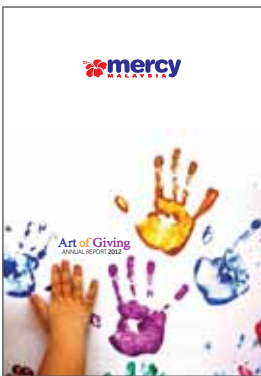




**Art of Giving**  
ANNUAL REPORT 2012





## COVER RATIONALE

The 'Art of Giving' is our theme for 2012: reflecting the satisfaction of the donor and the enjoyment of the recipient of the gift. The illustration of the open palm depicted throughout the annual report symbolises the art of giving and receiving.

MERCY Malaysia understands and appreciates the dedication and continual support of our volunteers in our work. The commitment of volunteers to our missions in Malaysia and overseas produced successful results for our beneficiaries by improving the quality of their lives. The willingness of volunteers to selflessly give to those in need is an art form they have perfected.

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## GET INVOLVED!



## Message from the Patron



"In the time since I have been the Patron of MERCY Malaysia, the organisation has gone from strength to strength. The scope and complexity of services rendered has exceeded expectations and the passion from which MERCY Malaysia bloomed has attracted like-minded people that have supported the organisation's growth in many ways."

In the last 13 years, MERCY Malaysia has been providing disaster relief and humanitarian assistance to people affected by both natural disasters and conflicts. Since then, the organisation has served over 10 million beneficiaries in 28 countries around the world. By any measure, this is an incredible feat for an organisation that was started off by five visionary individuals who were long on passion and vision, but short on resources.

In the time since I have been the Patron of MERCY Malaysia, the organisation has gone from strength to strength. The scope and complexity of services rendered has exceeded expectations and the passion from which MERCY Malaysia bloomed has attracted like-minded people that have supported the organisation's growth in many ways. Many have contributed in monetary form, some have contributed their time and skills as volunteers and a few have chosen to make MERCY Malaysia their career. All these contributions are of equal value for without any one, the success that MERCY Malaysia and her various beneficiaries enjoy could not have been achieved.

The sacrifices and contributions of members, staff and volunteers of MERCY Malaysia are much appreciated. Due to your efforts, those who are facing despair have a ray of hope in the face of unimaginable adversity. I wish MERCY Malaysia every success!

**HIS ROYAL HIGHNESS SULTAN AZLAN SHAH**  
*Sultan of Perak Darul Ridzuan*



## Message from the Chairman of the Board of Trustees



"The collaborative effort of the staff, volunteers, donors and partners have contributed enormously to MERCY Malaysia meeting its objectives both at home and abroad. The Board would like to extend its sincere thanks to all of them for their valuable and generous support, which has put MERCY Malaysia in the forefront in providing humanitarian assistance wherever needed."

MERCY Malaysia has continued to respond to calls for humanitarian aid in various parts of the world.

The past year saw us responding to various situations in a number of countries. Teams were deployed to assess situations and needs in Mindanao, in the aftermath of Typhoon Bopha and in the conflict zones of Myanmar and Gaza. On the home front, we responded to flooding in Terengganu, where we worked together with the National Security Council.

In Myanmar, MERCY Malaysia addressed the medical needs for the internally displaced people of Rakhine. Our work in Myanmar did not stop there, we were also involved in the reconstruction of hospitals in the region. In the case of Gaza, the Palestine Relief Fund was reactivated and a new appeal on supporting the medical needs of the community was launched. I am happy to report the appeal for funds was well received by Malaysians. MERCY Malaysia reached out to the Syrian refugees in Jordan by providing them with winterisation kits to help prepare for challenges of the harsh winter ahead.

MERCY Malaysia's contribution to society at home has grown further by extending pro-active activities in education. This year saw the launch of the inaugural Lecture Series, HRH Raja Nazrin Shah Lecture Series. We had the honour of welcoming Dr Surin Pitsuwan, the former Secretary General of ASEAN, as the key speaker. The lecture series aims to raise awareness and educate the general public on humanitarian work. The series continues with the International Humanitarian Conference scheduled for November 2013, entitled 'Sustaining Humanitarian Efforts'.

The collaborative effort of staff, volunteers, donors and partners have contributed enormously to MERCY Malaysia meeting its objective, both at home and abroad. The Board would like to extend its sincere thanks for their valuable and generous support, this has put MERCY Malaysia at the forefront of providing humanitarian assistance wherever needed throughout Malaysia and international environments.

**TAN SRI DATO' AJIT SINGH**  
*Chairman*

## Message from the President



"I am proud to say that as an organisation, MERCY Malaysia has risen to the status of an INGO, trusted globally by individuals and beneficiaries of all creeds, colours and races "

Assalamualaikum and peaceful greetings to all.

We have had another busy year at MERCY Malaysia, we have seen tremendous growth as an organisation and we have once again faced and risen above our challenges.

I am proud to announce, MERCY Malaysia has risen to the status of an International NGO, trusted globally by individuals and beneficiaries of all creed, colour and race. This can clearly be seen in our work in Myanmar when we responded to the needs in the Rakhine region. As an organisation, we are not only able to provide aid in the form of health care, but we were also invited to help reconstruct the Dar Paing Emergency Hospital.

The year also witnessed the worsening situation in Syria, where the continuation of the conflict has caused families to flee from their home for safety. Working hand in hand with the Royal Jordanian Hashemite Foundation, MERCY Malaysia engaged in the distribution of winterisation kits to help the refugee families deal with the harsh winter in Jordan.

In the realm of natural disasters, the aftermath of Typhoon Bopha in Mindanao, Philippines called for a relief mission of medical services to communities affected by the tropical typhoon. A total of 8,505 beneficiaries were treated by 28 medical outreach clinics over the duration of seven weeks. With the help of our local partners, MERCY Malaysia was able to support and respond in an efficient and responsible way.

On the home front, MERCY Malaysia launched a Flood Relief Fund in 2012 to help Malaysians who were affected by the floods by providing both primary healthcare and hygiene kits. As a whole, we were able to help 5615 beneficiaries in both Johor and Terengganu.

The past year has also been a year of ground-breaking initiatives, with the introduction of MERCY Malaysia's first ever lecture-series, which will last for five years. The HRH Raja Nazrin Shah Humanitarian Lecture Series, was kick-started in October 2012. Speaker of the first lecture, Dr Surin Pitsuwan, the former Secretary General of ASEAN spoke on the Role of Regional Networks in Humanitarian Aid. The lecture series continues this year with the International Humanitarian Conference that is scheduled for November 2013.

We pioneered the launch of our new fundraising microsite, Seringgit Sehari in 2012. The site was launched with the aim in obtaining donations from the general public in a sustainable and long-term manner. The website was launched during MERCY Malaysia's 13<sup>th</sup> Annual Fundraising Dinner, which was also a successful event. This year we managed to raise RM 111, 600 in profit from the dinner.

I would like to record the organisation's appreciation of and sadness on the passing of our former Executive Director, Allahyarhamah Puan Zahrah Yaacob who passed away on 3 December 2012. Her dedication to MERCY Malaysia was exemplary and may we all take heed of such dedication and continue to serve humanity and the humanitarian cause through MERCY Malaysia. May Allah SWT bless her soul and continue to bless and protect MERCY Malaysia in our journey ahead in 2013.

Thank you and God bless,

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

## Vision & Mission Statement

### Vision

To be outstanding in the 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 situations

## Core Values

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

In 2012



We were present in 17 countries

We reached out to over one million beneficiaries

We spent approximately RM13 million/USD 4.2 million on our humanitarian services



# ACTIVITIES IN 2012







## Legend

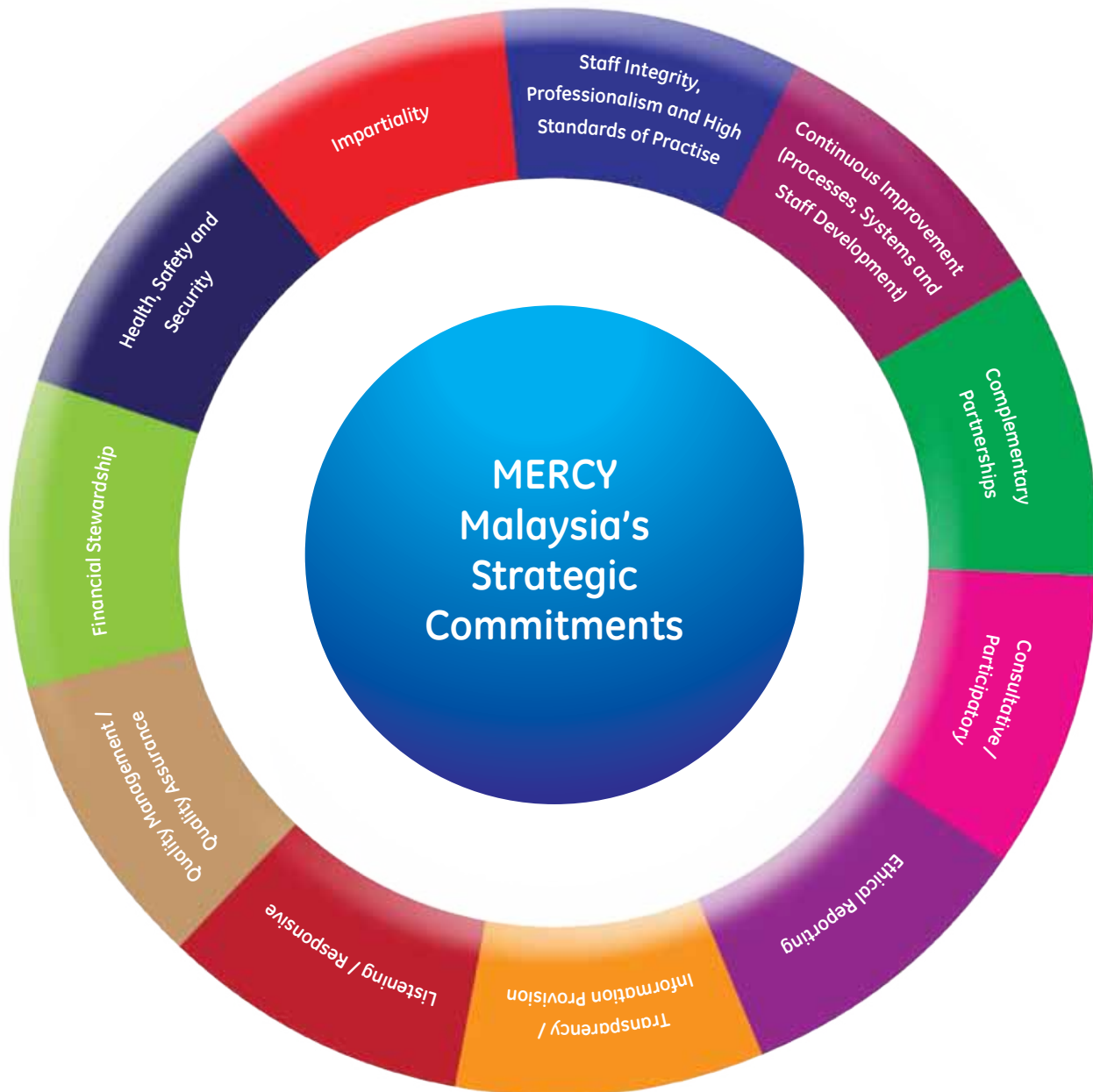
1 Afghanistan (Pg.52)	6 Indonesia (Pg.61)	11 Palestine (Pg.67)	16 Sudan (Pg.82)
2 Bangladesh (Pg.54)	7 Japan (Pg.62)	12 Pakistan (Pg.71)	17 Thailand (Pg.83)
3 Cambodia (Pg.56)	8 Jordan (Pg.63)	13 Philippines (Pg.73)	
4 China (Pg.59)	9 Malaysia (Pg.36)	14 Somalia (Pg.77)	
5 India (Pg.60)	10 Myanmar (Pg.64)	15 Sri Lanka (Pg.79)	



#### Legend

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

## Our Strategic Commitments



## Our Strategic Commitments



- **Impartiality** – We maintain impartiality in the selection of our staff. The selection of our beneficiaries purely is on a needs basis and not based on race, religion and/or political affiliation.
- **Staff Integrity** – We maintain a workforce who adhere to high moral and ethical principles.
- **Continuous Improvement** – We monitor and evaluate our work in order to improve on our past experiences and provide better humanitarian services as we progress.
- **Complementary Partnership** – We aim to work as much as possible with local partners on the field and enhance complimentary factors between both parties. In and beyond the field, we will work with partners who are responsible, transparent and accountable in accordance with our Principles of Partnership.
- **Consultative/Participatory** – We consult with our beneficiaries and staff and include their feedback into project plans to ensure holistic results.
- **Ethical Reporting** – We maintain the confidentiality of our stakeholders, especially beneficiaries, at all times.
- **Transparency/Information Provision** – We are transparent in sharing information of our financial statements, MERCY Malaysia's constitution, MERCY Malaysia's Humanitarian Accountability Framework, organisation missions and core values and commitments to all stakeholders.
- **Listening/Responsive** – We encourage feedback from our stakeholders through our Complaints Response Mechanism policy and we respond to all feedback. Our responses include evaluating all feedback to ensure continuous improvement.
- **Quality Management/Quality Assurance** – We continuously review our work and learn from our mistakes and apply our lessons learnt as we progress.
- **Financial Stewardship** – We promote good stewardship of our financial resources and are transparent about our expenditures.
- **Health, Safety and Security** – We strive to ensure the physical safety and the emotional well-being of all staff and volunteers, especially in the line of duty.

# Humanitarian Accountability

## Principle of Accountability

### 1. Commitment to humanitarian standards and rights

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

### 2. Setting standards and building capacity

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

### 3. Communication

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

### 4. Participation in programmes

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

### 5. Monitoring and reporting on compliance

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

### 6. Addressing complaints

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

### 7. Implementing partners

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

## MERCY Malaysia achieves re-certification from HAP International

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

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

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

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

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

In 2012, HAP's membership continued to grow with new members from Europe and Asia bringing the total number of organisations in the partnership to 86.





# Humanitarian Accountability

## Info from HAP

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



Accountability is  
about using power  
responsibly

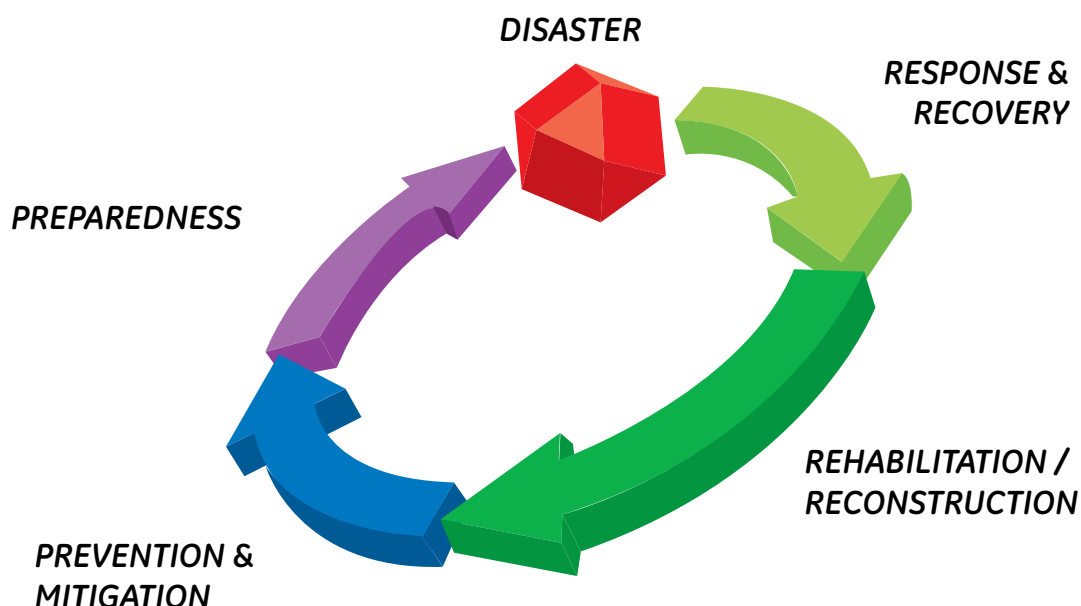
– HAP International.

## Our Approach

### Total Disaster Risk Management (TDRM)

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

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



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

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

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

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

## Our Approach

Total Disaster Risk Management (TDRM)



Our humanitarian **RESPONSE** provides timely relief to survivors

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



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

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



## Affiliations

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

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



### The Asian Disaster Reduction and Response Network (ADRRN)

The Asian Disaster Reduction and Response Network (ADRRN) was formed in 2002 to strengthen collaboration and coordination in disaster management among Asian NGOs. MERCY Malaysia has played the important role of hosting the Secretariat of the Network. MERCY Malaysia Executive Council Member, Dr. Heng Aik Cheng has been the Vice Chairperson of the Network since 2011.

The Secretariat is operated by two MERCY Malaysia staff members – an ADRRN programme officer and an ADRRN finance advisor. The major roles of the Secretariat are to coordinate with the Representative Office in India and major programme donors on key activities and provide necessary support in financial and accounting matters. ADRRN currently has 38 full members from 14 countries and 12 associate members.

In 2010, ADRRN translated and published a booklet of Disaster Risk Reduction (DRR) Terminology” into nine Asian languages. The original booklet was issued by the United Nations International Strategy for Disaster Reduction (UNISDR) and ADRRN was selected as their implementing partner. The UNISDR terminology aims to promote common understanding and usage of Disaster Risk Reduction concepts and to assist the

disaster risk reduction efforts of authorities, practitioners and the public. ADRRN is best placed to implement this activity due to its members strength and vast experience in working in the field of Disaster Risk Reduction.

MERCY Malaysia recognises the importance of the role of a network for Asian NGOs in order to achieve community resilience ahead of disasters in Asia and will continue its support to ADRRN as the Secretariat. The members’ aim is to continue to develop local and national CSO capacities for disaster management and to advocate for the interests of the civil society at national, regional and international levels.

[www.adrrn.net](http://www.adrrn.net)



International  
Council of  
Voluntary  
Agencies

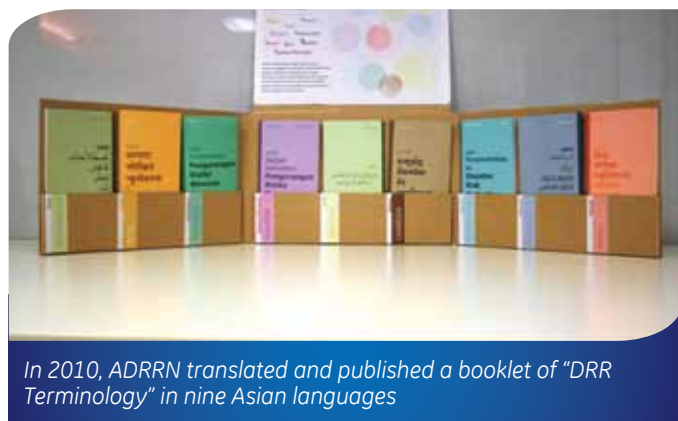
### The International Council of Voluntary Agencies (ICVA)

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

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

An essential feature of ICVA is its links with NGOs from developing countries. As the only global humanitarian NGO network; membership in ICVA gives NGOs unique opportunities to engage with other actors and each other on humanitarian policy issues. ICVA makes sure the voices of southern NGOs are heard at the international policy level. MERCY Malaysia has been on the Board of ICVA for three consecutive terms, a great honour and recognition of MERCY Malaysia's role and position in the wider humanitarian world and in being a leading voice from the Global South. MERCY Malaysia President, Dato' Dr. Ahmad Faizal Mohd Perdaus is currently the Vice-Chair of ICVA.

