



ANNUAL REPORT 2011



COVER RATIONALE

In a world separated by borders, MERCY Malaysia stands by the belief that there is no frontier too far. MERCY Malaysia's commitment to humanitarian aid reaches far and wide. The canoe breaking through the still waters of an undiscovered land represents our perseverance and dedication to reach out into new frontiers and go beyond borders to reach those in need.

In addition, the supply-equipped canoe illustrates our vast experience, knowledge, expertise and preparedness to facilitate caring and life-saving humanitarian aid anywhere around the world.

CONTENT

1	MESSAGES	from the Patron 04
		from the Chairman of the Board of Trustees 05
		from the President 06
2	INTRODUCTION	Vision & Mission 08
		Core Values 08
3	ABOUT US	MERCY Malaysia's Strategic Commitments 12
		Humanitarian Accountability 14
		Our Approach: Total Disaster Risk Management (TDRM) 16
		Affiliations 18
		MERCY Malaysia Board of Trustees 20
		MERCY Malaysia Executive Council 24
		Treasurer's Report 31
		Financial Review 32
4	OUR WORK	Malaysia 35
		International 59
		Events and Trainings 97
5	ACKNOWLEDGEMENT	Secretariat 108
		Field Office Staff and State Chapters 109
		Collaborations 110
		Society Members 111
		Volunteers 112
6	FINANCIAL STATEMENT	Audited Report 115
7	GET INVOLVED!	

Message from the Patron



MERCY Malaysia is now in 19 countries running projects that are benefitting more than a million individuals. It is no mean feat for an organisation that started off with just good intention and willing minds.

As Patron of MERCY Malaysia, I have witnessed the efforts and at times the struggles of carrying out selfless deeds which has so often been taken for granted.

As MERCY Malaysia grows in significance, so does its work. In 2011, already in its 12th year, MERCY Malaysia expanded its operation to many parts of the world including Japan, which was rocked by a triple threat of disasters; earthquake, tsunami and nuclear outbreak. MERCY Malaysia also took a bold decision to reach out to the people of Somalia who are struggling with famine and drought as well as the people of Libya who were embroiled in a civil conflict.

MERCY Malaysia is now in 19 countries running projects that are benefitting more than a million individuals. It is no mean feat for an organisation that started off with just good intention and willing minds.

Of course, credit should be given to the Malaysian public for their overwhelming support all these years regardless of the cause. I am truly pleased that the people of Malaysia are able to rise beyond borders and lend a helping hand at time of needs.

Currently, humanitarian work sits uncomfortably in this intricate world as it continues to promote a noble cause in a world that is constantly scarred by human exploits. Indeed, the ruthlessness in which humanity has gone about their daily living and its inevitable effects on nature requires balancing and the work being done by humanitarian aid organisations like MERCY Malaysia is such balancing act. Not only do they give us cure for the wounds, but more importantly, they give us hope for humanity.

So to that end, I would like to extend my sincere appreciation to all members, staff and volunteers of MERCY Malaysia and wish everyone involved a wonderful journey and much success for many years to come.

HIS ROYAL HIGHNESS SULTAN AZLAN SHAH
Sultan of Perak Darul Ridzuan

Message from the Chairman of the Board of Trustees



The Board has been kept abreast of the developments of MERCY Malaysia and its mission through meetings with the Executive Council held twice annually. It is through these meetings that we learn of the difficulties and complexities that surround humanitarian work, the strong commitment shown by those involved in MERCY Malaysia's missions and the deep passion with which they go about extending aid to the less fortunate

As 2011 was coming to a close, the world was reminded once again that there are no let-offs where disasters, conflicts and crises are concerned. While many people were in a celebratory mood for the year-end vacations, others were not as fortunate, as tropical storm, Washi, washed away parts of Mindanao, Philippines, millions in Somalia continued to struggle with famine and the Arab Spring started taking its toll. The importance of humanitarian aid organisations became more telling.

Over the years, MERCY Malaysia has witnessed first-hand the growing significance of aid organisations in a world which sees growth and prosperity on the one hand, and greater adversity and hardships, on the other. Those who are not able to keep up with the world's growth are often neglected and left to fend for themselves. A cruel scene that is all too familiar in many parts of the world.

Such stark reality has truly impacted MERCY Malaysia and its missions. From a solitary mission to Kosovo in 1999, MERCY Malaysia's missions now cover virtually half of the world map with operations in Africa and almost all parts of Asia. Last year, MERCY Malaysia lent a helping hand to Japan, a developed country and an economic powerhouse. Other new projects include relief missions to Somalia, Libya and Turkey. In this respect, of course, Malaysia herself has not been ignored as MERCY Malaysia continues to reach out to the needy at home.

2011 marked my third year as the Chairman of the Board of Trustees. The Board has been kept abreast of the developments of MERCY Malaysia and its mission through meetings with the Executive Council held twice annually. It is through these meetings that we learn of the difficulties and complexities that surround humanitarian work, the strong commitment shown by those involved in MERCY Malaysia's missions and the deep passion with which they go about extending aid to the less fortunate. They truly deserve all our praise and respect for placing the interests of the suffering before their own.

MERCY Malaysia is indeed very fortunate that it continues to enjoy widespread trust and support both within and outside the country despite the turmoil we see on the world's political and economic landscape. This is very heartening to all of us and we in the Board can only hope that MERCY Malaysia will continue to receive your support in the years ahead.

TAN SRI DATO' AJIT SINGH

Chairman of the Board of Trustees

Message from the President



MERCY Malaysia, matured through years of experience of working in complex and difficult situations in different parts of the world, embarked on a multi-pronged strategic approach to Somalia, which to this day has brought relief and respite to thousands of those in need.

Assalamualaikum warahmatullahi wabarakatuh,

Dear colleagues and friends of MERCY Malaysia,

Greetings!

It is with honour and pleasure that I greet you in this 2011 edition of MERCY Malaysia's Annual Report. Indeed, there is no year that has been considered uneventful for MERCY Malaysia since its inception. The year 2011 was no exception. It was another significantly momentous year for MERCY Malaysia in more ways than one; testimony to the organisation's capacity and potential for growth and the dynamism and motivation that exists in the organisation for continuing to do what it does best, which is to help those in need wherever the needs are greatest.

2011 saw MERCY Malaysia break new grounds in its operations. On 11 March 2011, soon after receiving a contribution from the Japanese Embassy in Kuala Lumpur for our School Preparedness Programme (SPP) in Malaysia, the massive earthquake and tsunami which have come to be known as the Great Eastern Japan Earthquake struck the east coast

of Japan bringing with it devastation, destruction and death across a great swath of some of the best disaster-prepared area on earth. It was new ground for MERCY Malaysia not just because it was the first time that MERCY Malaysia became operational in Japan, but because it was the first time that we worked in a highly developed country which also happened to be one with a high degree of preparedness among its people. MERCY Malaysia worked in Japan through partners as well as finding specific niches and communities through which our contributions in terms of manpower, funding of projects and sharing of technical expertise had optimum impact on the communities which we assisted. We also took the opportunity to learn and enhance our own knowledge and experience through working with our Japanese partners.

In August 2011, MERCY Malaysia again entered new territory both geographically and philosophically, as we began operations in one of the most complex of emergencies in one of the most difficult and dangerous places to work and deliver humanitarian aid in the world today, Somalia. Although we have been approached several times in the past three years to actually begin operations in Somalia, we had previously refrained from doing so as we felt that we would have minimal impact and the risks were too great. However, that changed in August 2011 as an acute famine on top of an already complex drawn-out conflict and ensuing poverty and lawlessness brought untold suffering and death on an already highly-vulnerable population. MERCY Malaysia, matured through years of experience of working in complex and difficult situations in different parts of the world, embarked on a multi-pronged strategic approach to Somalia, which to this day has brought relief and respite to thousands of those in need. The fact that we have been able to do so utilising both Malaysian and Somali staff and volunteers efficiently and safely speaks volumes of the organisation's capacity and maturity, an ability to work in high-security situations.

Throughout 2011, we continued working in 19 countries including Malaysia in both emergency response as well as in post-disaster/emergency and in medium to long term programmes in health, water-sanitation and hygiene and disaster risk reduction. In Malaysia, we continued working with various vulnerable communities in partnership with the relevant Malaysian government agencies, the corporate sector, universities and the United Nations. While Malaysia is blessed with safety and security from major natural disasters and conflict, there are pockets of those in need which still need due attention and through programmes like our

Message from the President

SPP, we hope to inculcate better resilience in our community in facing natural disasters and hazards. Internationally, some of our post-emergency and medium to long-term programmes have made huge differences and impact on the lives of thousands of beneficiaries. The challenge for MERCY Malaysia in the coming years will be to prioritise and determine which of these programmes need to be sustained and in finding the donors and partners to enable us to continue doing what we do best, delivering aid and building resilience in these communities.

Another important landmark for the organisation in 2011 was MERCY Malaysia's re-certification with the Humanitarian Accountability Partnership International (HAP-I), the leading accountability certification body at present internationally in the humanitarian world. MERCY's HAP re-certification was made all the more meaningful by the fact that we did so without any major non-compliance and having addressed all the issues raised at the first certification in 2007 and in a mid-term review in 2009. This is indeed a tremendous achievement for the organisation and congratulations are in order for all the staff, exco and volunteers who made this possible. The challenge for the organisation in the days ahead will be to fully internalise the meaning of this certification and to carry the responsibility entrusted upon us with accountability being a key pillar at all times.

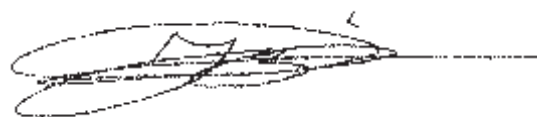
In late 2011, MERCY Malaysia organised an international Humanitarian Conference in Kuala Lumpur, the fourth successive year we have organised or co-organised such an event, but the first time we had organised it on our own. It was also an important landmark as we officially launched the Raja Nazrin Shah Humanitarian Lecture series at the conference with His Royal Highness Raja Nazrin giving the inaugural address. This signifies both MERCY Malaysia's positioning internationally and our commitment to learning and sharing within the humanitarian sector.

Going forward into 2012 and the years ahead, the challenges in sustainable funding and fundraising together with maintaining our operational excellence and building human capital within the organisation remain. The need to engage different stakeholders at different levels with different methods has also become a priority of late. MERCY Malaysia has also grown in stature and capacity that requires it to have and work with a strategic plan in place. This is something we hope to do in 2012 and beyond and towards this end we will need your continuous support.

I would like to take this opportunity to thank everyone who have been involved with MERCY Malaysia throughout 2011; our Royal Patron and the Perak Royal Family, our trustees, exco, staff and volunteers, without whom all our achievements would not have been possible. I would like to thank all our former staff and volunteers who have moved on to other challenges and vocations and wish them all the best. I would also like to convey our heartfelt thank you to all our donors and partners for your contributions and more importantly your partnership and we sincerely hope our partnership with you continue for many years to come. We will also not forget our beneficiaries, for trusting and believing in us and for allowing us to learn as much from them as hopefully they have learned from us.

Lastly, I would like to thank and congratulate the committee and the editorial board of this annual report for another timely job well done.

Thank you



Dato' Dr. Ahmad Faizal Mohd. Perdaus
President

Vision & Mission Statement



Vision

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

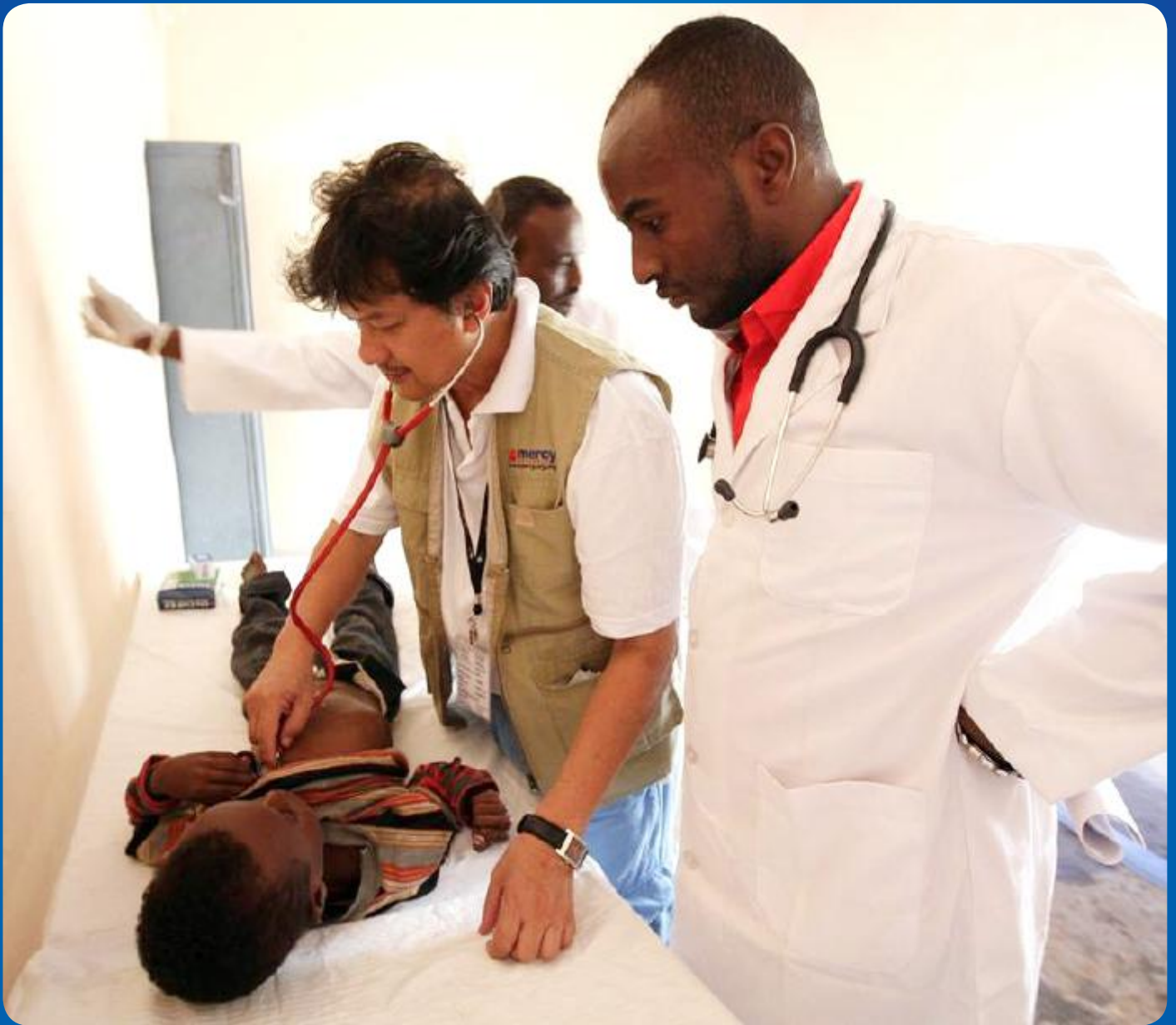
Mission

MERCY Malaysia is a 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	We work with peers, partners & volunteers, build each other's strengths & enhance the impacts for beneficiaries
Yearn to Serve	We will go the extra mile to help those in need

In 2011



We were present in 19 countries

We reached out to over 1 million beneficiaries

We spent approximately USD 4.3 million for our humanitarian services

ACTIVITIES IN 2011



Legend

1 Afghanistan (Pg.60)	6 India (Pg.80)	11 Myanmar (Pg.81)	16 Sudan (Pg.94)
2 Bangladesh (Pg.63)	7 Indonesia (Pg.74)	12 Pakistan (Pg.84)	17 Thailand (Pg.95)
3 Cambodia (Pg.66)	8 Japan (Pg.76)	13 Philippines (Pg.85)	18 Tunisia (Pg.79)
4 China (Pg.71)	9 Libya (Pg.78)	14 Somalia (Pg.86)	19 Turkey (Pg.96)
5 Gaza (Pg.72)	10 Malaysia (Pg.36)	15 Sri Lanka (Pg.90)	



Legend

-  Health - Related Development
-  Crisis Response
-  Health - Post Emergency
-  Disaster Risk Reduction

Our Strategic Commitments



Our Strategic Commitments

- **Impartiality** – We maintain impartiality in the selection of our staff. The selection of our beneficiaries will be purely on a needs basis and not based on race, religion and/or political affiliation.
- **Staff Integrity** – We maintain a workforce that will adhere to basic 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.
- **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 such as financial statements, MERCY Malaysia's constitution, MERCY Malaysia's Humanitarian Accountability Framework, organisation mission and core values and commitments to all stakeholders.
- **Listening/Responsive** – We encourage feedback from our stakeholders through our Complaints Response Mechanism policy and we will be responsive to such feedback. Our responses will also include evaluating the 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 be transparent about our expenditures.
- **Health, Safety and Security** – We strive to ensure the physical safety and the emotional well-being of the 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 safely

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 as 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 norm for achieving the best possible humanitarian outcomes for all stakeholders.

Rooted in extensive research and consultation, the HAP standards sets 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.

As of December 2011, HAP has 82 member agencies of which only 12 are HAP certified. MERCY Malaysia is proud to be the only Asian NGO among the 12 certified members.



Humanitarian Accountability



Info from HAP

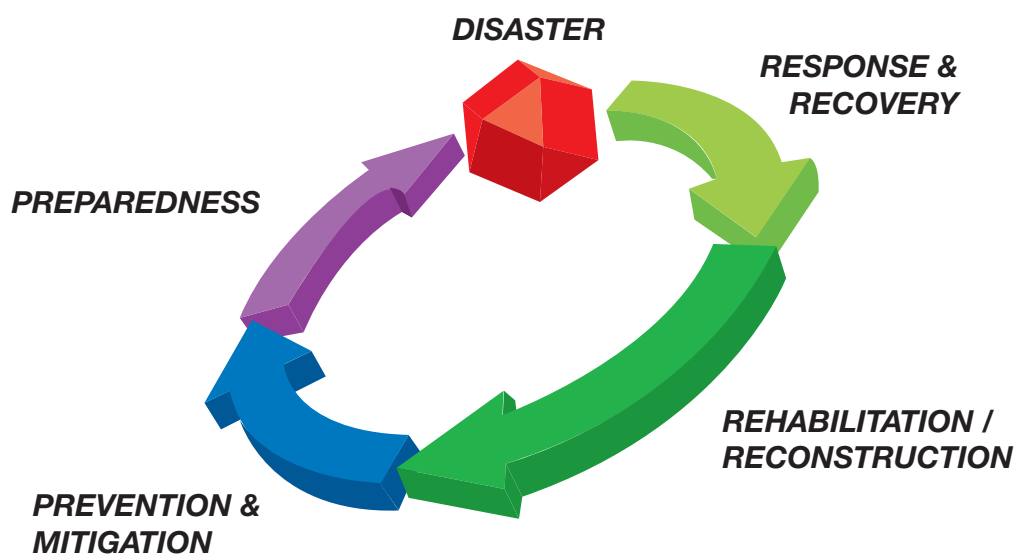
- MERCY Malaysia is the second organisation to apply for and successfully complete a re-certification quality assurance audit against the HAP 2007 Standard in Humanitarian **Accountability and Quality Management**
- MERCY Malaysia was audited against the HAP Standard during the month of March 2011 in Kuala Lumpur, Malaysia (Head Office) and in Cambodia (programme site) and submitted self-assessment reports from the other programme sites.
- HAP certification is valid for a period of 3 years and MERCY Malaysia will need to apply for re-certification before the certificate expires in September 2014.
- Quality assurance audit consists of a sample testing process that includes; examination of documentary evidence; interviews with staff both at the Head Office and at selected programme sites; interviews of aid beneficiaries and; direct observation of common practices. This material is then combined with a summary of self-assessment analyses that are undertaken by representatives from field sites across the agency. Based on the findings of this audit, the HAP Certification and Accreditation Review Board (CARB) confirms that MERCY Malaysia continues to be in compliance with the HAP Standard and validates its quality assurance procedures.

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 also puts emphasis on total stakeholder engagement, 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, the work we do covers all four disaster risk management phases. While it is not always possible to label an activity as belonging to a particular phase, what is important is ensuring that our overall impact contributes towards building resilience in all the communities that we touch.

Our Approach

Total Disaster Risk Management (TDRM)

Our humanitarian response provides timely relief to survivors



Our recovery and rehabilitation 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 its efforts 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 formed in 2002 to strengthen the collaboration and coordination in disaster management among the Asian NGOs. MERCY Malaysia has played an important role by hosting the Secretariat of the Network. Presently, Dr Heng Aik Cheng, MERCY Malaysia Executive Council member serves as Vice Chairperson of the Network from 2011.

The Secretariat has been mainly operated by two MERCY Malaysia staff members – Advisor to ADRRN and Administrative Assistant to ADRRN. The major roles of the Secretariat are to coordinate with the Representative Office in India and major donors on the programmes and activities and to provide necessary support with financial and accounting matters. ADRRN currently has 36 full members from 13 countries and seven associate members.

In 2010, ADRRN translated and published a booklet of “DRR Terminology” in nine Asian languages. The original booklet was issued by United Nations International Strategy for Disaster Reduction (UNISDR) and ADRRN was selected as their implementing partner. The UNISDR Terminology aims to promote common understanding and usage of disaster risk reduction concepts and to assist the disaster risk reduction efforts of authorities, practitioners and the public. ADRRN is best placed to implement this activity because of its member strength and large experience of working in the field of Disaster Risk Reduction.

MERCY Malaysia recognises the importance of the role of the Network for Asian NGOs in order to achieve community

resilience to disasters in Asia and will continue its support to ADRRN as the Secretariat. The members aim to develop capacity for disaster management, to advocate the interests from Civil Society Organisations (CSOs) and to represent the Asian voice at the international platform.

www.adrrn.net



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

The International Council of Voluntary Agencies (ICVA)



The International Council of Voluntary Agencies (ICVA) is a global network of non-governmental organisations (NGOs) that advocates for effective humanitarian action.

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

An essential feature of ICVA's capacity 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, and to make sure the voices of southern NGOs are heard on the international policy level. MERCY Malaysia has been on the 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 particular as a leading voice from the Global South. MERCY Malaysia President, Dato' Dr. Ahmad Faizal Mohd Perdaus was recently elected as Vice-Chair of ICVA.

www.icva.ch

Affiliations

People In Aid



People In Aid is a not-for-profit membership organisation which aims to improve organisational effectiveness within the humanitarian and development sector worldwide by advocating, supporting and recognising good practice in the management of people.

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

People In Aid are governed by their members, whose experiences and HR 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 actively a full member of People In Aid and is hoping to work towards certification in the next few years.

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.

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, independents and academics.

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

www.alnap.org

Global Health Cluster

The Global Health Cluster (GHC), under the leadership of the World Health Organisation, is made up of more than 30 international humanitarian health organisations that have been working together over the past four years to build partnerships and mutual understanding and to develop common approaches to humanitarian health action.

WHO and partners work together both at the global/ regional and country levels to improve the effectiveness, predictability and accountability of humanitarian health action. At the global/regional level, health partners work to strengthen their individual and collective capacities to respond better and faster. At country level, health partners work to jointly assess and analyse information, prioritise the interventions, build an evidence-based strategy and action plan, monitor the health situation and the health sector response, adapt/re-plan as necessary, mobilise resources and advocate for humanitarian health action.

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

Humanitarian Accountability Partnership



Established in 2003, 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. They are committed to meeting the highest standards of accountability and quality management.

HAP's strategic value proposition is that quality, accountability and programme results are inextricably linked. 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



Tan Sri Dato' Ajit Singh

Tan Sri Dato' Ajit Singh was born and educated in Malaysia. He joined the Malaysian Foreign Service in 1963.

In a career spanning just over 30 years, he served in various positions in the Ministry of Foreign Affairs including at Malaysian Missions in Canberra, Addis Ababa (Ethiopia) and New York. He served as Malaysia's Ambassador in Vietnam, Austria, Brazil (with concurrent accreditation to Bolivia, Colombia, Peru and Venezuela) and Germany.

He was elected the first Secretary-General of ASEAN, which carries the rank of a Minister and served a five-year term from 01 January 1993 to 31 December 1997.

In recognition of his services, both Laos and Vietnam awarded him their prestigious Friendship Medals in December 1997. He was also awarded the Panglima Setia

Mahkota award, which carries the title of "Tan Sri" by His Majesty the King of Malaysia in conjunction with His Majesty's Official Birthday on June 6, 1998. The Indonesian Government awarded him the "Bintang Jasa Utama" in February 1999 in recognition of his work in ASEAN and in helping to improve Malaysia-Indonesia relations.

After leaving the Secretariat, he joined the National Petroleum Oil Company, PETRONAS, where he worked as Director, International Business Ventures from August 1997 to October 1999.

He was elected the first Secretary-General of the Boao Forum for Asia in February 2001. He is now the Advisor for India Business for IJM Corporation Bhd., the Advisor to the Malaysia-India Business Council, (MIBC), a member of the Malaysia-India CEO Forum 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. In January, 2011, he was awarded India's highest award for an overseas Indian, the Pravasi Bharatiya Samman Award, by the Indian Government.

He is married to Puan Sri Enid Singh and has three children.



Toh Puan Dato' Seri Dr. Aishah Ong

Toh Puan Dato' Seri Dr. Aishah Ong is currently the Pro-Chancellor of the University of Malaya.

Toh Puan Dato' Seri Dr. Aishah Ong has dedicated most of her life for charitable causes. She is the Chairman of The Foundation of the National Heart Institute, The New Straits Times Press Charity Fund and the Chairman of the BAKTI-MIND Project under the Welfare Organisation of Wives of Ministers/Dept Ministers/Parliament Secretary (BAKTI). She is also the Chairman of the Board of Health Promotion in the Ministry of Health since 2007. Toh Puan Dato' Seri Dr Aishah Ong also plays an integral part in the academia as she is a member of the International Consultative Council of the International Medical University (IMU) and has served in her current position as the Pro-Chancellor of University of Malaya (UM) since 2003.

In recognition of her services to the nation, she was awarded JMN (1990), DMPN (2003), DPMS (2005) and DGPN (2007).

She received her degree in Medicine in 1969 from the University of London (The Royal Free Hospital).

MERCY Malaysia Board of Trustees



Tan Sri Dato' Ahmad Fuzi Haji Abdul Razak

Tan Sri Dato' Ahmad Fuzi Haji Abdul Razak was previously the Secretary-General of the Ministry of Foreign Affairs Malaysia. He joined the Malaysian Diplomatic and Administrative Service in 1972. Tan Sri Ahmad Fuzi served in various capacities at the Ministry, mainly in the Political Division and at the Malaysian Missions abroad in Moscow, the Hague, Canberra, Washington and Dhaka. He also served as the Director General of Institute of Diplomacy and Foreign Relations.

Tan Sri Ahmad Fuzi is currently, Secretary-General of the World Islamic Economic Forum Foundation (WIEF); Chairman, Amanahraya-REIT Managers Sdn Bhd; Chairman, Seremban Engineering Berhad; Chairman, Worldvest Energy Sdn Bhd; Chairman, Theatre Management Associates Sdn Bhd; Chairman, Leisure Guide Publishing Sdn Bhd; Chairman, Optima Capital Sdn Bhd; Non-Executive Chairman Sofgen (Malaysia);

Non-Executive Chairman, Xadacorp Sdn Bhd; Group Chairman, Ace Holdings Sdn Bhd; Deputy Chairman, Asian-Development & Investment Bank Limited (Labuan); Independent Non-Executive Director, Puncak Niaga Holdings Berhad; Non-Executive Director, Management Development Institute of Singapore and Member, Board of Trustees, F3 Strategies Berhad.

