



Annual Report 2009





COVER RATIONALE

Evolution

As MERCY Malaysia completes its tenth year, our commitment to organisational change and continuous improvement is stronger than ever. The butterfly emerging from its chrysalis is an apt representation of our metamorphosis into a professional organisation with a solid foundation in accountability and transparency.



CONTENT

Introduction

Patron's Message
Chairman Of The Board Of Trustees' Message
President's Message
Executive Director's Message

About Us

Our Vision, Mission and Core Values
Our Strategic Commitments
Humanitarian Accountability
Where We Have Been
Our Approach To Natural Disaster Risk Management
MERCY Malaysia's Board of Trustees
MERCY Malaysia's Executive Council
Treasurer's Report

Our Work : Malaysia

Healthcare
Disaster Risk Reduction

Our Work : International

Healthcare
Disaster Risk Reduction

Events

MTCP Programme
International Humanitarian Conference
Tenth Anniversary Dinner 2009
Trainings Conducted in 2009

Our Affiliation

The Asian Disaster Reduction and Response Network (ADDRN)

Acknowledgement and Thanks

Partners
Volunteers
Secretariat
Field Office Staff

Join Us!

Financial Statement

Feedback



H.R.H Sultan Azlan Shah, Patron

“ As Patron
of MERCY Malaysia,
I am proud to have witnessed
its evolution to becoming a
recognised and respected
international humanitarian actor,
while maintaining its identity as a
homegrown Malaysian organisation.”



PATRON'S MESSAGE

On September 16th of 2009, MERCY Malaysia celebrated its tenth year of establishment. What started out as a response-driven volunteer-based organisation consisting a small group of like-minded individuals, MERCY Malaysia has grown into a reputable international non-governmental organisation. As Patron of MERCY Malaysia, I am proud to have witnessed its evolution to becoming a recognised and respected international humanitarian actor, while maintaining its identity as a homegrown Malaysian organisation.

In 2009, MERCY Malaysia continued to demonstrate dedication and responsiveness in carrying out its work. MERCY Malaysia responded promptly to both Typhoon Ketsana in the Phillippines and the earthquake in Padang, indonesia, despite them occurring within days of each other. The organisation also continues to serve in various conflict situations. Its presence in the Gaza strip, Sri Lanka and Sudan, among others, is testament to MERCY Malaysia's unwavering commitment to helping those in need whatever their colour, creed or religion. I commend the excellent work and selfless dedication of each and every member, volunteer and donor.

Looking forward, global economic conditions as well as threats to the environment are likely to dictate the direction of humanitarian work to an increasing extent. As an organisation, you will likely be exposed to greater complexities in providing aid and will face fundraising challenges. Given your track record, however, I am confident that you will remain steadfast, and I encourage you to employ creativity in generating financial support as well as in using funds effectively and efficiently.

I take this opportunity to welcome the new President, Dato' Dr. Ahmad Faizal Mohd Perdaus who succeeds founder and previous President, Tan Sri Datuk Dr. Jemilah Mahmood. I am certain that the new President will take over the reigns of the organisation and steer it towards excellence in the footsteps and high standards set by its founder.

It is my hope that the work of MERCY Malaysia will inspire many more Malaysians to come forth and lend their support to help alleviate the sufferings of vulnerable communities all around the world.

I congratulate you on your accomplishments and I wish every member, staff and volunteer of the organisation much success in the future.

H.R.H SULTAN AZLAN SHAH

The Sultan of Perak Darul Ridzuan



Tan Sri Dato' Ajit Singh,
Chairman of the Board of Trustees

"People donate
to MERCY
Malaysia
because they
trust the
organisation."



CHAIRMAN OF THE BOARD OF TRUSTEES' MESSAGE

It is amazing sometimes how one small act of generosity can create a ripple effect so big it changes the lives of thousands for the better. A single ringgit taken out of wallets and purses by random Malaysians, pushed through the slot of a MERCY Malaysia donation box, has led to the rehabilitation of a hospital in the district of Gasan Gadang destroyed by the earthquake that hit Padang, Indonesia in 2009.

These civil society members, all busy with their lives, took a couple of minutes of their rushed schedules, on their way to work, whilst shopping or just before meeting someone for coffee, to spare a thought to those suffering from natural or man-made disasters.

These small acts of kindness, was performed several times last year, either to provide hygiene kits to the survivors of Typhoon Ketsana which hit the Philippines in September 2009 or to provide primary health care to the Internally Displaced Persons (IDP) living in difficult conditions in Vavuniya as a result of the conflict in Sri Lanka.

Many people were not specific about the who, why, where of the money they donated. They just wanted to give to MERCY Malaysia.

Such is faith of Malaysians in MERCY Malaysia. Malaysians donate to MERCY Malaysia because they believe that their monies will be properly utilised to supply medical-related aid to those who truly need them. People donate to MERCY Malaysia because they trust the organisation.

As the Chairman of MERCY Malaysia's Board of Trustees, I can safely vouch for the credibility of the organisation. The trust that Malaysians have in MERCY Malaysia is justified. But what is more important for the public to realise is that their trust is held in high regard by the people that make up MERCY Malaysia. The staff and volunteers of MERCY Malaysia have stepped up to the bat - accountability and transparency measures are

constantly improved upon within the organisation year by year. The formation of the Board of Trustees in 2009 is a good example of MERCY Malaysia's commitment to accountability and transparency. I am fortunate enough to chair this board and I share my responsibilities with three other respected members. The role of the Board of Trustees, among others is to oversee the governance and the strategic direction of MERCY Malaysia and to strengthen it, if necessary.

When my fellow Board members and I observe and reflect upon the journey that MERCY Malaysia has taken, we feel proud. At the same time, we are confident of living up to our roles and responsibilities. This is mainly because we see that MERCY Malaysia's commitment to accountability and transparent governance is clear cut and the organisation has clearly adopted the culture of continuous improvement.

One of the strongest manifestations of MERCY Malaysia's commitment to accountability is reflected in its decision to become a member of the Humanitarian Accountability Partnership (HAP) in 2007. Established in 2003, HAP International is the humanitarian sector's first international self-regulatory body. As a member of HAP, MERCY Malaysia promises all its stakeholders that it will always strive to achieve the highest standards of accountability and quality management in its operations.

The humanitarian aid sector is a very complex one. This complexity increases the risk for unaccounted-for funds, waste, fraud, and corruption. As such, it is important for an aid agency to maintain mechanisms and frameworks for accountability and transparency.

Over the years, MERCY Malaysia has always aimed to implement projects based on beneficiaries' input, through the consultation and participation of the affected people. Practices such as this empower the beneficiaries and just as importantly, result in more appropriate and effective aid.

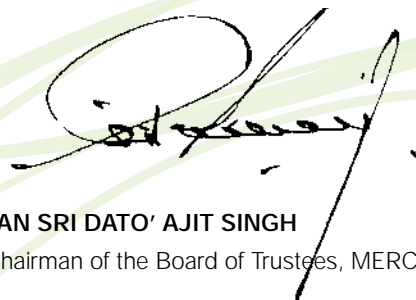
The framework for good governance and accountability is built into the current structure of MERCY Malaysia, enabling the organisation to have a system of checks and balances through which stakeholders can participate. As such, when MERCY Malaysia embarks upon a project, whether locally or internationally, it is done with no social, political, cultural, or religious bias or prejudice in the delivery of aid.

MERCY Malaysia now operates on a set of permanent, clear operating principles and has an accountability framework which is publicly available and communicated to as many stakeholders as possible.

It is a far cry from the early days of MERCY Malaysia – a work-in-progress that was brainchild of the visionary Tan Sri Datuk Dr Jemilah Mahmood. When it was first established as an NGO, MERCY Malaysia comprised of a group of dedicated doctors, who used the constitution of the Malaysian Menopause Society as guide for its own. Today it is headed by an Executive Committee with an Executive Director in charge of day-to-day operations and a Board of Trustees to oversee governance and direction. However it is important to note that one thing has not changed in the organisation's overall operations, then and now. This is the underlying principle of humanitarianism – the act of preventing and alienating human suffering, whenever it occurs and the right of all persons to receive and give assistance.

It is a clear equation - the development and the practice of the principles accountability at all levels of operations in an organisation can only serve to improve its services to beneficiaries and ensure that it upholds its responsibilities to the other stakeholders. It is this that will build and maintain trust. The provision of humanitarian aid is such a big term but what it translates down to is simple: it all about the act of caring. Throughout its ten years, MERCY Malaysia has always performed this act well and with integrity.

As a member of the Board, I foresee great potential in MERCY Malaysia to progressively improve in its services. As a member of the public, I know that my ringgit, placed in that clear plastic donation box with the blue and red MERCY Malaysia logo on it, will be put to the best use possible, with the humanitarian imperative always coming first.



TAN SRI DATO' AJIT SINGH

Chairman of the Board of Trustees, MERCY Malaysia





Dato' Dr Ahmad Faizal Mohd Perdaus, President

"Not forgetting, the countless volunteers and staff who have also contributed immensely to MERCY Malaysia's success in its first decade."



PRESIDENT'S MESSAGE

The year 2009 was a momentous year for MERCY Malaysia for many reasons. It was momentous not just for MERCY Malaysia as an organisation but also for many individuals associated with MERCY Malaysia. There were also some mixed moments for the organisation which in many ways signified the continued growth and development of MERCY Malaysia as a Malaysian-born international humanitarian relief non-governmental organisation (NGO) which has grown and moved in leaps and bounds since its inception both in terms of the expanse and scope of its operations as well as the maturity and capacity of the organisation.

2009 marked MERCY Malaysia's 10th anniversary. From very humble and simple beginnings in 1999 when a six member team went on mission to Kosovo, MERCY Malaysia is now recognised as an international humanitarian NGO with operations across several continents as well as in Malaysia. In ten years, MERCY Malaysia has managed to exceed all expectations, including those of its founding members. A lot of the credit for this remarkable achievement must go to our founder, Tan Sri Datuk Dr Jemilah Mahmood, whose passion, drive and vision played a huge part in shaping MERCY Malaysia into the organisation it is today. Not forgetting, the countless volunteers and staff who have also contributed immensely to MERCY Malaysia's success in its first decade. The year 2009 will go down in the annals of MERCY Malaysia as the year that Tan Sri Jemilah relinquished her position as President to take up her new post as the Chief of the Humanitarian Response Branch at United Nations Population Fund (UNFPA), an achievement we at MERCY Malaysia are all proud of.

One characteristic of a credible humanitarian relief organisation is that it never rests on its laurels. The reason for this is clear, as there is no time to do so. In 2009, MERCY Malaysia began the year just as it ended 2008, in action, delivering humanitarian aid in one of the most complex and complicated conflict areas in the world, the Occupied Palestinian Territories (OPT), specifically, Gaza. Not only did MERCY Malaysia deliver aid, we

were able to send medical teams directly into Gaza to provide life-saving emergency medical relief and eventually set up sustainable programs in the Gaza Strip. While the situation in Gaza captured most of the attention in the early part of 2009, another conflict nearer to home was drawing to a climax; Sri Lanka. MERCY Malaysia made the decision to heed the call for assistance and deploy to the conflict areas in the north east and central parts of the country. MERCY Malaysia was able to deliver aid in some of the most difficult areas in the conflict zone and was one of several organisations given access and permission to work in the conflict zone and adjoining facilities for internally displaced persons (IDPs).

Apart from working in two new complex emergencies in conflict areas, MERCY Malaysia also responded to two natural disasters in late 2009, namely the earthquake in Padang, Indonesia, as well as Typhoon Ketsana in the Philippines. In both instances, MERCY Malaysia lived up to expectations and the standards it had set by deploying within 24 hours of the onset of both disasters. This cemented MERCY Malaysia's position as the leading humanitarian INGO providing emergency relief in the region. Another aspect of our response was the maturity of both responses with different pathways taken in both situations and the active involvement of local partners from the beginning. This maturity did not develop overnight, but was a result of continuous effort and improvement over the last ten years.

While we explored new frontiers, MERCY Malaysia continued to work in a sustainable manner both at home and abroad. Despite security and logistics challenges, our teams continued to work with distinction in difficult situations in Kandahar, Afghanistan and Darfur, Sudan. Post-disaster health rehabilitation and reconstruction work continued in Myanmar. Disaster risk

reduction programs also continued at a good pace both in Malaysia and internationally.

In 2009, MERCY Malaysia also expanded its activities to include organising high level conferences. MERCY Malaysia organised the first International Humanitarian Conference in partnership with the International Council for Voluntary Agencies (ICVA). The conference was a huge success, attracting participation from across the globe and was widely recognised as a first of its kind in the region. In collaboration with one of our partners, Pricewaterhouse Coopers, MERCY Malaysia also co-organised a workshop targeting the corporate sector focusing on disaster preparedness and risk reduction in risk management and business continuity. Coming into our tenth year, MERCY Malaysia felt that it was ready to share its experiences and accumulated knowledge in humanitarian work with the outside world, especially in Malaysia and the region and we have been delighted by the response. Going forward, this will be another aspect of work in which MERCY Malaysia will seek to expand and increase our capacity and involvement.

Internally, MERCY Malaysia as a dynamic and evolving organisation continued to improve and enhance its internal mechanisms. A new organisational structure for the staff in headquarters was envisioned and was carried forward to be implemented in 2010. Strategic direction for a new era in MERCY Malaysia was also laid out which culminated in the organisation agreeing on three Key Result Areas (KRAs) which are sustainable funding, human capacity development and operational excellence. By doing so, we were able to set targets and Key Performance Indicators (KPIs) based on these three areas in early 2010. Throughout 2009 MERCY Malaysia continued to engage actively with its volunteers and this momentum is also carried on into 2010. MERCY Malaysia also actively underwent a review of its commitments to Humanitarian Accountability Partnership (HAP) in 2009 and have made a

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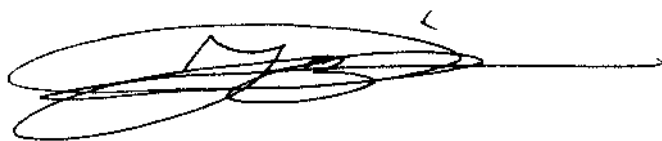
concerted effort throughout 2009 to meet the requirements that have been set and these efforts are continuing with increased participation from staff and volunteers in 2010.

As part of our efforts to increase accountability and enhance transparency and governance in the organisation, a Board of Trustees made up of eminent personalities was set up and had its first meeting in August 2009. This is a conscious move by the organisation to ensure the highest possible standards are met and we strongly believe the Board of Trustees will be able to achieve the stated aims while at the same time enhancing the credibility of MERCY Malaysia.

I would like to take this opportunity to thank all our partners, volunteers, staff and supporters for all your efforts and trust in us throughout 2009 and sincerely hope and pray that the same if not more will continue in 2010 and beyond. MERCY Malaysia is very much a people-oriented organisation, and without your continued strong unflinching support, the organisation will falter and fail to deliver on its commitments and will not be able to take its place as a leading humanitarian NGO in the region as it does today.

What then does the future hold for MERCY Malaysia? We in the leadership in the Executive Council as well as the management are confident and strongly believe that with the continued strong support and trust from all stakeholders especially HRH The Patron, The Board of Trustees, our various and diverse partners as well as with the continued commitment and dedication of our staff and volunteers, the future is bright and promising for MERCY Malaysia. There will be many challenges ahead, but with the right people and strategies in place, MERCY Malaysia will be ready to rise to them and continue its upward journey towards becoming a truly world class international humanitarian organisation while remaining proudly Malaysian.

Thank you and God Bless.



DATO' DR AHMAD FAIZAL MOHD PERDAUS

President

“ As part of our efforts to increase accountability and enhance transparency and governance in the organisation, a Board of Trustees made up of eminent personalities was set up and had its first meeting in August 2009.”



Ir Zairulshahfuddin Zainal Abidin,
Executive Director

“For MERCY Malaysia
to thrive, we must
have a strong human
foundation by building
the capacity of our
people; both staff and
volunteers.”



EXECUTIVE DIRECTOR'S MESSAGE

First and foremost I would like to congratulate our President, Dato' Dr. Ahmad Faizal Mohd Perdaus, on behalf of everyone at MERCY Malaysia for his recent Conferment by HRH Sultan Perak. I believe that it is not just in recognition of Dato' Dr Ahmad Faizal's tireless efforts, it is also a symbolic 'Thank You' to all MERCY Malaysia's supporters; staff, volunteers, donors and beneficiaries.

My decision to join MERCY Malaysia was a conscious and well-considered one after 24 years of contributing my services in the government and the private sector. I am delighted to have the opportunity to do what I enjoyed most – dedicating my time and attention to humanitarian work while at the same time leveraging on my leadership experiences, people management skills and technical expertise.

MERCY Malaysia has worked hard to establish itself as a Malaysian humanitarian organisation on the international scene. However, we cannot rest on the achievements of the past 10 years. With a constantly changing humanitarian landscape and an increasing focus on professionalism, MERCY Malaysia must step up and meet, if not exceed, these expectations.

Moving forward we must be effective in our work - doing the right things in the right way. Everything we do must be aligned to the organisational direction, working towards achieving the organisation's Key Performance Indicators (KPIs). Ultimately we must deliver beyond stakeholders' expectations, and to achieve this, we have established three Key Result Areas (KRA) – Sustainable Funding, Human Capacity Development and Operational Excellence.

For MERCY Malaysia to thrive, we must have a strong human foundation by building the capacity of our people; both staff and volunteers. This must be done in a holistic manner to produce well rounded individuals who can contribute to mankind wherever and whatever the situation. Staff and volunteers must be equipped with the knowledge, skills and experience to perform according to international benchmarks and standards.

Staff and volunteers must be proactive and perform in accordance with their training and MERCY Malaysia's established procedures. It is imperative that we also document our experiences and lessons learnt while fostering creativity.

Last but not least, we must always be transparent and accountable. Accountability builds trust and confidence among stakeholders. When people give their own money to a cause, they want every cent to go to that cause. We must uphold this trust.

We must also leverage on the strength and expertise of our partners and subject matter experts (SMEs) while providing them support. By sharing our efforts and experiences with all segments of the international and Malaysian society we strive to foster a better understanding of the humanitarian work that we do and the projects we plan to implement.

Ultimately, we look to engage more donors, volunteers and partners to be part of the process of helping the beneficiaries wherever they are.

MERCY Malaysia has carved its place as a leading Asian Humanitarian International NGO in the region. I look forward to working closely with all our stakeholders to ensure we can build an even brighter future for the organisation and our beneficiaries.