[www.icva.ch](http://www.icva.ch)



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



## Affiliations



### People In Aid

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

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

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

[www.peopleinaid.org](http://www.peopleinaid.org)



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

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

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

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

[www.alnap.org](http://www.alnap.org)

### Global Health Cluster

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

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

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

[http://www.who.int/hac/global\\_health\\_cluster/en/](http://www.who.int/hac/global_health_cluster/en/)



### Humanitarian Accountability Partnership

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

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

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



## MERCY Malaysia Board of Trustees



**Tan Sri Dato' Ajit Singh**

Tan Sri Dato' Ajit Singh was a former Malaysian diplomat who had once served as the Secretary General of the Association of Southeast Asian Nations (ASEAN) from 1993-1997.

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

In recognition of his services, both Laos and Vietnam awarded him the prestigious Friendship Medals in December 1997. He also was awarded the Panglima Setia Mahkota award, which carries the title of "Tan Sri" by His Majesty the King of Malaysia in conjunction with His Majesty's Official Birthday on June 6, 1998. The Indonesian Government awarded him the "Bintang Jasa Utama" in February 1999, in recognition of his work in ASEAN helping to improve Malaysia-Indonesia relations.

In 1997 he joined the National Petroleum Oil Company (PETRONAS) as a Director of International Business Ventures for two years.

He was elected the first Secretary-General of the Boao Forum for Asia in February 2001. He is now the Principal Adviser for ASEAN to the Federation of Indian Chambers of Commerce and Industry (FICCI), based in New Delhi; Advisor to the Malaysia-India Business Council and a member of the Malaysia-India CEO Forum.

In early 2009, he was appointed to the Indian Prime Minister's Global Advisory Council of Overseas Indians. In January 2011, the Indian Government awarded him India's highest award for an overseas Indian, the Pravasi Bharatiya Samman Award.

He is married to Puan Sri Enid Lee with whom he has three children, Adrienne, Alan and Annette Singh.



**Toh Puan Dato' Seri Hajjah Dr. Aishah Ong**

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

Toh Puan Dato' Seri Dr Aishah Ong has dedicated most of her life to charitable causes. She is currently the Chairman of the National Heart Institute Foundation, The New Straits Times Press Charity Fund and the Welfare Sub-committee of the Welfare Organisation of Wives of Ministers, Dept Ministers, Parliament Secretary (BAKTI). She has been the Chairman of the Board of Health Promotion in the Ministry of Health since 2007. Toh Puan Dato' Seri Dr Aishah Ong plays an integral part in academia, she was the Chairman of University Hospital in University Malaya for nine years, before becoming the Pro-Chancellor of University Malaya. She is also Chair of the Foundation of the International Medical University and a founding trustee of the Alzheimer's Foundation Malaysia and the Cancer Research Initiatives Foundation.

In recognition of her services to the nation, she was awarded JMN (1990), DMPN (2003), DPMS (2005) and DGPN (2007) and PJN (2010).

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

## MERCY Malaysia Board of Trustees



**Tan Sri Dato' Ahmad Fuzi Haji Abdul Razak**

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

Tan Sri Ahmad Fuzi is currently Secretary-General of the World Islamic Economic Forum Foundation (WIEF). He is the Chairman of Amanahraya-REIT Managers Sdn Bhd, Seremban Engineering Berhad, Ranhill Energy and Resources Bhd, Theatre Management Associates Sdn Bhd, Ferro Mining Sdn Bhd and Optima Capital Sdn Bhd.

He serves as the Non-Executive Chairman for Sofgen (Malaysia) and Xadacorp Sdn Bhd. He is also the Group Chairman of Ace Holdings Sdn Bhd, the Independent Non-Executive Director of Maybank Islamic Berhad, Maybank Ventures Sdn Bhd Puncak Niaga Holdings Berhad, and the Management Development Institute of Singapore (MDIS). He is a Member of the Board of Trustees for F3 Strategies Berhad and Perdana Global Peace Foundation (PGPF).

Tan Sri Ahmad Fuzi is also an Advisor for Leisure Guide Publishing Sdn Bhd. He is a Director for HDZ Petroleum Sdn Bhd, HDZ Oil Refinery Sdn Bhd; and ISAREIT Retail Properties Sdn Bhd.

Tan Sri Ahmad Fuzi is a Distinguished Fellow of the Institute of Strategic and International Studies (ISIS) and at the Institute of Diplomacy and Foreign Relations. He is also the Deputy Chairman for the Malaysian Member Committee of the Council for Security Cooperation in the Asia Pacific (CSCAP Malaysia), a Member of the Institute of Advanced Islamic Studies (IAIS). He is also on the Advisory Board of Asia Pacific Entrepreneurship Award (APEA), an Advisor, High School Bukit Mertajam Alumni Malaysia and an Honorary Advisor for the Malaysia - Myanmar Chamber of Commerce.

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

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



**Tan Sri Professor Dato' Dzulkifli Abdul Razak**

Tan Sri Professor Dato' Dzulkifli Abdul Razak is currently the Vice-Chancellor of Al-Bukhary International University (AIU). Prior to this he was the Vice-Chancellor of Universiti Sains Malaysia (USM), where he held the office from 2000 to 2011.

He is the 14<sup>th</sup> President of the International Association of Universities (IAU), a UNESCO-affiliated organisation based in Paris. He was the first Vice-President of IAU between 2008 to 2012. His other involvements include being a member of the Asia-Europe Meeting (ASEM) - Advisory Education Hub Committee, Executive Council of the Association of Commonwealth Universities (ACU) until 2011 and the Advisory Committee of the World Universities Forum, Davos (2008).

He has served as a member of the World Health Organisation (WHO) Expert Advisory Panel on Drug Policies and Management since 1995 and a member of WHO Scientific Advisory Committee of Tobacco Product Regulation (2004-2006).

*\* continued overleaf*

## MERCY Malaysia Board of Trustees

At the national level, he was Chair of the Malaysian Vice-Chancellors' / Rector's Committee and Malaysian Examination Council, including being an Advisor to the National Higher Education Research Institute (IPPTN). He has chaired METEOR Sdn. Bhd., the parent organisation of the Open University of Malaysia (OUM).

Tan Sri Dzulkifli was a member of the National Economic Advisory Council established in 2009 (until 2011) and co-chaired the Malaysian Industry-Government Group for High-Technology (MIGHT) from 2006 to 2011. He has been Director of the Malaysian Productivity Corporation (formerly National Productivity Corporation) Board since 2008 and leads the Innovations and Consultive Panel.

He serves on the National Innovation Council, the National Biotechnology Implementation Committee, the National Information Technology Council and the Malaysia Innovation Agency (AIM). He is a member of a number of Boards of Trustees including Razak School of Government, Asian Women Leadership University, MCKK foundation, Prime Minister's Fellowship Exchange Programme and Yayasan Bumiputra Pulau Pinang.

More recently he was appointed Chair of Independent Review Panel on Education for Malaysia, beginning 2012. He is the Co-editor of the People's Sustainability Treaty on Higher Education launched in conjunction with the Rio+20 Conference in Rio de Janeiro in June 2012.

He is a Fellow of the Academy of Sciences Malaysia (FASc), the World Academy of Art and Sciences (FWAAS) and the Malaysian Institute of Management Malaysia (FMIM).

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

He has received a number of national and international accolades for his work and services provided to the community.



**Datuk Johan bin Jaaffar**

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

Datuk Johan is also Chairman of the following subsidiaries within Media Prima Group, namely Sistem Televisyen Malaysia Berhad ("STMB"), Synchrosound Studio Sdn Bhd ("Synchrosound Studio"), One FM Radio Sdn Bhd ("One FM"), Primeworks Studios Sdn Bhd ("PWS"), Big Tree Outdoor Sdn Bhd ("BTO") and Alt Media Sdn Bhd.

Other than a member of MERCY Malaysia Board of Trustees, Datuk Johan is also the Chairman of the Consultation and Corruption Prevention Panel of the Malaysian Anti-Corruption Commission (MACC). In addition, he is a member of the National Information Technology Council (NITC) and sits in the Board of ASWARA. He is also the Chairman of Sekolah Sri Nobel, a private school.

Previously, Datuk Johan was the Chairman of the Board of Dewan Bahasa dan Pustaka ("DBP") from 2006 until 2010. Datuk Johan started his career with DBP in 1977. In 1998, he was appointed as the Chief Editor of the DBP's magazine

division. His last position in DBP was Head of General Publishing Department before he joined Utusan Melayu (M) Berhad as Group Chief Editor in November 1992 until July 1998. In 1995, he was also appointed as one of the members of Malaysian Business Council. When the government mooted the idea of the Multimedia Super Corridor, Datuk Johan was appointed to the Board of the Multimedia Development Council (MDC). He has also served as an Independent Non-Executive Director of Sindora Berhad from 2006 until 2009.

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

He is currently a columnist for the New Straits Times and Berita Harian.



## MERCY Malaysia Board of Trustees



**Mrs. Gaik Wong**

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

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

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



**Ms. Elizabeth Lee Fuh Yen**

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

Educated and trained in the U.K., and a graduate English teacher specialising in Multi-Cultural Education; Ms Lee read for the M.Phil. in Education at the University of Cambridge. She currently sits on the Executive Committee of the Oxford and Cambridge Society of Malaysia and she is the Regional Co-ordinator of the Cambridge Society for the University of Cambridge.

Ms. Lee sits and serves on various committees, tasked by the Malaysian Government with charting Higher Education direction, strategy, and policies. Her appointments include membership of the Ministry of Higher Education's International Promotion Council. She sits also on the Board of Advisors of National Higher Education Research Institute and is a founding

member of the Academic Advisory Committee of Monash University Malaysia. She sits on the Master Builders Association of Malaysia Education Fund Board of Management.

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

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

## MERCY Malaysia Executive Council



- Seated (infront, left)** : Ir. Amran Mahzan, PMP, Hj. Norazam Ab Samah, Dato' Dr. Ahmad Faizal Mohd. Perdaus, DYMM The Regent of Perak, Raja Dr. Nazrin Shah Ibni Sultan Azlan Muhibuddin Shah, DYMM Raja Puan Besar Perak, Tuanku Zara Salim, YM Raja Riza Shazmin Raja Badrul Shah, Dr. Hariyati Shahrina Abdul Majid, Assoc. Prof. Dr. Mohamed Ikram Bin Mohamed Salleh
- Standing (behind, left)** : Prof. Zabidi Azhar Mohd Hussin, Dr. Jitendra Kumar S. N. Tejani, Ahmad Faezal Mohamed, Dr. Shahridan Mohd Fathil, Prof. Dr. Shalimar Abdullah
- Not in the photo** : Mr. Tee Kam Bee, Dr. Heng Aik Cheng, Assoc. Prof. Dr. Helen Benedict Lasimbang



## MERCY Malaysia Executive Council

### **Dato' Dr. Ahmad Faizal Mohd. Perdaus**

*President*

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

He joined MERCY Malaysia as a volunteer in 2003 and was elected to the position of President in 2010 and re-elected in 2011 after acting in interim since August 2009. Prior to that, he served on MERCY Malaysia's Executive Council (ExCo) since July 2003. He was head of the Drug Rehabilitation and Assistance Programme in Malaysia from 2003 to 2006 and has contributed to various local missions. His international missions include Sri Lanka (2003), Iran (2004), Sudan (2004, 2008), Indonesia (2005, 2006), Pakistan (2005) and Myanmar (2008). He currently sits on the boards of International Council of Voluntary Agencies (ICVA), Humanitarian Innovation Fund (HIF) and Advanced Training Program on Humanitarian Action (ATHA).



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

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

*Vice President I*

Assoc. Prof. Dr. Mohamed Ikram Bin Mohamed Salleh is currently the Director of the Student Affairs Department at the Cyberjaya University College of Medical Sciences and Consultant Anaesthesiologist at the An Nur Specialist Hospital and at the Serdang Hospital.

He joined MERCY Malaysia as a volunteer in 1999, and was elected to his current role in 2004. Assoc. Prof. Ikram has considerable experience in the field, providing assessments and relief missions in conflict zones such as Kosova, Kosovo (1999), Maluku Islands (2000), Afghanistan (2001), Iraq (2003), Sudan (2005), Gaza (2008), Somalia (2010) and Mindanao (2013). He has helped missions involving natural disasters in Malaysia, the tsunami in Aceh and Sri Lanka (2005), Nias Island Earthquake (2005) and Padang Earthquake (2009).

Assoc. Prof. Ikram has held several other positions in the past, including Group Director of Medical Interest Group Sdn Bhd, Founding CEO of An-Nur Specialist Hospital, Founding Group Director of Kajang Plaza Medical Center Sdn Bhd and Founding Chief Editor of Ar-Rahmah, Persatuan Perubatan Islam Malaysia. Assoc. Prof. Ikram earned his master's degree in Anaesthesiology from Universiti Kebangsaan Malaysia (2005), and a degree in Medicine from Universiti Sains Malaysia (1988).



## MERCY Malaysia Executive Council

### Hj. Norazam Ab Samah

*Vice President II*

Hj. Norazam Ab Samah is an architect by profession and is currently the Chief Executive Officer and Executive Director at AZAMAS Engineering Consultant which he founded with his wife.

He joined MERCY Malaysia in 2001 volunteering for the relief mission to Afghanistan. He was subsequently elected as an Executive Council (ExCo) member of MERCY Malaysia in 2002 and was elected to the current role in 2011. He has a vast amount of experience in humanitarian and relief work having volunteered for missions to Afghanistan, Pakistan, Sudan, Iraq, Iran, Cambodia, Myanmar, Sri Lanka, Indonesia, Gaza and more recently to Turkey, Japan and Somalia and a number of missions in Malaysia.

As Head of Operations for MERCY Malaysia in Indonesia (2005-2008), he successfully designed and managed the construction and completion of 27 projects in Indonesia. His biggest breakthrough was to design a masterplan for the Nias General Hospital which

was damaged due to the earthquake in 2008. The masterplan managed to attract funders from Japan, China and Singapore to contribute to the rebuilding of hospital infrastructure with the total sum of USD15 million in contributions. He is the Advisor for MERCY Malaysia's Technical Team.

Hj. Norazam earned a bachelor degree in Architecture from Universiti Teknologi Mara in 2000 and is currently pursuing a master's degree in Policy and Disaster Management at South East Asia Disaster Prevention Research Institute, Universiti Kebangsaan Malaysia.



### Yang Mulia (YM) Raja Riza Shazmin Raja Badrul Shah

*Honorary Secretary*

YM Raja Riza Shazmin Raja Badrul Shah is the Managing Partner of Messrs Raja Riza & Associates, established in 2004.

She first joined MERCY Malaysia as a volunteer in 2004 and was elected to the current position in 2006. She oversees the legal and compliance matters as well as oversees the Monitoring and Evaluation department. She also oversees the Communications and Fundraising department in MERCY Malaysia. She has been the Advisor for the MERCY Malaysia Annual Fundraising Dinner for the past 4 years. She was involved in local missions in Belum, Perak (2008) and Johor (2005) as well as international missions in Aceh (2005, 2006), Yogyakarta (2005), Nias (2008), Maldives (2008) and Myanmar (2009).

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



## MERCY Malaysia Executive Council

### **Dr. Hariyati Shahriza Abdul Majid, PhD**

*Assistant Honorary Secretary*

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

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

She currently serves as the Director of Office of Industrial Links at IIUM. She is a life member of the American Psychological Association, Malaysian Psychological Society and the Malaysian Diabetes Educators Society. She obtained her PhD in Health Psychology (2001) and MSc in Applied Psychology from the University of Surrey in the UK (2006) and her BSc in Psychology at the University of Wisconsin-Madison, in the United States of America (USA) (1992).



### **Ir. Amran Mahzan, PMP**

*Honorary Treasurer*

Amran Mahzan currently works as a Senior Manager Project with KFM Projects Sdn Bhd.

He joined MERCY Malaysia as a volunteer in 2002 and was elected as the Honorary Treasurer in 2006. He has been involved in various MERCY Malaysia international missions in Afghanistan, Aceh, Pakistan and Sudan. During his early days with MERCY Malaysia, Ir. Amran was actively involved in many fund-raising programmes under MERCY Malaysia and was instrumental in the organisation of the first Annual Fund Raising Dinner for MERCY Malaysia. In addition to fund-raising, he was also involved with the Drug Rehabilitation Programme by MERCY Malaysia.

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



## MERCY Malaysia Executive Council



**Dr. Heng Aik Cheng**

*Executive Committee Member*

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

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

He serves on the Board of Asian Disaster Risk Reduction Network (ADRRN) and represents MERCY Malaysia in AADMER Partnership Group (APG)-ASEAN Agreement on Disaster Management and Emergency (AADMER), Asia Pacific Conferences on Military Assistance to Disaster Relief Operations (APC-MADRO), Active Learning Network for Accountability and Performance (ALNAP) and Humanitarian Futures Programme (HFP). In the field of civil society, Dr Heng has served as President for the Rotary Club Kota Kinabalu (1998-1999). He is the President of The Sabah Society from 2011 to 2012. Dr Heng graduated with a Bachelor in Medicine; Surgery and Art of Obstetrics from Queen's University Belfast and became a Fellow of the Royal College of Surgeons in 1982.



**Prof. Dr. Shalimar Abdullah**

*Executive Committee Member*

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

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

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



## MERCY Malaysia Executive Council



**Prof. Zabidi Azhar Mohd Hussin**

*Co-opted Executive Committee Member*

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

He became involved with MERCY Malaysia activities in 1999 as a volunteer for a humanity mission in Kosovo, Kosovo. He was involved in MERCY Malaysia's mission in Aceh in 2005.

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

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



**Mr. Sam Tee Kam Bee**

*Executive Committee Member*

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

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

Mr. Tee is a member of World Clown Association, Clown of America International and Fellowship of Christian Magicians. He is frequently invited to lecture, facilitate and perform in the USA, Taiwan, Singapore, India and many parts of Asia. His personal motto; 'a happy HEART, does good like a medicine'. He also networks with Clown of New Hope and REDNOSE Respond organisation in the USA.

## MERCY Malaysia Executive Council



**Dr. Jitendra Kumar S. N. Tejani**

*Co-opted Executive Committee Member*

Dr Jitendra S.N. Tejani is a private General Practitioner in Pulau Pinang, practising for the past 20 years.

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

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



**Assoc. Prof. Dr. Helen Benedict Lasimbang**

*Co-opted Executive Committee Member*

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

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

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

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



**Dr. Shahridan Mohd Fathil**

*Co-opted Executive Committee Member*

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

He has been a member and volunteer of MERCY Malaysia since 2005 and has been involved in various international missions.

He was previously Senior Lecturer and Consultant Anaesthetist and Emergency Physician in the Department of Emergency Medicine, Universiti Kebangsaan Malaysia Medical Centre and a Convener of the Special Interest Group in Regional Anaesthesia.

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

# Treasurer's Report

## FINANCIAL STATEMENTS

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

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

## FINANCIAL PERFORMANCE

MERCY Malaysia improved its annual income in 2012 by RM 5 million compared to the previous year. Total income received was RM 14.2 million made up of RM 12.8 million in donations and income received from other sources was RM 1.35 million. Chart 1 shows the total income received from 2010 until 2012.

An increase of RM 2 million received for the unrestricted fund totalling up to RM 4.4 million and for restricted funds a total of RM 8.4 million received also higher by about RM 2.9 million compared to the year before. Restricted funds are donations received for a particular country or project, unrestricted funds allows MERCY Malaysia to act fast during emergency phase of a disaster and also the funds are used to support operation cost.

Donations and gifts from each sector, in terms of the percentage income is shown in *Table 1*, *Chart 2* shows the comparison of donations received by each sector from 2010, until 2012.