Tan Sri Ahmad Fuzi is currently also a Distinguished Fellow, Institute of Strategic and International Studies (ISIS); Distinguished Fellow, Institute of Diplomacy and Foreign Relations; Deputy Chairman, Malaysian Member Committee of the Council for Security Cooperation in the Asia Pacific (CSCAP Malaysia); Member, Board of Trustees, MERCY, Malaysia; Member, Institute of Advanced Islamic Studies (IAIS); Member, Advisory Board, Asia Pacific Entrepreneurship Award (APEA), President, and Advisor, High School Bukit Mertajam Alumni Malaysia.

He holds a Bachelor of Arts Degree (Honors) from the University of Malaya (1972) and a Certificate in Diplomacy (Foreign Service Course) from the University of Oxford (1974).

In recognition of his service to the nation, he was awarded the AMN (1979), the JSM (1999), the DSPN (1999), the DMPN (2002) and the PSM (2003).



Tan Sri Professor Dato' Dzulkifli Abdul Razak

Tan Sri Professor Dzulkifli Abdul Razak is currently the Vice-Chancellor of the Al-Bukhary International University (AIU) since 2011. He was the 5th Vice-Chancellor of Universiti Sains Malaysia (USM) from 2000 till 2011.

He is presently serving as the Vice-President of the International Association of Universities (IAU), a UNESCO-affiliated organisation. He is also a member of the Asia-Europe Meeting (ASEM) – Advisory Education Hub Committee, Executive Council of the Association of Commonwealth Universities (ACU) and Advisory Committee of the World Universities Forum, Davos (2008). He serves as a member of the World Health Organisation (WHO) Expert Advisory Panel on Drug Policy and Management since 1995; and the WHO Scientific Committee of Tobacco Product Regulation (2004-2006).

At the national level, he served as the Chair of the Malaysian Vice-Chancellors'/Rector's Committee and

cont. overleaf

MERCY Malaysia Board of Trustees

Malaysian Examination Council including being an Advisor to the National Higher Education Research Institute (IPPTN). He was also a member of the National Economic Advisory Council established in 2009 (until 2011) and co-chaired the Malaysian Industry-Government Group for High-Technology (MIGHT) from 2006 to 2011.

He is a Director of the Malaysian Productivity Corporation Board (formerly National Productivity Corporation) since 2008. He also serves on the National Innovation Council, the National Biotechnology Implementation Committee, the National IT Council and the Malaysian Innovation Agency (AIM). He is a member of a number of Board of Trustees: MERCY Malaysia, Razak School of Government, Asian Women Leadership University, MCKK Foundation, Prime Minister's Fellowship Exchange Programme, and Yayasan Bumiputra Pulau Pinang.

Early 2012, he became Chair of Independent Review Panel on Education for Malaysia. He is a Fellow of the Academy of Sciences Malaysia (FASc), the World Academy of Art and Sciences (FWAAS) and the Malaysian Institute of Malaysia (FMIM).

He has been a weekly columnist for the New Straits Times since 1995 writing mainly on issues about education, science and current events.



Datuk Johan bin Jaaffar

Datuk Johan bin Jaaffar is currently Chairman of Media Prima Berhad. He was appointed to the Board of Media Prima on 30 April 2009.

Datuk Johan is also a member of MERCY Malaysia Board of Trustees and Chairman of the Consultation and Corruption Prevention Panel, under the Malaysian Anti-Corruption Commission (MACC). He is also the Chairman of Sekolah Sri Nobel, a private school and one of the members of the National Information Technology Council (NITC).

Datuk Johan was the Chairman of the Board of Dewan Bahasa and Pustaka (DBP) from 2006 until 2010. He started his career with DBP in 1977. In 1998, he was appointed as the Chief Editor of the DBP's magazine division. His last post was as Head of General Publishing Department of DBP. In November 1992, Datuk Johan

joined Utusan Melayu (M) Berhad as the Group Chief Editor for six (6) years before leaving the company in July 1998. In 1995, he was appointed as one of the members of Malaysian Business Council. When the government mooted the idea of the Multimedia Super Corridor, Datuk Johan was appointed to the Board of the Multimedia Development Council.

Datuk Johan was also a board member of the National Academy of Arts, Culture & Heritage (Akademi Seni Budaya & Warisan Kebangsaan or ASWARA) from 2010 until 2011. He had also served as a director of Sindora Berhad, once a committee member of Yayasan Anak-Anak Yatim Malaysia, a member of Jawatankuasa Diplomasi dan Hubungan Antarabangsa and also a member of Majlis Perpaduan Negara. He was a member of the National Brains Trusts on National Education under the auspices of ISIS and the National Economic Action Committee (NEAC).

He is also a columnist for The New Straits Times.

MERCY Malaysia Board of Trustees



Mrs. Gaik Wong

Mrs. Gaik Wong is the founder and director of The Chicken Rice Shop ("TCRS"). She has more than 40 years of experience in the Food and Beverage business, including franchised and chain store operations. Prior to being a founder/director of TCRS, she was the Chief Operating Officer cum Director of KFC Holdings Bhd. She played a major role in developing KFC into a household name in Malaysia.

She is an active member of the National Association of Women Entrepreneurs of Malaysia ("NAWEM") and is always ready and available to mentor young entrepreneurs and share her experiences with them.

In recognition of her contribution to the F&B industry, she was awarded "The Innovative Woman Entrepreneur of the Year Award 2004".



Ms. Elizabeth Lee Fuh Yen

Elizabeth Lee Fuh Yen is the Executive Director of Sunway University and the Sunway Education Group. Having helmed the education section of the Sunway Group since 1992, she has been instrumental in developing the organisation from just one institution, namely Sunway College, to the dynamic Sunway education group of eleven institutions, including Sunway University, Monash University Sunway Campus Malaysia, the Sunway International School and the newest, Sunway-Le Cordon Bleu Institute of Culinary Arts.

Educated and trained in the U.K. as a Graduate English teacher, specialising in Multi-Cultural Education, Ms Lee read for the M.Phil. in Education at the University of Cambridge. Her Cambridge links see her actively involved in the Oxford & Cambridge Society of Malaysia, of which she is a Past President and current EXCO member. She was also invited to be the Regional Co-

ordinator of the Cambridge Society for the University of Cambridge.

Ms Lee sits and serves on various Committees, tasked by the Malaysian Government with the charting of Higher Education direction, strategy and policies. Her appointments include being a member 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 a founding member of the Academic Advisory Committee of Monash University Malaysia. Other than that, she is also on the Master Builders Association of Malaysia Education Fund Board of Management and a member of MERCY Malaysia Board of Trustees.

She also received the Outstanding Asian Women Community Contribution Award from Malaysia Women's Career Building Association presented by the Prime Minister's wife, Y. A. Bhg. Datin Paduka Seri Rosmah Mansor.

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



Seated (from left) : YM Raja Riza Shazmin Raja Badrul Shah, Norazam Ab Samah, Dato' Dr. Ahmad Faizal Mohd. Perdaus, Assoc. Prof. Dr. Mohamed Ikram Bin Mohamed Salleh, Ir. Amran Mahzan, *PMP*

Standing (from left) : Mr. Tee Kam Bee, Dr. Shahridan Mohd Fathil, Dr. Hariyati Shahrina Abdul Majid, Dr. Shalimar Abdullah, Dr. Helen Lasimbang, Dr. Heng Aik Cheng, Dr. Jitendra Kumar S. N. Tejani, Prof. Zabidi Azhar Mohd Hussin

MERCY Malaysia Executive Council



President

Dato' Dr. Ahmad Faizal Mohd. Perdaus

Dato' Dr. Ahmad Faizal Mohd. Perdaus currently works as a Consultant Physician (Internal Medicine, Respiratory & Sleep Medicine) at KPJ Johor Specialist Hospital. He was previously a Consultant Physician (Internal Medicine & Respiratory Medicine) at Hospital Universiti Kebangsaan Malaysia (HUKM) where he also served as a Senior Lecturer in Internal Medicine and Respiratory Medicine in the Department of Medicine, Faculty of Medicine, UKM.

He first joined MERCY Malaysia as a volunteer in 2003 and was elected to the current position as President in 2010 and re-elected in 2011 after acting in interim since August 2009. Prior to that he had served on MERCY Malaysia's Executive Council (EXCO) since July 2003. He was head of the Drug Rehabilitation and Assistance Programme in Malaysia from 2003 to 2006, and was involved in various local missions with the latest being in Johor in 2011. His international mission includes Sri Lanka (2003), Iran (2004), Sudan (2004, 2008), Indonesia (2005, 2006), Pakistan (2005) and Myanmar (2008). He currently sits on the boards of ICVA, HIF and ATHA and was recently elected as Vice Chair of ICVA in 2012.

He was a Visiting Research Fellow at the Woolcock Institute of Medical Research, Sydney, Australia from 2006 till 2009. He was awarded the Darjah Dato' Paduka Mahkota (DPMP) by HRH Sultan of Perak in 2010. Dato' Dr. Ahmad Faizal earned a Master's degree in Internal Medicine (2000), Doctor of Medicine (1992) and Bachelor of Medical Science (1989) from Universiti Kebangsaan Malaysia.



Vice President I

**Assoc. Prof. Dr. Mohamed Ikram
Bin Mohamed Salleh**

Assoc. Prof. Dr. Mohamed Ikram Bin Mohamed Salleh is currently the Director of Students Affairs Department at Cyberjaya University College of Medical Sciences (CUCMS). He also heads the committee in the Disaster Medicine Research Cluster group. Courses related to the humanitarian world such as Disaster and Relief Medicine and Young Mercy Co-curriculum are among the new courses that he introduced in the university.

He first joined MERCY Malaysia as a volunteer in 1999 and was elected to the current role in 2004. Assoc. Prof. Dr. Mohamed Ikram has considerable experience in missions in conflict zones such as Kosovo (1999), Maluku Island (2000), Afghanistan (2001), Iraq (2003), Sudan (2005), Gaza (2008) and Somalia (2011). Missions involving natural disasters include the local responses in Malaysia, the tsunami in Aceh and Sri Lanka (2005), Nias Island Earthquake (2005) and Padang Earthquake (2009).

In the corporate world, he is the group director of Medical Interest Group Sdn.Bhd. that spearheads the formation of CUCMS. A former CEO and founder of An-Nur Specialist Hospital in Bangi, Selangor, he lends his expertise as a Consultant Anesthesiologist at An-Nur Specialist Hospital and Hospital Serdang.

Assoc. Prof. Dr. Mohamed Ikram earned a master's degree in Anaesthesiology from Universiti Kebangsaan Malaysia (1997) and a degree in Medicine from Universiti Sains Malaysia (1988).

MERCY Malaysia Executive Council



Vice President II
Norazam Ab Samah

Norazam Ab Samah is an architect by profession and is currently the Chief Executive Officer and Executive Director at AZAMAS Engineering Consultant.

He first joined MERCY Malaysia in 2001 when he volunteered for the relief mission to Afghanistan. He was subsequently elected as an Executive Council member of MERCY Malaysia in 2002 and was elected to the current role in 2011. He has vast amount of 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 as well as missions in Malaysia.

As Head of Operations for MERCY Malaysia in Indonesia (2005-2008), he had successfully designed and managed the construction and completion of 27 projects in Indonesia. His biggest breakthrough was to bring together a masterplan for Nias General Hospital which was damaged due to the earthquake in 2008. The masterplan managed to attract funders from Japan, China and Singapore to contribute to the rebuilding of hospital infrastructure with the total sum of USD15 million in fund contributions. He is also the Advisor for MERCY Malaysia's Technical Team.

Norazam earned a bachelor degree in Architecture from Universiti Teknologi Mara in 2000 and is currently pursuing a master's degree in Civil Engineering at University Sains Malaysia.



Honorary Secretary
Yang Mulia (YM) Raja Riza Shazmin Raja Badrul Shah

YM Raja Riza Shazmin Raja Badrul Shah is currently the Managing Partner at Messrs Raja Riza & Associates.

She first joined MERCY Malaysia as a volunteer in 2004 and was elected to the current position in 2006. She oversees the legal and compliance matters in MERCY Malaysia. She was involved in local missions in Belum, Perak (2008) and Johor (2005) as well as international missions in 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 2000. She obtained her Diploma in Syariah Legal Practice (DSLPP) from International Islamic University Malaysia (2002) and earned her Certificate in Legal Practice (CLP) from Brickfields College (1998) and received her honors degree in Law from University of Glamorgan, Wales, UK (1997).

MERCY Malaysia Executive Council



Assistant Honorary Secretary
Dr. Hariyati Shahrma Abdul Majid

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

She first joined MERCY Malaysia as a volunteer in 2004 when she was deployed to Sri Lanka. She was elected to the current role in 2011. She has been deployed to many local and international missions including to disaster affected areas in Kashmir, Jogjakarta, Myanmar, Somalia and Mindanao, where she helped develop capacity for the local communities with related psychological intervention skills.

She is also the Director of Industrial Links and Community Relations Division at IIUM. She is a life member of the American Psychological Association, Malaysian Psychological Society and the Malaysian Diabetes Educators Society. She obtained her PhD in Health Psychology (2001), MSc in Applied Psychology from the University of Surrey, UK (1996) and her BSc in Psychology from the University of Wisconsin-Madison, USA (1992).



Honorary Treasurer
Ir. Amran Mahzan, PMP

Ir. Amran Mahzan currently works as Manager Agropolitan of East Coast Economic Region Development Council.

He first joined MERCY Malaysia as a volunteer in 2002 and was elected to the current position in 2006. He was involved in various MERCY Malaysia international missions, in Afghanistan (2002), Aceh (2005), Pakistan (2006) and Sudan (2010).

He is a Certified Project Management Professional by Project Management Institute, a registered Professional Engineer (PEng.) on the board of Engineers Malaysia (BEM) and a member of the institution of Engineers Malaysia (MIEM). Ir. Amran Mahzan earned a master's degree in Construction Business from International Islamic University Malaysia (2006) and a Bachelor of Sciences degree in Electrical Engineering from the University of Malaya (1994).

MERCY Malaysia Executive Council



Executive Committee Member

Dr. Heng Aik Cheng

Dr. Heng is currently working as a Consultant Orthopaedic Surgeon and Traumatologist in Sabah Medical Centre.

He first joined MERCY Malaysia as a volunteer in 2002 and was elected to the current position in the same year. He has been involved in local missions in Malaysia as well as international missions in Iraq (2003), North Korea (2004), Sudan (2004), Pakistan (2005), Jogjakarta, Indonesia (2006), Myanmar (2008), Gaza (2009), Padang, Indonesia (2009) and Chile (2010).

He serves on the Board of Asian Disaster Risk Reduction Network (ADRRN) and represents MERCY Malaysia in APG-AADMER, APC-MADRO, ALNAP and HFP. Dr. Heng previously served on Karambunai Corp Board of Directors (2004-2007). In the field of civil society, Dr. Heng previously served as a President for the Rotary Club Kota Kinabalu (1998-1999). He is currently the President of The Sabah Society for 2011 to 2012. Dr. Heng graduated with a Bachelor in Medicine, Surgery & Art of Obstetrics from Queen's University Belfast and became a Fellow of the Royal College of Surgeons in 1982.



Executive Committee Member

Dr. Shalimar Abdullah

Dr. Shalimar Abdullah is currently working as an Orthopaedic Surgeon at the Department of Orthopaedics of Hospital Universiti Kebangsaan Malaysia.

She first 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 in Afghanistan (2002), Cambodia (2003), Bagh, Pakistan (2005) and Jogjakarta, Indonesia (2006). 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 (2010).

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



Executive Committee Member

Mr. Tee Kam Bee

Sam Tee is the owner of Uncle Button Clown Supplies and has been in the industry for 18 years.

In 2004, he joined MERCY Malaysia as a life member and volunteer. He was elected into this current role in 2011. His first assignment with MERCY Malaysia was in Bam, Iran after the 2003 December earthquake. Partnering with a psychologist, he uses skills in entertaining i.e. clowning and ballooning, to bring humour as a form of therapy to disaster victims. His international missions include the Indian Ocean tsunami as well as missions to Pakistan and Sichuan.

Sam is a member of World Clown Association, Clown of America International and Fellowship of Christian Magician. He is frequently invited to lecture, facilitate and perform in the US, Taiwan, Singapore, India and many parts of Asia. He shares the spirit of volunteerism as he partners with mission organisation and uses his special skills to engage the young and old and heals through the power of joy and laughter. His motto 'a happy HEART, does good like a medicine'. He also networks with Clown of New Hope & REDNOSE Respond in the US.

MERCY Malaysia Executive Council



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

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

His first involvement with MERCY Malaysia activities was in 1999 when he became a volunteer for a humanitarian mission in Kosovo. He was also involved in MERCY Malaysia mission in Aceh in 2005.

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

He earned his Bachelor of Medicine & Surgery (MBBS) at University of Newcastle Upon-Tyne, England (1985). He was awarded the Pingat Paduka Setia Mahkota Kelantan Yang Amat Terbilang (P.S.K) from His Royal Highness the Sultan of Kelantan in 2008. He is also a Fellow at the Royal College of Paediatrics and Child Health of United Kingdom (RCPCH) since 1997.



Co-opted Executive Committee Member
Dr. Jitendra Kumar S. N. Tejani

Dr. Jitendra S. Tejani is currently a Private General Practitioner in Penang and he has been practising for the past 20 years.

He first volunteered for MERCY Malaysia in 2004 after the Indian Ocean tsunami and was elected to the current role in 2011. With a strengthened belief and fresh outlook on life, he continued his volunteerism efforts in both local and international missions with MERCY Malaysia. He was involved in local missions to Borneo and Perak. Internationally, he has been involved in missions to Sri Lanka, Indonesia, Pakistan and Turkey. His passion for volunteerism has also trickled down to 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 (1979). He was the Vice President of the Medical Society during his studies. He is a member of the Rotary Club and is the Past President of the Rotary Club of Tanjong Bungah for the past 21 years.



Co-opted Executive Committee Member
Dr. Helen Lasimbang

Dr. Helen Benedict Lasimbang currently works as an Associate Professor (Department of Reproductive Health) at University Malaysia Sabah.

She first joined MERCY Malaysia as a volunteer in 2003 and was elected to the current position in 2011. She is heavily involved in MERCY Malaysia's missions in Sabah and is also the Chairperson for MERCY Malaysia's Intervention Group of Alcohol Misuse (IGAM). She was previously a Resident Consultant Obstetrician and Gynaecologist, Sabah Medical Centre Sdn. Bhd. Kota Kinabalu and had also served as a Consultant in Obstetrics and Gynaecology, Queen Elizabeth Hospital, Kota Kinabalu.

She graduated with a Bachelor of Medicine and Surgery from Universiti Malaya (1991). She was awarded the Excellent Service Award by the Department of Health Sabah in 2000.

Dr. Helen Benedict Lasimbang is also a keen marathoner and has participated in more than 10 marathons.

MERCY Malaysia Executive Council



Co-opted Executive Committee Member
Dr. Shahridan Mohd Fathil

Dr. Shahridan Mohd. Fathil is currently a Consultant Anaesthetist in Anaesthesia Dept., Alexandra Hospital, Singapore.

He has been a member and volunteer of MERCY since 2005 and was involved in international missions in Nias, Indonesia (2005), Bagh, Pakistan (2005) and Jogjakarta, Indonesia (2006).

He was previously a Senior Lecturer/ Consultant Anaesthetist and Emergency Physician in the Department of Emergency Medicine, Universiti Kebangsaan Malaysia Medical Centre and currently a Convener of the Special Interest Group in Regional Anaesthesia and also a committee member of the Malaysian Society of Anaesthesiologists.

He received his MBBS from the University of Malaya and a Fellowship of the Royal College of Anaesthetists, FRCA (England).



SECRETARIAT

Treasurer's Report

FINANCIAL STATEMENTS

The Executive Committee is responsible for the preparation and fair presentation of these financial statements in accordance with approved MASB accounting standards in Malaysia for Private Entity and the Societies Act, 1966 in Malaysia.

The last Annual General Meeting has 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.

FINANCIAL PERFORMANCE

Our financial performance for year 2011 is comparable to year 2010. The total income received was RM 9.19 million compared to the RM 9.06 million received in 2010. Total donations received in 2011 were RM 8.03 million and income received from other sources was RM 1.15 million. There was a significant increase in the income received by MERCY Malaysia from other sources of RM 700,000 compared to last year. This resulted from MERCY Malaysia's new financial management approach adopted in 2011. *Chart 1* shows the total income received from 2009 until 2011.

From the 8.03 million, the unrestricted fund received was RM 2.4 million, reduced by about RM 2.9 million and for restricted funds a total of RM 5.5 million received, up by about RM 2.2 million. Restricted funds are donations received for a particular country or project.

A big drop in term of donation from the private sectors in 2011 was compensated by the increase in donations received for all other sectors. This is in-line with MERCY Malaysia's vision to gain equal support from all sectors especially from the public sector. Donations and gifts from each sector in term of percentage as shown in *Table 1* while *Chart 2* shows the comparison of donations received by sector from year 2009 until 2011.

CHARITABLE EXPENDITURE

Our Charitable Expenditure in 2011 totalled up to RM 11.4 million as shown in *Table 2*. By end of 2011, MERCY Malaysia has delivered our services in 19 countries including Malaysia.

As our main focus, expenditure on medical relief and sustainable health-related development remains as the bulk expenditure in 2011. This contributes a percentage of 70.41% (equivalent to RM 8.03 million) from the total expenditure. Illustration of the breakdown of Charitable Expenditure for year 2011 as shown in *Chart 3*.

OPERATIONAL EXPENDITURE

MERCY Malaysia's operating expenditure has decreased compared to previous years mainly due to the streamlining of staffing for the secretariat. The operating expenditure percentage has decreased to 19% in 2011 from 22% in 2010.

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



IR. AMRAN MAHZAN, PMP
Honorary Treasurer

Financial Review

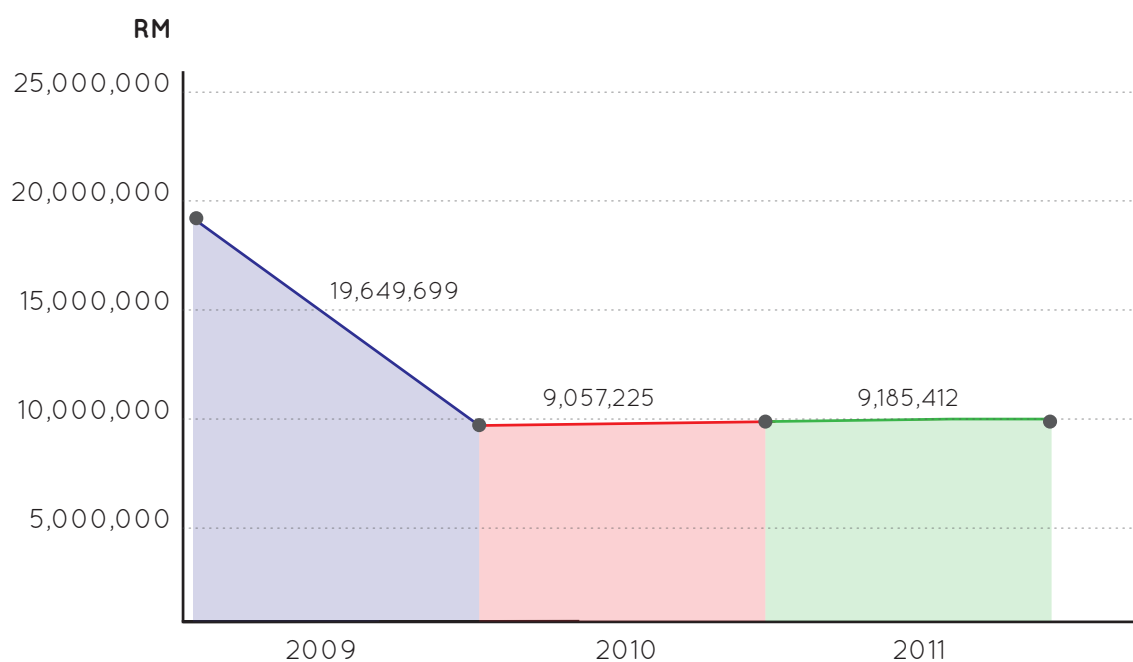
TABLE 1 : SOURCE OF DONATION BY SECTOR

	RM	%
Private Sector	2,776,292	34.57
Public	1,382,185	17.21
Other NGOs	1,245,217	15.51
International Organisations	1,063,442	13.24
Malaysian Government	1,563,707	19.47
TOTAL DONATION COLLECTED	8,030,843	

TABLE 2 : HOW WE SPENT (TOTAL CHARITABLE EXPENDITURE)

	RM	%
Healthcare & Health-related	8,030,115	70.41
Education	1,293,934	11.35
Disaster Preparedness	796,966	6.99
Water, Sanitation & Hygiene	922,468	8.09
Total project cost	11,043,483	
Field office running cost	361,497	3.17
	11,404,980	

CHART 1 : TOTAL INCOME RECEIVED (3-YEAR COMPARISON)



Financial Review

CHART 2 : DONATION RECEIVED BY SECTOR (3-YEAR COMPARISON)