IR ZAIRULSHAHFUDDIN ZAINAL ABIDIN

Executive Director

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

- | | |
|------------------------|--|
| M otivation | We are highly motivated and passionate |
| E xcellence | We do the right things in the right way; we are accountable to beneficiaries and donors |
| R espect | We show trust and respect in all our interactions |
| C ollaboration | Working with peers, partners & volunteers builds each other's strengths & enhances the impacts for beneficiaries |
| Y earn to Serve | We will go the extra mile to help those in need |

In 2009;

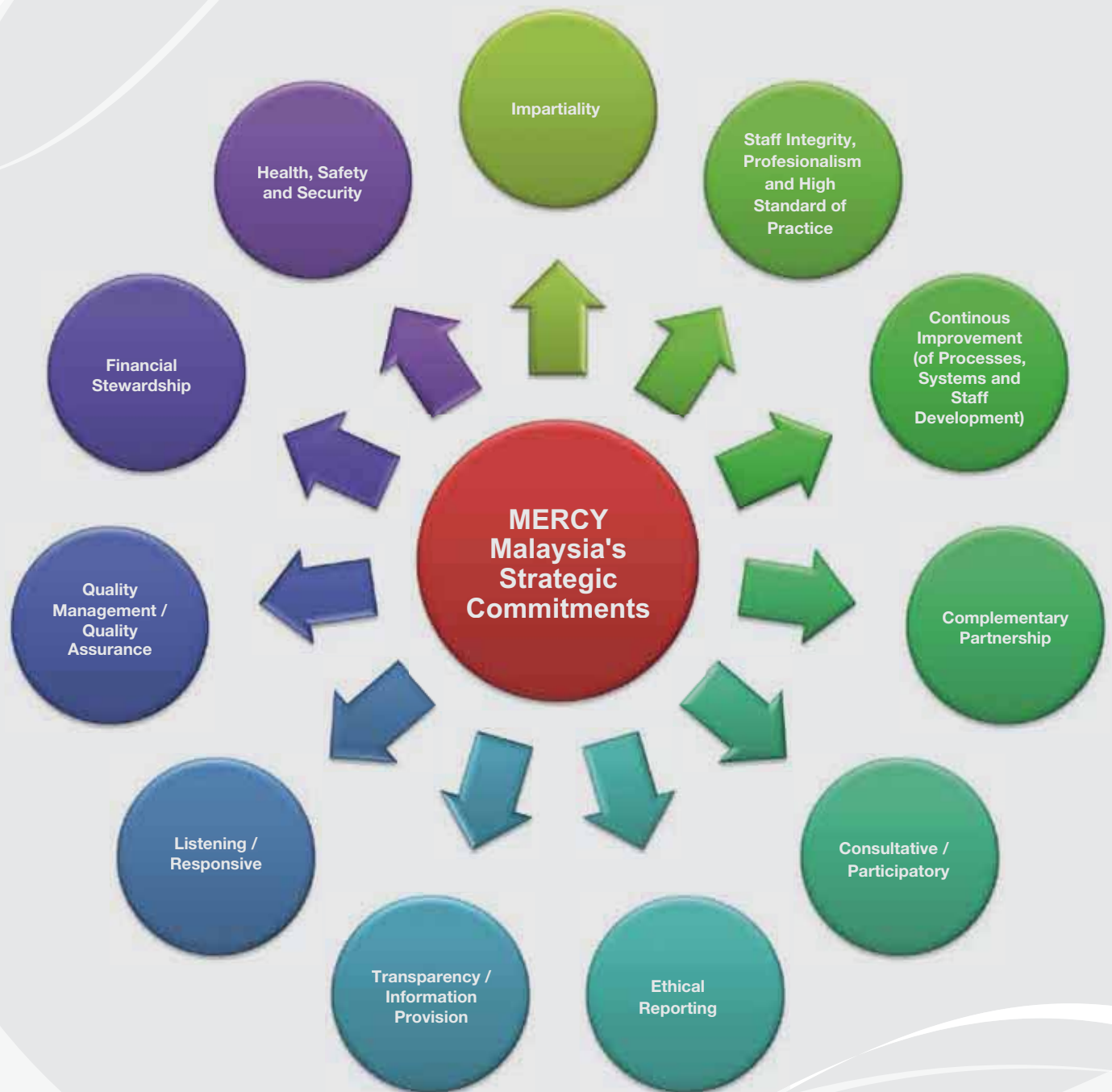
We were present in
14 countries

We assisted approximately
1.65 million beneficiaries.

We spent approximately
USD 4.5 million in
relief efforts including
reconstruction work,
medical equipment,
ambulances etc

The bottom left corner of the slide features several overlapping, wavy, curved lines in various shades of green and white, creating a dynamic, abstract graphic element.

OUR STRATEGIC COMMITMENTS





- **Impartiality** – We maintain impartiality in the selection of our staff. The selection of our beneficiaries will be on a purely needs basis and not based on race, religion and political affiliation.
- **Staff Integrity** – We maintain a workforce that will adhere to basic moral and ethical principals.
- **Continuous Improvement** – We monitor and evaluate our work in order to improve upon 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, enhancing 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 Principals 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, organization 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 response 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.
- **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 in the line of duty.

HUMANITARIAN ACCOUNTABILITY

MERCY MALAYSIA'S JOURNEY OF ACCOUNTABILITY

Accountability and transparency measures began to play a significant role in MERCY Malaysia in 2007, when MERCY Malaysia became a member of the Humanitarian Accountability Partnership International (HAP) in 2007. HAP is the humanitarian sector's first international self-regulatory body established in 2003.

As a member, MERCY Malaysia commits to comply with the HAP Principles of Accountability and is required to report annually on the progress in implementing its Accountability Workplan. The HAP Standard sets six affordable, realistic and results-critical benchmarks for ensuring that it meets the needs of disaster survivors that drive humanitarian action. This is the only aid standard developed in this way and which meets the ISO guidelines for designing quality standards.

By joining the network of HAP, MERCY Malaysia takes a significant step towards allowing itself to be guided and audited in the practice of good governance and transparency. MERCY Malaysia has been developing and executing a formalised internal monitoring and evaluation (M&E) system to ensure accountability and transparency at all levels of its operations.

As a result of the membership of HAP, MERCY Malaysia is paying significant attention to the processes and systems within the organisation. As part of HAP requirement, achieving operational excellence is now embedded in MERCY Malaysia's three-year strategic plan. MERCY Malaysia is also required to have a humanitarian accountability framework and strategic improvement plan to ensure that a culture of continuous improvement is in line with its strategic direction.

What is Accountability?

Accountability refers to organisations (or individuals) being held responsible to a particular group for the effects of their actions.

The framework guides MERCY Malaysia towards good governance and accountability, ensuring that in each project it carries out, beneficiaries are given the opportunity to be involved in programme design and monitoring. Beneficiaries are also encouraged to channel feedback and/or complaints about any aspect of the project and be given the right to expect a response to their feedback/complaints.

The future trend for accountability and governance would be to place more focus evaluation and impact assessment of the organisation's activities. The results will then be used as a basis for lessons learned and to improve upon best practices. It will also provide evidence to influence MM's current partners, governments, donors and implementing partners, with the responsibility of realising the need to be accountable in all processes and practices.



HAP Humanitarian Accountability and Quality Management Standard 2007

The Six Benchmarks

Benchmark 1: The agency shall establish a humanitarian quality management system

Benchmark 2: The agency shall make the following information publicly available to intended beneficiaries, disaster-affected communities, agency staff and other specified stakeholders: (a) organisational background; (b) humanitarian accountability framework; (c) humanitarian plan; (d) progress reports; and (e) complaints handling procedures

Benchmark 3: The agency shall enable beneficiaries and their representatives to participate in programme decisions and seek their informed consent

Benchmark 4: The agency shall determine the competencies, attitudes and development needs of staff required to implement its humanitarian quality management system

Benchmark 5: The agency shall establish and implement complaints-handling procedures that are effective, accessible and safe for intended beneficiaries, disaster-affected communities, agency staff, humanitarian partners and other specified bodies

Benchmark 6: The agency shall establish a process of continual improvement for its humanitarian accountability framework and humanitarian quality management system



Beneficiary in Nias project filling in the feedback form to improve MERCY Malaysia's programme



Oh Boon Han, our volunteer, listening to the beneficiary's needs on the assessment process in Padang Pariaman



MERCY Malaysia's information displayed at our project location in Bangladesh

WHERE WE HAVE BEEN

Afghanistan



Iraq



Palestine



Iran



Sudan



Lebanon



Yemen



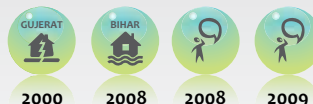
Kosovo



Turkey



India



Sri Lanka



Pakistan



Maldives







































Bangladesh


















Missions & Activities Map

Emergency Response And Activities Since 1999, in 23 Countries

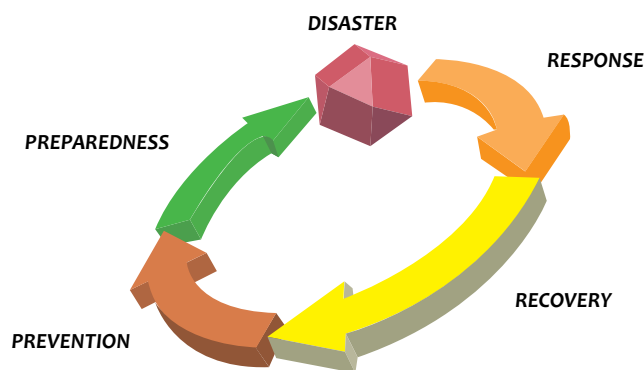


Indonesia	 MALUKU 2000	 NIAS 2000	 ACEH 2004	 NIAS 2005	 YOGYA KARTA 2006	 JAKARTA 2007	 BENGKULU 2007	 BENGKULU 2008	 NIAS 2008	 NIAS 2009	 PADANG 2009
Malaysia	 2002	 2004	 2005-08	 JOHOR 2006	 PAHANG 2007	 KELANTAN 2007	 2008	 2009			
Cambodia	 KG. CHAM 2001	 SIEM REAP 2001	 MEKONG 2002	 2005	 2008	 2009					
North Korea	 RYONG CHON 2004	 2008									
Philippines	 WINNIE 2004	 YOYONG 2004	 DURIAN 2006	 KETSANA 2009							
Vietnam	 LEKIMA 2007										
China	 SICHUAN 2008	 2009									
Myanmar	 2008	 2009									

LEGEND:

 Africa & Middle East	 Floods	 Conflict	 Community
 South Asia	 Tropical Storm	 Volcano	 Medical Specialists
 East Asia	 Landslide	 Explosion	 School Safety
 South East Asia	 Earthquake	 Tsunami	

OUR APPROACH TO NATURAL DISASTER RISK MANAGEMENT



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 new approach to manage natural disasters, Total Disaster Risk Management (TDRM).

MERCY Malaysia takes a pro-active approach to natural disaster risk management. After many years of responding to natural disasters **after** they occur we came to the realisation that we needed to help communities to be prepared **before** a natural disaster strikes. Traditionally the focus has always been the post-disaster phase. We wanted to make sure that we paid equal attention to the pre-disaster activities.

This led us to the Total Disaster Risk Management (TDRM) which aims to ensure a holistic approach to natural disaster risk management so that there is a balance between the pre-disaster (prevention/mitigation and preparedness) and post-disaster (response and recovery) phases so that the root causes and underlying factors that lead to natural disasters are also addressed. The other thing that attracted MERCY Malaysia to TDRM was its emphasis on total stakeholder engagement.

The work we do cuts across all four disaster risk management phases. It is not always possible to say that a particular activity sits within just one phase. What is important is that the things we do contribute to building resilience to disasters. At the same time we engage local stakeholders to ensure our efforts meet their needs, adopt local knowledge and that we achieve community resilience.

MERCY MALAYSIA'S BOARD OF TRUSTEES



Tan Sri Dato' Ajit Singh



Toh Puan Dato' Seri Dr. Aishah
Ong



Dato' Abdul Halim Harun



Tan Sri Dato' Ahmad Fuzi Haji
Abdul Razak

MERCY MALAYSIA'S EXECUTIVE COUNCIL 2008 / 2011



Seated (From left):

Assoc. Prof. Dr. Mohamed Ikram Mohamed Salleh, Dato' Dr. Ahmad Faizal Mohd Perdaus,
H.R.H Sultan Azlan Muhibbuddin Shah, Mohd Azman Sulaiman, Y.M Raja Riza Shazmin Raja Badrul Shah,

Standing (from left):

Assoc. Prof. Dr. P. Shanmuhasuntharam, Dr. Heng Aik Cheng, Ir. Amran Mahzan, Norazam Ab. Samah,
Mohd Shahrudin Asmani (Acting General Manager).

Not in Picture :

Dr. Shalimar Abdullah (on sabbatical), Farah Abdullah

TREASURER'S REPORT

FINANCIAL STATEMENTS

The Executive Committee are 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 the previous years and together we have strived to improve the annual financial reporting.

FINANCIAL PERFORMANCE

Total income received was RM 19.6 million, RM 1.4 million more than the previous year. Total donations received were RM 19.0 million, and income received from other sources was RM 566,000.00. A steady growth in our income can be seen since 2007 as shown in Chart 1.

Unrestricted Fund received was RM 4.7 million up by about RM 800,000.00. For restricted funds a total of RM 14.2 million received, up more than RM 600,000.00 from previous year. The main bulk of restricted fund was for our efforts in Gaza and Myanmar amounting to more than RM 11 million.

In year 2009, there was concerted effort by the Government of Malaysia to consolidate donations from Malaysians for disasters. This in turn resulted in an increased of funding from the Government but a decreased in funding from the Private Sector. Donations and gifts received from other NGOs were RM 1.8 million which is comparable with what was received in the previous year (Chart 2). Donations and gifts from each sector in term of percentage showed in the Table 1.

CHARITABLE EXPENDITURE

In comparison with year 2008, our Charitable Expenditure has increased by RM 5.3 million to a total of RM 14.9 million (Table 2). This is due to our relentless effort in responding to disaster throughout Asia, specifically in Sri Lanka, Indonesia and Philippines, and also continuing projects mainly in Gaza, Pakistan and Myanmar. As of year end 2009, we have delivered our services in 14 countries including Malaysia.

As our main focus, expenditure on medical relief and sustainable health-related development remains as the bulk expenditure in 2009. This contributes a percentage of 85.48% (equivalent to RM 12.8 million) from the total expenditure (Chart 3).

Last year, we emphasised on disaster preparedness programmes by gearing up our efforts in disaster awareness, which increased to 6.13% from 2.99% in the previous year.

OPERATIONAL EXPENDITURE

MERCY Malaysia's operating expenditure did not increase significantly in 2009, but with the increase in disaster response efforts and projects executed in year 2009, we have reduced the operating expenditure percentage to 15% in 2009 from 18% in 2008.

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



IR AMRAN MAHZAN

Honorary Treasurer

FINANCIAL REVIEW

TABLE 1 : SOURCE OF DONATION BY SECTOR

	RM	%
Private Sector	5,070,131	26.57
Public	4,581,970	24.01
Other NGOs	1,709,452	8.96
International Organisations	1,814,686	9.51
Government of Malaysia	5,907,026	30.95
TOTAL DONATION COLLECTED	19,083,264	

TABLE 2 : HOW WE SPENT (TOTAL CHARITABLE EXPENDITURE)

	RM	%
Healthcare & Health-related	12,791,038	85.48
Education	676,562	4.52
Disaster Preparedness	918,012	6.13
Water, Sanitation & Hygiene	300,276	2.01
Total project cost	14,685,888	
Field office running cost	278,122	1.86
	14,964,010	

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

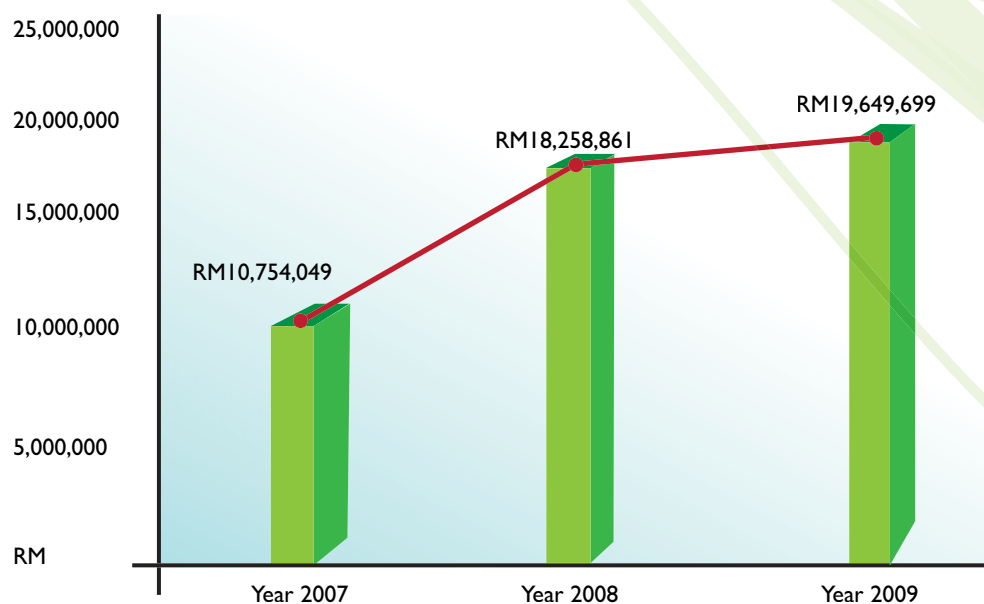


CHART 2 : DONATION RECEIVED BY SECTOR (3-YEAR COMPARISON)

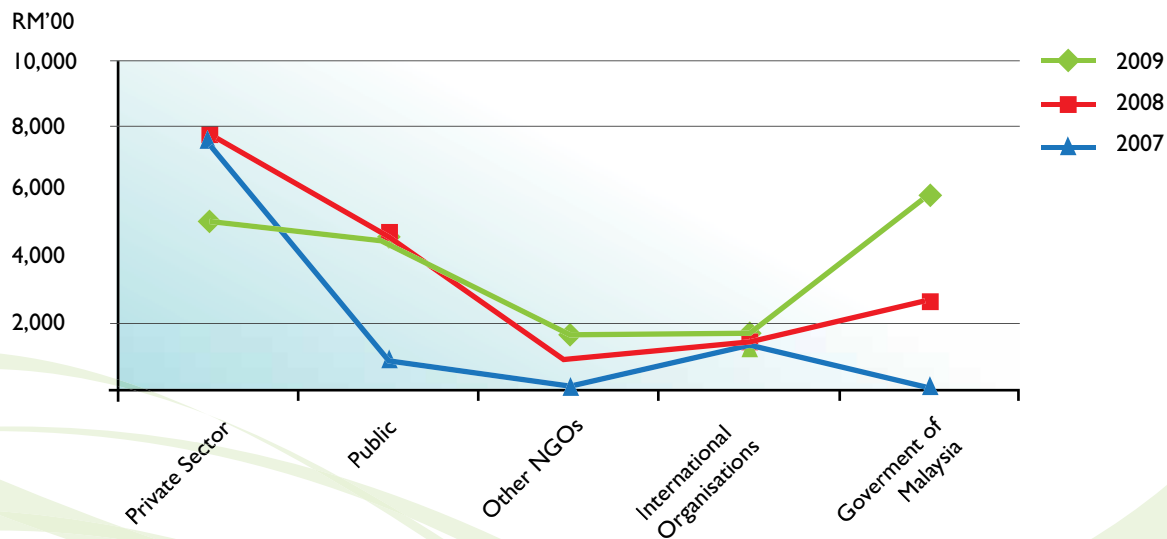
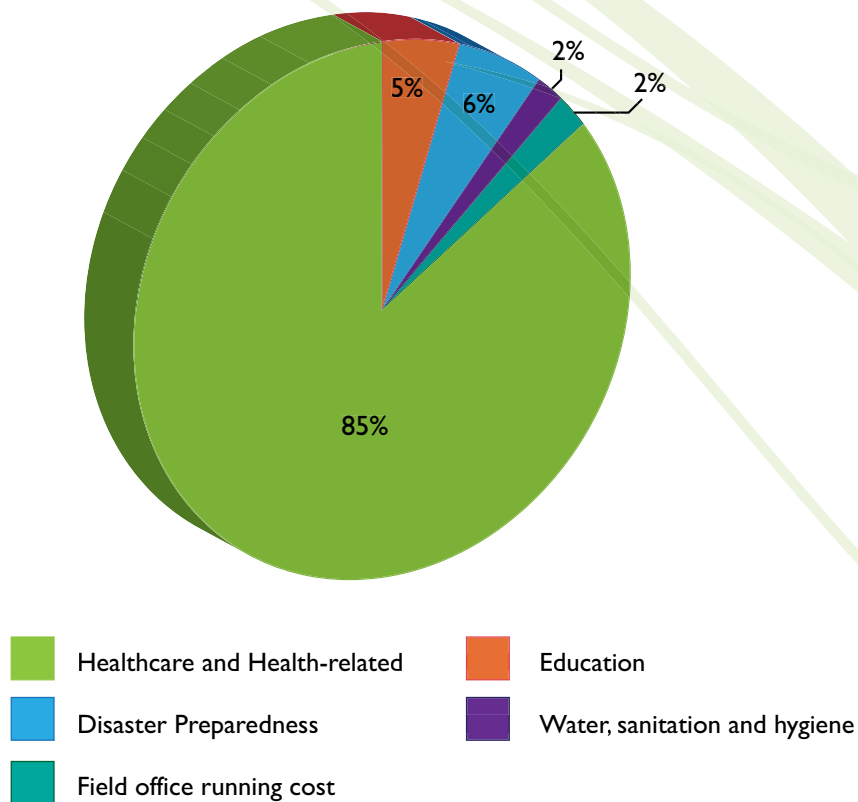


CHART 3 : TOTAL EXPENDITURE BY SERVICES FOR 2009





OUR WORK

MALAYSIA

HEALTHCARE

DISASTER RISK REDUCTION



CLEFT LIP & PALATE (CLIPP) PROJECT, TEMERLOH, PAHANG

In an effort to support the medical needs of the people of Pahang and the Ministry of Health Malaysia, MERCY Malaysia conducted a one-off Cleft Lip & Palate (CLIPP) Project in Temerloh.