## CHARITABLE EXPENDITURE

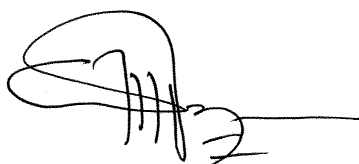
Our Charitable Expenditure in 2012 totalled up to RM 13 million and is shown in *Table 2*. By the end of 2012, MERCY Malaysia delivered services in 17 countries including Malaysia.

As our main focus, expenditure on medical relief and sustainable health-related development remains a priority; demonstrated the bulk expenditure in 2012. This allocation is a percentage of 71.25% (equivalent to RM 9.21 million) from the total expenditure. The illustration of the breakdown of Charitable Expenditure for year 2012 is shown in *Chart 3*.

## OPERATIONAL EXPENDITURE

MERCY Malaysia's operating expenditure has decreased in percentage compared to the previous year. The operating expenditure percentage has decreased to 18% in 2012 from 19% in 2011. In terms of total operating cost, there was no significant increase and the total operation expenditure was RM 2.8 million.

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



**IR. AMRAN MAHZAN, PMP**  
Honorary Treasurer

## Financial Review

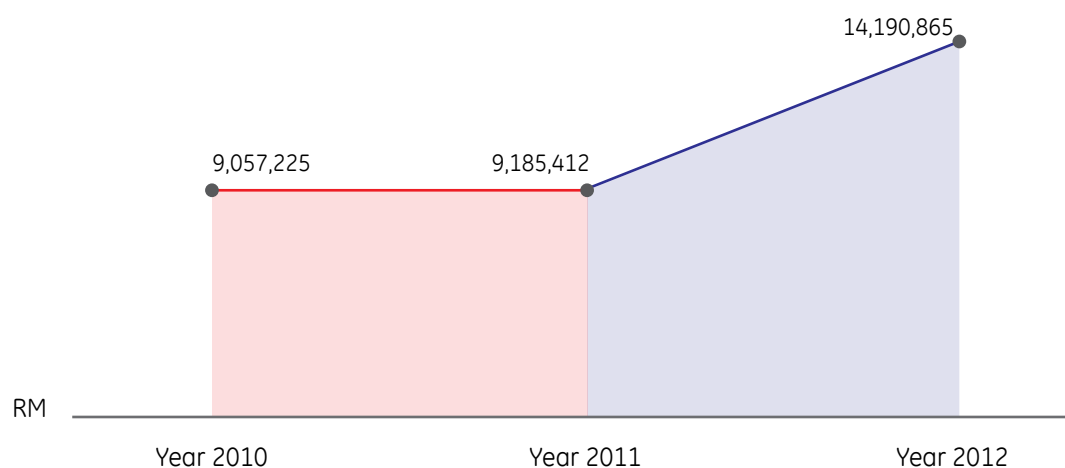
**TABLE 1 : SOURCE OF DONATION BY SECTOR**

	RM	%
Private Sector	6,456,154	50.28
Public	1,240,345	9.66
Other NGOs	789,933	6.15
International Organisations	157,587	1.24
Government of Malaysia	4,197,638	32.67
<b>TOTAL DONATION COLLECTED</b>	<b>12,841,657</b>	

**TABLE 2 : HOW WE SPENT (TOTAL CHARITABLE EXPENDITURE)**

	RM	%
Healthcare and Health-related	9,211,413	71.25
Education	643,922	4.98
Disaster Preparedness	871,532	6.74
Water, Sanitation and Hygiene (WASH)	1,804,876	13.96
<b>Total project cost</b>	<b>12,531,743</b>	<b>96.93</b>
Field office running cost	397,282	3.07
	<b>12,929,025</b>	

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





## Financial Review

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

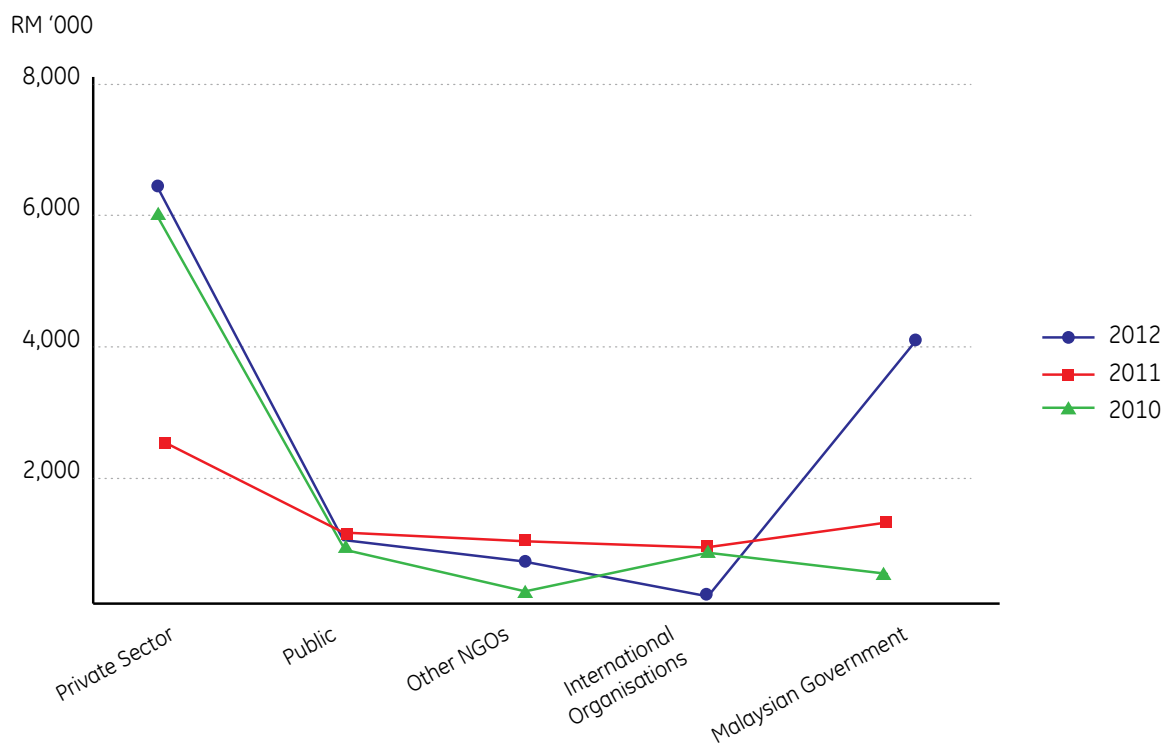
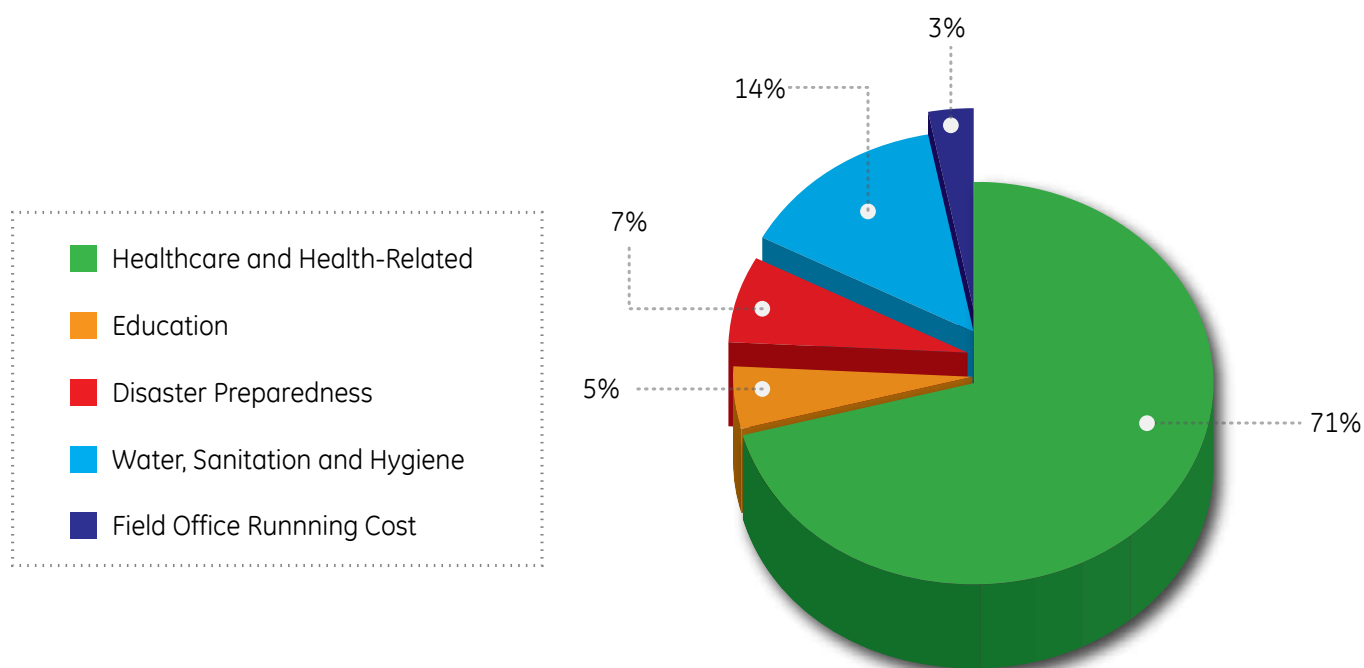


CHART 3 : TOTAL EXPENDITURE BY SERVICES FOR 2012



OUR WORK  
**MALAYSIA**



In 2012, MERCY Malaysia provided support and services to local communities through sustainable health and risk reduction projects



# Johor



<b>Project</b>	Johor Flood
<b>Objectives</b>	Providing humanitarian aid to flood affected families
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>National Security Council (MKN)</li> <li>Supported by the Department of Social Welfare and the District Health Department</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Hygiene kit distributions</li> <li>Hygiene education sessions</li> </ul>
<b>Locations</b>	15 evacuation centres in Batu Pahat
<b>Date</b>	7 November 2012
<b>Accomplishments</b>	A total of 500 hygiene kits were distributed
<b>Projected Budget</b>	RM 52, 000

## Background

Due to Malaysia's geographical location, most floods are the result of cyclical monsoons during the local tropical wet seasons. This is characterised by heavy and regular rainfall which typically starts in the fourth quarter of the year. Compounded by rapid development and inadequate drainage, flooding during this period is unavoidable.

MERCY Malaysia deployed a team consisting of four volunteers and one staff member to respond to the flood. The team was based in Batu Pahat; they distributed hygiene kits at the evacuation centres and provided hygiene education sessions for the evacuees.

## MERCY Malaysia efforts

A total of 500 hygiene kits were distributed. There were sufficient medical teams from health district offices, so MERCY Malaysia focused on hygiene education and demonstrated how to use each item from the distributed hygiene kits. The remaining kits were handed over to Department of Social Welfare to be distributed to beneficiaries in other evacuation centres around Johor.



MERCY Malaysia volunteers helping to load hygiene kits on to the truck



MERCY Malaysia volunteer handing over hygiene kits to beneficiaries at an evacuation centre



# Johor



<b>Project</b>	Outreach Clinic for indigenous communities
<b>Objectives</b>	To provide basic medical and dental care for indigenous communities
<b>Project Partners</b>	Supported by the Department of <i>Orang Asli</i> Development (JAKOA)
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Primary health and dental screening and treatment</li> <li>• Hygiene kit distributions and hygiene promotion</li> </ul>
<b>Locations</b>	Kampung Kuala Sengka and Kampung Air Pasir, Kluang
<b>Date</b>	9 June 2012
<b>Accomplishments</b>	Communities from two villages benefitted from this programme
<b>Projected Budget</b>	RM 58, 000
<b>Funder</b>	UMW Corporation Sdn Bhd

## Background

The indigenous community in Kluang, Johor faces many difficulties in accessing healthcare. This situation spurred MERCY Malaysia to offer its support by providing basic healthcare treatment and dental screening. This support has been provided since 2010.

## MERCY Malaysia efforts

On 9 June 2012, 15 MERCY Malaysia volunteers participated in a one-day programme providing primary health and dental screenings treatments to the indigenous community in Kampung Kuala Sengka and Kampung Air Pasir, Kluang.

The volunteers were divided into two groups, assisted MERCY Malaysia in setting up the clinics and conducted basic medical health screening, health talks and distributed hygiene kits for both villages. On the same day, MERCY Malaysia conducted a session to promote awareness on reproductive health issues and provided instruction on proper hygiene practices.



Medical volunteers (dentists) performing a check-up at the outreach clinic



A beneficiary at the consultation station

# Kuala Lumpur



<b>Project</b>	Dental Outreach Clinic at the Chow Kit Children's Activity Centre
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To promote good dental and hygiene practices</li> <li>To provide dental services for underprivileged and under supervised children living in the Chow Kit area</li> </ul>
<b>Project Partners</b>	Yayasan Chow Kit
<b>Activities</b>	<ul style="list-style-type: none"> <li>Dental and hygiene promotion</li> <li>Dental screening, scaling and treatment</li> <li>Psychosocial activities</li> <li>Patients referral to UKM Medical Centre</li> </ul>
<b>Location</b>	Chow Kit Children's Activity Centre, Kuala Lumpur
<b>Date</b>	8 November 2012
<b>Accomplishments</b>	33 children, consisting of 20 boys and 13 girls were treated
<b>Projected Budget</b>	RM 26,000

## Background

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

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

## MERCY Malaysia efforts

MERCY Malaysia, in collaboration with Yayasan Chow Kit, set up a dental outreach clinic with the objective to provide dental services to the impoverished and unsupervised children living in the Chow Kit area. The 10-person team, consisting of two dentists, two dental surgery assistants (DSA), two dental nurses, a general nurse, a team leader and two logisticians were at the Chow Kit Children Activity Centre in November. During the mission, up to 33 children benefitted from this programme, where they received dental screening and scaling treatments. Apart from the dental clinic, psychosocial activities were also held for the children while waiting their turn to be treated.



Zaleha Ahmad, Health Coordinator of MERCY Malaysia teaching the children personal care and hygiene



MERCY Malaysia volunteers teaching the children the proper way to brush their teeth

# Kuala Lumpur



<b>Project</b>	Vaccination Clinic for Myanmar Refugees
<b>Objectives</b>	To provide free vaccination services for Myanmar refugees under the age of 18
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>UN High Commissioner for Refugees (UNHCR)</li> <li>The Alliance of Chin Refugees (ACR) Education Centre</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Vaccinate children according to the World Health Organization (WHO) recommended immunisation coverage. This includes vaccination for: Hepatitis B (10) and Hepatitis B (20), Diphtheria, Pertussis and Tetanus + Polio (DPT + IPV), Haemophilus Influenza B (Hib), Bacille Calmette-Guérin (BCG) and Measles, Mumps and Rubella (MMR)</li> <li>Community information and education to raise awareness on the importance of child immunisation</li> </ul>
<b>Locations</b>	<ul style="list-style-type: none"> <li>Pudu, Kuala Lumpur</li> <li>Changkat Bukit Bintang</li> </ul>
<b>Date</b>	May to November 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>160 patients were vaccinated in Pudu</li> <li>142 patients were vaccinated in Changkat Bukit Bintang</li> <li>5 missions were completed throughout 2012</li> </ul>
<b>Projected Budget</b>	RM75,000
<b>Funder</b>	Czech Republic Embassy

## Background

To date, Malaysia has received an estimated 42,309 refugees from Myanmar, comprising of approximately 15,800 Chins, 15,200 Rohingyas, 4,000 Myanmar Muslims, with the remaining from other minority ethnics. The UNHCR worked with partners to protect and assist the registered refugees and asylum-seekers. Approximately 14,200 children are below the age of 18 and 7,000 at school-going age.

In July 2010, with collaboration from UNHCR and ACR, MERCY Malaysia started a vaccination programme for Myanmar refugees living in the Ampang-Cheras area. MERCY Malaysia is one of the few NGOs in Malaysia that run vaccination outreach clinics. This is due to a number of reasons; primarily, these outreach clinics can be expensive due to the cold-storage requirements for vaccine medicines and the administrative registration regulations of refugee and migrant communities.

## MERCY Malaysia efforts

Throughout 2012, MERCY Malaysia was the only provider of free vaccination services to the Myanmar community in the Klang Valley area. The UNHCR requested that MERCY Malaysia continue to provide these services in refugee schools located in the Klang Valley. This will help reduce incidents of infection, which are aggravated by cramped and overpopulated urban living conditions.

The target beneficiaries for this vaccination clinic are children from the Myanmar community (aged below 18) who have not received their full course of vaccinations. The free vaccination service aims to protect the children and their communities from

various diseases, including: Tetanus, Measles, Rubella, Polio and Hepatitis B. Indirectly the service protects the Malaysian community as a whole from communicable diseases.



Some of the medications provided for the beneficiaries



A MERCY Malaysia medical volunteer vaccinating one of the beneficiaries at the ACR Centre



# Perak



<b>Project</b>	Dental Outreach Clinic for the <i>Orang Asli</i> in Pos Kemar
<b>Objectives</b>	To provide dental services to the <i>Orang Asli</i> community
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>Department of Orang Asli Development (JHEOA) Hulu Perak</li> <li>Village leaders of Pos Kemar.</li> <li>Ministry of Health (MoH), Hulu Perak</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Dental clinic</li> <li>Dental health promotion activities</li> </ul>
<b>Location</b>	Pos Kemar, Temenggor Perak
<b>Date</b>	<ul style="list-style-type: none"> <li>Mission 7: 24 – 27 February 2012</li> <li>Mission 8: 20 – 23 April 2012</li> <li>Mission 9: 20 – 23 July 2012</li> <li>Mission 10: 19 -22 October 2012</li> </ul>
<b>Accomplishments</b>	A total of 184 patients were treated in four missions
<b>Projected Budget</b>	RM70,000
<b>Funder</b>	Pharmaniaga Berhad

## Background

MERCY Malaysia has been working with Pharmaniaga Berhad since 2010, delivering medical and dental assistance to the indigenous people of Temiar under the *Rancangan Pengumpulan Semula* (RPS), in the Temenggor district of Perak. From 2011, MERCY Malaysia only provides dental assistance as the medical needs have now been met with the establishment of a static clinic in RPS Kemar, by the Ministry of Health (MoH). The Temiar community consist of approximately 14,000 to 20,000 people and is one of many groups of aboriginal people who live in Malaysia.

## MERCY Malaysia efforts

MERCY Malaysia carried out four missions of dental outreach clinics in 2012 with the help of two dentists, two dental surgery assistants (DSA) and four generalists for each mission. These outreach clinics provided dental health promotion activities to encourage the community to practice improved dental hygiene practices to reduce future treatments.

The partnership with JHEOA and MoH aims to fill healthcare provision gaps that exist in the area. MERCY Malaysia's success in getting the shy *Orang Asli* to visit the clinic is a testament to the relationship which MERCY Malaysia has developed with this community over time.



Children brushing their teeth during the dental hygiene education session



Bi-monthly dental service session



# Perak



<b>Project</b>	Outreach Clinic for the Orang Asli in Kampung Sungai Tiang
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To complement the current services provided by the Perak State Health Department</li> <li>To promote good hygiene practices amongst the <i>Orang Asli</i> communities</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>Yayasan EMKAY</li> <li>Ministry of Health (MoH), Gerik</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Bi-monthly dental clinics</li> <li>Bi-monthly primary healthcare clinics</li> <li>Dental hygiene education sessions with students of Sekolah Kebangsaan Kampung Sungai Tiang</li> <li>Joint hygiene campaign in partnership with Ministry of Health (MoH), Gerik</li> </ul>
<b>Location</b>	Kampung Sungai Tiang
<b>Period</b>	1 year
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>A total of five missions were carried out with over 147 treatments provided to the community</li> <li>Health and hygiene education sessions were carried out with local school students during each mission</li> </ul>
<b>Projected Budget</b>	RM62, 000
<b>Funder</b>	EMKAY Group of Companies

## Background

Together with EMKAY Group of Companies, MERCY Malaysia started the Kampung Sungai Tiang outreach project to supplement the work of MoH in providing more complete healthcare services to the residents of Kampung Sungai Tiang. The main focus of the project is to provide bi-monthly dental services and promote good hygiene practices amongst the *Orang Asli* community.