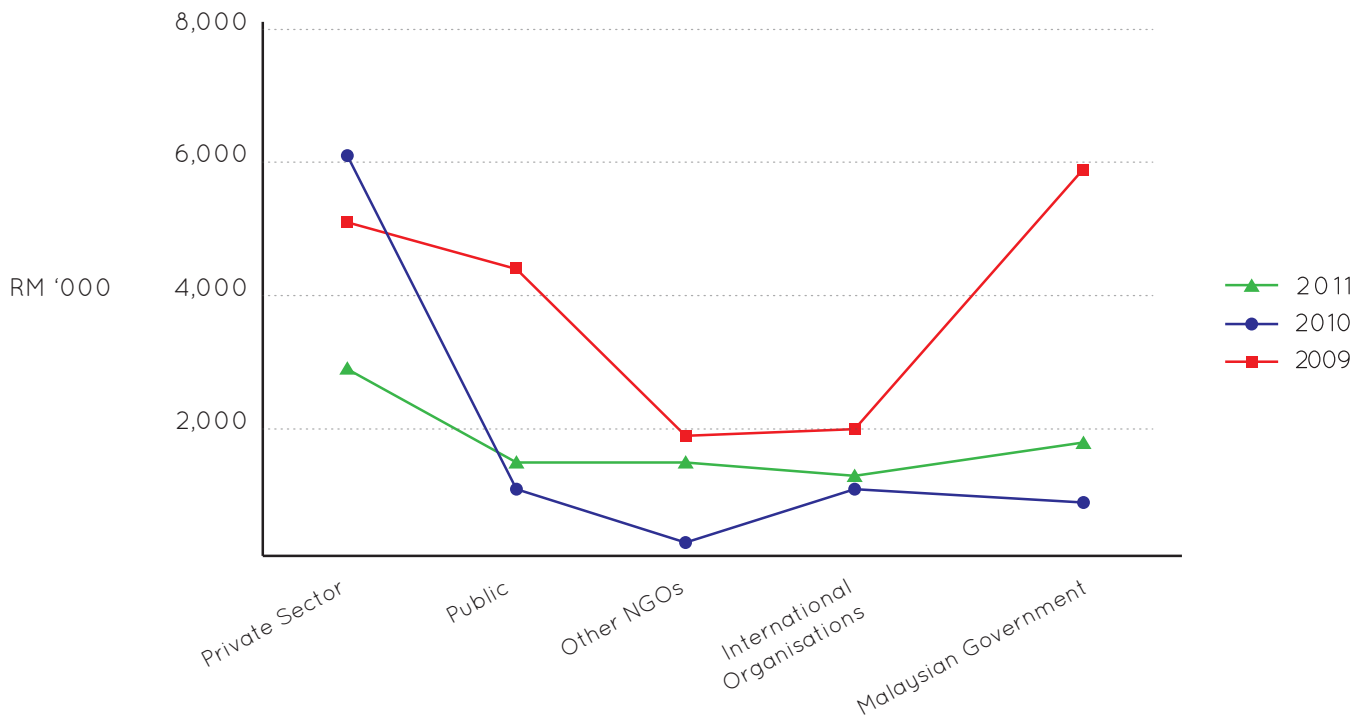
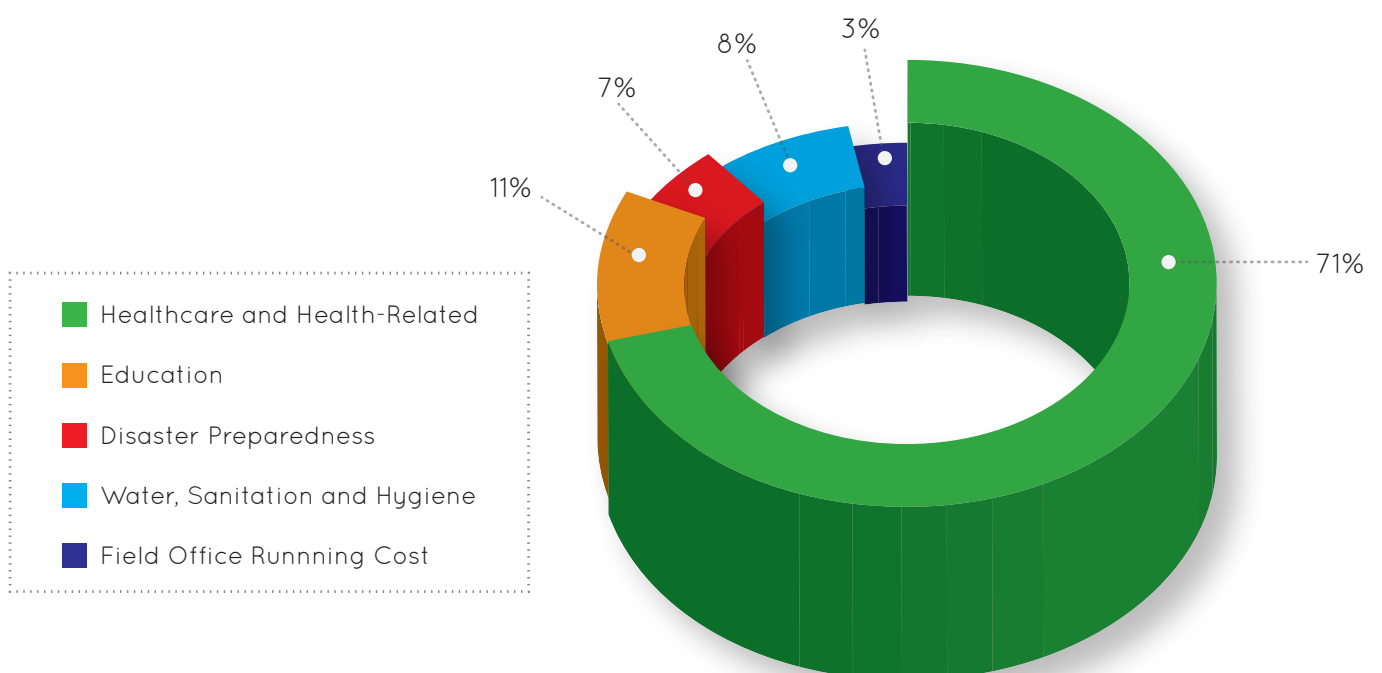


CHART 3 : TOTAL EXPENDITURE BY SERVICES FOR 2011





OUR WORK - MALAYSIA

In 2011, we carried out more than 20 sustainable health-related development and risk reduction programmes locally

Johor


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	Johor Flood
Objectives	Providing medical and humanitarian aid to flood survivors in Johor
Activities	<ul style="list-style-type: none"> Hygiene Kit distribution Hygiene Education Medical services
Locations	Pagoh and Segamat
Period	2 – 8 February 2011
Accomplishments	<p>Hygiene Kit Distribution</p> <ul style="list-style-type: none"> Pagoh - 1,420 Hygiene Kits, 70 Blankets, 70 Floor Mats Segamat - 430 Hygiene Kits <p>Medical Services</p> <ul style="list-style-type: none"> Pagoh - 149 patients
Projected Budget	RM 218,000

Background

Heavy rainfall caused flooding in many areas in Johor. Three of the main rivers, namely Sungai Muar, Sungai Benut and Sungai Mengkibol burst their banks. The four worst affected areas were Segamat, Batu Pahat, Kluang and Muar.



MERCY Malaysia deployed three teams, with a total of 15 staff and volunteers, to respond to the flood. Our response focused mainly on Pagoh and Segamat which were the worst affected areas.

MERCY Malaysia efforts

149 patients were given medical treatment throughout the period. Apart from that, a total of 1,850 hygiene kits as well as 70 blankets and floor mats were distributed to the beneficiaries.



Captions

1. MERCY Malaysia staff and volunteers with some of the beneficiaries
2. MERCY Malaysia President, Dato' Dr. Ahmad Faizal Mohd Perdaus (left) talking to a flood victim and her child in one of the relocation centres in Pagoh
3. MERCY Malaysia staff and volunteers cheerfully loading a lorry ready for distribution

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 disaster preparedness and resilience of the target communities To build multi-stakeholder partnerships between local governments, local emergency services agencies and local community
Project Partners	<ul style="list-style-type: none"> Majlis Keselamatan Negara (MKN) State Government of Johor District Offices of Batu Pahat, Segamat and Kota Tinggi
Activities	<ul style="list-style-type: none"> Implementation of Community-based Disaster Risk Reduction (CBDRR) activities Experience Sharing Workshop
Locations	Batu Pahat, Segamat and Kota Tinggi
Period	January-December 2011
Accomplishments	<ul style="list-style-type: none"> Disaster preparedness road signage, posters, flood preparedness brochures, basic first aid brochures 25 participants for the first aid training 40 participants for the School Watching Workshop (SWW) for school children 28 participants for the experience sharing workshop with community members and government officials
Projected Budget	RM 15,000

Background

The 2006/2007 Johor floods were among the worst natural disaster ever to hit the nation. MERCY Malaysia responded with emergency relief efforts immediately in some of the worse hit areas. After the relief and response phase was over, funds were channeled into preparedness efforts within the state to continue humanitarian aid work.

MERCY Malaysia efforts

The JCPP is a community-based project aimed at building a culture of disaster preparedness and resilience of the target communities. The programme also looks into strengthening a multi-stakeholder partnership between local government agencies and local communities.

In November 2009, the first phase of this programme started with a sensitisation seminar held at Universiti Tun Hussein Onn, Batu Pahat. This was followed by a town watching workshop with government officials and members of the community in the three selected districts; Segamat, Batu Pahat and Kota Tinggi. A series of follow-up meetings were later conducted to identify potential DRR activities for the communities.

Among the activities that were carried out are disaster preparedness road signage, posters, brochures for basic first aid, first aid training, school watching workshop and experience sharing workshop.

Captions

1. Community members during the First Aid training



Johor


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	Outreach Clinic for indigenous community
Objectives	To provide primary health care for indigenous community
Project Partners	Malaysia Airlines and supported by Jabatan Kemajuan Orang Asli Kluang
Activities	<ul style="list-style-type: none"> Hygiene Kits distribution Primary health screening and treatment
Locations	Kg. Kuala Sengka, Kg. Air Pasir and Kg. Sedohok, Kluang
Period	<ul style="list-style-type: none"> 17 June 2011 (Hygiene Kits distribution) 1 October 2011 (Primary health screening and treatment)
Accomplishments	Hygiene Kit Distribution : A total of 145 hygiene kits were distributed Medical Services : 105 adults and children benefitted from this programme
Projected Budget	RM 4,000

Background

Since 2010, MERCY Malaysia provided basic health treatment and screening for the indigenous community in Kg. Kuala Sengka, Kg. Air Pasir and Kg. Sedohok due to the difficulty faced by community members accessing healthcare. This programme is an extension of the Change for Charity fundraising campaign, a collaborative 3-year fundraising effort between MERCY Malaysia and Malaysia Airlines to collect inflight donations from long-haul flights.



Captions

1. MERCY Malaysia medical volunteer examining a patient at the Outreach Clinic
2. Volunteers checking medical supplies before the start of the Outreach Clinic
3. MERCY Malaysia Johor Chapter Representative dispensing medicine to some of the patients

MERCY Malaysia efforts

18 medical and non-medical volunteers including students, participated in the programme by setting up the clinic and conducting a primary health care check-up. Hygiene kits were also distributed to the community. The community was also given talks on reproductive health issues in order to create awareness.



Johor



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Outreach Clinic for Pendatang Asing Tanpa Izin (PATI)
Objectives	To provide primary health care for immigrant/detainees
Project Partners	Jabatan Imigresen Johor
Activities	<ul style="list-style-type: none"> Primary health screening and treatment Hygiene Kits distribution to detainees
Locations	Pekan Nenas Detention Camp
Period	17 June 2011
Accomplishments	Medical Services : A total of 35 adults and children benefitted from this programme Hygiene Kit Distribution : A total of 27 hygiene kits were distributed
Projected Budget	RM 3,000

Background

The detention camp is able to house up to 2,000 detainees. As such it is important that their health are monitored and that the detainees are given the right vaccination to prevent the spreading of diseases. The camp however, was under renovation during our visit and most detainees were sent to other camps in Malaysia.

MERCY Malaysia efforts

Several medical and non-medical volunteers, including medical students from Monash University, Johor volunteers were involved in setting up the clinic and distributing hygiene kit to detainees. Goodies were also distributed to children. Due to the renovation that took place at the camp, the number of immigrants who received attention was slight. MERCY Malaysia will continue with the programme in 2012 once the construction has been completed.



2



3



Captions

1. MERCY Malaysia medical volunteer attending to one of the PATIs
2. MERCY Malaysia Johor Chapter Representative dispensing medicine to a PATI
3. Some of the detainees waiting for their turn at our Outreach Clinic in the camp

Kuala Lumpur


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	Dental and Primary Healthcare Outreach Clinic for Rumah Nur Salam, Chow Kit
Objectives	To provide primary healthcare and dental services for impoverished or unsupervised children living in the Chow Kit area
Project Partners	Yayasan Salam Malaysia
Activities	<ul style="list-style-type: none"> • Primary healthcare • Dental services • Health education • Psychosocial activities
Locations	Chow Kit, Kuala Lumpur
Period	January-June 2011
Accomplishments	180 children seen over 6 sessions
Projected Budget	RM 21,300

Background

Set up in 2007 by Yayasan Salam Malaysia and the National Welfare Department of Malaysia, Rumah Nur Salam is a 24-hour activity centre and a safehouse for marginalised children. It is able to accommodate about 20 live-in children at any one time and receives 90 daycare children daily. Currently, there are 434 registered children between the ages of 4 and 18.

Many of the children are from unstable families with very limited income, while others may be unwanted or abandoned. Most of the children do not receive regular immunisation and primary healthcare and have limited access to education.

MERCY Malaysia efforts

Since 2009, MERCY Malaysia, in collaboration with Rumah Nur Salam, has set up monthly outreach clinics providing primary healthcare, growth screening and dental services to impoverished or unsupervised children living in the Chow Kit area. At any one clinic, volunteer doctors and nurses diagnose and treat up to 40 children whose age ranges from 3 to 17 years old.

Children are given health educations at the clinic. Fun activities are also conducted in the waiting room (e.g. colouring competition, musical chairs, connect the dots etc) to provide the children with an enriching experience.



Captions

1. A volunteer examining the weight and height of a boy in Nur Salam
2. Children participating in an activity organised at the waiting room

Perak



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Dental Outreach Project in Kg. Sungai Tiang
Objectives	<ul style="list-style-type: none"> To complement the current services provided by the Perak State Health Department To promote good hygiene practices amongst the Orang Asli communities
Project Partners	<ul style="list-style-type: none"> Yayasan EMKAY Ministry of Health (MoH)
Activities	<ul style="list-style-type: none"> Bi-monthly dental clinics Dental hygiene education sessions with the students Joint hygiene campaign in partnership with MoH Distribution of soap to the community in collaboration with MoH
Locations	Kampung Sungai Tiang
Period	January-December 2011
Accomplishments	<ul style="list-style-type: none"> We conducted a total of 150 consultations in 2011 Distributed a total of 340 toothbrushes, 540 tubes of toothpaste, 400 bars of soap and 99 nail clippers.
Projected Budget	RM 57,000

Background

MERCY Malaysia started the Kampung Sungai Tiang outreach project with the support of the EMKAY Group of Companies. This project was to supplement the work of MoH in providing a more complete health care service to the residence of Kampung Sungai Tiang. The project's main focus is to provide bi-monthly dental services and promote good hygiene practice amongst the community.

MERCY Malaysia efforts

Over the past years, the team's main focus was in providing dental treatment to the beneficiaries as well as conducting basic dental hygiene education, for example teaching them the right technique in teeth brushing. In 2011, MERCY Malaysia began collaborating with the nutrition team from MoH to conduct joint-campaigns during our missions. Based on this collaboration, MERCY Malaysia began distributing bars of soap to the community to supplement MoH's effort in promoting personal hygiene practices.

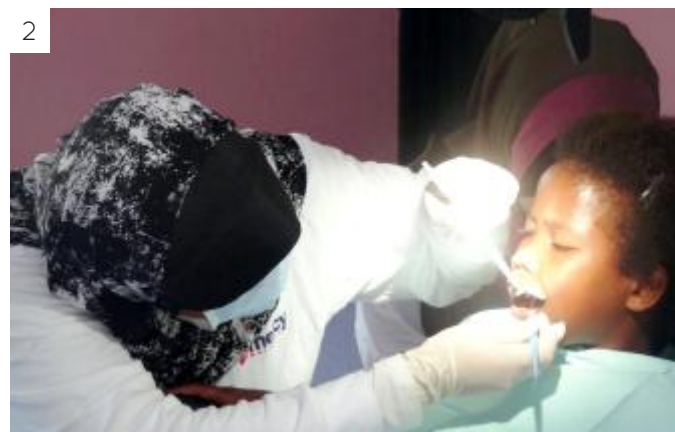
Captions

- Children being taught the proper tooth brushing technique
- MERCY Malaysia volunteer performing a dental checkup on a child beneficiary

1



2



Perak


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	Dental and Primary Healthcare Outreach Clinic for <i>Orang Asli</i> in Pos Kemar
Objectives	To provide primary healthcare and dental services to <i>Orang Asli</i>
Project Partners	<ul style="list-style-type: none"> Pharmaniaga Berhad (Donor) Jabatan Hal Ehwal Orang Asli (JHEOA) Hulu Perak Village leaders of Pos Kemar Ministry of Health (MoH), Hulu Perak
Activities	<ul style="list-style-type: none"> Primary healthcare Dental services
Locations	Pos Kemar, Temenggor Perak
Period	December 2010 - December 2012
Accomplishments	Up to December 2011, we have seen a total of: <ul style="list-style-type: none"> Dental patients: 278 Primary healthcare patients: 529
Projected Budget	RM 70,000

Background

MERCY Malaysia has been working with Pharmaniaga Berhad since December 2010 to deliver medical and dental assistance to the *Orang Asli* (aborigines) of the Temiar tribe in the Rancangan Pengumpulan Semula (RPS) Kemar in the Temenggor District of Perak. Our clinic covers up to 15 kampungs of various sizes in the surrounding area.

The Temiar tribe - numbering between 14,000 to 20,000 people - is one of the many groups of *Orang Asli* and account for less than 1% of the population.

MERCY Malaysia efforts

MERCY Malaysia runs dental and primary healthcare outreach clinics and promotes best hygiene practices. Toothpaste and toothbrushes are also distributed during some of the sessions to encourage long term adherence to oral hygiene practices.

This complimentary partnership with JHEOA and MoH aims to fill healthcare provision gaps in the area. MERCY Malaysia's success in getting the notoriously shy *Orang Asli* to visit the clinics is a testament to the relationship which has been built with the community.



Captions

1. Volunteer dentist, Dr. Fikriah, conducting a dental examination while being watched by other volunteers
2. A volunteer checking the medication supply

Perlis



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Perlis Flood
Objectives	Immediate response focusing on health and hygiene needs
Project Partners	Universiti Malaysia Perlis (UniMAP)
Activities	<ul style="list-style-type: none"> Hygiene kit distribution Health and hygiene education
Locations	Perlis
Period	4 – 6 April 2011
Accomplishments	300 hygiene kits were distributed
Projected Budget	RM 20,000

Background

Flooding in Perlis towards the end of March caused more than 4,000 people to be evacuated to relief centres at the height of the flood.

MERCY Malaysia mobilised its Northern Chapter and sent a team from the HQ to respond to the flood. The flood response was carried out in partnership with UniMAP. This was the first response in which MERCY Malaysia and UniMAP officially worked together.

MERCY Malaysia efforts

MERCY Malaysia together with UniMAP responded to the flood in Perlis by distributing hygiene kits as well as giving health and hygiene education to the beneficiaries. A total of 300 hygiene kits were distributed to evacuation centres in Sekolah Menengah Kebangsaan Dato' Ali and Sekolah Kebangsaan Panggau as well as to staff and students of UniMAP who were affected by the flood.

As for hygiene education, UniMAP nurses conducted a session with the beneficiaries which included hand washing and dental care. This is to educate and instill awareness amongst the beneficiaries on the importance of good hygiene practices in order to avoid unwanted diseases.

Captions

1. MERCY Malaysia Northern Chapter representative handing over hygiene kit to a flood victim
2. Two nurses from UniMAP demonstrating the correct hand washing technique



Sabah



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Outreach Clinic for Temporary Holding Centre
Objectives	To reach out and provide medical aid to the detainees
Project Partners	<ul style="list-style-type: none"> Federal Task Force SUHAKAM
Activities	<ul style="list-style-type: none"> Primary health care check up Hygiene kits distribution Psychosocial activities for children
Locations	Papar, Sabah
Period	<ul style="list-style-type: none"> 12 March 2011 9 July 2011 12 Nov 2011
Accomplishments	A total of 625 beneficiaries were treated
Projected Budget	RM 29,000
Funder	UMW Holdings Bhd

Background

Health care amongst immigrants at the temporary holding centre is important because in such closed-vicinity, the outbreak of a single disease could harm the entire population of the detention centre and could even spill outside the centre. The centre is able to house close to 5,000 detainees. As they are from various backgrounds, some might have already carried infectious diseases such as Pulmonary Tuberculosis (TB) before they were detained. Therefore, a thorough check-up is essential.



MERCY Malaysia efforts

MERCY Malaysia, with the assistance of the Federal Task Force and SUHAKAM, set up a clinic in Temporary Detainees Centre to provide basic health care checkup and eye screening for the detainees in the centre. An ultrasound scan was also given for the female detainees. Three sessions were conducted in Papar involving a number of volunteers consisting of medical experts.

A total of 625 detainees benefitted from this programme. MERCY Malaysia also conducted a workshop for the Federal Task Force staff to provide them basic knowledge in detecting medical emergencies and administering first aid.



Captions

1. Beneficiaries registering with our team of volunteers at the Outreach Clinic set up in the centre
2. MERCY Malaysia medical volunteers attending to a beneficiary at the centre

Sabah

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Salt Trail: Trek & Treat
Objectives	<ul style="list-style-type: none"> To provide basic medical care for the targeted communities To promote responsible eco-tourism and recreational activities To create awareness on the importance of preserving the environment
Project Partners	<ul style="list-style-type: none"> Partners of Community Organisation (PACOS TRUST) Sabah Park
Activities	Comprehensive outreach clinic where medical care, dental care, eye screening and pap smear tests were given.
Locations	Crocker Range Mountains (Kg. Tikolod, Kg. Kionop, Kg. Buayan and Kg. Terian in Tambunan District)
Period	19-23 April 2011
Accomplishments	348 communities from four villages were treated
Projected Budget	RM 19,965
Funder	UMW Holdings Bhd

Background

MERCY Malaysia organised the fifth “Trek and Treat” programme with PACOS Trust and the Sabah Park along the Salt Trail at the Crocker Range Park. 52 participants including medical doctors, park rangers, nurses, volunteers, guides and porters were involved. This programme involved trekking through primary jungle and across no less than eight rivers with the highest point of the route being at 1,320 metres and the lowest point at 220 metres above sea level.

MERCY Malaysia efforts

MERCY Malaysia sees this as a great opportunity to reach out to the locals and provide basic medical care to the villagers along the trail. Medical doctors and nurses who joined this challenging programme were able to provide basic medical screening, dental care, health education and reproductive health promotion to the villagers. The programme also aims to promote responsible eco-tourism, recreational activities and to create awareness on the importance of preserving the environment.

2



3



Captions

1. A team of volunteers and guides crossing a river along the Salt Trail
2. Dentist Dr Foo assisted by a fellow volunteer at the Salt Trail Outreach Clinic
3. Mother and child getting their medication at our makeshift pharmacy on the Salt Trail



Sabah


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	Primary Health Care/Outreach Clinic
Objectives	<ul style="list-style-type: none"> To provide basic medical care, dental care, eye screening and pap smear tests for women To perform medical follow-up on villagers seen and treated previously
Project Partners	<ul style="list-style-type: none"> PACOS Trust Asian Forestry Company Sdn Bhd
Activities	<ul style="list-style-type: none"> Comprehensive outreach clinic Distribution of hygiene kits Psychosocial activities for children
Locations	Pitas, Telupid, Sandakan and Kota Marudu
Period	<ul style="list-style-type: none"> 17-19 June 2011 9-11 September 2011 28-30 October 2011 9-11 December 2011
Accomplishments	1,336 communes from 4 districts were treated
Projected Budget	RM 87,016
Funder	UMW Holdings Bhd

Background

With the support of UMW Holdings Bhd, an outreach clinic was stationed at Pitas, Telupid, Sandakan and Kota Marudu in a collaborative effort between MERCY Malaysia and PACOS Trust together with Asian Forestry Company Sdn Bhd. The chosen areas are part of the poorest districts in Sabah, which lacks access to health facilities due to poor road conditions.

MERCY Malaysia efforts

114 caring individuals from both medical and non-medical background had volunteered themselves for this programme which provides a comprehensive outreach clinic for the rural communities in Sabah. MERCY Malaysia was also able to provide a medical follow-up on some community members who have gone through the check-up in previous programmes. A total of 1,336 people benefitted from the four outreach clinics.

Apart from the outreach clinic, psychosocial activities were also held for the children and hygiene kits consisting amenities to promote good hygiene practices amongst the community were distributed.

1



2



Captions

1. Patients collecting their prescribed medications at our outreach clinic
2. A volunteer doctor attending to members of the community

Sabah



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	4-Wheel Drive Training
Objectives	To impart knowledge and hands-on training in 4WD handling to volunteers
Project Partners	N/A
Activities	Training for off-road driving, theoretical activities and hands on exercises
Locations	Kota Kinabalu
Period	February 2011
Accomplishments	A total of 15 core volunteers participated
Projected Budget	RM 6,950
Funder	UMW Holdings Bhd

Background

Most areas in Sabah are a mix of mountainous regions and tropical rainforests. Due to the state's geographical character, some remote settlements can only be accessed via logging dirt-roads and the most appropriate vehicle to use is a 4-wheel drive. As such, it is imperative that volunteers are equipped with the necessary skills to handle off-road vehicles to reach our beneficiaries.

MERCY Malaysia efforts

The training session was conducted by MERCY Malaysia Sabah Chapter Committee specifically for MERCY Malaysia's volunteers in Sabah who have not had the necessary training required to handle off-road vehicle safely and efficiently.

15 core volunteers from various backgrounds took advantage of the training to learn the theoretical and practical aspect of handling off-road vehicles. MERCY Malaysia is planning to continue with the training programme but perhaps one that is specifically for female volunteers in order to enhance their capability.



Captions

1. The instructor giving participants theory lessons before the actual driving
- 2-6. Participants having a go at driving on the rough terrain

Sabah


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	Intervention Groups for Alcohol Misuse (IGAM) Seminar
Objectives	To prevent alcohol misuse in community or organisations
Project Partners	Johor Mental Health Association
Activities	Training of rural community leaders in handling alcohol misuse
Locations	Kota Kinabalu
Period	9-10 April 2011
Accomplishments	Participated by rural community leaders all over Sabah including Labuan
Projected Budget	RM 15,106
Funder	UMW Holdings Bhd

Background

The use of alcohol especially among the indigenous population, men and women alike, is of great concern to every level of society in Sabah. Alcohol is served generously during celebrations, social gatherings and even during mourning period. The number of intoxicated persons are traditionally viewed as indicative to an event's success. However, it is crucial for people to draw the line between use and misuse of alcohol. Alcohol misuse not only affects the socio-economy and health condition of the individual, but creates a host of related social problems for the immediate family and the society at large.

MERCY Malaysia efforts

The seminar, organised with the cooperation of Johor Mental Health Association, trains participants who are responsible in handling alcohol misuse – in this case, the rural community leaders. The programme provided training on proper ways to support and counsel those with alcohol-related problems. People from all over Sabah, including Labuan participated and contributed to the success of the programme.

1



2



Captions

1. Participants discussing the issue of alcohol misuse
2. Dr. Helen Lasimbang giving a presentation at the seminar

Sarawak



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Flood Response
Objectives	To provide emergency response and promote good hygiene practices during disaster
Project Partners	N/A
Activities	<ul style="list-style-type: none"> Hygiene kits distributions Emergency response
Locations	Batu Niah, Asap and Beluru
Period	23-27 January 2011
Accomplishments	Hygiene kits were dispensed to the Penan community
Projected Budget	RM 30,000
Funder	UMW Holdings Bhd

Background

The incessant rainfall in Sarawak at the tail-end of 2010 caused several main rivers, such as Batang Suai, Batang Niah, Sungai Sepupok, Sungai Saeh and Sungai Sibuti, to overflow especially into flood prone areas. As a result, Batu Niah, Asap and Beluru were hit by the worst flood in their history, causing large number of people to evacuate their homes and villages.

MERCY Malaysia efforts

MERCY Malaysia provided assistance to flood victims in three districts; Batu Niah, Asap and Beluru. MERCY Malaysia Sarawak Chapter led by its committee members provided emergency response to the community and distributed more than 900 hygiene kits. Good hygiene practices during disaster were also introduced to the Penan community to create awareness and mitigate the spread of harmful diseases.