With 2 surgical volunteer teams operating concurrently in one day, a total of 6 patients were operated on, consisting of 4 cleft lip cases & 2 cleft palate cases.

Currently in Malaysia, the occurrence of clefts is about one in 700 newborns. The risk of a child having a cleft is about 25% if either of the parents or sibling of the child has it, or there is a history of cleft lip in the family, and the likelihood increase to 50% if both parents have clefts. 30% of people with cleft lip or palate cases have a relative born with a similar condition.

There was a temporary need in the state of Pahang for a cleft surgeon, where cases were referred to neighbouring states having the relevant facilities. This gap was addressed by the Ministry of Health by posting a surgeon trained in cleft surgery.



Two surgical volunteer teams for the CLIPP project in Pahang

OUTREACH CLINIC FOR ORANG ASLI IN BELUM FOREST

In Perak, MERCY Malaysia has extended its services to serve the medical needs of the Orang Asli community who live in the Belum Forest. The Belum –Temengor Rainforest Complex is a living environmental heritage situated on the main Titiwangsa mountain range which has stayed essentially untouched for the last 130 million years.

MERCY Malaysia is working in a complementary partnership with the clinics run by the Perak State Health Department to offer dental services, hygiene promotion and reproductive health services to the Orang Asli. In 2009, a total of 241 people were treated through six mobile clinics. This project was funded by Yayasan Emkay.





OUTREACH CLINICS WITH THE MINISTRY OF HOME AFFAIRS OF MALAYSIA

An ongoing partnership with the Ministry of Home Affairs (KDN) saw MERCY Malaysia involved in a mobile clinic service to provide basic primary health care to the detainees at various Pusat Pemulihan Akhlak (PPA) in Perak, Johor and Kelantan, as well as detainees at Tempat Tahanan Perlindungan (TTP) at Kemunting, Perak. In 2009, 286 beneficiaries were treated at six outreach clinics.

MERCY Malaysia also continued its work with Agensi Anti-Dadah Kebangsaan (AADK) –a national anti-drug agency under the same ministry- in a programme that was first implemented in 2006 to provide primary health care and medical consultation to former drug users (patients in drug rehabilitation programmes) in the Klang Valley. The project is in partnership with Pharmaniaga, who provided medical supplies and the use of their vehicle. In 2009, MERCY Malaysia ran nine outreach clinics and treated at least 184 patients.

“ The project was successfully executed and we believe that we have achieved our objective of providing medical relief to those that came for the programme. ”

Azizi Azizan, a volunteer from the Johor Chapter commenting on the outreach clinic to the PPA in Muar.

“ Two of the interns were given a chance a chance to interview a few of the former drug addicts... The feedback from the former addicts was overwhelming and it was eye-opening.”

Anisha, intern for MERCY Malaysia



OUTREACH CLINICS IN JOHOR

Through our Johor-based volunteers, MERCY Malaysia has conducted outreach clinics to serve the detainees at Pekan Nanas Detention Camp, as well as the Rohingyas at various locations in Johor. Thank you to our dedicated volunteers for ensuring the smooth running of the following clinics.

CLINIC FOR 'PERSONS OF CONCERN TO UNHCR' AT PEKAN NANAS DETENTION CAMP, JOHOR

The outreach clinic programme at Pekan Nanas Detention Camp is an on-going collaboration between Jabatan Imigresen Malaysia and MERCY Malaysia which started in 2007.

The purpose of the outreach clinic is to provide primary healthcare and reproductive health services to camp detainees. Hygiene promotion is also carried out to increase hygiene standards and to create awareness on cleanliness among detainees.

The detainees often do not receive the professional healthcare that they require because of their status and the lack of access to healthcare. To date, approximately 1,200 detainees are accommodated in this camp alone.

The clinic also provides an opportunity for MERCY Malaysia's Johor-based volunteers from various backgrounds to provide community service within their locality.

The objectives of the outreach clinic are:

- To visit and provide sustainable, up-to-date, sound primary healthcare once every two months to the beneficiaries.
- To promote and disseminate best hygiene practices and health education

- To increase HIV/AIDS awareness during clinic sessions
- To identify and provide referral services for complex cases

A total of 600 detainees benefited from the healthcare services via six outreach clinics conducted for the detention camp.

Who are the 'persons of concern' to UNHCR?

This is a generic term used to describe all persons whose protection and assistance needs are of interest to UNHCR.

These include refugees under the 1951 Convention, persons who have been forced to leave their countries as a result of conflict (asylum seekers), returnees, stateless persons, and, in some situations, internally displaced persons (IDPs).

UNHCR's authority to act on behalf of persons of concern other than refugees is based on General Assembly resolutions.



“ ... I guess the best part of the clinic was my encounter with a deaf and dumb patient... how do you explain to a deaf and dumb person that he has to take two pills, four times a day? He can't hear, and neither can he ask questions ...and he's an illiterate. He got confused because I kept signing the numbers 2 and 4.

I made a quick prayer and thought for a while, and finally I succeeded in making the right sign language. We used paper, a watch and our hands to communicate.

In the end, to make sure he understood what I was saying, he signed back to me with the right dosages that he should be taking. It was amazing. We gave each other thumbs up and clasped our hands to sign “thank you” ... ”

Hui Sze, volunteer, third year medical student

OUTREACH CLINIC FOR ROHINGYAS IN JOHOR

The outreach clinic programme for Rohingya persons of concern in Johor is a collaborative effort between UNHCR and MERCY Malaysia, and supported by the Embassy of the Czech Republic.

The collaboration which started in April 2007 in Klang aimed to address the primary healthcare of the Rohingyas. The target area was shifted to Johor to fill in the gap of the need. This particular minority often do not receive the professional healthcare they need as they lack the financial security and as such have limited access to healthcare.

In 2009, a total of 777 Rohingyas have been treated through 5 outreach clinics conducted at Kota Tinggi and Kampung Pertanian, Kulai.



OUTREACH CLINIC AT RUMAH NUR SALAM, KUALA LUMPUR

Right in the middle of thriving Kuala Lumpur, barely a half hour's drive from KLCC, unsupervised children walk the street of Chow Kit. They seem like regular children on their way to play or school but a closer look reveals a different picture. These children sometimes do not get food and some of them have no homes to return to. They live on the street and are thus exposed to the harsh environment around them.

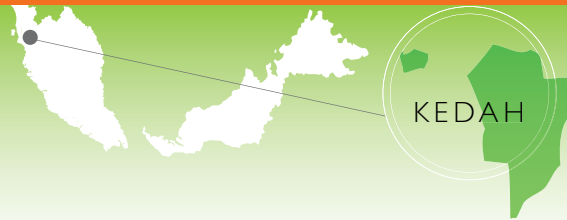
Many of these kids come from unstable family background with very limited income. Some of the children may be unwanted or left on their own to live their lives. Due to the unwanted nature of their births, most of these children do not receive regular immunisation and primary healthcare, and have limited access to education.

In a bid to provide consistent care for these children, MERCY Malaysia in collaboration with Rumah Nur Salam have set up an outreach clinic, providing primary healthcare, growth screening and dental services in the premises of the safehouse.

As well as regular checkups, MERCY Malaysia also supports the administration of medical records and referrals to ensure continuity and consistency of service to the children of Rumah Nur Salam.

Rumah Nur Salam is a 24-hour activity centre and a safehouse set up specifically for marginalised children. It was started as a collaboration effort between Yayasan Salam Malaysia and the National Welfare Department of Malaysia in 2007. It is able to accommodate about 20 live-in children at a time and receives 90 day care children daily. Currently there are 434 registered users aged between 4 and 18.





KEDAH

FLOOD RELIEF AT YAN, KEDAH

MERCY Malaysia volunteers have been invaluable in mobilising relief efforts locally in times of emergency. In August 2009, three villages in Yan, Kedah were affected by flood, and the monitoring, assessment and response was supported by our volunteers on the field where they responded to the needs in Kampung Titi Teras, Kampung Terai Bukit and Kampung Sungai Manik.

This emergency response was additionally challenged by the fact that the flood occurred during the fasting month of Ramadhan, where both volunteers and beneficiaries were observing the fast throughout daylight.

340 people were affected at Kampung Titi Teras, where hygiene kits were distributed at the Disaster Management Centre located at Masjid Nurul Iman. 103 beneficiaries were identified in Kampung Terai Bukit and 51 beneficiaries were identified in Kampung Sungai Malai. Both villages have local Disaster Management Centres located at their respective surau, a place of gathering for prayers.

The hygiene kits contained blankets, diapers, instant milk, sanitary pads, towels, "kain batik", and "kain sarong", school uniform as well as drinking water and cooking utensils.

With the distribution of kits completed, the local assessment identified a high need that a proper Disaster Management Centre should be built to accommodate the affected people. Historically, this area in Yan had faced flooding almost every year since 1996, and was flooded 10 times in 2009 alone.



MERCY Malaysia's volunteer, Major (R) Anuar distributing hygiene kits to the affected people



EYE HEALTH PROJECT AT HOSPITAL PITAS

Since the first outreach clinic in Sabah in 2004, MERCY Malaysia Sabah Chapter started the Basic Eye Care Programme which provides reading glasses to those in need. The project is a community outreach programme dedicated to the prevention of vision loss for Sabahans living in isolated locations. To date, 17 missions have been completed and more than 7,000 beneficiaries were served.

The Eye Health Project is an extension of that effort. The Sabah Chapter initiated the first Eye Health Project as an effort to upgrade the eye-care services in the interior. The project looks into expanding the scale of eye-care services to include cataract and pterygium surgeries if needed.

People residing in the remote interiors of Sabah often do not receive the professional eye care they need to prevent vision loss. With limited access to eye care services as well as economic constraints, some residents are resigned to carry their daily tasks with poor vision for years.

Pitas have been chosen as our project location as it is one of the districts in the state with the highest need for medical services.

Partners : Ophthalmology Department,
Queen Elizabeth Hospital, Sabah
Asian Forestry Company
Jabatan Kesihatan Negeri Sabah



“To listen to a patient who was not able to see clearly for the last 15 years was something humbling indeed. It has made all the hard work worthwhile and we look forward to organising the next eye project.”

Margaret Chin, Kota Kinabalu
Sabah Chapter Secretary

INTERVENTION GROUP OF ALCOHOL MISUSE (IGAM), SABAH

Alcohol consumption, especially among the indigenous population, men and women alike are well accepted in Sabah. Alcohol is served generously during celebrations, social gatherings and even during mourning period, and the number of intoxicated persons are traditionally viewed as indicative to the event's success.

A seminar on the need for early intervention to address alcohol-related problems was held in June 2009 by the Intervention Group for Alcohol Misuse (IGAM) Sabah under MERCY Malaysia Sabah chapter.

The organising chairman Dr Wilfred J Samuel said they were looking at Sabah due to the "extremely high" number of alcohol dependants in Sabah.

According to Dr Samuel, the cultural background of Sabah exposes many youngsters to alcohol early and on becoming adults it would become a strong habit for them. IGAM would be focusing on providing counselling to alcohol dependants and family members who are victims of alcohol misuse.

The intervention group would also be researching on alcohol-related issues in Sabah through its Early Intervention Programme (EIP), where the aim is to prevent alcohol misuse from affecting the social and emotional development of children.

"We are seeking support from the public to create awareness. So far, there are many programmes for drug abuse but not so much for the alcoholics," said MERCY Malaysia Sabah chapter chairperson, Dr Helen Lasimbang.

Among the speakers at the seminar were Dr Jenny Roosma, Dr Kumaraswami Kannan, Dr Sivakumamar Monash, Dr Jaswant Singh, Dr Wendy Shoesmith, Dr Wilfred J Samuel and Dr Helen Lasimbang.

Another pilot project organised by IGAM is an outreach session at Kg Nampasan, Penampang. The talk was conducted by MERCY Malaysia volunteers, which comprised of psychiatrists and counselors, and was attended by 85 villagers.

"We are seeking support from the public to create awareness. So far, there are many programmes for drug abuse but not so much for the alcoholics"

Dr Helen Lasimbang
Sabah Chapter Chairperson

OUTREACH CLINIC IN KG SONSOOGON MAGANDAI, KOTA MARUDU, SABAH

- Located 10 hours away from Kota Kinabalu, road conditions to Sonsogon Magandai are poor. Most of the villagers work as farmers and they depend on their crops, as well as hunting wild animals such as wild boar, monkey and deer for food.
- The objectives of the outreach clinic are to:
 - provide basic medical screening
 - perform pap smear tests
 - provide dental examination / extraction
 - dispense reading glasses to the elderly
 - hygiene talk
 - hygiene kit distribution
- A total of 195 patients were treated in this programme.



OUTREACH CLINIC IN PAGALUNGAN, PENSIANGAN SABAH

- With a population of about 1,000 people, Pagalungan, located along the Lagangan river, was identified as the district with the highest number of inhabitants categorised as the hardcore poverty.
- Pagalungan lacks electricity supply, with some houses surviving on power from generator sets. There are no fixed telephone lines or mobile phone coverage, and calls are made only through satellite phone at the sub-district office.
- Made up of 16 MERCY Malaysia volunteers as well as UMW volunteers, the team headed for Pagalungan, located approximately 7 hours from Kota Kinabalu.
- A total of 788 beneficiaries were treated during the 2 days outreach clinic.

Partner : Pagalungan District Office
PACOS Trust



Mission members being briefed before deployment

ISLAND PROJECT IN PULAU MANTANANI, SABAH

- This programme started as an outreach project to provide medical aid to communities in islands off the coast of Sabah. It was launched by MERCY Malaysia in a first joint effort with the Royal Malaysian Navy in year 2004.
- The outreach clinic targeted 1,000 beneficiaries each visit and focused on the islanders who do not have access to medical attention.
- The project introduces the island communities to a standard of living typical for town dwellers and healthcare can be received on a regular basis.
- A total of 467 patients were treated during the outreach clinic.

Partner : Polis Di Raja Malaysia
Pasukan Gerakan Khas



MERCY Malaysia team arriving at the island



Volunteers cleaning up after performing local surgery



Volunteers performing medical check-up for the beneficiaries

SALT TRAIL - TREK & TREAT, SABAH

- A third jointly-organised 'Trek and Treat' programme by Sabah Parks, MERCY Malaysia Sabah Chapter and Partners of Community Organisation (PACOS TRUST) was held from 28 April to 2 May 2009 along the Salt Trail at the Crocker Range Park. Forty-six participants including medical doctors, parks rangers, nurse, volunteers, guides and porters were involved in this programme.
- The main objectives for this programme are to provide basic medical screening, dental care, health education, and promoting reproductive health to the villagers.
- As well as providing primary healthcare, the programme also aims to promote responsible eco-tourism, recreational activities and to create awareness on the importance of preserving the environment.
- The trekking along the trail itself is challenging, with the highest point of the route standing at 1,320 meters and the lowest point measuring at 220 meters above sea level. The rugged track involved trekking through primary jungle and across not less than 8 rivers.



Margaret Chin, secretary of MERCY Malaysia Sabah Chapter handling the registration



Side elevation of the Salt Trail on the Crocker Range

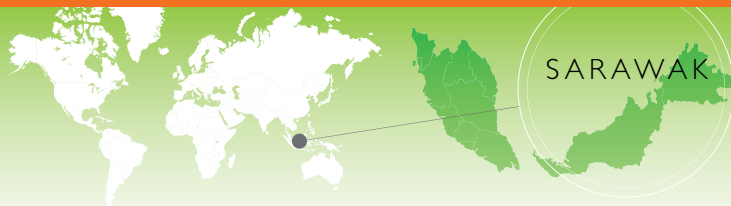
- The beneficiaries consisted of villagers located along the trail, which runs along the Crocker Range from Tikolod, Tambunan all the way to Inobong, Penampang. A total of 310 patients were treated throughout the five days and five nights of expedition.
- The closing ceremony was held at the Inobong Substation, Crocker Range Park, Penampang and the Chairman of the Sabah Parks Board of Trustees, Yang Berhormat Dr. Joachim Gunsalam, was invited to present the certificate to participants and to officially close the programme for 2009.

Partner : Sabah Parks
PACOS Trust

Why is the route called the Salt Trail?

The Salt Trail is a 34km-long trail used by the folks of Tambunan, Sabah back in the days of barter trading. The locals used to travel along this route to exchange their produce for salt, and thus the trail was christened.





OUTREACH CLINIC IN BAKONG, BATU NIAH SARAWAK

- Our outreach clinic was stationed at Rh Aji, Sungai Selipin, where the objective of the clinic is to provide basic medical screening, dental care, and eye care.
- The volunteers also promoted reproductive health and conducted fire risk reduction activities to the occupants of longhouses in the Bakong area.
- Most beneficiaries belong to the Iban indigenous ethnic group, and a total of 243 patients were treated (91 male, 106 female, 25 boys and 21 girls).

Partner : Sarawak Family Planning Unit
Sarawak Community Nurses Association



Ben Chai, MERCY Malaysia Sarawak Chapter Chairperson together with beneficiaries

“Kami (MERCY Malaysia)
meri servis penuh
mungkur semua bansa
pengerau enggau
pemedis sereta silik
dalam pengawa kami”

(Spoken in Iban, an indigenous ethnic group in Sarawak)

We (MERCY Malaysia) try to deliver the best healthcare with attention to detail, and to heal the patients as best we can.

Ben Chai
Sarawak Chapter Chairperson

OUTREACH CLINIC IN SEPUPOK, BATU NIAH SARAWAK

- The outreach clinic project to Sepupok in 2009 is a continuation of the service that MERCY Malaysia provided from 2008.
- The objective of the outreach clinic is to provide basic medical screening, dental care, eye care as well as promoting reproductive health to the locals.
- Sepupok is located at Batu Niah, where the community is made up of Malays, Bidayuhs, Chinese and other indigenous ethnic groups.
- A total of 151 patients were treated (68 males, 69 females, 8 boys and 6 girls).

Partner : Sarawak Family Planning Unit
Sarawak Community
Nurses Association



These are all voluntary work. We do not get paid for doing all this work. It involves effort, time and sincerity of heart.

