United States of America, Taiwan, Singapore, India and many parts of Asia.

He shares MERCY Malaysia's vision of volunteerism and uses his special skills to partner with the organization to engage the young and old, bringing healing through the power of joy and laughter, all the while living his life motto, which is "a happy heart does as much good as medicine."

Tee was elected an EXCO Member in 2011.

12. Assoc. Prof. Dr. Helen Benedict Lasimbang

Co-opted Executive Committee Member

Associate Professor Dr. Helen Benedict Lasimbang currently works as a Consultant and Head of Department of Reproductive Health, School of Medicine at University Malaysia Sabah.

She joined MERCY Malaysia as a volunteer in 2003 and was elected to her current position in 2011. She is heavily involved in MERCY Malaysia's missions in Sabah and is Chairperson of MERCY Malaysia's Intervention Group of Alcohol Misuse (IGAM). She was previously Resident Consultant Obstetrician and Gynaecologist at the Sabah Medical Centre Sdn. Bhd. Kota Kinabalu, and has served as a Consultant in Obstetrics and Gynaecology at the Queen Elizabeth Hospital, Kota Kinabalu. She graduated with a Bachelor of Medicine and Surgery from University Malaya (1991). She was awarded the Excellent Service Award by the Department of Health Sabah in 2000.

Dr. Helen Benedict Lasimbang is a keen marathon runner and has participated in more than ten marathons.

11. Dr. Jitendra Kumar S. N. Tejani

Co-opted Executive Committee Member

Dr Jitendra Kumar S.N. Tejani is a private General Practitioner in Pulau Pinang. He has been in practice for the past 20 years.

He first volunteered for MERCY Malaysia in 2004 after the Indian Ocean tsunami and was elected to his current role in 2011. He has been involved in local missions to Borneo and Perak. He has also been involved in international missions to Sri Lanka, Indonesia, Pakistan, Turkey, Jordan and Philippines. His passion for volunteerism has also inspired his children, with two of them having volunteered with MERCY Malaysia to date.

He earned his Bachelor of Medicine and Surgery (MBBS) at University Malaya in 1979. He is a past Vice President of the Medical Society, a member of the Rotary Club and has been the President of the Rotary Club of Tanjong Bungah for the past 21 years.

13. Dr. Sharidan Mohd Fathil

Co-opted Executive Committee Member

Dr. Shahridan Mohd Fathil is a graduate of the University of Malaya, and has worked in various anaesthetic positions in Malaysia, Ireland, England and Australia. He is the Convenor of the Special Interest Group in Regional Anaesthesia, College of Anaesthesiologists, Academy of Medicine Malaysia and Vice President of the Malaysian Society of Critical and Emergency Sonography. He has lectured on both specialties at regional and international levels.

He is also Vice-President of WINFOCUS Malaysia, and an Executive Committee member of the Society of Aeromedicine Malaysia.

He is currently Senior Consultant in the Anaesthesia Department of Alexandra Hospital, Singapore.

Dr. Shahridan has been a member and volunteer of MERCY Malaysia since 2005 and has been involved in various international missions to Indonesia and Pakistan.

Treasurer's Report

FINANCIAL STATEMENTS

The Executive Committees are responsible for the preparation and fair presentation of these financial statements in accordance with Malaysian Financial Reporting Standards, International Financial Reporting Standards and Society Act, 1966 in Malaysia. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate policies; and making accounting estimates that are reasonable in the circumstances.

The last Annual General Meeting approved the appointment of Azuddin & Co. as our external auditor. They have been working with MERCY Malaysia in previous years and together we have strived to improve the annual financial reporting process.

FINANCIAL PERFORMANCE

MERCY Malaysia improved the annual income in 2013 by RM3.8 million compared to previous year. Total income received was RM17.9 million made up of RM16.8 million donations and income received from other sources was RM1.17 million. Chart 1 show the total income received from 2011 until 2013.

A steady growth of income can be seen clearly on Chart 1 since 2011. Through the efforts by all parties involved, MERCY Malaysia has managed to increase the income by 100%. There is a slight decrease of RM0.7 million received for the unrestricted fund received totalling up to RM3.7 million and for restricted funds a total of RM13 million received also higher by about RM4.6 million compared to the year before. Restricted funds are donations received for a particular country or project, unrestricted fund allows MERCY Malaysia to act fast during emergency phase of a disaster and also the fund are used to support operation cost.

Donations from each sector, in term of the percentage income is showed in *Table 1*, *Chart 2* shows the comparison of donations received by each sector from 2011, until 2013.

CHARITABLE EXPENDITURE

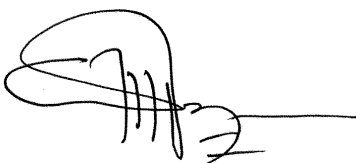
Our Charitable Expenditure in 2013 totalled up to RM 11.8 million and is shown in *Table 2*. By end of 2013, MERCY Malaysia delivered services in 15 countries including Malaysia.

As our main focus, expenditure on medical relief and sustainable health-related development remains a priority; demonstrated the bulk expenditure in 2013. This allocation is a percentage of 74.7% (equivalent to RM8.8 million) from the total expenditure. The illustration of the breakdown of Charitable Expenditure for year 2013 is shown in *Chart 3*.

OPERATIONAL EXPENDITURE

MERCY Malaysia's operating expenditure has decreased compared to previous year. In term of total operating cost, there was a slight decrease of RM0.2 million and the total operation expenditure was RM2.7 million.

Last but not least, we would like to express our deepest appreciation to all our supporters including the EXCO, Management, members, pool of volunteers and donors who have worked with us throughout the year.



IR. AMRAN MAHZAN, PMP
Honorary Treasurer

Financial Review

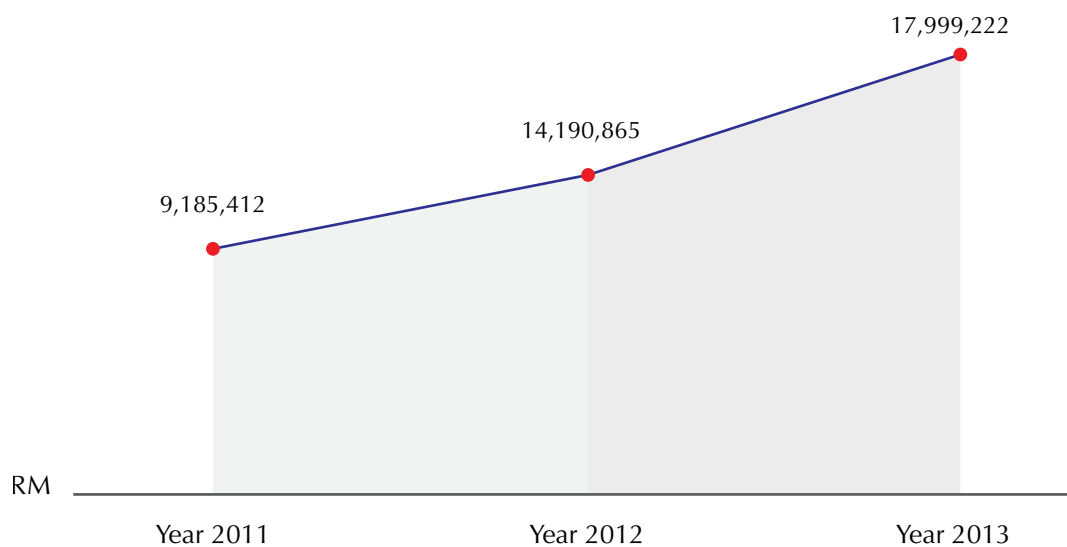
Table 1 : Source Of Donation By Sector

	RM	%
Private Sector	7,266,907	43.18
Public	2,655,608	15.78
Other NGOs	2,450,576	14.56
International Organisations	3,261,608	19.38
Malaysian Government	1,194,338	7.10
TOTAL DONATION COLLECTED	16,829,037	

Table 2 : How We Spent (Total Charitable Expenditure)

	RM	%
Healthcare and health-related	8,836,141	74.68
Education	1,673,913	14.15
Disaster Preparedness	628,361	5.31
Shelter	46,730	0.39
Water, sanitation and hygiene (WASH)	647,544	5.47
TOTAL CHARITABLE EXPENDITURE	11,832,689	

Chart 1 : Total Income Received (3-Year Comparison)



Financial Review

Chart 2 : Donation Received By Sector (3-Year Comparison)

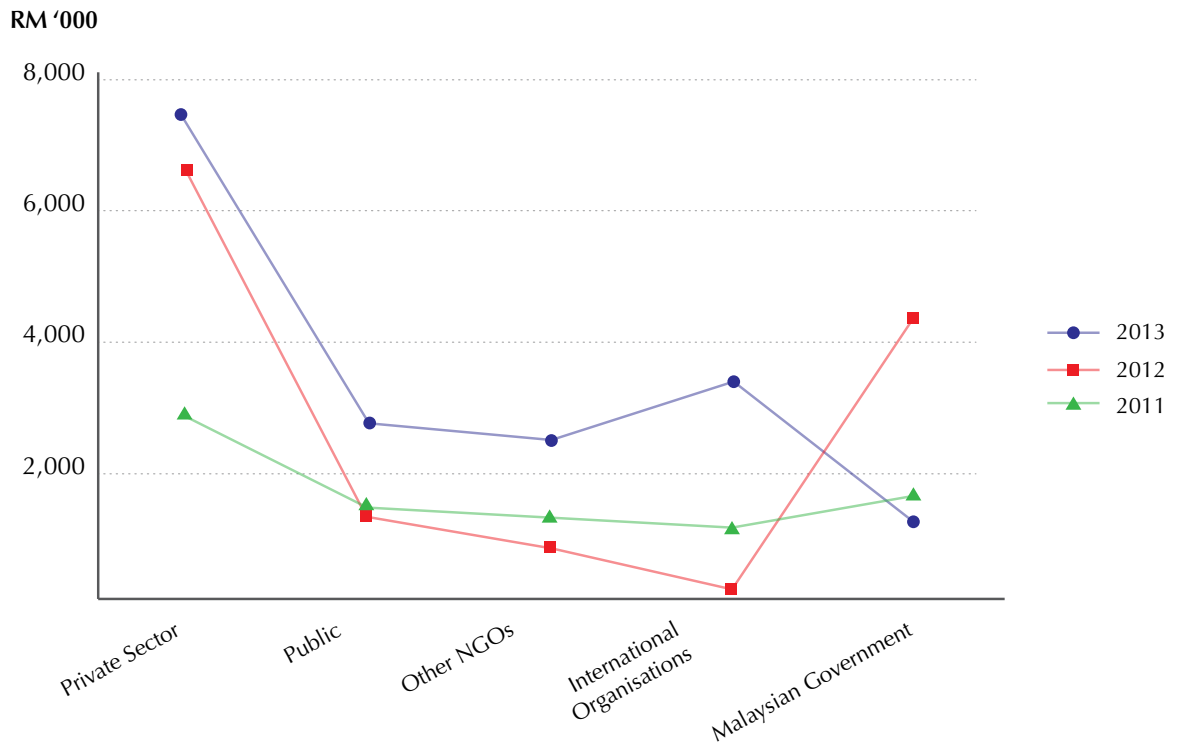
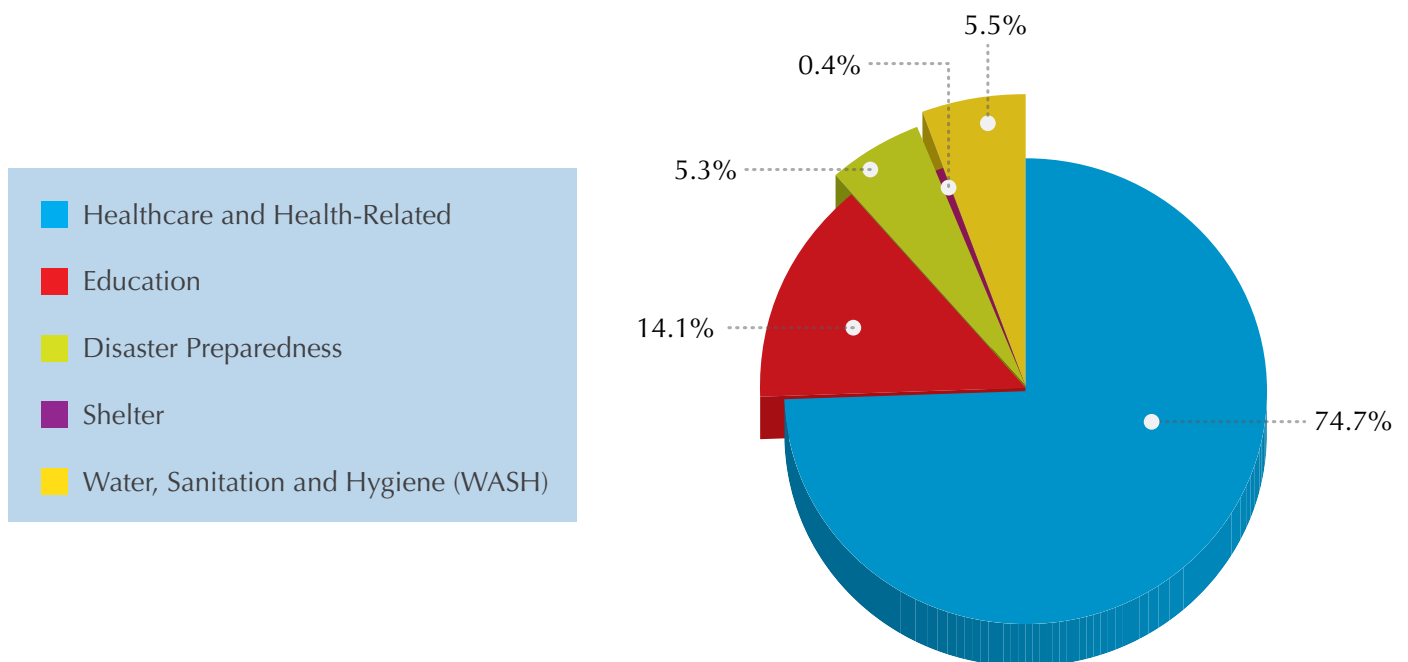


CHART 3 : TOTAL EXPENDITURE BY SERVICES FOR 2013





Our Work **MALAYSIA**

In 2013, MERCY Malaysia provided support and services to local communities through sustainable health and risk reduction projects.



mercy

I'm a
VOLUNTEER

Kuala Lumpur



Project	Dental Health for Chow Kit Children Activity Centre
Objectives	To provide dental services and sex education
Project Partner (s)	<ul style="list-style-type: none"> • UKM Dental Faculty • Youth Pacific
Activities	<ul style="list-style-type: none"> • Dental screening and treatment • Oral health hygiene promotion • Patient referral to UKM Dental Clinic • Psychosocial activities • Sex education
Locations	Pusat Aktiviti Kanak-Kanak Chow Kit
Period	February – December 2013
Accomplishments	Attended to 141 beneficiaries

Background

The Chow Kit Children's Activity Centre, formerly known as Rumah Nur Salam, is a 24 hour activity centre in Kuala Lumpur that provides a safe, healthy and loving environment for marginalised children under the age of 18. The organisation supports children and young people living around the Chow Kit area. This centre can accommodate up to 20 live-in children at any one time and an additional 90 day-care children.

The centre provides food and shelter as well as educational, health, and recreational activities for registered children. Most of which have not received regular immunisations, access to primary healthcare and have limited access to primary and secondary education.

MERCY Malaysia's efforts

MERCY Malaysia, in partnership with UKM Dental Faculty, provided an outreach dental clinic to the children of Pusat Aktiviti Kanak-Kanak Chow Kit with the objective of providing dental services to the impoverished and unsupervised children living in the Chow Kit area. For dental treatment, the children were referred to UKM Dental Clinic with free services.

Pacific Youth also had the opportunity to conduct a module on sex education for these children. The module highlighted the subject of sexual abstinence.



- A:** UKM dental students volunteer to provide oral health education for children of Pusat Aktiviti Kanak-Kanak, Chow Kit
- B:** UKM Dentist conducting dental screening while MERCY Malaysia staff helps to fill in the particulars of the patient

Kuala Lumpur



Project	Vaccination for Refugee Children
Objectives	To provide Myanmar persons of concern (under 18) in the Klang Valley with access to the following vaccinations: <ul style="list-style-type: none"> • Hepatitis B (10) & Hepatitis B (20) • Diphtheria, Pertussis & Tetanus + Polio (DPT + IPV) • Measles, Mumps & Rubella (MMR) • BCG
Project Partner (s)	<ul style="list-style-type: none"> • Yayasan Nanyang Press (Donor) • United Nations High Commissioner for Refugees (UNHCR) • United Learning Centre, Bukit Bintang (2013) • HELP Learning Centre, Kepong (2013 – 2014)
Activities	<p><u>United Learning Centre</u></p> <ul style="list-style-type: none"> • 1 info session with students and parents • 6 vaccination clinics • 1 dental care and dental check up • 1 psychosocial session with Mr. Tee Kam Bee <p><u>HELP Learning Centre</u></p> <ul style="list-style-type: none"> • 1 info session with 45 parents and students
Locations	Bukit Bintang and Kepong
Period	17 April 2013 – 30 October 2013
Accomplishments	Vaccinated 150 students and teachers in United Learning Centre (ULC)

Background

MERCY Malaysia has been working with UNHCR (our partner) and our donor for the vaccination programme, Yayasan Nanyang Press, to deliver medical assistance to the Myanmar 'persons of concern' living in Malaysia. This was with the hope of addressing the challenges these 'persons of concern' face in Malaysia, specifically in terms of healthcare access and provision.

MERCY Malaysia's efforts

Between April 2013 and October 2013, in collaboration with UNHCR and Yayasan Nanyang Press, MERCY Malaysia started a vaccination programme for Myanmar persons of concern at the United Learning Centre in Jalan Imbi, Bukit Bintang. Our target beneficiaries for this vaccination clinic are children of the Myanmar community (aged below 18) who have not received their full course of vaccinations. For 2013, we have successfully conducted six missions to the students of United Learning Centre.

As such, our aim would be to provide vaccination services free of charge to protect these children - and the communities they live in - from tuberculosis, diphtheria, pertussis, tetanus, measles, mumps, rubella, polio, Haemophilus Influenza B and Hepatitis B.

Five different vaccines are stocked at each clinic. They are Hepatitis B (10) & Hepatitis B (20), Diphtheria, Pertussis & Tetanus + Polio (DPT + IPV), Haemophilus Influenza B (Hib), BCG, Measles, Mumps & Rubella (MMR) and Tetanus.



A: One of the volunteer is giving vaccination to the beneficiary
B: MERCY Malaysia staff is giving the instructions to the volunteer on handing the thermometer

Johor



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Johor Community Preparedness Programme (JCPP)
Objectives	<ul style="list-style-type: none"> To build a culture of preparedness among communities in Johor To strengthen multi-stakeholder cooperation in disaster preparedness
Project Partner (s)	<ul style="list-style-type: none"> Majlis Keselamatan Negara Jabatan Kebajikan Masyarakat Jabatan Pengairan dan Saliran District Office Village Committees
Activities	<ul style="list-style-type: none"> Assessment and data collection (interview with community, authorities, government agencies and CSOs) Community Socialization and Sensitization through Disaster and Flood Awareness Day for Segamat District Analysis Report on Community Response and Preparedness for Flood in Segamat
Locations	Segamat, Johor
Period	January – December 2013
Accomplishments	<ul style="list-style-type: none"> Data collection of the Community Response and Preparedness was done using the interview method The data from selected communities was collected from 11- 13 April 2013 A total of 286 survey questions were collected Findings revealed almost all (92.2%) of respondent families had prepared for the floods. Only 5.7 % of respondents lost family members in the last floods and 17.4 % of respondents mentioned their community had lost family member sin the flood. 80.9 % of respondents confirmed they had suffered adverse health effects from the floods

Background

Segamat District is one of the eight districts in the State of Johor Darul Takzim. It is one of the areas affected by the floods in 2006 and 2011 which caused almost the entire area to be affected and paralyzed from various angles such as economic, social and political. MERCY Malaysia acknowledged the importance of community - based disaster risk management in Johor when it first initiated the Johor Community Preparedness Programme (JCPP) in December 2009. In 2013, after receiving feedbacks, understanding and interests among its community, MERCY Malaysia conducted the JCPP in Segamat, Johor.

MERCY Malaysia's efforts

In the recent years, Malaysia has experienced more serious and significant floods and landslides that saw heavy economic losses, cost lives and affected the environment. Community empowerment is the most effective approach for local-led DRR practices, as it helps to create ownership and responsibility in order to build resilience. Having the experience from the regional and international level on CBDRM, MERCY Malaysia is sharing these skills and knowledge with the local communities in Malaysia, to ensure that a culture of preparedness is instilled from now.

Community preparedness programmes allows the community to be in charge of their safety during emergencies or disasters. MERCY Malaysia will also share its expertise in disaster response and preparedness with the communities.



A: Participants who attended the session

A: Collaborative efforts between UKM students, SEADPRI students and MERCY Malaysia volunteers

Pahang & Terengganu



Project	Terengganu and Pahang Flood Response
Objectives	To assist with emergency flood response efforts
Project Partner (s)	<ul style="list-style-type: none"> • Majlis Keselamatan Negara • District Health Office • Ibu Pejabat Polis Kontinjen (IPK) Pahang
Activities	<ul style="list-style-type: none"> • Mobile Clinic • Hygiene kits distribution • Non Food Item (NFI) distribution • Food distribution
Locations	Kemaman and Kuantan
Period	5 – 18 December 2013
Accomplishments	<ul style="list-style-type: none"> • Distributed 5,921 sets of family hygiene kits and NFI • Attended to 118 beneficiaries during mobile clinic sessions • Distributed 4,403 food packs

Background

Given Malaysia's geographical location, most floods that occur are a natural result of cyclical monsoons during the local tropical wet season that are characterised by heavy and regular rainfall from October to March.

In 2013, the east coast of Malaysia suffered from one of the worst floods in years. The states most affected were Pahang and Terengganu. Pahang recorded 900 millilitres of rain from December 1 -3, thrice the amount of a month's worth of rain, compared to 2012. There were 40,819 evacuees in Pahang housed in 149 relief centres. Kuantan remained the district with the highest number with 34,426 evacuees in 42 relief centres. Pekan had 3,329 evacuees in 31 relief centres, Maran 1,034 (19); Temerloh, 1,002 (22), Jerantut 520 (11), Raub 209 (10), Bera 189 (7), Rompin 57 (3), and Lipis 53 (4).

Terengganu recorded 24,135 evacuees. About 11,000 evacuees were displaced in Kemaman. The rest 13,237 displaced populations found shelter in 64 relief centres in Marang, Kuala Terengganu, and Dungun. This forced 246 electricity substations in Terengganu to cease operations affecting 11,034 consumers. In Kelantan, 2,381 people were displaced in Kuala Krai, Machang, Pasir Puteh, Tanah Merah, and Pasir Mas. While in Johor, 1,538 were displaced in Kahang and Kota Tinggi.

MERCY Malaysia's efforts

MERCY Malaysia responded to the flood from 5 – 18 December 2013 in both Kuantan in Pahang and Kemaman in Terengganu. We deployed the first-needs assessment team to Kuantan on 5 December within 36 hours after the first coordination meeting was done at MERCY Malaysia HQ. We also coordinated with Majlis Keselamatan Negara (MKN), Ibu Pejabat Polis Kontinjen (IPK) Pahang and the District Health Office for flood operations on the ground. After receiving news that the flood situation in Kemaman had worsened, we deployed another team on 9 December. The needs assessment team consisted of MERCY staff, medical volunteers and logisticians. Our relief team operated

simultaneously in both Kuantan and Kemaman. MERCY Malaysia established a base camp in both Kuantan and Kemaman.

MERCY Malaysia responded through the provision of food aid, distribution of hygiene kits, and by carrying out outreach primary health clinics as well as mass post- flood clean- up. About four hundred MERCY Malaysia volunteers, partners and donors took part in the flood operations.



A: MERCY Malaysia VP II, Assoc. Prof. Dr. Mohamed Ikram attending to patient in MERCY Malaysia's mobile clinic at Dewan Orang Ramai, Kg Pasir Gajah, Kemaman

B: MERCY Malaysia team distributing hygiene kits for the affected population

Perak



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Kampung Sungai Tiang Health Programme
Objectives	<ul style="list-style-type: none"> To complement current services provided by Pejabat Kesihatan Daerah Hulu Perak for the Orang Asli community in Kampung Sungai Tiang in terms of dental health services To promote awareness of general health issues and oral hygiene in the local communities
Project Partner (s)	Pfizer Malaysia
Activities	<ul style="list-style-type: none"> Health Awareness Programme Outreach Dental Clinics
Locations	Kampung Sungai Tiang, Gerik, Perak
Period	June 2013 – June 2014
Accomplishments	One Health Awareness Programme

Background

Perak has the second highest number of Orang Asli communities in Peninsular Malaysia. The Hulu Perak District has a total of 47 villages comprising one of the most marginalised communities in Malaysia. MERCY Malaysia reinstated its health programme in Kampung Sungai Tiang in 2013 after identifying the persistent need for health services in the area. The programme, which previously only focused on oral health, now includes general health awareness activities. This programme addresses the gaps in the provision of health services in Kampung Sungai Tiang. It benefits the community in having better oral health as well as improving their overall lifestyle through awareness programmes that address their understanding of health and their habits.

MERCY Malaysia's efforts

MERCY Malaysia and Pfizer Malaysia conducted their first Health Awareness Programme from September 12 to 15. The 10-member team consisted of staff and volunteers from MERCY Malaysia as well as volunteers from Pfizer Malaysia. The team conducted a health screening programme with which to provide a baseline that would later assist MERCY Malaysia and Pfizer Malaysia in assessing the impact of the programme. The health screening was coupled with a hypertension consultation that offered a one-to-one consultation between a hypertension-vulnerable adult and a health professional. The one-on-one consultation created room for a question and answer (Q&A) forum and the resultant greater understanding of the disease for the village resident. Additionally, the team arranged for a nutrition talk for the children of Kampung Sungai Tiang to help convey the importance of healthy eating habits. Hygiene awareness was also emphasised through a hygiene talk as well as one regarding head lice treatment. 65 adults and 50 children underwent health screening and 45 children participated in the hygiene programme.

This programme is part of an ongoing effort to raise awareness about health as well as to raise the communal acceptance for better oral health in the Kampung Sungai Tiang community.



A: Nutritional talk conducted by MERCY Malaysia and Pfizer volunteers
B: Registering locals for health screening check up by Pfizer volunteers

Perak



Project	Pos Kumar Dental Outreach Clinic
Objectives	<ul style="list-style-type: none"> To complement the current services provided by the Perak State Health Department, in particular dental and medical services for the population of Pos Kumar, especially amongst the adults To promote good hygiene practices amongst the Orang Asli communities in Pos Kumar To promote awareness of general health issues amongst the population
Project Partner (s)	Pharmaniaga Berhad
Activities	Outreach Dental Clinic
Locations	Pos Kumar, Hulu Perak, Perak
Period	July 2010 - April 2013
Accomplishments	Two dental outreach clinics were conducted by MERCY Malaysia in 2013

Background

Rancangan Pengumpulan Semula Kumar, also known as RPS Kumar, is one out of three composite villages situated in Hulu Perak. RPS Kumar is the largest among the three and it consists of 15 villages having a population of 3,544 people. The population is predominantly Temiar. MERCY Malaysia has provided services to these communities in RPS Kumar for the past three years since its first clinic which began in 2010. These clinics provide the *orang asli* (indigenous natives) in RPS Kumar with access to primary health care services as well as dental services.

MERCY Malaysia's efforts

Two clinics were organised in 2013, the first was held between January 18 – 21 and followed by the second between April 19 – 21. They were manned by a total of 12 volunteers comprising four dentists, three Dental Surgery Assistants (DSAs), four Pharmaniaga volunteers and one MERCY Malaysia logistics volunteer. Each mission lasted for four days with two days of clinic days. A total of 131 patients were seen in the two clinics. The two clinics were the last for this outreach programme.

MERCY Malaysia decided to end the programme in RPS Kumar as the area has developed tremendously in the years since MERCY first started its operation there. At the beginning, RPS Kumar had neither electricity nor a static clinic. However within two years, these facilities are now in place. The beneficiaries of RPS Kumar currently have access to basic facilities and amenities. This programme has therefore realised its goals in both providing healthcare as well as raising awareness on health.