Captions

Dispensing of hygiene kits to the *Penan* community after the flood



Sarawak


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	Outreach Clinic in rural locations in Sarawak
Objectives	To raise awareness on public and reproductive health issues and promote good hygiene practices
Project Partners	Sarawak Family Planning Unit
Activities	Comprehensive outreach clinic with: <ul style="list-style-type: none"> Rural Iban community (Sg. Genaan Long Houses) Bidayuh community (SK Kambug, Padawan)
Locations	Bintulu and Kuching
Period	<ul style="list-style-type: none"> Sg. Genaan, Bintulu: 24-27 February 2011 SK Kambug, Kuching: 19-21 May 2011
Accomplishments	196 rural Iban community members and 423 Bidayuh community members benefitted from the programme
Projected Budget	RM 121,738
Funder	UMW Holdings Bhd

Background

Most of the people in the interior of Sarawak face a daunting task when it comes to getting access to medical services due to the poor road infrastructure and transportation difficulties. Outreach clinic is one of the best ways to reach out to these people and help them with their basic healthcare needs.

MERCY Malaysia efforts

An outreach clinic was held in two sessions at different locations in February and May 2011. 36 volunteers were involved in these two sessions consisting of mainly doctors and nurses. The services offered were medical screening and treatment, dental treatment, reproductive health screening, pap smear, and distribution of hygiene kits. MERCY Malaysia was able to reach out to 196 rural Iban community members from five long houses in Sg. Genaan, Bintulu and 423 Bidayuh community members from five villages at SK. Kambug, Kuching throughout the programme.



Captions

1. Medical Consultation at SK. Kambug, Padawan
2. Pharmacist advising a student on the correct way to take medication

Sarawak



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Primary Health Care, Training on Communicable Diseases to Immigration Officers and Hygiene Kits Distribution in Immigration Depot
Objectives	To raise primary health care awareness among the community in immigration depot
Project Partners	N/A
Activities	<ul style="list-style-type: none"> Basic first aids training and Introduction to communicable diseases to Immigration Officers Hygiene kits distribution
Locations	Kuching and Miri
Period	<ul style="list-style-type: none"> Kuching: 4 December 2011 Miri: 10 December 2011
Accomplishments	30 detainees and 31 Immigration Officers from 2 depots benefitted from this programme
Projected Budget	RM 16,270
Funder	UMW Holdings Bhd

Background

Sarawak has a huge population of illegal immigrants. As reported by the Sarawak Immigration Department in 2011, there are about 100,000 illegal immigrants working in Sarawak in various sectors. As such two immigration depots were built in Miri and Kuching with the capacity to hold 600 inmates each at one time.

MERCY Malaysia efforts

Realising the importance of health care in Immigration Depots, MERCY Malaysia took the initiative to hold two sessions of primary health care and hygiene kits distributions in two different locations in Sarawak. The programme is beneficial to the immigration officers who were given training on first-aid as well as on how to identify and handle safely detainees with the suspected diseases. This in turn could result in curtailing the diseases from spreading amongst the detainees and officers.

MERCY Malaysia also provided primary health checkup to detainees. In total, 30 detainees and 31 immigration officers from two depots received primary health checkup.



Captions

1. A medical volunteer conducting an eye test on one of the *Orang Penans*
2. Registration of patients at the Immigration Depot
3. The team comprising of UMW staff and MERCY Malaysia staff and volunteers

Selangor

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Vaccination Clinic for Myanmar Refugees
Objectives	To provide free vaccination services for Myanmar persons of concern under the age of 18
Project Partners	UN High Commissioner for Refugees (UNHCR), Taiwan Buddhist Tzu Chi Foundation Malaysia, Myanmar Community Centre, Selangor
Activities	<ul style="list-style-type: none"> Vaccinated children according the World Health Organisation (WHO) catch up immunisation schedule offering the following vaccines: Hepatitis B (10) & Hepatitis B (20), Diphtheria, Pertussis & Tetanus + Polio (DPT + IPV), Haemophilus Influenza B (Hib), Bacille Calmette-Guérin (BCG), Measles, Mumps & Rubella (MMR) Community information session to raise awareness on the importance of child immunisation
Locations	Ampang and Selayang, Kuala Lumpur
Period	<ul style="list-style-type: none"> Ampang Clinics: July 2010 - April 2011 Selayang Clinics: October 2010 - December 2011
Accomplishments	<ul style="list-style-type: none"> A total of 910 individual patients were vaccinated, many of whom came back for 2nd and 3rd doses of the vaccines 3,207 vaccine doses were given
Projected Budget	RM 104,404
Funder	Czech Republic Embassy

Background

MERCY Malaysia has worked with the UN Refugee Agency (UNHCR) and the Czech Republic since 2007, delivering medical assistance to the 'persons of concern'¹ living in Malaysia, in particular the Rohingya Myanmar community. This was started to address the challenges they face in Malaysia, specifically in terms of healthcare access and provision.

In July 2010, in collaboration with all the partners, MERCY Malaysia started a vaccination programme for Myanmar persons of concern living in the Ampang-Cheras and Selayang areas. MERCY Malaysia is one of the few NGOs in Malaysia that run vaccination outreach clinics due to the complex requirement for the vaccine storage and cold chain process, the associated expenses and the complicated patient data management involved.

MERCY Malaysia efforts

The target beneficiaries for this vaccination clinic are children of the Myanmar community (aged below 18) who have not received their full course of vaccinations. The free vaccination service aims to protect the children and communities from various diseases including, Tetanus, Measles, Rubella, Polio and Hepatitis B, among others.

MERCY Malaysia works very closely with the Myanmar community through dedicated Myanmar community support workers who call return patients back to the clinics for follow-up appointments. When needed, these community workers make house visits to counsel parents

into getting 2nd & 3rd dose vaccinations for their children. The programme also receives support from the UNHCR which provides interpreters to assist at the clinics.

¹'Persons of concern' refer to both asylum seekers and refugees who are granted temporary protection and refugees who are individually recognised by the UNHCR.



A volunteer giving vaccination to one of the UNHCR refugees

Terengganu

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Flood Preparedness Programme for Children in Kerteh, Terengganu
Objectives	<ul style="list-style-type: none"> To promote a culture of disaster preparedness among children To measure the increase in disaster preparedness capacity among children, through follow up workshop
Project Partners	Ministry of Education, ExxonMobil
Activities	<ul style="list-style-type: none"> Training of teachers Workshop with children
Locations	Kerteh, Terengganu
Period	September 2011- May 2012
Accomplishments	Conducted Phase 1- Flood Preparedness Workshop for children
Projected Budget	RM 100, 000

Background

Due to MERCY Malaysia's experience in disaster preparedness programme, ExxonMobil Malaysia expressed interest to collaborate for the Flood Preparedness Programme for children in Kerteh, Terengganu.

The collaboration is timely given that Kerteh is regarded as a high risk area for flood. Cases of drowning children are commonly reported in the state come flood season and this requires attention and intervention in knowledge sharing and skills training for flood preparedness.

There are two phases of implementation for the programme:

Phase 1: Workshop for children in Kerteh from eight schools & Training of Teachers

Phase 2: Follow up workshop for children who participated in the previous workshop (2012)

MERCY Malaysia efforts

MERCY Malaysia conducted a workshop on flood preparedness for school children in Kerteh. Some of the activities covered are Nature Power, Emergency Grab Bag, Early Warning & Communication, School Watching and Flood Preparedness Awareness Raising Campaign Activity.

The Training of Teachers programme was also conducted in Kerteh and it was attended by 20 teachers from eight schools. The programme contained lectures on definitions and key concepts of disasters, disaster risk reductions, disaster education and community-based disaster risk management.



Captions

1. Students explaining their artwork
2. Ice breaking session, facilitated by MERCY Malaysia Programme Officer, Mohammed Ashaari Rahmat

Nationwide


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	School Preparedness Programme
Objectives	To promote a culture of disaster preparedness
Project Partners	<ul style="list-style-type: none"> Berjaya Corporation Berhad Ministry of Education, Malaysia State Department of Education of Pulau Pinang, Sabah, Sarawak, Kedah and Perlis District Education Office
Activities	<ul style="list-style-type: none"> School Preparedness Workshop for students School Preparedness Workshop-Training of Volunteers
Locations	Nationwide
Period	Jan – Dec 2011
Accomplishments	<ul style="list-style-type: none"> A total of 703 students participated in the School Preparedness Workshop in 20 school A total of 25 MERCY Malaysia volunteers were trained in School Preparedness Programme (SPP)
Projected Budget	RM 164, 961.50

Background

Although located near the Pacific Ring of Fire, Malaysia is very fortunate to be devoid of natural hazards such as earthquakes and volcanoes because we are sheltered by neighbouring countries. Nevertheless many parts of Malaysia suffer from severe monsoon flooding and flash floods which have worsened with climate change and unplanned development that makes the problem more difficult and unpredictable.

MERCY Malaysia efforts

Drawing on its experience with disaster relief locally and overseas, MERCY Malaysia developed the SPP to share its expertise and build the resilience of students and teachers towards natural disasters. The programme aims to promote a culture of disaster preparedness and increase the capacity of schools and students to respond to disaster.

SPP Workshops were carried out in 20 schools with a total participation of 703 students. In addition to that, MERCY Malaysia volunteers were also given SPP training of trainer's refresher workshop.



Captions

1. Participants acting out the lightning preparedness

2. Participants preparing a risk map for their school

Nationwide



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Disaster Risk Reduction Workshop: School Watching Workshop - Training of Teachers
Objectives	<ul style="list-style-type: none"> To train teachers to conduct hazard mapping exercise To train teachers as trainers to other teachers and students in their school To increase the awareness of disaster risk reduction among school teachers
Project Partners	Ministry of Education, Japan Embassy (donor)
Activities	Training-of-Teachers (ToTs) in five locations
Locations	Kuala Lumpur, Kuching, Kota Kinabalu, Kuala Terengganu, Pulau Pinang
Period	April 2011 - June 2011 (Phase 1)
Accomplishments	Completed the Phase 1, DRR Workshop, School Watching (Training-of-Teachers)
Projected Budget	USD 53, 967

Background

MERCY Malaysia first began conducting training for students and teachers in hazard mapping through our School Watching Workshop (SWW) since 2007. The workshop introduces the participants to disaster preparedness through a fun and hands-on hazard mapping tool. School Watching helps the school community to identify hazards and risks around their school and devise solutions to make it a safer place.

MERCY Malaysia efforts

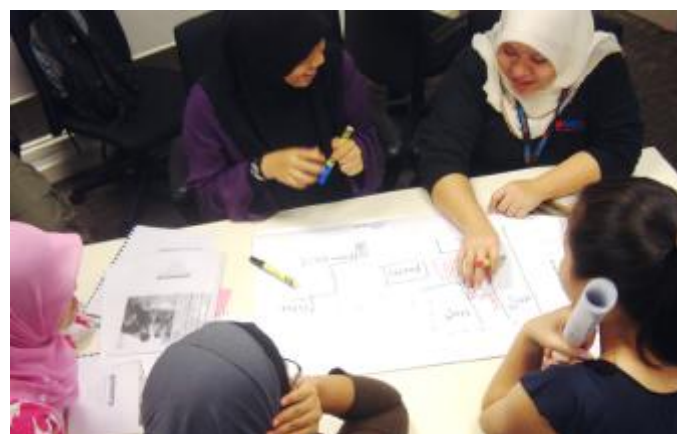
ToT Workshop builds the capacity of teachers to conduct SWW and awareness raising activities in their own schools. In 2011, MERCY Malaysia received funding from the Japan Embassy through the Japan's Grant Assistance for Grassroots Human Security Project, to organise the workshop. The programme will be implemented in three phases:

Phase 1: Training of teachers in five locations (2011)

Phase 2: School watching activities by trained teachers at schools (2012)

Phase 3: Experience sharing workshops (2012)

A total of five ToTs were conducted for teachers from nine states, namely; Kuala Lumpur, Putrajaya, Selangor, Sabah, Sarawak, Terengganu, Kelantan, Kedah and Pulau Pinang.



Participants during a hazard mapping exercise

Nationwide

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Reprinting of Disaster Risk Reduction IEC materials
Objectives	<ul style="list-style-type: none"> To develop standardised Information, Education and Communications (IEC) materials for selected Disaster Risk Reduction (DRR) projects To develop standardised IEC materials for DRR related information
Project Partners	Khazanah Nasional Berhad
Activities	Re-designing and reprinting of brochures
Locations	Headquarters
Period	2 months
Accomplishments	2000 copies (1000 in Bahasa Malaysia and 1000 in English) were printed
Projected Budget	RM 14, 800

Background

MERCY Malaysia has been developing IEC materials since the inception of the DRR department in 2007. MERCY Malaysia makes it a priority to come up with up-to-date IEC materials that focus on the various needs of education, advocacy and awareness-raising, specifically on the different topics relating to DRR.

In 2011, Khazanah Nasional Berhad carried out an internal donation drive for charity and agreed to donate the sum for the reprinting of IEC DRR materials.

MERCY Malaysia efforts

The brochures, five in all, were printed in two languages, Bahasa Malaysia and English. They cover the following topics:

- Introduction to DRR
- Public Private Partnership in DRR
- Education and DRR
- Achieving DRR
- Hyogo Framework for Action



Nationwide



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Views from the Frontlines Malaysia
Objectives	<ul style="list-style-type: none"> Coordinate and implement the Views from the Frontline (VFL) survey in Malaysian Medical Relief Society Contribute to the regional and global reporting of the VFL
Project Partners	Global Network of Civil Society Organisations for Disaster Reduction (GNDR)
Activities	<ul style="list-style-type: none"> Establish contact and conduct focus group discussions with local stakeholders Submit data, information and case study to GNDR Provide input and insights on local level DRR in Malaysia for the VFL Global Report
Locations	Kelantan, Terengganu and Negeri Sembilan
Period	January - March 2011
Accomplishments	<ul style="list-style-type: none"> A total of 200 stakeholders were involved (gathered views and insights) Input given to GNDR for the Global Report, was presented at the 3rd Global Platform for DRR in Geneva
Projected Budget	RM 60,000
Funder	GNDR

Background

In 2008, MERCY Malaysia was selected as the National Coordinator for the Views from the Frontline (VFL) programme in Malaysia by the Global Network of Civil Society Organisations for Disaster Reduction (GNDR). The main goal of the VFL was to provide an alternative evaluation of the Hyogo Framework for Action (HFA) by providing local level perspective from across developing nations and regions. The 2009 VFL Global Report was a success in getting international players to recognise and acknowledge local concerns.

In 2011, the focus of the VFL shifted to correspond with the outcome of the Global Platform for DRR in 2009, which emphasized the need to have more DRR investments at the local level. The VFL 2011 focused on Priority 1 of the HFA, which was "making DRR a priority through governance". More than 66 countries and 20,000 individuals participated in this process. 55% of the respondents indicated that disaster risks have risen in recent years.

However, at the Global Platform in 2011, the VFL and GNDR seem to be assimilated into the HFA reporting and lost some significance, due to the lack of emphasis given to Civil Society during the conference. GNDR members will be planning for VFL 2013 as well as other activities to ensure that the network will have more significant impacts to effectively reduce disaster risks across the globe.

MERCY Malaysia efforts

As an initiative to conduct VFL surveys including focus group discussions, MERCY Malaysia established

partnership with local stakeholders, including local government and community representative, with the aim of collecting case studies of DRR in Malaysia – for the Global Report.

MERCY Malaysia assisted GNDR by submitting quantitative and qualitative data as well as assisting Global VFL reporting for disaster reduction. The Global Report was presented at the 3rd Global Platform for DRR in Geneva in May 2011.



MERCY Malaysia Programme Officer, Mohamed Ashaari Rahmat meets respective partners and stakeholders to discuss and collect data

Nationwide


Health-Related
Development

Crisis
Response

Health -
Post Emergency

Disaster Risk
Reduction

Project	Disaster Risk Reduction for Persons with Disabilities
Objectives	Increase awareness on disaster risk reduction and encourage a culture of preparedness
Project Partners	<ul style="list-style-type: none"> Malaysian Association for the Blind (MAB) Malaysian Federation of the Deaf (MFD) <i>Persatuan Orang Cacat Anggota Malaysia</i> (POCAM)
Activities	<ul style="list-style-type: none"> Introduction to DRR Workshop Workshop on developing DRR activities for persons with disabilities (PWD)
Locations	Kuala Lumpur and Selangor
Period	January 2010 – April 2011
Accomplishments	<ul style="list-style-type: none"> Disabled People's Organisations (DPO) has an increased interest and understanding of DRR DPOs have basic knowledge on developing DRR workshops and activities on their own
Projected Budget	RM 54,000
Funder	General Fund for 2011

Background

DRR for Persons with Disabilities is a largely unaddressed issue. MERCY Malaysia, having had experience in conducting DRR activities with different communities, decided to look into this niche by engaging with existing organisations that deal with PWD issues.

In 2010, the project focused mainly on establishing relationship and running basic skill-building workshops. The project was not carried out in early 2011 due to certain limitations and unavoidable circumstances, with hopes of continuing it in the near future and building on the foundations that have been laid.

MERCY Malaysia efforts

MERCY Malaysia realises that disaster does not recognise place or person to strike, which is why the focus of awareness has to be all-encompassing. The target group for this workshop is persons with disabilities. The workshops were conducted in Kuala Lumpur and Selangor by experienced DRR for PWD trainers.

1



2



Captions

- Participants giving their input
- Active participation from those who attended the workshop

OUR WORK - INTERNATIONAL



In 2011, we explored new territories and at the same time enhanced our presence and humanitarian action in areas where we have firmly established ourselves

Afghanistan



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Comprehensive Health Clinic
Objectives	<ul style="list-style-type: none"> To respond to emergency, primary and reproductive health (RH) needs To implement the Extended Programme of Immunisation (EPI) to combat polio and measles as well as the Integrated Management of Child Illness (IMCI) programme to decrease child mortality in the catchment area To set up a Direct Observation Treatment System (DOTS) room where, in addition to medication, food is also distributed to tuberculosis patients
Project Partners	Ministry of Public Health (MOPH) of Afghanistan
Activities	<ul style="list-style-type: none"> Attend to a large number of outpatient department (OPD) and reproductive health (RH) cases on a daily basis Laboratory examinations and ultrasound scanning Expanded Programme of Immunisation (EPI) via a mobile team Health education which include topics like infection prevention, early detection of TB and the benefits of vaccination
Locations	Kandahar City, Afghanistan
Period	Ongoing since 2005
Accomplishments	<ul style="list-style-type: none"> 72,498 patients were attended to at the Comprehensive Health Clinic (CHC) in 2011 Around 6,529 lab exams were done, allowing the identification of up to 18 types of diseases Some 43,157 women and children were immunised with BCG, TT, OPV, DPT, Hep B, Hib and measles vaccines A total of 104 healthy/normal deliveries
Projected Budget	USD 150,189

Background

For almost ten years, Afghanistan has been involved in a conflict that has tormented the civilian population, with targeted killings, suicide bombings and armed opposition/military operations a norm in everyday life. In 2001, MERCY Malaysia started its operations in Kandahar City, Afghanistan focusing more on reproductive health due to the lack of existing healthcare provision in the city.

As an expansion to the mother and child health facility, a Comprehensive Health Clinic (CHC) was opened in District 3 of the city. This was done upon the request of the Afghan Ministry of Public Health (MoPH) in 2005.

MERCY Malaysia efforts

The CHC continued in 2011 as in previous years, delivering high standard reproductive health necessities with a complete set of labour room equipment and ultrasound facilities. Although the security level in Kandahar Province remains unstable, MERCY Malaysia's Afghan team has continued its mission in a challenging and often dangerous environment with admirable courage and devotion.



Captions

1. MERCY Malaysia medical volunteers examining a TB case patient
2. A newborn baby delivered at MERCY Malaysia's Comprehensive Health Clinic in Kandahar, Afghanistan

Afghanistan

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	MERCY Little Caliph
Objectives	<ul style="list-style-type: none"> To prepare children for primary school Psychosocial intervention
Project Partners	N/A
Activities	<ul style="list-style-type: none"> Conduct classes in basic Pashto, Dari, English, Islamic studies and mathematics based on a syllabus approved by the Department of Education Vaccinate the students and provide them with food supplements to improve their health and nutritional status
Locations	Kandahar City, Afghanistan
Period	Ongoing since 2003
Accomplishments	Two batches of 30 students each were accepted into the school
Projected Budget	USD 4,878

Background

MERCY Little Caliph (MLC), which began in October 2003, provides pre-school education for children aged between five and ten in batches of 30 children. It started as a service to make it easier for patients, particularly women, to attend the clinic and the Vocational Training Centre (VTC). Its premises are situated in the Comprehensive Health Clinic building.

During the Taliban ruling, children found it hard to get education. Girls in particular were often discouraged and at times banned from attending schools. Now, post-Taliban, there are still cases of girls' schools being targeted by armed opposition groups.

MERCY Malaysia efforts

The children are enrolled into courses which run for two years at a time, covering classes one to two. Classes run from six to seven months at a time, six days a week and three-and-a-half hours per day. Refreshments are also provided during class, supplementing their daily meals with nutritious food.

Even though this project does not fall within the confines of MERCY Malaysia's main focus areas, it is considered a worthwhile contribution to the country's efforts to build a better educated and healthier youth segment among its population. It also allows all children, regardless of gender, to access the education system in an environment where there is constant exposure towards security risks.

1



2



Captions

1. Children getting education in a conducive environment

2. Students at the MLC primary school

Afghanistan



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Vocational Training Centre (VTC)
Objectives	To empower impoverished Afghan women with vocational skills for economic independence and financial stability
Project Partners	Ministry of Social Affairs and Women's Affairs
Activities	<ul style="list-style-type: none"> Four main skills are taught; embroidery, tailoring, carpet weaving and hand crafts At the end of the training, participants receive certificates and tools related to their newly acquired skill to help them start their own business The women are also taught basic business skills as well as basic English language and Mathematic
Locations	Kandahar City, Afghanistan
Period	April 2003 – March 2011 (the project is now closed)
Accomplishments	In the first quarter of 2011, 93 widows and female heads of households completed their vocational training at the VTC
Projected Budget	USD 17,741

Background

Afghanistan has a struggling economy overwhelmed by massive unemployment and poverty where women often cannot find work that provides sufficient pay. During the Mujahideen and Taliban rule, tight restrictions on the participation of women in public life and in economic activities caused women to have difficulty accessing education as well as earning an income for themselves. After 2001, an ease in restrictions has allowed more women to gain employment in various sectors and start homegrown businesses.

MERCY Malaysia efforts

The VTC has given Afghan women the opportunity to upgrade their skills and work in the private sector. MERCY Malaysia encouraged women, who are widows or who head their households, to be trained at the VTC with the aim of equipping them to support themselves and their families. Our graduates have gone on to work with local NGOs and factories on fixed salaries, with a good number having started their own cottage industries. Over the years, this project has received many commendations from the Social Affairs, Women Affairs, and the Economy Department of Kandahar. On many occasions, MERCY Malaysia has been an example of successful capacity building for women in the community.



Captions

1. A participant of the VTC with the carpet that she made

2. Participants at the VTC being given sewing lessons

Bangladesh

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Cleft Lip and Palate (CLIPP) Project
Objectives	<ul style="list-style-type: none"> To treat and correct cleft lip and palate cases among the underprivileged segment of the population To enhance capacity amongst the local staff related to management of cleft lip and palate
Project Partners	<ul style="list-style-type: none"> Dhaka Community Hospital (DCH) University Sains Malaysia (USM)
Activities	<ul style="list-style-type: none"> Reconstructive surgeries (5 days/mission) Post-operative rounds (to check on the patients operated on the previous day) Lecture sessions (sharing on challenges/expertise/knowledge) by the Malaysian team to DCH medical staff and students
Locations	Dhaka
Period	<ul style="list-style-type: none"> Mission #6: 21-29 April 2011 Mission #7: 13-21 October 2011
Accomplishments	<ul style="list-style-type: none"> Mission #6: 54 patients Mission #7: 67 patients Total number of patients for year 2011 is 121. Total number of patients from the first mission till the most recent one is 338 patients.
Projected Budget	<ul style="list-style-type: none"> Mission #6: USD 36,498 Mission #7: USD 38,808

Background

Clefts are a major problem in developing countries like Bangladesh where millions of children as well as adults suffer from this facial birth defect. They are often subjected to social stigma and therefore have to live a life filled with isolation and shame.

The need for this project is evident in the significant number of untreated cleft lip and palate patients in Bangladesh numbering approximately 200,000 cases due to poor economic conditions and the lack of surgical expertise.

MERCY Malaysia efforts

MERCY Malaysia acknowledges the fact that for the CLIPP Project to be successfully implemented in a wider scale, it needs to go beyond surgical procedures. Since the project began in 2008, the focus is not only on the treatment of patients but also on the need for the expertise and knowledge to be transferred to local surgeons and anaesthetic staff nurses. More than 300 patients have been treated under the project and MERCY Malaysia expects more people to receive its benefit given the enhanced level of expertise among local practitioners.

The deployment of a highly specialised and skilled group of medical professionals (plastic surgeons, anaesthetists and OT nurses) is facilitated by an MoU signed with Universiti Sains Malaysia.

Captions

1. Rima Nargis, 3 year old was born with a complete unilateral cleft lip condition and had a corrective procedure through the CLIPP Project
2. MERCY Malaysia medical volunteer performing cleft lip procedure



Bangladesh



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Installation of River Sand Filter in Jadupur Village, Pabna District
Objectives	<ul style="list-style-type: none"> To provide safe arsenic-free water to the arsenic-affected community in Pabna District To encourage community participation in the River Sand Filter (RSF) system
Project Partners	Dhaka Community Hospital (DCH)
Activities	<ul style="list-style-type: none"> Installation of the RSF unit and pipeline network Water quality testing Training of caretakers of the unit and hand over of tools Arsenic patient management – distribution of multi-vitamin and ointment to 150 confirmed arsenic patients
Locations	Jadupur Village, Pabna District
Period	May 2011 - May 2012
Accomplishments	<ul style="list-style-type: none"> RSF unit completely installed (with the filter, storage tanks and 30 tap points) together with the setting up of electric water pump Medication and ointment distribution to patients with arsenic poisoning symptoms
Projected Budget	USD 36,094

Background

Some 70 to 80 million people in Bangladesh are at risk of diseases ranging from skin lesions, skin cancer, hypertension and cardiovascular diseases, liver diseases and many other, due to their exposure to arsenic-contaminated water. High concentrations of arsenic in water are suspected to exist in 41 districts out of 64 in total. The arsenic (As) in the groundwater is of natural origin and is released from the sediment into the groundwater owing to the total decrease in the level of oxygen condition of the subsurface.

Although there are other alternative safe water options, installation of an RSF unit in an area where there is a flowing river i.e. Jamuna River, is deemed feasible and able to provide long-term solution to the people living in that area.

MERCY Malaysia efforts

The installation of the RSF was conducted with greater emphasis on community involvement. As such, efforts were made to mobilise community members to join in the programme and to form a Management Committee. Subsequently, trainings were conducted for the caretakers of the unit to ensure that the filtration system is well taken care of in the long term.