James Joshua
Miri, Sarawak

OUTREACH CLINIC IN LONG LOYANG, ULU TINJAR SARAWAK

- MERCY Malaysia's outreach clinic to Long Loyang started in 2007, and 2 more mobile clinics in 2008 and 2009 have followed since the original mission. The outreach clinics aim to serve Long Loyang villagers as well as 15 remote settlements along the Tinjar river.
- Logistical arrangement to reach Long Luyang is a major constraint in view of its location in the deep interiors, where access is via timber logging roads. It takes about 5 to 6 hours to reach Long Loyang from Miri town, and a boat-ride is necessary to cross the Tinjar river before reaching the village.
- In 2009, a total of 411 patients were treated (115 male, 208 female, 36 boys and 52 girls). Of the total patients seen, 32 referral cases were reported to Hospital Miri for 2009. Most of the cases are related to hypertension, cataract, pterygium, and cleft lips.

Partner : Sarawak Family Planning Unit
Sarawak Community Nurses Association

Thank you for having
the time to visit my
village, Long Loyang.
It definitely brings a
lot of meaning to the
villagers here.

Rose Mary Meneng
Long Loyang, Ulu Tinjar



OUTREACH CLINIC IN LONG BEDIAN, ULU BARAM, MIRI SARAWAK

- MERCY Malaysia Sarawak Chapter first embarked on its medical mission to Long Bedian in 2004. Reachable after a five-hour journey from Miri, Long Bedian is located within the Kayan territory, up in the Tutoh Apoh region of the Baram district.
- With a population of 1,686 and 180 houses, Long Bedian's community is composed of Kayan majority with a mix of Kelabit, Kenyah, Morek, Penan and other smaller tribes.
- Being a main trading point for these people to trade their wares with the middlemen, Long Bedian was selected to allow access of medical services to the locals.
- A total of 246 patients were treated in 2009.

Partner : Sarawak Family Planning Unit
Sarawak Community Nurses Association

This is the first time
that I have led a
mission. The
co-operation from
all volunteers have
allowed the mission
to be implemented
smoothly.

Surendiran Rajkumar
Ulu Baram, Miri





RELIEF WORK IN SARAWAK

For 2009 in Sarawak, volunteers were deployed to assist with flood relief in Batu Niah, Beluru, Suai and Marudi, and fire relief at Lepong Ajai.

FLOOD RELIEF IN BATU NIAH, BELURU, SUAI AND MARUDI

In early February 2009, a heavy rain caused the water level in Sg. Niah to rise and flood these four nearby areas. MERCY Malaysia through its Sarawak Chapter has provided some basic necessities and comfort to the residents displaced by the flood:

- Distribution of hygiene kits which consist of bath soap, tooth brushes, toothpaste, bath towels and sanitary towels
- Food supplies and other provisions

The four-day mission was carried out in partnership with Samling Corporation, with UMW Holdings as the donor for the programme.



Part of the relief distributions to the locals in Lepong Ajai

FIRE RELIEF IN LEPONG AJAI, SG LIAM

In April 2009, around 600 people from Rumah Chabu Bakom, in Lepong Ajai were left homeless as fire razed their 58-door longhouse. Located 35 kilometers from Miri, volunteers of MERCY Malaysia through its Sarawak Chapter have sent a team to provide basic necessities, provisions, food supplies as well as hygiene kits and used clothing.

From the results of the medical screening, most of the cases viewed were smoke inhalation cases but none were serious. The displacement of the people from their homes resulted in cases of fevers and influenza among the children, due to the change of surroundings.



Local volunteers helping with the transportation of provisions



DISTRIBUTION OF FACE MASKS IN LOW COST CARRIER TERMINAL (LCCT) IN RESPONSE TO H1N1

By July 2009, Malaysia has reached 434 cases of Influenza A (H1N1) (swine flu), of which 333 were imported and 101 cases are local, according to the Ministry of Health of Malaysia. With 899,921 cases worldwide, the World Health Organization (WHO) has stated that air travel has been rated as the quickest means for the spread of the Influenza A (H1N1) virus.

A team of 3 staff and 9 volunteers from MERCY Malaysia distributed 10,000 face masks enclosed with general information leaflets on Influenza A (H1N1).

The operation was conducted on Saturday, 11th July 2009.





MALAYSIA - SCHOOL PREPAREDNESS PROGRAMME

MERCY Malaysia continues to support the Safe School initiative of Ministry of Education by organising the School Watching Workshops (SWW) across the country. In 2009, a total of 1,014 students participated in the workshop from WP Putrajaya, Perak, Johor, WP Kuala Lumpur, Sarawak as well as Melaka.

The workshops aim to increase the participants' understanding of the importance of disaster preparedness and to provide practical experiences in preparing risk and hazard maps in school through various exercises.

The workshop activities include a game called Grab Bag (emergency bag) game. The students have to decide what items to be included in their personal Grab Bag and family evacuation kit by way of a simple card game. During the exercise, students learn to identify existing risks to hazards as well as capacities within their own school. The students will later put in their findings on a school map and develop an action plan on how to solve the problems identified.

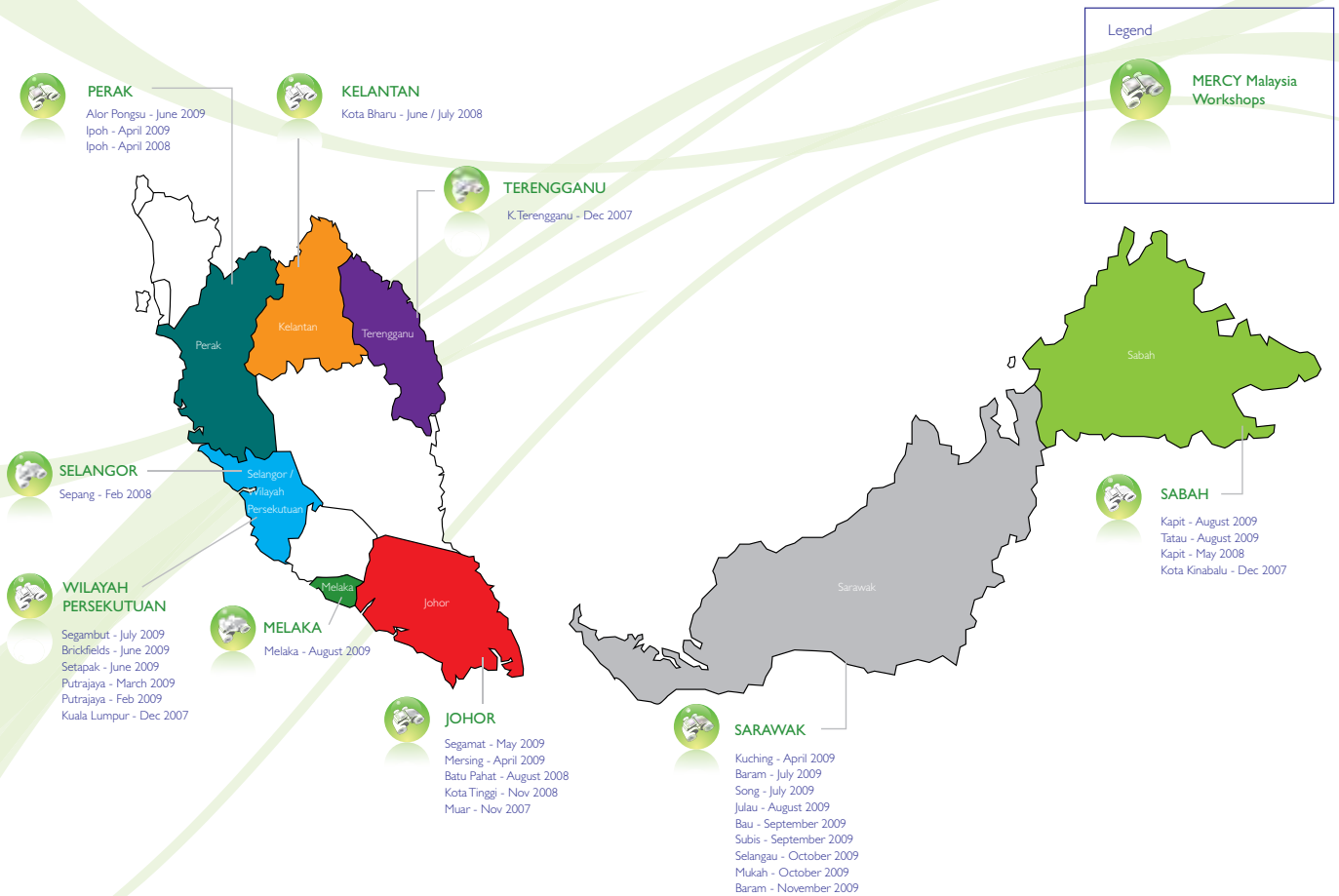
A survey conducted among the participants showed that nearly 80% of the students shared their learnings on what to do in emergencies with their family members after the workshops have taken place. The SWW is therefore an effective tool to spread the idea and knowledge on disasters and preparedness to the communities, as children become an active advocate and messenger on disaster preparedness in the society.



School Watching Workshop being delivered by staff and volunteers



Participant creating a hazard map for their school



MERCY Malaysia was also approached by the PINTAR Foundation to assist them in initiating their school programmes. Both parties agreed on a collaborative working arrangement to strengthen the capacity of disaster preparedness in school children. Through this joint initiative, 406 students attended the workshop in 2009 from Kuala Lumpur, Johor, Perak, Sarawak, Pulau Pinang, Perak, and Pahang. This collaboration enabled MERCY Malaysia to reach more students and schools to raise awareness on disaster preparedness. This school preparedness programme remains one of the best platforms for MERCY Malaysia to deliver the message of disaster reduction and disaster preparedness to the school community as well as to the public.

“The workshop is easy to understand because they use games to teach us.”

An eleven-year old student



JOHOR COMMUNITY PREPAREDNESS PROGRAMME 2009

As part of MERCY Malaysia's objective to build the resilience of communities to disasters, a community preparedness programme was piloted in three districts in Johor. The Johor Community Preparedness Programme (JCPP) is also a part of the post-emergency activities in response to the Johor flood relief of 2007. JCPP involves promoting disaster risk reduction activities to government officials and also to introduce a technique called Town Watching (a hazard perception mapping tool) to district-level government officials as well as community members. The first phase of JCPP – a sensitisation and advocacy seminar on Disaster Risk Reduction (DRR) for government officials – was held at Universiti Tun Hussein Onn Malaysia in November 2009. The main purpose of the seminar was to introduce DRR and to emphasise the key role of the local government in the DRR process. The seminar also introduced the project and sought to build support for the project among the stakeholders in their district.



The seminar was attended by 62 government officials from the three target districts – Batu Pahat, Kota Tinggi and Segamat. Officials consist of the local authority, the Fire Department, the Police Department, the National Security Council and other government agencies at both state and district level (i.e. Public Works Department, Drainage and Irrigation Department, Meteorological Department etc). The District Officer of Batu Pahat and Segamat were in attendance, as well as the Chief Assistant District Officer of Kota Tinggi. The seminar was a major achievement as it was rare that many local government officials were able to commit and participate in a DRR activity of this nature. This seminar lays the ground work for the rest of the project activities which require local government support and cooperation to proceed.



BUSINESS CONTINUITY CONFERENCE WITH PRICEWATERHOUSE COOPERS

The key to surviving a disaster is being prepared. This is as true for organisations as it is for individuals. On 10 November 2009, MERCY Malaysia and Pricewaterhouse Coopers jointly organised a one-day Business Continuity Conference entitled "Tomorrow Happened Yesterday", held at the Sheraton Imperial Hotel. Attended by 40 participants from the private sector, the conference provided participants with an overview of disaster preparedness, disaster and emergency response and crisis management within the framework of business continuity. The conference was opened by Pricewaterhouse Coopers Chairman, Dato' Johan Raslan, and the panel of speakers consisted of a team of practitioners with hands-on experience in disaster preparedness planning. Various speakers shared practical examples on disaster preparedness and crisis management both at a corporate and personal level.

Anders Laukvik, a Member of the International Humanitarian Partnerships (IHP) Operations Support Unit, conducted a group exercise where participants were let loose in the Sheraton Imperial hotel to identify the building safety measures taken. The exercise aims to help participants identify and minimise the risks in their offices, as well as developing an effective emergency response plan.

Dato' Dr Ahmad Faizal, President of MERCY Malaysia, used his years of experience responding to natural disasters around the world to highlight the importance of being prepared for disasters, especially for businesses. MERCY Malaysia also presented an awareness-raising session on how to be prepared for different types of disasters.

Datuk Peter Wentworth OBE, of CEO Solutions Partnership presented an interesting take on crisis management from the perspective of the oil & gas industry. Prior to his current position, he was responsible for BP's Asia Regional Crisis Management Team which operated from Kuala Lumpur. During his tenure, he and his team managed the response to SARS, the Indonesian Tsunami and the Bird Flu Pandemic, as well as numerous local incidents which further enriched the discussion amongst participants.

The proceeds of the conference were donated to MERCY Malaysia.





MERCY MALAYSIA AND SLOPEWATCH ROADSHOW AT BUKIT ANTARABANGSA

Five lives were lost and 14 bungalows were destroyed in Taman Bukit Mewah when a landslide struck Bukit Antarabangsa in the early hours of December 5, 2008.

A year on, Coalition of Bukit Antarabangsa Residents Associations (CoBARA) chairman Shahrul Hafiz Teh Abdullah said that the memory of the tragedy was still vivid in the people's minds and emotions ran high as residents recounted their personal experiences and sense of loss.

At the eve of the anniversary of the fateful landslide, CoBARA held a roadshow together with MERCY Malaysia, the Public Works Department and Bernama at Craven Cafe in Bukit Antarabangsa where exhibitions and talks were presented on Disaster Risk Reduction and Slope Safety, as well as promoting the Community SlopeWatch programme.

The SlopeWatch programme is a CoBARA initiative where local residents are encouraged to monitor their own surroundings and to pool information between communities on any relevant updates, and the programme is completely volunteer-driven. The day-long event, which coincided with International Volunteer Day, sought to increase local residents' awareness of danger signs and how to be prepared for disasters, such as planning an escape route, pre-arranging of meeting points and the preparation of emergency grab bag. Sessions were conducted throughout the day to provide practical tips on disaster preparedness in the case of landslides, floods or earthquakes.

"We teach residents on the early warning signs of landslides and how to maintain slopes for slope safety, while MERCY Malaysia focuses on telling residents how to prepare for and act during



Norazam Ab. Samah, Exco of MERCY Malaysia interviewed by Bernama.

disasters in terms of personal safety," said Eriko Motoyama, the Programme Director for SlopeWatch.

A simple audio demonstration by SlopeWatch to recreate the sounds of an oncoming landslide (breaking trees, whooshing sound of flowing soil and sand) drew a very physical and emotional response from the audience, highlighting the sense of vulnerability felt within the community.

Over 60 residents and their families attended the talks, and it was evident during the sessions that there is a strong interest from the community on how they can prevent and mitigate future disasters.

"MERCY Malaysia is a strong advocate of disaster risk reduction, which fits in well with our public awareness and education on landslides and slope safety to communities. They have been a valuable partner to us in reaching out to the communities."

Eriko Motoyama, Program Director,
SlopeWatch

"We learned about living with risks and being prepared for disasters.

As a result of the seminar, we shall start thinking about planning and being prepared for future occurrences."

Resident, Bukit Antarabangsa



MERCY Malaysia explained how to pack an emergency family grab bag"

Various Residents, Bukit Antarabangsa.





VIEWS FROM THE FRONTLINE MALAYSIA 2009

MERCY Malaysia was selected by the Global Network of Civil Society Organisations for Disaster Reduction (GNDR) as the National Coordinating Organisation (NCO) in Malaysia to carry out the “Views from the Frontline” (VFL) action research project.

The VFL aims to measure the progress of the “Hyogo Framework for Action” (HFA) at the local level across developing nations and regions in the world.

The VFL focuses on the HFA's five Priorities for Action, which are; 1) Governance, 2) Risk Assessment, Monitoring and Warning, 3) Knowledge and Education, 4) Underlying Risk Factors, and 5) Preparedness and Response.

As the NCO, MERCY Malaysia was responsible for coordinating and carrying out the ground work for VFL in Malaysia, which is to gather the views and opinions from local stakeholders.

Respondents were selected from three different stakeholder groups; i.e Local Governments (LG), Civil Society Organisations (CSO) and Community Representatives (CR). The survey was conducted in Kelantan, Pulau Pinang, Johor, Sabah, Selangor and Kuala Lumpur where the population were more vulnerable to disasters.

The average score for Malaysia of the HFA progress at local level was 2.8 on a scale of 1 to 5, which suggests that Malaysia has a foundation of knowledge and practice in Disaster Risk Reduction (DRR), but with much room for improvement.

The key recommendations from this result are to strengthen the following:

- 1) Mainstreaming DRR into plans, policies, and programmes,
- 2) Public awareness
- 3) Community-based programmes.

What is the Hyogo Framework?

The ‘Hyogo Framework for Action’ is an attempt to create a set of priorities for action on Disaster Risk Reduction and then evaluate their progress.

The framework was agreed upon by 168 nations across the world in 2005, including Malaysia, and is a framework that intends to significantly reduce disaster losses by 2015.



OUR WORK

INTERNATIONAL

HEALTHCARE

DISASTER RISK REDUCTION



AFGHANISTAN

COMPREHENSIVE HEALTH CLINIC (CHC), MERCY LITTLE CALIPH (MLC) AND VOCATIONAL TRAINING CENTER (VTC) IN KANDAHAR

MERCY Malaysia first started operations in Afghanistan in October 2001 to deliver emergency healthcare to Internally Displaced Persons (IDPs) and residents in the Kandahar Province during the onset of the war. Since then, our operations have expanded into the recovery phase of the TDRM.

The CHC provides primary healthcare to those living in the Kandahar Province.

The clinic caters to 80 to 100 patients a day, with the bulk of cases coming from the most vulnerable residents in the area - women and children.

Unlike most CHCs in the area, the clinic boasts reproductive healthcare facilities. This helps to significantly reduce the maternal mortality in the catchment area.

Vaccination outreach programmes/clinics are conducted throughout the year in 4 villages and 1 IDP camp for disease prevention purposes. In 2009, the CHC ran a polio vaccination campaign successfully - vaccinating around 2000 children every month.

The clinic also boasts a working laboratory for identifying major diseases that afflict the population in the district.

The CHC has also trained women (known as "Lady Health Workers") to assist women who opt to deliver their babies at home.

MERCY LITTLE CALIPH (MLC)

- Provides boys and girls aged between 5 and 10 pre-school education to prepare them for primary school.
- Currently, around 30 pupils are taught basic Pashto, Dari, English, Islamic Studies and Mathematics at MLC.
- The MLC has conducted a vaccination programme and distributed food to its pupils to promote better health and nutrition amongst the pupils.
- The MLC recruits a new batch of 60 pupils per year.



A child being vaccinated at the Comprehensive Health Clinic in Kandahar

The story of Parvana Noor Ahmad, 22, strikes a chord with almost everybody. Parvana, who lives in Kandahar, Afghanistan, comes from a family of 7, where her father was the sole breadwinner of the family. Money was tight and luxuries were rare, a situation made worse in a city in the middle of a conflict.

Given the opportunity to learn new skills by attending the MERCY Malaysia Vocational Training Center (VTC) programme for 6 months, she had been given the opportunity to assist her father in providing for the family.

With the skills she learnt and tool kits she received from the VTC programme, Parvana started a home-based embroidery business making flower box sets, mobile phone holders, ladies' purses, bathroom mirror cover sets and more. Her weekly earnings now range from 500 to 700 Afghanis.

Now Parvana has become capable of generating a secondary income to supplement the family.

"I have become self sufficient, thanks to the training given by MERCY Malaysia VTC programme. The programme has provided valuable and unforgettable support for poor & needy Afghan women," said Parvana.

The VTC is one of the biggest center in Kandahar city that offers training for deprived women and girls. It targets to train 240 women a year, channeling them into one of the 4 main skills taught there (embroidery, tailoring, carpet weaving and hand crafts). At any one time, the center accommodates 2 batches a year, training 120 women over 6 months in their chosen skill. At the end of their training, the women receive certificates and tools related to their newly acquired skill to help them start their own businesses.