## MERCY Malaysia efforts

In addition to providing dental treatment to the beneficiaries and conducting basic dental hygiene education, MERCY Malaysia and MoH conducted joint hygiene promotion campaigns. The MoH covered personal hygiene practices and MERCY Malaysia distributed bars of soap and nail-clippers to every household, encouraging sanitary hand washing practices to reduce bacterial infections.

MERCY Malaysia's outreach clinic in Kampung Sungai Tiang has been well-received by the teachers of Sekolah Kebangsaan Kampung Sungai Tiang, who gladly bring their students to the clinic for free screening and treatments.



MERCY Malaysia volunteer, Dr. Lee Pei Nee teaching children to brush their teeth



Our dedicated volunteers in action during our dental clinic

# Sabah



<b>Project</b>	Primary Healthcare and Outreach Clinics
<b>Objectives</b>	To provide basic medical screening, dental treatment, Pap smear tests for women, eye screening and hygiene campaigns to the beneficiaries
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>PACOS Trust</li> <li>Asia Forestry Company Sdn Bhd</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Comprehensive outreach clinic</li> <li>Hygiene kit distributions</li> <li>Psychosocial activities for children</li> </ul>
<b>Locations</b>	Kampung Imusan, Kampung Alutok, Kampung Mansiat, Kampung Inakaak, Kampung Lumou and Kampung Sonsogon Magandai
<b>Date</b>	March to November 2012
<b>Accomplishments</b>	A total of 2, 248 beneficiaries were treated from six districts
<b>Projected Budget</b>	RM 180,000
<b>Funder</b>	UMW Holdings Bhd

## Background

The outreach clinics in Sabah have been providing vital services for a number of years as a collaboration between MERCY Malaysia, PACOS Trust and Asia Forestry Company Sdn. Bhd. The objectives of this partnership is to provide proper medical services such as comprehensive basic health screening and dental treatments, Pap smear tests and eye screenings are given to rural communities who are not able to receive these services, due to their remote locations. The clinics also conduct a campaign for increasing hygiene care awareness among beneficiaries.

## MERCY Malaysia efforts

MERCY Malaysia together with its volunteers from medical and non-medical backgrounds, started the missions from early March, until November 2012. Throughout this period, six clinics have been conducted in six different districts; inclusive of Keningau, Kota Marudu, Tongod, Ulu Tomani and Pensiangan. Beneficiaries in these areas were treated with comprehensive health screenings. MERCY Malaysia provided follow-up check-ups to those who have been assessed in previous programmes to check on their progress.

Psychosocial activities for children, such as colouring sessions and distribution of hygiene kits consisting amenities for hygiene promotions, were provided as part of these clinics.



MERCY Malaysia volunteers providing dental service to a beneficiary



A scene at one of our outreach clinics

# Sabah



<b>Project</b>	Intervention Groups for Alcohol Misuse (IGAM) Seminar
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To train the participants from the Ministry of Health (MoH) and local communities to handle alcohol misuse</li> <li>To prevent alcohol misuse in both communities and organisations</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>IOGT International</li> <li>Universiti Malaysia Sabah (UMS)</li> <li>Sabah State Health Department</li> <li>Mental Health Association Johor</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Training rural community leaders in handling alcohol misuse</li> <li>Launched booklets on alcohol misuse</li> </ul>
<b>Location</b>	Kota Kinabalu
<b>Date</b>	<ul style="list-style-type: none"> <li>21 to 22 April 2012</li> <li>8 September 2012</li> </ul>
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>Rural community leaders all over Sabah including Labuan participated in the seminar</li> <li>Committees were formed in each village to promote awareness and encourage the reduction of alcohol misuse in local communities</li> </ul>
<b>Projected Budget</b>	RM30,000

## Background

The use of alcohol among non-Muslims in Sabah is commonly practiced during celebrations, social gatherings and even during periods of mourning. However, the importance of drawing the line between the use and misuse of alcohol needs serious consideration as a public health issue. Alcohol misuse impacts both the individual and the broader community - affecting the income of families and the well-being and harmony of a community.

## MERCY Malaysia efforts

MERCY Malaysia held two seminars in 2012, during the month of April and September which was conducted by Assoc. Prof. Dr. Helen Benedict Lasimbang, MERCY Malaysia's Co-opted Executive Council member. These seminars aimed to train participants on how to prevent alcohol misuse in their communities.

Participants who attended the seminars included MoH personnel, rural community leaders and leaders of interested organisations from the interior and West Coast of Sabah.

Workshop participants were divided into two groups, professionals (doctors, nurses and professional counsellors) and community and youth leaders to discuss how they could increase community involvement in the prevention of alcohol misuse. There was a platform for community leaders to share their experiences on how the communities have educated and implemented actions to reducing alcohol misuse in their communities.



Participants at the booklets launch in UMS



Signing of MoU between IGAM and IOGT International on Cooperation in Alcohol and Drug Policy Advocacy, Rehabilitation and Youth Work in Malaysia



# Sabah



<b>Project</b>	Salt Trail: Trek and Treat
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To provide basic medical care for targeted communities</li> <li>To promote responsible eco-tourism and recreational activities</li> <li>To create awareness on the importance of preserving the environment</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>Partners of Community Organisation (PACOS TRUST)</li> <li>Sabah Parks</li> </ul>
<b>Activities</b>	Comprehensive outreach clinics providing medical care and dental care, eye screening and Pap smear tests
<b>Locations</b>	Crocker Range Mountains (Kampung Tikolod, Kampung Kionop, Kampung Buayan and Kampung Terian in the Tambunan District)
<b>Date</b>	24 to 28 April 2012
<b>Accomplishments</b>	682 community members from four villages were treated
<b>Projected Budget</b>	RM13, 000
<b>Funder</b>	UMW Holdings Bhd

## Background

The eighth 'Trek and Treat' programme, jointly-organised by MERCY Malaysia, PACOS Trust and Sabah Parks was held along the Salt Trail at the Crocker Range Park. The mission involved 29 participants including medical doctors, park rangers, nurses, businessmen, IT engineers, civil servants, lecturers, dentists, guides and porters. The programme involved trekking through primary jungle and across no less than eight rivers, with the highest point of the route standing at 1,320 metres and the lowest point measuring 220 metres above sea level.

## MERCY Malaysia efforts

MERCY Malaysia views these missions as a great opportunity to reach remote local communities and to provide basic medical care to the villagers along the Salt Trail. Medical doctors and nurses who joined this challenging programme provided basic medical screening, dental care, health education and reproductive health advice to the villagers. MERCY Malaysia attended to back pains, headaches, rashes, minor cuts and wounds, diarrhoea, ear and eye infections and fevers.

MERCY Malaysia provided Pap smear test, dental services and distributed reading glasses. The programme also promoted responsible eco-tourism, recreational activities and awareness on the importance of preserving the environment.



Beneficiaries waiting for their turn at the pharmacy counter



One of the challenges faced by participants on the trail



# Sarawak



<b>Project</b>	Outreach Clinics in rural locations in Sarawak
<b>Objectives</b>	To raise awareness on public and reproductive health issues and promote good hygiene practices amongst the communities
<b>Project Partners</b>	Ministry of Health (MoH), Sarawak
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Basic medical and dental care</li> <li>• Medical follow-ups for villagers treated during previous visits</li> <li>• Hygiene kit distributions and hygiene education</li> </ul>
<b>Locations</b>	<ul style="list-style-type: none"> <li>• Mission 1: Long Lellang and Long Benalih, Baram</li> <li>• Mission 2: Long houses in Sungai Genaan, Bintulu</li> </ul>
<b>Date</b>	<ul style="list-style-type: none"> <li>• Mission 1: 18 to 21 April 2012</li> <li>• Mission 2: 12 to 13 May 2012</li> </ul>
<b>Accomplishments</b>	A total of 290 villagers benefitted from both missions
<b>Projected Budget</b>	<ul style="list-style-type: none"> <li>• Mission 1: RM5, 000</li> <li>• Mission 2: RM 51, 000</li> </ul>
<b>Funder</b>	UMW Holdings Bhd

## Background

Communities in Sarawak have reduced access to proper medical care due to their remote geographical location and the lack of road infrastructure, where some villages can only be accessed by 4-wheel drive vehicles. The journey to reach these communities takes between 7 and 8 hours and it depends on road and bridge conditions, which could be affected by the weather.

In the Baram district, a small rural clinic provides pre-natal care, vaccinations and basic treatment for minor illnesses. This clinic is staffed by paramedics including a medical assistant and two community nurses. The Flying Doctor Services (FDS) visits the clinic every month. However, only limited medical care can be provided.

## MERCY Malaysia efforts

MERCY Malaysia's medical team in Sarawak initiated the voluntary medical and dental visits to these areas in both April and May 2012. The visits were assisted by the MoH Sarawak, consisting of more than 10 volunteers, to Kampung Sungai Genaan, Bintulu and Baram districts. The outreach clinic provided free medical, dental and oral health check-ups for the community. In addition to check-ups; health promotions were conducted to raise awareness on improving sanitary and hygiene practices among local villagers.



Dr. Siti Khuzaimah performing dental check-ups for school children in Long Lellang

# Terengganu



<b>Project</b>	Flood Relief
<b>Objectives</b>	To provide medical and humanitarian aid to the affected communities
<b>Project Partners</b>	Supported by the National Security Council (MKN), Malaysian Armed Forces (MAF) and District Health Office (DHO)
<b>Activities</b>	<ul style="list-style-type: none"> <li>Hygiene kits distributions</li> <li>Mobile outreach clinic</li> </ul>
<b>Locations</b>	Kemaman and Besut Districts
<b>Date</b>	27 to 30 December 2012
<b>Accomplishments</b>	600 hygiene kits distributed 115 patients treated
<b>Projected Budget</b>	RM200, 000

## Background

The states in the east coast of Malaysia comprising of Pahang, Terengganu and Kelantan were hit by heavy rainfall on December 23<sup>rd</sup> 2012, causing severe floods in the region. An estimated 19,000 people were evacuated to public evacuation centres. Terengganu is known to be the most flood affected state within Malaysia with 8,000 people displaced and evacuated to 26 evacuation centres.

## MERCY Malaysia efforts

The MERCY Malaysia team was based at the Kemaman and Besut districts from 27 to 30 December 2012, responding to the flood that hit the East Coast region. 600 family hygiene kits were distributed throughout the evacuation centres and from house-to-house, with the help of local community members. The medical team treated 115 patients during the 2-day outreach clinics, located at three different locations. The team was supported by the local community and organisations in Kemaman, which included:

- Kemaman Motocross Club
- Squad 99 Amateur Radio
- Kemaman Supply Base, from Scomi
- Malaysia Emergency Radio Team
- Kemaman Police Traffic
- UiTM Dungun
- BMW Club Malaysia



MERCY Malaysia opened a mobile clinic at one of the evacuation centres



Volunteer conducting a house-to-house distribution of family hygiene kits

# Terengganu



<b>Project</b>	Flood Preparedness Programme for Children in Kerteh (FPP)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To promote a culture of disaster preparedness amongst children</li> <li>To increase the disaster preparedness capacity amongst children</li> </ul>
<b>Project Partners</b>	Exxon Mobile
<b>Activities</b>	<ul style="list-style-type: none"> <li>Pre-project assessment by MERCY Malaysia</li> <li>Training of Trainers for Exxon Mobil volunteers</li> <li>Sensitisation workshop for teachers and Parent Teachers Association (PIBG)</li> <li>Flood preparedness workshop for children (10-12 years old)</li> <li>Disaster preparedness awareness for children (7-9 years old)</li> <li>Follow-up workshops</li> <li>Educational workshop materials developed</li> </ul>
<b>Location</b>	Kerteh, Terengganu
<b>Date</b>	September 2011 to October 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>250 children from 5 primary schools in Kerteh are more aware of flood preparedness</li> <li>10 teachers from 5 primary schools in Kerteh and 25 committee members of the PIBG from 5 primary schools in Kerteh are inducted and sensitised in disaster risk reduction and disaster preparedness</li> <li>More than 60% of the children surveyed after the workshop, reported more knowledge in disaster preparedness and flood preparedness</li> </ul>
<b>Projected Budget</b>	RM 100,298

## Background

Kerteh, Terengganu is one of the high risk areas for flooding in the district of Kemaman. The last flood that hit Kerteh was in December 2010 where around 700 people had to be evacuated from their villages. Cases of drowning reported among adults and children within the state.

During periods of disaster, children require different kind of attention and interventions compared to adults. Children who have faced disaster situations could potentially be dealing with both physical and psychological trauma for years. Although Malaysia is not prone to major disasters, several states are frequented by seasonal flooding and flash floods. During this time, children from these areas often face the risk of drowning and other health issues due to the lack of proper safety education.

## MERCY Malaysia efforts

To reduce accidents and risks associated with floods among children, MERCY Malaysia with the help of ExxonMobil, proactively educated the children in disaster preparedness, with a focus on floods. Although children have a different capacity to handle situations compared to adults, they need to be educated in the basics of disaster preparedness which includes risk and hazard identification and the preparation of an emergency bag of essentials (grab bag).

MERCY Malaysia encourages children's participation and enthusiasm to find solutions that would work for both their families as well as the community, when responding to the disaster. With the children's participation in disaster preparedness, the knowledge gained can be easily shared with their peers, siblings and even with their parents, families and neighbours.



Students are concentrating on answering the questions in their activity book



Brainstorming session to complete the task given



# Nationwide



<b>Project</b>	School Preparedness Programme (SPP)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To promote a culture of disaster preparedness</li> <li>To increase the capacity of schools and students to respond to disaster</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>Ministry of Education (MoE), Malaysia</li> <li>State Department of Education of Kedah, Pulau Pinang, Sabah, Labuan and Pahang</li> <li>District Education Office</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>School Preparedness Workshop for students               <ul style="list-style-type: none"> <li>Phase 1: School Preparedness Workshop</li> <li>Phase 1a: Implementation of Disaster Risk Reduction (DRR) activities by selected schools</li> <li>Phase 2: Follow-up Workshop</li> </ul> </li> <li>School Preparedness Workshop Training of Volunteers</li> </ul>
<b>Locations</b>	Nationwide
<b>Date</b>	January to December 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>A total of 530 students participated in Phase1 and 460 students participated in Phase2</li> <li>All 15 schools implemented at least one DRR activity in their respective schools</li> <li>A total of 38 MERCY Malaysia volunteers were trained in this programme</li> </ul>
<b>Projected Budget</b>	RM 171, 275.50

## Background

Although located near the *Pacific Ring of Fire*, Malaysia is very fortunate not have natural hazards, such as earthquakes and volcanoes, since we are sheltered by neighbouring countries. Nevertheless, many parts of Malaysia suffer from severe monsoon flooding and flash floods. This has worsened with the onset of climate change and unplanned development which also contributes to the problem: making it more difficult and unpredictable to respond to disasters.

## MERCY Malaysia efforts

MERCY Malaysia has developed a School Preparedness Programme (SPP), based on its experience of disaster relief knowledge both locally and internationally, to share its expertise and build resilience for students and teachers towards natural disasters.

The programme aims to promote a culture of disaster preparedness and increase the capacity of schools and students to respond to disaster. In 2012, three phases of the SPP had been successfully conducted in 15 schools. Participants of the SPP workshop implemented Disaster Risk Reduction (DRR) activities at their schools. MERCY Malaysia also provided a refresher course for the volunteer trainers on practises SPP.



Sharing ideas during the workshop



One of the presentations on school-watching from the children

# Nationwide



<b>Project</b>	School Watching Workshop – Training of Teachers (SWW-TOT)
<b>Objectives</b>	To promote a culture of disaster preparedness and increase the capacity of schools to respond to the risk of disasters
<b>Project Partners</b>	Ministry of Education (MoE), Malaysia
<b>Activities</b>	Phase 2: School watching activities by trained teachers at schools Phase 3: Experience and knowledge sharing workshops (Phase 1 was conducted in 2011)
<b>Locations</b>	Pulau Pinang, Kuching, Kota Kinabalu, Kuala Lumpur and Kuala Terengganu
<b>Date</b>	April 2011 to December 2012 (Phase 1 to Phase 3)
<b>Accomplishments</b>	149 teachers were trained and a total of 10 workshops were conducted throughout this period
<b>Projected Budget</b>	RM 167,298 (USD53,967)
<b>Funder</b>	Japan Embassy

## Background

MERCY Malaysia has been conducting training for students and teachers since 2007, through our School Watching Workshop – Training of Teachers (SWW-TOT) programme. Currently, this is the only training on Disaster Risk Reduction (DRR) that is available for teachers in Malaysia.

In 2011, MERCY Malaysia was awarded 'Japan's Grant Assistance for Grassroots Human Security' by the Japanese Embassy to conduct Phase 1, Phase 2 and Phase 3 of the SWW-TOT programme in Malaysia.

Through the SWW-TOT programme, teachers and students are taught to identify hazards and risks around their school and prioritise actions. Education plays a key role in increasing awareness and disaster preparedness.

## MERCY Malaysia efforts

MERCY Malaysia completed two phases (Phase 2 and Phase 3) of training this year. Phase 2 is the implementation phase of the school watching activities implemented at the school level by teachers which was held between July and December 2011. Phase 3 is an experience sharing workshop that was held in five different locations (Pulau Pinang, Sabah, Kuala Lumpur, Sarawak and Terengganu) between September and October 2012. The experience sharing workshop is a one-day workshop for teachers to present their findings from the activities they have conducted and to brain storm on challenges facing local communities and finding opportunities for future improvements.



Participant presenting group work during story telling session



Hazard map of school area created by participants



OUR WORK  
**INTERNATIONAL**



Throughout 2012, MERCY Malaysia continued our sustainable support to countries which continue to need our help. We increased our support to crisis affected communities in neighbouring countries too.



# Afghanistan



<b>Project</b>	Comprehensive Health Centre (CHC)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To respond to emergency, primary and reproductive health (RH) needs</li> <li>To implement the Extended Programme of Immunisation (EPI) to combat polio and measles and the Integrated Management of Child Illness (IMCI) programme to reduce child mortality in the catchment area</li> <li>To set up a Direct Observation Treatment System (DOTS) room where, in addition to medication, food is distributed to tuberculosis patients to support their recovery</li> </ul>
<b>Project Partners</b>	Ministry of Public Health (MoPH) of Afghanistan
<b>Activities</b>	<ul style="list-style-type: none"> <li>Attending to the large outpatient department (OPD) and reproductive health (RH) cases each day</li> <li>Upgraded services to Basic Packages of Health Services (BPHS)</li> <li>Laboratory examinations and ultrasound scanning</li> <li>Mobile clinic EPI to immunize against Polio</li> </ul>
<b>Location</b>	Kandahar City, Afghanistan
<b>Period</b>	Ongoing since 2005
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>Increasing patients from 80 to 100 individuals per day (47% children and 13% women)</li> <li>We have immunised children and women in the CHC catchment and reduced mother and child mortality rate via Mobile Clinic EPI activities</li> <li>31 Tuberculosis cases have been detected and treated</li> <li>90,032 beneficiaries benefited from the CHC in 2012</li> </ul>
<b>Projected Budget</b>	USD 190,000 (Budget for 2012)

## Background

MERCY Malaysia has completed its first decade of relief operations in Southern Afghanistan. The population in the Kandahar province has more than two million people with only 51 health facilities in the area. In Kandahar City, it is estimated that each of the 27 health facilities serve a population of 60,000 people. The number of people living in Kandahar City is growing due to the influx of Internally Displaced People (IDP).