With such high amount of arsenic contamination in the water, cases of arsenicosis or arsenic poisoning due to long term exposure to arsenic in drinking water, is rather widespread. To counter the poisoning, multi-vitamin and ointment are being distributed among the community members. The distribution has been conducted since June 2011 and will continue until May 2012.



Captions

1. RSF unit complete with the electrical water pump system
2. Multi-vitamin and salicylic acid ointment distributed to arsenic patients

Bangladesh

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Installation of Rainwater Harvesting Units in Arsenic-affected Villages, Pabna District
Objectives	<ul style="list-style-type: none"> To provide safe arsenic-free water to the arsenic-affected community To encourage community participation in the Rainwater Harvesting (RWH) system
Project Partners	Dhaka Community Hospital (DCH)
Activities	<ul style="list-style-type: none"> Installation of the RWH units Water quality testing Health and hygiene training sessions
Locations	Jadupur, Ratongorj, Mahedinagar, Chandipur and Raghurampur villages under Pabna District
Period	May 2011 - May 2012 (18 months)
Accomplishments	All 80 RWH units has been completed and handed over to the respective households.
Projected Budget	USD 53,757

Background

Although water from deep tube wells and improved dug wells are said to be free from arsenic contamination, excessive exploitation of groundwater should be avoided as it is the main reason of arsenic contamination.

Rainwater remains the largest untapped source of water. Some areas receive upwards of 2,300 mm/year of rainfall, concentrated during the monsoon season from June through October. Rainwater harvesting allows natural supply of clean water to be stored in a safe and sustainable way.

MERCY Malaysia efforts

MERCY Malaysia, with the help of DCH as well as the community members, installed RWH units in five villages under the Pabna District. Experienced local masons were engaged for the construction of the RWH units. 80 units were installed and each unit is able to store and supply a capacity of 3,000 litres of water.

Training was also provided to the owners of the units, which includes maintenance training through the health and hygiene training sessions. MERCY Malaysia through its local partner, DCH, will continuously monitor and evaluate the quality of water to ensure that community members have access to clean and arsenic-free water.

Captions

1. Completed RWH. Water is collected from the roof and flows into the unit through the gutter and pipe. The community withdraws water from the tap at the bottom of the unit
2. MERCY Malaysia Senior Programme Officer, Wendy Neoh briefing the villagers on the proper use of the RWH units and getting feedback to further improve the project

1



2



Cambodia



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Flood Relief: Distribution of Family Hygiene Kits
Objectives	To enable the displaced flood-affected families to practice good hygiene
Project Partners	World Vision Cambodia, Kampong Chhnang Province
Activities	<ul style="list-style-type: none"> • Distribution of hygiene kits on higher ground areas • Hygiene Awareness Campaign to increase the level of preparedness of the families in facing subsequent floods
Locations	<ul style="list-style-type: none"> • Boribour District (5 villages) • Chul Kiri District (4 villages)
Period	October 2011
Accomplishments	<ul style="list-style-type: none"> • 300 family hygiene kits distributed to the neediest families • A total of 1,548 family members benefitted from the distributed items
Projected Budget	USD 5,690

Background

Chulkiri is a district which is located in the east of Kampong Chhnang Province. A largely hilly district, some areas are situated along the Tonle Sap River which was affected by flash flood in September 2011. The overflowed river flooded many villages in the district, especially villages which are in close proximity with the river.

Boribour, another district in Kampong Chhnang Province, was also affected by the recent flood. Through a rapid assessment by World Vision, it was found that 1334 families in Chul Kiri and 1279 families in Boribour were effected by floods in the respective districts. Many of them have fled to higher grounds and places like the pagoda, seeking refuge from their flooded and damaged houses.

MERCY Malaysia efforts

MERCY Malaysia responded by implementing the Hygiene Awareness Campaign and distributing hygiene kits in the flood affected areas to increase the level of preparedness amongst communities in facing subsequent floods. This project benefitted 1,548 people from nine villages in two districts.



Hygiene promotions campaign and distribution of hygiene kits to 300 families with help from World Vision

Cambodia

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Upgrading of Oral Health Centre
Objectives	<ul style="list-style-type: none"> To improve the quality of the delivery as well as coverage of the general medical services of the health centre To promote and disseminate best hygiene practices and health education to the surrounding communities
Project Partners	N/A
Activities	<ul style="list-style-type: none"> Upgrading of the health centre's facilities through minor refurbishment works Equipping the health centre with relevant medical items, drugs and supplement Strengthening the existing referral system by handing over an ambulance Conducting monthly Outreach Programme (OP) sessions to a selected number of villages surrounding the Oral Health Centre (HC)
Locations	Oral District, Kampong Speu Province
Period	April 2010 – June 2011
Accomplishments	<ul style="list-style-type: none"> Handed over a second-hand ambulance, model STAREX Series 2005, complete with relevant accessories and a unit of motorcycle to the health centre for staff to use during the monthly OP 17,752 participants attended the OP Distributed, 25,410 packs of iodised salt, 17,742 bars of soap, 1,560 pieces of towels, 150 sarongs and 150 shawls (for mothers who delivered at the Oral HC)
Projected Budget	USD 189,600

Background

Oral District is located in the northwest of Kampong Speu province. The district is scattered vastly into five communities and 69 villages with a total population of 20,217 people.

Previously, the health centre only caters to outpatient treatments and due to the road conditions and distance, referral of critical cases to bigger hospitals is usually costly and difficult. In early 2000, cases of malaria were rather common due to poor conditions of the health centre and lack of health awareness among members of the community.

MERCY Malaysia efforts

MERCY Malaysia upgraded the facilities of the Oral HC which includes the installation of solar panel, construction of a new building for pre-delivery check-ups and installation of drainage system among other things. MERCY Malaysia also donated an ambulance for critical cases that need to be referred to a medical centre like the Provincial Hospital in Kampong Speu or the General Hospital in Phnom Penh.

Monthly OP in 26 of the 69 villages in the Oral District was conducted for villagers to be aware of better hygiene practices and common health issues. These programmes, conducted with the cooperation of the Provincial Health Department of the Oral District and the HC staff, covered topics such as malaria, birth preparedness, general hygiene and breastfeeding as well as complimentary feeding.

MERCY Malaysia also handed over three batches of drugs (on top of the two which was handed over in 2010) and some medical equipment which includes patient beds, weighing scale, centrifuge and other relevant equipment.

Awareness Raising Programme for Traditional Birth Attendants (TBAs) was also held covering topics such as birth spacing, post-natal care, vaccination, etc. The programme was attended by 225 TBAs who in turn trained a total of 2,640 women in the surrounding areas.



From left: MERCY Malaysia Vice-President, Norazam Ab Samah receiving a memento from the Cambodian Deputy Provincial Governor, His Excellency Pen Sambo

Cambodia



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Installation of Latrines in Oral District
Objectives	<ul style="list-style-type: none"> To improve the health and quality of life of rural Cambodians by increasing their access to proper sanitation facilities To build / enhance best hygiene and sanitation practices through sessions with the local communities, medication and food are also distributed to tuberculosis patients
Project Partners	Life With Dignity
Activities	<ul style="list-style-type: none"> Construction of latrine units Hygiene and sanitation awareness sessions Bi-monthly Outreach Programme sessions
Locations	Oral District, Kampong Speu Province
Period	March 2011 - November 2012
Accomplishments	<ul style="list-style-type: none"> A total of 1,144 participants in 23 hygiene awareness sessions in the targeted villages 128 participants in one session of Hand-washing Day at Kraviek village, Trapeang Cho Commune 918 participants in 27 community meetings 36 latrine units built
Projected Budget	USD 58,135

Background

Lack of sanitation facilities continue to present a major public health menace. About 10% of Cambodian children die before they are a year old. Many of these deaths are due to preventable, waterborne diseases or mosquito-driven ailments spawned by the nation's poor sanitation facilities.

It is estimated by UNICEF that rural sanitation coverage in Cambodia is only 8%, making it the lowest in the region and the second lowest outside of Africa. In the absence of sanitation facilities, most rural dwellers use rice fields, banana groves and other water sources to dispose of their own waste — thus polluting the water on which they depend.

MERCY Malaysia efforts

Responding to the situation, MERCY Malaysia together with its local partner, Life with Dignity (LWD), made a humanitarian effort to organise the installation of latrines projects in order to improve the health and quality of life amongst the community. A total of 210 families were identified as beneficiaries according to three criteria; poorest, poor and medium income families.

The selected households participated in a training session conducted by LWD. The community members were briefed on proper hygiene practices and were taught the technical aspects of latrine construction. Guided by a model plan, the selected households were responsible for the construction of their own latrine in order to instill a sense of ownership and to promote community participation.



Captions

1. Community members being briefed on proper hygiene practices and the technical aspects of latrine construction
2. A latrine halfway through construction

Cambodia

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Health and Capacity Building Initiatives/Supply of Refrigerated Centrifuge and Incubator for Premature Babies for Angkor Hospital for Children (AHC)
Objectives	<ul style="list-style-type: none"> To treat / reduce mild dehydration or diarrhea To educate mothers / family members on treating mild dehydration or diarrhea Employment of OPD assistant to assist doctors and nurses in AHC, with relevant administrative duties To improve the services of the In-patient Department (IPD) through the supply of a unit of incubator for premature babies To improve the services of the Laboratory Department through the supply of a unit of refrigerated centrifuge
Project Partners	Angkor Hospital for Children (AHC)
Activities	<ul style="list-style-type: none"> Oral Rehydration Therapy (ORT) Corner Employment of OPD Service Assistant Supply of Refrigerated Centrifuge and Incubator for AHC
Locations	Siem Reap Province
Period	June 2010 – August 2011
Accomplishments	<ul style="list-style-type: none"> A total of 1,570 children were treated at the ORT Corner throughout January-December 2011 Hand-over of a unit of incubator and refrigerated centrifuge
Projected Budget	USD 45,100

Background

Each year, thousands of Cambodian children continue to die from diarrheal diseases. MERCY Malaysia has been working with AHC since 2005 in setting up and supporting an ORT Corner to treat mild dehydration under the supervision of trained nursing staff.

Oral Rehydration Solution (ORS) is a simple, cheap and effective treatment for mild dehydration or diarrhea – it can prevent 90% of child deaths from diarrheal dehydration. Oral rehydration can be accomplished by frequently drinking the recommended amount of oral rehydration salt solution.

One of the most common reasons why children come to the hospital is fever, usually caused by an infection. In order to help diagnose what kind of infection and how severely unwell the child is, the doctors rely on vital services of the laboratory department – which initially lacked proper equipment like centrifuge.

MERCY Malaysia efforts

The project, which began in June 2010, continues to treat children with mild dehydration or diarrhea with oral salt solution. In addition, families are also educated on the safe and appropriate method of using ORS at home. ORS sachets were distributed to families/parents of the children.

In order to help medical staff diagnose infections a centrifuge was donated to the hospital. Tests carried out through the centrifuge include complete blood cell count, liver function, renal function, urea, albumin as well as specific tests to identify causes of infection. AHC also admit quite a number of premature babies. As such, MERCY Malaysia supplied the hospital with an incubator to house premature babies until they are strong enough to survive in the outside environment.

MERCY Malaysia also employed two OPD Family Service Assistants, working under the direct supervision of the nursing manager. It is part of an effort to build the skills of Cambodians. Since their employment in June 2010, the OPD Service Assistants have been able to take on more responsibilities like assisting dentists in basic dental duties.



Captions

1. An AHC nurse showing a brochure on hygiene care to prevent diarrhea

2. Incubator to house premature babies

Cambodia



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Cambodia School Preparedness Programme
Objectives	<ul style="list-style-type: none"> Strengthen Save the Earth Cambodia's capacity in School Preparedness Programme (SPP) To raise awareness on disaster risk reduction and preparedness as well as integrate SPP in 40 schools and commune development plans in Battambang and Phnom Penh
Project Partners	Save the Earth Cambodia (STEC)
Activities	<ul style="list-style-type: none"> Training for Save the Earth Cambodia staff School Preparedness Programme Training of Trainers (SPPToT) for Phnom Penh and Battambang Regional Teachers, Training Centre lecturers and trainee teachers School Preparedness Programme (SPP) with 20 selected schools in Battambang and Phnom Penh Information, education and communication (IEC) materials development
Locations	Battambang and Phnom Penh
Period	April 2011 - March 2012
Accomplishments	<ul style="list-style-type: none"> All 20 action plans that were developed during the SPP workshop were given to the commune for it to be integrated into the community development plans.
Projected Budget	USD 32,466

Background

Cambodia is prone to annual river flooding during the monsoon season. There are also cases of tropical storms, droughts and forest fires. The flood often destroys crops and livestock, damages homes, schools, clinics, roads, community infrastructure and even causes loss of human lives.

In 2010, MERCY Malaysia established a partnership with STEC to share knowledge and experience in the implementation of SPP in Malaysia. Experience gained through SPP pilot project in 2010 was recognised by Cambodia's local, sub-national and national authority as an urgent need project. MERCY Malaysia extended the project to SPP at regional level to continuously promote a culture of disaster preparedness and increase capacity of schools and students to respond to disaster.

MERCY Malaysia efforts

This programme aims to increase the awareness and understanding on the importance of disaster preparedness which focus on local risks, hazards and disasters.

SPP Cambodia was conducted in Phnom Penh involving 30 lecturers, 217 trainee teachers and one government official. In Battambang Regional Teachers Training Centre, 30 lecturers and 343 trainee teachers showed support for the programme. Overwhelming support was also shown in selected schools in Battambang involving 600 school students, 100 school teachers, 20 school director and 73 government officials.

1



2



Captions

- Teachers being trained on disaster preparedness
- Participants being shown materials for the health and hygiene impacts on disaster

China

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Community-Led Disaster Risk Reduction
Objectives	<ul style="list-style-type: none"> • Increase Disaster Risk Reduction (DRR) programming knowledge and capacity of Save the Children (SC) staff • Increase community's capacity to cope with future disasters and reduce their vulnerability to hazard sources • Establish community and child-led DRR activities in selected communities and schools
Project Partners	Save the Children UK: China Programme (SC UK)
Activities	<ul style="list-style-type: none"> • Building DRR capacity of SC staff through training and sharing sessions • Volunteers from communities as well as schools and child-peer educators were selected / identified and trained to implement risk reduction projects and activities in selected schools, communities and SC Child Activity Centre
Locations	Sichuan Province
Period	May 2009 – April 2011
Accomplishments	<ul style="list-style-type: none"> • Save the Children in China now makes DRR a priority in their programming and activities • Child-peer educators, teachers and volunteers indicate a 100% increase in knowledge, understanding and interest in DRR • 5,777 children and 14,380 community members from 26 schools and 7 communities from selected areas within Sichuan benefitted from the programme • Key hazards in selected communities and schools were identified and addressed accordingly by the community and children
Projected Budget	USD 170,000

Background

The disastrous Sichuan earthquake in 2008 affected millions of individuals and caused massive damage to infrastructures. After the earthquake, funds were raised to help the victims recover. These funds were channeled into efforts that are aimed at increasing resilience and preparedness of the affected communities so that they may be better prepared in case of future hazards.

MERCY Malaysia efforts

MERCY Malaysia established a partnership with SC UK China Programme in 2009 with the purpose of increasing capacity of stakeholders, including SC staff and volunteers, children and their care givers, communities, schools and authorities. The programme also aims to promote community resilience towards hazards and vulnerabilities.

The children were trained in DRR as peer educators together with community volunteers. They were educated in action planning and implementation. Among the DRR efforts taken at the community level include developing promotional materials such as booklets and posters, as well as physical improvement in the form of railings, water catchment and other facilities that improves disaster preparedness.



Volunteers practising the right bandaging technique

Gaza



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	El-Wafa Medical Rehabilitation and Medical Outreach Programme
Objectives	<ul style="list-style-type: none"> To improve the quality of life and support the integration of physically disabled clients in the southern provinces of the Gaza Strip (Rafah City) To formalise patient cases referral and systematically coordinate the integration of patients into community
Project Partners	El Wafa Medical Rehabilitation & Specialized Surgery Hospital
Activities	<ul style="list-style-type: none"> Visits to patient's home for Physiotherapy, Occupational therapy and Nursing care sessions Awareness session for disability prevention activities including distribution of materials Donation of Orthotic Equipment (e.g. crutches, wheelchair, etc.) Monthly lectures for El-Wafa rehab team, other health professionals and community
Locations	Rafah City (Gaza South)
Period	November 2010 - October 2011 (extended for a further 3 months till January 2012)
Accomplishments	<ul style="list-style-type: none"> 605 patients admitted since the project's initiation, 326 total cases received medications, 206 cases received assistive devices, 324 reintegrated cases into the community 22,805 therapeutic sessions have been held 46 professional lectures were held, attended by a total of 955 health professionals and rehab workers
Projected Budget	USD 208,840

Background

Since the early days of the Al-Aqsa Intifada back in 2000, tough military actions and tight security procedures have left thousands of Palestinians killed and many others injured, displaced and homeless.

"Operation Cast Lead", as the Israeli army called its campaign against the Gaza Strip, constituted one of the most violent episodes in the recent history of the occupied Palestinian territory. The Palestinian Centre for Human Rights estimated that 14,172 Palestinians were killed during the 22-day campaign. The civilian population suffered further from damage to electricity, water and sewage systems. Military operations also caused substantial damage to schools, universities, hospitals and other infrastructures, destroying an already weakened institutional capacity.

MERCY Malaysia efforts

El Wafa Medical Rehabilitation and Specialized Surgery hospital located in Gaza City (Northern Gaza) - the only hospital offering such services - was badly damaged during the conflict. Recognising the hospital's importance not only during the conflict but also after, MERCY Malaysia partnered with El Wafa Hospital and helped reconstruct the hospital's facilities. The partnership led to the initiation of an outreach programme for specialised medical rehabilitation to the southern part of Gaza Strip, expanding El Wafa's standard coverage.

MERCY Malaysia carries out house-to-house visits to provide physiotherapy, occupational therapy and nursing care sessions to identified beneficiaries.



A girl undergoing physiotherapy at the El-Wafa medical rehabilitation outreach programme

Gaza

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Emaar Psychosocial Programme (Al-Amal Centre for Care and Psychosocial Consultation)
Objectives	<ul style="list-style-type: none"> To enhance and support the counseling services that is provided by the governmental schools in Khanyounis governorate To provide psychosocial care and build psychological resilience among families living in hot areas in the southern area of Gaza Strip
Project Partners	Emaar for development and rehabilitation
Activities	Services provided by the centre are: <ul style="list-style-type: none"> Confident Counsellor Programme Family Support Programme Comprehensive Psychosocial Services Programme Basma Center for Audiology and Speech Therapy Staff capacity building
Locations	Gaza Strip – southern region
Period	July 2010 – June 2011
Accomplishments	<ul style="list-style-type: none"> Psychological support for 1272 women and children, comprehensive services for 535 patients, 727 cases of speech and hearing therapy Psychological support for 986 students in the Southern Area of Gaza Strip Schools through the Student Support Programme
Projected Budget	USD 142,000

Background

A recent survey shows that psychological distress and pathology are among the most significant health consequences of the blockade and “Operation Cast Lead”, affecting virtually the entire Gaza population. Symptoms range from fear of loneliness and darkness, sleep disturbances, eating disorders and weight loss or gain, frustration and depression, nervousness and lack of self-care and child-care.

Children were, in particular, severely affected by the psychological trauma of the military operations. A study conducted in March 2009 to assess the relationship between war traumatic experiences due to Cast Lead indicated that 61.5% of children showed severe to very severe Post Traumatic Stress Disorder (PTSD) reactions.

MERCY Malaysia efforts

Al-Amal Center for Psychological Care and Consultation was established in July 2009 by Emaar Association and MERCY Malaysia. It aims to reduce the suffering caused by the Israeli war on Gaza through a comprehensive psychological care for the people in need.

The centre offers programmes aimed at addressing the psychological needs of communities, including therapeutic interventions as well as speech and hearing therapy.



A total of 2076 patients have received support from the centre since the beginning of the project in 2009

Indonesia



Project	Capacity Building for Local Authorities and Civil Society Organisations on Disaster Risk Reduction
Objectives	<ul style="list-style-type: none"> Improve Disaster Risk Reduction (DRR) awareness and capacity of 15 district governments across four provincial governments in Java Improve DRR awareness and capacity of Civil Society Organisations (CSOs) in Eastern part of Indonesia
Project Partners	Yayasan SHEEP Indonesia
Activities	<ul style="list-style-type: none"> Regional and Sub Regional Capacity Building Workshop between local government and CSOs Community Based Disaster Risk Management (CBDRM) Sensitisation Workshop for CSOs from East Indonesia
Locations	Java and East Indonesia
Period	Phase 2: April 2010 - April 2011
Accomplishments	<ul style="list-style-type: none"> Recommendations to address identified issues relating to authorities and CSO partnership in DRR are formulated and shared amongst stakeholders CSOs in East Indonesia have increased knowledge and interest in Community Based Disaster Risk Management Produced a book on Best Practices based on 2009 CBDRM Training with CSOs in West Indonesia workers
Projected Budget	USD 40,500

Background

In 2009, MERCY Malaysia established a partnership with Yayasan SHEEP Indonesia and ran a project aimed at developing knowledge and skills of CSOs across Indonesia on CBDRM.

MERCY Malaysia, through a series of trainings and workshops, hopes to develop capacities as well as synergy between CSOs that work with local communities and local governments. The main aim is to encourage positive and more effective working relationships so as to reduce the risks and vulnerabilities of communities across Indonesia.



Participants giving their input in the Capacity Building for Local Authorities and Civil Society Organisations on DRR

MERCY Malaysia efforts

Regional Workshop on DRR was conducted to discuss efforts and ways to strengthen disaster preparedness in Indonesia which includes enhancing the synergy and relationship between CSOs and local governments.

Among the feedback provided since the beginning of the project in 2009 was that the capacity building exercises need to include authorities and also CSOs in eastern Indonesia as well. Following such feedback, the 2010-2011 project also introduced CBDRM to CSOs in eastern Indonesia. 11 CSOs in eastern Indonesia participated in the CBDRM Sensitisation Workshop.

MERCY Malaysia's collaboration with SHEEP extends to developing information, education and communication (IEC) materials targeted at a wide audience from schools to DRR practitioners. A compilation of best practices has been developed in the form of a book with the hope that the initiatives can be shared across the region.

Indonesia

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Revising Local Action Plan and Empowering Journalists on Information Dissemination
Objectives	<ul style="list-style-type: none"> Strengthening the Local Government Disaster Management System Build commitment from local government in mainstreaming DRR Build support system through media to ensure proper implementation of disaster management plans
Project Partners	Komunitas Siaga Tsunami (KOGAMI)
Activities	<ul style="list-style-type: none"> Defining lessons learned from the previous disaster management system and ways forward in disaster management Revising Local Action Plan Developing Support System through Media
Locations	Padang, Indonesia
Period	April 2010 - March 2011
Accomplishments	<ul style="list-style-type: none"> Local Action Plan revised Disaster Preparedness Journalist Network trained and formed Journalist handbook on Disaster Management published
Projected Budget	USD 45,380

Background

In September 2009, Padang was hit by a 7.6 magnitude earthquake that sent shockwaves across the region. MERCY Malaysia responded to the earthquake and following the emergency response, a partnership was formed with Komunitas Siaga Tsunami (KOGAMI) which focused on a long-term plan for disaster risk management. It was agreed that a revision of the Local Action Plan on DRR was needed based on the lessons learned in the disaster.

MERCY Malaysia efforts

With a view towards strengthening the Local Government Disaster Management system, MERCY Malaysia and KOGAMI supported the process of revising the DRR Local Action Plan together with local authorities and other stakeholders.

The media was also seen as an essential component in disaster risk management as they are able to spread the awareness on DRR in a wider scale. With that in mind, MERCY Malaysia provided support and input for the Journalist Network Disaster Preparedness training and workshop. The journalist handbook on disaster management was also published containing guidelines on the proper methods and ethics in disseminating information about disasters.

Captions

- MERCY Malaysia General Manager of Operations, Takako Izumi (extreme right) sharing her input with the participants



Japan



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Response and Recovery to Japan Tsunami
Objectives	<ul style="list-style-type: none"> To reduce the mortality and morbidity rate of the affected community in the evacuation centre and to keep a certain level of hygiene condition To materialise the earliest reopening of one of the damaged hospitals To share the experiences and lessons-learnt from the education sector in DRR internationally To contribute to the people's rebuilding and recovery process through the Health Support Center
Project Partners	<ul style="list-style-type: none"> Association of Medical Doctors of Asia (AMDA) Disaster emergency medical relief department in Miyagi Prefecture Local elementary/junior high schools and universities, Local Education Office under Prefecture and City governments, Kyoto University
Period & Activities	<ul style="list-style-type: none"> Immediate Relief Assistance – March 2011 Provision of Medical Equipment to Hospitals in Minami-sanriku in Miyagi Prefecture – May 2011 Disaster Risk Reduction (DRR) and Recovery Lessons and its Implications to Education Systems: August 2011 – July 2013 Construction of the second building of the Health Support Centre: March – December 2012
Locations	Otsuchi and Kamaishi in Iwate Prefecture, Minami-sanriku, Miyagi Prefecture, Kesennuma in Iwate Prefecture, Natori and Kamaichi in Miyagi Prefecture, Otsuchi in Iwate Prefecture
Accomplishments	<ul style="list-style-type: none"> MERCY Malaysia received 3 official certificates/ appreciation letters from the Governor of the Miyagi Prefecture, Mayor of Minami-sanriku and Director of the Disaster Emergency Medical Department for its timely, efficient and effective assistance
Projected Budget	RM 1,672,000

Background

On 11 March 2011, Japan was struck by a 9.0 magnitude earthquake. The earthquake generated a tsunami, with waves reaching as high as 40 meters, devastating coastal communities in 15 prefectures along 700km. Three prefectures were affected with the most damage, namely Iwate, Miyagi and Fukushima.

MERCY Malaysia deployed a three-member assessment team to Japan on 13 March 2011 to get more information on the disaster, establish networks and contact, plan for intervention and immediately respond to the current needs.

1



2



Captions

1. MERCY Malaysia assessment team led by ExCo member Dr. Shalimar Abdullah in a meeting with Japan Platform for a possible collaboration
2. Signing of agreement between MERCY Malaysia and Association of Medical Doctors of Asia (AMDA)

Japan



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

MERCY Malaysia efforts

After assessing the situation, MERCY Malaysia in collaboration with Association of Medical Doctors of Asia (AMDA) provided immediate assistance in March for quake-hit nursing home with medical supplies, serving the evacuation shelters in the Iwate and Miyagi Prefecture through mobile medical services and other forms of assistance. Furthermore, in cooperation with AMDA, MERCY Malaysia was able to carry out the construction of the Health Support Centre. The Centre, which has two functions namely, acupuncture clinic and community salon, will contribute towards the community's rebuilding and recovery process through various social opportunities in a better and healthier atmosphere. The first building was officially opened on 18 December 2011 in Otsuchi, the Iwate Prefecture and the construction of the second building will be initiated in March 2012 with the contribution of MERCY Malaysia.