A: One of the patients getting the dental check from our volunteers dentist
B: Waiting for their turn to be treated by our volunteers

Terengganu



Project	Malaysian Community Preparedness Programme (MCP)
Objectives	<ul style="list-style-type: none"> To build a culture of preparedness among communities in Malaysia To strengthen multi-stakeholder cooperation in disaster preparedness
Project Partner (s)	<ul style="list-style-type: none"> Majlis Keselamatan Negara Terengganu State Office Local Government Agencies
Activities	<ul style="list-style-type: none"> Assessment Trip Data Analysis Sensitization workshop
Locations	Terengganu
Period	12 months (September 2013 – September 2014)
Accomplishments	<ul style="list-style-type: none"> Assessment Trip <ul style="list-style-type: none"> A series of meetings and discussions to gather more information on the current flood situation in Terengganu involved representatives from stakeholders such as Majlis Keselamatan Negara and the Terengganu State Office Data Analysis <ul style="list-style-type: none"> Completed data gathering from assessment conducted Setiu district of Terengganu has been identified as the beneficiary for the programme Sensitization Workshop <ul style="list-style-type: none"> Completed one sensitization workshop in Setiu, Terengganu Participants were introduced to basic disaster concepts, DRR principles and also community based disaster risk management More than 50 people participated

Background

The Malaysian Community Preparedness Programme (MCP) implements community-based disaster risk reduction management. Disaster affects livelihoods, therefore the involvement of individuals and communities as a whole are important to reduce the impact of disasters. MERCY Malaysia through the MCP aims to create more resilient communities in the more at risks areas across the country by empowering local governments and engaging civil society organisations and other relevant stakeholders.

Terengganu has been selected for the MCP as the state has experienced a flooding event. Even though Terengganu has experiences of flooding every year, the nature of floods in the state has changed from monsoon type flooding to flash flooding. The approach for flood preparedness and disaster preparedness in general must be improved and this requires the effort of all stakeholders.

MERCY Malaysia's efforts

MERCY Malaysia worked closely with Majlis Keselamatan Negeri Terengganu to identify areas and districts that may be most affected by flash floods during the monsoon season. Upon completion of data gathering and analysis, MERCY Malaysia, under its Disaster Risk Management unit, will conduct activities with the identified communities and agencies in the form of workshops and focus group discussions.



A: Group discussions among villagers to produce an action plan for their village
B: Project partners involved in implementation of disaster management programme at the community level in Setiu Terengganu 2013

Sabah



Project	Intervention Group for Alcohol Misuse (IGAM)
Objectives	<ul style="list-style-type: none"> To address alcohol misuse and harm and alcohol-related issues in the community by introducing a Tool Kit To discuss the community's problems in the villages and find solutions together
Project Partner (s)	<ul style="list-style-type: none"> IOGT International Sabah State Health Department
Activities	Workshop 'Sharing and Strategising on Handling Alcohol Related Problems'
Locations	Kota Kinabalu
Period	<ul style="list-style-type: none"> 11 May 2013 28 September 2013
Accomplishments	The community leaders in 15 villages took part in the workshop

Background

'Intervention Group for Alcohol Misuse' (IGAM) was established in 2007 under the umbrella of MERCY Malaysia's Sabah Chapter. It was initiated due to rampant alcohol abuse and misuse amongst communities. The resultant problems were accepted as common among the people in Sabah because alcohol is easily available. Served during any festival, any social meeting and even during a mourning ceremony, it became common to encounter uncontrolled drunkenness during such events.

The IGAM committee includes health staff working together to undertake the intervention at the community level to raise awareness related to alcohol problems. Using the local approach by involving the leaders in the community, we hope to persuade the community to change their attitude towards alcohol misuse.

MERCY Malaysia's efforts

The Intervention Group for Alcohol Misuse (IGAM) developed a standard 'Tool Kit' to reduce alcohol harm using World Health Organisation (WHO) materials as a guide. This toolkit was introduced to the village community leaders and has been adopted and adapted in the local affected villages.

MERCY Malaysia has invested funds for the community to start their own alcohol awareness workshops in their village. The village committee, together with health staff in their district, will organise the workshop in the village and do the educational sharing during IGAM workshops.



A: Dr Helen introduced tool kit to the new participants
B: Dr Wilfred conducted the group discussion

Sabah



Project	Outreach Program - 7 villages
Objectives	<ul style="list-style-type: none"> To provide basic medical screening and treatment To provide dental treatment To perform pap smear To dispense reading glasses To dispense hygiene kit To give health education
Project Partner (s)	<ul style="list-style-type: none"> UMW Holdings Berhad Sabah Parks PACOS Trust
Activities	<ul style="list-style-type: none"> To provide basic medical screening and treatment To provide dental treatment To perform pap smear To dispense reading glasses To dispense hygiene kit To give health education
Locations	<ul style="list-style-type: none"> Salt Trail: Trek & Treat, Crocker Range (Mission 10) Kg Inarad, Kinabatangan (Mission 4) Kg Inakaak, Pensiangan (Mission 2) Kg Alutok, Tenom (Mission 2) Kg Imusan, Tongod (Mission 2) Kg Lumou, Telupid (Mission 3) Kg Abingkoi, Tenom (Mission 1)
Period	3 days 2 nights
Accomplishments	A total of 2,474 beneficiaries were treated from seven districts

Background

MERCY Malaysia has conducted mobile clinic since 2003 in the interior of Sabah which have limited health accessibility due to rough terrain condition, no roads and their socio-economic status. In Sabah, MERCY Malaysia works with local partners such as Sabah Parks and PACOS Trust to render the mission successful. Each of the organizations will contribute their expertise such as ensuring a translator of local languages, ranger, porter etc.

MERCY Malaysia's efforts

MERCY Malaysia together with volunteers from medical and non-medical background have conducted mobile clinic in Penampang, Kinabatangan, Pensiangan, Tenom, Tongod and Telupid districts in 2013.

The beneficiaries are thankful to the efforts conducted by MERCY Malaysia as they get early notification before the commencement of mobile clinics done at their village and some patients appreciated the need for further treatment of whom given referral letter, in medical check-ups at the nearest hospital in their district.



A: Dentists applying the dental fluoride to Kg Alutok Children
B: Pharmacy counter at Kampung Lumou, Telupid

Sabah



Project	Outreach Program 1 village
Objectives	<ul style="list-style-type: none"> To provide basic medical screening and treatment To provide dental treatment To perform pap smear To dispense reading glasses To dispense hygiene kit To give health education
Project Partner (s)	Malaysia Airlines (MAS)
Activities	<ul style="list-style-type: none"> To provide basic medical screening and treatment To provide dental treatment To perform pap smear To dispense reading glasses To dispense hygiene kit To give health education To distribute stationeries for school children
Locations	Kg Wasai, Tuaran (Mission 1)
Period	3 days 2 nights
Accomplishments	A total of 161 beneficiaries were treated at Kg Wasai, Tuaran

Background

MERCY Malaysia in collaboration with Malaysia Airlines has realized a mobile clinic project at Kg Wasai, Tuaran in line with Malaysia Airline's Charity for Change campaign. Malaysia Airlines deployed its cabin crews to volunteer in this mission.

MERCY Malaysia's efforts

The volunteers from MERCY Malaysia conducted the above activities while Malaysia Airlines helped with psychological activities with the villagers such as health education quiz and even practice traditional dance together with the villagers.



A: Hygiene talk session with children
B: Medical Consultation at Kg Wasai

Sabah



Project	Emergency Response
Objectives	Provide an Emergency Response Unit (ERU) field hospital as well as medication, to support the Sabah State Health Department's efforts in the emergency response in Lahad Datu
Project Partner (s)	<ul style="list-style-type: none"> Ministry of Health Malaysia Sabah Health Department Malaysia Airlines Malaysia Civil Defense
Activities	Field Hospital
Locations	Felda Sahabat , Lahad Datu , Sabah
Period	14 March – 29 March 2013
Accomplishments	Emergency Rescue Unit activation to accommodate 25 patients

Background

The 2013 Lahad Datu standoff arose after 235 Filipino militants, some of whom were armed, arrived by boat in Lahad Datu, Sabah, Malaysia from Simunul island, Tawi-Tawi in the southern Philippines on 11 February 2013.

MERCY Malaysia's efforts

MERCY Malaysia deployed seven volunteers including two staff members and five Emergency Response Unit (ERU) members to provide logistical support to the Sabah State Health Department in response to their request. The team worked together with the state health department to provide support and to help increase the capacity of the local rural health clinic located at Pusat Kesihatan Felda Sahabat. MERCY Malaysia built up ERU in-patient module to accommodate up to 50 patients.

The team attended the cluster meetings from the health department and various response team. The team managed to accommodate more than 25 patients in the medical tent. The mission ended on March 2 2013.



A: Doctor examining a patient in one of the tents
B: Lahad Datu Hospital. Fleeing villagers displaced by the conflict. All three babies were treated for diarrhea

Sarawak



Project	Sarawak Chapter Outreach Clinic-Padawan
Objectives	<ul style="list-style-type: none"> Provision of primary health services to target communities who have limited access to health facilities To address the health and hygiene needs of the communities in order to reduce the occurrence of water-borne diseases To address the dental and optical related needs of the community
Project Partner (s)	<ul style="list-style-type: none"> UMW Holdings Berhad Universiti Malaysia Sarawak (UNIMAS) Sarawak Family Planning Unit
Activities	<ul style="list-style-type: none"> Medical screening including BMI-BP-Cholesterol-Blood Glucose Test Pap smear tests and breast check Primary health services Dental services Eyesight test and provision of prescription glasses Health & hygiene education sessions and distribute hygiene kits
Locations	Kampung Kambug, Padawan, Sarawak
Period	16 – 18 August 2013
Accomplishments	<ul style="list-style-type: none"> Medical: 323 patients Pap Smear: 42 women Hygiene Kits: 200 kits

Background

Padawan, located about 50km from Kuching, is predominantly a Bidayuh area and the people are self-subsistence farmers. Many of the villages are still not connected by roads and the people travel by foot for between half an hour to two hours through jungle trails to reach the school and main road. The nearest government health clinic is between 5km and 6km, but without transport, villagers have to walk for nearly two hours through a hilly village road to reach the clinic.

MERCY Malaysia's efforts

The MERCY Malaysia outreach mission to upper Padawan took place from 16th to 18th August 2013. The outreach mission was the second to take place at the school since 2011. About 30 volunteers from MERCY Malaysia Sarawak Chapter and headquarters, UNIMAS and four staff from UMW took part in the mission. The team comprised of a mixture of doctors, dentists, nurses, lecturers and civil servants as well as private sector employees from different professional backgrounds.

A total of 323 patients ranging from newborns to the elderly were registered for screening and treatment by the medical team over a period of two days. 42 Pap smear tests were conducted and a total of 200 hygiene kits were distributed to the beneficiaries.



A: A patient having her cholesterol and blood sugar tested
B: Volunteers registering a patient to identify her needs before she is referred to the relevant station

Sarawak



Project	Sarawak Chapter Outreach Clinic - Julau
Objectives	<ul style="list-style-type: none"> • Provision of primary health services to target communities who have limited access to health facilities • To address the health and hygiene needs of the communities in order to reduce the occurrence of water-borne diseases • To address the dental and optical related needs of the community
Project Partner (s)	<ul style="list-style-type: none"> • UMW Holdings Berhad • Universiti Malaysia Sarawak (UNIMAS) • Sarawak Family Planning Unit
Activities	<ul style="list-style-type: none"> • Medical screening including BMI-BP-Cholesterol-Blood Glucose Test • Pap smear tests and breast check • Primary health services • Dental services • Eyesight test and provision of prescription glasses • Health & hygiene education sessions and distribute hygiene kits • Provision of practical information on fire prevention and a demonstration on how to properly operate a fire extinguisher by personnel from the fire department
Locations	Ng Sugai, RH. Anthony Bau, Julau, Sarawak
Period	6 – 9 December 2013
Accomplishments	<ul style="list-style-type: none"> • Medical: 160 patients • Pap Smear: 42 women • Dental: 79 patients • Hygiene Kits: 160 kits • Prescription glasses: 93 persons • Fire Extinguishers: 18 units for 7 long houses

Background

Rh. Anthony Bau and the six neighboring longhouses are considered an Iban area and the people are self-subsistence farmers and boat operators. The villages are connected by river and the people travel by longboats to reach the school and the main road at Entabai Jetty. The nearest government clinic, Klinik Desa Maong, is located around 2 hours away by boat. The clinic has two medical assistants and two nurses. Once a month, the Flying Doctor Service makes a trip to the area. To reach Rh. Anthony Bau, volunteers travelled by express bus for about six hours and another three hours upriver by longboats.

MERCY Malaysia's efforts

A total of 21 volunteers comprising medical and non-medical volunteers from MERCY Malaysia Sarawak Chapter and headquarters, UNIMAS and the Fire Department, took part in the outreach mission. A total of 160 patients ranging from a 5-month-old to an 83-year-old were registered for evaluation and treatment by the MERCY medical team during the mission. They were mainly villagers from Rh. Gerasi, Rh. Anthony Bau, Rh. Mengiring, Rh. Entili, Rh. Anthony Gelayan, Rh. Manding and Rh. Panggau. 93 prescription glasses, 160 hygiene kits and 18 fire extinguishers were distributed during the mission. The dental team held consultations for 79 patients.

On the last day of the mission, the team organised a simple Christmas Party for the 38 children in the longhouse.



A: A group photo of the volunteers of the mission

B: Volunteers washing a young patient's hair in the river as part of the head lice treatment programme

Sarawak



Project	Sarawak Chapter Outreach Clinic Programme - Batang Ai
Objectives	<ul style="list-style-type: none"> • Provision of primary health services to target communities who have limited access to health facilities • To address the health and hygiene needs of the communities in order to reduce the occurrence of water-borne diseases • To address the dental- and optical-related needs of the community
Project Partner (s)	<ul style="list-style-type: none"> • UMW Holdings Berhad • Universiti Malaysia Sarawak (UNIMAS) • Sarawak Family Planning Unit
Activities	<ul style="list-style-type: none"> • Medical screening including BMI-BP-Cholesterol-Blood Glucose Test • Pap smear tests and breast checks • Primary health services • Dental services • Eyesight tests and provision of prescription glasses • Health and hygiene education sessions and the distribution of hygiene kits • Provision of practical information on fire prevention, and a demonstration on how to properly operate a fire extinguisher, by personnel from the fire department
Locations	Ng Sumpa, Batang Ai, Sarawak
Period	1 – 4 November 2013
Accomplishments	<ul style="list-style-type: none"> • Medical: 150 patients • Pap Smear: 42 women • Dental: 49 patients • Hygiene Kits: 300 kits • Prescription glasses: 56 persons • Fire Extinguishers: 18 units for 6 long houses

Background

The Ng Sumpa Longhouse as well as five additional longhouses are predominantly located in an Iban area where the people are self-sufficient farmers and boat operators. The villages are connected by river and the people travel by longboats to reach the school and main road at Batang Ai Dam. The nearest government clinic, at Ng Delok, is a 40-minute boat ride away.

MERCY Malaysia's efforts

21 volunteers from MERCY Malaysia's Sarawak Chapter and headquarters, UNIMAS and the local fire department participated in the outreach mission from 1 – 4 November 2013. The journey from Kuching took 3 hours and 40 minutes by bus and another 1 hour 40 minutes by long boat. This was the first mission for the Sarawak Chapter at the Ng Sumpa longhouse.

A total of 150 patients of all ages were registered for evaluation and treatment by the MERCY Malaysia medical team during the mission. They were mainly villagers from Ng Sumpa, Ng Jambu and Ng Delok. From the evaluation and medical screening sessions, the common diseases diagnosed among the villages are musculoskeletal pain, gastritis, malnourishment, asthma, eczema, respiratory infection and anaemia. 42 Pap smear tests were conducted by the volunteers from the Sarawak Family Planning Unit while the dental team treated 49 patients.

56 prescription glasses were distributed to beneficiaries who will use the glasses for reading their prayer books, repairing fishing nets and handicraft work. 300 hygiene kits were also distributed after the health and hygiene education session.

In order to tackle the problem of uncontrolled long house fires, MERCY Malaysia in collaboration with representatives from the Fire Department (Balai Bomba) of Sri Aman conducted a fire prevention exercise with the communities from all six surrounding long houses. The heads of the long houses were then given fire extinguishers to be placed in strategic locations for future use.



A: Entertaining a young patient with a butterfly shaped balloon

Nationwide



Project	School Preparedness Programme
Objectives	<p>The MERCY Malaysia School Preparedness Programme aims to:</p> <ul style="list-style-type: none"> Promote a culture of disaster preparedness Increase the capacity of schools and capability of students in order to respond to disaster
Project Partner (s)	<ul style="list-style-type: none"> Ministry of Education, Malaysia State Department of Education of Pahang, Negeri Sembilan, Melaka, Kuala Lumpur, Selangor, Sabah and Wilayah Persekutuan Labuan District Education Office Pfizer (M) Sdn Bhd Scomi (M) Bhd
Activities	<ul style="list-style-type: none"> School Preparedness Workshop for students <ul style="list-style-type: none"> Phase 1: School Preparedness Workshop Phase 1a: Implementation of Disaster Risk Reduction (DRR) Activities by selected schools Phase 2: Follow-up Workshop School Preparedness Workshop-Training of Volunteers <ul style="list-style-type: none"> MERCY Malaysia HQ and Sabah volunteers Pfizer (M) Sdn Bhd Scomi Bhd
Locations	Nationwide
Period	Jan – Dec 2013
Accomplishments	<ul style="list-style-type: none"> A total of 748 students participated in Phase1: School Preparedness Workshop and 673 students participated in Phase2: Follow-up Workshop in 15 schools All 21 schools implemented at least one DRR activity in their respective schools out of which 4477 students and 316 teachers participated in the Phase1a activity A total of 41 MERCY Malaysia volunteers from Peninsular Malaysia and Sabah were trained in School Preparedness Programme 26 Pfizer (M) Sdn Bhd volunteers and 27 Scomi Bhd volunteers were trained in the school preparedness programme

Background

Although located near the Pacific Ring of Fire, Malaysia is fortunate to not experience natural hazards such as earthquakes and volcanoes because it is sheltered by neighbouring countries. Nevertheless, many parts of Malaysia suffer from severe monsoon flooding and flash floods which have worsened with climate change. Unplanned development adds a dimension of difficulty and unpredictability to the area of natural disasters.

MERCY Malaysia's efforts

Drawing on its experience with disaster relief locally and overseas, MERCY Malaysia developed the School Preparedness Programme to share its expertise and build the resilience of students and teachers in responding to natural disasters. The programme aims to promote a culture of disaster preparedness and increase the capacity of schools and the capability of students to respond to disaster. The inclusion of climate change activity in SPP 2013 was designed with the hope of increasing awareness of the schools in knowing that their part in sustainable living and climate change adaptation that would lessen the impact of climate change and disaster risk.

All 3 Phases of the SPP were successfully carried out in 21 schools. All schools gained Disaster Risk Reduction (DRR) knowledge gain through Phase1: School Preparedness Workshop by implementing

DRR capacity development activities with their respective schools. In addition to that, MERCY Malaysia volunteers were also given a SPP training of trainer's refresher workshop.

Students reported of their increased awareness of disaster preparedness and of its importance, domestically and internationally. In several testimonials and interviews, students reported that the programmes helped them learn simple but useful ways in learning the warning signs and in dealing with natural disasters, and how to stay prepared with emergency kits and grab bags.



A: School Children discussion with their SPP facilitator during the School Preparedness Workshop

Nationwide



Project	ASEAN Safe School Initiative (ASSI)
Objectives	<p>The ASSI project aims to:</p> <ul style="list-style-type: none"> • Improve and accelerate the implementation of Safe Schools in all ASEAN countries by developing regional guidelines and indicators of Safe School, development of tools to assess school safety, awareness raising, capacity building • Establish models of Safe Schools in different ASEAN countries with different designs in different contexts in relation to the needs of the relevant country. • The purpose of a consultative workshop is to allow key stakeholders to contribute to the process in designing the ASSI project
Project Partner (s)	<ul style="list-style-type: none"> • Ministry of Education • National Security Council of Malaysia • Plan International
Activities	<ul style="list-style-type: none"> • Consultative Workshop (Malaysia) <ul style="list-style-type: none"> • A workshop is to allow key stakeholders to contribute to the process in designing the ASEAN Safe School Initiative (ASSI) project • In Malaysia, ASSI project is led by MERCY Malaysia • Consultative Workshop (other ASEAN countries) <ul style="list-style-type: none"> • Concurrent event at every country that participated - Cambodia, Indonesia, Myanmar, Lao PDR, Philippines, Singapore, Thailand and Vietnam
Locations	Malaysia
Period	<ul style="list-style-type: none"> • ASSI Phase 1 (January to June 2013) • ASSI Phase 2 (January 2014 to December 2016)
Accomplishments	<ul style="list-style-type: none"> • Completed Phase 1 which consist of a Consultative workshop • A total of 24 participants from primary and secondary education stakeholder and government agencies participated in the workshop held in February 2013 • Participants presented their efforts in implementing safe school activities and program, to discuss on the current policies/guidelines/programs, challenges and suggestion for improvement of the existing safe school programme in Malaysia • Outcome of the workshop highlighted that Malaysia has a range of programmes, policies, procedures and guidelines on school safety • A proposal developed by MERCY Malaysia in collaboration with MOE to integrate DRR in education and awareness-raising was announced in early 2013 to implement a disaster risk reduction teaching module in schools in Malay language • A consolidated report of Consultations among the countries involved were produced in May 2013

Background

ASEAN Safe School Initiative (or further called ASSI), is an ASEAN Secretariat lead initiative with the main proponent is the AADMER Partnership Group or called APG, which is led by Plan International for this particular initiative. ASSI aims support in the development and implementation of the Safe Schools Strategy within ASEAN under the framework of AADMER Work Programme 2010-2015, supporting mainly the component of Disaster Safety of Educational Facilities.

The project aims to improve and accelerate the implementation of Safe Schools in all ASEAN countries by developing regional guidelines and indicators of Safe School, development of tools to assess school safety, awareness raising, capacity building and also establishing models of Safe Schools in different ASEAN countries with different designs in different contexts. The purpose of a consultative workshop is to allow key stakeholders to contribute to the process in designing the ASSI project.

MERCY Malaysia, an ASSI partner, together with Plan Int'l (Lead), World Vision and Save the Children have been set up to move ASSI forward, with all agencies represented.

MERCY Malaysia's efforts

The Safe School Programme in Malaysia represents a comprehensive approach to school safety. It promotes active involvement of and co-operation between communities, teachers, parents and students. It also informs school administrators and teachers about their responsibilities concerning safety management and planning. Although schools in Malaysia remain safe from disaster, implementing the Safe School Programme represents an important step towards providing a safer teaching and learning environment. Co-ordinate efforts and collaboration between ministry and agencies as well as civil society organization and school management need to be enhanced in order to improve safety of school in Malaysia.

MERCY Malaysia collaborates with the Ministry of Education (MOE) to implement School Preparedness Programme (SPP) in Malaysia.

Nationwide



Project	Disaster Risk Reduction (DRR) for People with Disabilities (PWD)
Objectives	<ul style="list-style-type: none"> To introduce a culture of disaster preparedness among people with disabilities (PWDs) To disseminate information on PWDs and Disaster Risk Reduction (DRR) to the Malaysian Association of the Blind (MAB), Malaysian Federation for the Deaf (MFD), Persatuan Orang Cacat Anggota Malaysia (POCAM) and the public in general
Project Partner (s)	<ul style="list-style-type: none"> UMW (M) BHD Malaysian Association of the Blind (MAB), Malaysian Federation of the Deaf (MFD), Persatuan Orang Cacat Anggota Malaysia (POCAM)
Activities	<ul style="list-style-type: none"> Development of DRR for PWD Information Education and Communication (IEC) materials Dissemination of IEC materials (brochures and posters)
Locations	Malaysia
Period	January –December 2013
Accomplishments	<ul style="list-style-type: none"> Disaster Preparedness Posters and Brochures were developed for POCAM Disaster Preparedness Braille brochures were developed for MAB Disaster Preparedness Brochure and Video were developed for MFD

Background

In 2013, the DRR Department continued its partnership with the three PWD organisations namely the Malaysian Association of the Blind (MAB), Malaysian Federation of the Deaf (MFD) and Persatuan Orang Cacat Anggota Malaysia (POCAM).

The challenges working on this project included the lack of disaster preparedness resources and structure at the PWD organizations. Therefore, MERCY Malaysia focused on the development of Information Education and Communication (IEC) materials on DRR for PWD based on the needs of each organisation. The materials are important as part of MERCY Malaysia collaterals and they will be disseminated to general public for their knowledge.

MERCY Malaysia's efforts

In partnership with MAB, MFD and POCAM, for 2013, MERCY Malaysia focused on the development of IEC materials for PWDs to ensure the knowledge of disaster risk reduction for PWDs can be disseminated further among the PWD partner organisations.



A: President of the Persatuan Orang Cacat Anggota Malaysia (POCAM) receiving the Disaster Preparedness Posters for the people with disability from MERCY



Our Work **INTERNATIONAL**

Throughout 2013, MERCY Malaysia continued our sustainable support to countries which continue to need our help. We also increased our support to crisis affected communities in neighbouring countries.

Afghanistan



Project	Health Centre
Objectives	<ul style="list-style-type: none"> To enable access to maternal health services. To provide complete health services To enable access to lab services for effective detection of communicable diseases To provide access to childhood and maternal immunisation To provide health education and to raise awareness of family planning To provide health services related to disaster such as establishing mobile clinics within the existing CHC
Project Partners (s)	MERCY Malaysia Afghan Relief Country Office
Activities	<ul style="list-style-type: none"> Reproductive health (Mother and Child Health) Child health and immunisation Public nutrition Essential drugs logistics Mental health Communicable diseases treatment and control Prevention of disability
Locations	Kandahar
Period	Since 2003
Accomplishments	<ul style="list-style-type: none"> 145,930 beneficiaries seen 119 new-born babies delivered at the maternity ward of the CHC 108 mobile clinics conducted

Background

Kandahar Province has a population of 1,151,000 (1.5 million) people. The population consists of 497,000 under the age of 18 years and 164,000 under the age of five. The population of Kandahar City is 491,500 with the MERCY Malaysia catchment area of District No. 3 consisting of approximately 100,000 people. MERCY Malaysia has been operating in District No. 3 of the catchment area of Kandahar City for over years since 2003, after the downfall of the Taliban regime.

MERCY Malaysia's efforts

We have established a Comprehensive Health Centre (CHC) and have upgraded its services to the Basic Package of Health Services (BPHS), as requested by the Ministry of Public Health, Afghanistan. In the CHC, we have laboratory room for lab testing, a direct observation treatment system (DOTS) room for patients with TB cases and malnutrition departments for malnourished children under five years old. The main focus of the CHC is to improve mother and child healthcare, so the CHC has both maternal and infant wards to assist in reducing health risks during and after births. The local beneficiaries who receive services in the CHC regularly number 36,724 people directly; those beneficiaries who access the mobile clinic number 68,000 people. Mobile clinics operate in the remote areas of District No. 3, for those unable to obtain access to the CHC. The Mobile Clinic provides primary health care. A Polio immunisation programme for children under the age of five is run from a mobile clinic.



A: A beneficiary is waiting for her medicine to be prepared
B: Newborn baby delivered at the Maternity ward, MERCY Malaysia

Afghanistan



Project	MERCY Little Caliph (MLC)
Objectives	<ul style="list-style-type: none"> To provide children aged between 5 and 10, both girls and boys, with a pre-school education up to level 2 To ensure all 60 students receive their basic vaccinations
Project Partners (s)	<ul style="list-style-type: none"> MERCY Malaysia Afghan Relief Country Office
Activities	<ul style="list-style-type: none"> Teach basic Pashtu, English, Dari, Mathematics and Islamic studies for 6 days a week Provide full vaccinations for all 60 students
Locations	Kandahar City
Period	Since 2005
Accomplishments	<ul style="list-style-type: none"> 32 students graduated from the MLC 71 students received immunization

Background

This project is a continual project since 2005 to help local communities in Kandahar to rebuild their social life after the downfall of Taliban regime through education.

MERCY Malaysia's efforts

This is a mixed pre-school class to educate young children, especially by giving the opportunity for girls to obtain free education and to increase the attendance of girls in schools.