During 2012, over 500,000 people were displaced throughout Kandahar province due to the conflict intensifying. This is an increase of 200,000 compared to 2011. Kandahar province now has 21% of the total IDP's throughout the whole of Afghanistan.

## MERCY Malaysia efforts

MERCY Malaysia started its relief activities in July 2003, to meet the basic needs of vulnerable families in the southern region of Afghanistan following a request from WHO, UN-Agencies and MoPH of Afghanistan. This was due to limited health facilities being available and the absence of a health facility that was able to provide maternal and pre-natal care in Kandahar city and its surrounding areas.

The CHC has 18 staff members working to provide medical humanitarian in the Southern Region of Kandahar, which services supports people in the district of Kandahar City. The MoPH has started a night shift service at the CHC and MERCY Malaysia plans to provide 24-hour services to its beneficiaries to meet the increasing needs of the community. However, extra funding is needed to implement this extension of services.

Since 2003, the CHC has gradually increased its medical relief activities, meeting the basic needs of the vulnerable communities and IDP's of the war-torn of southern Afghanistan.



Educational Health session at the Comprehensive Health Centre



# Afghanistan



<b>Project</b>	MERCY Little Caliph (MLC)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To prepare children for primary school</li> <li>Psychosocial intervention</li> </ul>
<b>Project Partners</b>	-
<b>Activities</b>	<ul style="list-style-type: none"> <li>Conduct classes in basic Pashto, Dari and English: providing Islamic studies and Mathematic education based on the syllabus approved by the Department of Education, Afghanistan</li> <li>Vaccination and daily meal supplement for all students.</li> </ul>
<b>Location</b>	Kandahar City , Afghanistan
<b>Period</b>	October 2003 to 31 December 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>210 young pupils have completed their primary education since 2003</li> <li>Pupils have been immunised under the CHC Extended Programme for Immunisation</li> </ul>
<b>Projected Budget</b>	USD 6, 250 (Budget for 2012)

## Background

In the last ten years, Afghanistan has been involved in a conflict which has tormented the civilian population, with targeted killings, suicide bombings and military operations becoming a normal part of everyday life. During the Taliban period of rule: girls were discouraged and at times banned from attending schools. For almost 30 years, Afghan children have been affected by conflict, resulting in low adult literacy as a national problem. Only half of the children are in school today, many have to work in the fields or the streets to support their families.

MERCY Malaysia took the initiative to enhance life chances among children aged between 5 to 10 years, by providing basic education. Even though this project does not fall within the confines of MERCY Malaysia's main mandate, we consider it and important contribution to the country's effort to build a better educated and healthier younger generation throughout its population.

## MERCY Malaysia efforts

MERCY Little Caliph provides pre-school education for children aged between 5 to 10 years, for both girls and boys, providing them with pre-school education, preparing them for the school year. Located in the safe environment of the Comprehensive Health Centre (CHC) building, the school caters to 30 children for each session, providing them with basic language and mathematics skills and Islamic studies each year. The programme provides the children with vaccinations and daily meal supplements.

From December 2012, approximately 30 children were taught basic Pashto, Dari and English: provided Islamic studies and mathematical education based on a syllabus, approved by the Department of Education.



Children of the MERCY Little Caliph programme during lessons



Children of the MERCY Little Caliph programme participating during class



# Bangladesh



<b>Project</b>	Cleft Lip and Palate (CLIPP) Project
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To treat and correct cleft lip and palate cases among underprivileged communities</li> <li>To enhance capacity amongst the local staff, related to management of cleft lip and palate procedures</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>Dhaka Community Hospital (DCH)</li> <li>University Sains Malaysia (USM)</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Reconstructive surgeries (5 days/mission)</li> <li>Post-operative rounds (to check on the patients' progress and recovery)</li> <li>Lecture sessions (sharing on challenges, expertise and knowledge) by the Malaysian team to DCH medical staff and students</li> </ul>
<b>Location</b>	Dhaka, Bangladesh
<b>Period</b>	Mission No. 7: 5 to 13 July 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>Mission No.7: 60 patients</li> <li>Total number of patients benefiting from the procedures is 398 patients</li> </ul>
<b>Projected Budget</b>	USD 48, 000

## Background

The need for this project is evident in the significant number of untreated cleft lips and palate patients in Bangladesh; there are approximately 200,000 cases awaiting treatment, this is due to poor economic conditions and the lack of local surgical expertise.

Cleft lips and palate is a major problem in developing countries, like Bangladesh, where millions of children and adults suffer from this facial birth irregularity. Children are subjected to social stigma and often live a life filled with unnecessary isolation and shame, because of their appearance and speech impediment.

## MERCY Malaysia efforts

Since 2008, a total of 398 patients have been successfully treated to date. The highly skilled groups of medical professionals deployed on these missions comprised of plastic surgeons, anesthetists and Operation Theatre nurses, who provide the best possible treatment for every patient. All treatments are provided free of charge because patients come from underprivileged families.

In order to continue to build the capacity of our local partners, MERCY Malaysia's medical teams conduct training sessions for local medical practitioners. Sharing their knowledge and experience with the local medical practitioners, this remains an important part of the CLIPP project and is a sustainable outcome of the CLIPP Project.



*A volunteer screening a potential patient - first stage of the procedure*



*Startling result of CLIPP. A before and after corrective procedure shot of 6-year-old Fahim Md Amir Hossain*

# Bangladesh



<b>Project</b>	Piped Water Supply System from River Sand Filter (RSF) and Health and Hygiene Education
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To supply arsenic, chemical and bacteria free safe water to the community through a piped water supply system using a River Sand Filter at an affordable cost for an arsenic affected village</li> <li>To provide medication and skin ointment for 350 arsenicosis patients for a year to reduce symptoms of arsenicosis among villagers</li> </ul>
<b>Project Partner</b>	Dhaka Community Hospital (DCH)
<b>Activities</b>	<ul style="list-style-type: none"> <li>Selection of site and area mapping for the pipeline network</li> <li>Mobilisation of community members by formation of a Management Committee and the training of a caretaker</li> <li>Water quality testing</li> <li>Arsenic patient management</li> <li>Continuous monitoring and evaluation (M&amp;E)</li> </ul>
<b>Locations</b>	Shushunda, Muradnagar, Comilla, Bangladesh
<b>Period</b>	1 October 2012 to 31 January 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>30 tap points installed to deliver water directly into housing areas. An average of 5 families per tap point</li> <li>130 families are being supplied safe water through the 30 tap points</li> <li>Water testing results showed that the water was safe for human consumption</li> <li>150 confirmed arsenic patients in Shushunda village were being given salicylic acid and multivitamins</li> </ul>
<b>Projected Budget</b>	USD 40,000

## Background

Based on a survey in 2011 by the Dhaka Community Hospital (DCH) on Arsenic contamination, a large amount of the tube-wells surveyed had been contaminated with arsenic poison. The survey showed that just in Shushunda village alone, 150 individuals had been affected by the arsenic (arsenicosis).

Based on these results, DCH, along with the local government, decided to proceed with arsenic mitigation, patient management and created awareness programmes on the dangers of arsenic. However, they lacked both the funds and management skills to run the programme.

A second survey was conducted in February 2012 and which found that all of the tube-wells in the Shushunda Village had been contaminated with arsenic, with no alternative for arsenic-free water in the village. The number of individuals with arsenicosis had increased, during this period.

Symptoms of arsenic poisoning begins with headaches, confusion, severe diarrhoea and drowsiness. As the poisoning develops, convulsions and changes in fingernail pigmentation may occur. When the poisoning becomes acute, symptoms may include diarrhea, vomiting, blood in the urine, cramping muscles, hair loss, stomach pain and more convulsions. The organs of the body that are usually affected by arsenic poisoning are the lungs, skin, kidneys and liver. The final result of arsenic poisoning is coma following by death, if untreated.

## MERCY Malaysia efforts

MERCY Malaysia in collaboration with the DCH, conducted a full assessment of the area, including interviews with the villagers. Based on the results of this assessment, it was decided that a

pipled water supply system that used a River Sand Filter (RSF) would be installed in the village. Health and hygiene education sessions were conducted for the villagers to increase their knowledge of arsenic poisoning.

A RSF unit was installed at the village along with 30 tap points, which deliver safe water directly to 150 families (estimated 650 people). Currently, an average of 5 families share each tap point. The delivery of safe water to the housing area reduces the risk infecting women and children, who previously collected water from the nearby Gomoti River up to three times a day. It is estimated that another 350-400 community members from nearby villages collect water directly from the three taps, located directly at the filtration unit itself. We can estimate that the single RSF provides the safe drinking water needs of more than 1000 people each day.

A Management Committee has been established, with the appointment of a caretaker for the RSF from the local community. The purpose of the Committee and the caretaker is to ensure that the villagers developed a sense of ownership for the project, thus increasing the sustainability of the project. The Committee collects and manages a monthly fee from the various tap owners, which is then used to pay electricity fees and general maintenance of the unit.

Since the installation, two water safety tests have been conducted and results show that the water safety is within the permissible level. Salicylic acid and multivitamins were distributed to the 150 confirmed arsenic patients in Shushunda Village. The distribution of these supplements will be continued until December 2013.

# Cambodia



<b>Project</b>	Oral Rehydration Therapy (ORT) corner and the employment of two Out-Patient Department (OPD) Service Assistants at the Angkor Hospital for Children (AHC)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To provide a minimal fee healthcare service for children</li> <li>To treat and reduce mild dehydration or diarrhoea</li> <li>To educate mothers on the most appropriate treatment of diarrhoea at home</li> <li>To build capacity of Cambodian nursing students on the proper administration of ORT (by employing of OPD Family Service Assistants)</li> </ul>
<b>Project Partners</b>	Angkor Hospital for Children (AHC)
<b>Activities</b>	<ul style="list-style-type: none"> <li>Oral Rehydration Therapy (ORT) corner</li> <li>Employment of OPD Service Assistants</li> <li>Raising awareness of symptoms and prevention of diarrhoea by improvising personal hygiene through additional support</li> </ul>
<b>Location</b>	Siem Reap Province, Cambodia
<b>Period</b>	June 2011 to May 2012
<b>Accomplishments</b>	A total of 2, 142 children were treated from June 2011 to May 2012
<b>Projected Budget</b>	USD 16, 700

## Background

Each year, thousands of Cambodian children die unnecessarily due to dehydration, which is often caused by diarrhoea. Diarrhoea is a common cause of death in developing countries and the second most common cause of infant mortality worldwide.

Diarrhoea is easily prevented through immunisation, better nutrition and proper sanitation: along with Oral Rehydration Therapy (ORT), a process of replacing essential body fluids and salts lost during attacks of diarrhoea. The treatment consists of common salt and sugar mixed in one litre of clean drinking water. A pre-pack formula called ORS (Oral Rehydration Salts) is also available in sachets.

## MERCY Malaysia efforts

The project has been implemented from June 2011 to May 2012. It continues the original objective of MERCY Malaysia, to provide minimal fee healthcare services, especially for children in the province of Siem Reap. We have been working with AHC since 2005 to support an Oral Rehydration Therapy (ORT) 'corner' to treat mild dehydration under the supervision of trained staff. This ORT is a simple, cheap and effective treatment. Oral rehydration can be accomplished by frequently drinking small amounts of the treated water.

Families of affected children are educated on the safe and appropriate use of ORS at home. They are taught how to recognise the symptoms of dehydration and diarrhoea and ways to prevent diarrhoea and improve personal hygiene, through educational brochures provided at the ORT 'corner'.

The employment of two OPD Family Service Assistants, working under the direct supervision of the Nursing Manager, ensures that there is enough support to complete the ORT work.

They provide:

1. Assistance to doctors in examination rooms, retrieving medical records and transporting lab slips.
2. Monitoring of family education pamphlet boxes and educational videos.
3. Directions and escort assistance needed for lab, x-ray, dental clinic, tests and results etc.
4. Nurses provide families with information on ORT.
5. Housekeeping or cleaning when required.
6. Assistance in the dental clinic.



An AHC nurse showing a brochure on hygiene care to prevent diarrhoea

# Cambodia



<b>Project</b>	Latrines and Hygiene Promotion (WASH)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Raising community awareness on good sanitation among local communities</li> <li>• To improve the health and quality of life of rural Cambodians by increasing their access to proper sanitary facilities</li> </ul>
<b>Project Partners</b>	Life with Dignity (LWD)
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Construction of latrine units</li> <li>• Hygiene awareness sessions</li> <li>• Outreach programme sessions</li> </ul>
<b>Location</b>	Aoral District, Kampung Speu Province
<b>Period</b>	June 2011 to November 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>• A total of 2,370 participants benefitted from hygiene awareness sessions in the targeted villages</li> <li>• 226 latrines were constructed</li> </ul>
<b>Projected Budget</b>	USD 58, 135

## Background

Although the villages in the area have a community-based management committee to advise and prepare local residents on risk preparedness, which helped mitigate against flood risks in 2011 and 2012, there are still many who need help.

MERCY Malaysia returned with its local partner to respond to local health risks. It was found that children in the villages were highly susceptible to new water-borne diseases. However, timely intervention by health centre staff, raised awareness with the aid of LWD on disease prevention ensuring diseases did not claim more lives.

## MERCY Malaysia efforts

MERCY Malaysia and 'Life with Dignity' (LWD) organised the sanitation project, consisting of the installation of latrines to improve hygiene awareness practices among local residents. For an example: several activities were conducted in targeted villages, (awareness campaign, sharing of knowledge on good sanitary practices and latrine construction) through conducting and exchanging visits among the villages.

These activities improved hygiene practices for people in the district and increased the use and construction of latrines. The programme encourages people who do not have access to latrines, to build their own and they are shown how to as a sustainable outcome, of the joint project.



*A latrine owner standing by her newly constructed latrine*



# Cambodia



<b>Project</b>	Cambodia School Preparedness Programme (SPP)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To strengthen Save the Earth Cambodia's capacity in SPP</li> <li>To raise awareness on Disaster Risk Reduction (DRR) and preparedness and integrate SPP in 40 schools and community development plans in the cities of Battambang and Phnom Penh</li> </ul>
<b>Project Partners</b>	Save the Earth Cambodia (STEC)
<b>Activities</b>	<ul style="list-style-type: none"> <li>School Preparedness 'Training of Trainers' (SPToT) for Phnom Penh and Battambang regional teachers, training centre lecturers and trainee teachers</li> <li>School Preparedness Workshop (SPW) with 20 selected schools in Battambang and Phnom Penh</li> <li>Implementation of selected Disaster Risk Reduction (DRR) action plan activities in Battambang and Phnom Penh, through the Regional Teachers Training Centre (RTTC)</li> <li>Reflection/Experience Sharing Workshop</li> </ul>
<b>Locations</b>	Battambang and Phnom Penh, Cambodia
<b>Period</b>	March 2011 to December 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>1200 school students, 200 school teachers, 40 school directors from selected schools in Phnom Penh and 160 government officials participated in the SPW</li> <li>Battambang and Phnom Penh RTTC implemented all of the selected action plan activities.</li> <li>All 40 action plans that were developed during the SPW, were given to the Commune for integration into the Commune development plans produced</li> <li>2 Reflection and Experience Sharing Workshops held</li> </ul>
<b>Projected Budget</b>	USD 32, 466

## Background

Cambodia is prone to annual river flooding during the monsoon seasons. There are many cases of tropical storms, droughts and forest fires. Flooding often destroys crops and livestock, damages homes, schools, clinics, roads, community infrastructure and causes the loss of human life, impacting heavily on local people's livelihoods and quality of life.

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

## MERCY Malaysia efforts

MERCY Malaysia carried out a School Preparedness 'Training of Trainers' (TOT) refresher workshop with five staff and volunteers of STEC, using MERCY Malaysia's revised SPP learning module. The programme increased the awareness and understanding on the importance of disaster preparedness: by focusing on local risks, hazards and disasters. Continuous monitoring and evaluation visits are carried out throughout the project to ensure compliance to the project objectives and the needs of local schools and students.



School Preparedness Training of Trainers (SPToT) for Phnom Penh and Battambang regional teachers

# China



<b>Project</b>	Building up the Resilience of Children and their environments against hazards
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To strengthen a partnership with Save the Children China (SC)</li> <li>To increase the capacity of schools to cope with future disasters and reduce their vulnerability to hazard sources</li> <li>To build the foundation for advocating child-focused Disaster Risk Reduction (DRR) at the national level</li> </ul>
<b>Project Partners</b>	Save the Children China
<b>Activities</b>	<ul style="list-style-type: none"> <li>Orientation meeting, induction activities, implementation of action plan and risk and resource mapping in order to establish the school DRR committee</li> <li>Development of Information Education and Communication (IEC) materials</li> <li>Establishing national level policy advocacy through networking and consultation with leading researchers, policy makers and practitioners working on DRR nationally</li> </ul>
<b>Locations</b>	Yunnan and Sichuan Province
<b>Period</b>	September 2011 to August 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>A total of 6013 children, 325 teachers, 8 government authorities and 7 local NGO staff benefited from the programme</li> <li>The understanding amongst Save the Children China (SC) staff regarding child-centered DRR was increased and the Emergency Preparedness Plan based on existing experience was updated</li> <li>SC has been recognised by domestic NGOs as the leading organisation to address children's issues in emergencies</li> <li>Domestic NGO staff and SC staff gained knowledge and skills to address child protection issues in emergencies</li> <li>Facilitated risk and resource mapping and DRR planning of the schools and supported child-led DRR actions in school</li> <li>DRR Committees were established in both schools</li> </ul>
<b>Projected Budget</b>	USD170, 000

## Background

There are enormous numbers of children affected by natural disasters in China: in recent history more people have died from natural disasters in China than in any other country. Sichuan province is geographically disaster-prone given the topography of the land, and the 2008 Sichuan earthquake created more hazards in the province. Increasingly, disasters continue to exert negative impacts on children and damage their lives. Because of its location and geography, Yunnan is also one of the most seismically active provinces in China. It is equally prone to various forms of natural and environmental risks which affect the province: including climatological disasters (heavy winds, hailstones, snow-related disasters, floods and droughts); and geological disasters (earthquakes, mud and rock slides).

## MERCY Malaysia efforts

MERCY Malaysia continues its partnership with Save the Children China (SC), to build up the resilience of children and their living environment against these hazards. The child-led DRR project is a child-focused and community-based process, which helps the community to fill the gap of DRR policies and practices in China, until they are led by others.

Through the project, MERCY Malaysia worked together with SC in increasing the capacity of all stakeholders, including SC staff, volunteers, children and their care providers, local communities,

schools and authorities. The schools involved are able to identify risks and the capacity needed through the risk and resource mapping exercises to help implement the child-led DRR actions. Committees consisting of adults and children were established for this project, which provides local experts for others to learn from in the future.



School teachers developing their hazard maps during the risk mapping activity

# India



<b>Project</b>	Building community driven approaches to address the community needs for safer water, sanitation and safety from the risks of disasters
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To train new trainers on community led 'Total Sanitation' improvements</li> <li>To mobilise local groups, Community Based Organisations (CBO) and volunteers to build community-led approaches on water and sanitation (WASH)</li> <li>To facilitate community health outreach programmes to address the needs of the vulnerable groups</li> <li>To enhance the knowledge and skills of the schools and communities in general on health and water hazards and increasing coping capacities post-disaster</li> <li>To operate a health centre to provide medical services and outreach programmes for WASH</li> </ul>
<b>Project Partners</b>	SEEDS
<b>Activities</b>	<ul style="list-style-type: none"> <li>Primary healthcare services</li> <li>Maternal and child health services</li> <li>Training of trainers on community led water and sanitation</li> <li>Training and capacity building of the voluntary groups and CBOs</li> <li>Participatory risk assessment of the villages</li> <li>School Safety and Disaster Preparedness</li> <li>Developing Joint Action Plans for the village community</li> <li>Developing Information, Education and Communication (IEC) materials for the communities</li> </ul>
<b>Location</b>	Biratpur, Saharsa District, Bihar, India
<b>Period</b>	1 January 2012 to 31 May 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>More than 11,777 patients were treated at the Biratpur Health Centre (BHC)</li> <li>More than 85 community outreach programmes were carried out in surrounding villages and was attended by more than 2,804 beneficiaries</li> </ul>
<b>Projected Budget</b>	USD 139, 503

## Background

MERCY Malaysia started relief efforts in Bihar immediately after the floods in 2008. Mobile clinics were set up and a static health centre was opened in Biratpur, Saharsa District: in partnership with SEEDS. Biratpur Health Centre (BHC) has functioned for the past 2 years and catering to the medical needs of the most vulnerable communities in the area. Community outreach programmes are carried out to generate awareness amongst the communities on vital issues such as family planning, water and sanitation, reproductive health, immunisation, teenage pregnancy and nutrition during pregnancy.