MERCY Malaysia, through the Disaster Emergency Medical Relief Department in the Miyagi Prefecture, managed to provide hospitals and temporary health centres in Minami-sanriku in the Miyagi Prefecture with medical equipment including furniture (bed, table, rehabilitation equipment etc.). The support contributed to the earliest reopening of the hospital and temporary health centre.

MERCY Malaysia also managed to identify areas of Disaster Risk Reduction (DRR) projects in collaboration with local elementary/junior high schools and universities and the Local Education Office under Prefecture and City governments, Kyoto University. Through the implementation, regular consultation and hearing have been carried out with local authorities, academicians as well as local NGOs. Proper documentation of the discussion results will be kept and subsequently policy inputs will be developed to ascertain DRR measures for schools and roles of schools in communities.

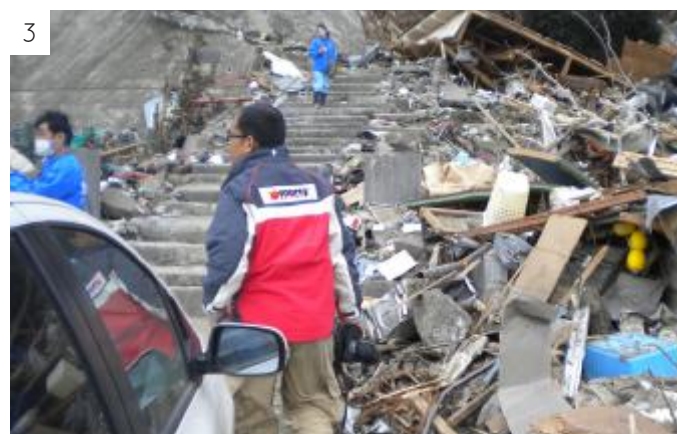
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3



Captions

1. Humanitarian partners
2. MERCY Malaysia Vice-President II, Norazam Ab Samah handing over our donation to the President of AMDA, Dr. Shigeru Suganami
3. MERCY Malaysia's 2nd team at ground zero

Libya - Tunisia



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Emergency surgical and trauma services, medical staff support and provision of medical supplies
Objectives	<ul style="list-style-type: none"> To increase the capacity of local emergency response and optimise the quality of health services To reduce war inflicted casualties by providing emergency surgical treatment
Project Partners	<ul style="list-style-type: none"> Benghazi Medical Health Centre Merlin UK Tataouine General Hospital
Activities	<ul style="list-style-type: none"> Deployment of nurses to support the services of Benghazi Medical centre Procurement of emergency medical supplies including medicine, disposable items, equipment and oxygen Deployment of a surgical team which consist of an OT surgeon, an anaesthetist, an OT and general nurse to treat referral patients
Locations	Benghazi, Libya & Tataouine, Tunisia
Period	April - June 2011
Accomplishments	<ul style="list-style-type: none"> Procured USD 15,000 worth of medical supplies for the Central Medical Store (CMS)
Projected Budget	USD 83,000

Background

The uprising in Libya that began on 16 February 2011 led to a political and security crisis in the north African country. Humanitarian agencies and organisations had little access to western Libya and little was known about the condition of the people there. There are two main areas of conflict in western Libya, in and around the port city of Misrata, where heavy fighting continued for months and in the Nafusa Mountains. In Misrata the fighting wounded thousands of people and killed hundreds.

As a result of the crisis, over 800,000 people fled Libya. Of the outflow, nearly 50% of the people fled to Tunisia while the rest went to other countries in the region including Egypt and Sudan.

MERCY Malaysia efforts

On 2 April 2011, MERCY Malaysia sent a four-member assessment team (3 Malaysian and 1 Egyptian) to get more information on the situation and needs in Libya. The team identified shortages of medical personnel and supplies.

Two other teams were deployed on 26 April and 13 May 2011 which consisted of specialised nurses who were attached to the Benghazi Medical centre for three weeks. During the mission, the team procured medical supplies including medicines, oxygen tank, suction machine, defibrillator machine and other disposable items.



Meeting with Arab Medical Union during the assessment period

Libya - Tunisia

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	North Africa Mission 4
Objectives	To provide support to the surgical unit of Tataouine Regional Hospital to cater to the overflow of war victims from Libya
Project Partners	<ul style="list-style-type: none"> Merlin UK Tataouine Regional Hospital
Activities	<ul style="list-style-type: none"> Conducted surgery on the war casualties that were transferred from Libya to Tataouine Donation of orthopaedic equipment to the Tataouine Regional Hospital
Locations	Tataouine, Tunisia
Period	12 - 26 June 2011
Accomplishments	<ul style="list-style-type: none"> Number of surgeries conducted in Tataouine Regional Hospital : 8 cases Number of patients treated in Tunisian Red Crescent dispensary : 62 cases
Projected Budget	USD 50,436

Background

During the Libyan conflict, more than 800,000 people fled Libya as concerns on the people's safety grew. Egypt and Tunisia are the two main points of exit in which the number of people entering these countries exceeded 250,000 and 400,000 respectively.

MERCY Malaysia and Merlin UK have been in contact with each other, assessing the possibility of collaboration between both organisations on the Tunisian - Libya border. Merlin UK has a team operating in Tataouine, Tunisia and another in Nalut, Libya. Since there is no proper referral system set up in Nalut, patients are being transported across the border for emergency treatment, a journey that takes close to four hours. As Merlin UK looks to focus primarily on setting up a proper system in Nalut so that patients can receive treatment as quickly as possible, MERCY Malaysia proposed to send a team over to complement the services provided by Merlin UK in Tataouine.

MERCY Malaysia efforts

MERCY Malaysia sent a team to Tunisia consisting mainly of doctors and nurses to support the surgical unit of Tataouine Regional Hospital. The team assisted in several surgical procedures and had conducted medical consultations for war victims that had migrated to Tunisia.

Successively, MERCY Malaysia deployed a fourth team (full surgical team) comprising of one orthopaedic surgeon, two OT nurses, one anaesthetist and one logistician. The team was deployed for two weeks and attached to Tataouine Regional Hospital near the border of Tunisia - Libya. As there is a shortage of surgical equipment, the team brought along with them a complete orthopaedic surgical set which was later donated to the hospital.

1



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Captions

1. MERCY Malaysia volunteer Dr Ranjit Kaur, carrying out a medical check-up on a patient at the Tataouine Regional Hospital
2. MERCY Malaysia volunteer, Dr Aminuddin Mohd Samsudin, attending to a patient

India



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Upgrading of Healthcare Services in Sonbarsa Block, Saharsa District, Bihar
Objectives	<ul style="list-style-type: none"> To provide the beneficiaries with basic health facilities and services To reduce the rate of maternal and infant mortality rates by promoting safe pregnancy and delivery To promote and disseminate best hygiene practices and health education to the surrounding communities
Project Partners	SEEDS India
Activities	<ul style="list-style-type: none"> Daily consultations at the health centre Ante-natal care and pre-natal (ANC and PNC) care consultations 2 community outreach programmes (community meetings) per week DRR activities in surrounding schools
Locations	Sonbarsa Block, Saharsa District, Bihar
Period	January-December 2011
Accomplishments	<ul style="list-style-type: none"> 14,341 total number of healthcare consultations 820 ANC consultations, 117 PNC consultation, 9 deliveries
Projected Budget	USD 119,970

Background

Following MERCY Malaysia's response to the floods when the eastern embankment of Kosi was breached back in 2008, MERCY Malaysia embarked on the project as a long term effort to provide quality primary health care to the community of Biratpur and other neighbouring rural areas in the Saharsa district.

MERCY Malaysia's health centre is located in one of the poorest regions in the whole of Bihar. Majority of the people left in the villages are women, children and senior citizens as most of the men work in other states in India. Malnutrition among children is a serious problem in Saharsa as is the spread of communicable diseases especially malaria, tuberculosis and HIV among members of the community.

MERCY Malaysia efforts

In 2011 MERCY Malaysia continued with its commitment to make basic health care accessible to the local community with the operation of MERCY Malaysia's Biratpur Health Centre which has been in operation since 2009. The Biratpur Health Centre staff also conducted community meetings to promote good health and hygiene practices among the communities from the surrounding 25 villages.

As the nearest hospital is more than an hour away by car, MERCY Malaysia's presence is essential in providing quality health care services to the community in Biratpur and the adjoining rural areas.



Captions

1. Beneficiaries going through health consultation
2. Hygiene promotion session

Myanmar

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	WASH Project in Kawhmu and Kungyangon Townships, Yangon Region
Objectives	<ul style="list-style-type: none"> To ensure community members have proper access to sanitation facilities To minimise the risk of outbreaks of communicable diseases among the community members
Project Partners	N/A
Activities	<ul style="list-style-type: none"> Construction of the latrine units Training sessions and demonstration of model latrine units Hygiene Awareness Campaigns
Locations	Kawt Dun, Kyu Khat Kone Gyi and Taw Palae in the Kungyangon township, Myo Ma, Nat Sin Gone and Kyauk Tan in the Kawhmu township
Period	January 2011 - June 2012 (18 months)
Accomplishments	<ul style="list-style-type: none"> 75 temporary latrines 200 household latrines 660 family hygiene kits
Projected Budget	USD 137,741

Background

In May 2009, Cyclone Nargis struck Myanmar, sweeping through the Ayeyarwady delta region and the country's main city and former capital, Yangon, with winds up to 200kph. It was estimated that 2.4 million people were affected by the cyclone and it is further estimated that several hundred thousand people were without shelter and safe drinking water. 37 townships in Ayeyarwady and Yangon Divisions were significantly affected by the cyclone, with damage most severe in the Delta region.

The level of damage in the Delta region forced many to relocate to the less damaged Kawhmu and Kungyangon townships, which is at the border of the Delta. Nevertheless, several humanitarian needs are still lacking including, among others; proper housing, access to clean water, proper hygiene and sanitation facilities, livelihood source as well as education for children. The survivors still live in deplorable conditions with hardly any access to proper health care and livelihood.

MERCY Malaysia efforts

With greater emphasis on building better living conditions for those affected by the cyclone, MERCY Malaysia focused its efforts on Water, Sanitation and Hygiene (WASH) project at the Kungyangon and Kawhmu townships.

Having identified the needs of the different communities, temporary and household latrines were built with the help of local communities. A total of 75 temporary latrines were built in the Kungyangon township and a further 200 household latrines were built in the Kawhmu township. Another 183 units will be installed at the Taw Palae village. Hygiene awareness campaigns were also conducted throughout the townships and hygiene kits were distributed to members of the communities.



Captions

1. Training session for latrine owners before they build their own latrines

2. A beneficiary with her newly completed latrine

Myanmar



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Flood Relief: Distribution of Family Hygiene Kits
Objectives	<ul style="list-style-type: none"> To enable the displaced flood-affected families to practice good hygiene
Project Partners	N/A
Activities	<ul style="list-style-type: none"> Hygiene Kit Distribution Hygiene Awareness Campaign
Locations	Kyuntharyar Village, Bago Town
Period	August-September 2011
Accomplishments	<ul style="list-style-type: none"> 510 family hygiene kits distributed to the most needy families A total of 2,556 beneficiaries were assisted
Projected Budget	USD 7,187

Background

Bago, which is located 80km from Yangon, was hit by floods in July 2011 following days of incessant rain. The rainfall, the worst in 30 years has caused Pegu River's water level to reach the 940 cm which is 30 cm above the danger level of 910 cm.

More than five million people live in Pegu Region and much of the affected land is a significant area for rice planting. The region's western part is often hit by monsoon floods. This flood has destroyed an estimated 30,000 acres of rice fields.

MERCY Malaysia efforts

In the face of natural disasters, hygiene kits can mean the difference between sickness and health for struggling families. In the Myanmar context, the floods had affected the people's livelihood due to damaged rice fields and cultivation in general. MERCY Malaysia and some local volunteers conducted hygiene kit distribution activities in the Kyuntharyar Village, which has a population of 1,200 households. A total of 510 family hygiene kits were distributed to those in need, with close assistance and participation from the community themselves as well as local government officials, authority leaders and local organisations.

Hygiene awareness campaigns were also conducted to inculcate good hygiene practices and raise the awareness and knowledge of the community members.



Captions

1. MERCY Malaysia Project Assistant in Myanmar, Phyu Phyu Khin, conducting a house- to-house distribution of family hygiene kits
2. Phyu Phyu conducting good hygiene practices

Myanmar

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	School Preparedness Programme and Mangrove Rehabilitation
Objectives	<ul style="list-style-type: none"> To increase awareness and promote disaster preparedness for vulnerable communities To introduce School Preparedness Programmes (SPP) to schools within project villages To introduce Community Managed Mangrove Rehabilitation to project villages To facilitate Community Managed Disaster Risk Management activities in project villages
Project Partners	Mingalar Myanmar
Activities	<ul style="list-style-type: none"> Training for Mingalar Myanmar Staff on School Preparedness Programme Training-of-Trainers (ToT) for teachers in 7 villages 18 school preparedness workshops by teachers and volunteers Mangrove rehabilitation workshop in 7 villages Establish community led evacuation and early warning committees and conduct drills Infrastructure / community facilities reconstruction
Locations	Dedaye, Bogale and Pyapon Township, Dedaye Region, Yangon
Period	2010 – 2011
Accomplishments	<ul style="list-style-type: none"> SPP carried out in all schools within the 7 selected villages in Bogale, Pyapon and Dedaye Community based mangrove rehabilitation committee and activities established in project villages Community early warning system committee and activities established in project villages Generators, bridges and pathways in selected villages are replaced, fixed and / or maintained
Projected Budget	USD 98,000
Funder	Myanmar Relief Fund

Background

The Cyclone Nargis incident in 2008, which hit the Ayeyarwady delta, was one of the worst disasters to ever hit Myanmar. MERCY Malaysia responded promptly with relief efforts which continued into reconstruction projects as well as projects on Disaster Risk Reduction which began in 2009.



Beneficiaries identifying the early warning systems and evacuation training module

MERCY Malaysia efforts

Through partnership with Mingalar Myanmar, MERCY Malaysia began efforts to build capacity and resilience amongst affected and at risk communities in seven villages across three townships within Dedaye Region. Beginning with Community Based Disaster Risk Management (CBDRM) training for Mingalar Myanmar staff, the staff then conducted CBDRM activities in these villages. The staff were also trained in conducting SPP and ToT. Early Warning Systems and Evacuation components were also inculcated in the training modules together with simulation exercises which were led by the communities themselves.

The destruction of Mangrove trees, which are effective storm barriers in years prior to the storm was said to have contributed to the heavy damage caused by Cyclone Nargis. As such, Mangrove Rehabilitation workshops were conducted in the seven selected villages to educate and bring awareness to the community on the importance of mangrove replantation in order to mitigate future disaster risks.

Pakistan



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Hygiene Promotion and Distribution of Hygiene Kits to Flood Affected Communities
Objectives	<ul style="list-style-type: none"> To reduce the risk towards common diseases related to flood situation by increasing the community's knowledge towards the issue and its prevention To promote best hygiene practices among the affected community by providing them with the essential items.
Project Partners	Pakistan Islamic Medical Association (PIMA)
Activities	<ul style="list-style-type: none"> Briefing to communities on common diseases, prevention and best hygiene practices during flood disaster Distribution of hygiene kits
Locations	Sindh, Pakistan (District Mirpurkhas & District Badin)
Period	18-22 October 2011
Accomplishments	<ul style="list-style-type: none"> 500 hygiene kits were distributed to the affected communities benefiting 2500 people
Projected Budget	USD 10,000

Background

While scars of the disastrous floods of 2010 were still apparent, the 2011 monsoon season started with a normal rain pattern. However, what began as an ordinary monsoon season soon turned into torrential rains, triggering severe flooding in various regions of the country, notably in Sindh and Balochistan provinces.

Continued rains caused major breaches in the agricultural and saline water canals, exacerbating the flood impact in various districts. Although the Government responded quickly to the disaster, the number of people affected continued to increase. On 7 September 2011, the Government of Pakistan requested assistance from the international community.

MERCY Malaysia efforts

MERCY Malaysia Pakistan Liaison officer conducted an assessment during the flood which identified the needs of the community that led to the procurement of hygiene kits sets and dialysis machine.

On 21 October 2011, MERCY Malaysia visited Tehsil Jhudo in District Mirpurkhas. After a hygiene promotion session, a total of 200 family hygiene kits were distributed to the affected communities. Each hygiene kit consists of toothbrush, toothpaste, bath soap, detergent, towels, pail, comb, nail clipper, slipper and shampoo. The kit would be able to benefit up to five people per family.

MERCY Malaysia continued the hygiene campaign on the following day in Tando Bago District Badin. A total of 250 hygiene kits were distributed among the communities in the affected area.

MERCY Malaysia also procured a dialysis machine for the Dialysis Centre of Mispurkhas Hospital which offers free treatment to the community. The dialysis machine will be handed over to the centre once the upgrading and renovation works to the building is done.



Captions

- Hygiene kit distribution
- Dr. Sharif from PIMA promoting good hygiene practices to the flood victims

Philippines

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

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	Community and Family Services International (CFSI)
Activities	<ul style="list-style-type: none"> Training of CFSI Staff Social Preparation Activities and disaster drills Restructuring/ Reorganisation of BDRRMC Workshops: Sensitisation, Town Watching and Village Watching as well as Project Learning Implementation of Community Based Disaster Risk Reduction and Management (CBDRRM) projects
Locations	Benguet, Philippine
Period	October 2011 - May 2012
Accomplishments	<ul style="list-style-type: none"> 10 CFSI staff members were trained in CBDRRM 33 community members participated in a Village Watching Workshop, two hazard maps and action plans were developed 36 community members and government officials participated in the BDRRM Committee Reorganisation/Restructuring Workshop 31 Municipal Disaster Risk Reduction and Management Council Members and Municipal Office Representatives participated in a Sensitisation and Town Watching Workshop; two hazard maps and action plans were developed
Projected Budget	USD 44,239

Background

The Philippines ranks number 12 amongst 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 2011, MERCY Malaysia established its partnership with Community and Family Services International to move forward with disaster risk reduction and disaster preparedness efforts in the Philippines.

MERCY Malaysia 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.

CBDRRM capacity development training was also provided to 10 CFSI staff and volunteers. Continuous monitoring and evaluation visits are carried out throughout the project timeline to ensure compliance to the project objectives.



A participant explaining the hazard map and action plans developed

Somalia



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Supplementary Feeding Programme
Objectives	To improve the nutritional level of malnourished children who are severely affected by the drought
Project Partners	Muslim Aid UK
Activities	<ul style="list-style-type: none"> Mid-Upper Arm Circumference (MUAC) measurement of children under the age of 5 based on height and weight ratio Feeding programme for identified beneficiaries
Locations	Wadajir District – Mogadishu, Bay, Bakool
Period	October 2011 – February 2012
Accomplishments	Each centre registered 300 children below the age of five. All beneficiaries went through the programme until normal weight is reached
Projected Budget	RM 297,000
Funder	NSTP-MEDIA PRIMA

Background

Following three consecutive seasons of poor rainfall, the Horn of Africa is facing one of its history's worst emergencies – with Somalia being identified as one of the worst affected countries. Since the July 2011 declaration of famine, some 250,000 Somalis still live in famine conditions and 4 million people remain in need of humanitarian aid. In some parts of the south, one in three children is malnourished.

Cases of malnutrition among women and children have reached alarming levels. According to a Food Security and Nutrition Analysis Unit (FSNAU) report, 450,000 children in Somalia are malnourished, of which 190,000 suffer from severe acute malnutrition. An estimated 336,000 children, representing 75 per cent of all malnourished children, are in the south.

MERCY Malaysia efforts

In collaboration with Muslim Aid, MERCY Malaysia conducted a supplementary feeding programme in three centres over the span of three months. Each centre – Mogadishu, Bay and Bakool – registered 300 children below the age of five which have been identified as malnourished according to the MUAC measurement.

Children under the programme are fed unimix meal made of grounded wheat, beans, maize, sugar and sesame. Dry skimmed milk is also fed twice daily. After a child has reached normal weight, that child will be discharged and another child will be registered in its place.



Captions

1. MERCY Malaysia Head of Relief Operations, Hew Cheong Yew feeding a child at the supplementary feeding centre
2. Beneficiaries at the Supplementary Feeding Centre

Somalia

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Emergency Provision of Essential Health Services to IDPs in Greater Mogadishu
Objectives	<ul style="list-style-type: none"> To provide free essential health service to IDPs To reduce and prevent mortality and morbidity amongst vulnerable population
Project Partners	Somalia Young Doctors Association (SOYDA)
Activities	<ul style="list-style-type: none"> Set up mobile clinics Provide consultation and treatment services to IDPs
Locations	Mogadishu, Wadajir District (Aden Adde IDP camp) and Hodan District (Terbonka IDP camp)
Period	September 2011 – January 2012
Accomplishments	<ul style="list-style-type: none"> Free consultation and treatment services 16,272 project beneficiaries were treated and referred
Projected Budget	RM 456,000
Funder	NSTP-MEDIA PRIMA

Background

As the crisis worsens in Somalia, more people are forced to leave their homes to move into camps in order to meet their basic needs. With the population in IDP camps increasing significantly, there is also a greater need for medical treatment as proper medical care remains scarce.

An estimated 1.4 million people are displaced inside Somalia and Mogadishu is hosting 380,000 IDPs in 200 camps all over the city.

MERCY Malaysia efforts

Mobile clinics were set up in two IDP camps in order to help improve the healthcare of IDPs and to reduce the morbidity and mortality rate among the community. Consultation and treatment services were given to more than 16,000 beneficiaries who are mostly made up of women and children.



Captions

1. MERCY Malaysia volunteer, Prof. Dr. Mohammad Iqbal examining a patient, assisted by another volunteer, Yasir Mohamed Ahmed-Baffo
2. A volunteer weighing a child before getting the full medical check-up

Somalia



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Food Distribution
Objectives	To distribute family food to 600 displaced families newly arrived in Mogadishu
Project Partners	<ul style="list-style-type: none"> Muslim Aid UK Perdana Global Peace Foundation (PGPF)
Activities	<ul style="list-style-type: none"> Distribution of food items Identify community and location of the new IDP
Locations	IDP camps in Mogadishu
Period	1 month
Accomplishments	Food distribution to 600 families
Projected Budget	RM 80,696
Funder	Perdana Global Peace Foundation (PGPF)

Background

Somalia is facing the most severe humanitarian crisis in the world today and the worst food security crisis in Africa since the country’s 1990/91 famine. At least 2.4 million people are in acute food and livelihood crisis, which is more than a quarter of the country’s population. Food Security and Nutrition Analysis Unit (FSNAU), in its report, has warned that 750,000 people risk death in the first half of 2012 if efforts to respond to the famine are not scaled up. The drought has also caused the death of up to 90 percent of livestock which is a source of food for the people.

MERCY Malaysia efforts

With focus on newly arrived IDPs, MERCY Malaysia distributed 600 food baskets consisting of 25kg of rice, 2 liter of cooking oil and 5kg of sugar to the families. The programme, directly funded by the Perdana Global Peace Foundation, was conducted on the eve of Eidul Fitri.



2



Captions

1. MERCY Malaysia Vice-President I examining a beneficiary at an IDP camp, while volunteer Yasir Mohamed Ahmed-Baffo assisted as interpreter
2. The beneficiaries being given coupons which entitled them to collect their food supply

Somalia

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Psychosocial Programme
Objectives	To provide psychosocial support to the community affected by the drought and food security crisis
Project Partners	University of Somalia, Muslim Aid Somalia
Activities	Psychosocial Training for mental health institute staff, local NGO including Muslim Aid Somalia, SOYDA, and University of Somalia students union
Locations	Psychosocial training was held at the University of Somalia
Period	January-December 2012
Accomplishments	Psychosocial training for the staff of VASCOM, SOYDA, Muslim Aid, UNISOSU, university students and doctors from the mental health hospital in Mogadishu
Projected Budget	USD 30,000
Funder	NSTP-MEDIA PRIMA

Background

Due to the severity of the crisis in Somalia, many caregivers are unavailable or unable to provide psychosocial stimulation to their children during food crises due to their own poor physical or mental health. A lack of psychosocial stimulation has adverse consequences for children's development (cognitive, motor, language) and mental health.

MERCY Malaysia efforts

MERCY Malaysia conducted an assessment on the current mental and psychosocial condition in the camp among the children and adults to determine their condition and the type of psychosocial intervention needed. The team visited a Child Friendly Space run by Muslim Aid at Aden Adde Camp and interviewed some of the community members in the camp. The team also visited the Farmilini Mental Hospital which has stop running for many years and another facility called Habib Mental Health Hospital which is currently run by a local organisation.

Based on the data and information acquired, a psychosocial training programme for local NGOs, medical practitioners, and university students had been conducted for 3 days in University of Somalia located in Mogadishu. The aim of the training is to cascade the knowledge on common symptoms of psychological problem, psychosocial first aid, relevant negotiation skills, etc. It is hoped that these knowledge can be utilised by the civil society to identify and respond whenever they found such problem while conducting other activities e.g.: mobile clinic, education programme, etc.



Captions

1. MERCY Malaysia Assistant Honorary Secretary, Dr. Hariyati Shahrina Abdul Majid conducting a psychosocial programme at the psychosocial centre with the children
2. The Child-friendly Centre in Madina District

Sri Lanka



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Flood Response
Objectives	<ul style="list-style-type: none"> To meet immediate hygiene needs of families affected by the flood To meet the needs of pregnant women who were affected by the flood
Project Partners	<ul style="list-style-type: none"> Consortium of Humanitarian Agencies (CHA) Ministry of Health of Sri Lanka
Activities	<ul style="list-style-type: none"> Distribution of family hygiene kits for flood affected families Distribution of maternity kits for pregnant women in the flood affected areas Training on good hygiene practices
Locations	Batticaloa District, Ampara District and Badulla District
Period	25 January - 10 February 2011
Accomplishments	<ul style="list-style-type: none"> A total of 1055 hygiene kits distributed A total of 1075 maternity kits distributed
Projected Budget	USD 93,700

Background

According to the national disaster management centre of Sri Lanka, over one million people were affected by the floods which were caused by heavy rainfall at the end of 2010 and carried on to early 2011. Over 300,000 families were further displaced in welfare centres. Batticaloa was the worst affected area, where 540,144 persons were affected with 38 confirmed deaths, 51 injuries and four missing due to the floods.

The sanitation requirements are very high with most of the wells in the affected areas being contaminated with dirty water. The flood had also caused many families to lose their basic hygiene-related items.

MERCY Malaysia efforts

The National Disaster Management Center made a request for MERCY Malaysia to distribute hygiene packs as there were high demands for specific hygiene-related items. Leveraging on a long standing partnership with the Consortium of Humanitarian Agencies (CHA), a local implementing partner in developmental projects in the northern districts, MERCY Malaysia made an effort to help the flood affected community in the Ampara and Batticaloa Districts. Over 2,000 hygiene and maternity kits were distributed enabling flood survivors to maintain good personal hygiene and mitigate the spread of water-borne diseases such as diarrhea and skin-related illnesses.

Along with the distribution of hygiene and maternity kits, a hygiene awareness raising programme was conducted in Batticaloa to promote good hygiene practices. The assistance of volunteers and community administrators who worked tirelessly in the rainy conditions helped us greatly in MERCY Malaysia's endeavours.