A: Education is the future, MERCY Little Caliph
B: Students of MERCY Little Caliph were happy receiving their certificates

Bangladesh



Project	Cleft Lip & Palate Project (CLIPP)
Objectives	<ul style="list-style-type: none"> To treat and correct cleft lip and palate deformities among underprivileged children from around the Dhaka area To promote transfer of knowledge and skills, thus enhancing the local capacity in relation to cleft lip and palate management
Project Partners (s)	Dhaka Community Hospital (DCH)
Activities	<ul style="list-style-type: none"> Reconstructive surgeries (five days) Pre-operative screenings Post-operative care and ward visits Lecture sessions
Locations	Dhaka Community Hospital, Dhaka
Period	Mission 8: Nov 13-21 2013
Accomplishments	49 cleft lip and palate surgeries

Background

MERCY Malaysia started the CLIPP project in collaboration with the Dhaka Community Hospital (DCH) in 2008. Over the years, a total of 447 patients have benefitted from this programme. This programme not only improves the physical appearance of the patients but also improves their quality of life by increasing their swallowing function (for nutritional intake) and speech (for communication). Often, children with facial deformities are subjected to social stigma and live in social isolation due to their appearance and speech impediment.

MERCY Malaysia's efforts

The deployment of MERCY Malaysia's highly skilled medical volunteers which composed of three plastic surgeons, three anaesthetists, and two Operating Theatre nurses provided a high quality patient care to the underserved population in Dhaka. Furthermore, all services (including pre-and post-surgery) were provided at no cost to the patients. In most cases, patients from rural areas were reimbursed for their travel expenses, accommodation and meals. This is an initiative from MERCY Malaysia and DCH to ensure that our work not only caters for patients who live within the city but also for those who live away from the city, especially in the rural areas where in most cases, the needs for such services is higher.



A: MERCY Malaysia was honoured that PERMATA under the patronage of Y.A. Bhg. Datin Paduka Seri Rosmah Mansor sponsored 2013 Cleft Lip & Palate Project

B: A mother holding her child while waiting for surgery

Cambodia



Project	Oral Rehydration Therapy (ORT)
Objectives	<ul style="list-style-type: none"> To treat children suffering from mild dehydration or diarrhoea To educate parents / family members on treating mild dehydration or diarrhoea at the household level
Project Partners (s)	Angkor Hospital for Children
Activities	<ul style="list-style-type: none"> Treating children with mild dehydration or diarrhoea with oral salt solution Educating parents or the children's guardian on personal hygiene and making ORS at home Distributing ORS sachets to families and parents of the children
Locations	Angkor Hospital for Children, Siem Reap
Period	Since 2005
Accomplishments	Treated 1,807 children

Background

Angkor Hospital for Children (AHC) is a community health facility, providing healthcare services especially for children, at a minimal fee to the underprivileged people in this province and its surrounding areas.

MERCY Malaysia's efforts

Each year thousands of Cambodian children continue to die from diarrhoeal diseases. MERCY Malaysia has been working with the AHC since 2005 in setting up and supporting an ORT Corner to treat mild dehydration, under the supervision of trained nursing staff. In addition to the direct care of children, families were also educated on the safe and appropriate use of using Oral Rehydration Solution (ORS) at home.



A: AHC staff conducting health awareness at the Oral Rehydration Therapy Corner
B: AHC staff giving Oral rehydration therapy education

Indonesia



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Central Aceh Earthquake
Objectives	To provide humanitarian response to the population affected by the earthquakes
Project Partners (s)	Humanitarian Forum Indonesia
Activities	<ul style="list-style-type: none"> • Distribution of medical supplies • Distribution of baby's food
Locations	Bener Meriah and Aceh Tengah
Period	12-24 July 2013
Accomplishments	Distributed 7,300 boxes of medical supplies and 1,200 boxes of baby's food

Background

On July 2, 2013; earthquakes with a 6.2 magnitude struck off Northern Sumatra of the Aceh Province at a depth of 10 km, or 6.2 miles. Bener Meriah and Central Aceh districts were hit the hardest by the quake. The Government of Indonesia (GoI) Meteorological, Climatological and Geophysical Agency reported that at least two aftershocks occurred with a magnitude of 5.5 and 5.3 in the same days. The earthquakes resulted in landslides that blocked roads, hampered humanitarian response efforts. Communication with affected areas was sporadic and direct contact was limited. The population in affected areas resided in structures that were vulnerable to earthquakes, according to The U.S. Geological Survey (USGS). Reports stated that members of affected communities were relocated to 10 displacement sites as a result of the quake. There were a total of 53,403 internally displaced people out of the 183,062 district population. 20,401 houses and buildings were damaged. Approximately 2,500 people were injured with 42 deaths. Six bodies were reported missing and unfound.

MERCY Malaysia's efforts

MERCY Malaysia deployed a Relief Operations Programme Officer and Reproductive Health Coordinator to respond to the earthquake together with two local field staff. The team procured medical supplies and baby's food in Medan before heading out to central Aceh to distribute the supplies to the local authorities in order to support local health systems and MERCY Malaysia local partners to operate mobile clinics. Medical supplies consisted of 7,300 boxes and baby's food with 1,200 boxes. The goods were distributed among the District Health Office of Bener Meriah, District Health Office of Central Aceh, Muhamaddiyah Organization and Dompot Dhuafa Organization.



A: Hilda, Programme Officer, donating medical supplies to Bupati Central Aceh
B: MERCY Malaysia lorry unloading boxes of medical supplies

Indonesia



Project	Enhancing Disaster Risk Reduction (DRR) Capacity of local bodies (CSOs – civil society organisations) and local governments (LGs) for Building Community Resilience in Java and Eastern Indonesia
Objectives	<ul style="list-style-type: none"> To enhance the capacity of target Civil Society Organisations (CSOs) in Central (Borneo) and Eastern part of Indonesia on DRR To build a good foundation for effective local platforms on DRR by improving synergy between CSOs and Local Authorities in target areas of Java, Indonesia
Project Partners (s)	SHEEP Indonesia FOUNDATION
Activities	<ul style="list-style-type: none"> DRR Enhancement training workshop for CSOs in Eastern Part of Indonesia DRR joint action planning workshop on DRR for CSOs and Local Authorities in Java
Locations	Yogyakarta, Indonesia
Period	January – July 2013
Accomplishments	<ul style="list-style-type: none"> 9 CSO representatives participated in the DRR Enhancement training workshop for CSOs in Eastern Part of Indonesia 10 Local government officials in Java, 5 CSO representatives from Java and 1 CSO representative from Kendari (South East Sulawesi) participated in the DRR joint action planning workshop on DRR for CSOs and Local Authorities in Java

Background

Indonesia is the fourth-largest Asian country. It is home to 237,641,326 people with five major islands and 13,677 smaller islands. This large archipelago is exposed to a high risk of natural disasters.

In 2010 alone, there were 644 disaster incidents that killed 1711 people and affected 1.3 million people. Economic loss due to disasters is also significant.

Therefore, there is the need to build capacity and resilience in all levels of society to significantly reduce the risks of hazards and disasters. However, there exists many gaps between authorities and grassroots communities in terms of coordination, communication and cooperation.

In bridging gaps between communities and authorities in terms of disaster resilience, the role of Civil Society Organisations in DRR is significantly strategic. CSOs with enough capacities and resources are able to augment efforts from authorities simultaneously to assist communities on the ground.

MERCY Malaysia and SHEEP Indonesia have been cooperating in building the capacity of CSOs on DRR since 2009 through trainings on CBDRM and also in enhancing engagement between CSOs and Local Governments.

MERCY Malaysia's efforts

As a partner, MERCY Malaysia provided its assistance during the workshops. Continuous monitoring and evaluation visits are carried out throughout the project timeline to ensure compliance to the project objectives.



A: Participants discussing on the DRR action plan during the DRR joint action planning workshop
B: Participants and trainers during the DRR capacity development workshop for CSOs in Yogyakarta, Indonesia

Japan



Project	AMDA Otsuchi Health Support Center
Objectives	<ul style="list-style-type: none"> To help support the people affected by the Great East Japan Earthquake and Tsunami return to everyday life post-disaster
Project Partners (s)	Association of Medical Doctors of Asia (AMDA)
Activities	<ul style="list-style-type: none"> Acupuncture therapy Yoga and exercise classes Handcraft class Baking and cooking classes
Locations	Otsuchi-cho, Iwate Prefecture, Japan
Period	1 April 2013 – 31 March 2014
Accomplishments	<ul style="list-style-type: none"> Completing 'frying-pan-baking' class, which was taught by a well-known baking instructor from Tokyo Students from this community are now certified instructors of the baking class

Background

The disaster that hit Eastern Japan on March 11, 2011 left the coastal area of Tohoku region devastated. AMDA dispatched a medical team to Tohoku on the second day of the disaster. Ever since, and through the assessed needs of continued support in Tohoku, AMDA had built the Otsuchi Health Support Center in Otsuchi-cho, Iwate Prefecture, with the generous support of MERCY Malaysia.

MERCY Malaysia's efforts

MERCY Malaysia and AMDA collaborated to carry out the construction of the Health Support Centre. The centre has two functions: an acupuncture clinic and community area. The multi-functional community area contributes towards the community's rebuilding and recovery process through various social opportunities that are conducted in a healthy atmosphere. It was officially opened in December 2011, while the second building was opened in March 2012, with contributions from MERCY Malaysia.



A: Participants enjoying handcraft activity in the community space
B: Participants enjoying the frying-pan-baking class

Jordan



Project	Emergency Response – Syrian Civil Conflict
Objectives	To address the immediate surgical needs of Dulayl Hospital
Project Partners (s)	Jordan Health Aid Society
Activities	Deployment of 2 medical specialists to enhance the surgical capacity of Du Leyl Hospital to cope with the increasing number of patients suffering from war related injuries
Locations	Zarqa, Jordan
Period	January 2013
Accomplishments	A total of 13 war related surgeries were conducted by the medical team

Background

The continuous influx of refugees fleeing from the ongoing conflict in Syria has put a strain on the local Jordanian health system which has to cater to an increase in the number of unwell and injured persons crossing the border. Most of the injured civilians have nowhere else to go as the Syrian health system is no longer able to meet their urgent needs for medical care.

Mobile medical teams and field clinics which are run by various international and national agencies provide the required first aid and early trauma treatment to the refugees. However, any further treatment that requires more complex medical care will be referred to the local hospitals in Jordan. This in turn has created a strain on the Jordanian health system.

In order to support the already over-stretched local health system, the Jordanian Health Aid Society (JHAS) has taken the initiative to manage, staff and run a small private hospital by the name of Dulayl Hospital. The hospital, which will function as a referral hospital for definitive treatment, is situated in Zarqa, just 15km from the Za'atari camp and 50km from the Jordan-Syria border.

MERCY Malaysia's efforts

MERCY Malaysia deployed a medical team consisting of an orthopaedic surgeon and an anaesthesiologist to be based at the Dulayl Hospital to supplement the services provided by the permanent medical staff of the hospital. The hospital staffs have been working round the clock since the hospital became a referral centre for war related cases. It also requires assistance for external capacity to cope with the increasing number of cases thereby reducing the workload of its permanent staff.

Working in partnership with the JHAS team, our medical team was tasked primarily with the responsibility of performing surgeries for war related injury patients. The team conducted a total of 13 surgeries of which the majority were gunshot wound cases. The rest of the cases involved bomb blast injuries and other war related injuries. Apart from performing surgeries, the team was also tasked to review cases that had been emergency operated prior to their arrival. In addition, the team had to conduct ward rounds in between and after their OT cases.



A: Dulayl Hospital
B: Dr. Sabri Omar conducting a surgery on a patient who sustained war related injuries

Myanmar



Project	WASH Project in Sandy Village
Objectives	<ul style="list-style-type: none"> • Health: To provide better, proper health services for the targeted communities through mobile and village clinics • Sanitation: To improve the sanitation level of community members by facilitating access to latrines and education on best sanitation practices • Hygiene Promotion: To improve the hygiene level of community members through hygiene education sessions
Project Partners (s)	GOLD Myanmar, Kyauk Tan Health Department and Sandy Development Organisation (SDO) and Department of Health (DOH)
Activities	<ul style="list-style-type: none"> • Project orientation to communities (1 meeting per village; total 6 villages) • Strengthen capacity of the existing local development group (i.e. SDO) and community representatives • Facilitate local development group to draw its own action plans • Mobile clinic once per month (i.e. 10 sessions in total) • Special health talks on common health issues or seasonal illness or diseases (at least 3 times) • Setting up a community-managed village clinic and dispensary (manned by 3 volunteers which will be trained) • Construction of latrine units (total 180 latrines) • Conduct Training of Trainers for selected volunteers on hygiene and sanitation topics (i.e. 2-3 volunteers per village) • Hygiene and sanitation education sessions (i.e. carried out by the trained volunteers; each volunteer conducts 4 sessions, each session will have maximum of 15 participants) • Continuous monitoring & evaluation (M&E)
Locations	Kyauk Tan Township, Yangon Region, Myanmar
Period	April 2012- March 2013
Accomplishments	<ul style="list-style-type: none"> • 10 community meetings held • 10 mobile clinic services provided • 3 special health talks on common health issues or seasonal illness/ diseases delivered • 1 village-managed clinic established • 3 village volunteers trained to be involved in village clinic functioning • 20 village volunteers conducted hygiene and sanitation promotion sessions • 180 latrine units constructed, used and sustained

Background

People are living in substandard health status due to poverty and the lack of accessibility to facilities. Communities living in rural areas have zero or inadequate access to proper sanitation facilities as the government is unable to provide sufficient health services. Insufficient knowledge and limited awareness on topics related to health, hygiene and sanitation will give rise to illness unless proper measures are put into place to ensure that communities are made aware of, and given the opportunity to construct, use and maintain proper latrines.

MERCY Malaysia's efforts

Target communities have the benefits of village-managed clinic construction, monthly mobile clinic services, health education awareness rising, and construction and use of latrines. All community members who have been provided the latrines demonstrated their participation in kind to build those latrines as well as for village clinic construction. Households who have latrines shared their views with other community members in the same village and with those from other villages. As a consequence of working in partnership and cooperation with villages development committees, they demonstrated increased ownership over the issues and committed in providing awareness on the issues to other community members where needed.

From the evaluation in the EoP event, the beneficiaries of the target villages mentioned that they felt happy and grateful to the donor and GOLD Myanmar team for providing health care services in this project area. They could access this mobile clinic without delay and any expenses. One of the successes of this project is where some patients are able to get to the hospital on time due to the diagnosis of the doctors in the case of vaginal infection- CIN stage 1).



A: MERCY Malaysia's volunteers who provided services at Sandy Village

Myanmar



Project	Static Clinic, Sittwe, Rakhine
Objectives	<ul style="list-style-type: none"> To provide primary health care to affected communities in Sittwe, Rakhine in Myanmar To strengthen the local health system by being part of the health system under Rakhine State Health Department
Project Partners (s)	Muslim Aid UK
Activities	<p>Providing primary health care including free consultation and medication, health education and referral services at the following camps and resettlement villages:</p> <ol style="list-style-type: none"> 1. Baw Du Pha (1) 2. Baw Du Pha (2) 3. Kaung Doke Khar 4. Set Yoe Kya 5. Set Yone Su 6. Set Yone Su (3) or Det Si Tan
Locations	Sittwe, Rakhine State, Myanmar
Period	Nov 2012 to Dec 2013
Accomplishments	<ul style="list-style-type: none"> 47,458 patients were treated in 2013 By providing on the job training and coaching, the Community Health Workers (CHW) became the focal point of our medical service especially for the communities with limited access to health care due to security reasons. The CHW tasks include crowd control, registration, health education, wound cleaning and dressing, translation in consultation and dispensing of medicine The medical team participated in Health Clusters and Weekly State Health Coordination meetings. In addition to providing primary health care, submitting daily cases and health surveillance reports, the medical team also provided referral services to Dar Paing Emergency Hospital and Sittwe General Hospital The medical team also participated in an immunisation programme as requested by Rakhine State Health Department

Background

As of August 2013, there were 176,000 people in need, 140,000 displaced and 79,000 relocated in Rakhine. In Sittwe, there is an increase in the number of displaced people from 70,000 to 95,372.

MERCY Malaysia's efforts

Since October 2012, MERCY Malaysia has been operating in Sittwe. The Rakhine State Health Department requested MERCY Malaysia to support its medical teams as it is very difficult for MOH to deploy medical doctors to serve in Rakhine. MERCY Malaysia's medical team started to serve the affected community in November 2012.

The partnership with Muslim Aid UK started in May 2013 and ended in October 2013. In August 2013, in view of the effectiveness of our medical team, the State Health Director expressed his request for MERCY Malaysia's medical team to continue to serve in Sittwe as the team is well accepted by the affected communities in Sittwe.

Our programme is in-line with the goal of Rakhine Response Plan: The primary goal of the Humanitarian Country team's response in Rakhine State is to support the Government's efforts in providing humanitarian assistance to all communities impacted by the 2012 inter-communal violence across Rakhine State.

Strategic objectives:

1. A linked approach to humanitarian, recovery and development strategies and activities in the State is applied.
2. All activities strive to achieve durable solutions considering conflict-sensitive approaches and complementing Government-led efforts with adherence to international standards and principles.



A: MERCY Malaysia local staff dispensing medication at Static Clinic, in IDP camp at Sittwe

Myanmar



Project	Construction of Dar Paing Emergency Hospital
Objectives	<ul style="list-style-type: none"> To provide a hospital for Muslim IDP in an accessible location outside Sittwe town To strengthen the health system for the affected Muslim community
Project Partners (s)	Muslim Aid UK, State Health Department, Office for the Coordination of Humanitarian Affairs (OCHA), World Health Organisation (WHO), state government
Activities	<p>Dar Paing Emergency Hospital has the following facilities:</p> <ul style="list-style-type: none"> 6 beds each for male and female wards Operation theatre Delivery room Outpatient Department Referral to Sittwe General Hospital for emergency cases 5 staff quarters 4 latrines including one inside the delivery room Water tank with ground water supply Generator for electricity supply Equipments and furniture supply
Locations	Dar Paing Village, Sittwe, Rakhine State, Myanmar
Period	June 2013 until October 2013
Accomplishments	<ul style="list-style-type: none"> 70,000 beneficiaries from 12,000 families benefited from this project Between May and September, the emergency hospital has treated more than 18,000 outpatients and admitted 55 patients (average of 100 patients daily) A senior health assistant, nurse and midwife are in charge 24/7 An Outpatient Department run by a local NGO, Myanmar Resource Foundation. Medical doctor assigned by MoH is available daily Provides the only baby delivery room available for the Muslim community Provides first-line treatment for emergency cases before the patient is transferred to Sittwe General Hospital Serves as a pick up point to transfer patients to Sittwe General Hospital for outpatient cases that need further treatment and emergency cases

Background

Dar Paing Emergency Hospital was previously a rural health centre. It was upgraded into an emergency hospital following influx of Muslim IDPs in the areas.

The State Government started the construction to expand the facilities but could not complete it due to lack of funding. A medical team was already serving the area's RHC and additional staff will be assigned to strengthen the capacity.

The Muslim populations in the area now has safer access to hospital facilities whereas previously they could only seek such services in Sittwe General Hospital and faced further hardships:

- Their movement to Sittwe town is highly restricted with security checkpoints and strict curfews.
- They face the risk of attack from conflicting communities once they are outside their assigned areas and IDP camps;
- Limited bed allocation at Sittwe General Hospital, with the wards heavily guarded by hospital security;
- Non-availability of halal food for consumption in Sittwe town

MERCY Malaysia's efforts

With MERCY Malaysia efforts, an outpatient department run by a local NGO, the Myanmar Resource Foundation was established. A medical doctor assigned by the Ministry of Health (MoH) is now serving at the hospital daily. A baby delivery room – the only one thus far – was provided for the Muslim community. Additionally, first-line treatment for emergency cases prior to transfer to Sittwe general hospital, was provided.

The completion of staff quarters enables the assigned medical staff to be in the same compound and this enables the hospital to be open at all times including arrangements for ambulance services by ICRC for emergency cases requiring transfers to Sittwe General Hospital.

The availability of midwives and delivery rooms provide safer child birth for the Muslim communities there.

More than 100 patients seek medical treatment daily at Dar Paing Emergency Hospital. Up to September 2013, the hospital has treated more than 18,000 patients and admitted 55 patients.

Myanmar



Project	Construction of Thet Kel Pyin Rural Health Centre
Objectives	<ul style="list-style-type: none"> To provide a rural health centre for Thet Kel Pyin and surrounding areas To obtain the participation of the affected community To strengthen the local health system
Project Partners (s)	Muslim Aid (UK), State Health Department, Ministry of Health (MOH), local community, state government and Min Lwin Construction
Activities	<p>The facilities at the health centre will include the following:</p> <ul style="list-style-type: none"> Emergency room Delivery room Out Patient Department Referral to Sittwe General Hospital Two units of staff quarters Water tank with ground water supply
Locations	Thet Kel Pyin Village, Sittwe, Rakhine State, Myanmar
Period	August 2013 to March 2014
Accomplishments	<ul style="list-style-type: none"> As the community is very much aware of the project and willing to contribute by providing land at a minimum cost, villagers show the sense of ownership of the project by the local community The orientation of the layout was also confirmed and agreed by both the MERCY Malaysia TECH Team member and the contractor The land owner and the representative of the Rakhine State Health Department joined MERCY Malaysia to launch the construction on 17 August 2013 Proper medical teams will be assigned by the State Health Department to serve the community in and around Thet Kel Pyin The community will have access to basic health care such as primary health care services and maternity care including a proper delivery room managed by a trained midwife and also an immunisation programme Referral services can be established with Sittwe General Hospital for emergency cases

Background and MERCY Malaysia's Efforts

Thet Kel Pyin is a town that is not directly affected by the conflict and provided easy access to surrounding areas where the number of displaced persons (IDPs) is ever increasing. Additionally, villagers staying around the area due to prolonged segregation had become displaced due to economic reasons.

MERCY Malaysia's Efforts

In October 2012, MERCY Malaysia sent an assessment team to visit Sittwe and Dr. Than Tun Aung, the State Health Director of Rakhine State Health Department offered MERCY Malaysia the opportunity to build a rural health centre in Thet Kel Pyin village. The majority Muslim community was not affected during the conflict. There are private taxis and a rickshaw providing public transportation for easy access to surrounding villages and IDP camps. There is a school in operation, unlike in other villages, where schools remain closed due to teachers being unwilling to enter the villages for security reasons.

The local Health Authority has identified the village for a rural health centre and offered MERCY Malaysia the construction of the project with the participation of the villagers who provided a piece of land at the edge of the town close to IDP camps. It is an ideal location for a proper well-planned rural health centre. MERCY Malaysia has constructed 13 health facilities including the Sub-rural Health Centre, Rural Health Centre, Station Hospital and Township Hospital in Cyclone Nargis-affected areas. MERCY Malaysia's design of the Sub-rural Health Centre has been included in the national guideline of reconstruction for the health sector.

This is a good opportunity to provide much needed infrastructure in one of the most underserved and underdeveloped states in Myanmar and provide long term impact in improving the health care system for the community.



A: Thet Kel Pyin Rural Health Centre construction site at Sittwe, Rakhine State

Myanmar



Project	Cleft Lip & Palate Project (CLIPP), Mandalay, Myanmar
Objectives	<ul style="list-style-type: none"> To perform surgery to correct deformities, repair injuries, and improve function for underprivileged children aged between 6 months and 6 years old from rural areas around Mandalay, Myanmar To assess patients to verify the necessity of the operation, estimate possible risks, and determine best practice, in close collaboration with Sitagu Aryudana Hospital staff To develop a working relationship with local host (Sitagu Hospital) for future collaboration
Project Partners (s)	Sitagu Ayudana Hospital
Activities	<ul style="list-style-type: none"> Screening of patients by the oro-maxillofacial surgeons and anaesthetists Pre-surgery education to the patients' caregivers Laboratory/blood workups Post-surgery education on wound care, signs of infection, expectations, and home post-surgical care Teaching and transfer of knowledge between MERCY Malaysia team and Sitagu Ayudana Hospital operation room staff
Locations	Sitagu Ayudana Hospital
Period	3-13 November 2013
Accomplishments	47 successful corrective surgeries

Background

This project was made successful by a team from PPUM (University Malaya Medical Centre) led by Dato' Dr. Zainal Ariff. The team consisted of three oromaxilla surgeons, two anaesthetists, two surgeons' assistants and 1 MERCY Malaysia staff. They operated on 47 patients ranging from 6 months old to 14 years old.

MERCY Malaysia's efforts

This is the first collaboration between MERCY Malaysia and Sitagu Ayudana Hospital, Mandalay, Myanmar. One of the objectives of this collaboration is to facilitate the exchange of knowledge between MERCY Malaysia medical volunteers and Sitagu Ayudana medical staff. To ensure compliance and safety, pre- and post-surgery education to the patients' caregivers were conducted by the team.



A: CLIPP Myanmar team (from L): Dr. Rosliza Parumo (Surgeon Assistant), Dr. Ng Kwee Peng (Anaesthetist), Dr. Lew Chee Kong (Surgeon), Dr. Khin Maung Zaw (Medical Superintendent of Sitagu Ayudana Hospital), Dato' Dr. Zainal Ariff Abdul Rahman (Surgeon), Dr. Sherrie Chong Mei Yee (Surgeon Assistant), Dr. Hariyah Yusop (Anaesthetist), Dr. Aung Iwin Oo (Surgeon), Dr. Nyi Nyi (OT Circulator), & Masniza Mustaffa (staff). Not in picture: Phyu Phyu (Project Coordinator, MERCY Malaysia, Myanmar) & Zaleha Ahmad (Reproductive Health Coordinator)

B: Dr. Lew performing the lip and anterior palate repair on a young patient

Myanmar



Project	Provision of clean drinking water via filtering systems at IDP camps, clinics and hospital in the Sittwe programme
Objectives	To provide awareness training on clean water and usage, and the maintenance of ceramic water filters
Project Partners (s)	Community Development Association (CDA)
Activities	Distribution of ceramic water filters to clinics, Rural Health Centre (RHC) and Internally Displaced Person (IDP) camps
Locations	Sittwe township
Period	2013 December to 2014 January
Accomplishments	<ul style="list-style-type: none"> 100 Ceramic Water Filters distributed to 6 clinics, 1 hospital and 1 IDP camp 70 participants from 1 IDP camp been provided with awareness training on clean water usage and the maintenance of ceramic water filters

Background

In June 2012 inter-communal violence erupted in Rakhine State and reoccurred in October. Over 140,000 Rakhine Buddhists and Muslims were displaced and a vast majority continues to remain in camps located in both urban and rural settings in eight townships across the state. The supply of clean drinking water is a necessity that needs to be met in order to stave off a host of hygiene-related issues. Many camps still depends on water trucks to provide drinking water twice a day. The situation worsens during dry season where many only rely on water pond nearby for both washing and drinking.

MERCY Malaysia's efforts

MERCY Malaysia distributed ceramic water filters to 66 families in 1 IDP camp, 2 in each 6 health clinics and 10 to Dar Paing Emergency Hospital in order to provide safe drinking water for the communities. A total of 100 ceramic water filters were distributed. Camp Water Supply & Maintenance Committees were formed. The committee members attended the Usage and Maintenance of Ceramic Water Filters training courses. These training courses were held at five locations, with a total of 70 participants who attended.



A: 16 gals globe filter installation at Baw Du Pha (1) Clinic
B: 16 gals globe filter installation at Kaung Doke Khar Clinic

Pakistan



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Rural Health Centre (RHC) Building (project handover)
Objectives	To increase the ability of the Rural Health Centre (RHC) in providing better and more comprehensive services for the local community
Project Partners (s)	The people and government of Malaysia
Activities	Refurbish and extend the Rural Health Centre (RHC) Building
Locations	Mirpurkhas, Sindh
Period	August 2012 – January 2013
Accomplishments	<ul style="list-style-type: none"> The restoration of the Rural Health Centre (RHC) was completed in January 2013 The Rural Health Centre (RHC) provides full services to the community: <ul style="list-style-type: none"> 2 consultation rooms for male and female 1 treatment room, 1 dental room 1 EPI room meeting and storage facilities This service benefitted 30,000 beneficiaries

Background

Pakistan was hit by massive floods, a result of torrential rains in 2010 and 2011 due to the southwest monsoon. The second flood in 2011 which hit Sindh province affected a total of 9.27million people and caused 520 deaths.

MERCY Malaysia's efforts

After Pakistan was hit by the massive floods due to torrential rains in 2010 and again in 2011, MERCY Malaysia decided to refurbish and extend the Rural Health Centre (RHC) building at Tando Jan Muhammad in Mirpurkhas with the help of the government of Malaysia through the Ministry of Foreign Affairs (MOFA).