Besides the VTC, MERCY Malaysia also runs a Comprehensive Health Clinic (CHC) and Pre-School Center called MERCY Little Caliph (MLC). In 2009, 82,068 people were treated at the health clinic.



Embroidery class at the vocational training centre



Class conducted at MERCY Little Caliph



Vocational Training Centre



BANGLADESH

ARSENIC MITIGATION PROJECT: INSTALLATION OF INDARA IN ARSENIC- AFFECTED VILLAGE

"We know that the water has arsenic. But we have to drink it. We don't have any other choice."

These are the words of villagers living in rural areas of Bangladesh. It is estimated that over the last three decades, about 10 million tube-wells have been installed in Bangladesh for safe drinking water mostly for rural communities. Unfortunately, about one in five of these wells are now highly contaminated by naturally occurring arsenic.

Arsenic poisoning sufferers encounter enormous social stigma in Bangladesh as many people believe arsenic poisoning is either contagious or a curse.

Parents are reluctant to let their children play with children suffering arsenic poisoning and patients can be shunned within

their villages. In some cases it is almost impossible for single women suffering from arsenic poisoning to marry.

MERCY Malaysia in partnership with Dhaka Community Hospital (DCH) have performed assessment of different methods of arsenic mitigation, and concluded that concrete dug wells, locally known as 'Indara', would be the best form of providing arsenic-free water to the community.

International research studies have established that long-term exposure to arsenic causes the following diseases:

- Skin Lesions and Skin Cancer
- Internal Cancers (Bladder, Lung, Kidney)
- Neurological Effects
- Hypertension and Cardiovascular Diseases
- Pulmonary Disease
- Liver disease
- Peripheral Vascular Disease
- Diabetes Mellitus

Taken from Smith H Allan, Lingus O Elena, Rahman Mahfuzar, "Contamination of Drinking Water by Arsenic in Bangladesh: A Public Health Emergency", Bulletin of WHO, 2000, 78(9), pp. 1093-1103.



Some of the advantages of using Indara are: -

1. Availability of local skilled labour - The design and skill for digging such 'dug wells' is easily available locally. No scientific technology is required, and there is no toxic

waste to dispose of. Incidents of pathogenic infections are also lower for concrete wells as compared to earthen wells.

2. Traditional method that is easily adaptable - Indara is a traditional method that came into existence thirty years

The Indara is constructed with the necessary precautions to ensure the quality of the water is maintained:

- Height of the well should be a minimum of 1 meter above ground to avoid any kind of drainage of water or dirt into the well, especially during monsoon season.
- Concrete boundary wall around the well prevents any tampering with the well.
- Hand pump located outside the boundary wall is connected to the dug well to draw out the water, rather than inserting buckets which are touched by human hands, thereby reducing the risk of contamination.
- A roof covers the well to improve turbidity of the Indara water
- The dug well should be built at least 100 feet away from cultivated fields to avoid leaching of pesticides and fertilisers used in the field.
- There should be no latrines within 100 feet of the well to avoid faecal contamination.

ago. This conventional method is easily accepted and maintained by the villagers, and thus ensures sustainability and ownership from the community.

For 2009, the following physical works have been completed:

- Water storage tank – capacity: 4,000 litres
- Pipeline setup & construction of platforms – 30 tap points (1 tap point per family)
- Installation of a water gauge to indicate water level in the storage tank (additional activity)
- One hand-tube well installed near the well

However, the Indara requires care to ensure the wells do not develop bacteriological contamination. DCH is supporting the maintenance by providing monthly chlorination services to ensure the well remains uncontaminated.

At the community level, the villagers of Khabarikola have formed a management committee, consisting of 10 members tasked to take ownership of the Indara and to maintain the system. By collecting an agreeable amount of minimal monthly fee from the beneficiaries of the project, the committee ensures ownership and commitment from each family towards the project.



CLEFT LIP & PALATE (CLIPP) PROJECT IN DHAKA

Narena (not her real name) was a 12-year old girl who had a cleft palate. For the first eleven years of her life, she had speech problems. As a result, some of her friends shunned her.

In 2009, her life changed when MERCY Malaysia sent over volunteer surgeons to Bangladesh. A total of 53 patients were assisted by the volunteers through reconstruction on their cleft lip and palates.

Narena, whose family travelled for three hours by bus from their home for the free treatment, was one of the patients. She is one of the lucky ones.

In Bangladesh, there are about 200,000 cases of untreated cleft lip and palate patients due to poor economic conditions and a lack of surgical expertise in the area.

The CLIPP Project was initiated in a partnership with Dhaka Community Hospital in October 2008.

Clefts are a major problem in developing countries like Bangladesh where there are millions of children as well as adults who are suffering with unrepaired clefts. They are often subjected to social stigma and thus live a life filled with isolation and shame.

Besides conducting free reconstructive surgeries to underprivileged population, the CLIPP Project also puts emphasis on the transfer of knowledge and expertise from the Malaysian medical volunteers to the local partner in Bangladesh. Lecture sessions are conducted to train local surgeons and nurses in management of cleft patients as well as pre- and post-operative procedures.

Partner : Dhaka Community Hospital (DCH)



Rangamati was born with a bilateral cleft lip condition, and had a corrective procedure through the CLIPP Project



Programme officer, Wendy Neoh with Rangamati and family on a follow-up visit

HEALTH & HYGIENE EDUCATION TO VULNERABLE COMMUNITIES IN KABARIKHOLA, PABNA DISTRICT

Just by teaching children to wash their hands in Kabarikhola, a small village in Bangladesh, MERCY Malaysia is helping them to survive and have a chance to live long enough to see adulthood.

In Bangladesh, 125,000 children under the age of 5 die every year due to diarrheal diseases. These statistics from the World Health Organization also report that 88% of these diseases are attributed to unsafe water supply, inadequate sanitation and hygiene practices.

Hand washing is an intervention that has been shown to reduce transmission of diarrhea-causing organisms, but the habit requires cultural, social, educational, and behavioural changes, among them being provision of clean water. Studies suggest a reduction of up to 47% in communities with soap-and-water hand washing practices.

MERCY Malaysia managed to reach out to a total of 158 family representatives in Pabna with their Health & Hygiene Education sessions. Proper hand-washing techniques and preparation of saline at home were also demonstrated in each session.

The topics covered in the educational session include:

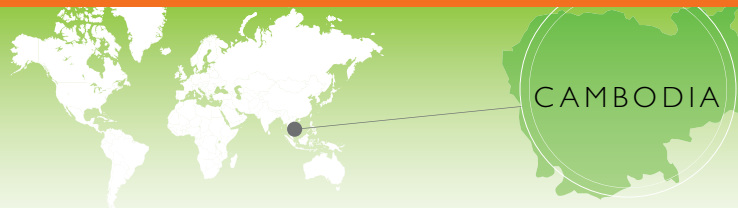
- 1) Correct hand-washing technique
- 2) The importance and maintenance of safe and germ-free water
- 3) Environmental pollution and protection
- 4) Ante-Natal Care/Post-Natal Care and birth preparedness
- 5) Personal hygiene, water & sanitation
- 6) Skin diseases
- 7) Breast feeding and complementary feeding for child over six months old
- 8) Proper usage of latrines



What do we put in a hygiene kit?

The contents of our hygiene kit varies with the situation, and in this particular instance, each family receives one kit containing:

- Bucket with cover (25 liters) (x2)
- Water pot (x1)
- Washing detergent (x2)
- Mug (x1)
- Toilet brush (x1)
- Toothbrush (x5)
- Toothpaste (x2)
- Soap case (x2)
- Soap (x5)
- Nail clipper (x2)
- Towel (x2)
- Orsalaine (x20)
- Hygiene kit bag (x1)



EMPLOYMENT OF OUTPATIENT DEPARTMENT (OPD) FAMILY SERVICE ASSISTANTS IN ANGKOR HOSPITAL FOR CHILDREN (AHC)

Two young men, Lay Chan Veasna and Lao, are family service assistants who work in the OPD to take care of routine tasks in order to provide more free time for doctors and nurses.

Initially seemed as a straightforward project, the employment of non-medical staff to provide clerical support to the AHC is a strong example of MERCY Malaysia's commitment to developing local capacity in Cambodia.

Each of the assistants is scheduled to attend hospital-based English classes for an average of three times per week. English language textbooks as well as electronic Khmer-English dictionaries are provided to supplement classroom learning.

By increasing the job skills and knowledge of assistants such as Lam Lao and Lay, it is hoped that they will grow and gain confidence enough to one day be advanced to a higher position either at AHC or with another organisation.

"With the exposure in AHC, I am now able to explain to patients about current health issues like bird flu and Influenza A (H1N1) which truly benefits the patients who visits the hospital," said Lam Lao.

Lay, who is passionate about helping the poor people of his community is also happy that his English language skills are constantly improving.

Although the jobs of Lay and Lam Lao are purely non-medical but the benefits to the patients at AHC is no less important than that of the medical staff.

These two men guarantee that a friendly face is available to the worried parents who bring in their sick children to the AHC.

MERCY Malaysia recognises the fact that health services sometimes go beyond the clinical services provided by doctors and nurses.

Assigned duties of the OPD Family Service Assistant includes:

- Calling patients into exam rooms, retrieving medical records, transporting lab slips
- Ensuring family education pamphlet boxes are full and educational videos are constantly being played for viewing by parents and patients
- Providing directions and escort assistance as needed to labs, x-ray, dental clinic, etc
- Keeping nurses informed of any family concerns
- Housekeeping/cleaning when required
- Occasional translation work for visiting volunteers

"I am so happy to work in AHC because I am given the opportunity to help poor patients. This job also enables me to improve my English and communication skills."

Lay Chan Veasna ,
Family Service Assistant at
Angkor Hospital for Children

ORAL REHYDRATION THERAPY (ORT) CORNER IN ANGKOR HOSPITAL FOR CHILDREN (AHC)

Every month, more than a hundred Cambodian children a month escape diarrheal diseases simply by frequently drinking small amounts of an oral rehydration salt solution supplied by MERCY Malaysia.

This method, known as ORT, is a simple, cheap, and effective treatment for diarrhea-related mild dehydration.

Providing accessible healthcare in the Siem Reap Province is crucial as thousands of Cambodian children die from diarrheal diseases each year, according to statistic from World Health Organisation (WHO).

MERCY Malaysia has collaborated with Angkor Hospital for Children since 2005 to run an ORT Corner where children are treated under the supervision of trained nursing staff. AHC is a community health facility providing healthcare services especially for children, at a minimal fee.

The partnership between MERCY Malaysia and AHC also allows for families from surrounding villages to be educated on the safe and appropriate use of using ORT solutions at home.

Since 2006, an average of 1500 children per year received treatment in the ORT Corner in AHC.



A child sipping Oral Rehydration Salt solution in the ORT Corner



OPD nurse explaining to a mother of a child treated in the ORT Corner

UPGRADING OF HEALTH CENTRES IN KAMPONG LEANG DISTRICT

When conducting a needs assessment in an area, one of MERCY Malaysia's requirements is to get local input from the beneficiaries to gauge what is really needed in the community. The Kampong Leang project in Cambodia captures the importance of dialogue with the grassroots.

During discussions with the community, Programme officer Wendy Neoh discovered that the locals in the Kampong Chhnang Province were quite reluctant to seek services at either the health centers, or the nearest referral hospital (Kampong Leang District Hospital).

"They know they can get medical help, but there is a fear of going to these formal buildings and carrying out formal procedures. It is a concept that is new to them, and therefore a little frightening," said Neoh.

As such, in addition to upgrading the health center facilities, MERCY Malaysia also conducts Outreach Programmes (OP) to overcome the prevailing view of the locals. In these sessions, employees from the health center, together with MERCY Malaysia staff would go to the surrounding villages and interact with the local community. The villagers are taught about hygiene practices and are encouraged to visit the health centers when the need arises.

As part of local capacity development, MERCY Malaysia also provides refresher trainings to the staff of 36 health centers in the district and encouraged them to interact with the communities.

As a result of MERCY Malaysia's project, more villagers had the confidence to visit the health centers and the referral hospital. In 2009, the health centres recorded a higher number of in-patients, out-patients, deliveries and referral cases as compared to 2008.

A total of nine OP sessions were conducted between April to December of 2009. Within these sessions, a total of:

- 9,038 community members participated, consisting of 8,016 female & 1,022 male members.
- 21,180 packets of iodised salt were distributed to the participants during the OP sessions and to outpatients seeking medical attention at the health centers.
- 10,200 packets of shampoo (a combination of normal and de-licing types) were distributed to the participants during the OP sessions.

Partner : Ministry of Health, Royal Government of Cambodia



"The topics covered in the Outreach Programme are really relevant to our daily lives and is clearly explained by the health centre staff"

Meng Bun Eng
Chrolong, Svay Rumpear



DONATION OF MEDICAL EQUIPMENT AND AMBULANCES

DONATION OF MEDICAL EQUIPMENT

The embargo that has been implicated to the Gaza Strip has further disrupted the health services there. Supplies are being monitored and most of them are rejected into the border gate. Many buildings had been partially or fully destroyed during the attacks, this includes the hospitals and health centre around Gaza Strip. Based on MERCY Malaysia's assessment, most of the hospitals are fully functional and with adequate supplies of drugs but some of the equipment are outdated.

Based on MERCY Malaysia's assessment in the below said hospital their equipment are outdated and need replacing:

1. **El Hilal El Emirati, Tal Sultan Hospital**
 - a. Laparoscopic and hysteroscopic equipment and camera system
2. **Naser Hospital**
 - a. Toshiba ultrasound plus colour doppler



Donation of equipments to Tal Sultan Hospital

DONATION OF AMBULANCES

The 2009 Gaza Strip conflict has further deepened the humanitarian crisis facing the people of Gaza Strip. Hospital wards were not only overwhelmed by the number of patients but are in dire need of resources. The number of injuries stands at 5,380, of whom, 1,872 are children and 800 are women. During the last attack, at least 13 ambulances were destroyed.

The Government of Malaysia pledged a sum amount of money for the Gaza Strip humanitarian relief. RM 500,000 was allocated to MERCY Malaysia to purchase ambulances for the Gaza Strip. In September 2009, MERCY Malaysia managed to deliver 2 units of ambulances to :

1. Mohamed bin Rashed Al Maktoum Hospital, Gaza City;
2. Patient's Friends Benevolent Society

In January 2010, MERCY Malaysia delivered two additional units of ambulances to the Gaza Strip and they were donated to the Al-Jazeera Sports Club for the Disabled.



The two ambulances being handed over to the Al-Jazeera Sports Club



GAZA

MEDICAL REHABILITATION OUTREACH PROGRAMME IN RAFAH

Physical disability has become a normal feature of the life of surviving Palestinians for decades. Most of the disabled were injured during the war while majority of survivors that were hit by random shelling experienced severe physical and psychological injuries.

El-Wafa Medical Rehabilitation and Specialist Surgery Hospital (El-Wafa Hospital) is currently the focal point for the disabled survivors to get their post-medical treatment. Disabled survivors living in the southern part of the Gaza Strip encounter logistical challenges to access the services at El-Wafa Hospital in the north, as their disability became a major hindrance in getting follow-up treatment.



A patient undergoing physiotherapy as part of the medical rehabilitation outreach programme



MERCY Malaysia in collaboration with El-Wafa Charitable Society organised an outreach programme to provide medical rehabilitation services in Rafah City, and signed a MoU in April 2009. The programme was initiated on July 2009, and is the first medical rehabilitation outreach programme of its kind for MERCY Malaysia.

The outreach team will travel everyday to Rafah City to do house-to-house visit to provide medical rehabilitation. Patients who are registered with El-Wafa Hospital will be able to receive physiotherapy, occupational therapy and primary health services at the comfort of their own home.



PSYCHOSOCIAL PROGRAMME AT AL-AMAL CENTRE FOR CARE & PSYCHOLOGICAL CONSULTATION

"The air planes bombed our houses and we were screaming, suddenly the ambulances appeared and we started collecting chopped legs."

These are the words of Ibrahim, a 13 year-old boy who was playing with his friends in front of his house, when suddenly an air strike killed and wounded several people in front of his eyes.

Continuous conflict in Gaza left heavy psychological effects on the survivors of the crisis. Demolition of the houses, exposure to shelling, witnessing the remains of the victims and cruelties of war have imprinted deep psychological scars on the inhabitants of the Gaza Strip. In response to the stressful experiences, the people develop a sense of fear, despair and depression and need tremendous efforts to rebuild their character and relieve their suffering.

Ibrahim was diagnosed with Post Traumatic Stress Disorder (PTSD), and he was lucky that his family sought for treatment. Psychotherapy may be viewed negatively by the community as some locals are unfamiliar with the concept of mental healthcare. The psychosocial efforts must then consider the culture and readiness of the society in order to give the needed support to the community.

MERCY Malaysia signed an MOU with Emaar Society to establish the Al-Amal Centre for Care & Psychological Consultation in June 2009. Initial setting up of the centre and conducting of surveys were initiated in August, and by September the centre was operational and started to receive cases.

The project also enabled local capacity to be developed in dealing with the cases as well as building administrative capacity within the center. Ibrahim Hammad, both a trained psychologist and the Centre Manager acknowledged that the work in the centre helped to develop his skills as a psychologist as well as his managerial skills.



"When I first came to Al-Amal Center, I did not believe in psychotherapy. I did not believe that my daughter condition will improve, but when I saw my daughter getting better, I started to believe in the importance of mental health."

The mother of Aisya

RECONSTRUCTION OF EL-WAFA HOSPITAL IN GAZA CITY

The recent conflict in late 2008 has further deepened the humanitarian crisis facing the people of Gaza. The attacks have caused severe damage and the limited health services in Gaza were completely overwhelmed. El-Wafa Medical Rehabilitation and Specialized Surgery Hospital (El-Wafa Hospital) was one of the major health facilities in Gaza damaged by the conflict.

MERCY Malaysia signed an MoU with El-Wafa Hospital on May 2009 and reconstruction began in November of the same year. El-Wafa Hospital has state-of-the-art facilities before the attacks and remains the only rehabilitation centre serving the Gaza population. The hospital also has outreach programmes to serve the population in its vicinity.

The current capacity of the hospital is 51 beds in both departments with a small gym and small halls for therapeutic physical therapy, occupational therapy, and patient home activity trainings. With the renovation, the hospital will have additional patient rooms in the new buildings, bringing the number of available bed to over 90 beds. In addition, there will be spacious gyms, swimming pools, and training halls for various professionals to support and strengthen the rehabilitation and physiotherapy services of the hospital.



“I like many other who are in dire need for such rehabilitation services will benefit from this project”

Mohamad Ahmad, Spinal cord injury patient of El-Wafa Hospital





BIRATPUR HEALTH CENTRE IN BIHAR

Following MERCY Malaysia's response to the floods when the eastern embankment of Kosi breached back in 2008, MERCY Malaysia embarked on this 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, especially to the poor and those in need.

MERCY Malaysia's health centre is located in one of the less developed regions in Bihar. As most of the men now work in other states of India, the majority of the people left in the villages are women, children and senior citizens.

Mortality rates of infants & children have risen substantially together with the maternal & mortality ratio. Malnutrition among children is a serious problem in Saharsa as is the spread of communicable diseases, especially malaria and tuberculosis among members of the community.

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.

The objectives of the health care centre are:

1. To provide the beneficiaries with basic health facilities
2. To reduce the rate of maternal and infant mortality rates by promoting safe pregnancy and delivery
3. To promote and disseminate best hygiene practices and health education to the surrounding communities.