Captions

1 & 2. Representatives from the Consortium of Humanitarian Agencies (CHA) handing over family hygiene kits to flood victims

Sri Lanka

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Outreach Clinics in Jaffna District, the Northern Province, Sri Lanka
Objectives	To maintain the provision of basic health services for the new and old returnees in the resettlement area
Project Partners	<ul style="list-style-type: none"> • Consortium of Humanitarian Agencies (CHA) • Ministry of Health and Nutrition, Sri Lanka • Regional Directorate of Health Services (RDHS) in Jaffna, Sri Lanka • Jaffna University, Community Medicine Faculty • Ministry of Foreign Affairs, Malaysia
Activities	Regular outreach clinics at five selected locations
Locations	Jaffna District, Northern Province, Sri Lanka ; Aaliyavalai, Allaipiddy, Eluvaitivu, Kaddaikkadu, Kervil, Mamunai, Uduththurai
Period	February 2010 – June 2012
Accomplishments	For the period of 1 year; 1 January – 31 December 2011, MERCY Malaysia have treated 18962 beneficiaries
Projected Budget	USD 144,379

Background

Sri Lanka was in a state of civil war for the past 26 years prior to 2009. The civil conflict began in 1983, as a result of the insurgency by the state Liberation Tigers of Tamil Eelam (the LTTE, also known as the Tamil Tigers) which fought to create an independent Tamil state in the north and east part of the island. The conflict ended in May 2009 after the LTTE was defeated by the Sri Lankan military.

For over 25 years, this civil war caused significant hardships for the environment, economy and especially the people of the country, with an estimated 80,000–100,000 people killed during its course. From March until December 2009, MERCY Malaysia provided relief aids at the Internally Displaced Persons (IDP) camps in Menik Farm, Vavuniya. However, since November 2009, the Sri Lankan Government allowed over 150,000 IDPs from Menik farm and 100,000 from other camps to return to their respective villages in the Northern Province which still lack proper medical care.

MERCY Malaysia efforts

It is highly crucial to continue providing medical services in the villages as the process of resettlement is still on-going and will set to continue into the next few years.

MERCY Malaysia and CHA provide regular outreach clinics in five selected locations in Sri Lanka's Jaffna District. This project has directed its focus to the vulnerable groups especially children and women in the community and has benefited more than 18500 individuals.



A local volunteer doctor examining a patient at the medical check-up counter

Sri Lanka



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Water, Sanitation and Hygiene (WASH) Project in Jaffna District, the Northern Province, Sri Lanka
Objectives	<ul style="list-style-type: none"> To ensure community members have proper access to sanitation facilities To minimise the risk of outbreaks of communicable disease among the community members
Project Partners	<ul style="list-style-type: none"> Consortium of Humanitarian Agencies (CHA) Ministry of Health and Nutrition, Sri Lanka Regional Directorate of Health Services in Jaffna, Sri Lanka Jaffna University, Community Medicine Faculty Ministry of Foreign Affairs, Malaysia
Activities	<ul style="list-style-type: none"> Construction and renovation of wells Hygiene programme Establishment of a Sustainable Community Healthcare Committee
Locations	Navalady Village, Ariyalai East, Nallur DS Division, Jaffna District, Sri Lanka
Period	February – August 2011
Accomplishments	<ul style="list-style-type: none"> 15 wells repaired 31 wells cleaned Distribution of hygiene kits along with a hygiene education programme to 140 households Setting up of a community healthcare committee (community health issues, communicable diseases, family healthcare and reproductive healthcare).
Projected Budget	USD 29,602

Background

Upon returning to the villages, proper medical care is not the only thing lacking for the villagers as viable water source is also scarce. Villagers have no choice but to walk around at least 300 meters to find badly damaged common wells to fetch water for drinking, cooking and bathing. This is especially difficult for female-headed households, the disabled and the elderly.

MERCY Malaysia efforts

In order to check waterborne diseases that are rampant in this area due to poor well conditions, MERCY Malaysia worked very closely with the Consortium of Humanitarian Agencies (CHA), as well as the University of Jaffna to repair and renovate wells, besides to train the community in best hygiene practices. MERCY Malaysia's health education "training-of-trainers" modules have ensured that the understanding of disease prevention and healthy living will be consolidated in the Navalady community.



A volunteer showing proper hand washing techniques to the community members

Sri Lanka

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Reconstruction of Ampan Divisional Hospital in Jaffna
Objectives	<ul style="list-style-type: none"> To reconstruct and equip the provincial health centre in Ampan To strengthen the health services of the whole eastern part of Jaffna
Project Partners	<ul style="list-style-type: none"> Consortium of Humanitarian Agencies (CHA) Ministry of Health and Nutrition, Sri Lanka Regional Directorate of Health Services in Jaffna, Sri Lanka Ministry of Foreign Affairs, Malaysia (donor)
Activities	<ul style="list-style-type: none"> Procurement of the hospital equipment Reconstruct and upgrade Ampan hospital through refurbishment works Handover of the hospital
Locations	Ampan, Jaffna District, Northern Province, Sri Lanka
Period	February 2010 – August 2011
Accomplishments	<ul style="list-style-type: none"> The refurbished Ampan hospital will serve around 10,000 beneficiaries from the surrounding area The refurbishment includes, outpatient department and dispensary, maternity ward, labour room, well and water pump among others
Projected Budget	USD 259,707

Background

Northern Sri Lanka is now in need of support from international community to reconstruct and re-equip their health facilities since most of them were destroyed during the war. Being abandoned for so many years, the divisional hospital that should have been able to provide maternity care and primary health care to the people in Ampan was unable to function for a long time due to the damage that was caused both by tsunami in 2004 and the conflict.

MERCY Malaysia efforts

MERCY Malaysia, funded by the Malaysian Ministry of Foreign Affairs, worked together with our partners Consortium of Humanitarian Agencies (CHA) and the Ministry of Healthcare of Sri Lanka to refurbish the damaged hospital. The project involved the reconstruction of the main outpatient department block, maternity ward, nurse/midwives and doctor's quarters along with the donation of medical equipments and furniture. This project was completed in August 2011 and an official handover ceremony was carried out on 21 October 2011. Ampan hospital will benefit 10,000 beneficiaries from the surrounding area.

Captions

1. The front part of the newly reconstructed Ampan Divisional Hospital's main building
2. MERCY Malaysia ExCo member Dr Heng Aik Cheng delivering his speech at the handover ceremony. In attendance was His Excellency Azmi Zainuddin, the High Commissioner of Malaysia to Sri Lanka and the Hon. Major General G.A. Chandrasiri, the Governor of Northern Province



Sudan



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Basic Health Centre in Zam Zam IDP Camp
Objectives	To improve the healthcare of internally displaced people (IDPs) and to reduce the morbidity and mortality rate among the community
Project Partners	WHO, UNFPA, HAC, UNICEF, WES
Activities	<ul style="list-style-type: none"> Full range of primary health care (PHC) and reproductive health services Referral cases to El Fasher Hospital
Locations	North Darfur
Period	January-December 2011
Accomplishments	64378 patients were seen throughout the year
Projected Budget	USD 298,752

Background

MERCY Malaysia has been engaged in North Darfur since 2009, providing medical attention to Internally Displaced Persons (IDPs) in Zam Zam camp. A 2004 conflict that occurred in Darfur forced villagers to become refugees in their own country. Since then, the people of Darfur battle death each day due to various causes, including diseases and malnutrition.

As the influx of IDP continues, MERCY Malaysia and partners remain on location to offer health services for this vulnerable group of people to prevent the situation from deteriorating further.

Month	Patients Referred	Pregnancy Consultation	Deliveries	Total patients for the month
Jan	12	350	10	2879
Feb	4	400	4	4636
Mar	10	474	4	6779
Apr	13	484	6	5398
May	11	491	6	5991
Jun	19	364	2	6294
Jul	19	490	15	6453
Aug	11	405	7	5236
Sept	26	435	19	4952
Oct	3	466	5	5531
Nov	8	460	10	4315
Dec	1	506	12	5914

Captions

1. Health Education session at Zam Zam Camp

2. Doctors attending to patients at the clinic

MERCY Malaysia efforts

A basic health centre was built to run a full range of primary health care (PHC) and reproductive health services, seven hours a day, six days a week for the whole ZamZam camp population. An average of 230 patients are being treated and consulted in the clinic each day. In addition to that, MERCY Malaysia has a stand-by vehicle as an ambulance service from 9am to 3pm to refer emergency cases to either El Fasher Teaching Hospital or El Fasher New Hospital which includes a Fistula Care Centre. With the continuation of the full range PHC elements, MERCY Malaysia has been able to contain the most communicable diseases below the emergency threshold.



Thailand

Health-Related
DevelopmentCrisis
ResponseHealth -
Post EmergencyDisaster Risk
Reduction

Project	Thailand Flood Response
Objectives	<ul style="list-style-type: none"> To conduct a rapid needs assessment to identify the needs and gaps of the affected communities Conduct an immediate response once gaps have been identified and approval from HQ granted
Project Partners	YMCA, REEDE, FOPDEV, Provincial Red Cross of Chainat
Activities	Distribution of mosquito nets and blankets
Locations	Bangkok (assessment), Chainat and Singburi
Period	30 October – 12 November 2011
Accomplishments	Distributed 2,000 sets of mosquito nets and blankets in the provinces of Chainat and Singburi
Projected Budget	USD 20,000

Background

Last year, Thailand experienced its worst flood in recent years. Severe flooding occurred during the 2011 monsoon season beginning at the end of July, triggered by the Tropical Storm Nock-ten. Flooding soon spread through the provinces of Northern, North-eastern and Central Thailand. In October, floodwaters reached the Chao Phraya and inundated parts of the capital city of Bangkok. Flooding persisted in some areas until mid-January 2012. Sixty-five of Thailand's 77 provinces were declared flood disaster zones and over 20,000 square kilometres of farmland was damaged.

On 30 October 2011, MERCY Malaysia deployed a two-member assessment team to assess the situation and to organise an immediate response if required. The team conducted assessments in the flood affected areas of Bangkok, Chainat and Singburi. The main gaps identified by the team were the lack of mosquito nets and blankets for the flood victims. These were important items as the cold season was beginning to set in and the risk of vector-borne disease drastically increases once the flood water stagnates.

MERCY Malaysia efforts

MERCY Malaysia distributed 2,000 sets of blankets and mosquito nets at the province of Chainat and Singburi. This was done with the help of Rural Elderly Entrepreneurship Development Association (REEEDA), The Provincial Red Cross of Chainat and Foundation for Older Persons Development (FOPDEV).



Captions

1. Distribution of blankets and mosquito nets to beneficiaries at the Po Nang Dam Ouk district
2. Beneficiaries happily showing off their blankets and mosquito nets

Turkey



Health-Related
Development



Crisis
Response



Health -
Post Emergency



Disaster Risk
Reduction

Project	Turkey Earthquake Relief and Food Distribution
Objectives	<ul style="list-style-type: none"> To carry out assessment on health, needs and damages as a result of the disaster To identify how MERCY Malaysia can respond to the situation
Project Partners	Doctors World Wide (DWw) Turkey
Activities	<ul style="list-style-type: none"> Health, needs and damages assessment Staple food distribution
Locations	Van, Turkey
Period	October-November 2011
Accomplishments	<ul style="list-style-type: none"> Food was distributed to 990 beneficiaries
Projected Budget	USD 40,000

Background

The 7.1 magnitude earthquake which struck eastern Turkey near the city of Van in October 2011 caused heavy damage to the city as well as the neighbouring parts of South Caucasus and Levant. At least 25 buildings collapsed and the condition worsened due to cold weather. According to Disasters and Emergency Situations Directorate of Turkey AFAD, the total number of casualties reached a total of 601 people and 1,452 more were injured. Approximately 60,000 people lost their homes and belongings.

MERCY Malaysia efforts

MERCY Malaysia sent an assessment team to Van, Turkey from 29 October until 10 November 2011 to determine the needs of the earthquake-hit community and plan for a response. Following the assessment, MERCY Malaysia distributed staple food which reached 990 beneficiaries.



Captions

1. MERCY Malaysia volunteer examining damages to the infrastructures

2. Food distribution in Dunogu, Van

OUR WORK - EVENTS & TRAINING



Events



International Humanitarian Conference 2011

Another chapter was created in the MERCY Malaysia history book when it organised and hosted the inaugural International Humanitarian Conference 2011 (IHC) at Sunway Putra Hotel (formerly known as Legend Hotel), Kuala Lumpur from 24 to 26 November 2011. The IHC was organised with the objective of showcasing developments in the humanitarian world and in humanitarian action. It proved to be an ideal platform for networking, dialogue and the exchange of ideas with some key players in the humanitarian community around the world. This 3-day conference which was launched by HRH the Raja Muda of Perak, Raja Dr. Nazrin Shah Ibni Sultan Azlan Muhibuddin Shah, was preceded by a 1-day Pre-Conference Workshop on 24 November which carried the theme 'Health and Disaster Management'.

Main Conference

- Date : 25-26 November 2011
- Venue : Sunway Putra Hotel, Kuala Lumpur
- Theme : Doing it Better: Transforming Humanitarian Efforts
- Launched By: HRH Raja Nazrin Shah Ibni Sultan Azlan Muhibuddin Shah

Who Attended the Conference

More than 130 participants and delegates attended the conference comprising of international and local participants; including corporate members, NGOs and students.

Line-Up of Speakers

- Oliver Lacey Hall
- Dr. Steven Muncy
- Tessa Kelly
- Norazam Ab Samah
- Professor Naruo Uehara
- Keya Saha-Chaudhury
- Dr. Shiraz A. Wajih

- Miskir Tilahun J.D
- Dr. Angela Raven-Roberts
- Ben Ramalingam
- Professor Randolph Kent
- Asrul Daniel Ahmed
- Jean-Michel Piedagnel
- Professor Dr. Joy Jacqueline Pereira
- Takako Izumi

Topics Presented

i) Pre-Conference Workshop:

- Medical
- Education and Learning
- Intervention and Capacity
- Climate
- Mental Health

ii) Main Conference

- Panel Session 1 : Innovative Approaches to Post- Disaster Phase
- Panel Session 2 : Innovative Approaches to Pre-Disaster Phase (DRR)
- Panel Session 3 : Capacity Development
- Panel Session 4 : Partnership
- Workshop Session 1 : Needs Assessment and Accountability
- Workshop Session 2: Volunteerism
- Workshop Session 3: Logistics
- Workshop Session 4: Security, Safety and Insurance

Captions

1. His Royal Highness, Raja Muda of Perak Darul Ridzuan, Raja Dr. Nazrin Shah Ibni Sultan Azlan Muhibuddin Shah delivering his inaugural speech during the opening ceremony

Events



MERCY Malaysia Annual Fundraising Dinner 2011

2011 was indeed an eventful year for MERCY Malaysia where disasters and conflicts are concerned. Not lost in the midst of all the distresses is the MERCY Malaysia Annual Fundraising Dinner where human compassion and kindness was on full display at the Istana Hotel, Kuala Lumpur.

The Dinner, hosted by TV personality Ally Iskandar, saw the attendance of MERCY Malaysia Board of Trustees, ExCo members, long-term partners, donors, core volunteers and the staff of MERCY Malaysia secretariat. Carrying the theme, 'Humanitarian Relief: Somalia and Beyond', the dinner showed glimpses of human generosity having seen a single night's collection of RM 264,179 from the sale of more than 50 tables as well as merchandise items – all of which are channelled to the MERCY Malaysia General Fund.

Among the highlights of the night is the entertainment by Helmi the Gimmick and singer Atilia, the cheque presentation to corporate bodies which sponsored the RM30,000 table namely Scomi Transportation Systems Sdn Bhd, Lee Foundation and Perusahaan Otomobil Kedua Sdn Bhd (PERODUA), and lucky draws. It was a truly memorable night for all who attended.



Captions

1. The VIPs being entertained by Helmi the Gimmick
2. The unveiling of special limited merchandise items by (from left): MERCY Malaysia President, Dato' Dr. Ahmad Faizal Mohd Perdaus, MERCY Malaysia Honorary Secretary, Raja Riza Shazmin Raja Badrul Shah and MERCY Malaysia Board of Trustee, Tan Sri Dato' Ahmad Fuzi Haji Abdul Razak
3. A portion of the guests at the Annual Fundraising Dinner

Events



Volunteer Appreciation Day

In recognition of its dedicated and committed volunteers who had played major roles in both domestic and international missions, MERCY Malaysia organised a Volunteer Appreciation Day at Ampang Super Bowl, Berjaya Times Square on 18 December 2011. The event was organised in conjunction with the annual celebration of the International Volunteer Day which falls on 5 December, as designated by the United Nations General Assembly since 1985.

More than 100 MERCY Malaysia volunteers and staff participated in the one-day fun-filled event which included a bowling competition. MERCY Malaysia's President, Dato' Dr. Ahmad Faizal Mohammad Perdaus commenced the competition by bowling the first ball. It proved to be a valuable day as the relationship between MERCY Malaysia and the volunteers was strengthened and positive ties were built amidst the healthy competition that was promoted on the day.

2



3



Captions

1. MERCY Malaysia staff and volunteers in a group photo at the end of the event
2. The tournament's best team posing for the camera after the prize-giving ceremony
3. Volunteers and staff alike having fun trying to outdo each other at the bowling alleys

Events



Mother and Child Health Programme - North Sumatra Province, Indonesia

MERCY Malaysia recorded another breakthrough in 2011 when it signed a Memorandum of Understanding (MoU) with Dinas Kesehatan, North Sumatra, Indonesia for the Mother and Child Health Programme at Pantai Cermin Kiri, Serdang Bedagai District, North Sumatra Province.

The Mother and Child Health Programme is the first medium-to-long-term project to be carried out by MERCY Malaysia in Indonesia as an initial effort towards opening its first country office in Medan, North Sumatra, Indonesia. This country office would run its own administrative work such as communications, operations and finance in relations to projects/programmes in Indonesia.

This project will be assessed and monitored by MERCY Malaysia headquarters in Kuala Lumpur in collaboration with local partners, namely Dinas Kesehatan North Sumatra Province, public health workers as well as selected Malaysian medical students in North Sumatra and non-medical volunteers.

This programme is specifically aimed at raising public awareness on various health risk issues for both mother and child, including reducing child malnutrition which is prevalent in the province. It also helps to reduce maternal and infant mortality rates, particularly in the Kabupaten (District) of Serdang Bedagai of North Sumatra where the death rate of mothers in 2010 was 160/100,000 while the infant death rate was 27/1,000.



Captions

1. Bonding with the community
2. Token exchange (from left): Representative from Puskesmas Pantai Cermin, Bupati Serdang Bedagai, H.T. Erry Nuradi, MERCY Malaysia President, Dato' Dr. Ahmad Faizal Mohd Perdaus and Consul General Malaysia to Medan, Norlin Osman
3. MoU exchange (from right): Dr. Faizal, Hj. Norazam Ab Samah (MERCY Malaysia), Dr. Kustinah Mkes (Dinas Kesehatan) and Pn. Norlin Osman (Consul General Malaysia)

Training

1



Volunteer Induction Programme (VIP)

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's 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

- Volunteerism
- Volunteers' Responsibilities & Commitment
- Training & Deployment Opportunities
- Rules & Principles to Abide
- The Code of Conduct

Venue

- MERCY Malaysia HQ
- USM Kubang Kerian
- UniMAP Perlis
- Miri, Sarawak
- Hospital Sungai Buloh
- MERCY Malaysia Sabah Chapter
- MERCY Malaysia Johor Chapter

Participants

Students	96
Media	8
Medical Personnel	395
Non-Medical Personnel	182
Total	681

2



Captions

1. New volunteers together with facilitators after a VIP session
2. A VIP session for Somali students from various Malaysian universities in March

Training



Basic Mission Training (BMT)

Objectives

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

Content of training

- Balloon Class
- Radio Communications & Evacuation Procedures
- Navigation Skills
- UN Safety & Security Protocol
- UNDSS Demo
- Introduction to Sphere
- Basic Life Support
- Field mission
- Stress during mission

Venue

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

Dates

- 8-10 April 2011
- 15-17 July 2011
- 11-13 November 2011

Participants

Medical	18
Non-Medical	90
Total	108



Captions

1. A team effort; volunteers carrying an injured person
2. A group of volunteers setting up a six-man tent
3. Volunteers being tested in a life and death situation

Training



Basic Life Support, BLS (CPR and First Aid)

Objectives

- To expose the techniques of emergency response
- To give participants a practical training approach in basic life saving
- To educate participants on emergency and proper treatment. e.g., CPR Demonstration
- To reduce loss of life by applying lifesaving skills

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 Examination
- Airway Station
- First Aid Station

Date

29th October 2011

Time

8:00 am – 5:00 pm

Venue

MERCY Malaysia HQ, Dayabumi

Cooperation with

Hospital Sungai Buloh

Participants

Staff	3
Medical	4
Non-medical	14
Total	21



Captions

1. Lesson in a one-man CPR on a mannequin
2. MERCY Malaysia Volunteer Management staff trying out the Heimlich manoeuvre

Training



Emergency Response Unit (ERU)

Emergency Response Unit (ERU) is a combination of specialised professional and pre-packed sets of equipment. It works as a mobile field hospital comprising of medical and surgical units which are organised into different modules for rapid deployment.

The training module for the ERU crew consists of Lecture Training Sessions and Field Training Exercise.

In 2012, we have carried out the following:

- Lecture Training: Step 1 (1 session) and Step 2 (2 sessions)
- Field Exercise (1 session)

Lecture Training Step 1 (1 sessions)

Venue

MERCY Malaysia HQ

Date

7 May 2011

Participants

51 (19 Medical, 32 Non-Medical)

Objective

To expose our volunteers to duties and responsibilities and to prepare them based on the safety, quality, delivery and morale method.

Lecture Training Step 2 (2 sessions)

Venue

IDFR Jalan Wisma Putra Kuala Lumpur

Dates

28-29 May 2011 & 2-3 July 2011

Participants

61 (26 Medical, 35 Non-Medical)

Objective

A more in-depth approach towards understanding each of the topics/modules in Step 1. More role play, discussions and in-case scenario are offered to the participants. Participants are also expected to have obtained the UNDSS basic security certification. To maintain the Safety, Quality, Delivery, Cost and Morale method.

Field Training Exercise - (1 session)

Venue

Institut Latihan Sultan Ahmad Shah (ILSAS), Bangi

Date

18-20 November 2011

Participants

58 (19 Medical, 39 Non-Medical)

Objective

To train volunteers to set up a self-sustainable and functional field hospital equipped with:

- In-patient unit (male and female wads)
- Out-patient unit
- Emergency room
- Operating theatre
- Pharmacy

The 50-bedded field hospital will be able to provide immediate curative and preventive healthcare within 24 hours of arrival at the affected disaster area and is self-sustainable for 14 days.

Captions

1. The final layout of the field hospital

Training

Sphere in Humanitarian Practice Training

The Sphere Project is a voluntary initiative which was established in 1997 that brings a wide range of humanitarian agencies together around a common aim - to improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors and affected populations.

Its handbook on Humanitarian Charter and Minimum Standards in Humanitarian Response is one of the most widely known and internationally recognised sets of common principles and minimum standards for the delivery of quality humanitarian response.

In December 2011, a 3-day training programme was conducted for MERCY Malaysia staff and volunteers with the aim of understanding the philosophy and approach of the Sphere Project. The training, conducted in collaboration with PETRONAS, was attended by 24 participants including a number of PETRONAS employees who took the opportunity to participate as part of its Volunteer Opportunity Programme.

Two facilitators from RedR India conducted the training. Participants were trained on the standards and indicators for effective humanitarian response based on the Sphere handbook as well as learning to apply its guidelines in assessment, planning, monitoring and evaluation of humanitarian response.



Emergency Needs Assessment Training

The first step in any emergency response is to assess the extent and impact of the damage caused by the disaster (the needs) and the capacity of the affected population to meet its immediate survival needs (degree of vulnerability).

Although the impact may vary considerably from one disaster to another, typical needs that arise include food, shelter, essential items, medical care, safe drinking water, sanitation and waste disposal as well as psychosocial support.

Experience shows that a poorly conducted assessment is likely to lead to poor planning decisions and inadequate response. This often has consequences beyond the emergency phase and could affect recovery efforts negatively.

As such, in June 2011 MERCY Malaysia collaborated with RedR India, one of the seven confederate organisations of the Register of Engineers for Disaster Relief International (RedR International), in conducting an emergency needs assessments training. The 5-day emergency needs assessment training which took place at Ancasa Hotel, Kuala Lumpur was conducted by 2 RedR India facilitators. The training involved 23 participants consisting of MERCY Malaysia field staff and volunteers.

Participants were trained on methods of identifying relevant needs that require external intervention as well as the gaps to be filled. Identification of needs is a vital component of any response planning process because it provides essential information that would help towards making key decisions which will affect the lives of disaster victims.



ACKNOWLEDGEMENT



Our work over the years has gained international recognition. Such feat may not be possible without the commitment and support of everyone involved

Secretariat as of May 2012

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Executive Assistant

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Ahmad Faezal Mohammed
Deputy Executive Director

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State Chapter Liaison Officer
Lydiane Hamshire Anak Umbau
Programme Officer
(Sarawak Chapter)

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M & E Officer
Suhaili Hassan
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Senior Programme Officer
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Programme Officer
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Hasnizan Hashim
Dispatch cum Office Support
Sharifah Shafiqah Syed Toko Khairuddin
Receptionist cum Office Assistant
Sayidah Kamil
Office Assistant

The following people have since left us, but their contribution remain. Thank you for your support.

Aizuddin Othman • Ashaari Rahmat • Sister Che Tah Hanafi • Danial Idraki Abdul Halim • Hafiz Ali Abdul Manap • Juanita Johari • Kesavan Arumugam • Maria Lauranti • Mohd Syazwan Shah Md. Yusof • Nisha Sabayanagam • Norhazlina Mohamed • Sarah Sailsa Haroun • Sayid Zulkifli Tuan Johan • Shuhada Rosdi • Siti Safiah Mohammad • Dr. Paul A Mettler • Rosnehaida Azly Abd Rani • Dr. Wan Nurdiana Zaireen Wan Zainal Abidin

Field Office Staff

We are proud to work with the local staff of the countries that we operate in. Thank you for supporting us in carrying out our missions.

AFGHANISTAN

Base Camp

Fazal Umar Agha
Khalil Ullah Mujaddadi
Abdul Wali
Abdul Rasheed
Mohammad Sadiq
Saeed M. Sadiq
Mohammad Karim

Comprehensive Health Clinic

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Fatima Abdalla

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Hassan Ibrahim Adam
Najwa Osman Bukhary
Zainab Saeed Mohamed
Fatima Ahmed Adam
Farouq Adam Abdalla
Ibrahim Mohamed Ahmed
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Megbola Mohamed Elnour
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Elzaki Abdalla Mohamed
Abdalla Eisa Salih
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Hassaballa Moamed Adam
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Chapter Committee

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Dr Sa'adiyah Atan

Collaborations

In our experience, no contribution is too small and no measure of kindness too minute. MERCY Malaysia recognises the value of working with partners and 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. Thank you to our supporters for their tireless contribution and collaboration in our humanitarian work.