The centre, the refurbishment of which took a total of 5 months, offers free medical aid for a range of services which includes maternity, accident and trauma care, circumcision, expanded immunisation programmes (EPI), Tuberculosis consultation and treatment, and outpatient and primary healthcare. The reconstructed Rural Health Centre is now able to offer 24-hour services, as medical staff members are now being housed at the new staff quarters.

The RHC was handed over to the local authorities on 30 May 2013 by H.E. Abu Bakar bin Mamat, the Consulate General of Malaysia to Karachi.



A: H.E. Abu Bakar bin Mamat, the Consul General of Malaysia to Karachi officiated the handover and witnessed by Hon. Mr. Asif Ikram, the Deputy Commissioner of Mirpurkhas and Hon. Assoc. Prof. Dr. Mohamed Ikram Bin Mohamed Salleh, Vice President I of MERCY Malaysia

B: Tando Jan Mohammad Rural Health Centre (RHC) was reconstructed with the funding of USD 1 Million from the Malaysia government in response to a massive floods in 2011 and the project was finalised in 2013

Palestine



Project	Elwafa Outreach Medical Rehabilitation Project
Objectives	<p>Overall Goal</p> <ul style="list-style-type: none"> To improve the quality of life and to support the integration of physically disabled clients in the southern provinces of the Gaza Strip (Rafah City) by providing them access to professional specialised medical rehabilitation services. <p>Specific Objectives</p> <p>A. To continue providing outreach medical rehabilitation services in Rafah City. Services include identification, assessment, treatment and follow up of clients based on individualised care plans.</p> <p>B. To enhance a formal case referral and coordination system for more integration of clients into normal life.</p>
Project Partners (s)	Elwafa Medical Rehabilitation Hospital
Activities	<ul style="list-style-type: none"> Selection of project staff which includes project manager, admin assistant, five Physiotherapists, three Occupational Therapists, one nurse, office boy and an accountant Procurement of technical aids/ orthotic equipment, medical supplies and medicines Offering daily outreach Physiotherapy, Occupational therapy, and Nursing care sessions Implementing necessary referrals to other agencies for additional services Performing four lectures monthly for Elwafa rehab team, other health professionals and community (one public lecture and three professional lectures) Issuing one brochure monthly as a part of awareness and disability prevention activities Issuing one journal (20 pages, A5) every two months that involves many articles related to Elwafa outreach project Holding three recreational (open day) activities for outpatients Weekly rounds at emergency health centres in Rafah to collect names and contacts of newly injured cases. Establishing and implementing a referral system in coordination with Elwafa Medical Rehabilitation Hospital Conducting regular coordination meetings with the coordination body for planning and reviewing the integration activities
Locations	Rafah City, Gaza Strip, Palestine
Period	March 2013 - February 2014
Accomplishments	Total number 8,328 beneficiaries have been treated in this period

Background

Post 2009 conflict situation in Gaza Strip, MERCY Malaysia continues its effort in Gaza by providing medical rehabilitation to beneficiaries who were injured during the conflict. Over the years the project has manage to integrate many beneficiaries from the programme into their society and let them continue to live their life normally. However, the number of affected population still remains due to periodic attacks and clashes.

The number of casualties increases every day, some not fortunate enough to survive injury and some others disabled forever, a feature of the life of the Palestinians surviving the decades-long conflict. The total number of disabled people in Gaza strip is 16,214 while in Rafah governorate the number is 1,836. Rafah is bordered by the Israeli-Egyptian borderline thus exposing the community to catch in between any military campaign or assaults which causes the Palestinian to lose their source of income and livelihood. The need for medical rehabilitation in this region is constant.

MERCY Malaysia's efforts

MERCY Malaysia in collaboration with Elwafa Medical Rehabilitation Hospital decided to extend medical rehabilitation services to Rafah City, Gaza South. Elwafa hospital is the only hospital in Gaza Strip that offers this service but, it is located

in North Gaza. The team offers daily outreach Physiotherapy, Occupational therapy, and Nursing care sessions while those requiring additional services will be referred to other agencies. Besides the daily services the team also produces reference materials for public awareness which included disability law, sanitation, community inclusion, Low Back Pain (LBP) prevention and management, proper school bag for children, congenital diseases, etc.

As part of their accountability the team will conduct bi-monthly meeting with beneficiaries to share input with them and at the same time to gather their feedback on the programme. Four recreational days are also conducted for the patients and their families with the aim of community integration. Elwafa also signed many cooperation agreements with other agencies working within Gaza Strip in the field of assistive devices, so patients would benefited from their services for free of charge.

Palestine



Project	Construction of EMAAR Centre for Psychosocial Trauma
Objectives	<p>The goal of this project is to create a one stop centre in Khan Younis offering various psychosocial services to the community in Central Gaza with the following specific objectives:</p> <ul style="list-style-type: none"> To complete the infrastructure development of the centre in order to shift the current projects activities into one location. To carry out educational and rehabilitation programmes for the least privileged community members To rehabilitate those suffering from psychological illnesses, speech and hearing defects To run supportive activities that would enable the youth in the community to become productive and influential in a positive manner
Project Partners (s)	EMAAR Association for Development and Rehabilitation
Activities	<p>The project implementation has the following steps:</p> <ul style="list-style-type: none"> Briefing by EMMAR on their requested building plan and a request by them for assistance from MERCY Malaysia Preliminary & development of design of the proposed building PDA & Budget Costing and negotiation with MERCY Malaysia technical team Project Schedule Site possession & kick-off meeting (construction works initiated) Daily supervision and progress report to MERCY Malaysia by the contractor Periodic visit of designated consultant Project Closing & Handing over
Locations	Khan Younis
Period	1 Year
Accomplishments	<p>At the end of the construction, the centre will be able to offer the following:</p> <p>Psychosocial Care and consultation (currently provided by Al-Amal Centre): These services provide efficient and high quality mental health services that would, in addition to the treatment of people with mental disorders, moderate the psychological effects of the stresses through providing various preventive, therapeutic, and consultation services.</p> <p>Audiology and Speech Therapy: At the level of audiology and speech therapy services, the project will help sustain and strengthen the diagnostic, treatment and rehabilitation capacity of the only hearing and speech centre in Khanyounis city.</p> <p>Emaar Association main office: Emaar Association will benefit from the building as it will use one floor of it as its main operational office.</p>

Background

Emaar Association is a non-profit organisation established in November 2006 and registered under the Interior Ministry. Emaar contributes towards enhancement and development of the Palestinian community at all levels, through improving the environment, improving infrastructure, enhancing the level of awareness and the promotion of social values through community rehabilitation programmes, as well as providing a helping hand to marginalised and needy people.

When Emaar started their Operation, it concentrated on improving the environment and infrastructure, fighting poverty, and building the capacities of Palestinian youth and students. These efforts were reflected in various projects like maintenance of roads projects, building umbrellas in the play grounds of schools, organising summer camps for the children, and various poverty reducing projects.

In the beginning of 2009 and after the conflict in Gaza, the Emaar

Association, together with MERCY Malaysia, established the Al-Amal Centre for Psychological Care and Consultation. The centre played a leading role in alleviating the pain and suffering of the residents in the southern areas of Gaza Strip. The centre provides a comprehensive mental health service including outreach programmes. The centre includes a speech therapy and audiology unit that is developing to become a speech therapy and audiology centre in the southern area of Gaza strip.

MERCY Malaysia's efforts

With more services and more beneficiaries, Al-Amal Centre had to expand. The challenge was a lack of space in the Gaza Strip due to building destruction from the conflict. Thus the speech therapy and audiology unit moved into another building. As a result, Emaar now has three premises: for the main office, for Al-Amal Centre, and for the speech therapy and audiology unit. This has increased costs, but also expands the comprehensive and integrated services that Emaar provides through its centres.

Palestine



MERCY Malaysia decided to support EMAAR in realising their expansion although the funding was a challenge (we were unable to fund the entire project cost). MERCY Malaysia technical team and Emaar management managed to break the project into phases to ease the funding challenges. We were able to fund up to USD 200,000 from the total amount requested which has enabled Emaar to construct the building up to the third floor to make it functional. Later in 2013, Emaar managed to secure more funding from another donor which enabled them to construct the whole fifth floor of the building, which will be completed in 2014.



A: From Left- Norazam Ab Samah, DOUR Consultant, Dr Yaseer Abu Jamei, Zullaili Zainal Abidin, Mr Anwar Musa, Mohammad Said Alhidzari and Dr Khamis Elessi in front of EMAAR Center which is still under construction



B: Children enjoying playing at the play area provided
C: MERCY Malaysia team were happy listening to a story told by a little girl

Palestine



Project	EMAAR Psychosocial Programme																														
Objectives	<ul style="list-style-type: none"> To strengthen the role of school counselors, and involve teachers in enhancing the psychological wellbeing of children in the schools To provide Psychosocial Care and build Psychological resilience among families living in hot areas of Gaza Strip To offer comprehensive community mental health services To provide a specialized interventions in audiology and speech therapy field 																														
Project Partners (s)	Emaar Association for Development & Rehabilitation																														
Activities	<p>Inside the center, there were main programs that are implemented, every program had its own activities, the programs were:</p> <ul style="list-style-type: none"> Your Confident Counselor Program-Bank of Points Family support program Comprehensive Psychological Services Program <ul style="list-style-type: none"> Psychological support and psychotherapy Psychometrics (Intelligence Tests) Electroencephalography (EEG) services Play Therapy Training and rehabilitation program Speech Therapy Unit (Basma Center for Audiology and Speech Therapy) Capacity Building for the staff 																														
Locations	Palestine, Gaza Strip, Khan Younis																														
Period	July 2013 – June 2014																														
Accomplishments	<p>Outcomes of the program:</p> <p>1- Your Confident Counselor Program- Bank of Points</p> <table> <tr> <th>Activity</th><th>No. of Beneficiaries</th></tr> <tr> <td>Consultation sessions</td><td>880</td></tr> <tr> <td>Group guidance sessions</td><td>4830</td></tr> <tr> <td>Recreational Activities</td><td>1034</td></tr> <tr> <td>Educational sessions</td><td>766</td></tr> <tr> <td>Different Activities</td><td>581</td></tr> </table> <p>2- Family support program</p> <table> <tr> <th>Activity</th><th>No. of Beneficiaries</th></tr> <tr> <td>Consultation sessions</td><td>493</td></tr> <tr> <td>Intelligence tests sessions</td><td>260</td></tr> <tr> <td>Mental health of the mother and child sessions</td><td>1800</td></tr> <tr> <td>Psychological and social support to the families of orphans</td><td>180</td></tr> </table> <p>3- Comprehensive Psychological Services Program</p> <table> <tr> <th>Activity</th><th>No. of Beneficiaries</th></tr> <tr> <td>Educational sessions</td><td>500</td></tr> <tr> <td>Recreational Activities</td><td>47</td></tr> <tr> <td>Psychological support sessions</td><td>70</td></tr> </table>	Activity	No. of Beneficiaries	Consultation sessions	880	Group guidance sessions	4830	Recreational Activities	1034	Educational sessions	766	Different Activities	581	Activity	No. of Beneficiaries	Consultation sessions	493	Intelligence tests sessions	260	Mental health of the mother and child sessions	1800	Psychological and social support to the families of orphans	180	Activity	No. of Beneficiaries	Educational sessions	500	Recreational Activities	47	Psychological support sessions	70
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Palestine



4- Speech Therapy Unit

Activity	No. of Beneficiaries
Screening for hearing problems	121
Hearing rehabilitation sessions	449
Rehabilitation speech problems for kids	613
Treatment for speech sessions	400
SKI-HI program	171
Portage program	554
Educational sessions	400

5- Capacity building for the staff

4 different training courses implemented in this program

Background

In an effort to continue our support towards the Palestinian people in Gaza Strip after the conflict in 2009 MERCY Malaysia collaborated with Emaar Association, a Palestinian non-profit organization to implement the Psychosocial Support Programmes (PSP).

The implementation of the PSP started in June 2009 after a period of operation, and over the last five years proved to be successful and efficient in addressing not only the needs of people with psychosocial issues and difficulties, but also in building the needed capacities of school counselors, and relieving the pain and suffering of Palestinian families and children.

As time passes, the PSP team, and Emaar management used a community response approach. The PSP tried to respond to the needs of the community through the development and implementation of Your Confidant Counsellor Programme, and The Family Support Programme. Both programmes proved to be helpful in building the capacities of school counsellors, addressing the issues of children within their school environment, and provide a gentle window for families through which they can breathe, and ventilate.

For the sixth year, the same strategies and programs will continue but with different beneficiaries, and areas in Khanyounis, in order to offer the services for thousands of people in the region.

MERCY Malaysia's efforts

MERCY Malaysia and Emaar Association established *Al-Amal Centre for Psychological Care and Consultation* to offer the following programme and activities:

Your confident Counselor Programme:

The programme approached children concerns and problems within their schools, and thus overcoming any issues regarding

the stigma towards mental health. It also provided a good chance for school counselors to strengthen their role in the school.

Family Support Programme:

Although Family Support Programme succeeded in alleviating the pain and suffering of families and children in hot areas, it is time to build knowledge on ways of dealing with time of disasters. Unfortunately, Gaza is not only still occupied, but also subjected to major hostile and aggressive operations that lead to death and loss of property. The programme focused on hot areas, and enhanced its target audience through the engagement of radio stations.

Speech Therapy And Audiology Unit:

This unit aims to provide its unique service, providing the needed diagnostic, therapeutic, and rehabilitative interventions to all children with hearing and speech difficulties, including those with cochlear implants. The center continues to be the only one of its kind in the southern areas of Gaza strip in offering its comprehensive services.

Comprehensive Psychosocial Services:

Al-Amal Centre offers comprehensive community mental health services to the population of Southern Gaza strip. The center also receives referrals from all the other programmes that are run by the PSP, and thus addressing people at both, preventive and curative levels. The center has a multi-disciplinary team that includes psychiatrists, psychologists, and social workers.

Philippines



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Outpatient Department at Ormoc District Hospital and ERU mobilisation
Objectives	<ul style="list-style-type: none"> To provide life-saving medical and health services in the areas of greatest need which will reduce the mortality and morbidity rates in areas of operation To prevent or contain the outbreak of communicable diseases in all areas of operation To address public health concerns within all areas of operation that may be caused by gaps in other sectors To support and assist local health agencies in their recovery efforts to ensure that the health system returns to full functionality
Project Partners (s)	Ormoc District Hospital
Activities	<ul style="list-style-type: none"> Primary Health Care Services Wound dressing / Wound care Health Surveillance
Locations	Leyte Island
Period	18 November – 26 December 2013
Accomplishments	The ERU was fully functional for more than one month running for 6-and-a-half days a week till the rehabilitation of ODH was completed by the technical team

Background

The damage to the local health facilities, from barangay (village) health stations to primary and level 1 hospitals, crippled the ability of the local health service providers to respond to the needs of the communities to the scale that was required in the first three weeks. Many barangay health centres suffered total destruction while many hospitals were unable to function as a result of immense damage to the roof structure.

MERCY Malaysia's efforts

MERCY Malaysia's first medical team arrived in Ormoc on 15 November and the base of operation was established in Ormoc District Hospital (ODH), a hospital with a 100-bed capacity that was badly damaged by Haiyan. The hospital's outpatient services were halted indefinitely and the inpatient capacity was reduced to only 20 beds as the two blocks housing the Operation Theatre and all patient wards suffered extensive damage. The only functional building at the time was the administrative block where patients were housed in the hallway and lobby.

The Emergency Response Unit (ERU) was deployed on 18 November 2013 to be based in the compounds ODH as the temporary Outpatient Department to cater to the health needs of the affected communities in Ormoc City. The team also facilitated medical evacuations of patients who required immediate specialist treatment to more advanced health facilities in Cebu. The ERU ceased operations on 26 December 2013 with more than thousands of consultations conducted during the emergency response.



A: Even our President has to help out at our outpatient clinic in Ormoc District

B: MERCY Malaysia's Emergency Response Unit setting up a the Emergency Outpatient Department within the compound

Philippines



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Hygiene Kit Distribution
Objectives	<ul style="list-style-type: none"> To provide essential personal hygiene items to families affected by the typhoon To reduce the spread and the number of diarrhoea cases in the affected areas To uphold the dignity of the affected population
Project Partners (s)	-
Activities	Distribution of Emergency Hygiene Kits
Locations	<ul style="list-style-type: none"> Barangay Nasunogan Barangay Kadaohan
Period	27 November – 13 December 2013
Accomplishments	1,038 Hygiene Kits Distributed to affected communities in 2 barangays

Background

The health cluster reported an increase in diarrhoea cases throughout Ormoc and the five municipalities. The cases, however, were spread out across the different barangays (villages) and appeared to be sporadic with no clustering of cases being identified. However, there was still a concern that hygiene-related communicable diseases could be on the rise especially since many communities lacked access to clean water and did not have hygiene-related items with them. The WASH cluster had also identified an immediate need for hygiene education and hygiene kit distributions in the interior barangays to address the rising number of reported diarrhoea cases.

MERCY Malaysia's efforts

Two barangays in Valencia were identified by the Health Outreach Team and by the Valencia Sanitary Inspector to be in need of hygiene kits. The two barangays were Barangay Nasunogan and Barangay Kadaohan, both in the Valencia District. The distributions were carried out on two separate dates and covered all families within the barangay. Due to the sudden shortage in supply during the first month of operations, all items were purchased and shipped in from Cebu by the logistics team.

The first distribution of 515 family kits was carried out at Barangay Nasunogan on 27 November 2013 and the second distribution of 523 family kits was carried out at Barangay Kadaohan on 13 December 2013. Each distribution was followed by a Health and Hygiene Education Session conducted by the Health Outreach Team that touched on the importance of maintaining good hygiene practices as well as sessions on specific health concerns as observed by the team during the mobile clinics.

Each family hygiene kit contained water container (can cover 4 gallon capacity), soap (4 bars), shampoo (6 sachets), 4 toothbrushes, toothpaste (6 sachets), bath towel (2 pieces), comb, nail clipper, sanitary pad (1 pack), laundry soap (1 bar), shaver and 3 pairs of slippers (adult and children).



A: Beneficiaries lining up for the hygiene kits at Nasunogan
B: MERCY Malaysia's Vice President II, Mr. Norazam handing over a family hygiene kit to beneficiary at Nasunogan

Philippines



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Outreach Clinics, Mindanao
Objectives	<ul style="list-style-type: none"> To conduct a total of six mobile clinics in six selected barangays To conduct an assessment on the health status and hygiene practices of each community To conduct a further assessment on possible health-related needs and capacity-building opportunities for future projects/interventions
Project Partners (s)	Bangsamoro Development Agency (BDA) Bangsamoro Medical Society (BMS)
Activities	Outreach Clinics
Locations	Cotabato
Period	25 May 2013 – 7 June 2013
Accomplishments	Six outreach clinics conducted in partnership with the Bangsamoro Medical Society with a total of 1,101 consultations

Background

Mindanao has been plagued by conflict between separatist groups and the government (GPH) since 1972, conflict that has claimed more than 120,000 lives and displaced millions. The most recent major conflict was in 2008 in which 450,000 people were displaced by renewed fighting caused by the collapse of a peace agreement. Mindanao itself is rich in resources but half of the local population remains poor due to the constant state of uncertainty caused by the conflict. Since the signing of the historic peace agreement between the Moro Islamic Liberation Front (MILF) and the Government of the Philippines (GPH) on 15 October 2012, the situation in Cotabato and Maguindanao has relatively stabilised, though security is still a concern.

MERCY Malaysia's efforts

Access to healthcare still remains an issue for communities living in the interior barangays of Cotabato and Maguindanao. MERCY Malaysia, in partnership with the Bangsamoro Development Agency (BDA) and the Bangsamoro Medical Society (BMS), conducted six outreach clinics over a period of eight days in six hard-to-reach barangays that were selected based on the community's need for primary medical services.



A: MERCY Malaysia EXCO Dr. Jitendra Kumar attending to a young patient

B: MERCY Malaysia volunteer Pharmacist Ms. Ong Su Hua consulting with a BMS medical volunteer with regard to the prescribed treatment

Philippines



Project	Ormoc District Hospital Rehabilitation
Objectives	<ul style="list-style-type: none"> To repair/replace the roofing, ceiling and walls (where needed) of the damaged health facility To ensure that the hospital will return to full functionality within three months To enable the hospital to meet the rising needs of the affected communities by enhancing its infrastructural capacity To supplement the inpatient services to ensure that space and resources are utilised efficiently
Project Partners (s)	Ormoc District Hospital
Activities	Rehabilitation of Ormoc District Hospital
Locations	Leyte Island
Period	18 November – 30 December 2013
Accomplishments	Full Rehabilitation of Ormoc District Hospital

Background

Ormoc District Hospital (ODH), a level 1 category hospital with a 100-bed capacity was badly damaged by Haiyan. The infrastructural damage was so extensive that the hospital's outpatient services were halted indefinitely and the inpatient capacity was reduced to only 20 beds as the two blocks which housed the Operation Theatre and all patient wards suffered extensive damage. The only functional building at the time was the administrative block where patients were housed along the hallway and lobby at the hospital.

MERCY Malaysia's efforts

MERCY Malaysia's technical team was deployed to rehabilitate ODH with the goal of repairing the damaged health facility and restoring all health services provided by the hospital within a period of two months. Bearing in mind that the restoration of life-saving medical services is top priority for long-term sustainability, the team initiated the rehabilitation work on 18 November 2013. The full rehabilitation of all three buildings of ODH ended on 30 December 2013 when MERCY Malaysia completed the rehabilitation of all medical, isolation, paediatric and Obstetrics and Gynecology (OB/GYN) wards that made up the two damaged buildings as well as the main administrative building that also suffered substantive damage to the roofing.



A: MERCY Malaysia's Technical Team member Mr Zullaili working together with the local carpenters to rehabilitate the Ormoc District Hospital

B: Rehabilitation work at Ormoc District Hospital

Philippines



Project	Shelter Repair Kit
Objectives	<ul style="list-style-type: none"> • Provide a fast and appropriate shelter solution for the affected beneficiaries • To control the sudden increase in respiratory illnesses caused by exposure to the elements due to inadequate shelter options • To address the protection and security concerns of the beneficiaries through the immediate rehabilitation of the damaged houses
Project Partners (s)	-
Activities	Shelter Repair Kit Distribution
Locations	Leyte Island
Period	November - December 2013
Accomplishments	320 Shelter Repair Kits distributed to families whose homes were completely destroyed

Background

The majority of the shelter needs of communities affected by Typhoon Haiyan remain unmet in Western Leyte. Although the typhoon caused severe, and in many cases, total damage to houses in the interior barangays (villages), the affected communities have demonstrated a high level of resilience and have chosen to reside in their own barangays rather than transferring to evacuation sites. Those whose houses sustained severe or total damage now reside in neighbouring houses or in the houses of their relatives while slowly repairing/rehabilitating their own homes.

MERCY Malaysia's efforts

As such, MERCY Malaysia embarked on a shelter rehabilitation initiative to meet the need of the affected communities with the following goals in mind:

1. Develop an assessment tool kit with qualitative and quantitative indicators to be used in the identification of the degree of damage to houses of the target community
2. Design a Shelter Repair Kit that is sufficient to address the basic needs of households whose houses are totally destroyed, and ensure the kit is diverse enough to supplement the recovery efforts of households with severe partial damage
3. Establish a tracking system to monitor and evaluate the effectiveness and impact of the proposed project

The Shelter Repair Kit contained essential materials and tools that can be used for the construction of a basic house structure or as a supplementary kit to enhance a damaged structure. The kit was designed to be versatile enough to serve the needs of families whose houses have either been partially or totally damaged.

Barangay Nasunogan was identified as the first barangay to receive the Shelter Repair Kits based on shelter assessment carried out by the technical team. The result of the shelter damage assessment in

Barangay Nasunogan showed that majority of the houses sustained severe damage to the entire house. MERCY Malaysia distributed more than 320 Shelter Repair Kits in Barangay Nasunogan to families whose houses were either totally damaged or suffered severe damage. The barangay consists of seven smaller units called puroks. Thus, the distribution was carried out in stages and took two weeks to complete.

Each Shelter Repair Kit consists of the following:

No	Item	Quantity
1	10-foot Zinc Sheet	10 pieces
2	2" x 4" x 12' Timber	12 units
3	2" x 4" x 6' Timber	12 units
4	4" x 4" x 10 Timber	6 units
5	Hammer	1 unit
6	Hand Saw	1 unit
7	4" Timber Nails	2 kg
8	Umbrella Nails	1 kg

Philippines



Project	Emergency Response – Zamboanga
Objectives	<ul style="list-style-type: none"> To address public health concerns caused by bad hygiene practices and sanitation facilities To reduce the spread of communicable diseases that are spread as a result of bad hygiene and sanitation practices To restore and uphold the dignity of individuals displaced by the conflict through the provision of essential hygiene related items To support relief operations in Zamboanga City by coordinating with other actors in efforts to maximise resources and avoid duplication of services
Project Partners (s)	MinHRAC
Activities	Hygiene Kit Distribution
Locations	Zamboanga City
Period	30 September – 10 October 2013
Accomplishments	Distributed 2,500 Hygiene Kits to the most vulnerable beneficiaries affected by the conflict

Background

Fighting broke out between a splinter group of the Moro Islamic Liberation Front (MILF) and the Armed Forces of the Philippines (AFP) in the coastal villages of Zamboanga City on 9 September 2013. The fighting initially displaced at least 4,000 people and more than 100 civilians were taken hostage to be used as human shields. As fighting intensified the number of people who were forced to leave their homes and relocate to evacuation centres grew exponentially to 63,000 within the first week itself.

MERCY Malaysia has established a notable presence in the region with strong working ties with government agencies as well as with international and local organisations, having conducted emergency relief work in various parts of Mindanao over the past two years and development projects in the neighbouring areas of Cotabato and Maguindanao. Being part of the Mindanao Humanitarian Team (MHT) which is headed by UNOCHA, an appeal was made to provide much needed support to the relief operations in Zamboanga City. Thus a decision was made to respond to the needs of the affected population as spelled out by UNOCHA.

MERCY Malaysia's efforts

MERCY Malaysia in partnership with the Mindanao Human Rights Action Centre (MinHRAC) initiated a WASH (water, sanitation and hygiene) intervention in order to tackle the growing need for WASH services in the already overcrowded evacuation centres. As public health concerns grew with the ever increasing displaced persons, MinHRAC was tasked to carry out rapid assessments to determine the most critical evacuation centres where WASH needs were needed. Due to the high security risk in Zamboanga City and the ever present threat to international personnel, MinHRAC was tasked as the implementing partner of MERCY Malaysia and carried out the distribution of Hygiene Kits through their local staff.

Based on the assessment carried out by MinHRAC through its local volunteers and monitors in Zamboanga City, a hygiene kit was designed according to the needs of the displaced families. The

Hygiene Kits contained toothbrushes, soap, shampoo, detergent, sanitary napkins, towel and slippers and were designed to cover a total of 2,500 families.

The procurement of the items had to be done in Pagadian City as supplies in Zamboanga had run out and the supply chain had been crippled by the ongoing conflict. A team of three persons from MinHRAC's headquarters in Cotabato had to travel to Pagadian City, which is the largest city midway between Cotabato and Zamboanga, to procure the hygiene items which were then transferred to Zamboanga where they were then packed in MinHRAC's Zamboanga Satellite Office.

The packing of the Hygiene Kits was carried out with the help of community volunteers, many of whom were displaced as well. The team re-packed the Hygiene Kits throughout the night and commenced with the distribution the next morning in collaboration with the City Social Welfare and Development. A total of 2500 kits were distributed in areas where they were deemed most necessary. These locations included Magna Building Evacuation Centre, Sta. Maria Elementary School Evacuation Centre, Home-based IDPs in Barangay Baliwasan, Barangay Tumaga and Barangay Talon-Talon, Al-Jahara Mosque and the Cawa-cawa shoreline.



A: Family Hygiene Kits packed and ready for distribution at the Sta Maria Elementary School

Philippines



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Emergency Response: Bohol Earthquake - Mobile Clinics
Objectives	Provide medical relief for the people of Bohol Island affected by earthquake
Project Partners (s)	Department of Health
Activities	Mobile clinics
Locations	Bohol
Period	21 October 2013 to 16 November 2013
Accomplishments	17 mobile clinics with a total of 2,135 patients

Background

A 7.2 magnitude earthquake struck central Philippines which affected the provinces in the Visayas part of Mindanao, on October 15 2013 at 8.12 AM. The epicentre was in Sagbayan, Bohol and it struck at a depth of 33 kilometres.