Over 20,000 patients received treatment at the health centre in 2009, with approximately 50 babies delivered in the health centre during this period. The health centre staff also managed to carry out 32 community meetings over the past year.





Pn. Hamidah, Pn. Ho and Pn. Santhna conducting trainings in RSU Gunung Sitoli, Nias

“Hal yang paling baik dalam pelatihan ini (ialah) mengangkat derajat para perawat.”

“The best thing for this training is (that it) elevates the profession of nursing to a higher level.”

Adimani

NURSE TRAINING IN RUMAH SAKIT UMUM GUNUNG SITOLI, NIAS

“The doctor would be smoking a cigarette while examining the patient,” said Rumah Sakit Umum (RSU) Gunung Sitoli’s Head of Nursing, Mr. Tanjung.

Wouldn’t the patient complain?

“Not really. Half the time the patients would be smoking themselves,” retorted Mr. Tanjung.

It comes as no surprise then that in its capacity building training programme in the RSU, MERCY Malaysia added a module on professional development.

The 119 nurses who took part in the training are extremely committed to their profession. However there were gaps identified in the way certain processes were carried out, and a capacity development programme was mooted. The trainings were conducted in collaboration with Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM).

MERCY Malaysia started its operation in Nias Island in Indonesia when it reconstructed the RSU in 2006. The RSU was one of the major health facilities that sustained heavy damage when an earthquake measuring 8.4 Richter struck the area on 28th March 2005. The hospital, which serves a population of more than 700,000 remains the only referral hospital in the island.

MERCY Malaysia then took the next step forward in building the capacity of the hospital’s personnel by leveraging on PPUKM’s expertise to provide training on the following areas:

- Professional Development
- Infection Control
- Emergency Department

“Pelatihan ini memberi dukungan dan solusi terhadap masalah yang disampaikan peserta.”

“The training provides support and solutions to all the problems forwarded by the participants.”

Setiani Duha



Pn. Santhna demonstrated the infection control standard on the dressing set to Mr. Yupiter Gulo, one of the nurses from the surgical ward

“The training has enriched our knowledge on the operational side of operation theatre and the Central Sterile Supply Department (CSSD). This is very effective and relevant with my profession on a daily basis.”

Ernij Christin Lase
Gunung Sitoli



Pn. Hamidah, the Head of Nursing Department at PPUKM conducted the Professional Development Training in Nias



PADANG EARTHQUAKE RELIEF WORK IN PARIAMAN AND AGAM

On 30th September 2009, a magnitude 7.6 earthquake struck off the coast of Padang, Indonesia, which triggered landslides and trapped thousands of people under damaged infrastructure. MERCY Malaysia was one of the first NGOs to arrive in Kabupaten Padang Pariaman within 24 hours and supported the local authorities immediately.

The emergency phase saw MERCY Malaysia carrying out surgical intervention at Rumah Sakit Umum Daerah (RSUD) Pariaman in partnership with University of Gadjah Mada and the Singaporean Army. Medical supplies, disposables and surgical kits were also donated to the hospital as part of the relief effort.



MERCY Malaysia volunteer, Sakinah, from the Petronas Volunteering Opportunities Programme (PVOP) distributing hygiene kits at Gasan Gadang

MERCY Malaysia's volunteer teams also served the beneficiaries through outreach clinics at 8 locations in Padang Pariaman : Ampalu, Padang Sago, Sungai Ibur, Gasan Gadang, Kampung Guci, Pauh Kamar and Kampung Pandan. An additional 3 locations were also served in Agam: Sungai Batang, Sungai Tampang and Kampung Baru.

A total of 34 medical personnels saw an average of 140 patients per day, and at least 250 children were dewormed in Padang Pariaman.

As part of MERCY Malaysia's Hygiene Distribution and Promotion effort, 4,000 hygiene kits were distributed in Padang Pariaman District. Hygiene promotions were conducted at 5 schools, an orphanage centre and 2 IDP camps, where basic hygiene packages were given to 1,085 children. Nutrition packages were also donated to Pusat Kesehatan Masyarakat (Puskesmas) Maninjau with supporting materials on the nutrition campaign.

MERCY Malaysia was also given the opportunity to upgrade the IDP facilities in Sungai Batang in the Agam District. A temporary health post and latrines were constructed. The floors of the kitchen and community area were leveled with cement so that the camp inhabitants did not have to walk in mud anymore. This also helped to maintain hygiene in the area and during the rainy season, the floors will protect the area from the mud flow.

A local partner was also engaged to perform psychosocial assessment. Indonesian Psychology Association (HIMPSI: Himpunan Psikologi Indonesia) conducted a psychosocial assessment at selected sites in Padang Pariaman and Agam Districts.

MERCY Malaysia has also signed an MoU with Bupati Kabupaten Padang Pariaman to reconstruct a health centre , locally known as Pusat Kesehatan Masyarakat (Puskesmas) in Gasan Gadang that was destroyed during the earthquake.



Children following the examples at hand washing practice



“MERCY Malaysia has helped us significantly as it is very essential for us and the people of Gasan Gadang. MERCY has given us safety, comfort and a chance for us to continue giving health services to the people.”

Karno Fyandri, Sungai Sarik Malai V Suku



MYANMAR

RECONSTRUCTION OF HEALTH CENTRES IN MYANMAR

Cyclone Nargis struck Myanmar on 2nd and 3rd May 2008, sweeping through the Ayeyarwady delta region and the country's main city and former capital, Yangon, with winds up to 200kph. An estimated 2.4 million people were affected by the cyclone. 37 townships in Ayerayarwady and Yangon Divisions were badly damaged by the cyclone.

The reconstruction phase in Myanmar saw a total of 13 health facilities built in the delta region as follows :

Village	Type of Health facility:
1. Chaung Hpyar	Sub-rural Health Centre
2. Toe	Rural Health Centre
3. Ah Kei	Sub-rural Health Centre
4. Chaung Gyi	Sub-rural Health Centre
5. Nauk Pyan Doe	Sub-rural Health Centre
6. Ma Yan Nauk	Sub-rural Health Centre
7. Taw Chaik	Sub-rural Health Centre
8. Su Ka Lat	Sub-rural Health Centre
9. Ne Young Kar	Station Hospital
10. Ywa Tan Shey	Sub-rural Health Centre
11. Kyonda	Station Hospital
12. Thoung Dan	Sub-rural Health Centre
13. Deadaye	Township Hospital

The designs of the health facilities were the result of the collaboration of MERCY Malaysia's technical team volunteers and the Ministry of Health of Myanmar. The land was donated by the cooperative effort of the affected community.

Health promotion was conducted with local NGOs and the Ministry of Health in all villages to raise health awareness at all project sites.

As the river system is the only way to travel in the delta, MERCY Malaysia also purchased two boats for the use of the midwives to carry out their duties from village to village.



Launch and handover of completed pilot project of sub-rural health centre in Chaung Hpyar on 22nd of March 2009



Health promotion was conducted with local NGOs and the Ministry of Health in all villages to raise health awareness

"We are very happy with MERCY Malaysia's project as we do not have to travel to town by boat to seek medical treatment."

Group interview of male villagers in Kyonda



PAKISTAN

RECONSTRUCTION OF THE DISTRICT HEALTH OFFICE IN BAGH

The reconstruction of the health centre in Bagh was in response to the 2005 Kashmir earthquake, where an estimated 8,000 people lost their lives and another 83,000 lost their homes.

Bagh, a city located 80km from Muzaffarabad, was one of the worst hit areas of the 2005 Kashmir Earthquake. After a lengthy application process, the reconstruction project received approval from the Earthquake Reconstruction and Rehabilitation Authority of Pakistan (ERRA). Construction began in February 2009, which incorporated anti-seismic features into the new health center.

The District Health Office (DHO) consists of a Maternal and Child Healthcare (MCH) section, as well as a warehouse to store supplies. The DHO is strategically located in the heart of the town and offers Outpatient Department (OPD) services for the locals.

MERCY Malaysia responded to the disaster in 2005 by sending a team of medical and logistic volunteers within 48 hours post earthquake. The team along with other aid agencies provided emergency relief to the affected population, and stayed to continue working with the locals into the rehabilitation and reconstruction phase of the disaster cycle.



The Maternal and Child Healthcare Section before the reconstruction work started



MERCY Malaysia's reconstruction team with locals in front of the newly-built District Health Office (DHO) in Bagh



TYPHOON KETSANA RELIEF WORK

Typhoon Ketsana proved to be one of the most destructive typhoons in recent years as it wove a path of destruction across Southeast Asia; flattening houses and collapsing infrastructure in both Cambodia and Lao PDR, after submerging 80 per cent of Metro Manila in the Philippines, and wrecking life and property across central Viet Nam. MERCY Malaysia responded to the needs in Philippines and Cambodia.

Relief Work in the Philippines

Tropical Storm Ketsana (locally known in the Philippines as Ondoy) swept across Manila and central Luzon on 26 September bringing a month's worth of rain in just 12 hours.

Said to be the worst flood to hit the Philippines in four decades, the downpour was followed by Typhoon Parma (Pepeng) on 3 October bringing more torrential rain.

MERCY Malaysia teamed up with Caritas Novaliches at St Peter's Parish for the flood emergency intervention. Caritas Novaliches is a Catholic organisation working for social services and development towards building empowered communities in the Diocese of Novaliches.

The initial response included distribution of hygiene kits and hygiene promotion to help in the prevention of disease outbreak as anticipated in post flood affected areas. Approximately 6,355 hygiene kits were distributed to Quezon City, Rizal in Metro Manila as well as Pangasinan and La Union in Northern Luzon.

“Lastly, it is noteworthy to picture how the partnership between MERCY Malaysia and Caritas Novaliches is unique, sincere, and in essence-with a soul. Given that Caritas Novaliches, basically Catholic in its nature is able to effectively partner and work hand-in-hand with MERCY Malaysia’s Protestant and Buddhist workers furthermore proves that humanitarian work especially among brethren of South East Asian nations, though different can get their acts together and actually do good.”

Anne Christine G. Wilson, licensed social worker and administrator of St. Peter Parish



CAMBODIA

MERCY Malaysia also facilitated awareness-raising sessions with the disaster response team at Caritas Novaliches. Two sharing sessions were held on the International Code of Conduct in Disaster Response and The Sphere Standards in Disaster Response. The principle of accountability and participation were emphasised and prompted the team to ensure accurate reports and allow venues for receiving feedback from the donors, partners, and beneficiaries.

Relief Work in Cambodia

Typhoon Ketsana hit the Philippines and Viet Nam before destroying at least 78 houses in the Kampong Thom province. At least nine people were killed when their houses were crushed by the powerful typhoon at the Kampong Thom province,

located about 130 km north of the Cambodian capital Phnom Penh.

A total of 800 families from the Mean Chey, Kleng and Chheu Teal commune in the Sandan district received hygiene kits as part of MERCY Malaysia's relief efforts in the province.

What do we put in a hygiene kit?

The contents of our hygiene kit varies with the situation, and in this particular instance, each family receives one kit containing:

- Pail with lid & handle
- Krama (for men)
- Sarong (for women)
- Blanket (family size)
- Mosquito net (family size)
- Soap



Relief items for Typhoon Ketsana survivors in the Philippines



Distribution of hygiene kits in Kampong Thom, Cambodia



SRI LANKA

SETTING UP HEALTH POSTS AND WASH FACILITIES IN MANIC FARM

In the space of nine months, MERCY Malaysia managed to provide medical services to 21,773 Internally Displaced People (IDP) forced to live in difficult conditions caused by civil conflict.

In March 2009, MERCY Malaysia teams were deployed to Sri Lanka to assist the civilians that were affected by the 30 year Sri Lankan Civil War between the Tamil Tigers (Liberation Tigers of Tamil Eelam) and the Sri Lankan government.

The Ministry of Healthcare and Nutrition (MoH) of Sri Lanka requested MERCY Malaysia to assist the IDPs at the Manic Farm IDP camp in Cheddikulam.

MERCY Malaysia, in cooperation with the MoH Sri Lanka, initiated the following projects:

1. Primary health posts - Four health posts with in-patient beds, an office for the medical staff, medical equipment for the outpatients' room, water and sanitation facilities, overall fixtures, facilities and electrical were set up .
2. A referral hospital with one dental clinic with sanitation facilities
3. Assistance to MoH of Sri Lanka to manage six health centers by providing primary healthcare, triage and referral services in the IDP camp.

In December 2009, MERCY Malaysia handed over the projects to MoH Sri Lanka.

Partner : Ministry of Healthcare and Nutrition of Sri Lanka
Consortium of Humanitarian Agencies (CHA)



MERCY Malaysia team of staff and volunteer in front of a health post in Manic Farm



SUDAN

BASIC HEALTH CENTRE IN IDP CAMP ZAM ZAM, DARFUR

The conflict which started in 2004 has led to a state of emergency in the Darfur region of Sudan. This has caused a major humanitarian crisis, including population displacements and the suspension of most livelihood activities. The conflict involves several groups opposed to the Government. This has forced villagers to flee from their original places of residence to camps or other villages for safety and to meet their basic needs. In addition, unfavourable climate conditions have disrupted the process of maintaining livelihood and thus, the population has become more vulnerable both in the camps as well as in the rural areas. National and international aid have come in, offering a variety of services to these vulnerable groups but their increasing numbers and the widening of the conflict have led to a greater need for humanitarian assistance.

The MERCY Malaysia North Darfur Health Programme focuses on improving the healthcare of Internally Displaced Persons (IDPs) and to reduce the morbidity and mortality rate among the community.

MERCY Malaysia's basic health centre has been providing the full range of Primary Health Care (PHC) and reproductive health services, seven hours a day, six days a week for the whole Zam Zam camp population. An average of 180 to 200 patients are being treated and consulted in the clinic each day. MERCY Malaysia has a stand-by vehicle as an ambulance service from 9 am to 3 pm to refer emergency cases to either El Fasher Teaching Hospital or El Fasher New Hospital which includes a Fistula Care Centre. We have continued with the full range of PHC elements and thus most communicable diseases have remained below the emergency threshold.

Partner : United Nations Population Fund (UNFPA)



The service counter of the basic health centre in Zam Zam Camp in Sudan



A local doctor examining a patient at the basic health centre in the Zam Zam camp



CHILD-LED DISASTER RISK REDUCTION, SICHUAN

The Sichuan (Wenchuan) earthquake of May 2008 was the worst natural disaster to strike China in over 30 years. It claimed the lives of over 86,000 people, and destroyed the homes of more than 11 million people. Some 45 million people were affected. Eighty percent of the buildings in many towns collapsed.

With Save the Children UK as an implementing partner, MERCY Malaysia is conducting a Child-Led Disaster Risk Reduction project in Sichuan. Save the Children identified the need to implement DRR in Sichuan given the lack disaster preparedness at the community level, but recognises their limited experience in designing and implementing DRR projects.

MERCY Malaysia is funding the project as well as sharing experience and providing technical input and support. Through child participation, the project aims to reduce the disaster risks facing children, their families and to help their communities prepare for and reduce the impact of disasters.

The project involves training children who then trained their peers at school to conduct Risk & Resource mapping of schools and to conduct other awareness raising activities for children. 56 peer educators have been trained, and a Risk and Resource map has been developed for the Tashui High school.

Zhou Song, a 14-year-old boy from Tashui High School was very positive about his training as a peer educator. "I have a chance to practice my social skills when our group delivered knowledge about earthquake in our village", he said.

"This activity made me aware of the importance of protecting the environment and knowing what to do in disasters. I want to tell my friends what I've learned", he added.



Child peer educators getting hands-on experience to prepare a Risk and Resource Map

25 community volunteers have been trained to conduct similar activities with community members. The volunteers are in the process of conducting disaster preparedness sessions with the rest of the community members in their villages. They have shared information on earthquake and landslide safety.

Together the child peer educators and the community volunteers produced a Risk and Resource map for Gaoguan village. An action plan to reduce risk has been developed, where the main problems identified are the poor condition of main roads resulting in the risk of road traffic accidents, and a shortage of water during the summer affecting crops and therefore livelihoods and food security.

The child peer educators participated in a summer camp where they designed and produced materials for an awareness-raising campaign. They developed a fire prevention poster and an earthquake safety booklet. 1,300 copies of these materials have been distributed to community members in Sanmenxia, Zhoukou and Gaoguan.



Child peer educators prepare a Risk and Resource Map during a training workshop by Save the Children



“I have a chance to practice my social skills when our group delivered knowledge about earthquake in our village. This activity made me aware of the importance of protecting the environment and knowing what to do in disasters. I want to tell my friends what I’ve learned”

Zhou Song
Tashui Junior High School



CAPACITY DEVELOPMENT OF CIVIL SOCIETY ORGANISATIONS (CSOs) IN DISASTER RISK REDUCTION (DRR)

In order to enhance the DRR capacity of the community, the involvement of all the stakeholders is critical. In particular, the participation of local level actors such as community members, local governments and Civil Society Organisations (CSOs) is indispensable. MERCY Malaysia in cooperation with Society for Health, Education, Environment and Peace (SHEEP) conducted a project entitled "Capacity Development of CSOs in DRR" for 17 CSOs from Sumatra, Java, Bali and West Nusa Tenggara in 2009.

This project aimed to strengthen the capacity of CSOs in DRR to plan and implement Community Based Disaster Risk Management (CBDRM) projects, to promote awareness on the importance of DRR and preparedness efforts, and to develop DRR educational materials.

The first workshop was organised on 12-15 May 2009 in Yogyakarta and 17 CSOs attended. At the end of the workshop, all the participants came up with an Action Plan to initiate a CBDRM activity in the next 3 months. Participants were expected to implement the Action Plan and share the results at the second workshop.



The Action Plans included building CBDRM into existing projects, awareness-raising on DRR and CBDRM, holding community meeting on DRR, and developing community action plans.

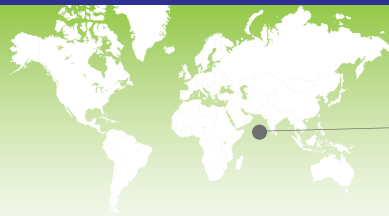
The second workshop was held on 2-3 December 2009 and the progress of the CBDRM activities was presented. The experiences of the CSOs included the relocation of the communities to a flood safe zone and community education on disaster risks.

All the participating CSOs initiated at least one DRR activity by the end of 2009. Through this project, the number of CSOs with the capacity of DRR implementation was increased and CBDRM programmes will be expanded to further areas in Indonesia.

In addition, educational materials were developed and distributed by the CSOs. The materials developed were: two kinds of comic books: Banjir (Flood) and Gempa (Earthquake), two kinds of DRR games (Kwartet Playing Card and Monopoly).

Partner : Society for Health, Education, Environment and Peace (SHEEP)





MALDIVES

COMMUNITY-BASED DISASTER RISK MANAGEMENT (CBDRM) IN MALDIVES

Maldives was one of the countries hit by the 2004 Indian Ocean tsunami. While the death toll was less than 100 people, the impact to the inhabitants was nonetheless dramatic. Maldives is a unique country in that it consists of groups of islands called atolls, and the impact of the waves is such that 25% of the inhabited islands were severely damaged or destroyed, 10% of the islands were totally destroyed, and 14 islands had to be evacuated. Total losses were estimated to be at US\$472 million, equating to 62% of the national Gross Domestic Product (GDP).

Together with a local partner, Care Society, MERCY Malaysia aims to develop an Island Disaster Management Plan and establish an Island Disaster Management Committee on four islands on the northernmost Atolls of the Maldives. The two islands in the Haa Alifu Atoll and two islands in the Haa Dhaalu Atoll were selected in consultation with the Maldives National Disaster Management Center.

MERCY Malaysia worked closely with the local communities to develop the Risk Reduction and Contingency Plans; two elements which form the Island Disaster Management Plan. Three visits were conducted to the islands of Baarah and Dhidhdhoo in the Haa Alifu Atoll. On both islands, community members engaged in participatory risk assessment to develop a risk profile for the island and to identify activities to reduce risks in their community.