BHC is the nerve centre of the community, as it makes basic health care accessible to the whole local community. MERCY Malaysia and SEEDS have successfully moved from the relief phase of Total Disaster Risk Management (TDRM) to the recovery phase. We are now focused on the rehabilitation of the communities by focusing the health hazards, with a special emphasis on the healthcare needs of women and children.

## MERCY Malaysia efforts

To further improve the BHC's core primary health services, MERCY Malaysia and SEEDS began the implementation of community led Total Sanitation, which focuses on water and sanitation improvements.

The Total Sanitation programme advocates for a change of behaviour in how the villagers analyse and take action on their sanitation and waste situation. The programme encourage collective decision making processes to stop open defecation in public places.

The health outreach programmes reached out to schools, where they were trained in safe water and sanitation practices and school safety; thereby reducing their risks towards any future disasters. Health outreach programmes were provided to the surrounding communities where communities created a comprehensive village disaster management plan and on safe water, sanitation and hygiene practises.



Trainers and the local community during the health outreach programme

# Indonesia



<b>Project</b>	Mother and Child Health Programme
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To reduce maternal and infant mortality rates among community in North Sumatra Province</li> <li>To educate and create awareness for pregnant women on the importance of mother's pre-natal and post-natal health</li> <li>To enhance local midwives' knowledge and skills on midwifery</li> </ul>
<b>Project Partners</b>	Dinas Kesehatan, North Sumatra
<b>Activities</b>	<ul style="list-style-type: none"> <li>Mother Health activity</li> <li>Child Health activity</li> <li>Midwife training</li> </ul>
<b>Location</b>	North Sumatra Province
<b>Period</b>	January 2012 to January 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>7,680 pregnant mothers were given pre-natal and post-natal care</li> <li>45 midwives were trained for skills and knowledge enhancement</li> </ul>
<b>Projected Budget</b>	USD 118,000

## Background

The "Central Intelligence Agency (CIA) World Fact Book" (2010) ranked Indonesia as the 51<sup>st</sup> nation in the world experiencing one of the worst maternal mortality rates by 220/100,000 live births and ranked 72<sup>nd</sup> in the world to experience infant mortality rates by 27/1000. Indonesia is hoping to achieve its Millenium Development Goal (MDG) in 2015, by reducing these mortality rates to 102/100,000 for mothers and 23/1000 for infants.

Many studies have found women dying every hour from pregnancy complications during delivery; late referral to hospital services, short-staffing and inferior quality of health providers such as physicians, midwives and trained nurses and equipment. There are a number of midwives who have not received training especially in dealing with emergency cases, which is a disadvantage in assisting mothers and new-borns.

## MERCY Malaysia Efforts

MERCY Malaysia established a partnership with Dinas Kesehatan (Ministry of Health) of North Sumatera in December 2011 and started implementation of its pilot project on Mother and Child Health in early 2012. The aim of the project is to assist the government of Indonesia to achieve its MDG 2015 target of reducing maternal, child and infant mortality rates. The programme is to educate and create awareness for pregnant mothers on the importance of a mother's health during pregnancy and post-delivery. This is done through pre-natal and post-natal care education. The programme also provided trainings, workshops and refresher courses for midwives for skills and knowledge enhancement.

Dinas Kesehatan recommended that MERCY Malaysia continues its development projects in North Sumatera for a second term in 2013, expanding services into Central Java.



Pregnant mothers going through one of the exercises



A midwife measuring a baby's weight using a traditional weight measurement



# Japan



<b>Project</b>	AMDA Otsuchi Health Support Center
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To contribute towards the community's rebuilding and recovery process for the aging population by providing social development opportunities</li> <li>To promote health among the people in Otsuchi-cho both physically and psychologically</li> </ul>
<b>Project Partners</b>	Association of Medical Doctors of Asia, AMDA
<b>Activities</b>	<ul style="list-style-type: none"> <li>Exercise classes (walking, stretching, slow motion training, muscle training, Yoga, etc.)</li> <li>Crafts, baking and cooking classes</li> <li>Gardening and music therapy sessions</li> <li>Social gatherings (Japanese Tea Ceremonies, BBQ Parties, Music Performances, Fun Markets)</li> </ul>
<b>Location</b>	Otsuchi-cho, Japan
<b>Period</b>	March to December 2012
<b>Accomplishments</b>	Capacity building for 1,519 beneficiaries in the form of psychosocial support
<b>Projected Budget</b>	USD80, 000

## Background

Immediately after the Great East Japan Earthquake in 2011, the most powerful earthquake to ever hit Japan, the Association of Medical Doctors of Asia (AMDA) conducted various supporting activities, including emergency relief work in Otsuchi-cho, Kamihei-gun Iwate Prefecture of Tohoku region. The earthquake caused over 15,000 deaths and left over 2000 people missing.

Following the emergency relief period, AMDA engaged in reconstructive activities for eight cities and towns including Otsuchi-cho from May 2011. The residents in Otsuchi-cho expressed their need for acupuncture and moxibustion therapy (traditional treatment for blood flow), since the beginning of the emergency relief period.

As of 18 December 2011, nine months after the Great East Japan Earthquake, AMDA Otsuchi Health Support Centre was inaugurated in Otsuchi-cho of Iwate Prefecture. The centre contains two spaces. The first is used for the acupuncture clinic and the second space is a multi-functional area for all people in the community.

## MERCY Malaysia efforts

MERCY Malaysia and AMDA collaborated to carry out the construction of the Health Support Centre. The centre has two functions: an acupuncture clinic and community area. The multi-functional community area contributes towards the community's rebuilding and recovery process through various social opportunities, which are conducted in a healthy atmosphere. It was officially opened on 18 of December 2011, while the second building was opened in March 2012, with the contribution from MERCY Malaysia.

Various classes such as Exercise Therapy (stretching, correction of the pelvic tilt, etc), craft (knitting, beading, etc), traditional performing arts, seasonal cooking, Japanese tea ceremonies and others, are offered at the community space. New classes such as horticulture therapy (vegetables and flowers), yoga and boxing are offered at the centre to help increase social development and community resilience.



Therapy room in the centre



Participants at one of the creative classes conducted in the community space

# Jordan



<b>Project</b>	Emergency Response – Syrian Civil Conflict
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To carry out an assessment on the immediate needs of the affected communities</li> <li>To assess the medium to long term needs of the health system</li> <li>To address the immediate need for winter kits for the refugees</li> </ul>
<b>Project Partners</b>	Christian and Missionary Alliance Church
<b>Activities</b>	<ul style="list-style-type: none"> <li>Needs assessment</li> <li>Distribution of winter kits</li> </ul>
<b>Location</b>	Mafrqa Governorate, Jordan
<b>Period</b>	October 2012
<b>Accomplishments</b>	500 blankets and 60 heaters have been distributed to Syrian refugee families
<b>Projected Budget</b>	USD50, 000

## Background

To escape the prolonged violence in their homeland, hundreds of thousands of Syrian refugees have fled to neighbouring countries. The United Nations estimated that by December 2013, there will be 450,000 Syrian refugees in Jordan alone.

## MERCY Malaysia efforts

MERCY Malaysia deployed a two member assessment team to Jordan, on 1 October 2012, to carry out an evaluation on the immediate needs of the affected communities and to assess the medium to long term capacity of the local health system. The evaluation recommended for the immediate distribution of essential winter items to the Syrian communities living in the city of Mafrqa Governorate, as winter was quickly approaching.

Most of the families whom the team visited in Mafrqa Governorate were unable to bring along their belongings having crossed the border on foot. The housing units they were renting were mostly empty basic units consisting of a stove, basic kitchen utensils and some mattresses given by local organisations, laid out on the cement floor. As winter in Mafrqa Governorate is usually harsh with temperatures falling to zero degrees Celcius at night and snow not uncommon during the peak of winter, the need for blankets, heaters and warm clothes was a priority of every family the team met.

MERCY Malaysia distributed 500 blankets on 13 October 2012 and 60 heaters on 25 October 2012, in the Mafrqa Governorate to Syrian families displaced by the on-going conflict. The MERCY Malaysia team conducted the distribution from house to house, delivering the blankets directly to the neediest of families identified with the help of the *Christian and Missionary Alliance Church* of Mafrqa, which has been assisting the Syrian refugees since their arrival and has nurtured a strong rapport with the Syrian families.



Dr. Jitendra Kumar, MERCY Malaysia's Co-opted ExCo Member with one of the Syrian refugee families who received our winter kit

# Myanmar



<b>Project</b>	Water, Sanitation and Hygiene (WASH) Project in Kungyangon, Yangon Region
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To ensure proper access to clean water and sanitation facilities for the communities</li> <li>To minimise the risk of communicable disease</li> <li>To protect the environment from contamination, due to poor sanitation</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>Office for the Coordination of Humanitarian Affairs (OCHA)</li> <li>Adventist Development and Relief Agencies (ADRA)</li> <li>Kungyangon Township Hospital</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Household latrines</li> <li>School latrines</li> <li>Hygiene Kit distributions</li> <li>Hygiene promotion sessions</li> </ul>
<b>Location</b>	Taw Palae village, Kungyangon Township
<b>Period</b>	July 2011 to December 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>180 household latrines built</li> <li>250 hygiene kits distributed</li> <li>1 concrete school latrine built and three school latrines reconstructed</li> <li>10 hygiene awareness and promotion sessions</li> </ul>
<b>Projected Budget</b>	USD 137, 741

## Background

Cyclone Nargis struck Myanmar in May 2009, sweeping through the Ayeyarwady delta region and the country's main city and former capital, Yangon, affecting 2.4 million people. Several hundred thousand people were living without shelter and safe drinking water. Approximately 37 townships in Ayeyarwady and Yangon Divisions were significantly affected by the cyclone, with damage most severe in the delta region.

The level of damage in the delta region forced many to relocate to the less damaged Kawhmu and Kungyangon townships, bordering the delta. The survivors still live in deplorable conditions with hardly any access to proper health care while access to clean water, proper hygiene and sanitation and facilities are limited.

## MERCY Malaysia efforts

Since the tragedy, MERCY Malaysia has been operating in the nearby townships setting up Water, Sanitation and Hygiene (WASH) projects.

In 2012, a total of 180 household latrines were built with the help of local communities. Hygiene awareness campaigns were conducted throughout the townships and hygiene kits were distributed to members of the communities.

This support will help to reduce illnesses caused by unclean water and poor access to proper sanitation facilities.



Information sharing on the project plan



A nurse demonstrating proper hand washing techniques to children



# Myanmar



<b>Project</b>	'Happy and Healthy Lives' in Sandy Village and Water, Sanitation and Hygiene (WASH) Project
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To provide proper health care services for the communities by providing mobile clinics and static village clinic</li> <li>To improve sanitation practices of rural poor community members by facilitating access to latrines</li> <li>To improve personal hygiene and health care practices</li> </ul>
<b>Project Partners</b>	Gold Myanmar (LNGO), Kyauk Tan Township Health Department and township authorities, Myanmar NGO network and Sandy Development Organisation a Community Based Organisation (CBO)
<b>Activities</b>	<ul style="list-style-type: none"> <li>Building capacity of the local development group to draw its own action plans</li> <li>Mobile clinic provided once a month</li> <li>Special health talks on common health issues, seasonal illnesses and diseases</li> <li>Setting up a community-managed village clinic and dispensary</li> <li>Construction of latrines</li> <li>Conduct 'Training of Trainers' (ToT) for selected volunteers on hygiene and sanitation topics (i.e. 2-3 volunteers per village)</li> <li>Hygiene and sanitation education sessions</li> </ul>
<b>Location</b>	Sandi Village, Kyauk Tan Township, Yangon Region
<b>Period</b>	March 2012 to March 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>10 mobile clinic sessions provided and 1,865 patients treated</li> <li>180 household latrines built</li> <li>7 hygiene promotion sessions provided</li> <li>1 community clinic built</li> </ul>
<b>Projected Budget</b>	USD81, 258

## Background

Cyclone Nargis seriously affected the community in Sandi Village, Kyauk Tan Township in the Yangon Region.

## MERCY Malaysia efforts

'Happy and Healthy Lives' focuses more on the improving aspects of health care, proper hygiene and sanitation facilities and in promoting good health and hygiene practices among the communities. A permanent community clinic was built and MERCY Malaysia's presence has been essential in providing health care services to the communities in the area.



Medical check up and treatment for the people of the township



A MERCY Malaysia volunteer attending to a patient



# Myanmar



<b>Project</b>	Distribution of Non-Food Items (NFI) and Providing Primary Health Care to Affected Communities in the Rakhine State
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To provide hygiene kits and drug impregnated mosquito nets to the local communities</li> <li>To provide primary health care to Internally Displaced People (IDP) camps</li> </ul>
<b>Project Partners</b>	Rakhine State Health Department, Rakhine Social Welfare, Office for the Coordination of Humanitarian Affairs (OCHA), Rakhine State Government and United Nations Department of Safety and Security (UNDSS)
<b>Activities</b>	<ul style="list-style-type: none"> <li>Meeting relevant local authorities</li> <li>Distribute hygiene kits and drug impregnated mosquito nets</li> <li>Donation of medical supplies</li> </ul>
<b>Location</b>	Sittwe, Rakhine State
<b>Period</b>	October to December 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>Distribution of 3,000 hygiene kits</li> <li>Distribution of 3,000 drug impregnated mosquito nets</li> <li>Donation of USD20,000 worth of medication to the Rakhine State Department of Health</li> <li>Providing building materials for community healthcare centre in Say Tah Mar Gyi camp.</li> <li>Recruited six medical doctors for attachment to the Rakhine State Department of Health to served at IDP camps</li> <li>Treated 9,046 patients between November and December 2012</li> <li>Construction of Dar Paing Emergency Hospital</li> </ul>
<b>Projected Budget</b>	USD104, 000

## Background

In early June 2012: communal unrest between the people of Rakhine resulted in thousands of individuals becoming displaced. The conflict also resulted in many deaths and injuries and destroyed homes and businesses. This was followed by a second wave of social conflict in October 2012, which affected eight townships.

The violence affected many vulnerable people, implicating their health and livelihoods adversely and breaking down community relations among the population. It was estimated that 115,000 people were displaced in Rakhine State as a result of the continued violence. Several humanitarian needs still need addressing like food, shelter, proper sanitation and hygiene facilities.

## MERCY Malaysia efforts

MERCY Malaysia commenced operations in Rakhine State providing health essentials to the displaced community in October 2012. Over 3,000 hygiene kits and impregnated mosquito nets were distributed to improve personal sanitation and reduce malaria risks.

MERCY Malaysia's presence is essential to continue to provide health services through its mobile clinics, medical donations and hospital reconstruction. MERCY Malaysia has recruited local medical doctors, attached to the relevant Department of Health.



Hygiene kits and drug impregnated mosquito nets ready for distribution



Hygiene kits and drug impregnated mosquito nets being distributed to beneficiaries

# Palestine



<b>Project</b>	Psychosocial Support Programmes
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To enhance and support the counselling services offered to the affected communities</li> <li>To provide psychosocial care and build psychosocial resilience among families especially those who live in the affected areas</li> </ul>
<b>Project Partners</b>	Emaar for Development and Rehabilitation
<b>Activities</b>	<ul style="list-style-type: none"> <li>Family Support Programme</li> <li>Your Confident Counsellor Programme</li> <li>Basma Centre for Audiology and Speech Therapy</li> <li>Comprehensive Psychosocial Services Programme</li> <li>Psychosocial Support for the Orphan Families</li> </ul>
<b>Locations</b>	Al-Amal Centre for Psychosocial Care and Consultation-Khan Younis, Gaza Strip
<b>Period</b>	July 2011 to June 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>A total of 2,076 families benefitted from this programme</li> <li>Comprehensive services to 666 patients were successfully provided</li> <li>Opening of the audiology and speech unit, which provided service for 978 cases</li> <li>986 students benefitted from the Student Support Programme</li> </ul>
<b>Projected Budget</b>	USD156, 464

## Background

Al-Amal Centre for Psychosocial Care and Consultation was established in July 2009, by both Emaar Association for Development and Rehabilitation and MERCY Malaysia. With the aim of reducing the suffering that caused by the conflict in Gaza, by offering a comprehensive psychological care programme for people in need.

### MERCY Malaysia efforts

Five special programmes have been successfully implemented by our partner (Al-Amal Centre) from July 2011 to June 2012, to support our beneficiaries in Gaza Strip.

#### Family support programme

A much needed psychosocial care programme was provided to families living in 'hot' zones in the Southern area of the Gaza Strip. Recreational activities were designed and carried-out to help children participate in group activities under the supervision of Al-Amal Centre professionals. The activities were designed to allow children at the centre to deal with and eliminate stress caused by fear and traumatic events they have experienced.

#### Your Confident Counsellor Programme

The programme addresses the psychological needs of children in 10 schools under the Khan Yunis Governorate, empowering school counsellors by enhancing their capacity in dealing with emotionally distressed children. Teachers and parents were involved in providing resources to help the school counsellors.

## Basma Centre

The audio and speech therapy programme continues its work supporting children with special needs. The centre has received many new cases and has registered many success stories from previous participants of the programme.

### Comprehensive Psychosocial Service Programme

Cases from other programmes in need of further psychological interventions are referred to the centre where psychosocial services inclusive of counseling, psychotherapy, home visits and psychological testing are provided.

### Psychosocial Support for the Families of Orphan

The psychosocial support programme is targeted at widows to help them to deal positively with their change in status. Through this programme, they have a personal consultation sessions where they can speak about various problems: including depression, nervousness, aggressive behaviour, anxiety and psychological stress.

# Palestine



<b>Project</b>	Community Outreach Medical Rehabilitation Services for the injured and physically disabled people
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To improve the quality of life and support the integration of physically disabled clients in the southern provinces of the Gaza Strip (Rafah City)</li> <li>To formalise patient case referrals and systematically coordinate the integration of these patients into the community</li> </ul>
<b>Project Partners</b>	El Wafa Medical Rehabilitation and Specialized Surgery Hospital
<b>Activities</b>	<ul style="list-style-type: none"> <li>Visits to patients at home for Physiotherapy, Occupational therapy and nursing care sessions</li> <li>Awareness sessions on disability prevention activities inclusive of distribution of materials</li> <li>Monthly lectures for El-Wafa rehabilitation team and other health professionals and the community</li> </ul>
<b>Location</b>	Rafah City (Gaza Strip)
<b>Period</b>	January 2012 to February 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>629 patients admitted since the project's initiation, 161 total cases received medication, 166 cases received assistive devices, 402 reintegrated cases into the community</li> <li>18, 636 therapeutic sessions were completed</li> <li>36 professional lectures were held and was attended by a total of 454 health professionals and rehabilitation workers</li> </ul>
<b>Projected Budget</b>	USD 141, 670

## Background

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

“Operation Cast Lead”, as the Israeli army called its campaign against the Gaza Strip, constituted one of the most violent episodes in the recent history of the occupied Palestinian territory. The Palestinian Centre for Human Rights estimated that 14,172 Palestinians were killed and many more were injured during the 22-day military campaign.