MERCY Malaysia's efforts

MERCY Malaysia deployed two medical teams for the duration of the operations in Bohol. The teams worked together with the Department of Health for the whole duration of the emergency effort. From the coordination with Central Command Centre (under the coordination of Department of Health), the teams were assigned to work in three municipalities of Bohol namely Sagbayan, Clarin and Inabanga. However, MERCY Malaysia also operated in the municipalities of Tubigon and Maribojoc as other medical aid groups left due to Typhoon Haiyan that hit the Visayas on November 8.

The first team of volunteers (two doctors, one medical assistant, one logistician and one programme officer) arrived in Tagbilaran City, Bohol on 21 October 2013 and the second team replaced them on 4 November 2013. The mission ended on 16 November 2013. MERCY Malaysia organised 17 mobile clinics in a total of five municipalities in Bohol. A total of 2,135 patients were met during these mobile clinics with an average of 130 patients per mobile clinic.



A: Patients lining up for medicine

B: Dr Sarah visiting a bedridden patient in a tent in an evacuation centre in Clarin, Bohol

Philippines



Project	Child Friendly Space
Objectives	<ul style="list-style-type: none"> To identify trauma signs and symptoms (if any) among children who frequented the Child Friendly Space To help provide emotional and coping skills to children To restore normalcy among the children affected by Typhoon Haiyan
Project Partners (s)	-
Activities	<ul style="list-style-type: none"> Random play and behavioural assessment Trauma work, coping skills and rebuilding
Locations	Barangay Valencia, Ormoc City, Leyte, Philippines
Period	November – December 2013
Accomplishments	106 children attended the Child Friendly Space

Background

Super-typhoon Haiyan made landfall on November 8 2013 and affected the people in Leyte, Samar and North Cebu. The typhoon caused much destruction both physically and emotionally to the affected population. Children are no exception as they are emotionally affected as well. Child Friendly Space is a dedicated place where children express themselves through activities such as arts & crafts, role plays, and group work.

MERCY Malaysia's efforts

There were two themes that were introduced at the Child Friendly Space: random (free) play and behavioural assessment as well as trauma works, coping skills and rebuilding. All activities were planned and structured around these themes in such a way that the children were made to feel comfortable and feel secure while having fun.

The Child Friendly Space had two sessions each day. Session 1 lasted from 10am to 12.30pm and Session 2 from 2pm to 3pm. These sessions were designed to identify any trauma signs and symptoms amongst the children. It was also designed to develop emotional and coping skills for the children.

All in all, there were 106 children that benefitted from the Child Friendly Space and this effort was received positively by the community. It also helped the children to cope better with the aftermath of Typhoon Haiyan.



A: Dr. Lynne Yong, Silviana Bonadei, Amisam Hamzah and our local volunteers taking a group photo with the children at the Child Friendly Space in Valencia
B: Our psychosocial team conducting a session at Child Friendly Space

Philippines



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Psychosocial Programmes for teachers and health workers
Objectives	<ul style="list-style-type: none"> To provide psychosocial and emotional support to adults Increase the capacity of health workers for psychosocial support
Project Partners (s)	-
Activities	<ul style="list-style-type: none"> Stress Debriefing Disaster Trauma Skills Training
Locations	Barangay Valencia, Ormoc City, Leyte, Philippines
Period	November – December 2013
Accomplishments	70 teachers debriefed 40 health workers trained for Disaster Trauma Skills training

Background

Teachers and health workers were personally affected by the tragedy and were also expected to provide support to the communities. MERCY Malaysia believed that supporting these individuals would provide them with a better capacity to cope with the effects of Super Typhoon Haiyan.

MERCY Malaysia's efforts

MERCY Malaysia held two separate stress debriefing sessions with the teachers of Valencia Elementary School and Valencia National High School. The sessions were conducted on a full session where the teachers were given the opportunity to express themselves and were also provided with emotional support by MERCY Malaysia volunteer psychologists. 70 teachers benefitted from these sessions.

MERCY Malaysia also provided psychosocial support through Disaster Trauma Skills Training to 40 health workers. Two MERCY Malaysia psychologist volunteers were deployed to hold the training which was held in December.

Attendees of these programmes had expressed their feelings of relief as their emotional needs were being supported in difficult times.



- A:** A teacher sharing her thoughts and experience with Dr. Hariyati and the rest of the participants
- B:** Teachers recording down their thoughts and important points during the training

Philippines



Project	Rehabilitation of Nasunogan Elementary School
Objectives	<ul style="list-style-type: none"> To repair/replace the roofing, ceiling and beams (where needed) of the damaged school buildings To ensure that the school will return to full functionality within a month To enable the school to provide a safe and secure environment for children to learn and interact To reduce the incidences of respiratory related diseases among children
Project Partners (s)	-
Activities	<ul style="list-style-type: none"> Survey and Costing Procurement of materials (G.I. Sheets, Lumber, Nails, Plywood, Electrical Equipment, etc.) Identification of carpenters and labour Repairing/rehabilitation of the damaged school Monitoring and Evaluation Handover of completed sections back to the school authorities Submission of final technical, operational and financial report
Locations	Barangay Nasunogan, Ormoc City, Leyte, Philippines
Period	November – December 2013
Accomplishments	The roofing, ceiling and beams of the school were repaired and the school was functional within 3 weeks

Background

Of the 97 schools in Ormoc, 93 were damaged by Typhoon Haiyan. Nasunogan Elementary School was one of the schools that were severely damaged. All four blocks consisting of seven classrooms were badly damaged. Two out of four main buildings lost their roofs while the other two blocks sustained worse damages as the roof and roof structure which included the frames and beams were damaged by the wind from the typhoon. Five classrooms sustained total damage and the other two sustained partial damage.

MERCY Malaysia's effort

As part of MERCY Malaysia's emergency response, MERCY Malaysia undertook the rehabilitation of the school, beginning November 28 2013. With the assistance of barangay workers, MERCY Malaysia managed to get the school back to normal by the third week of December benefitting the 246 students and 8 teachers that were enrolled and teaching in the school.



A: A classroom that was severely damaged by the strong winds brought about by Typhoon Haiyan
B: Mr. Zullaili supervising the rehabilitation of Nasunogan Elementary School

Philippines



Health-Related Development



Crisis Response



Health-Post Emergency



Disaster Risk Reduction

Project	Mobile clinics in Valencia Health District, Ormoc, Leyte
Objectives	<ul style="list-style-type: none"> To provide primary health care services to communities that do not have a static clinic in their area To monitor and report communicable diseases cases in the barangays
Project Partners (s)	<ul style="list-style-type: none"> Department of Health HelpAge International
Activities	<ul style="list-style-type: none"> Mobile clinics Psychosocial activities SPEED reporting
Locations	Valencia Health District, Ormoc City
Period	November 15, 2013 to January 23, 2014
Accomplishments	7,000 consultations in 17 barangays

Background

Ormoc City lay directly in the pathway of Typhoon Haiyan, with its top speed of 300 km/h, which brought great destruction to the majority of areas in Ormoc. MERCY Malaysia adopted Valencia Health District as part of the “Adopt a District” campaign by the Department of Health Region 7 in the beginning of the emergency response to Typhoon Haiyan. This campaign addresses the health services gap in Ormoc City through commitments by NGOs in providing services to a specific health district in Ormoc City. There are 17 barangays (villages) in the Valencia Health District which consist of both highway and interior barangays.

MERCY Malaysia's efforts

MERCY Malaysia started its operation in the Valencia Health District on November 17 which was the ninth day after Typhoon Haiyan made landfall. The mobile team, usually comprising two doctors, two nurses, one logistician and four local volunteers, visits one barangay each day and repeated the cycle for each of the seventeen barangays, ensuring the whole district had been visited.

More than 7,000 patients were seen by the MERCY Malaysia team that covered all 17 barangays within the Valencia Health District. The clinics had provided not only timely medical relief, it also assisted the Department of Health in its surveillance for diseases during the catastrophic period after Haiyan.

The outreach mobile clinics provided much-needed medical relief as well as psychosocial services, ensuring residents have access to health services in that challenging time.



A: Barangay community registering with the volunteers for the consultation

B: Dr. Syazwin attending to an infant during an outreach clinic at the Barangay Health Centre

Philippines



Project	Building Community Capacity for Disaster Resilience: Disaster Risk Reduction and Management Project in Benguet Province
Objectives	<ul style="list-style-type: none"> To build a culture of disaster preparedness and resilience among communities in Northern Luzon To strengthen the multi-stakeholder partnerships between local government and communities towards effective disaster risk reduction management
Project Partners (s)	Community and Family Services International (CFSI)
Activities	<ul style="list-style-type: none"> Social Preparation Activities: Selection of project sites and Community profiling A School Preparedness Training of Trainers (SPToT) for CFSI staff Development, Production and Dissemination of IEC materials. Sensitisation and 'Town Watching' Workshop. Restructuring/ Reorganisation of Municipal and Barangay DRRMC including Formulation of DRR and Contingency Plans 'Village Watching' Workshop Contingency Planning Workshop (municipal level) Implementation of CBDRRM projects. School Preparedness Training of Teachers Children's Camp on School Preparedness. Implementation of DRR activities for schools Emergency Evacuation Drills Project Learning Workshop
Locations	Sitio Cayapes, Barangay Bila, Bokod, Benguet, Philippines
Period	May 2013- January 2014
Accomplishments	<ul style="list-style-type: none"> 10 CFSI staff were stationed as trainers in the MERCY Malaysia School Preparedness Programme DRR posters and Grab bag cards were developed in the local language 30 Bokod Municipal and Barangay local governments participated in the Sensitisation and 'Town Watching' Workshop A contingency planning workshop was organised, participated by Municipal and Barangay local government units All selected CBDRRM activities were implemented by the community: <ul style="list-style-type: none"> First Aid Training (participated by 30 people) Purchase of Emergency Equipment Construction of Footpath 15 teachers and 5 Parent Teacher Association (PTA) members participated in the School Preparedness Training of Teachers 164 School Children, 25 Teachers and 15 PTA members from 4 schools in Bokod participated in the Children's Camp on School Preparedness. All four schools implemented DRR activities selected based on action plans A village drill was carried out with community members of Sitio Cayapes 30 community, Barangay and Municipal representatives participated in the Project learning workshop for the community while 35 school children, teachers and PTA from the 4 selected schools participated in the Project learning workshop for the SPP

Background

The Philippines ranks number 12 among 200 countries and territories whose populations are most at risk from earthquakes, floods, tropical cyclones and landslides. In September and October 2009, three of the 22 annual cyclones which struck the country – Ketsana, Parma and Ramil – destroyed over 50 billion Philippine pesos (US\$ 900 million) worth of assets, killed hundreds and affected millions through extensive flooding and landslides. MERCY Malaysia raised funds to help in the relief and recovery efforts for the victims.

In 2013, MERCY Malaysia continued its partnership with Community and Family Services International to move forward with disaster risk reduction and disaster preparedness efforts in Philippines.



A: School teacher and children discussing on the important items to be placed in the personal grab bag during the 'Grab Bag' activity

Philippines



MERCY Malaysia's efforts

The Building Community Capacity for Disaster Resilience: Disaster Risk Reduction and Management Project in Benguet Province is a project that aims to build a culture of disaster preparedness and resilience among communities in Northern Luzon and strengthen the multi-stakeholder partnerships between local government and communities towards effective disaster risk reduction management.

A School Preparedness Training of Trainers capacity was provided by CFSI staff and volunteers. Continuous monitoring and evaluation visits were carried out throughout the project timeline to ensure compliance to the project objectives.



B: School teacher and children practicing their presentation during the 'Awareness Campaign Activity' in Benguet Province

Somalia



Project	Static Clinic
Objectives	To provide free essential healthcare service to the communities in Mogadishu
Project Partners (s)	Aden Abdulle Foundation (AAF)
Activities	<ul style="list-style-type: none"> • Primary healthcare • Provide medical referral • Health education
Locations	Yaqshid, Mogadishu
Period	20 April – 30 September 2013
Accomplishments	A total of 9852 patients, comprising 3356 male patients and 6496 female patients were treated

Background

The continuing civil war in Somalia, which has lasted for 22 years especially in the southern part of the country, has caused the displacement of many people from their homes. The estimated number of displaced persons is approximately around 1.5 million, most of whom are mothers, children and old people.

MERCY Malaysia's efforts

The static clinic is an ongoing process which began in January 2012, and which, up to now, has benefitted around 40,000 patients approximately. Most of the beneficiaries are returnees and residents in the Yaqshid district, one of the largest districts in the capital, Mogadishu. MERCY Malaysia in collaboration with Aden Abdulle Foundation has become one of the most trusted local agencies which have successfully implemented primary healthcare facilities, as well as providing medical referrals and health education.

Based on the medical evaluation report, respiratory tract infections remain the most common disease, with 25% of our patients being treated for it. 12.4% were treated for urinary tract infections. Skin infections and suspected malaria were the third most common diseases which comprises 11.9% and 4.8% of the case loads respectively. Previously, cases of urinary tract infections were higher but have declined gradually as a result of the on-going daily health education efforts.



A: MERCY Malaysia doctor checking a young patient at MERCY Malaysia Static Clinic
B: AAF staff meeting up with patients at the waiting area of MERCY Malaysia Static Clinic

Sri Lanka



Project	Community Health, Psychosocial and Capacity Building; Obtained by CHA
Objectives	<ul style="list-style-type: none"> To strengthen and build the local capacity through sustainable self-help mechanisms and promoting culturally-accepted psychosocial intervention. To develop the local capacity with a background in psychology, within the government and non-governmental sectors by ensuring that the affected population with psychological issues, minor or major mental health disorders are addressed and tackled. To raise awareness among targeted beneficiaries on the importance of community mental health and psychological first aid. To ensure the quality inputs for the psychosocial sector development in Sri Lanka
Project Partners (s)	Consortium of Humanitarian Agencies Limited (CHA)
Activities	<ul style="list-style-type: none"> Conducting research on the needs of the affected population and required intervention related for psychosocial wellbeing Publication of reading and reference materials and to develop interactive communication tools (Education websites, documentaries etc) Formation of area specific resource teams and training them on diagnosis, basic psychosocial intervention and referral systems to local resources on psychosocial and mental health To strengthen the self-help groups from selected 4 villages to ensure psychosocial wellbeing in the village Training for psychosocial workers counsellors and befrienders from both NGO and Government sectors working in the targeted district and to establish the coordination mechanism among the resources Awareness creation on psychosocial problems and intervention methods to the general public through appropriate tools such as household visits, community gathering, by using media and distribution of materials
Locations	Jaffna, Sri Lanka
Period	June 2013 – March 2014
Accomplishments	<ul style="list-style-type: none"> MERCY Malaysia completed four trainings in two trips 31 July – 6 August 2013 Training on Management and Strategic Planning for mental health and psychosocial support services in Jaffna for government officials Gender based violence workshop Creative Play Therapy for school counsellors

Background

Following the conflict- and tsunami-afflicted Jaffna District, MERCY Malaysia identified the need for psychosocial interventions in the villages where primary medical support was provided. Records showed many patients with psycho-somatic complaints seeking psychosocial interventions. Psychosocial intervention is one of MERCY Malaysia developmental programmes.

MERCY Malaysia's efforts

Psychosocial intervention is one of MERCY Malaysia developmental programmes through the provision of various trainings and workshops. Trainings included Training on Management and Strategic Planning for mental health and psychosocial support services in Jaffna for government officials, a gender-based violence awareness workshop, Creative Play Therapy for school counsellors, Training on Intervention Skills and Techniques for Mental health and Psychosocial Support Services for government officials; and training on 'Intervention Skills and Techniques for working with Adolescence in a School Setting' for school counsellors.

Sudan



Project	Khartoum Flood Response
Objectives	To provide humanitarian assistance to the population affected by the flood
Project Partners (s)	Ma'arij Foundation for Peace and Development
Activities	<ul style="list-style-type: none"> • Primary healthcare mobile clinics • Health awareness campaign and hygiene promotion
Locations	Marabia As-shareef and El-Fathi
Period	September – November 2013
Accomplishments	<ul style="list-style-type: none"> • Attended to 2,251 beneficiaries at the mobile clinics • 37 outreach mobile clinics together with health awareness campaigns have been conducted for the affected population

Background

Flash floods hit Sudan on August 1 2013 with Khartoum being the worst affected state. Other affected areas included the River Nile area, West Kordofan, White Nile, Blue Nile and El Gezira. Roughly 99,980 people were affected in Khartoum and 500,000 across Sudan with 150,000 displaced, 50 deaths and 70 injuries as reported by the WHO. One of the major risks to health was the collapse of 53,000 latrines and a high probability of an increase in malaria cases. Damaged properties were reported in 14 of the 18 states in Sudan with 26,000 structures in total.

MERCY Malaysia efforts

The Sudanese government requested MERCY Malaysia to provide humanitarian assistance in response to the flash floods that affected Khartoum and 12 other states, which caused tremendous devastation and losses of lives and properties. MERCY Malaysia sent a two-man relief team consisted of Deputy Head, Said Alhudzari and Programme Officer, Hilda Zamri to assess and conduct health related programmes and activities such as mobile clinics and health awareness campaigns.



A: Ms. Romisa, MM nurse, collecting blood sample for testing
B: The beneficiaries happy faces at Sudan

Sudan



Project	Zamzam Basic Health Centre
Objectives	<p>The goal of this project is to reduce mortality and morbidity rate among internally displaced people (IDP) in Zamzam camp by:</p> <ul style="list-style-type: none"> • Providing IDPs with proper health assistance and services to sustain a basic standard of health • To fill the gap in the health sector due to insufficient NGO participation and influx of IDPs in the area • To promote hygiene and health awareness among the IDPs
Project Partners (s)	State Ministry of Health, WHO, UNICEF & UNFPA
Activities	<ul style="list-style-type: none"> • Provision of preventive and curative services, including antenatal and postnatal care, deliveries and referrals for obstetric complications, family planning, care and information regarding sexually-transmitted infections and HIV/AIDS, EPI vaccination for children and women of childbearing age • Procurement of medical supplies • Health education for women on the importance of vaccinating children against common childhood diseases and the health benefits of breast feeding, ante natal and post natal consultation service • Safe Delivery service • Vaccination service
Locations	North Darfur – Zam Zam Camp
Period	January to June 2013
Accomplishments	<ul style="list-style-type: none"> • Number of patient treated 2013 - 45410 • Total of ANC visits – 3210 • Referred cases – 161 • Child vaccinated – 1648

Background

Tagged by the United Nations as the ‘world’s greatest humanitarian crisis ever,’ the internal armed conflict in the Darfur region of Sudan began in 2003 and has led to a state of emergency. Population displacements and the suspension of most livelihood activities has been a feature as a result of this internal conflict. Many are forced to flee from their homes and millions are living in displacement camps.

MERCY Malaysia’s efforts

MERCY Malaysia had previously established a Basic Health Centre (BHC) which provides healthcare services in the Zam Zam Camp, located about 15 km south of Elfasher. MERCY Malaysia’s North Darfur Health Programme focused on improving the healthcare of internally displaced people (IDPs) to reduce the morbidity and mortality rate among the community.

MERCY Malaysia’s basic health centre has been providing the full range of primary health care (PHC) and reproductive health services, seven hours a day, six days a week for the whole Zam Zam camp population. MERCY Malaysia has a stand-by vehicle as an ambulance service from 9:30am to 3:30pm to refer emergency cases to either El Fasher Teaching Hospital or El Fasher Maternity Hospital which includes a Fistula Care Centre. After the routine activities during the day, there are night health services which begin at 4:00 pm and runs to the next morning, supported by an ambulance service. We have continued with the full range of PHC elements which as a result maintains the most communicable diseases below the emergency threshold.

Zam Zam is the biggest Camp in North Darfur with a population

of 198,000, hence force the health facilities in the area face constraints and pressure due to the large number of medical attention and cases.

Mobile clinic

MERCY Malaysia also runs mobile clinics in the margin sites of the camp to provide access to healthcare in the areas far from health facilities.



A: Beneficiaries waiting to be served at the camp

Syria



Project	Capacity enhancement of referral hospital in Syria: <ul style="list-style-type: none"> • Attachment of medical specialist and training of nurses • Procurement of medical supplies
Objectives	To increase the capacity and quality of medical services in Syria, especially the referral hospitals <ul style="list-style-type: none"> • To reduce the specialist services gaps in medical institution identified by MERCY Malaysia by attaching relevant medical specialists there • To relieve existing medical specialists and boost their morale • To train hospital volunteers (with no medical background) on basic nursing knowledge • To provide medical supplies including basic equipment to hospitals in Syria
Project Partners (s)	Relief Without Borders, M10 Hospital & El Ehsan Hospital
Activities	<ul style="list-style-type: none"> • Assessment and identification of hospital needs based on discussion with stakeholders • Selection of medical specialists to be deployed based on critical needs at that moment • Deployment of medical volunteers: <ul style="list-style-type: none"> • Surgical specialists consisting of general surgeons, E&T surgeons and vascular surgeons attached at M10 Emergency Hospital • Paediatrician and Respiratory specialists attached at Al-Ehsan respiratory and paediatrics hospital • Procurement of medical supplies including medicine and basic instruments for hospitals in Syria
Locations	M10 Hospital & Al Ehsan Hospital, Syria
Period	July to November 2013 (five months)
Accomplishments	<ul style="list-style-type: none"> • Deployment of five medical specialists and one OT nurse over the period of two months to serve at M10 & Al-Ehsan Hospital in Syria • Consulted more than 60 emergency and elective cases including surgical and medical as stated in the table below • Training of four volunteer nurses (non-medical) on basic nursing knowledge on topics as stated below • Procurement of 20 wheelchairs, medical equipment, medical instrument and essential medicine for camps service provider in Turkey and medical institutions in Syria

Background

The conflict in Syria started as a revolution in 2011 and has escalated into a civil conflict. More than 6 million people have been affected by the conflict and more than 1.5 million have fled the country to seek asylum. This has resulted in further complexity in host countries such as Lebanon, Jordan, Turkey, Egypt and Iraq which are experiencing overstretched resources, lack of funding, coordination issues, local national policies and other issues.

2013 saw the number of people in need in Syria increase from 4 million to over 9 million, while the number of refugees registered with UNHCR in neighbouring countries increased from around 550,000 to 2,300,000. Humanitarian response efforts have been constrained by lack of security, funding and capacity.

Access constraints continue to impede the delivery of humanitarian aid mostly in northern governorates and the outskirts of Damascus. In rural Damascus, localised negotiations allowed for limited amounts of humanitarian aid to enter Madamiyet, Elsham, Barzeh and Yarmouk and some evacuation of the critically ill.

MERCY Malaysia's efforts

MERCY Malaysia deployed an assessment team in July 2013 to conduct an initial assessment in Turkey, Syria and Lebanon. As a result, the team has identified health and food as the main issues across the three countries resulting from the prolonged crisis and limited funding and resources. As an immediate intervention MERCY Malaysia deployed a second team to procure and deliver medical supplies to medical facilities identified in Syria. The team also conducted a more detail assessment on health and medical services in Syria.

In September, MERCY Malaysia launched a 'Cycling for Syria' event in Putrajaya, Malaysia to raise awareness on the conflict within the Malaysian population. The event was widely received and highlighted.

In October and December, MERCY Malaysia deployed a medical team to Syria to assist the local referral hospital in the provision of medical and surgical relief towards the conflict-affected population. Teams consisting of surgeons and medical specialists were attached to two medical institutions in Syria to consult patients and perform surgeries. We also trained the volunteer nurses in one hospital which was non-medical due to the shortage of medical personnel in the area. MERCY Malaysia trained the nurses on the following:

Syria



1. Setting of intravenous infusion for post trauma patients.
2. Toilet and suture of the wound and cuts.
3. Dressing post-operative patients with external fixation
4. Insertion of Catheter.
5. Naso gastric feeding of ICU patients
6. Giving intra muscular injection for post trauma patients.
7. Blood taking.
8. Checking of Emergency Trolley in Trauma Bay.
9. Teaching the female volunteer nurses how to insert Foleys catheters for female patients, toilet and suturing of the wound and injection.



- A:** MERCY Malaysia volunteer, Dr. Norzila – senior pediatrician examining a baby undergoing photo therapy session in Al-Ehsan Hospital
- B:** MERCY Malaysia donated medical supplies including equipment to Al-Ehsan Hospital



EVENTS & TRAINING

Over the years, our work has gained international recognition. Such accomplishments would not be possible without the commitment and support from everyone involved.

Kayuhan Kemanusiaan Syria 2013



A: Before flag off

B: Participants can dedicate their message for Syrian refugees at the Art Booth for Syria



C: Participants took chance to capture an unforgettable moment with Ustaz Azhar Idrus



D: One of lucky draw presents has been given out during lucky draw session

MERCY Malaysia, in collaboration with Harapan Baiduri Sdn Bhd and the Malaysian National Cycling Federation, organised an event called 'Cycling for Humanitarian Efforts for Syrians 2013' at the Palace of Justice in Putrajaya in the 1st of September 2013 (Sunday).

The 40 km Cycling of Humanitarian Efforts for Syrians 2013 event which is open to all members of the public was organised with the support of the Ministry of Youth and Sports to raise funds for the members of the Syrian refugees and Internally Displaced Persons (IDP's) who are affected by violent conflicts in their homeland since 2011.

Approximately 500 participants have registered online with a registration fee of RM35.00 per participant. Every successful registered participant received a specially designed T-shirt and a goodie-bag. RM10 from the registration fee has been directly donated to the MERCY Malaysia Syrian Humanitarian Fund. There were family oriented activities for children and adults on the day itself. Participants were given chances to win special prizes such as 2 seats return of Air Asia X to anywhere (except Jeddah), Samsung Galaxy Tab 3, Samsung 42" inch plasma TV and many more attractive prizes from our lucky draw.

The initiative of the event was to create awareness and also to raise funds to provide medical relief and sustainable health-related development for the Syrian community who have been affected by this crisis. An estimated RM6 million is needed to help reduce the burden of Syrian refugees who are now seeking shelter and

aid in Lebanon and Turkey. The help is much needed in terms of medical assistance, rebuilding hospitals and providing equipment and basic humanitarian aid for beneficiaries to continue with their daily lives.

MERCY Malaysia took the opportunity to hold an exhibition concurrently during this event to display the organisation's humanitarian aid provided to local and international projects. As an organisation, MERCY Malaysia relies on the generosity of the general public for funding in order to provide humanitarian aid to our beneficiaries.

International Humanitarian Conference 2013



A: Panel Discussion on Keynote Lecture with Mr Jagan Chapagain (Director, Asia Pacific IFRC), Dr Fan Ning (President, MSF, Hong Kong) and Dr Manu Gupta (Executive Director, SEEDS India)

B: Questions from the floor by the participant



C: Welcome note by Dato' Dr Ahmad Faizal Mohd Perdaus, President of MERCY Malaysia

The 3rd International Humanitarian Conference (IHC) 2013 was successfully organised in Sunway Convention Centre, Kuala Lumpur from 28th to 30th November 2013.

“Sustaining Humanitarian Efforts - Over the Long Haul”, was the theme and it provided a reflective avenue of the many challenges and opportunities which most, if not all, of us encounter and our key role as humanitarian and development agencies in the global South.

120 participants from international NGOs, corporate sector, educational institutions and MERCY Malaysia volunteers and 48 speakers participated in this 3-day conference.

Diverse topics as in lessons learnt from the field in conflict and disaster, health related issues, disaster related issues were addressed, discussed and shared for the benefit of all participants.

There were a total of 6 workshops conducted after the main session. This was well received for those seeking a more hands-on discussion on the topics of Fundraising, Logistics, Field Hospitals, Psychological First Aid, Safety and Security; and Media & Humanitarian Diplomacy.

Annual Fund Raising Dinner 2013



A: HRH Raja Dr Nazrin Shah at the fundraising booth
B: Performance by CUCMS student



C: Performance by YBhg Datuk Khadijah Ibrahim
D: Our MERCY Malaysia Long Service Employee Award recipients who have served MERCY Malaysia for more than 5 years

MERCY Malaysia held its 14th Annual Fundraising Dinner in October 26, themed; *Remembering Yesterday, Caring Today* at Double Tree by Hilton Kuala Lumpur. The theme selected was an effort to remind Malaysians that although communities that are facing humanitarian crisis are no longer highlighted daily in the mainstream media, they are still in need of humanitarian aid.

The event was graced by the presence of the Regent of Perak, H.R.H. Raja Dr. Nazrin Shah and the Raja Puan Besar Perak, H.R.H. Tuanku Zara Salim.