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Australian Government

Australia

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RedR India



Muslim Aid UK



Merlin UK



Save the Earth Cambodia



Community & Family Services International (CFSI)



Global Network for Disaster International



Save the Children

Society Members

As a non-profit organisation, MERCY Malaysia upholds good governance as part of its commitment in ensuring transparency and accountability in its 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 to attend to examine the financial statement, vote on matters arising, and to vote for or stand up as a candidate for the Executive Council.

We are grateful for your membership, and your participation in our governance continues to ensure that we do our best in our humanitarian work. Thank you.

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Rahman • Maziah Binti Mazuki • Michael Lim Yang Song • Michelle Goh Sze Ling • Mohamad Don Cheang • Mohamad Khir Nawawi Mahiji • Mohamad Nur Khairi Mohamad Aziz • Mohammad Hafiz Mohammad • Mohd Afiq Mohd Amin • Mohd Aizuddin Ahmad • Mohd Akhir bin Mohd Arif • Mohd Azriff Mohd Zuhurin • Mohd Fezi Mustafa • Mohd Fierdaus Akop • Mohd Fikri Md. Jamil • Mohd Fyrolikram Othman • Mohd Hadzrie Hamdan • Mohd Haikal Bukhari • Mohd Hasrul Effendy Masdor, Dr. • Mohd Hishamuddin Che Mat • Mohd Khairul Anwar Mohd Tahir, Dr. • Mohd Nasurudin Hasbullah • Mohd Naszrien Mohd Nasir • Mohd Nazli Ariffin • Mohd Nirwan Syamaizar Anuyar • Mohd Radzi Jamaludin • Mohd Razmi Ziqri Ahmad Shukri • Mohd Saiful Azri Jusoh • Mohd Shafiq Fauzan • Mohd Shafiq Jamil Abd Nazir • Mohd Shahrizam Kamal • Mohd Zaidi Abd Samad • Mohd Zulhilmy Bin Md Khalid • Mohd Zulkifli Mohd Zain • Mona Lisa Md. Rasip Dr. • Monisha Earnest • Muhamad Faizal Zulkifli • Muhamad Firdaus Ibrahim • Muhammad Ali Kamaruddin • Muhammad Faizal Zulkifli • Muhammad Farid Farhan Sahime • Muhd Nur Azizi • Nabila Hanis Abdul Samat • Nabila Tashrina Noor Hisham • Nabilah Hisham • Nadia Abu Bakar • Nadia Mohd Mustafah, Dr. • Najjini Thahirah Ideris • Natalie Chew Bee Kwan, Dr. • Nawaz Ahmad • Nazariah Aiza Harun, Dr. • Nazita Yaacob, Dr. • Ng Chai Heong • Nizamuddin Hizbullah • Noor Bathi Badarudin • Noor Faezah Abdullah • Noor Haslinda Haron • Noor Hidayah Abdul Halim Chua • Noor Jannah Abdullah • Nor Aliyatul Hasnida Mohd Tajol Rosli • Nor Arienia Mat Amin, Dr. • Nor Atikah Abd Rashid • Nor Aziah Mohammad Shaari • Nor Azlina Alias • Nor Bazilah Johari • Nor Elena Ramli • Nor Qistin Muhamad, Dr. • Nor Syazwani Abu Hasan • Nor Syazwani Salleh Khuddin • Noraini Suzana Mansor • Norfatin Atikah Mohd Fazil • Norhashimah Hamim • Norhasnida Ishak • Normala Anak Bachok • Normaliza Zaman • Norshahidah Mansor • Norshareena Shaik Othman • Nur Adlinizra Jaidi • Nur 'Aduni Liyana Abd Razak • Nur Afifa Husan Mohd Zain • Nur Aisyah Othman • Nur Amani Jame • Nur Farhana Abd Salam • Nur Farhanah Mohd Ghazali • Nur Lela Musrom • Nur Nabila Zakaria • Nur Nazilahawi Salani • Nurdiyana Nasrudin • Nurhikma Maulad Fauzi • Nurul Ashikin Abdullah, Dr. • Nurul Afiqah Sahat • Nurul Akmar Abd Mukti • Nurul Ashikin • Nurul Ikhamar Ibrahim • Nurul Nabila Megat Mohamed Azmi • Nurul Nadia Mohd • Nurulain Rahmad • Nuzul Izwan Omar, Dr. • Omar Abdel - Mannan • Ong Cheong Beng (Jerry) • Ong Su Hua • Ooi Hui Min • Patricia Ong • Puteri Sharifah Hafizah Herlie Syed Ramly • R. Vhimaleshwari • Rabi'atul Adibah Allauddin • Rabiul Ilham Abdul Hardy • Raffiza Rusdy • Rafidah Mashudi • Rahimi Yusoff • Ramesh @ Muthu s/o Nallayan, Dr. • Ramesh Joshi • Razali Hamid • Razali Kamisan • Rebecca Pek • Ridhwan Baihaki • Riza Azra Abu Bakar • Rohani Mat Saman • Rohaya Tawarin • Rohilla Fazili Qadri • Rolend Mogusun • Rosalin Maria Purificacion Sulit • Rosalind Jotin • Roshyla Othman @ Abd Razak • Rosliza Ali • Rosnani Jasmin • Roszarita Zainal Abidin • Rozainiee Abdullah • Rubi Nathrah • Rushab Upadhyaya • Sabeda Siagian • Sabrina Anne Jacob • Saiah Abdullah • Saiful Anuar Othman • Salwa Ahmad • Sangeetha Soundarajan • Sanna Sultan Shah • Selamat Mohd Rashid • Shaharezet Mustaffa • Shahimah Shaharuddin • Shahrizal Mohd Isa • Shams Amir Shamsul Bahar • Shareena Bibi Mohd Arif • Sharifah Azmawati Syed Abd Aziz • Sharifah Faradila Wan Muhammad Hatta • Sharon Oh Yeok Gim • Shazwani Idris • Sim Ching Ping (Mike) • Sim Han Cheng, Dr. • Siti Hafizah Mohd Toha • Siti Khairiyah

Volunteers

Domestic Mission (cont.)

Mohd Roslan • Siti Norbaria Sally Pick Thall Tan • Siti Rabiyyatul Awalliyah A Bakar • Siti Salimah Muhammad • Siti Sumaiyah Pfordten Abdul Rahim • Smrdhi Sarachandran, Dr. • Subatra Jayaraj, Dr. • Suhaina Yaakub • Suhizan Abd Rashid • Suresh Marappan • Suzanne Omar • Suziealalinda Surin • Swani Mokthar • Syafiqah Abdul Rahim • Syed Abdul Haris Syed Mustapa • Syed Saifudin Syed Hamdan • Tajul Edrus Nordin • Tan Seng Hock • Tan Seok Hong, Dr. • Tee Yih Ping • Teh Hun Seng • Tengku Nur Amirah Tengku Kamarulzaman • Teo Ying Hui (Eugenne) • Teoh Pei Kheng • Teoh Shu Woan • Thinaraj S/O Balakrishnan • Toh Hui Ching • Tony Liew Ye Onn • Tu Tuong Chung (Joshua) • Vimala Sangari A/P R. Nathan • Voon Yit Kian • Wan Ahmad Faiz Wan Jamil, Dr. • Wan Hasmah Wan Hasan • Wan Mohd Afiq Wan Redwan • Wilson Sulong AK Richard • Wong Joo Beng • Wong Sing Hooi • Zahabiya Mohamed Hussain • Zahirah Zaharuddin • Zainal Abidin B Jailani • Zatil Ezzi Zulkifli • Zia-U-Bahkt Sultan Shah • Zulfikar Abdullah • Zurina Asiah Musa, Dr.

International Mission

Ahmad Sukari Halim, Prof. Dr. • Ahmad Zulman Mohd Zain • Alex Lai Sian Ann • Aminudin Mohamed Shamsudin, Dr. • Arman Zaharil Mat Saad, Dr. • Che Mahmud Mohd Nordin • Elias Mohamad • Hashimah Husin • Anuar Abdul Hamid, Major (B) Hj. • Jitendra Kumar Shantilal N. Tejani, Dr. • Juriza Ismail, Dr. • Kalsom binti Yahya • Loh Sit Fong • Mahamarowi bin Omar, Dr. • Mohamad Ayof Bajuri • Mohamad Hanafi Ramli, Ir. • Mohamed Faizal Ali, Dr. • Mohammad Azmi Zulkafli • Mohammad Iqbal Omar, Dr. • Mohd Ezzaidy Mohd Rudy • Mohd. Faizal Ishak • Mohtar Ibrahim, Dr. • Muhammad Hapis Jamil • Noor Jannah Abdullah • Nor Hasanah Yahya • Norazlan Fadzil • Norizan Jusoh • Normala Basiron, Dr. • Rahimah Awang • Ranjit Kaur A/P Bhajan Singh, Dr. • Razali Idris • Ridzawan Abdullah • Ruwaida Isa, Dr. • Saedah Ali, Dr. • Shaharezet Mustaffa • Suhaeb Abdulrazzaq Mahmod, Dr. • Sutheer Ahmad Kunjoo • Suziyanti Mahyuddin • Syed Sobri Syed Zubir, Prof • Tengku Rozila Tengku Yusoff • Wan Azman Wan Sulaiman, Dr. • Wan Maharuddiri Wan Sulaiman • Yasir Mohamed Ahmed Boffe • Yusof Hassim, Sr. • Zullaili Zainal Abidin

FINANCIAL STATEMENT

SOCIETY INFORMATION	116
AUDITORS' REPORT	117
EXECUTIVE COUNCIL REPORT	119
STATUTORY INFORMATION	120
STATEMENT BY EXECUTIVE COUNCIL	121
STATUTORY DECLARATION	122
BALANCE SHEET	123
STATEMENT OF INCOME AND EXPENDITURE	124
STATEMENT OF CHANGES IN CHARITABLE FUNDS	125
CASH FLOW STATEMENT	126
NOTES TO THE FINANCIAL STATEMENTS	127

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 Mohammed Salleh

VICE PRESIDENT II

Norazam Ab Samah

HONORARY SECRETARY

YM Raja Riza Shazmin Raja Badrul Shah

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

REGISTERED OFFICE

Level 2, Podium Block
Kompleks Dayabumi, City Point
Jalan Sultan Hishamuddin
50050 Kuala Lumpur

AUDITORS

Azuddin & Co. (AF 1452)
Chartered Accountants

BANKERS

CIMB Bank Berhad
RHB Bank Berhad
Malayan Banking Berhad

Auditors' Report

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, which comprise the balance sheet as at 31 December 2011 of the Fund, and statement of income and expenditure, statement of changes in charitable funds and cash flow statement 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 Council of the Society is responsible for the preparation and fair presentation of these financial statements in accordance with approved MASB accounting standards in Malaysia for Private Entity 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 Fund 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 Fund 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 audit opinion.

Auditors' Report

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 approved MASB accounting standards in Malaysia for Private Entity and the Societies Act, 1966 in Malaysia so as to give a true and fair view of the financial position of the fund as of 31 December 2011 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: 28 May 2012



AZUDDIN BIN DAUD

Partner

2290/08/012/ (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 2011

The Executive Council have pleasure in submitting their report and the audited financial statements of the Society for the financial year ended 31 December 2011.

Executive Council of the Society

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

PRESIDENT	Dato' Dr. Ahmad Faizal Mohd Perdaus
VICE PRESIDENT I	Assoc. Prof. Dr. Mohamed Ikram Mohammed Salleh
VICE PRESIDENT II	Norazam Ab Samah
HONORARY SECRETARY	YM Raja Riza Shazmin Raja Badrul Shah
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

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 is 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 2011 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 DATO' DR. AHMAD FAIZAL MOHD PERDAUS and ASSOC. PROF. DR. MOHAMED IKRAM MOHAMED SALLEH being President and Vice President I of PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY Malaysia) state that, in the opinion of the Executive Council, the financial statements set out on following pages, are drawn up in accordance with applicable approved accounting standards in Malaysia so as to give a true and fair view of the state of affairs of the Society at 31 December 2011 and of its results of operation and cash flows 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: 28 May 2012

Statutory Declaration

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

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

Statutory declaration by Honorary Treasurer

I, IR. AMRAN BIN MAHZAN, being the Honorary Treasurer primarily responsible for the accounting records and 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 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 state of Federal Territory on 28 May 2012)



IR. AMRAN BIN MAHZAN

BEFORE ME :



Balance Sheet

BALANCE SHEET AS AT 31 DECEMBER 2011

	Note	2011 RM	2010 RM
ASSETS			
Non-current assets			
Property, plant and equipment	5	711,114	986,577
Current Assets			
Inventories	6	678,318	571,057
Other receivables	7	509,742	826,041
Cash and cash equivalents	8	11,218,661	15,521,249
		12,406,721	16,918,347
LIABILITIES			
Current liabilities			
Other payables		251,335	171,508
		251,335	171,508
Net current assets			
		12,155,386	16,746,839
		12,866,500	17,733,416
Financed by:			
Charitable funds		12,866,500	17,733,416

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

Statement of Income and Expenditure

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER 2011

	Note	2011 RM	2010 RM
INCOME			
Donation	9	7,910,798	8,558,171
Annual fund raising dinner	10	120,045	50,128
Membership fee	11	2,880	5,890
Other income	12	1,152,019	443,036
		9,185,742	9,057,225
Less: EXPENSES			
CHARITABLE EXPENDITURE	13	11,404,980	11,196,463
OPERATING EXPENSES	14	2,647,678	3,167,082
		14,052,658	14,363,545
DEFICIT BEFORE TAX		(4,866,916)	(5,306,320)
TAXATION	15	-	-
DEFICIT FOR THE YEAR		(4,866,916)	(5,306,320)

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

Statement of Changes In Charitable Funds

STATEMENT OF CHANGES IN CHARITABLE FUNDS FOR THE YEAR ENDED 31 DECEMBER 2011

	2011 RM	2010 RM
Balance as at 1 January	17,733,416	23,039,736
Deficit for the year	(4,866,916)	(5,306,320)
Balance as at 31 December	12,866,500	17,733,416
Charitable funds are consists of:		
Unrestricted fund	2,700,277	5,689,129
Restricted funds :-		
Bangladesh	14,185	251,936
Cambodia	130,355	335,478
China	178,861	42,670
Haiti	-	212,313
India	459,608	252,804
Indonesia	4,818	-
Japan	434,525	-
Malaysia	1,091,034	1,358,839
Maldives	22,531	22,531
Mentawai	128,346	196,985
Myanmar	1,643,914	1,222,024
Padang	24,587	41,555
Pakistan	552,515	758,830
Palestine	4,621,801	5,594,291
Philippines	198,564	139,035
Somalia	27,783	-
Special Project-ADDRN	378,771	393,798
Sri Lanka	152,203	659,626
Sudan	46,651	560,572
Turkey	55,221	-
	10,166,273	12,044,287
	12,866,500	17,733,416

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

Cash Flow Statement

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2011

	2011 RM	2010 RM
Cash flows from operating activities		
Deficit before tax	(4,866,916)	(5,306,320)
Adjustment for:		
Depreciation	373,687	400,173
Interest income	(260,311)	(304,503)
Loss on disposal and written of property, plant and equipment	-	1,000
Deficit before working capital changes	(4,753,540)	(5,209,650)
Changes in working capital:		
Changes in inventories	(107,261)	(127,237)
Other receivables	316,299	(20,547)
Other payables	79,827	(478,227)
Cash used in operating activities	(4,464,675)	(5,835,661)
Interest received	260,311	304,503
Net used in operating activities	(4,204,364)	(5,531,158)
Cash flows used in investing activities		
Proceeds from disposal of property, plant and equipment	-	250
Purchases of property, plant and equipment	(98,224)	(30,188)
Net used in investing activities	(98,224)	(29,938)
Net decrease in cash and cash equivalents	(4,302,588)	(5,561,096)
Cash and cash equivalents at end of year	15,521,249	21,082,345
Cash and cash equivalents at end of year	11,218,661	15,521,249
Cash and cash equivalents comprise:		
Cash and bank balances	1,204,893	2,696,595
Deposit with licensed banks	10,013,768	12,824,654
	11,218,661	15,521,249

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

Notes to the Financial Statements

1. Principal objects/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:

- (a) 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;
- (b) to promote the spirit of goodwill, volunteerism, and humanitarianism among members and volunteers of the Society;
- (c) to educate the public on aspects of humanitarian assistance, disaster management and risk reduction; and
- (d) to liaise with various local and international relief organisations, agencies, host governments and or other interested societies to assist in achieving these objectives.

2. Date of authorisation of financial statements

The financial statements were authorised for issue by Executive Council on 28 May 2012.

3. Basis of preparation of the financial statements

The financial statements of the Society have been prepared in accordance with the provisions of the Societies Act, 1966 and the applicable Approved Accounting Standards issued by the Malaysian Accounting Standards Board.

The financial statements are presented in Ringgit Malaysia ("RM").

Notes to the Financial Statements

4. Summary of significant accounting policies

(a) Basis of accounting

The financial statements of the Society are prepared under the historical cost convention. The financial statements comply with the applicable approved accounting standards in Malaysia.

(b) 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 Balance Sheet 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.

Membership admission is recognised upon approval by Executive Council of the respective applications.

(c) Property, plant and equipment

Property, plant and equipment are stated at cost less accumulated depreciation and impairment losses.

Property, plant and equipment are depreciated on a straight-line basis to write off the cost of the assets over the term of their estimated useful lives.

The principal 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%

(d) Cash and cash equivalents

Cash and cash equivalents consist of cash in hand, at bank and fixed deposits with licensed banks. Cash equivalents comprise highly liquid investments which are readily convertible to known amount of cash which are subject to an insignificant risk of change in value. The Society has adopted the indirect method of Cash Flow Statement presentation.

(e) Income recognition

Income from donation is recognised in the period in which the Society is entitled to receive and where the amount can be measured with reasonable certainty.

Interest income and other trading income are recognised on accrual basis.

(f) Inventories

Inventories consist of merchandise, Emergency Response Unit (ERU), and outreach clinic items valued at the lower of cost and net realisable value. Cost is determined by first-in first-out basis.

Notes to the Financial Statements

4. Summary of significant accounting policies (continued)

(g) Impairment of assets

The carrying values of assets are reviewed at each balance sheet date to determine whether there is any indication of impairment. If such an indication exists, the asset's recoverable amount is estimated. The recoverable amount is the higher of an asset's net selling price and its value in use, which is measured by reference to the discounted future cash flows. Recoverable amount are estimated for individuals assets or, if it is not possible, for the cash-generating unit to which the asset belongs.

An impairment loss is charged to the Income Statement immediately. Any subsequent increase in recoverable amount of an asset is treated as reversal of previous impairment loss and is recognised to the extent of the carrying amount of the asset that would have been determined (net of depreciation or amortisation, if applicable) had no impairment loss been recognised. The reversal is recognised in the statement immediately.

(h) 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.

(i) Foreign currency translations

Transaction in foreign currencies are translated into Ringgit Malaysia at the exchange rates prevailing at the transaction dates or, where settlement has not yet taken place at end of the the financial year, at the approximate exchange rates prevailing at that date. All exchange gains and losses are taken up in the Income Statement.

The principal closing rates used in the translation of foreign currency amounts are as follows:

Foreign currency	RM 31.12.2011	RM 31.12.2010
1 US Dollar	3.25500	3.22000
1 Brunei Dollar	2.49700	2.45000
1 Cambodian Riel	0.78650	0.00075
1 Pakistan Rupee	0.03740	0.03830
1 Sri Lanka Rupee	0.02910	0.02910
1 Australian Dollar	3.25000	3.17000
1 Euro	4.28900	4.24000
1 Chinese Yuan Renminbi	0.50390	0.47930
1 Japanese Yen	0.04140	0.03840
1 Indonesian Rupiah	0.36700	0.00037
1 Philippine Peso	0.07880	0.07820
1 Singapore Dollar	2.49700	2.45000
1 Swiss Franc	3.52000	3.28000
1 Pound Sterling	5.05000	5.07000
1 Thai Bhat	0.11044	0.11400
1 Taiwan New Dollar	0.11280	0.10473
1 India Rupee	0.06260	0.07230
1 Bangladesh Taka	0.04340	0.04670

Notes to the Financial Statements

5. Property, plant and equipment

	Furniture and fitting RM	Computer and EDP RM	Office equipment RM	Renovation RM	Motor vehicle RM	Air conditioner RM	Security equipment RM	Medical equipment RM	Total RM
Cost									
Opening balance	237,679	772,312	235,406	319,101	697,615	10,645	9,000	72,853	2,354,611
Additions	12,045	71,812	7,197	4,750	-	2,420	-	-	98,224
Disposal/Written off	-	-	-	-	-	-	-	-	-
Closing balance	249,724	844,124	242,603	323,851	697,615	13,065	9,000	72,853	2,452,835
Depreciation									
Opening balance	136,201	380,366	133,567	159,822	483,294	4,733	7,562	62,489	1,368,034
Charge for the year	43,958	145,144	23,848	64,359	82,705	2,406	1,077	10,190	373,687
Disposal/Written off	-	-	-	-	-	-	-	-	-
Closing balance	180,159	525,510	157,415	224,181	565,999	7,139	8,639	72,679	1,741,721
Net book value									
At 31 December 2011	69,565	318,614	85,188	99,670	131,616	5,926	361	174	711,114
At 31 December 2010	101,478	391,946	101,839	159,279	214,321	5,912	1,438	10,364	986,577
Depreciation charge for the year ended 2010	45,614	137,966	25,709	63,818	113,216	1,842	1,080	10,928	400,173

Notes to the Financial Statements

6. Inventories

	2011 RM	2010 RM
At Cost:		
Emergency Response Unit (ERU)	561,047	461,212
Merchandise	109,807	94,772
Outreach Clinics	7,464	15,073
	678,318	571,057

7. Other receivables

	2011 RM	2010 RM
Other debtors, deposit and prepayment	150,010	184,122
Advance to mission members and basecamp	359,732	641,919
	509,742	826,041

8. Cash and cash equivalents

	2011 RM	2010 RM
Cash in hand	284,112	179,437
Cash at bank	920,781	2,517,158
Deposit with licensed banks	10,013,768	12,824,654
	11,218,661	15,521,249

9. Donations

	2011 RM	2010 RM
Unrestricted fund	2,660,329	5,557,990
Restricted funds	5,525,846	3,282,904
Less: Fundraising costs	(275,377)	(282,723)
	7,910,798	8,558,171

Notes to the Financial Statements

10. Annual fund raising dinner

	2011 RM	2010 RM
Income received	264,158	195,270
Less: Fundraising costs	(144,113)	(145,142)
	120,045	50,128

11. Membership fee

	2011 RM	2010 RM
Entrance fee	200	150
Life membership	2,500	3,700
Ordinary membership	180	2,040
	2,880	5,890

12. Other income

	2011 RM	2010 RM
Interest received	260,311	304,503
Sale of merchandise	31,792	33,083
Others	859,916	105,450
	1,152,019	443,036

13. Charitable mission expenditure

Charitable expenditure by mission are as follow:-

	2011 RM	2010 RM
Afghanistan	621,025	707,143
Assessment	37,909	6,386
Bangladesh	401,358	489,544
Cambodia	399,329	610,780
China	135,809	346,709
Chile	-	119,008
Haiti	212,133	-
India	152,196	272,196
Balance brought forward	1,959,759	2,551,766

Notes to the Financial Statements

13. Charitable mission expenditure (continued)

	2011 RM	2010 RM
Balance carried forward	1,959,759	2,551,766
Japan	1,237,624	-
Libya	268,844	-
Malaysia	1,533,684	949,248
Maldives	-	203,981
Medan and Aceh	33,488	36,219
Mentawai	46,413	101,947
Myanmar	385,735	1,228,938
Padang	20,921	1,040,376
Pakistan	210,936	434,342
Palestine	972,492	2,045,160
Philippines	90,471	24,914
Somalia	834,811	-
Special project - ADRRN	813,932	823,314
Sri Lanka	1,600,237	482,000
Sudan	907,346	958,151
Thailand	66,820	-
Tsunami (Nias)	335,048	194,335
Turkey	80,779	-
Yogyakarta	5,640	121,772
	11,404,980	11,196,463

14. Operating expenses

Including in operating expenses are:-

	2011 RM	2010 RM
Audit fee	11,000	11,000
Depreciation	320,921	307,351
Gain on foreign exchange	(19,961)	(9,919)
Loss on disposal and written off property, plant and equipment	-	1,000
Office rental	83,176	80,345
Staff costs (Note 16)	1,260,400	1,866,255
Warehouse rental	77,250	105,500

Notes to the Financial Statements

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

	2011 RM	2010 RM
EPF and SOCSO	159,628	185,433
Medical	19,375	25,655
Salaries and allowances	1,081,397	1,655,167
	1,260,400	1,866,255
Number of employees (excluding Executive Council) at the end of financial year	41	46

GET INVOLVED!



“No act of kindness, no matter how small, is ever wasted”

(Aesop, Greek philosopher)

Merchandise

Donate to MERCY Malaysia today!

As an international non-profit organisation, MERCY Malaysia relies solely on funding and donations from organisations and generous individuals to continue our services of providing humanitarian assistance to our beneficiaries. Your contribution, no matter how small, could go a long way to making a difference in someone's life.

All cash donations are tax deductible (applicable only to donations made within Malaysia).

If you do not receive your tax-exempted receipt within 2 weeks of your contribution, do notify us and we will attend to your request immediately. Please call our HQ at +603 2273 3999 or email us at info@mercy.org.my.

You too, can help MERCY Malaysia realise greater humanitarian causes.

Donate now!

To Donate, visit

visit www.mercy.org.my

Put a smile on a loved one's face and help support

our humanitarian work by purchasing MERCY Malaysia merchandise. Proceeds are channelled to our General Humanitarian Fund, where it will be used to support our on-going programmes locally and overseas.

1. MERCY Malaysia Umbrella
1 for RM15 / 2 for RM 25
2. MERCY Malaysia Canvas Bag
1 for RM25 / 2 for RM 45
3. MERCY Malaysia Memo Pad
1 for RM25 (Large) /
1 for RM 10 (Small)
4. MERCY Malaysia Teddy Bear
1 for RM20 each
5. MERCY Malaysia Pewter Pin
1 for RM20 / 2 for RM 30



For further enquiries and to place orders, please contact 03 2273 3999 or email info@mercy.org.my

Join Us!

JOIN OUR SOCIETY

We are constantly on the lookout for society members who share our vision and commitment to our humanitarian work, regardless of race, religion or background. As a member, you will be able to witness and be involved in the governance of MERCY Malaysia as a society.

VOLUNTEER WITH US

Volunteers are the backbone of MERCY Malaysia. We are constantly looking for volunteers who have the passion, drive and professionalism while supporting our humanitarian efforts. We are proud to work with individuals that go beyond the call of duty to contribute their time and expertise to assist us in continuing our humanitarian work.

FUNDRAISE FOR US

As an international non-profit organisation, MERCY Malaysia relies solely on funding and donations from organisations and generous individuals to continue our services to provide humanitarian assistance to our beneficiaries. From small-scale events to national campaigns, we are always open to opportunities of collaborating with partners who share our vision and commitment to our humanitarian work.

GROW YOUR CAREER

A career with MERCY Malaysia provides individuals with an opportunity to serve vulnerable communities while developing a profession within the humanitarian field. We are always on the lookout for outstanding team members who share our vision and commitment and willing to grow their talent with us.

To find out more, visit

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