## MERCY Malaysia efforts

El Wafa Medical Rehabilitation and Specialised Surgery Hospital located in Gaza City (Northern Gaza), is the only hospital offering such services, it was badly damaged during the conflict. Recognising the hospital's importance, not only during the conflict but also after, MERCY Malaysia partnered with El Wafa Hospital and helped reconstruct the hospital's damaged facilities. The partnership led to the initiation of an outreach programme for specialised medical rehabilitation, which targeted the population of Rafah City (130, 000 people).

The project was implemented by El Wafa Medical Rehabilitation Hospital, by employing a professional Rehab Team carrying out house-to-house visits providing physiotherapy, occupational therapy and nursing care sessions.



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



Certain assistive device were donated to patients with special needs e.g: crutcher

# Palestine



<b>Project</b>	Upgrading of Obstetric Services at Patients Friends Benevolent Society (PFBS) and El-Hilal El-Emirati Maternity Hospital
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To improve the quality of Obstetrics and Gynaecology services for the local population.</li> <li>To increase the efficiency of services offered especially in Obstetrics and Gynaecology Department.</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>Patients Friends Benevolent Society (PFBS)</li> <li>Tal Sultan, El-Hilal El-Emirati Maternity Hospital</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Assigning a management team for the project</li> <li>Identification of outdated equipment in the hospital based on priorities through an expert committee evaluation</li> <li>Identification of the supporting capacity needed to operationalise, store and maintain the new equipment</li> <li>Identification of donors for the projects</li> <li>Procurement of equipment through open tender</li> <li>Delivery of equipment upon verification by the management team</li> </ul>
<b>Locations</b>	PFBS in Gaza City and Tal Sultan Hospital in Rafah City, Southern Gaza
<b>Period</b>	1 year (2012)
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>Procured and delivered the Laparoscopic machine and camera system to Tal Sultan Al Hilal Al Emirati Maternity Hospital</li> <li>Procured and delivered 1 unit of industrial washing machine (26 kg load), 1 unit of industrial drying machine (23 kg load), 1 unit of the ultrasound machine, 4 units of Cardiotocography (CTG) machine, 1 unit of defibrillator and 1 unit of patient monitor with full options to PFBS.</li> <li>Increased efficiency and effectiveness of services at Tal Sultan El-Hilal El-Emirati Maternity Hospital where procedures which used to take up to 7 days for recovery can now be completed and discharged within 2 days</li> </ul>
<b>Projected Budget</b>	USD 101,800 (PFBS), USD 52,408 (Tal Sultan)

## Background

Given the current population size and total fertility rate in Gaza, there are an estimated 41,000 pregnant women at given time. It is expected that 1681 deliveries take place every day, inclusive of an estimated 30 cases of caesarian delivery.

After eight years of blockade, healthcare services in Gaza have been affected. As a consequence, the capacity and integrity of healthcare services are severely affected in terms of (i) physical infrastructure, (ii) supplies and (iii) maintenance of continuity between primary and secondary levels of care.

Tal Sultan, El-Hilal El-Emirati Maternity Hospital is the only maternity hospital in Southern Gaza. Since year 2010, the hospital has been upgraded to become a referral hospital in Rafah City. The hospital serves a population of 150,000 from the Rafah and Khan Younis area. Previously, most maternity cases were referred to Gaza City or babies were delivered at home. During times of conflict, movement into Gaza City is limited. The, Tal Sultan Al Emirati Hospital was established in Rafah to address this gap.

The 'Patient's Friends Benevolent Society' (PFBS) was established in 1980 and it runs an extended programme of health services. The hospital provides free primary and secondary healthcare services which include internal medicine, paediatric, obstetrics and gynaecology family planning, general surgery, neurological, and psychiatric care. In-patient capacity includes 45 beds, out of which 21 are for maternity cases. The hospital had been running using minimum facilities and outdated equipment for a considerable period.

## MERCY Malaysia efforts

In 2009, an assessment was conducted in several hospitals in the Gaza Strip by MERCY Malaysia's medical specialists. Among the issues the hospital faces, includes inadequate and outdated equipment creating inefficiency within the services offered by the hospitals, inclusive of Tal Sultan, El-Hilal El-Emirati Maternity Hospital and PFBS hospital.

In the same year, MERCY Malaysia donated Laparoscopic and Hydroscopic equipment and camera systems to the hospital. This has increased the capacity of the hospital services and enabled treatment time to be reduced.

In 2012, MERCY Malaysia procured another unit of the specialised Laparoscopic machine and camera system to complement the services that the hospital currently provides. MERCY Malaysia procured 1 unit of industrial washing machine (26 kg load), 1 unit of industrial drying machine (23 kg load), 1 unit of ultrasound machine, 4 units of Cardiotocography (CTG) machine, 1 unit of defibrillator and 1 unit of patient monitor with full options for the PFBS Hospital.



# Palestine



<b>Project</b>	Enhancement of the Clinical Skill Lab at the Islamic University of Gaza (IUG)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To increase the quality of education and students at IUG by ensuring the availability of relevant training and reference materials in the form of mannequins</li> <li>To prepare medical students with practical knowledge before they continue with their practical training in a real life situations</li> <li>To standardise the training and clinical application for all students</li> <li>To provide a venue for in-service medical practitioners to refresh and expand their skills as well as develop their capacity</li> </ul>
<b>Project Partners</b>	Islamic University of Gaza (IUG)
<b>Activities</b>	<ul style="list-style-type: none"> <li>Identification of the required training mannequins and other items based on the various field of studies</li> <li>Advertising for product suppliers in Gaza to provide the required items</li> <li>Submission of quotations by suppliers</li> <li>Comparison and selection of items and suppliers based on pricing</li> <li>Procurement of the mannequins and equipment</li> <li>Delivery and inspection of the procured items by IUG and MERCY Malaysia</li> <li>Issuance of payment</li> </ul>
<b>Location</b>	Clinical Skill Lab for the Medical Faculty of IUG
<b>Period</b>	1 year (2012)
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>Procured and delivered the medical and training mannequins to IUG Clinical Skills Lab</li> <li>The equipment will be utilised to support the following: <ul style="list-style-type: none"> <li>Anatomy laboratory:</li> <li>The Virtual anatomy computer lab</li> <li>Physiology laboratory</li> <li>Histology and pathology laboratory</li> </ul> </li> <li>The lab is now able to accommodate the needs of the medical students and practitioners, as well as the academicians in the College of Medicine and the in-service medical practitioners on the Gaza Strip</li> </ul>
<b>Projected Budget</b>	USD46, 673

## Background

The Islamic University in Gaza (IUG) is an academic institution of higher education founded in 1978. It works under the supervision of the Ministry of Higher Education, Palestine and has built strong relationships and cooperates with various foreign universities.

Since its establishment, the Faculty of Medicine has strengthened of subjects taught in addition to the practical part. It has sought to build its own laboratories in order to serve their students on various subjects. The Clinical Skill Lab is an additional facility which has been added to the existing training labs, this includes the Anatomy laboratory, Virtual Anatomy computer lab, Physiology laboratory and Histology and Pathology laboratory.

## MERCY Malaysia efforts

MERCY Malaysia was approached by IUG with the proposal of the Clinical Skill Lab. Upon discussion, MERCY Malaysia agreed to procure the requested items and IUG to conduct the procurement process locally. The tendering process was conducted by public advertisement and the procurement was made via two local companies from Palestine. The following was procured and delivered to equip the Clinical Skill Lab at IUG:

*Chest Drain Simulator, Cricotracheotomy Trainer, Endotracheal Intubation Simulator, Intubation Torso, Childbirth Demonstration Pelvis, Fetus Model, Sinus Endoscopy Trainer, 2-Part - English, Sigmoidoscopic Examination Simulator, Heart & Breath Sounds Simulator, Deluxe Venous Access Device Model, Clinical Breast Trainer, I.V. Injection Arm, Skin Suture Trainer, Surgery And Laparoscopy Torso, Laparoscopic Trainer, Surgery Trainer, Suture Practice Trainer, Trochar-Trainer, Resusci Anne CPR Torso With Skill guide, Resusci Anne Full body Skill reporter W/Hard Case, Airway Management Trainer, Adult ACLS Manikin With Interactive Arrhythmia Simulator, Adult Airway Management Trainer, Childbirth Simulator, Episiotomy Suturing Simulator, Set Of 3, Auscultation Trainer And Smart scope, Central Venous Cannulation Simulator, Arterial Puncture Arm, Spinal Injection Simulator, Suture Practice Arm, CPR White Manikin With Memory Unit.*

# Pakistan



<b>Project</b>	Health Initiatives for flood affected communities in Sindh, Pakistan
<b>Objectives</b>	To increase primary health services in remote areas, to rehabilitate health infrastructure and increase capacity of local health providers affected by the 2011 Sindh flood
<b>Project Partners</b>	The People and Government of Malaysia
<b>Activities</b>	<ul style="list-style-type: none"> <li>Established an outreach clinic running from March to May 2012, consisting of two teams serving at two locations in the Mirpukhas district</li> <li>Re-construction and expansion of the Rural Health Centre (RHC) Building from August 2012 to January 2013</li> </ul>
<b>Locations</b>	Sindh, Pakistan (Badin, Mirpukhas and Umerkot districts)
<b>Period</b>	January to December 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>Mobile clinics provided free consultations and primary health treatment to 250-300 patients daily, with a total of 22,886 patients during the 3-month operation</li> <li>Reconstructed and upgraded the Rural Health Centre (RHC) from a basic mixed gendered Outpatient Department to a comprehensive 10-bed hospital with 2 gender-segregated consultation rooms and; other treatment and staff facilities</li> <li>Data sharing with local Health Authorities on the stationed areas</li> <li>RHC provided various free medical services, immunisation and Community Management of Accute Malnutrition (CMAM)</li> </ul>
<b>Projected Budget</b>	USD 1 million (co-shared with WASH Project)

## Background

Pakistan was hit by massive floods, consecutively in 2010 and 2011 due to torrential rains during the southwest monsoon. The 2011 Sindh flood affected a total of 9.27 million people with 520 reported deaths. The slow disaster recovery plagued the affected population with issues of poor health and sanitation, lack of clean water access, mobility, food and shelter and loss of income.

## MERCY Malaysia efforts

Health services were limited due to the unavailability of medical staff and medicines in the local health facilities with households simply unable to afford medical aid. Furthermore, those health facilities have sustained damages and contamination on their premises and equipment from the flooding.

In response to the communities' plight, MERCY Malaysia has set up two mobile clinics in the Mirpukhas district, which provide free consultations and primary health treatment to 250-300 patients daily, totalling 22,886 patients during the 3-month operation. The outreach programme benefited communities with accessibility issues due to poor road conditions and people with disabilities. Useful insights and data were shared with local health authorities for better monitoring of disease outbreaks.

MERCY Malaysia successfully expanded the medical capacity of the Rural Health Centre (RHC), building a comprehensive 10-bed hospital with two gender-segregated consultation rooms and; other treatment and staff facilities. RHC provides health services for a population of 30,000, extending to Jhudo, Sindh, Pakistan. There are 25 staff who attend to 150-200 patients each day and 8 to 10 new birth each month. Renovated staff quarters

allows 'stay-in' doctors to provide 24-hour services and by working shifts. RHC provides nutritional feeding (CMAM) for mild malnutrition cases. Various free treatments and immunisations are offered, to address the affected community's financial limitations to their healthcare needs.



From right: The Commissioner of Mirpurkhas, Ghulam Hussain Memon, MERCY Malaysia Vice President II, Tn. Hj. Norazam Ab Samah, Consul General of Malaysia to Karachi, Abu Bakar Mamat, Head of Dialysis Centre, Mirpurkhas Civil Hospital, Dr. Tariq Arain after the hand over of the Dialysis Machines to the Mirpurkhas Civil Hospital

# Pakistan



<b>Project</b>	WASH Initiatives for Flood Affected Communities in Sindh, Pakistan
<b>Objectives</b>	To improve the basic water, sanitation and hygiene (WASH) needs of flood affected communities and returnees.
<b>Project Partners</b>	The People and Government of Malaysia
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Construction of latrines</li> <li>• Provision of clean water by installation of the Reverse Osmosis System and hand pumps</li> <li>• Hygiene Awareness Campaign and Hygiene Kits Distributions</li> </ul>
<b>Locations</b>	Sindh, Pakistan (Badin, Mirpukhas and Umerkot districts)
<b>Period</b>	January to December 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>• 70 permanent latrines were built in 7 villages, serving 3,168 people</li> <li>• 10 hand pumps and 2 membrane filtration systems were installed in 7 villages, catering to at least 4,000 people in the area</li> <li>• Hygiene awareness campaign and 3,093 hygiene kits distributions to 10 villages to curb flood-related diseases</li> </ul>
<b>Projected Budget</b>	USD 1 million (co-shared with other health initiatives)

## Background

The period between June to September is Pakistan's southwest monsoon season. Half of the annual rainfall is concentrated in July and August, caused by the 2010 and 2011 floods. The 2011 Sindh flood affected a total of 9.27 million people and had reported 520 deaths. The flood hit a total of 14,091 km<sup>2</sup> of Sindh, with some areas submerged for months. The slow recovery due to the lack of gradient in Sindh's landscape and poor irrigation; further delayed help to the affected population-suffering issues of poor health and sanitation, lack of clean water access, mobility, food, shelter and less income.

## MERCY Malaysia efforts

MERCY Malaysia reached out to three districts in Sindh; namely Badin, Mirpukhas and Umerkot. Our assessment showed that the main issue is the severe lack of safe water sources and the lack of amenities for collecting and storing water. The WASH Project consists of the construction of proper sanitation, clean water access and hygiene awareness campaigns for the villagers of those districts.

Over 70 permanent latrines with double septic tanks were built in 7 villages by each targeted family, agreed standards following by community training on hygiene and maintenance. The concrete structures are built to last through floods and post flood climates.

MERCY Malaysia addressed the communities' need for a safe water source with the provision of 10 hand pumps which were installed with greater depths for cleaner underground water and using 2 membrane filtration systems in 7 villages. This water project will ensure at least 4,000 people from the targeted

area will have clean water access, even during flood seasons and further reducing risks of water-related diseases.

In addition, health education sessions were conducted where MERCY Malaysia distributed 3,093 hygiene kits in 10 villages.



Villagers help to install the Hand Pump

# Philippines



<b>Project</b>	Emergency Response – Tropical Storm Washi (Sendong)
<b>Objectives</b>	To provide immediate primary healthcare services to those affected by Tropical Storm Washi
<b>Project Partners</b>	Bureau of Fire Protection Region Northern Mindanao
<b>Activities</b>	Outreach Clinics: <ul style="list-style-type: none"> <li>• Medical consultations</li> <li>• Dispensing of medication</li> <li>• Referrals to the regional hospital</li> </ul>
<b>Location</b>	Cagayan De Oro City
<b>Period</b>	6 January 2012 to 23 February 2012
<b>Accomplishments</b>	2065 patients were treated in eight evacuation centres
<b>Projected Budget</b>	USD50, 000

## Background

Tropical Storm Washi, known locally as Sendong, swept across the Northern Mindanao region from 16 to 18 December 2011, bringing strong winds and heavy rains causing massive flooding, flash floods and landslides. The hardest-hit areas were in the cities of Iligan and Cagayan de Oro, where many houses were swept to sea. Most of the dead were swept away while they slept when floodwaters tore through their homes, following 12 hours of torrential rain.

Many families were displaced in the aftermath of Tropical Storm Washi, with their land by the river banks, being declared no-build zones.

## MERCY Malaysia efforts

On 6 January 2012, MERCY Malaysia deployed an assessment team to Cagayan De Oro, to get more information on the disaster, establish networks and contacts, plan for intervention and immediately respond to the current needs of the community.

MERCY Malaysia in collaboration with the Department of Health and the Bureau of Fire Protection, identified eight evacuation centres in need of primary healthcare services. MERCY Malaysia deployed a total of four medical teams, over a period of six weeks to conduct weekly outreach clinics at each of the eight evacuation centres.

The high price of medication for families who have lost assets and their livelihoods, coupled with high risk living conditions, meant it was vital for them to have access to free health services. MERCY Malaysia encountered individuals with many symptoms pointing to possible psychological issues caused by the disaster. In line with local health authority guidelines, on the management of the leptospirosis outbreak in evacuation centres, MERCY Malaysia provided doxycycline prophylaxis to prevent infection in high risk individuals due to the possibility of an outbreak of malaria.



Medical consultation at Puntod Evacuation Centre



MERCY Malaysia volunteer, Dr. Yakub visiting disabled evacuees



# Philippines



<b>Project</b>	Psychosocial Skills Training for Humanitarian and Community Workers in response to Tropical Storm Washi (Sendong)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To further equip local psychosocial responders with the necessary skills to conduct more in-depth psychosocial interventions in the event of future disasters</li> <li>To train local psychosocial responders with the knowledge and skills to in turn, train and equip their own organisations to be better prepared in responding to the psychosocial needs of the affected communities in the future</li> <li>To strengthen the provision of psychosocial support in the aftermath of Tropical Storm Washi, especially since many will continue to be placed in transitional shelters while awaiting new areas to be designated for the relocation of their homes</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>World Health Organisation (WHO)</li> <li>Department of Health Region X (Region Ten)</li> <li>City Health Office Region X (Region Ten)</li> </ul>
<b>Activities</b>	3-day psychosocial training in 2 cities
<b>Locations</b>	Cagayan De Oro City and Iligan City
<b>Period</b>	28 March to 4 April 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>76 humanitarian and community workers (38 in each city) who completed the 3-day training sessions</li> <li>76 participants from the various organisations who are equipped to share the knowledge gained through the trainings with their colleagues, partners and other relevant agencies</li> <li>A ready pool of 76 trained personnel to respond to the psychosocial needs of the affected communities in the event of future disasters</li> <li>76 trained personnel who continue to serve those affected by Tropical Storm Washi throughout the recovery and rehabilitation phase</li> </ul>
<b>Projected Budget</b>	USD9,200

## Background

Many of the communities who were displaced as a result of Tropical Storm Washi, remained in evacuation centres and transitional camps for many months while awaiting the completion of the permanent relocation sites. Many of those displaced had lost loved ones during the disaster. All these combined factors had taken a toll on the psychosocial well-being of the affected communities. As a continuation to MERCY Malaysia's emergency relief efforts, the team identified the need to develop local capacity, specifically in the field of psychosocial services.

## MERCY Malaysia efforts

In order to better prepare the communities themselves to respond to the psychosocial needs during future disasters, MERCY Malaysia conducted two three-day training sessions in Cagayan de Oro City and Iligan City, with participants from relevant local government agencies and local humanitarian agencies.

The training module was specially designed by MERCY Malaysia's psychosocial team with a special focus on preparing the frontline healthcare and humanitarian workers. They will respond to the current psychosocial needs of the affected communities, as well as future psychosocial needs in the event of disasters. The disaster cycle, psychosocial first aid, working with vulnerable groups, play activities with children, grief counselling, burnout

and self-care among humanitarian workers were among the topics covered during the training.

The training session also served as a platform for the representatives of the various organisations and agencies to share their experiences with each other.