The dinner was attended by MERCY Malaysia Board of Trustees, ExCo members, long term partners, donors, core volunteers as well as MERCY Malaysia secretariat. A performance by CUCMS students highlighted the plight of communities in Afghanistan, Somalia, Philippines, Myanmar, Sri Lanka, Sudan and Syria, which MERCY Malaysia still serves.

Total collection amount of RM 250,800 was successfully collected from the sale of more than 50 tables, merchandise items, and donations. All profits were channeled to MERCY Malaysia Humanitarian Fund.

Programmes

- Entertainment by YBhg Datuk Khatijah Ibrahim
- Performances by students from CUCMS and ASWARA
- Long Service Employee Award to those who have served MERCY Malaysia for more than 5 years
- Cheque presentation by donors

Basic Life Support (CPR And First Aid)



A: Group presentation pertaining to the Field Hospital



B: One of the volunteers presenting their group work

VENUE: MERCY Malaysia HQ, Dayabumi

- **Date:** 22 – 23 June 2013
- **Time:** 8:00 am – 5:00 pm
- **Participant:** 18 (Staff 2, Medical 3, Non-Medical 8, Student 5)
- **In Cooperation with:** Hospital Selayang
- **Facilitators from Hospital Selayang:** 9

OBJECTIVES

- To highlight the techniques of emergency response
- To give participants a practical training approach to basic lifesaving techniques
- To educate participants on emergency and proper treatment
- To reduce loss of life by applying lifesaving techniques

CONTENT OF TRAINING

- Introduction to Basic Life Support
- CPR Demonstration
- Practical session
 - 1 MAN CPR
 - 2 MAN CPR
 - ADULT CHOKING
 - INFANT CHOKING
 - INFANT CPR
- Practical Exam
- Airway Station
- First Aid Station

Volunteer Induction Program (VIP)



A: Group photo of participants during Volunteer Induction Program in March 2013

VENUE: MERCY Malaysia HQ

- **Date:** 23 February, 9 March, 1 June, 14 September 2013
- **Participants:** 112 (Non-Medical-48, Medical-33, Student-31)

OBJECTIVES

- To share Mercy Malaysia's mission, vision and core values
- To inculcate the true spirit of volunteerism and professionalism among participants
- To provide a brief background of MERCY Malaysia medical and humanitarian aid and relief programmes
- To obtain feedback from volunteers about their expectations and concerns
- To develop a compassionate and professional team of volunteers

CONTENT OF TRAINING

- Volunteering
- Volunteers' responsibilities and commitment
- Training and deployment opportunities
- Rules and principles to abide
- The Code of Conduct

Volunteer Induction Program (VIP) (EXTERNAL)

Date	Venue	Participants
23 Feb 2013	UiTM Pulau Pinang	95 students
2 May 2013	Monash University, Johor	30 students
2 May 2013	UiTM Segamat	100 students
21 May 2013	Telekom Malaysia HQ, Bangsar, Kuala Lumpur	40 staff
23 June 2013	UiTM Dungun	23 (4 staff and 19 students)
11 June 2013	University Malaya	50 students from Alam Bina Faculty
25 Sep 2013	Malaysia Airlines Training Centre	75 staff

Basic Mission Training (BMT)



A: A volunteer following the instructor on how to perform chest compression
B: The participants are trying to install the tent



C: A policeman demonstrating on how to install the Hammock

VENUE: Pusat Latihan Polis Gerakan Am (PLPGA) Ulu Kinta, Perak

- **Date:** 14 – 16 June and 15 – 17 November 2013
- **Participant:** 104 (Medical 33, Non-Medical 71)

OBJECTIVES

- Developing committed relief workers
- Promoting understanding of relief work, operations and volunteer roles and responsibilities
- Developing basic skills and knowledge that can be applied specifically on a mission or as general knowledge
- Building up mental strength and commitment when going on relief mission to any disaster area
- Promoting team spirit and leadership qualities under trying conditions

CONTENT OF TRAINING

- Radio Communications and Evacuation Procedures
- Navigation Skills
- UN Safety and Security Protocol
- UNDSS Demo
- Introduction to Sphere
- Basic life support
- Field missions
- Stress during missions

Emergency Response Unit Training Program (Lecture Series Step 1)



A: Group presentation pertaining to the Field Hospital



B: One of the volunteers presenting their group work

VENUE: Dewan Kuliah, Hospital Universiti Kebangsaan Malaysia (HUKM), Cheras

- **Date:** 7 – 8 September 2013
- **Participant:** 44 (Medical 17, Non-Medical 5, Student 21, Staff 1)

OBJECTIVES

To provide the participants with clear definition and understanding of their roles and responsibilities when they are on the field or in disaster zones.

CONTENT OF TRAINING

- Emergency Response Unit (ERU) introduction
- Accountability and Volunteerism
- International Humanitarian Law
- Code of Conduct
- Stress Awareness
- Security and Communication
- SPHERE standards and Field Hospital. Logistic consideration
- Emergency procedures and Patterns of Injury in the Field

Emergency Response Unit Field Training Exercise (FTX) Programme



A: Volunteers were taught to fold the Rofi tents

B: Volunteers working together to install the Rofi tents

VENUE: TNB Integrated Learning Solution-ILSAS, Bangi

- **Date:** 18 – 10 November 2013
- **Participant:** 27 (Medical 17, Non-Medical 1, Student 8, Staff 1)

OBJECTIVES

- To provide the opportunity for different working groups of the Emergency Response Units (ERU) to work together, plan and implement a full ERU set-up
- To strengthen the team spirit and work ethics amongst participants of the ERU

A person wearing a white shirt is holding a flag, which is partially visible on the right side of the frame. The background is a bright blue sky with soft, white clouds. The overall mood is positive and uplifting.

ACKNOWLEDGEMENTS

"When you do nothing, you feel overwhelmed and powerless. But when you get involved, you feel the sense of hope and accomplishment that comes from knowing you are working to make things better."

– *A volunteer*



Secretariat as of May 2014



Secretariat as of May 2014

EXECUTIVE DIRECTOR

AHMAD FAEZAL MOHAMED
Executive Director
MEGAWATI MD. RASHIDI
General Manager, Communications & Fundraising
ZU MIAN
Senior Advisor Team, Planning & Development
NURLIYANA FATIN MOHD
DON ALFIAN
Corporate & Stakeholder Engagement Officer
NUR AINI AHMAD
Personal Assistant
MARIAM JEMILA ZAHARI
ADRRN Programme Officer

MONITORING & EVALUATION

YESOTHA A/P BALAKRISHNAN
M & E cum Compliance Officer

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Fundraising & Event Officer
ROSMAWATI MAMAT
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NUR SYAFIQAH ZAINI
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AZRIL ABDUL MANAF
Volunteer Management Officer
NOOR AIN ZAIRA HASNAN
Volunteer Management Officer

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SYAKIRAH NIK YAHYA
Programme Assistant
SHAHIRIL BIN IDRIS
Programme Assistant

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Head, ROD
MOHAMMAD SAID ALHUDZARI
IBRAHIM
Deputy Head
NUSRAT HASSAN
Programme Officer
NUR HAYATI AHMAD
Programme Officer
NUR HILDA HANIM MOHD ZAMRI
Programme Officer
SAW YU SHEN
Programme Officer

STATE CHAPTERS

EDNA SALUMBI
Admin Officer (Sabah Chapter)
GRACE ELAINE JOHN A. SABINUS
Administrative Assistant (Sabah Chapter)

MEDICAL UNIT

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Reproductive Health Coordinator (RH)
MASNIZA MUSTAFFA
Health Coordinator (H)
MUHAMMAD FARIS SYAHMI
HASBULLAH
Psychologist Assistant (Contract)

LOGISTICS, SAFETY & SECURITY MANAGEMENT DEPARTMENT

AZURA IBRAHIM
Senior Logistics Officer
COLLIN ABEL NATHAN
Safety & Security Officer
MD HANAFIAH DANI
Logistics Officer
MOHD JEFRI ABDUL RAHMAN
Logistics Assistant

FINANCE

MOHD AZIZI OTHMAN
Head, FINANCE
NOORAZILA AHMAD
Finance Officer
NOR ZURI AZIELA JAMALUDDIN
Finance Assistant
AJENGSYAFA'ATUN BISRI
Finance Assistant

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SITI ZALEHA ABDULLAH
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KHAIRUR RIJAL JAMALUDDIN
Admin Assistant
HASNIZAN HASHIM
Dispatch cum Office Support
SH. SHAFIQA SY. TOKO KHAIRUDDIN
Receptionist cum Admin Assistant
SAYIDAH KAMIL
Office Assistant

List of people who have since left MERCY Malaysia, but whose contributions remain. Thank you for your support

Robert John Simon Taylor•Eyasmin Sahul Hameed•Shazlira Hamzah•Siti Aminah Jaafar•Wan Nur Azlina Wan Azmi•Mohd Ridwan Abu Bakar•Praveena Kalippen•Raja Manikam Krishnasamy•Abdul Rahim Hj. Manja•Fatimath Nizam•Suria Binti Junus•Ratha Kaneson•Nur Balkis Amairuddin•Nur Hafsa Binti Mohd Nizar•Mohani Raja Shaharul Niza•Elfayra Rosa T Guis•Mohammad Hakim Bin Mohammad Hanafi•Mohamad Zahirulhaq Bin Zulkifli•Fatin Nurathirah Binti Kamsin•Norhaslinda Bt Rizwan Sane•Nur Amelia Binti Salim•Nur Nabilla Hannan Ismail•Sharifah Shaffira Syed Toko Khairuddin•Puteri Ainaa Binti Jazlan

Field Office Staff

AFGHANISTAN

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Mr. Khalil Ullah Mujaddadi
Mr. Mohammad Hasham Agha
Mohammad Younas

Comprehensive Health Clinic

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Mr. Dr. Habebullah
Mr. Dr. Aminullah Mahbobi
Mr. Dr. Fateh Mohammad
Mrs. Nafeesa Rehman
Ms. Aameena Amani
Mrs. Shakeela
Mrs. Sittara
Mrs. Shaperai Ulfat
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Mr. Mohammad Nadar
Ms. Sakina
Mr. Fazal Rahman Usmani
Mr. Hijrat Ullah
Mr. Mohammad Saleem
Mrs. Bibi Fateema
Mrs. Bibi Sherina
Mrs. Bibi Raziah
Mrs. Bibi Gul Chera
Mr. Sheer Mohammad
Mr. Mohammad Karim
Mr. Mohammad Sadiq
Mr. Mohammad Daud
Mr. Ameer Jan

MERCY Little Caliph (MLC) Afghanistan

Mr. Ghulam Farooq Mujaddadi

EGYPT

Ahmed Hosni Mahmode

GAZA

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INDONESIA

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Richard Hotma
Yoko Simanjuntak

MYANMAR

Phyu Phyu

PAKISTAN

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SOMALIA

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SUDAN

Khartoum Liaison and Mutasim Mohamed

EL Fasher Base Camp

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Faethia Abdelrahman
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Mustafa Hassan Tiyrab
Yaqoub Ismail Yagoub

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Farouq Adam Abdalla
Fatima Abaker Ibrahim
Ghurashi Rabeah Atteia
Hanan Madani Elhag
Hasaballa Mohamed Adam
Hawa Ismail Omer
Ibrahim Edrees Ahmed
Laymon Ishag Khater
Megbola Mohamed Elnour
Mohamed Abdulmaged Ali
Mohamed Ali Mohamed
Mubarak Hugar Tuka
Mubarak Muhamed Mater
Najwa Osman Bukhary
Nura Ahmed Adam
Nura Suliman Ismail
Roghiaia Mohamed Hamid
Samia Adam Maki

Note: MERCY Malaysia’s base camp in Afghanistan currently operates from Comprehensive Health Centre (CHC).

MERCY Malaysia State Chapters

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Mohd Amir Mohamed Haniffah

Johor Chapter

Representative
Mohamed Noor Suleiman
Muhammad Hapis Jamil

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Assistant Secretary
Saloma Pawi

Treasurer
Dr Ehfa Bujang Safawi

Chapter Committee
Joseph Tau Katip
Mohammad Esa Bin Hossen
Azmin Bin Ramlie
Mohd. Iskandar Andrew

Collaborations

In our experience, no contribution is too small and no measure of kindness is insignificant. MERCY Malaysia recognises the value of working with partners. As an international non-profit organisation, we rely solely on funding and donations from organisations and generous individuals to continue our services to provide humanitarian assistance to our beneficiaries. We would like to thank our supporters for their tireless contributions and collaborations in our humanitarian work.

Corporate



Academic & Networking Institutions



Embassies/Countries



Media



Organisations



Society Members

As a non-profit organisation, MERCY Malaysia upholds good governance as part of its commitment to ensuring transparency and accountability throughout humanitarian work. As a registered society, we are governed by the Societies Act (1966) and the Constitution of MERCY Malaysia.

In compliance with the Societies Act, we are required to prepare financial statements to be made public and tabled at our Annual General Meeting (AGM). We hold our AGM on the final Saturday in June of every year, where all members are invited and attend to examine the financial statement, vote on matters arising and to vote for or, stand as a candidate for the Executive Council.

We are grateful for your membership and participation in our governance, ensures continued transparency and accountability in our humanitarian work. Thank you.

Life Members

Abd Aziz•Abd Rani Osman•Abdul Latiff Mohamed•Abdul Malik Bin Abdul Gaffor•Abdul Muin Ishak•Abdul Rahim Abdul Majid•Abdul Rashid Mahmud•Abdul Razak K.V. Koya Kutty•Abdul Wahab Bin Tan Sri Khalid Osman•Abu Aswad Alhaji Jones•Afidalina Tumian•Ahmad Ismail•Ahmad Zaidi Ahmad Samsudin•Aishah Ali, Prof Madya Datin•Aishah Binti N. Abu Bakar•Al-Amin Mohamad Daud•Alex Lai•Aminudin Rahman Mohd. Mydin•Anas Hafiz Mustaffa•Anita @Ani Binti Abdul Malek•Anuar Abdul Hamid•Ashar Abdullah•Azah Harun•Azizah Arshad•Azlin Hashima Mt. Husin•Azman Bin Zainonabidin•Azmil Hj. Mohd. Daud, Hj. •Azry Mohd Ali •Badorul Hisham bin Abu Bakar•Balakrishnan a/l Amathelingam•Balvinder Kaur Kler•Basmullah Yusof•Bilkis Abd Aziz•Chai Chin Pee •Che Tah Hanafi•Cheong Yee Tsing•Damina Khaira•Dilshaad Ali Hj. Abas Ali•Dzulkarnaen bin Ismail•Edward Hew Cheong Yew•Fairuz Ashikin•Fara Suzeera Abdul Rashid•Farah Abdullah @ Farah Hamzah•Faridah Abu Bakar•Faridah Akmar Ibrahim•Faridah Osman•Fatimah Mahmood•Fauziah Hj. Mohd. Hassan•Fauziah Md Desa•Fawzia Hanoum Ariff•Fuziah Md Zain•Ghazali Abdul Wahab•Habibah @ Norehan Haron•Hamizah Ismail•Hanita Ramuy•Harlina Mohamed Lani•Hasman Ibrahim•Hasnah Hanapi @ Hanafi, Datin•Hasri Samion•Ho Tze Hock•Humairah Samad Cheung•Ibrahim Umbichi Moideen•Inderjeet Kaur, Rani•Jamilah Shaikh Mohd Jain•Jemilah Mahmood•K. Sockalingam•Kamariah Mohamad Kontol•Kamarul Azahar Mohd Razali•Kamaruzaman Abdullah•Kamat Norit•Khairul Anuar Jaafar•Khairul Azman Md Khalid•Krishna Kumaran A/L A. Ramasamy•Kursiah M. Razali•Lai Fui Boon•Lau Seth Kiong•Liew Kiew Lian•Lili Suriani Hj Mi'an•Lily Kartina Karim•Lim Eng Pitt•Lim Woi Meng (Jimmy)•Loh Sit Fong•Mahani Idris Daim•Mahdzir Md. Isa•Mariah Zainatul Maknun A. Zahidin•Mariah Zainatul Maknun A. Zahidin•Mimi Iznita Mohamed Iqbal•Mohamad Ayof Bin Bajuri•Mohamad Ayof Bin Bajuri•Mohamad Ismail Ali•Mohamed Hanafi Ramli•Mohamed Hatta Shaharom•Mohd Hamzah Kamarulzaman•Mohd Khalit Bin Othman•Mohd Rafee Md. Aris•Mohd Rohisham Zainal•Mohd Shah Awaluddin•Mohd Shahrudin Asmani•Mohd. Ali Md. •Mohd. Azman Sulaiman•Mohd. Nazli Mohd Zahid @ Kamarul Zaman•Mohtar Ibrahim•Muhammad Hapis Bin Jamil•Muhammed Faisal Abdul Wahab•Musa Bin Mohd Noor•Musa Mohd. Nordin•Namof Jamelah Mohd Ibrahim•Namof Jamelah Mohd Ibrahim•Nasaruddin Abdul Aziz•Noor Janah Abdullah•Noor Siah Idris•Nooraini Mohamed Ismail•Nor Halimahtun Hassan Maasom•Nor Khairiah Md. Kenali•Nora Azizi Uzir•Noraini Md. Desa•Norfaiezah Arshad•Norhairani Abdul Wahab•Norherah Syed Omar, Datin Dr. •Norizan Rajak•Norly Ismail•Nur Farinda Ibrahim•Nurahan Maning•P. Shanmuhasuntharam•Puteri Rohayu Megat M Yusof•Puziah Md. Zain•Raja Abdul Aziz Raja Musa•Rakiah Ahmad•Rasheedah Abu Bakar•Razali Bin Kamisan•Risnawati Yassin•Roslan Harun•Rowani Mohd Rawi•Rugayah Mohamed•Saiah Abdullah•Salina Umar•Sarah Haniza Abdul Ghani•Sarudin Bin Rohseli•Segaran•Sejahratul Dursina @ Chomel Mohamad•Shaharudin Saamin•Shahrir Hashim•Shaik Taufik Shaik Yusoff•Shareen Shariza Dato Abdul Ghani•Sharida Suhaila Abdul Shukor•Sharifah Norashikin Binti Syed Ahmad Kamal•Sharifah Sakinah Syed Hassan•Sharima Ruwaida Abbas•Sharizad Hj. Shamsuddin•Sharlina Bt. Adnan•Siti Noraishah Sheikh Salim•Siti Zainab Ibrahim•Sri Kumar•Suhareen Suhaiza Abdul Ghani•Susan Binti Abdullah @ Susan Shamin•Suzain Datuk Hj. Suhaimi•Syed Abdul Haris B. Syed Mustapa•Syed Hashim Tuan Long•Syed Mohd. Adeeb Syed Jalil Jalaludin•Tajul Edrus Nordin•Tan Choi Wah•Tan Hooi Chien•Tan Sim Hwee•Tunku Azela Tunku Aziz •Tunku Sara Tunku Ahmad Yahaya•Usmirah Ahmad•Wan Badrul Shah Wan Husain•Wan Fadhillah Wan Ismail•Wan Hazmy Che Hon•Wan Nik Wan Ismail•Wan Nurdiana Zaireen Wan Zainal Abidin•Wan Raimah Wan Abdul Kadir•Ye Htut @ Mohammad Iqbal•Mohd•Zainab Niksim•Zainal Mohamed•Zakinah Zainuddin•Zaleha Abdullah Mahd•Zamaliah Md Juah•Zamzam Zainuddin•Zariah Mohd Zain•Zubidhah Bt. Ab. Hamid•Zuraidah Mian•Zurina Ismail

Ordinary Members

Abdul Aziz Ahmad•Abdul Aziz Ismail•Abdul Halim Abdullah•Abdul Halim Din•Abdul Rahim Omar•Adawiyah Suriza Shuib•Adibah M. Salleh•Adliah Mohd Ali•Adnan Abdul Hamid•Adrian Lok Shui Feng•Ahmad bin Embong•Ahmad Dahalan, Lt. Col. (B) Hj•Ahmad Taufik Jamil•Ahmad Yuzdi Sulaiman•Ailina Razali•Ainuddin Dahlan•Aishah Mohd Amin•Aiza Aryati Kasim•Akbar Ibrahim•Ali Muzammil Abdullah•Alini Marzuki•Amaludin Ahmad•Aminnurillah Mustapah•Amir Adham bin Ahmad•Amir Hakim Basri•Anfaal Saari•Ang Wan Mei•Anis Farhad Murshid•Annapurny Venkiteswaran•Aparajitha Krishnan•Ariza Mohamed•Awang Ismail Awang Mahmood•Azaria A. Rahman•Azeezah Jameelah Mohamed Mohideen•Azmi Abdul Rashid•Azmi Md. Nor•Aznini Ariff•Azuraiah Jaafar•Baba Md. Deni•Badariah binti Ahmad•Baharul Rizal Baharuddin•Balwant Kaur a/p Indar Singh•Basheer Ahmad Bin Abdul Ravoob•Basyariatul Fathi Othman•Burhanudin Busu•Chan Ai Ding•Chee Hon Loong•Chuan Mei Ling•Daniel Alan Anthony Percival •Diana Shah Alif Shah•Elaine Pang Poh Hee•Engku Ahmad Zaki Syed Mohamed•Fairoz Mohamed Amin•Faridatul Azna Ismail•Faridi Yaakob•Fatima Yunus•Fatimah Ahmad•Fatimah Hj Md Euso•Fatimah Ismail•Fauziah Adnan•Freddie Ng Chee Hock•Fuziah Yahya•Ganeshanantha Satkunalangam•Gurcharan Singh•Hafiza Mohd Hashim•Hafizah Mohd Hashim•Hafizoah Kassim•Hairoi Azrin Othman•Halim Abdullah•Halimah Sadia Hussin•Haliza Awang•Hasnah Ismail•Hasriah @ Maziah binti Hamzah•Hasrizal Hassan•Hazarina Mokhtar •Hazimin Abu Baka•Hazura Mohd. Sood•Hee Le Ling•Hemala Dev•Hibatur Rahman Ahmad•Hishammuddin Abd Rahman•Husin Md. Yasin•Huwaidda Abdul Halim•Ilyas Ali Noor•Imri Dolhadi Abd. Wahab•Intan Suri Abu•Irawati Ismail•Isham Ramli•Jaidon

Society Members

Ordinary Members (cont.)

Romli (Dr.)•Jegan Thanabalan•Jennie Soh•Juliana Hilmei•Junaidi Ismail•Jupilin Gilau•Juraini Jamaludin•Juriza Ismail•Justina Eddy•Kamaruddin Ibrahim•Khatijah Mohd. Yassin•Kok Yin Hau•Krishnamoorthy A/L Veerappan•Latha a/p Annamalai•Lee Boon Cheok•Lily Fariza Karim•Low Wea Haw•M. Erakunathan•Mafeitzeral Mamat•Mahathar Abdul Wahab•Mahiran Hassan•Margaret Chin Pau Jin•Marina Md. Nor•Marjimin Osman•Mary Elizabeth Maurice•Maslina Mohd. (Dr.)•Masni Mohamed Azhari•Mawarni Mohd. Riduan•Mazni binti Ahmad•Md. Desa Said•Melor Mahon•Mimi Maziah Mat Sabu•Mior Rosli Mior Md Jaafar•Miss Dina Tagal•Mohamad Don Cheang•Mohamad Khairi Ismail•Mohamad Nor Sundari•Mohamed Ashraff bin Mohd Ariff•Mohamed Nazir Abu Bakar•Mohd Azhar Yusoff•Mohd Faarok Sk. Mohd•Mohd Faizal Harun•Mohd Halimi Abdullah•Mohd Mazri Yahya•Mohd Misri Dollah Kanan•Mohd Mohid Bin Saidin•Mohd Nazrine Arias•Mohd Sanusi Mohamed•Mohd Shah Awaluddin•Mohd Shahizal Amre Ismail•Mohd Shukri Che Ahmad•Mohd Yusree Mohd Rodzi•Mohd Zaini Ismail•Mohd Zureehan Zakaria•Mohd. Amir Mohd Haniffah•Mubbashir Iftikhar•Muhamad Yusof Aziz•Muhammad Afif Jamaludin•Muhammad Barkah•Muhammad Hapis Bin Jamil•Muhsin P. K. Ahamed•Munir Kasman Abdul Hamid•Murniati Mustafa•Muthamah @ Uma Devi a/p Suppayah•Nadiratul Fathi Othman•Nadzriah Binti Ahma•Naimah Abdullah•Napsiah @ Hafidza Bte Ali•Nazri Md. Yusof•Niraku Rosmawati Ahmad•Nizar Abd. Jalil•Nizreen Nordin•Noor Azura Hj. Ahmad•Noor Filzah binti Zubir•Noor Hajar Abd Aziz•Noor Hayatti Ismail•Noor Ibrahim Mohamed Sakian•Noor Rita Abdul Ghani•Noorizan Abd Aziz•Noorman Sulaiman•Nor Azaha Osman•Nor Azleena Abd Rahman•Nor Azmawati Bachik•Nor Azreena Aluyi•Nor Azrina Azlan•Nor Faizah Abdullah•Nor Hayati Abdul Hamid•Nor Hazla Mohamed Haflah•Nor Idawaty Ibrahim•Nor Jasmin Lokman•Nor Mazrina Abdul Manan•Nor Rohaini Abd. Hamid•Nor Suhaida Hajenan•Nor Suhaila Mohamd Noor•Noraida Mohamed Shah•Noraini Mohamad Ali•Noraini Mohamed•Noranzah M. Taib•Norhafizah Ramli•Norhasimah Ismail•Norina Abdullah•Norisah Abdullah•Norizan Ahmad•Norlana Mohd Ali•Normala Hassan•Normas Norhayati Mustafa•Norrizah Abd. Malik•Norsamsida Hassan•Norsham Abu Bakar•Norsuhaimah Samsudin•Norzila Mohamed Zainudin•Novandri Hassan Basri•Nozila Md Naffi•Nozilar Abdul Karim•Nur 'Aiza Rosli•Nur 'Eliza Rosli•Nur Davina Skymmar Abd. Moein•Nur Dini Jennifer Abdullah•Nurulhuda Ismail•Osman Mia•Othman Mohd. Hashim•Ow Lu Yee•Paramsuthy a/l Murugasu•Prema Devi Selvadurai•R. Azrina R. Othman•Radziah Arshad•Rafi Suhaila Rahim•Raihan Yusoff•Raja Khuzaiah Raja Abu Bakar•Raja Nor Asiah Raja Hussin•Rana Mohd Daud•Razuki Ibrahim•Rica Farah Muhd. Abdullah•Rohaida Ali•Rohana Jaafar•Rohani Mat Saman•Roniyuzam Abd Malek•Roro Dewi Majhita Mamat•Rosleena Anin Rozalee @ Zahari•Roszita Ismail•Rozana Rusli•Ruhaniah Mohd. Derus•Ruhayah Md Derus•Saadia Daud•Safarina Joblee•Sakbiah Din•Sakti Devi Thillainayagam•Salamah Mahamudin•Salawati Md. Yusoff•Saliyati Suhaimi•Saliyaty Dora Md. Ramly•Salwah Daud•Sazlyana Safiee•Shahridan Mohd Fathil•Shaiful Azmi Yahaya•Shamsudin Kamaruzaman•Sharifah Faridah Syed Mahadzar•Sharifah Muhairah Shahabudin•Sharifah Nor Haron Alhabshi•Sharifah Norashikin Syed Ahmad Kamal•Shazharn Muhammad Zain•Sheikh Muszaphar Shukor•Shelina Oli Mohamed•Siti Hajar Minani Othman•Siti Hawa Altaf Ismail•Siti Hindun Abd Rahman•Siti Khadijah Abd Ghani•Siti Muawanah Hj. Lajis•Siti Noor Ali Shibrumulisi•Siti Norhayati Md. Nor•Siti Norjannah Moin•Siti Sarah Md. Zhahir•Sitiza Harim•Sivalingam A/L Raja Gopal•Solihah Haji Isa•Subramaniam a/l Thanimalai•Suryani Binti Kamaruddin•Syed Yaziz Bin Syed Yusof•Sylvia Laman•Tengku Ain Fathlun Tengku Kamalden•Tengku Mohd Ariff Raja Hussin•Ummu Harieza Abd. Aziz•Vivian Wong Wei Ling•Wan Adleen Shahril Wan Hanafi•Wan Fadhillah Wan Ismail, Dr. Wan Hasfizar Wan Mohamed•Wan Jaihaniza Sheikh Mohd Jamaludin•Wan Mazwin Wan Mansor•Wan Muhaizan Wan Mustafa•Wan Nur Nafisah Wan Yahya•Wan Rafidah Awang Isa•Wan Zakiah Wan Yusof•Wong Poh Ting•Woo Khai Yeen•Yasmin Yahya Nassim•Yong Chee Khuen•Yusmawati Md. Yusoff•Zahaitun Mahani Zakariah•Zailina Bt. Ahmad Jailani•Zain Ariffin Ismail•Zainal Fitri Abdul Aziz•Zainal Fitri Zakaria, Dr. Zainudin Hj. Ahmad•Zaiton Md. Zaitun Husin•Zaleha Binti Mokhtar•Zalina Nusee•Zamri Hj Rahman•Zamzuri Hj Abd Rashid•Zubaidah bte. Jamil Osman•Zulkefli Bin Atan•Zunaidah Abd Hamid•Zuraidah Abdullah•Zuraidah Kamaruddin•Zuridah Hayati Abd Hamid•Zurina Mohamad