The residents on both islands immediately benefited from the training. "Recently there were heavy winds and rain on this island. The island safety taskforce responded immediately by organising themselves", said Ali Shameed, the Island Councilor for the Baarah Island.

"A huge tree fell over a house, (and) the task force was very active and played a vital role in the clean-up process," he added.

Three taskforces – Island Safety, First Aid, and Fire Search & Rescue Task Forces – were created on each island to provide preparedness and response capabilities on the islands. First aid and fire safety training was provided to community members and volunteers were recruited to each Taskforce. Members of these task forces were then selected to form the Island Disaster Management Committee.

The project activities have benefited the whole community in these islands, 1,747 inhabitants of Baarah and 3,660 people in Dhidhdhoo.

"Recently there were heavy winds and rain on this island. The island safety taskforce responded immediately by organising themselves. A huge tree fell over a house, (and) the task force was very active and played a vital role in the clean-up process,"

Ali Shameed
Island Councilor for the Baarah Island.



"The Island taskforces are very important for the community, before this people had no idea how to cope. The First Aid training will be a great help, at least now people know how to treat fractures. From the Fire safety training I learnt how to connect and disconnect a gas bottle. I will be better able to manage on my own, before this I had to wait for my husband to do it. I also know what to do if the stove catches on fire."

Aishath Ibrahim, a mid-wife with 22 years experience, Baarah.



MYANMAR

COMMUNITY-BASED DISASTER RISK MANAGEMENT (CBDRM) IN MYANMAR

Cyclone Nargis was the worst natural disaster in the recorded history of the country. The cyclone caused catastrophic damage and at least 138,000 fatalities in the delta.

The level of preparedness capacity of the communities was extremely low. The warning did not reach the communities in time. The people did not know how to protect themselves and where to evacuate.

But that has since changed. Together with Yangon-based NGO Mingalar Myanmar, MERCY Malaysia initiated the Community-Based Disaster Risk Management (CBDRM) project to empower the communities in disaster preparedness. The project targeted 7 villages from the townships of Dedaye, Pyapon and Bogale that were badly struck by the cyclone.

Nine-year old Maung lives in Myanmar. In May 2008, her village was among the many hit by Cyclone Nargis.

From the CBDRM training, Maung is now well prepared. "If a storm comes, I would run to the temple," she said.

In her house, she has a card on which her parents' and her name are written. If a storm hits her village, Maung would run to the temple with her card. If she were ever to be separated from her parents, people would be able to identify her.

The whole project consisted of 6 activities:

- Training for Mingalar Myanmar staff
- Sensitisation with villagers and local authorities
- CBDRM workshop attended by more than 400 people from 7 villages
- More than 55,000 mangroves planted in all villages
- Evacuation exercise attended by 1,000 villagers
- Development of educational materials for the local community

Now in Maung's house, important documents are packed, ready to be carried away easily if her family has to evacuate.



One of the CBDRM workshop attended by the villagers

"After the trainings,
I filled my bottles
with drinking water.
We even packed my
school books and
clothes. We prepared
everything,"

Maung



EVENTS

MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

MERCY Malaysia has been selected to provide training under the Malaysia Technical Cooperation Programme (MTCP) beginning 2008. The MTCP was first initiated at the First Commonwealth Heads of Government Meeting (CHOGM) in Sydney in February 1978. It was officially launched on 7 September 1980 at the Commonwealth Heads of State Meeting in New Delhi, India, to signify Malaysia's commitment to South-South Cooperation, in particular Technical Cooperation among Developing Countries (TCDC).

In line with the spirit of South-South Cooperation, Malaysia through MTCP shares its development experiences and expertise with other developing countries. The MTCP was first formulated based on the belief that the development of a country depends on the quality of its human resources. The programme forms part of the commitment of the Malaysian Government towards the promotion of technical cooperation among developing countries, strengthening of regional and sub-regional cooperation, as well as nurturing collective self-reliance among developing countries.

The MTCP highlights the development of human resources through the provision of training in various areas which are essential for a country's development such as public administration, good governance, health services, education, sustainable development, agriculture, poverty alleviation, investment promotion, ICT and banking. More than 100 short-term specialised courses are offered by more than 50 MTCP training institutions, many of which are centres of excellence for training. Since its launching, more than 20,000 participants from 140 countries have benefited from the various programmes offered under the MTCP.

The MTCP has been managed by the Economic Planning Unit, Prime Minister's Department since its inception. In a move to further enable MTCP to spread its wings wider and stronger, the Malaysian Government has decided to transfer the MTCP to the Ministry of Foreign Affairs from 1 January 2010. It is



Participants going through a Town Watching exercise to identify risks

envisaged that emplacing it under the Ministry of Foreign Affairs could provide the synergy and support it requires in line with Malaysia's foreign policy.

For the year 2009, MERCY Malaysia has organised two training courses as follows:

1. Disaster Response and Recovery (DRR) -
Course date: 19th to 27th May 2009.
2. Community Based Disaster Risk Management (CBDRM) -
Course date: 28th September to 4th October 2009

We have received a very positive response from the participants from various countries i.e. Chile, Bhutan, Cambodia, Indonesia, Fiji, Afghanistan, Bangladesh, Madagascar and countries identified by the Malaysian government. A total number of 45 participants have attended the MTCP/ MERCY Malaysia training conducted in 2009.

The training has allowed both the Malaysian government and MERCY Malaysia to establish, strengthen and maintain a good networking relationship with the participants.



INTERNATIONAL HUMANITARIAN CONFERENCE 2009

In a continually evolving environment, humanitarian actors recognise the need to better understand how their various roles, contributions, and relationships can have particular impacts on the effectiveness of aid being delivered in emergencies.

MERCY Malaysia, in collaboration with the International Council of Voluntary Agencies (ICVA), held an inaugural International Conference of its kind in Malaysia with the theme: "Collaboration in a Changing Humanitarian Environment for Effective Response." The conference was held from 13 to 14 November 2009 at the Putra World Trade Centre in Kuala Lumpur.

In the conference, panels of speakers and delegates look to examine the relationships within and beyond the humanitarian community, and how collaborations can be improved in better responding to humanitarian crises.

The keynote speaker, Judy Cheng-Hopkins from Penang, is currently the UN Assistant Secretary-General for Peacebuilding Support, and shared her experience of being involved with refugees in over 118 countries around the world.



Various speakers from as far as Geneva and Senegal came to share their thoughts on collaborations within the humanitarian work.

The conference saw approximately 150 delegates attending from both regional and local level in Malaysia, with both corporate and academics interested in learning more about humanitarian collaborations.

For more information on the International Humanitarian Conference, please visit www.mercy.org.my/ihc2009



“I may be just a small volunteer, but the knowledge gained from this conference had certainly made me big that “We make a lot of difference to be involved to help! ” We got the chance to hear a very touching story from a brave lady, Milet Mendoza, who was abducted by the Abu Sayyaf group in the Phillippines... She is now a Peace and Human Security Advocate. ”

Jennie Soh, conference participant and MERCY Malaysia volunteer from the Sarawak chapter



MERCY MALAYSIA'S TENTH ANNIVERSARY DINNER 2009



November 2009 was a momentous month for MERCY Malaysia as it held the Annual Fundraising Dinner in conjunction with the International Humanitarian Conference 2009 as well as to mark the tenth year of the society's creation.

The function was held at the Hilton KL, and the event was graced by the presence of our Patron, HRH the Sultan of Perak. Our guest of honour, Ms Judy Cheng-Hopkins, the UN Assistant Secretary-General for Peacebuilding Support was also present, together with our former President, Tan Sri Datuk Dr Jemilah Mahmood. Other dignified guests include our Board of Trustees and the UN Representative to Malaysia, Mr Kamal Malhotra, to name a few.

In conjunction with our tenth anniversary, several tables were reserved for our core volunteers, members and partners to show our appreciation, though we were constrained by space and cost from inviting our entire legion of volunteers. It was a fun-filled night where several items are up for grabs in our Silent Auction, with Sharifah Aleya and Ferhad as the auctioneers. Various entertainers serenaded the audience, including Jacqueline Victor, Ferhad, and Ning Baizura. A total of RM306,556 was raised from the sale of tables and auction items, and it was a memorable occasion for all.



TRAININGS CONDUCTED IN 2009

VOLUNTEER INDUCTION PROGRAMME (VIP)

OBJECTIVE

- 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'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.

Total No. of Training : 6 **Attendance :** 379



BASIC LIFE SUPPORT (CPR AND FIRST AID)

OBJECTIVE

- 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
- To reduce lost of life by applying life saving

Total No. of Training : 1 **Attendance :** 17



BASIC MISSION TRAINING (BMT)

OBJECTIVE

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

Total No. of Training : 3 **Attendance :** 74





OUR
AFFILIATION

OUR AFFILIATION - 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, where Tan Sri Datuk Dr. Jemilah Mahmood served as the Chairperson since 2002 until her departure from MERCY Malaysia. Currently, our Executive Council member, Dr. Heng Aik Cheng sits on the ADRRN Executive Committee.

MERCY Malaysia was assigned the ADRRN Coordinator to manage the Secretariat and coordinate the activities by the Network. Currently, the Secretariat consists of three MERCY Malaysia staff: the Advisor, the Administrative and Finance Supervisor, and an Administrative and Finance Officer. One of the roles of the Secretariat is to liaise with the members for regular information exchange and develop a plan for the Network's activities, which includes the reporting to donors. Major donors to the ADRRN include the Australian Agency for International Development (AusAID) and the Regional

Office for Asia and Pacific of UN Office for the Coordination of Humanitarian Affairs (ROAP/UNOCHA).

The Network currently has 34 full-members from 13 Asia and Pacific countries. In 2009, the Project Selamat "Building Resilience to Tsunami in the Indian Ocean" was completed among the members from India, Indonesia, Japan, Malaysia, Maldives, and Sri Lanka. The project was supported by European Commission through UN/International Strategy for Disaster Reduction (UN/ISDR). The education materials collected from all over the world through this project were shared with the ADRRN members and contributed to the capacity development of the network members in DRR education.

MERCY Malaysia recognises the importance of the role of the Network for the Asian NGOs in order to achieve community resilience to disasters in Asia, and will continue its support to the network 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.

What is the Project Selamat Tool Box all about?

This project is an attempt by the network to provide a tangible outcome to the entire exercise (Project Selamat) and provide resources to further disaster risk reduction (DRR) through education.

The toolbox serves as a DRR resource in the form of films, training tools (models and manuals, educational books, interactive games) as well as indigenous warning systems.

The items are primarily sourced from the project countries (India, Indonesia, Sri Lanka and Maldives). The toolbox also includes quality educational tools from countries such as Japan and Turkey.





ACKNOWLEDGEMENT &
THANKS

THANK YOU FOR YOUR SUPPORT IN 2009

As 2009 ends we reflect and count the blessings that have been bestowed upon MERCY Malaysia. It has been a year of consolidation, making sure that all our processes are tightened, our credibility enhanced and our commitment to humanitarian work is not only one fuelled by passion but also by professionalism.

With the support and encouragement from our fellow Malaysians from all walks of life, we are happy that it has been a year of great success for MERCY Malaysia. We hope you join us in rejoicing the successes of 2009, representing Malaysia as a front runner in the humanitarian world. We realise this success comes with great responsibility and the need to maintain our high standards and accountability.

The year 2010 will see new challenges but we are hopeful that with the strengthening of our organisation, we will continue to serve the vulnerable communities wherever they may be.

On behalf of the trustees, executive committee, staff and volunteers, we wish to extend our heartiest gratitude to all our supporters. Whether from the public or private institutions, groups or individuals, government or non-governmental organisations, all have supported us tirelessly throughout our efforts and missions in 2009. Each and every individual plays a part in making MERCY Malaysia what it is today.

With this MERCY Malaysia would also like to thank our valuable partners who have contributed to our success and we hope for your continued support in the future.

VOLUNTEERS

Volunteers are the backbone of our organisation. Thank you to all our volunteers for supporting us in our humanitarian efforts.

INTERNATIONAL & DOMESTIC MISSIONS AND OTHER VOLUNTARY WORK FOR MERCY MALAYSIA IN 2009

Abd Halim Bin Ahmad
Abdul Ghafar Baba
Abdul Malik Bin Lamri
Abdul Rahman Bin Hisham
Adam Mohd Alias
Adel Bin Muhamed Ishak
Adrian Lok
Afiqah Aminuddin
Ahmad Alfian Bin Hashim
Ahmad Anuar Sofian
Ahmad Azraf Bin Azhar
Ahmad Fauzi Bin Abd Rahman
Ahmad Firdaus Hanapai
Ahmad Zakarnain Ahmad Zawawi
Aileen Tan
Aimi Shazana Bt Muhammad Anuar
Ainul Fadhillah Binti Samsudi
Aisyah Binti Johari
Akmal Hanif Bin MazkamAl
Alang A/P Bah As
Albrecht Guy
Alex Lai Sian Ann
Alexander Chan
Alfira Zalna Binti Omar
Alia Binti Nasihin
Aliah Binti Mohd Tarmizi
Alice Sai Phaik Choo
Alvin Moses A/L Augustinathan
Ambiha D/O Shanmugam
Amir Bin Basrun
Amiruddin Mohd Nor
Angela Esther George
Anis Hazwani Bte Abdullah

Anis Izyan Binti Abd Rahman
Anisha Rachel A/P Mathan
Anita Abd Malek @Ani
Anita Binti Abdullah
Anjali Anand A/P P C Anand
Annette Goh
Ar. Azman Zainonabidin
Ariffin Abdul Manaf
Ashmawi AsRaf Bin Mohd Arifen
Asmahan Binti Zaidon
Assoc. Prof. Dr. Mohamed Ikram Bin Mohamed Salleh
Assoc. Prof. Dr. Noor Ibrahim Mohamed Sakian
Assoc. Prof. Palasuntharam Shanmuhasuntharam
Aster Low
Azhan Bin Azman
Azhar Bin Abdul Razak
Azhari Hj. Miskah
Aziz Zulqarnain Abdullah
Azizah Binti Abu Samad
Azizi Bin Azizan
Azlin Tasnim Bt Che Othman
Azlina Rohaidawaty Binti Taslim
Azrim Mirza B. Ramli
Azrin Amir Azali
Azureen Alya Abu Bakar
Azwan Hafiz Bin Abu Hassan
Baharul Rizal Baharuddin
Balqis Binti Mohamad Zin
Bapthileking Ak Toking
Benjamin Chai Phi Ngit
Betty Joseph Taai Laban
Bharathi Anand
Bybiana Michael
Catherine Chia Mei Meoy
Chan Jun Kai
Chan Sok Chang
Chan Yoke Nee
Che Affandy Che Yusof
Che Mahmud Bin Mohd Nordin
Che Tah Hanafi

Chee Fook Wah
Chia Kah Wai
Chia Kah Yie
Chia Pui Ying @ Irene
Chin Kee Leong
Chong Chia Pei
Chow Kai Wai @ Karen
Christiannus Fong
Chua Sock Koon
Cynthia Lim Fui Foo
Daniel Ng Ying Kin
Dato' Dr. N K S Tharmaseelan N K Sinnadorai
Delbert Tan Wun Hock
Derek Kok Qi Ren
Dhanya Ashoka Menon
Dhinesh
Diana Singgar Ak Andira Mawar
Dr. A. Hadi Abdullah
Dr. Abdul Mutalib Othman
Dr. Adliah Mohamed Soid
Dr. Ahmad Arif Che Ismail
Dr. Al-Amin Bin Mohamad Daud
Dr. Alice Goh Siew Ching
Dr. Ana Vetriana Abdul Wahab
Dr. Andrew Mark Choong Tze Liang
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Mohd Sapran Bin Awang
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Shahril Bin Idris
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Siti Badariah Baharin
Siti Eshah Binti Wahab
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Siti Fazliana Binti Ahmad
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Siti Khatijah Bt. Maliki
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Soraya Rezuan
Sreejit Raghu
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Surendiran Rajkumar
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Suzie Ernida Bt Sanuri
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Syaiful Bahri Bin Ideris
Syarifah Syaza Liyana
Syed Abdul Haris Bin Syed Mustapa

Syed Hussein Ahmad Fuad
Syed Zahid Bin Syed Mohamad
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Tajul Edrus Nordin
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Taufik Shahidi Bin Ja'afar
Tay Jun Yew
Tengku Nur Amirah Binti Tengku Kamarulzaman
Tengku Rozila Bt. Tengku Yusoff
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Wan Maharuddin Bin Hj. Wan Sulaiman
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Wan Nor Suhada Bt Wan Mohd Mustapha
Wan Norafifah Wan Long
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Wong Ming Yi
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Yap Pik Chun
Yeap Ser Lik
Yusniza Bt Mohd Yusop

Yusof Hassim
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Zaini Hassan
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Zarina Bibi Mohd Ariff
Zulhakimi Abdullah
Zulkifli Bin Mohd Zain
Zulkipli Bin Mahfodz
Zullaili Bin Zainal Abidin
Zunaidah Binti Abd Hasan
Zurina Ismail

SECRETARIAT AS OF 31 DECEMBER 2009

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General Manager's Office

Mohd Shahrudin Acting General Manager /Head of
Asmani Finance & Admin

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Siti Zaliha Ibrahim Officer, Compliance

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Nasha Akhir Shah Assistant, Finance
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Khairur Rijal Jamaluddin Assistant, Admin
Esma Azura Masrol Receptionist cum Admin
Hasnizan Hashim Office Assistant cum Driver
Sayidah Kamil Office Assistant

Communications & Fundraising Department

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Fundraising & Event
Wan Farhana Kamaruddin Senior Officer
Publication & Public Relations
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HR & Volunteer Management Department

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Volunteer Management
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Norhazlina Mohamed Officer, Human Resource
Noor Hayati Abd Latif Officer, Volunteer Management
Siti Zaleha Abdullah Officer, Training and Development
Zurina Ismail Officer, Volunteer Management
Rita Fazlin Bt Awang @ Ibrahim Officer, State Chapter Liaison
Noor Azlin Mohd Yahya Officer, Special Project

Relief Operations Department

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Hew Cheong Yew Senior Officer, Relief Operations
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Wendy Neoh Siew Ping Officer, Relief Operations
Elliane Arriany Mustapha Officer, Relief Operations
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Puteri Rohayu Megat Mohamed Yusof Officer, Programme
Mohamed Ashaari Rahmat Assistant, Research
& Programme
Shahril Idris Project & Administration
Support Assistant

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

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Erman Taib Surendiran Rajoumar
Faizul Hussin @ Kassim Syamsudin Adam
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Mohd Hazrin Razali
Mohd Zamri Mohd Zin
Mona Hanim Sheikh Mahmud
Muhamad Faiz Jaafar
Nor Feroz Shahreza Faziddin
Norshamshiah Ali Afandi
Norzi Bin Ahmad
Ruha Thevi d/o Veerasenan

FIELD OFFICE STAFF AS OF 31 DECEMBER 2009

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.