Volunteers

International Mission

Alya Shaiful Bahari•Aaron Solibun•Aarya Gowri Gopakrishnan•Abd Halim Mat Daud •Abdullah Mohd Badawi•Adlina Nur Hamidah Othman•Adlina Nur Hamidah Othman, Dr. •Ahmad Alfian Hashim•Ahmad Fakhzan Alias •Ahmad Ibrahim Ahmad Zainuddin•Ahmad Nazri Ahmad Tarmizi•Ahmad Shahrani Jamaluddin•Ahmad Tahir Mohd Said•Ahmad Zamir Kamarolzaman •Aini Fahriza Ibrahim, Dr. •Ajek Ak Entri•Alexandra Tham Mei Ning•Alia Junid•Alizah Abdul Malek•Amalia Mahamud•Amalina Izati Nur Ibrahim•Aminah Bujang•Amirah Mohd Fauzi•Amylia Mustapha•Amzari Md Yusop•Anbarasu A/L Ramalingam, Dr. •Andrew Ter Joo Hien, Dr. •Anhar Kamarudin•Anie Angela Anap•Anis Nur Liyana Abd Rahman•Annie A/P Kolandaisamy•Arul Sakthi Aruminathan, Dr. •Ashraf Saharuddin•Ashri Alzarriq Abdul Shukor•Athera Izati Nur Ibrahim•Awang Hishamudin•Awang Shahrizan Awang Abu Bakar•Ayu Akida Abd Rashid, Dr. •Azhar Abdul Aziz•Azian Hj Ishak•Azianwati Abd Rahman•Azman Zainonabidin, Ar. •Azmin Ramli•Azreen Noordin•Azura Kamaruzaman•Azuriyati Binti Baharom, Dr. •Badrul Hisham•Badrul Hisham Alias•Bobby Sim Swee Sing•Boo Hui Shan, Dr. •Brian Anak Asem, Dr. •Bybiana Micheal•Carolina Tay•Cecilia Moidi•Chan Wai Hoong, Dr. •Chang Chin Kuan•Chang Kee Ying, Dr. •Charis Wong, Dr. •Chua Kin Wei (Calvin)•Connie Looi Lai Jian•Cornelia Dausi•Dania Suri•Datu Mohd Amyril Bin Abduludin, Dr. •Daud Md Dawi•Devananthan A/L Ilenghoven, Dr. •Doris Poh P.H. •Doulianah Manjuil•Dynatalie Delicious•Dzulkarnaen Ismail•Easwary A/P Hari Ramulu, Dr. •Edna Stephanos•Ee Chai Seah (Alice)•Ehfa Bujang Safawi, Dr. •Emy Shahida Zulkifli•Erra Faraheen Omar•Esa Hossen•Evelyn Marie Steven, Dr. •Fairus Husna Riduan•Faisal Ariff Rozali Wathooth•Fajarul Hani Ahmad Termizi•Fakhrul Radhi Mohd Fazli, Dr. •Fam Cheau Shin•Faradila Abd Malek•Farah Aida Ahmad•Farah Alyena Sahari•Farah Nabila Hussin•Farayatul Shima Abu Omar•Faridah Hanim Hashim, Dr. •Fatimah Mohd Fauzi, Dr. •Fatin Mahzia Mosro, Dr. •Fatin Nurathirah Kamsin•Felice Huang, Dr. •Flora Fedilis•Foo Je Sie, Dr. •Foo Qi Chao, Dr. •Gad Sogod•Gara Ak Engonin•Geogina Akliah•Ginny Chit Tze Xin, Dr. •Grace Lee Huey Chun, Dr. •Gunasegaran Doraisamy•Gwendoline Rogers•Hajar Marlina Zulkifly, Dr. •Hamidatul Akmal Halim•Hamidatul Akmal Halim, Dr. •Hanis Hidayu Kasim•Har Wai Yan, Dr. •Harith Abdul Malek, Dr. •Harizah Hatim, Dr. •Hartini Alias•Haryani Jarkasi•Haslinda Khalid•Hasman Ibrahim, Ir. •Hasmanizam Muhammad•Hasnah Md Saad•Hazalina Sarkawi•Hazwani Ayub•Hazwani Yaakub•Helen Lasimbang, Dr. •Ho Wei Loon•Hudaliyana Ghazali•Hue Hwa Ching, Dr. •Hur Azmi•Ikmal Azizi Zulkhefli•Intan Amelia Mohd Sidek•Intan Zati Hanani Hamid, Dr. •Irda Marhaini Mulyadi•Isma Ilya Ahmad Puad•Jack Jessel Fidelis @ Toisam•Jamaah Mohd•Janncy Nyohim•Jayashamani, Dr. •Jeffry Salleh•Jegatheeswary Krishnan•Jerah Ak Janggau•Jeremy Robert J. Jimin, Dr. •Jesline Teoh Mooi Koon•Jilin Ak Itar•Joseph Gombis•Joseph Tau Katip•Joyce Ong, Dr. •Juidywa Juas•Juneasmadi Mohd Ali Osman•Jusmandie Jamaie•Kalsum Ramlah•Kamala Felecia, Dr. •Karen Pamela Soh, Dr. •Karshini A/P Jeya Pirathaba, Dr. •Kasuma Jamaluddin•Katherine Pui Cheng Huan, Dr. •Kelvin Vitus Tan, Dr. •Ken Teo, Dr. •Khairul Azhar Abdul Rahim •Khairul Niza Ahmad, Dr. •Khairul Anuar Abdullah•Khairunnisa Sakir•Khalid Aswad Abdul Wahab•Khalid Idris•Kimberly Wong Yui Y'ng•Koon Bee Fong•Kunal Doshi, Dr. •Lam Chin Yan, Dr. •Laura Justine•Lavanyah Ponnuthurai, Dr. •Lediah Binti Joseph Tinggam•Lee Jen Ping•Lee Kuok Tiung (Dr)•Lee Lip Fong •Lee Yew Yen•Lelawati Othman•Lim Poh Ling, Dr. •Ling Ching Tze, Dr. •Lionel Eric A/L Benjiman•Liyana Shamsuddin, Dr. •Loh Sin Yee•Lok Shui Fen @ Adrian Lok•Loo Kah Jiu•Low Tze Ken•Mahani Mohd. Rajuli•Mahirah Mohd Amir•Mardiana Jalaludin•Margaret Chin Pau Jin•Marina Muhammad •Marliana Muhaiyuddin•Martin Jandom•Martini Micheal•Mary Abas•Masnizam Hashim•Mauritius Petrus•Maziah Mazuki•Maziana Mohd Azhari•Mazli Masron•Michelle Goh Sze Ling•Mohamad Arif Roslan •Mohamad Ayof Bajuri, Ar. •Mohamad Hanafi Ramli•Mohamad Herman Abdullah•Mohamad Khairi Mohd Aljunid•Mohamad Khamis Meo•Mohamad Shahril Borahim•Mohamed Abdel Rauf Mohamed Ali Zidan•Mohamed Noor Suleiman•Mohammad Abdul Rahman Mohd Hanafi•Mohammad Arif Haron•Mohd Aizuddin Abdul Rahman•Mohd Aizuddin Ahmad•Mohd Arshad Saini•Mohd Darus Rashid•Mohd Faisal Firdaus Nordin•Mohd Faizal Bin Md Zain•Mohd Faizal Ramli•Mohd Fauzi Yasin•Mohd Fuad Abd Ghuffar•Mohd Haizal Mohd Nor, Dr. •Mohd Hanafi Abdul Habir•Mohd Iskandar Abdullah•Mohd Iskandar Andrew•Mohd Islahuddin Mohd Tamrin, Dr. •Mohd Jefry bin Abdul Rahman•Mohd Khairuladzuan Abd Khalip•Mohd Najee Aziz•Mohd Niza Zakaria•Mohd Norhisyam Mohd Bahrom•Mohd Radzi Jamaludin•Mohd Rafee Harith•Mohd Razmi Ahmad Shukri•Mohd Rohaslam Abdul Hamid•Mohd Safwan Mohd Jani•Mohd Zulhilmi•Ab Aziz•Mohd. Edy Amali Mohd. Dawi•Muhamad Faizal Zulkifli•MUhamamd Mahfidz Muzarir•Muhammad 'Azim Yaakob•Muhammad Azmi Zulkifli •Muhammad Faez Zulkifli•Muhammad Hilmi Ab Aziz•Muhammad Izzad Johari•Muhammad Khairil Aswadi Omar•Muhd Faiz Arsyad•Munira Hamdan•Nabila Zulkifli•Nadhirah M. Nasir•Nadiah Mohd Shah•Nadrah Khairunnisa Nasaruddin •Najibah Abdul Malek•Narjit Kaur A/P Paramjit Singh, Dr. •Nasyitah Rusli•Nasyrah Abdul Rahman•Natasha Nadya Hussin •Ng Khai Keam, Dr. •Nik Mohd Marzuqi Nik Sin•Nik Mohd Shafikudin Md. Tajuddin•Noor Aqilah Ashamuddin, Dr. •Noor Janah Abdullah•Noor Khairun Diyanah Noor Harun•Noor Shafinaz Adam•Nor Aima Syazwani Haron•Nor Amaliza Mohd Nordin•Nor Asmaliana Mohd Noor•Nor Atiqah Ghazali•Nor Azila Azizan•Nor Azlina Alias•Nor Azlina Alias•Nor Azlina Muhammad•Nor Nadrah Abdul Shukri•Nor Nazatulshima Binti Musa•Nor Sakinah Mat Saad•Nor Siti Khadijah Jaafar•Nor Zetty Hazra Abd Rahim•Nor Zuri Aziela Jamaluddin•Noraini Ismail•Noraiza Roslee•Norarsyiyah Muhaidin•Norashikin Kader Mohd, Dr. •Noratighah Ghazali•Norezzati Mohd Sabri, Dr. •Norhadzline Harun•Norhafiza Lakmin Hakim•Norhayati Arif•Norherah Said Omar, Dr. •Norsakinah Jalil•Norshafatihah Nor Azmi•Norshela Zakariah•Norsiaty Habuan Hanifah•Norsyeila Mohd Kamaruzaman•Norzumayati Goloi•Nur Alia Mohd Zaky, Dr. •Nur Amalina Najwa Mohd Ali•Nur Amirah Amran•Nur Anis Amirah Mohd Fozi•Nur Atiqah Mohamed Nasir•Nur Dayana Ahmad Rawi•Nur Fadilah Mohd Sabri•Nur Fifiawani Rajab•Nur Hidayah Makni•Nur Izzati Md. Alias•Nur Izzati Mohd Ghazi•Nur Jihan Irwan Tan, Dr. •Nur Nazurah Mohd Nasir•Nur Shafiqah Sapuan•Nur Siti Mardiah Zobri•Nur Syafeeqah Noor Hisham•Nur Syakirah Mohd Azam Shah•Nur'ain Ramle•Nurbaida Mat Wahab•Nurfahana Azmi•Nurhidayah Non•Nurmusfirah Termizi•Nurul Adilah Mohd Sabri•Nurul Afifah Rosman•Nurul Aiman Ramli•Nurul Ain Wahida Zulkifli•Nurul Aliah Farhana Abu Husin•Nurul Asyikin Husin, Dr. •Nurul Ellmy Abdul Razak•Nurul Farhana Abdullah•Nurul Farhana Abdullah•Nurul Hazirah Mohd Fadzil•Nurul Hidayah Mizan•Nurul Mardiah Mohd Tahir•Nurul Najwa Anuar•Nurul Syakirin Abdul Shukor, Dr. •Nurulhuda Baharudin•Nurulhuda Mhd Non•Nurulhuda Non•Nuryan Zhafaryna Mohd Fahros•Octiesia Tury•Ong Cheong Beng (Jerry)•Ong Li Sze, Dr. •Pahri Bin Mustaring•Pang Jo Ann, Dr. •Parasul Basang•Quah Joo Lee (Joe)•Rabiul Ilham Abd Hardy•Raffiza Rusdy•Rafidah Mashudi•Rahmawati Binti Hasbi•Ratha Kaneson•Ratnawidiyastuti, Dr. •Regina Jacinta Peck•Rosalind Jotin, Dr. •Rosasniza Aris•Rose Sengka•Rosliza Ali•Rudy Irwan Shukaime•Rukumani Ramanathan•Sabeda D Siagian•Sakinah Abd. Wahab•Salfarinah Kahar•Saloma Pawi•Sarah 'Atiqah Mohd Zamri•Sarjit Ramday•Sarliza Yasmin Sanusi, Dr. •Sekan Ak Gundah•Sh. Shaffira Sy. Toko Khairuddin•Shafiqah Abdullah•Shaharezet Bt. Mustafa•Shahrizal Mohd Isa•Sharifah Haizan Sayed Kamar, Dr. •Shazlira Hamzah•Shereen Khan•Sim Ching Ping (Mike)•Simon Chin

Volunteers

International Mission (cont.)

Chee Yew•Siong Choi Wan•Siti Amin Nur Hashim•Siti Fazeliana Abd Shukor•Siti Hajar Ayub•Siti Humairah Muhamad•Siti Khairiyah Mohd Roslan•Siti Nor Rahimi Abd Razak, Dr. •Siti Nur Amanina Abdul Shukor, Dr. •Siti Nur Hamidah Abu Bakar•Siti Nurfaizah Rusman•Siti Nurliana Mohd Dani•Siti Rahayu Che Husin•Sitoh Belina•Soh Xiao Thong (Sandra)•Suhaili Yahya•Susan Kio Soo San•Suzinasty @ Zie Binti Rutimin•Syadzaratunnuur Abd Aziz•Syafiqah Nadia Raja Umar•Syahidatul Nabihah Abdul Kamal•Syazwani Dzin•Syazwani Lyana Abdullah Ghani•Syed Abdul Haris Syed Mustapa•Syed Abdul Haris Syed Mustapa•Syed Idris Omar Alsagoff•Syed Iskandar Omar Alsagoff•Syed Mohd Rizuan Syed Mohamad•Syed Saifudin Syed Hamdan•Sylvia Lim Sze Wei, Dr. •Tajul Edrus Nordin•Tajul Edrus Nordin•Tan Boon Hooi, Dr. •Tan Chia Pei•Janice, Dr. •Tan Kim Yek, Dr. •Tan Seng Hock•Tan Swee Leng, Olivia•Tee Kam Bee•Teh Hun Seng •Tengku Putri Zaharah Tengku Bahanuddin, Dr. •Tengku Putri Zaharah Tengku Bahanuddin, Dr. •Teo Ken, Dr. •Teoh Shu Woan•Thinaraj A/L Balakrishnan•Tiffany Yap Yi Hui•Tonny Moniring•Tony Liew Ye Onn•Tsen Sui Fah (Michael)•Tuan Idrus Tarmizi•Tuan Ismail Tuan Soh•Valeria S Kabalon•Veena Pillai, Dr. •Venessa Vanda Vitales•Visnavanthan Somasundaram•Wan Rosalina Wan Rosli•Wan Srihani Wan Mohamed•Wong Lee Kiong•Yang Su Lan•Yap Yoon Chin @ Angeline, Dr. •Yusazhar Mohd Yusof •Yuslana Fadil•Yusni Bidin•Zabidi Yusof•Zahid Ismail•Zahidah Amni Zulkifli•Zahroh Hasanah Darwis Harahap•Zatil Ezzi Zulkifli•Zia-U-Bahkt Sultan Shah, Dr. •Zora Chan•Zulasri Azan Md Zain•Zulkifli Che Haris•Zuriani Basri

Company/institution

ExxonMobil•Khazanah Nasional Berhad•Kuantan & Kemaman 4WD•Scomi Sdn Bhd•ST John Ambulans•Universiti Malaya•Universiti Teknologi MARA (UiTM)•Upstream Downstream (UDPS) Sdn Bhd

Domestic Mission

Agilan A/L Arjunan, Dr. •Ahmad Nawawi Ghazali•Ahmad Nizam Ismail, Dr. •Ahmad Sabri Omar, Dr. •Ahmad Suhaimi Abdul Majid•Ahmad Sukari Halim, Prof. Dr. •Akmal Aliff Azman•Amir Abdullah, Dr. •Amir Adham Ahmad, Dr. •Amisam Hamzah•Anis Syazli Razalli, Dr. •Anita @ Ani Abdul Malek•Aung Lwin Oo, Dr. •Azzizawati Azil, Dr. •Basrun Husain•Che Mahmud Mohd Nordin•Che Tah Hanafi•Cheah Phee Kheng, Dr. •Chee Fook Wah•Chen Tai Ho, Dr. •Chiang Han Hoong•Dzulkarnaen Ismail•Evelyn Tai Li Min, Dr. •Fahmi Hassan•Fairrul Kadir, Dr. •Faisal Ariff Rozali Wathooth•Fatin Salwani Zaharuddin, Dr. •Ganapati a/l Subramaniam, Dr. •Girija A/P K. Kunchi Raman, Dr. •Gunasegaran Doraisamy•Hariyah Yusop, Dr. •Hashimah Husin•Hasman Ibrahim, Ir. •Hasnah Mohd Dawal•Irwan Shafrizan Ismail•John Derick•Kalai Selvan Annamalai, Dr. •Khairul Helmy Mohamad•Lai Fui Boon, Dr. •Lee Jen Ping, Dr. •Leow Wei Kai•Lew Chee Kong, Dr. •Loh Sit Fong •Long Tuan Mastazamin Long Tuan Kechik, Dr. •Low Lien Long •Lynne Yong Ee Lin, Dr. •Mafeitzeral Bin Mamat, Dr. •Mahendran Balasupramaniam•Martin Jadom•Mashitah Ishak•Mazia Norzehan Mohd Zin•Maziiana Mohd Azhari•Melvin Torres de Guia•Melvyn Edward Anthony Dass, Dr. •Mohamad Ayof Bajuri, Ar•Mohamad Hanafi Ramli, Ir. •Mohamad Ibariyah Iberahim, Dr. •Mohamad Iqbal Omar @ Ye Htut, Dr. •Mohamad Moin Wasikon•Mohamed Ashraff Mohd Ariff•Mohamed Ikram Mohamed Salleh, Assoc Prof. Dr. •Mohamed Noor b. Suleiman•Mohd Amin Mohd Sabari•Mohd Fadliyazid Abd. Rahim, Dr. •Mohd Ikraam Ibrahim, Dr. •Mohd Islahuddin Mohd Tamrin, Dr. •Mohd Mazri Yahya, Dr. •Mohd Nasyarudin Mohd Shafiee•Mohd Ridzo Mahmud, Dr. •Mohd Zulhilmy Md Khalid •Mohd Zulkarnaen Mohd Yusoff•Mona Lisa bt Md. Rasip, Dr. •Muhamad Noorhisyam Salleh, Dr. •Muhamad Yaakub Arifin, Dr. •Muhammad Azhar Mamat Rot•Muhammad Azmi Zulkafli•Muhammad Hapis Jamil•Muhammad Ilyas Muhammed Ali Noor•Muhammad Nuridzwan Zazali•Nasuha Yaacob, Dr. •Ng Kwee Peng, Dr. •Nor Azhana Mohamad, Dr. •Nor Azlina Alias•Nor Azmi Hj Johari•Nor Hazla Mohamed Haflah, Dr. •Norizan Jusoh•Norkamariduan Mohd Nor•Normala Basiron, Dr. •Norzila Mohamed Zainudin, Dr. •Nur Ain Shafinas Talib•Nur Syazwin Sies, Dr. •Nurul Azreen Mohd Roslan, Dr. •Nurul Farhana Abdullah•Nurul Hazwani Wahid•Ong Su Hua•Raudhah Amani Hamdan•Razali Idris, Ir. •Razali Kamisan•Razmah Mat Deris•Rhendra Hardy Mohamad Zaini, Dr. •Roslina Jenang•Rosliza Parumo, Dr. •Rozainiee Abdullah•Rusnah Sewin•Ruwaita Isa, Dr. •Sarah Aliah Ilham, Dr. •Shah Jumaat Mohd Yussof, Dr. •Shahridan Mohd Fathil, Dr. •Sharima Ruwaita Abbas•Sharon Chin Lu Yin, Dr. •Sherrie Chong Mei Yee, Dr. •Silviana Bonadei•Siti Nor Rahimi Abd Razak, Dr. •Siti Nursuraya Ali•Siti Zaharah Yaakub•Sokalingam Thanimalay•Sri Theyshaini Nahasaram•Syahrul Zamri Sarkawi•Syed Abdul Haris Syed Mustapa•Syed Azwan Bin Syed Ali•Tajul Edrus Nordin•Tan Boon Hooi, Dr. •Tan Seok Hong, Dr. •Tengku Muhammad Ridzauddin Tengku Abdul Halim, Dr. •Tengku Putri Zaharah Tengku Bahanuddin, Dr. •Thomas a/l Francis, Dr. •Toh Ee Lyn, Dr. •Vinotharan a/l P. Manogram, Dr. •Wan Mohd Hafidz Wan Hisham, Dr. •Wan Mohd Harisuddin Wan Husain•Wan Srihani Wan Mohamed•Wong Hui Chin, Dr. •Wong Liang Huei•Yasmin Abdul Majid•Yeow Yeng Ling, Dr. •Yusof Hassim, Sr. •Zainal Ariff Abdul Rahman, Dr. •Zullaili Zainal Abidin

FINANCIAL STATEMENTS

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Society Information

PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

(Registered under the Societies Act, 1966)

(Society No: 1155)

PRESIDENT

Dato' Dr. Ahmad Faizal Mohd Perdaus

VICE PRESIDENT I

Assoc. Prof. Dr. Mohamed Ikram Mohamed Salleh

VICE PRESIDENT II

Norazam Ab Samah

HONORARY SECRETARY

YM Raja Riza Shazmin Raja Badrul Shah

ASSISTANT HONORARY SECRETARY

Dr. Hariyati Shahrima Abdul Majid

HONORARY TREASURER

Ir. Amran Mahzan

COMMITTEE MEMBERS

Dr. Heng Aik Cheng
Mr. Tee Kam Bee
Dr. Shalimar Abdullah

CO-OPTED MEMBERS

Dr. Sharidan bin Mohd Fathil
Prof. Dr. Zabidi Azhar bin Mohd Hussin
Dr. Jitendra Kumar Shantilal N. Tejani
Dr. Helen Benedict Lasimbang

AUDITORS

Azuddin & Co. (AF 1452)
Chartered Accountants

PRINCIPAL PLACE OF OPERATION

No. 4, Jalan Langgak Golf
Off Jalan Tun Razak
55000 Kuala Lumpur

BANKERS

Bank Islam Malaysia Berhad
CIMB Bank Berhad
RHB Bank Berhad
Malayan Banking Berhad

Report of the Auditors

INDEPENDENT AUDITORS' REPORT TO THE MEMBER OF PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

(Registered under the Societies Act, 1966)
(Society No: 1155)

Report on the Financial Statements

We have audited the financial statements of MERCY Malaysia ("the Society"), which comprise the statement of financial position as at 31 December 2013 of the Society, and statement of profit or loss and other comprehensive income, statement of changes in charitable funds and statement of cash flows of the Society for the year then ended, and a summary of significant accounting policies and other explanatory notes as set out on the following pages.

Executive Council members' Responsibility for the Financial Statements

The Executive Committee of the Society are responsible for the preparation and fair presentation of these financial statements in accordance with Malaysian Financial Reporting Standards, International Financial Reporting Standards and the Societies Act, 1966 in Malaysia. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with approved standards on auditing in Malaysia. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Society preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Report from the Auditors

INDEPENDENT AUDITORS' REPORT TO THE MEMBER OF PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

(Registered under the Societies Act, 1966)

(Society No: 1155)

Opinion

In our opinion, the financial statements have been properly drawn up in accordance with Malaysian Financial Reporting Standards, International Reporting Standards and the Societies Act, 1966 in Malaysia so as to give a true and fair view of the financial position of the Society as of 31 December 2013 and of its financial performance and cash flows for the year then ended.

Report on Other Legal and Regulatory Requirements

In accordance with the requirements of the Societies Act, 1966 in Malaysia, we also report that in our opinion the accounting and other records and the registers required by the Act to be kept by the Society have been properly kept in accordance with the provisions of the Act.

Other Matters

This report is made solely to the members of the Society, as a body, in accordance with the Societies Act, 1966 in Malaysia and for no other purpose. We do not assume responsibility to any other person for the content of this report.



AZUDDIN & CO.
AF 1452
Chartered Accountants

Kuala Lumpur,
Date: 5 June 2014



AZUDDIN BIN DAUD
Partner
2290/08/014/ (J)

Executive Council Report

PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

(Registered under the Societies Act, 1966)

(Society No: 1155)

Executive Council's report for the year ended 31 December 2013

The Executive Council have pleasure in submitting their report and the audited financial statements of the Society for the financial year ended 31 December 2013.

Executive Council of the Society

The Executive Council who served since the date of last report are: -

PRESIDENT	Dato' Dr. Ahmad Faizal Mohd Perdaus
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VICE PRESIDENT I	Assoc. Prof. Dr. Mohamed Ikram Mohamed Salleh
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VICE PRESIDENT II	Norazam Ab Samah
--------------------------	------------------

HONORARY SECRETARY	YM Raja Riza Shazmin Raja Badrul Shah
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ASSISTANT HONORARY SECRETARY	Dr. Hariyati Shahrina Abdul Majid
-------------------------------------	-----------------------------------

HONORARY TREASURER	Ir. Amran Mahzan
---------------------------	------------------

COMMITTEE MEMBERS	Dr. Heng Aik Cheng Mr. Tee Kam Bee Dr. Shalimar Abdullah
--------------------------	--

CO-OPTED MEMBERS	Dr. Sharidan bin Mohd Fathil Prof. Dr. Zabidi Azhar bin Mohd Hussin Dr. Jitendra Kumar Shantilal N. Tejani Dr. Helen Benedict Lasimbang
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Statutory Information

PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

(Registered under the Societies Act, 1966)

(Society No: 1155)

Statutory information on the financial statements

Before the financial statements of the Society were made out, the Executive Council took reasonable steps:-

- i) to ascertain that action had been taken in relation to the writing off of bad debts and the making of provision for doubtful debts and have satisfied themselves that all known bad debts have been written off and no provision for doubtful debts is required; and
- ii) to ensure that any current assets which were likely to be realised in the ordinary course of business including their value as shown in the accounting records of the Society have been written down to an amount which they might be expected so to realise.

At the date of this report, the Executive Council are not aware of any circumstances:-

- i) that would render the amount of bad debts written off inadequate to any substantial extent or that would render it necessary to make any provision for doubtful debts, in the financial statements of the Society; or
- ii) that would render the value attributed to the current assets of the Society misleading, or
- iii) which have arisen which render adherence to the existing method of valuation of assets or liabilities of the Society misleading or inappropriate, or
- iv) not otherwise dealt with in this report or the financial statements, that would render any amount stated in the financial statements of the Society misleading.

At the date of this report there does not exist:-

- i) any charge on the assets of the Society that has arisen since the end of the financial year which secures the liabilities of any other person, or
- ii) any contingent liability in respect of the Society that has arisen since the end of the financial year.

No contingent liability or other liability of the Society has become enforceable, or is likely to become enforceable within the period of twelve months after the end of the financial year which, in the opinion of the Executive Council, will or may substantially affect the ability of the Society to meet its obligations as and when they fall due.

In the opinion of the Executive Council, the results of the operations of the Society for the financial year ended 31 December 2013 have not been substantially affected by any item, transaction or event of a material and unusual nature nor has any such item, transaction or event occurred in the interval between the end of that financial year and the date of this report.

Statement by Executive Council

PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

(Registered under the Societies Act, 1966)

(Society No: 1155)

Statement by Executive Council

We, The President and Vice President I of PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY Malaysia) state that, in our opinion, the financial statements set out on following pages, are drawn up in accordance with Malaysia Financial Reporting Standards, International Financial Reporting Standards and the Societies Act 1966 in Malaysia so as to give a true and fair view of the state of affairs of the Society at 31 December 2013 and of its financial performance and cash flows of the Society for the year ended on that date.

On behalf of the Executive Council:



DATO' DR. AHMAD FAIZAL MOHD PERDAUS
President



ASSOC. PROF. DR. MOHAMED IKRAM MOHAMED SALLEH
Vice President I

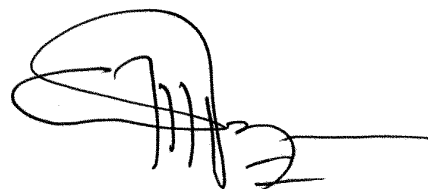
Kuala Lumpur,
Date: 5 June 2014

Statutory declaration by Treasurer

I, IR. AMRAN BIN MAHZAN, being the Honorary Treasurer primarily responsible for the financial management of PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY)(MERCY Malaysia), do solemnly and sincerely declare that the financial statements set out on the following pages are, to the best of my knowledge and belief, correct and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declarations Act, 1960.

Subscribed and solemnly declared by the abovenamed
IR. AMRAN BIN MAHZAN at Kuala Lumpur
in the Federal Territory on 5 June 2014

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)
)



IR. AMRAN BIN MAHZAN

BEFORE ME :



Lot 2-G-23P, Ground Floor, Wisma Rampai,
Jalan 36/24, Rampai Town Centre,
Setapak, 53300 Kuala Lumpur.
Tel: 019-2122214 Fax: 03-41433853
E-mail: myogen@yahoo.com

Financial Statements

Statement Of Profit Or Loss And Other Comprehensive Income For The Financial Year Ended 31 December 2013

	Note	2013 RM	2012 RM
INCOME			
Donations	4	16,730,874	12,730,056
Annual fund raising dinner	5	98,163	111,600
Membership fee	6	1,800	1,100
Other income	7	1,168,385	1,348,109
		<u>17,999,222</u>	<u>14,190,865</u>
Less : EXPENSES			
Charitable expenditure	8	(11,832,689)	(12,929,024)
Operating expenses	9	(2,740,426)	(2,917,687)
		<u>(14,573,115)</u>	<u>(15,846,711)</u>
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		<u><u>3,426,107</u></u>	<u><u>(1,655,846)</u></u>

The accompanying notes form an integral part of these financial statements.

Financial Statements

Statement Of Financial Position As At 31 December 2013

	Note	2013 RM	2012 RM	1 January 2012 RM
ASSETS				
Non-current assets				
Property, plant and equipment	10	324,621	636,659	711,114
Current assets				
Inventories	11	517,985	658,753	678,318
Other receivables	12	1,148,938	616,969	509,742
Cash and cash equivalent		13,217,014	9,742,585	11,218,661
		<u>14,883,937</u>	<u>11,018,307</u>	<u>12,406,721</u>
Current liabilities				
Other payables and accruals		<u>571,797</u>	<u>444,312</u>	<u>251,335</u>
		<u>571,797</u>	<u>444,312</u>	<u>251,335</u>
Net current assets		<u>14,312,140</u>	<u>10,573,995</u>	<u>12,155,386</u>
NET ASSETS		<u>14,636,761</u>	<u>11,210,654</u>	<u>12,866,500</u>
Financed by:				
Charitable funds		<u>14,636,761</u>	<u>11,210,654</u>	<u>12,866,500</u>
MEMBERS FUND		<u>14,636,761</u>	<u>11,210,654</u>	<u>12,866,500</u>

The accompanying notes form an integral part of these financial statements.

Financial Statements

Statement Of Changes In Charitable Fund For The Financial Year Ended 31 December 2013

	2013 RM	2012 RM
Balance as at 1 January	11,210,654	12,866,500
Surplus/(Deficit) for the year	3,426,107	(1,655,846)
Balance as at 31 December	14,636,761	11,210,654
Charitable funds are consists of:		
Unrestricted fund	4,616,833	3,241,750
Restricted funds :-		
Afghanistan	99,657	-
Bangladesh	101,930	73,230
Combodia	159,536	16,346
India	17,198	26,893
Indonesia	95,649	128,346
Japan	21,742	22,486
Malaysia	1,844,403	1,151,523
Myanmar	730,525	1,184,221
Pakistan	-	1,070,466
Palestine	3,074,586	2,960,099
Philippines	2,270,181	100,501
Somalia	53,337	467,329
Special Project-ADDRN	1,307,664	-
Sri Lanka	42,567	23,920
Sudan	-	674,244
Syria	200,953	69,300
	10,019,928	7,968,904
	14,636,761	11,210,654

The accompanying notes form an integral part of these financial statements.

Financial Statements

Cash Flow Statement For The Financial Year Ended 31 December 2013

	Note	2013 RM	2012 RM
Cash flows from operating activities			
Surplus/(Deficit) for the year		3,426,107	(1,655,846)
Adjustments for:			
Depreciation		316,878	377,489
Interest income		(254,049)	(366,362)
Surplus/(Deficit) before working capital changes		3,488,936	(1,644,719)
Changes in working capital:			
Decrease in inventories		140,768	19,565
Increase in other receivables		(531,969)	(107,227)
Increase in other payables		127,485	192,977
Cash generated from/(used in) operating activities		3,225,220	(1,539,404)
Interest received		254,049	366,362
Net generated from/(cash used) in operating activities		3,479,269	(1,173,042)
Cash flow from investing activities			
Purchase of property, plant and equipment	13	(4,840)	(303,034)
Net cash used in investing activities		(4,840)	(303,034)
Net increase/(decrease) in cash and cash equivalents		3,474,429	(1,476,076)
Cash and cash equivalents at beginning of the year		9,742,585	11,218,661
Cash and cash equivalents at end of the year	14	13,217,014	9,742,585

The accompanying notes form an integral part of these financial statements.

Notes to the Financial Statements

1. Summary of significant accounting policies

1.1 Principal activities

The Society is a non-profit organisation, humanitarian and charitable body registered under the Societies Act, 1966, focusing on providing medical relief, sustainable health related development and disaster risk reduction activities for vulnerable communities. The principal objectives of the Society are:

- 1.1.1 to provide humanitarian aid and in particular medical relief and Water, Sanitation and Hygiene (WASH) programme to vulnerable communities within Malaysia or anywhere throughout the world as and when the need arises;
- 1.1.2 to promote the spirit of goodwill, volunteerism, and humanitarianism among members and volunteers of the Society;
- 1.1.3 to educate the public on aspects of humanitarian assistance, disaster management and risk reduction; and
- 1.1.4 to liaise with various local and international relief organisations, agencies, host governments and or other interested societies to assist in achieving these objectives.

1.2 Basis of preparation of financial statement

1.2.1 Statements of compliance

The financial statements of the Society have been prepared under the historical cost convention and in accordance with Malaysian Financial Reporting Standards ("MFRSs"), International Financial Reporting Standards and the provision of the Societies Act, 1966 in Malaysia. These are the Society first annual financial statements prepared in accordance with MFRSs and MFRS 1 First Time Adoption of Malaysian Financial Reporting Standards has been applied.

In previous year, the financial statements of the Society were prepared in accordance with Private Entity Reporting Standards ("PERSs") in Malaysia. There was no financial impact on the transition to MFRSs.

The financial statements are presented in Ringgit Malaysia ("RM"), which is the functional currency of the Society.

1.3 Changes in accounting policies

The financial policies set out below have been applied consistently to periods presented in these financial statements and in preparing the opening MFRS statement of the financial position of the Society at 1 January 2013 (the transition date of MFRS framework, unless otherwise stated).

1.4 Transition to MFRS and application of MFRS 1

The adoption of the MFRS Framework as issued by the Malaysian Accounting Standards Board ("MASB") as a 1 January 2013 by the Society requires the financial statements to also be fully compliant with IFRS Framework. These are the first annual financial statement prepared in accordance with MFRS. In previous year, the financial statements were prepared in accordance with PERS in Malaysia.

The accounting policies set out in Notes 1.4 have been applied in preparing the financial statements for the financial year ended 31 December 2013, the comparative information presented in these financial statements for the financial year ended 31 December 2012 and in the preparation of the opening statement of financial position at 1 January 2012.

1.5 Standards issued but not yet effective

As at date of authorisation of these financial statements, the following MFRSs, amendments to MFRSs and IC interpretations have been issued by Malaysian Accounting Standards Board but are not yet effective and have not been adopted by the Society.

Notes to the Financial Statements

1. Summary of significant accounting policies (continued)

1.5 Standards issued but not yet effective (continued)

Effective for financial periods beginning on or after 1 January 2014

- Amendments to MFRS 132 Offsetting Financial Assets and Financial Liabilities
- Amendments to MFRS 10, Consolidated Financial Statements: Investment Entities

Effective for financial periods beginning on or after 1 January 2015

- MFRS 9 Financial Instruments (IFRS 9 issued by IASB in Nov 2009)
- MFRS 9 Financial Instruments (IFRS 9 issued by IASB in Oct 2010)
- Amendments to MFRS 7, Financial Instruments: Disclosures - Mandatory Date of MFRS 9 and Transaction Disclosures

The Society plan to adopt the above pronouncements when they become effective in the respective financial periods. These pronouncements are expected to have no significant impact to the financial statements of the Society upon their initial application.

1.6 Property, plant and equipment

All items of plant and equipment are initially recorded at cost. Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Society and the cost of the item can be measured reliably. The carrying amount of the replaced part is derecognised. All other repairs and maintenance are charged to the income statement during the financial period in which they are incurred.

Subsequent to recognition, plant and equipment are stated at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation of plant and equipment is provided for on straight line basis to write off the cost of each asset to its residual value over the estimated useful life.

The principle annual rates of depreciation used are as follows:-

Air conditioner	20%
Computer and EDP	20%
Furniture and fittings	20%
Medical equipment	15%
Motor vehicle	20%
Office equipment	12%
Renovation	20%
Security equipment	12%

The residual values, useful life and depreciation method are reviewed at each financial period end to ensure that the amount, method and period of depreciation are consistent with previous estimates and the expected pattern of consumption of the future economic benefits embodied in the items of plant and equipment.

An item of plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. The difference between the net disposal proceeds, if any and the net carrying amount is recognised in profit or loss.

1.7 Financial assets

Financial assets are recognised in the statements of financial position when, and only when, the Society become a parties to the contractual provisions of the financial instrument.

When financial assets are recognised initially, they are measured at fair value, plus, in the case of financial assets not at fair value through profit or loss, directly attributable transaction costs.

Notes to the Financial Statements

1. Summary of significant accounting policies (continued)

1.7 Financial assets (continued)

The Society determines the classification of their financial assets at initial recognition, and the categories include financial assets at fair value through profit or loss, loans and receivables and held-to-maturity investments.

1.7.1 Financial assets at fair value through profit or loss

Financial assets are classified as financial assets at fair value through profit or loss if they are held for trading or are designated as such upon initial recognition. Financial assets held for trading are derivatives (including separated embedded derivatives) or financial assets acquired principally for the purpose of selling in the near term.

Subsequent to initial recognition, financial assets at fair value through profit or loss are measured at fair value. Any gains or losses arising from changes in fair value are recognised in profit or loss. Net gains or net losses on financial assets at fair value through profit or loss do not include exchange differences, interest and dividend income. Exchange differences, interest and dividend income on financial assets at fair value through profit or loss are recognised separately in profit or loss as part of other deficits or other income.

Financial assets at fair value through profit or loss could be presented as current or non-current. Financial assets that are held primarily for trading purposes are presented as current whereas financial assets that are not held primarily for trading purposes are presented as current or non-current based on the settlement date.

1.7.2 Loans and receivables

Financial assets with fixed or determinable payments that are not quoted in an active market are classified as loans and receivables.

Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method. Gains or losses are recognised in profit or loss when the loans and receivables are derecognised or impaired, and through the amortisation process. Loans and receivables are classified as current assets, except for those having maturity dates later than 12 months after the reporting date which are classified as non-current.

1.7.3 Held-to-maturity investments

Financial assets with fixed or determinable payments and fixed maturity are classified as held-to-maturity when the Society has the positive intention and ability to hold the investment to maturity.

Subsequent to initial recognition, held-to-maturity investments are measured at amortised cost using the effective interest method. Gains or losses are recognised in profit or loss when the held-to-maturity investments are derecognised or impaired, and through the amortisation process.

Held-to-maturity investments are classified as non-current assets, except for those having maturity within 12 months after the reporting date which are classified as current.

1.8 Impairment of financial assets

The Society assess at each reporting date whether there is any objective evidence that a financial asset is impaired.

1.8.1 Trade receivable, other receivables and other financial assets carried at amortised cost

To determine whether there is objective evidence that an impairment loss on financial assets has been incurred, the Society consider factors such as the probability of insolvency or significant financial difficulties of the debtor and default or significant delay in payments. For certain categories of financial assets, such as trade receivables, assets that are assessed not to be impaired individually are subsequently assessed for impairment on a collective basis based on similar risk characteristics. Objective evidence of impairment for a portfolio of receivables could include the Society's past experience of collecting payments, an increase in the number of delayed payments in the portfolio past the average credit period and observable changes in national or local economic conditions that correlate with default on receivables.

Notes to the Financial Statements

1. Summary of significant accounting policies (continued)

1.8 Impairment of financial assets (continued)

1.8.1 Trade receivable, other receivables and other financial assets carried at amortised cost (continued)

If any such evidence exists, the amount of impairment loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. The impairment loss is recognised in profit or losses.

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade receivables, where the carrying amount is reduced through the use of an allowance account. When a trade receivable becomes uncollectible, it is written off against the allowance account.

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed to the extent that the carrying amount of the asset does not exceed its amortised cost at the reversal date. The amount of reversal is recognised in profit or losses.

1.9 Inventories

Inventories are measured at the lower of cost and net realisable value. The cost of inventories is based on the weighted average cost and includes expenditure incurred in acquiring the inventories and bringing them to their existing location and condition. In the case of work-in-progress, cost includes an appropriate share of production overheads based on normal operating capacity. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and the estimated costs necessary to make the sale.

1.10 Cash and cash equivalents

Cash and cash equivalents consist of cash in hand, balances and deposits with banks that are readily convertible to known amount of cash and which are subject to an insignificant risk of changes in value.

1.11 Financial liabilities

Financial liabilities are classified according to the substance of the contractual arrangements entered into and the definitions of a financial liability.

Financial liabilities, within the scope of FRS 139, are recognised in the statement of financial position when, and only when, the Society become a party to the contractual provisions of the financial instrument. Financial liabilities are classified as either financial liabilities at fair value through profit or loss or other financial liabilities.

1.11.1 Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held for trading and financial liabilities designated upon initial recognition as at fair value through profit or loss.

Financial liabilities held for trading include derivatives entered into by the Society that do not meet the hedge accounting criteria. Derivative liabilities are initially measured at fair value and subsequently stated at fair value, with any resultant gain or losses recognised in profit or loss. Net gains or losses on derivatives include exchange differences.

The Society has not designated any financial liabilities as at fair value through profit or loss.

Notes to the Financial Statements

1. Summary of significant accounting policies (continued)

1.11 Financial liabilities (continued)

1.11.2 Other financial liabilities

The Society other financial liabilities include trade payables and other payables.

Trade and other payables are recognised initially at fair value plus directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method.

For other financial liabilities, gains or losses are recognised in profit or loss when the liabilities are derecognised, and through the amortisation process.

A financial liability is derecognised when the obligation under the liability is extinguished. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in profit or loss.

1.12 Income recognition

Revenue is recognised when it is probable that the economic benefits associates with the transaction will flow to the society and the amount of the revenue can be measured reliably.

1.12.1 Donation

Donation is recognised in profit or loss on the date when the Society's right to received payment is established.

1.12.2 Interest income

Interest is recognised on a time proportion basis that reflects the effective yield on the asset.

1.13 Membership subscription and admission fee

Ordinary membership subscription is payable annually before the accounting financial year. Only that subscription which is attributable to the current financial year is recognised as income. Subscription relating to periods beyond the current financial year is taken up in the statement of financial position as subscription in advance under the heading of current liabilities. Subscription is payable in full irrespective of the date of resignation of members during the financial year. Life membership fee is recognised upon admission.

1.14 Charitable funds

Charitable funds consist of Unrestricted Fund and Restricted Funds.

Unrestricted Fund is a general fund that is available for use at the Executive Council's discretion in furtherance to the objectives of the Society.

Restricted Funds are subject to particular purposes imposed by the donor or by nature of appeal. They are not available for use in other Society's activities or purposes.

Notes to the Financial Statements

1. Summary of significant accounting policies (continued)

1.15 Foreign exchange

Transactions in foreign currency during the period are converted into Ringgit Malaysia at rates of exchange approximating those prevailing at the transaction dates.

Monetary assets and liabilities in foreign currency at statement of financial position date are translated into Ringgit Malaysia at rates of exchange approximating those ruling on that date.

Exchange gains and losses are charged to the statement of profit and loss and comprehensive income.

The principal closing rate used (expressed on the basis of one unit of foreign currency to RM equivalents) for the translation of foreign currency balances at the statement of financial position date are as follows:

Foreign currency:-	RM 31.12.2013	RM 31.12.2012
1 US Dollar	3.26500	3.08700
1 Brunei Dollar	2.60400	2.52900
1,000 Cambodian Riel	-	0.77490
1 Pakistan Rupee	0.03170	0.03300
1 Sri Lanka Rupee	0.02590	0.02460
1 Australian Dollar	3.05000	3.30000
1 Euro	4.43800	4.01800
1 Chinese Yuan Renminbi	-	0.49580
1 Japanese Yen	0.03220	0.03760
1,000 Indonesian Rupiah	0.31900	0.33900
1 Philippine Peso	0.07970	0.08080
1 Singapore Dollar	2.60400	2.52900
1 Swiss Franc	3.63000	3.35000
1 Pound Sterling	5.42000	5.02000
1 Thai Bhat	0.10940	0.10840
1 Taiwan New Dollar	0.11720	0.11300
1 India Rupee	0.05420	0.05790
1 Bangladesh Taka	0.04710	0.03950

1.16 Employee Benefits

1.16.1 Short term benefits

Short term employee benefit obligations in respect of salaries, annual bonuses, paid annual leave and sick leave are measured on an undiscounted basis and are expensed as the related service is provided.

A provision is recognised for amount expected to be paid under short-term cash bonus or profit-sharing plans if the Society has a legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

Notes to the Financial Statements

1. Summary of significant accounting policies (continued)

1.16 Employee Benefits (continued)

1.16.2 Defined contribution plans

The Society's contribution to the Employee's Provident Fund is charged to statement of comprehensive income in the year to which they relate. Once the contributions have been paid, the Society has no further payment obligations.

2. Financial instrument

The Society activities are exposed to a variety of market risk (including interest rate risk), credit risk and liquidity risk.

2.1 Financial risk management policies

The Society's activities expose it to a variety of financial risks, in which will be handled on case to case basis by the Executive Council Members as and when issues arise. The main areas of the financial risk faced by the Society and the policy in respect of the major areas of treasury activities are set out as follows :

2.1.1 Market risk

a) Interest rate risk

Interest rate risk is the risk that the fair value or the future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

The Society policy is to obtain the most favourable interest rates available. Any surplus funds of the Society will be placed with licensed financial institutions to generate interest income.

2.1.2 Credit risk

Credit risk is the risk that one party to the financial will fail to discharge an obligation and cause the other party to incur a financial loss.

Credit risk arises when derivative instruments are used or sales made on deferred credit terms. The Society seeks to invest cash assets safely and profitably. It also seeks to control credit risk by setting counterparty limits and ensuring that sales of products and services are made to customers with an appropriate credit history.

Action is enforced for debt collection. Furthermore, sales to customer are suspended when earlier amounts are overdue by the credit term. The Society considers the risk of material loss in the event of non-performance by a financial counterparty to be unlikely.

2.1.3 Liquidity and cash flow risk

Liquidity risk is the risk that an enterprise will encounter difficulty in raising funds to meet commitments associated with financial instruments.

Cash flow risk is the risk that future cash flows associated with a financial instrument will fluctuate. In the case of a floating rate debt instrument, such fluctuations result in a change in the effective interest rate of the financial instrument, usually without a corresponding change in its fair value.

In the short term, the Society focuses on liquidity, gearing of financial position, funds resources for plant upgrading and expansion of existing activities. Prudent liquidity risk management implies maintaining sufficient cash flow and the availability of funding through an adequate amount of committed credit facilities and the ability to close out market positions. Due to the dynamic nature of the underlying business, the Society aims at maintaining flexibility in funding by keeping credit lines.

Notes to the Financial Statements

2. Financial instrument (continued)

2.2 Fair value information

The carrying amount of the financial assets and financial liabilities reported in the financial statements approximated their fair value.

The following summarises the method used to determine the fair values of the financial instruments:

- 2.2.1 The financial assets and financial liabilities maturing within the next 12 months approximated their fair values due to relatively short-term maturing of the financial instruments.
- 2.2.2 The fair values of hire purchase payables and term loans are determined by discounting the relevant cash flows using current interest rates for similar instruments as at the end of reporting period.

3. Significant accounting judgements and estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the disclosure of contingent liabilities at the reporting date. However, uncertainty about these assumptions and estimates could result in outcomes that could require a material adjustment to the carrying amount of the asset or liability affected in the future.

3.1 Key sources of estimation uncertainty

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

3.1.1 Impairment of loans and receivables

The Society assesses at each reporting date whether there is any objective evidence that a financial asset is impaired. To determine whether there is objective evidence of impairment, the Society considers factors such as the probability of insolvency or significant financial difficulties of the receivables and default or significant delay in payment.

4. Donations

	2013 RM	2012 RM
Restricted funds	13,031,945	8,437,567
Unrestricted fund	4,113,964	4,642,978
Less: Fundraising costs	(415,035)	(350,489)
	<u>16,730,874</u>	<u>12,730,056</u>

5. Annual fund raising dinner

	2013 RM	2012 RM
Income received	251,200	290,050
Less: Fundraising costs	(153,037)	(178,450)
	<u>98,163</u>	<u>111,600</u>

Notes to the Financial Statements

6. Membership fee

	2013 RM	2012 RM
Entrance fee	-	100
Life membership	1,500	1,000
Ordinary membership	300	-
	<u>1,800</u>	<u>1,100</u>

7. Other income

	2013 RM	2012 RM
Interest received	254,049	366,363
Sale of merchandise	71,888	39,581
Others	842,448	942,165
	<u>1,168,385</u>	<u>1,348,109</u>

8. Charitable expenditure

	2013 RM	2012 RM
Afghanistan	769,930	637,114
Assessment	20,963	21,830
Bangladesh	104,957	252,510
Cambodia	45,817	181,273
China	-	193,808
India	9,695	432,715
Japan	744	412,167
Malaysia	2,216,286	1,419,946
Medan and Aceh (Indonesia)	130,594	387,955
Myanmar	1,188,137	780,901
Pakistan	1,079,780	2,636,449
Palestine	1,857,959	1,811,709
Philippines	1,458,535	284,141
Somalia	725,938	1,153,696
Special project - ADDRN	1,021,408	484,066
Sri Lanka	116,679	384,007
Sudan	681,487	1,023,390
Syria	298,951	89,025
Thailand	-	146,490
Tsunami (Nias)	6,282	179,204
Yogyakarta	98,547	16,628
	<u>11,832,689</u>	<u>12,929,024</u>

Notes to the Financial Statements

9. Operating expenses

Included in operating expenses are:

	2013 RM	2012 RM
Audit fee	13,000	11,000
Depreciation	272,667	328,732
(Gain)/Loss on foreign exchange	(633)	29,138
Office rental	112,498	102,912
Staff costs (Note 16)	1,180,509	1,171,552
Warehouse rental	75,588	79,096

10. Property, plant and equipment

Cost	Balance at 1.1.2013 RM	Additions RM	Disposal RM	Balance at 31.12.2013 RM
Air conditioner	13,065	1,450	-	14,515
Computer and EDP	935,191	1,540	-	936,731
Furniture and fittings	249,724	-	-	249,724
Medical equipment	72,853	-	-	72,853
Motor vehicle	898,138	-	-	898,138
Office equipment	254,047	1,850	-	255,897
Renovation	323,851	-	-	323,851
Security equipment	9,000	-	-	9,000
	2,755,869	4,840	-	2,760,709

Accumulated depreciation	Balance at 1.1.2013 RM	Depreciation charge RM	Disposal RM	Balance at 31.12.2013 RM
Air conditioner	(8,908)	(1,779)	-	(10,687)
Computer and EDP	(675,315)	(145,369)	-	(820,684)
Furniture and fittings	(223,232)	(19,460)	-	(242,692)
Medical equipment	(72,851)	-	-	(72,851)
Motor vehicle	(661,512)	(96,047)	-	(757,559)
Office equipment	(179,926)	(21,162)	-	(201,088)
Renovation	(288,468)	(33,061)	-	(321,529)
Security equipment	(8,998)	-	-	(8,998)
	(2,119,210)	(316,878)	-	(2,436,088)

Notes to the Financial Statements

10. Property, plant and equipment (continued)

Net book value	2013 RM	2012 RM	Depreciation charge 2012 RM
Air conditioner	3,828	4,157	1,769
Computer and EDP	116,047	259,876	149,805
Furniture and fittings	7,032	26,492	43,073
Medical equipment	2	2	172
Motor vehicle	140,579	236,626	95,513
Office equipment	54,809	74,121	22,511
Renovation	2,322	35,383	64,287
Security equipment	2	2	359
	<u>324,621</u>	<u>636,659</u>	<u>377,489</u>

11. Inventories

	2013 RM	2012 RM
<u>At cost:</u>		
Emergency response unit (ERU)	442,022	528,221
Merchandise	68,375	127,388
Outreach Clinics	7,588	3,144
	<u>517,985</u>	<u>658,753</u>

12. Other receivables

	2013 RM	2012 RM
Other debtors, deposits and prepayment	575,919	142,700
Advance to mission members and basecamp	573,019	474,269
	<u>1,148,938</u>	<u>616,969</u>

13. Purchase of property, plant and equipment

During the financial year, the Society acquired property, plant and equipment with an aggregate cost of RM4,840 (2012:RM303,034). Cash payment of RM4,840 (2012:RM303,034) were made to purchase property, plant and equipment.

Notes to the Financial Statements

14. Cash and cash equivalents

	2013 RM	2012 RM
Cash in hand	231,983	189,626
Cash at bank	1,487,265	955,401
Deposits with licensed banks	11,497,766	8,597,558
	<u>13,217,014</u>	<u>9,742,585</u>

15. Income tax expense

No taxation provided in the financial statements, as the Society is tax exempted under Section 44(6) of the Income Tax Act, 1967.

16. Staff costs (Note 9)

	2013 RM	2012 RM
EPF and SOCSO	122,704	131,942
Medical	28,099	17,837
Salaries and allowances	1,029,706	1,021,773
	<u>1,180,509</u>	<u>1,171,552</u>
Number of employees (excluding Executive Council) at the end of financial year	<u>43</u>	<u>44</u>

17. Financial Instruments

17.1 Financial risks management objectives and policies

The Society has exposure to financial risks as the following:

- (a) credit risks arising from its other receivables and bank balance;
- (b) interest rate risks from deposits with licensed bank.

17.2 Net gains and losses arising from financial instrument

	2013 RM	2012 RM
Deposits placed in a licensed bank	252,852	365,331
Cash and cash equivalent	1,197	1,031
	<u>254,049</u>	<u>366,362</u>

Notes to the Financial Statements

17.3 Categories and fair values of financial instruments

The categories and fair values of financial assets and liabilities are as follows:

	Carrying amount 2013 RM	Fair value 2013 RM	Carrying amount 2012 RM	Fair value 2012 RM
Financial assets categorised as loans and receivables:				
Other receivables	1,148,938	1,148,938	616,969	616,969
Deposits placed in a licensed bank	11,497,766	11,497,766	8,597,558	8,597,558
Cash and cash equivalent	1,719,248	1,719,248	1,145,027	1,145,027
	<u>14,365,952</u>	<u>14,365,952</u>	<u>10,359,554</u>	<u>10,359,554</u>
Financial liabilities measured at amortised cost:				
Other payables	<u>571,797</u>	<u>571,797</u>	<u>444,312</u>	<u>444,312</u>



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- Surgeons
- Gynaecologists
- Cardiologists
- Paediatricians
- Psychiatrists
- Dentists
- Dental Surgery Assistants
- Nurses (any area of speciality)
- Midwives



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