PAKISTAN

Abdul Rauf s/o Shah Muhammad

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Azrim Mirza

CAMBODIA

Hen Heang

MYANMAR

Phyu Phyu Khin

CAIRO

Ahmed Hosni Mahmode

SUDAN

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Mohammad Sadiq
Hazrat Wali

Comprehensive Health Clinic

Mohammad Hasham
Mohammad Alam
Mohammad Haroon
Haleema Sharefi
Malika
Mohammad Azim
Marzia
Mohammad Nadar
Aminullah
Fateema Bibi
Shereena Bibi
Raziah Bibi
Gul Chera
Sheer Mohammad
Amanullah
Fida Mohammad
Fariqa
Mohammad Sadiq

Vocational Training Centre

Mohammad Yousaf
Marzia
Shahnaz
Khatera
Bibi Aisha
Gul Sima
Samiah
Ameer Jan

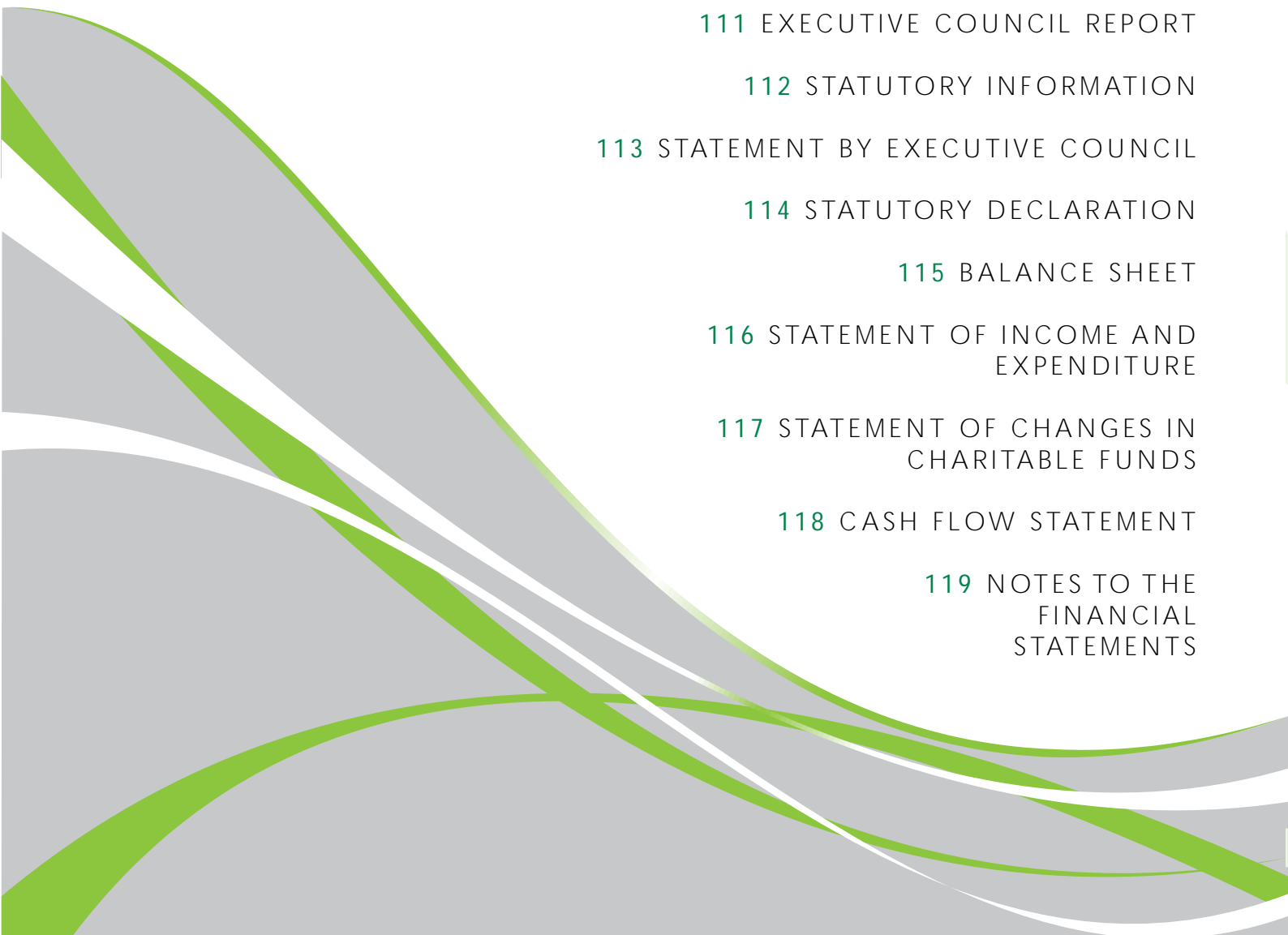
Shah Ghasi
Mohammad Karim

MERCY Little Caliph

Ghulam Farooq "muj"

GAZA

Dr. Khamis El Essi
Dr. Sonia Robbins



108	SOCIETY INFORMATION
109	AUDITORS' REPORT
111	EXECUTIVE COUNCIL REPORT
112	STATUTORY INFORMATION
113	STATEMENT BY EXECUTIVE COUNCIL
114	STATUTORY DECLARATION
115	BALANCE SHEET
116	STATEMENT OF INCOME AND EXPENDITURE
117	STATEMENT OF CHANGES IN CHARITABLE FUNDS
118	CASH FLOW STATEMENT
119	NOTES TO THE FINANCIAL STATEMENTS

FINANCIAL STATEMENT

SOCIETY INFORMATION

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

(Registered under the Societies Act, 1966)

(Society No.: 1155)

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VICE PRESIDENT I	Assoc. Prof. Dr. Mohamed Ikram Mohamed Salleh
VICE PRESIDENT II	Mohd Azman Sulaiman
HONORARY SECRETARY	YM Raja Riza Shazmin Raja Badrul Shah
ASSISTANT HONORARY SECRETARY	Assoc. Prof. Dr. Palasuntharam Shanmuhasuntharam
HONORARY TREASURER	Ir. Amran Mahzan
COMMITTEE MEMBERS	Dr. Heng Aik Cheng Norazam Ab Samah
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' 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 2009 of the Fund, and the income statement, statement of changes in accumulated fund and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Executive Council Members' Responsibility for the Financial Statements

The Executive Council of the Society are 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' 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 2009 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.

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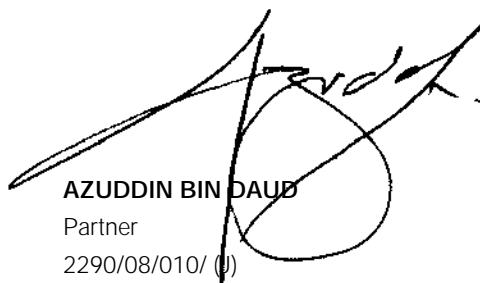
AZUDDIN & CO.

AF 1452

Chartered Accountants

Kuala Lumpur,

Date: 25 May 2010


AZUDDIN BIN DAUB
Partner
2290/08/010/ (U)

EXECUTIVE COUNCIL REPORT

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

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

Executive Councils' report for the year ended 31 December 2009

The Executive Council have pleasure in submitting their report and the audited financial statements of the Society for the financial year ended 31 December 2009.

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 Mohamed Salleh
VICE PRESIDENT II	Mohd Azman Sulaiman
HONORARY SECRETARY	YM Raja Riza Shazmin Raja Badrul Shah
ASSISTANT HONORARY SECRETARY	Assoc. Prof. Dr. Palasuntharam Shanmuhasuntharam
HONORARY TREASURER	Ir. Amran Mahzan
ORDINARY COMMITTEE MEMBERS:	Dr. Heng Aik Cheng Norazam Ab Samah
CO-OPTED MEMBERS:	Dr. Shalimar Abdullah Farah Abdullah

STATUTORY INFORMATION ON THE FINANCIAL STATEMENTS

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

(Registered under the Societies Act, 1966)

(Society No.: 1155)

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

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

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

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

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

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

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

In the opinion of the Executive Council, the results of the operations of the Society for the financial year ended 31 December 2009 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)

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 2009 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: 25 May 2010

STATUTORY DECLARATION BY HONORARY TREASURER

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

(Registered under the Societies Act, 1966)

(Society No.: 1155)

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 25 May 2010)



IR. AMRAN BIN MAHZAN

BEFORE ME:



ENITE 2-1-11, TINGKAT SATU,
WISMA RAMPAL JALAN 34/26,
SEKUTAN, KUALA LUMPUR.

BALANCE SHEET

BALANCE SHEET AS AT 31 DECEMBER 2009

	Note	2009 RM	2008 RM
ASSETS			
Non-current assets			
Property, plant and equipment	5	1,357,812	1,369,224
Current assets			
Inventories	6	443,820	314,746
Other receivables	7	805,494	825,985
Cash and cash equivalents	8	21,082,345	18,859,874
		<u>22,331,659</u>	<u>20,000,605</u>
LIABILITIES			
Current liabilities			
Other payables	9	649,735	458,466
		<u>649,735</u>	<u>458,466</u>
Net current assets		21,681,924	19,542,139
		<u>23,039,736</u>	<u>20,911,363</u>
Financed by:			
Charitable funds		<u>23,039,736</u>	<u>20,911,363</u>

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

STATEMENT OF INCOME AND EXPENDITURE

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER 2009

	Note	2009 RM	2008 RM
INCOME			
Donation	10	18,961,438	17,503,139
Annual fund raising dinner	11	121,826	127,092
Membership fee	12	2,280	2,100
Other income	13	564,155	626,530
		19,649,699	18,258,861
Less: EXPENSES			
CHARITABLE EXPENDITURE	14	14,964,010	9,646,564
OPERATING EXPENSES	15	2,557,316	2,144,908
		17,521,326	11,791,472
SURPLUS BEFORE TAX		2,128,373	6,467,389
TAXATION	16	-	-
SURPLUS FOR THE YEAR		2,128,373	6,467,389

The accompanying notes form 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 2009

	2009 RM	2008 RM
Balance as at 1 January	20,911,363	14,443,974
Surplus for the year	2,128,373	6,467,389
Balance as at 31 December	23,039,736	20,911,363
Charitable funds are consist of :-		
Unrestricted fund	7,567,823	6,791,900
Resricted funds:-		
Bangladesh	409,089	517,143
Cambodia	62,537	466,539
China	389,379	659,087
Malaysia	1,255,151	1,514,900
Maldives	226,512	315,220
Myanmar	2,045,432	4,334,786
Padang	502,354	-
Pakistan	483,337	2,714,607
Palestine	7,620,456	291,091
Philippines	161,073	-
Special Project-ADRRN	568,512	289,769
Sudan	1,518,723	2,444,340
Tsunami	229,358	571,981
	15,471,913	14,119,463
	23,039,736	20,911,363

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

CASH FLOW STATEMENT

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2009

	2009 RM	2008 RM
Cash flows from operating activities		
Surplus before tax	2,128,373	6,467,389
Adjustment for:		
Depreciation	406,957	252,576
Interest income	(387,736)	(505,562)
Loss on disposal and written off property, plant and equipment	14,088	15,986
Surplus before working capital changes	2,161,682	6,230,389
Changes in working capital:		
Changes in inventories	(143,544)	41,806
Other receivables	20,491	(518,865)
Other payables	191,269	153,723
Cash generated from operating activities	2,229,898	5,907,053
Interest received	387,736	505,562
Net cash generated from operating activities	<u>2,617,634</u>	<u>6,412,615</u>
Cash flows from investing activities		
Proceeds from disposal of property, plant and equipment	73,967	1,980
Purchases of property, plant and equipment	(469,130)	(1,010,268)
Net cash used in investing activities	<u>(395,163)</u>	<u>(1,008,288)</u>
Net increase in cash and cash equivalents	2,222,471	5,404,327
Cash and cash equivalents at beginning of year	<u>18,859,874</u>	<u>13,455,547</u>
Cash and cash equivalents at end of year	<u><u>21,082,345</u></u>	<u><u>18,859,874</u></u>
Cash and cash equivalents comprise:		
Cash and bank balances	3,728,138	2,412,192
Deposit with licensed banks	17,354,207	16,447,682
	<u><u>21,082,345</u></u>	<u><u>18,859,874</u></u>

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 25th May 2010.

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 those subscriptions 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%

NOTES TO THE FINANCIAL STATEMENTS

4. Summary Of Significant Accounting Policies (Continued)

(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.

(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.

NOTES TO THE FINANCIAL STATEMENTS

4. Summary Of Significant Accounting Policies (Continued)

(h) Charitable Funds (Continued)

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.

(l) 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.

NOTES TO THE FINANCIAL STATEMENTS

4. Summary Of Significant Accounting Policies (Continued)

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

Foreign currency:-	RM 31.12.2009	RM 31.12.2008
1 US Dollar	3.44000	3.67000
1 Brunei Dollar	2.46000	2.44000
1 Pakistan Rupee	0.04360	0.05500
1 Myanmar Kyatt	0.00310	0.00300
1 Sri Lanka Rupee	0.02980	0.03001
1 Australian Dollar	3.08000	2.45000
1 Euro	5.02000	4.75000
1 Chinese Yuan Renminbi	0.49980	0.53000
1 Japanese Yen	0.03800	0.03900
1 Sudanese Pound	1.52000	1.66000
1 Indonesian Rupiah	0.00036	0.00036
1 Philippine Peso	0.07330	0.07424
1 Singapore Dollar	2.44000	2.44000
1 Swiss Franc	3.36000	3.22000
1 Pound Sterling	5.59000	5.56000
1 Thai Bhat	0.10270	0.11000
1 India Rupee	0.07420	0.07600
1 Bangladesh Taka	0.04940	0.05500
1 Vietnam Dong	-	0.00022
1 Maldives Ruffiya	0.27040	0.30000

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	232,146	604,946	237,792	319,101	582,433	25,855	9,000	109,853	2,121,126
Additions	1,530	173,398	12,057	-	279,715	2,430	-	-	469,130
Disposal/Written off	-	(20,700)	(20,460)	-	(164,533)	(21,640)	-	(37,000)	(264,333)
Closing balance	233,676	757,644	229,389	319,101	697,615	6,645	9,000	72,853	2,325,923
Depreciation									
Opening balance	44,805	118,393	83,557	32,186	398,162	20,392	5,402	49,005	751,902
Charge for the year	45,782	129,729	25,876	63,818	128,221	1,523	1,080	10,928	406,957
Disposal/Written off	-	(5,722)	(1,325)	-	(156,305)	(19,204)	-	(8,372)	(190,748)
Closing balance	90,587	242,400	108,108	96,004	370,078	2,891	6,482	51,561	968,111
Net book value									
At 31 December 2009	143,089	515,244	121,281	223,097	327,537	3,754	2,518	21,292	1,357,812
At 31 December 2008	187,341	486,553	154,235	286,915	184,271	5,463	3,598	60,848	1,369,224
Depreciation charge for the year ended 2008	31,956	41,925	21,956	43,636	91,999	3,550	1,080	16,478	252,576

NOTES TO THE FINANCIAL STATEMENTS

6. Inventories

	2009 RM	2008 RM
At Cost:		
Emergency Response Unit (ERU)	367,264	189,669
Merchandise	67,886	88,546
Outreach Clinics	8,670	36,531
	<u>443,820</u>	<u>314,746</u>

7. Other Receivables

	2009 RM	2008 RM
Other debtors, deposit and prepayment	376,854	495,875
Advance to mission members and basecamp	428,640	330,110
	<u>805,494</u>	<u>825,985</u>

8. Cash And Cash Equivalents

	2009 RM	2008 RM
Cash in hand	297,079	278,450
Cash at bank	3,431,059	2,133,742
Deposit with licensed banks	17,354,207	16,447,682
	<u>21,082,345</u>	<u>18,859,874</u>

9. Other Payables

	2009 RM	2008 RM
Other creditors and accruals	649,735	458,466
	<u>649,735</u>	<u>458,466</u>

NOTES TO THE FINANCIAL STATEMENTS

10. Donation

	2009 RM	2008 RM
Unrestricted fund	4,967,056	3,958,363
Restricted funds	14,221,092	13,669,879
Less: Fundraising costs	(226,710)	(125,103)
	<u>18,961,438</u>	<u>17,503,139</u>

11. Annual Fund Raising Dinner

	2009 RM	2008 RM
Income received	306,556	166,700
Less: Fundraising costs	(184,730)	(39,608)
	<u>121,826</u>	<u>127,092</u>

12. Membership Fee

	2009 RM	2008 RM
Life membership	-	1,500
Ordinary membership	2,280	600
	<u>2,280</u>	<u>2,100</u>

13. Other Income

	2009 RM	2008 RM
Interest received	387,736	505,562
Sale of merchandise	24,937	47,215
Others	151,482	73,753
	<u>564,155</u>	<u>626,530</u>

NOTES TO THE FINANCIAL STATEMENTS

14. Charitable Mission Expenditure

Charitable expenditure by mission are as follows : -

	2009 RM	2008 RM
Afghanistan	648,412	545,772
Assessment	-	45,525
Bangladesh	193,893	901,388
Cambodia	497,341	736,444
China	269,708	244,785
India	310,820	141,592
Korea	-	55,771
Malaysia	737,090	706,934
Maldives	88,708	243,099
Myanmar	3,287,735	1,921,844
Padang	457,823	-
Pakistan	2,234,320	258,367
Palestine	3,201,253	110,379
Philippines	230,673	131,737
Special project - ADRRN	397,598	1,185,607
Sri Lanka	1,032,045	-
Sudan	933,767	1,103,895
Sumatera (Bengkulu)	-	277,550
Tsunami	342,624	989,704
Yemen	-	46,171
Yogyakarta	100,200	-
	<u>14,964,010</u>	<u>9,646,564</u>

NOTES TO THE FINANCIAL STATEMENTS

15. Operating Expenses

	2009 RM	2008 RM
Audit fee	11,000	10,000
Depreciation	289,596	153,836
Loss on foreign exchange	2,482	10,160
Loss on disposal and written off property, plant and equipment	14,088	15,986
Office rental	87,082	98,990
Staff costs (Note 17)	1,534,748	1,401,146
Warehouse rental	33,000	18,012
	<u> </u>	<u> </u>

16. 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.

17. Staff Costs

	2009 RM	2008 RM
EPF and SOCSO	152,532	132,141
Medical	12,892	5,904
Salaries and allowances	1,369,324	1,263,101
	<u>1,534,748</u>	<u>1,401,146</u>
Number of employees (excluding Executive Council) at the end of financial year	<u>44</u>	<u>44</u>



JOIN US!

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 a 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.

To find out more, visit our website at www.mercy.org.my





FEEDBACK

WE WANT TO HEAR FROM YOU!

At MERCY Malaysia, we are committed to delivering the highest level of professionalism and care in our work, whether in the field with our beneficiaries or other stakeholders at our Headquarters. We want to ensure that our publications are accurate, timely and effective. We value your feedback as our reader, and we are committed to improving the quality of our future reports. We would be honoured if you could complete the form below. You can return your responses via fax or email to us at info@mercy.org.my.

If you are unhappy with any of the information displayed in our publication, or feel that we could improve our level of service in any way, please email your feedback to info@mercy.org.my. Your privacy and confidentiality of response is assured.

1. What is your overall evaluation of the MERCY Malaysia Annual Report 2009?

2. What segment(s) of the MERCY Malaysia Annual Report 2009 were of most value to you?

3. What segment(s) of the MERCY Malaysia Annual Report 2009 were of least value to you?

4. If you are given the opportunity to decide on the content of the next Annual Report, what kind of content would you like to see more of?

☐ Personal Stories from the field

☐ Data and statistics on projects

☐ MERCY Malaysia events

YOUR PERSONAL PARTICULARS:

Please tell us more about yourself.

Gender: Male/Female

Age:

- ☐ Below 18
☐ 18 to 24
☐ 25 to 40
☐ 41 to 54
☐ 55 and above

How did you receive a copy of our Annual Report?

- ☐ I am a member of the Society
☐ My company/organisation received a copy
☐ From friends/relatives
☐ I visited your office
☐ I visited your exhibition booth in _____

Is this your first time hearing about us?

Yes/ No, I have known about MERCY Malaysia since _____

Are you from Malaysia?

Yes/ No, I'm from _____

Would you like to receive news on our upcoming events and activities?

☐ YES

☐ NO

If yes, please fill your personal details:

Name:

Position Title:

Organisation:

Email address:

Thank you for your time and interest.

MERCY Malaysia

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