MERCY Malaysia ExCo member, Dr. Hariyati conducting the 3-day psychosocial training programme

# Philippines



<b>Project</b>	Emergency Response – Typhoon Bopha (Pablo)
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To carry out an assessment on the immediate needs of the affected communities</li> <li>To assess the medium to long term recovery needs of the communities and the health system</li> <li>To provide primary healthcare services to the unreached affected communities in the rural barangays (villages)</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>The Diocese of Tagum</li> <li>The Diocese of Mati</li> <li>Department of Health Region XI (Region Eleven)</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Needs assessment</li> <li>Health Screening</li> <li>Provision of primary healthcare services</li> <li>Health surveillance</li> </ul>
<b>Locations</b>	<ul style="list-style-type: none"> <li>Laak, Monkayo, Nabunturan and Mawab – Compostela Valley</li> <li>Cateel – Davao Oriental</li> </ul>
<b>Period</b>	14 December 2012 to 29 January 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>28 medical outreach clinics</li> <li>8,505 beneficiaries treated</li> </ul>
<b>Projected Budget</b>	USD32, 000

## Background

Typhoon Bopha made landfall in Mindanao on 4 December 2012, causing massive damage across 3,064 barangays (villages) in 34 provinces. The typhoon affected more than 6,243,998 people (711,682 families), leaving the majority of them homeless and without any means of making a living, as almost all agricultural produce in the affected areas were destroyed. The estimated cost of the disaster now stands at PHP 2 billion (USD 49 million). The worst affected provinces were Compostela Valley and Davao Oriental of Region XI (Region Eleven).

## MERCY Malaysia efforts

MERCY Malaysia deployed an assessment team on 14 December 2012, to identify the needs and gaps in the health sector. The team observed that there were many medical teams working in the town areas of the affected provinces, but few were conducting clinics in the more isolated barangays.

MERCY Malaysia deployed three medical teams to serve the affected communities in the interior barangays of Compostela Valley and Davao Oriental. The teams conducted medical outreach clinics in Compostela Valley, in-partnership with the Diocese of Tagum and the Diocese of Mati.

The immense damage to houses and crops caused by Typhoon Bopha left communities without proper shelter, access to healthcare, food, clean water and sanitation. MERCY Malaysia continues to assess the evolving needs especially in the Mental Health and Psychosocial Support (MHPSS) and Water, Sanitation and Hygiene (WASH) sector.

The medical teams conducted a total of 28 medical outreach clinics over a duration of 7 weeks, serving more than 8,505 people.



Dr. Yeoh Yeng Ling checking a young beneficiary's breathing at the evacuation centre



A MERCY Malaysia volunteer, nurse Rozaine Abdullah dressing a beneficiary's wound

# Philippines



<b>Project</b>	Building Community Capacity for Disaster Resilience: Disaster Risk Reduction and Management Project in Benguet Province, Luzon
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To build a culture of disaster preparedness and resilience among communities in Northern Luzon</li> <li>To strengthen the multi-stakeholder partnerships between local government and communities towards effective Disaster Risk Reduction (DRR) management</li> </ul>
<b>Project Partners</b>	Community and Family Services International (CFSI)
<b>Activities</b>	<ul style="list-style-type: none"> <li>Implementation of Community Based Disaster Risk Reduction and Management (CBDRRM) projects</li> <li>Project learning</li> </ul>
<b>Locations</b>	Sitio Poblacion Proper, Bokod, Benguet, Philippines
<b>Period</b>	October 2011 to May 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>A Contingency Plan Formulation Workshop was implemented with support from the Office of Civil Defense</li> <li>Two contingency plans were developed; one at the municipality level and another at the barangay (village) level during the Contingency Plan Formulation Workshop and disseminated to the community</li> <li>A simulation exercise was carried out for the villagers</li> <li>All selected CBDRRM activities were implemented: <ul style="list-style-type: none"> <li>Reforestation seedling nursery</li> <li>Road signage on disaster risk reduction</li> <li>Purchasing of rescue and response equipment (safety boots, spine board, heavy duty gloves, neck brace, fire extinguisher, first-aid kit, generator)</li> <li>Disaster Risk Reduction Information Education Communication (IEC) materials (Posters and Brochures)</li> </ul> </li> <li>A Project learning workshop was carried out with 19 community members</li> </ul>
<b>Projected Budget</b>	USD 44, 239

## Background

The Philippines is one of the most disaster-prone countries in the world, according to the United Nations International Strategy for Disaster Reduction (UNISDR). From September to October 2009, three of the 22 annual cyclones which struck the country – Ketsana, Parma and Ramil – destroyed over 50 billion Philippine pesos (US\$ 900 million) worth of assets, killed hundreds and affecting millions through extensive flooding and landslides. MERCY Malaysia raised funds to help the relief and recovery efforts for the victims.

In 2011, MERCY Malaysia established a partnership with the 'Community and Family Services International' to move forward with disaster risk reduction and disaster preparedness efforts in Philippines.

## MERCY Malaysia efforts

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

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



A participant during the project learning workshop



Reforestation seedling nursery



# Somalia



Project	Child Friendly Space
Objectives	To provide basic education for children of the Internally Displaced People (IDP)
Project Partners	Muslim Aid Somalia
Activities	Teaching basic education
Locations	Madina, Wadajir District, Mogadishu
Period	January to December 2012
Accomplishments	The number of children attended increased from 90 to 140
Projected Budget	USD3, 000

## Background

The Child Friendly Space was created to provide the children of Internally Displaced People (IDP) in Mogadishu, a safe space for them to play and develop, both mentally and socially while their parents are focused on their livelihood activities. The Centre also provides basic education for these children: an estimated 1.8 million children between the ages of 5 and 17 years of age, do not have the opportunity to receive proper education in Somalia, even before the civil war had begun.

## MERCY Malaysia efforts

In January 2012, MERCY Malaysia in collaboration with Muslim Aid Somalia, reconstructed a space specifically for the IDP children, called the Child Friendly Space in Madina, Wadajir District, Mogadishu, Somalia.

Following an assessment of the area, it was found that a specific space was needed for the IDP children, a space that was not only safe for the children to play in, but also able to provide the basic education needs of these children. Initially, there were 90 children in the programme when it was launched. Since then, the number has steadily increased, now the sessions are divided into two sessions; morning and evening to meet demand.

At the end of 2012, the Child Friendly Space was moved to a larger area to cater to the needs of the growing number of children at the centre. Currently, the centre can accommodate up to 140 children, MERCY Malaysia intends to continue to support the project for at least another year.

We are pleased to announce most of the children who have attended the classes at the Child Friendly Space, are able to successfully integrate into the Somali education system.



Children enjoying learning with MERCY Malaysia Vice President II, Tn. Hj. Norazam at the Child Friendly Space



Students focused on the learning sessions



# Somalia



<b>Project</b>	Health Centre (HC) Service
<b>Objectives</b>	To provide free essential healthcare service to the communities in Mogadishu
<b>Project Partners</b>	Aden Abdulle Foundation (AAF)
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Primary healthcare</li> <li>• Hygiene promotion</li> <li>• Health education</li> </ul>
<b>Locations</b>	Towfiq, Yaqshid – Bendair Region, Mogadishu
<b>Period</b>	January to December 2012
<b>Accomplishments</b>	A total of 24, 946 patients were treated throughout 2012
<b>Projected Budget</b>	USD260, 000

## Background

The Yaqshid district is one of the biggest districts in Benadir region of Mogadishu, it is located 10 km north east of Mogadishu, the Capital of Somalia. The current population consists of local residents, returning refugees (returnees) and internally displaced people (IDP). It is estimated at 200,000 people and the number is growing. The limited health facilities in the area have prompted Health Cluster, World Health Organisation (WHO) and Somalian Ministry of Health to request MERCY Malaysia to continue their health service projects in Yaqshid.

## MERCY Malaysia efforts

The Health Centre (HC) has been in operation since January 2012, in partnership with a local NGO named Aden Abdulle Foundation (AAF), which is located in an old school building in Yaqshid. The centre provides primary health care and hygiene promotion, child immunisation and health education a referral system for complicated cases to the hospitals in the Banadir region. The Health Centre receives approximately 80 to 90 patients each day.

MERCY Malaysia obtained strong support from WHO, which has provided 60% of the medical supplies for the last 8 months. The HC is working closely with the Health Cluster, WHO and the local Somalian Ministry of Health, continues to play a key role in providing healthcare services to the community and returnees in Yaqshid districts. Based on the medical evaluation report, the most common diseases in the area include urinary tract infection, skin infection and anaemia. MERCY Malaysia served a total of 24, 946 patients throughout the year. The community still faces a huge shortage of health facilities, currently there are only 3-4 health facilities serving this growing population.



Mothers waiting their turn for a check-up

# Sri Lanka



<b>Project</b>	Outreach Clinics in Jaffna District, Sri Lanka
<b>Objectives</b>	To address the immediate health and hygiene needs of returning Internally Displaced Persons (IDPs) in the resettled communities through outreach mobile clinics
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>• Consortium of Humanitarian Agencies (CHA)</li> <li>• Sri Lankan Red Cross (SLRC)</li> <li>• Ministry of Health, Sri Lanka</li> <li>• World Health Organisation (WHO)</li> <li>• Regional Director of Health Services (RDHS)</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Mobilisation of fully equipped mobile clinics</li> <li>• Education and awareness programmes on nutrition and hygiene</li> </ul>
<b>Locations</b>	Allaipiddy village of Velanai DS Division Kaddaikkadu, Uduththurai, Kervil and Mamunai villages of Maruthenkerny AGA division
<b>Period</b>	January 2012 to February 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>• Reached a total of 15,939 patients in the area</li> <li>• Referred 413 cases to major hospitals</li> <li>• A total of 8 physicians, 1 pharmacist, 1 female nurse, 1 field assistant and 25 volunteers participated</li> </ul>
<b>Projected Budget</b>	USD116, 319

## Background

Sri Lanka has been affected by the civil conflict for 26 years, until 2009. The war claimed the lives of many innocent civilians and displaced many more communities. Resettlement activities for the Internally Displaced Persons (IDPs) are in progress, but there is an acute need to develop a sustainable healthcare system in these areas. Proper medical care was scarce in the affected villages, due to years of abandonment and conflict.

Since 2009, MERCY Malaysia has collaborated with other organisations to provide medical aid for the community living in IDP camps in Menik Farm, Vavuniya. Our efforts continued even after the Government announced the resettlement initiative, allowing the community to return to their respective villages in the Northern Province. MERCY Malaysia's mobile clinics provided muchneeded medical attention and assistance in the resettlement areas.

## MERCY Malaysia efforts

In 2012, MERCY Malaysia continued its mobile clinics programme to reach five villages in the Velanai and Maruthenkerny AGA divisions, treating a total of 15,939 patients and referring 413 cases to nearby hospitals. Last year, acute upper respiratory syndrome was reported as the most prevalent disease in the five areas, followed by muscular skeletal pain.

Eight physicians, one pharmacist, one female nurse, one field assistant and 25 volunteers participated in this project, it has also garnered positive support from government representatives. The project was concluded in February 2013, and MERCY Malaysia provided medical cards on diagnosis and treatments to patients to bring along when visiting nearby hospitals to highlight their medical complaints.



MERCY Malaysia volunteer, Sister Che Tah assessing the medical methods taken by the local pharmacists



Interview conducted on the efficiency of clinic and medical care for patients after the clinic

# Sri Lanka



<b>Project</b>	Water, Sanitation and Hygiene (WASH) Project in the Jaffna District, Kopai Divisional Secretariat Division
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To provide access to proper sanitation facilities for the Internally Displaced Person (IDP) community living in welfare centres</li> <li>To minimise the risk of communicable disease outbreaks in the community due to poor sanitation facilities</li> </ul>
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>Consortium of Humanitarian Agencies (CHA)</li> <li>Regional Directorate of Health Services in Jaffna, Sri Lanka</li> <li>Kopay Divisional Secretariat</li> <li>On Tech Builders of Jaffna</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>Repair and renovation of latrines and tube wells</li> <li>Repair of doors and roofs for toilets</li> </ul>
<b>Locations</b>	Kopay Divisional Secretariat Division (3 villages: Selvapuram, Yogapuram and Krishnakovally)
<b>Period</b>	October to December 2012
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>2 latrines fully repaired</li> <li>9 latrines renovated</li> <li>1 toilet pit repaired</li> <li>11 tube wells rehabilitated</li> <li>Proper sanitation access for over 300 people from 80 families</li> <li>Reduced risks of communicable diseases</li> </ul>
<b>Projected Budget</b>	USD54, 267

## Background

Besides proper medical care, the community living in the resettled villages also lack proper sanitation facilities. Upon conferring the issue with the Assistant Director of Planning, Kopay Divisional Secretariat Division, it was decided that the welfare centres in Urumpai South have the most WASH needs. With 70% of the latrines and all the tube wells which were built in the 1990s, were damaged and rendered unusable by the community.

## MERCY Malaysia efforts

Recognising the need to renovate the damaged sanitation facilities, MERCY Malaysia collaborated with other organisations to conduct the much-needed repair work on latrines and tube wells. Two latrines were fully repaired, while nine others were renovated. Additionally, one toilet pit was repaired and 11 tube wells were refurbished. Following the renovation, over 300 people from 80 families have benefited from access to proper sanitation and have reduced risks of communicable diseases.



*Latrine before repair*



*A new look latrine*



# Sri Lanka



<b>Project</b>	Psychosocial Programmes in the Jaffna District
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To implement relevant interventions by developing the capacity of youths volunteers on psychosocial programmes in selected villages</li> <li>To create core groups in four resettled locations in the Jaffna district, where medical programmes are being implemented</li> </ul>
<b>Project Partners</b>	Consortium of Humanitarian Agencies (CHA)
<b>Activities</b>	<ul style="list-style-type: none"> <li>Training and capacity building programmes</li> <li>Direct Interventions by Psychosocial Core Group in the villages</li> </ul>
<b>Location</b>	Jaffna District
<b>Period</b>	July 2012 to February 2013
<b>Accomplishments</b>	<ul style="list-style-type: none"> <li>3 training sessions on basic counselling skills and techniques for community psychosocial workers</li> <li>Creation of four core groups to work with conflict-affected people</li> <li>Coordination with government on psychosocial programmes</li> <li>Distribution of handouts and reading material on psychosocial awareness and services</li> <li>Formation of a database of psychosocial resources and patient records</li> </ul>
<b>Projected Budget</b>	USD12,533

## Background

After the successful implementation of outreach medical programmes for over the last two years, following the conflict and tsunami affected Jaffna District: MERCY Malaysia identified the need for psychosocial interventions in the villages where primary medical support was provided. Records showed a number of patients with psycho-somatic complaints seeking psychosocial interventions.

## MERCY Malaysia efforts

The psychosocial programme was carried out for five months as part of the health programme in the Jaffna district in 2012. The key aim of the programme was to implement relevant interventions by developing the capacity of youth volunteers in each village. They were motivated and supported to be effectively involved in educating the community and to support the people for referrals and follow ups.

A series of training sessions were conducted for core group members and upper level staff, who are working in the field of psychosocial and mental health in the Jaffna district. Several topics were covered in the training, including the disaster recovery cycle, neuropsychiatric signs and symptoms, development of psychosocial education materials and managing stress and burnout among staff. The topics were presented in an interactive methods, such as role-play, group work and simulations.



Volunteers putting up the MERCY Malaysia project sign board



A 3-day psychosocial training programme conducted by Dr. Hariyati, a MERCY Malaysia ExCo member



# Sudan



<b>Project</b>	Basic Health Centre in the Zam Zam IDP Camp
<b>Objectives</b>	To improve the healthcare of Internally Displaced People (IDPs) and to reduce the morbidity and mortality rates among the community
<b>Project Partners</b>	<ul style="list-style-type: none"> <li>• WHO</li> <li>• UNFPA</li> <li>• HAC</li> <li>• UNICEF</li> <li>• WES</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Primary healthcare services</li> <li>• Reproductive health services (including pre and post-natal consultations)</li> <li>• Tuberculosis awareness programme and treatment corner</li> <li>• Health education and common diseases and prevention</li> <li>• Referral cases to El-Fasher Hospital</li> </ul>
<b>Location</b>	North Darfur
<b>Period</b>	January to December 2012
<b>Accomplishments</b>	83, 404 patients were consulted throughout the year
<b>Projected Budget</b>	RM1, 023, 000
<b>Funder</b>	PETRONAS

## Background

The internal armed conflict in the Darfur region of Sudan started in 2003, led to a state of emergency in the Darfur region. It was tagged by the United Nations as the “world’s greatest humanitarian crisis”.

As a result of the conflict, a major humanitarian crisis emerged, with population displacements and the suspension of most livelihood activities. The conflict forced hundreds of thousands of people – mostly farmers and villagers, to flee from their original places of residence to camps or other villages for both safety and to meet their basic needs. Due to the conflict, an estimated 1.9 million people are living in displacement camps in Darfur.

In 2004, an estimated 2.7 million people were affected by the war. This resulted in hordes of communities being driven out of their homes and displaced within the Greater Darfur Region or other villagers for safety. About 200,000 refugees also fled across the border into neighbouring Chad.

In 2009, the government expelled 13 international agencies from Sudan and three local agencies from Darfur. Although violence has fallen from the levels seen in 2003 and 2004, fighting escalated again in 2010 and 2011, forcing tens of thousands more people to flee their homes.

## MERCY Malaysia efforts

Since 2008, a Basic Health Centre was established in the Zam Zam Camp to serve the IDP population in the area, to improve health care and to reduce the morbidity and mortality rate

among the affected community. The project was made possible by a grant from the Malaysian Ministry of Foreign Affairs (MOFA) and the generous funder, PETRONAS Berhad.

The basic health centre is currently operated by local staffs comprising of 1 doctor, 5 Medical Assistants, 13 health support staff and 16 non-medical support staff. The clinic provides free consultations and free medication to IDPs in the catchment area. MERCY Malaysia was involved in supporting the 24-hour emergency services, with night referrals to El Fashier Hospital, through coordinated efforts among active partners (UNFPA, RI and Plan Sudan).



Patients waiting their turn for a primary health check up

# Thailand



Project	WASH Project – Water Filtration System for flood affected communities
Objectives	To provide clean drinking water to communities affected
Project Partners	<ul style="list-style-type: none"> <li>Rural Elderly Entrepreneurship Development Association (REEDA)</li> <li>Foundation for Older Persons Development (FOPDEV)</li> <li>The Provincial Red Cross of Chainat</li> </ul>
Activities	Built water filtration systems in two provinces
Locations	Chainat and Singburi provinces, Bangkok
Period	May to August 2012
Accomplishments	11 water filter systems were installed in 11 villages (6 in Chainat and 5 in Singburi)
Projected Budget	USD38, 000

## Background

The worst flood affecting Thailand in recent times, caused over 800 deaths and affected 13.6 million people. The flood was caused by heavy monsoon and tropical storms, and struck the heartland area of Bangkok in July 2011 and lasted until January 2012. More than two-thirds of the country (77 provinces and over 20,000 square kilometers of farmland) along the Mekong and Chao Phraya River were flooded and declared as flood disaster zones.

## MERCY Malaysia efforts

Based on assessments made by the MERCY Malaysia team, it was determined that the community needed access to clean drinking water as a priority. MERCY Malaysia in partnership with REEDA, FOPDEV and the Provincial Red Cross of Chainat engaged in a post-flood recovery project providing water filtration systems for the worst affected villages in the Singburi and Chainat provinces. A total of 11 water filtration systems were installed in public areas of the villages: 6 in Chainat and 5 in Singburi. The water filtration systems were officially handed over to the community on 10 August 2012. MERCY Malaysia continues to work with the local community on the maintenance and quality of the systems.



One of the water filtration systems that was installed in one of the villages



A community member collecting some clean water from the filtration system for her household

## EVENTS & TRAINING



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



## HRH Raja Nazrin Shah Lecture Series 2012

History was created once again in MERCY Malaysia's timeline, we have organised the first ever annual Humanitarian Lecture Series, "HRH Raja Nazrin Shah Lecture Series 2012" with the theme: "The Role of Regional Networks in Humanitarian Aid".

The 12th Secretary General of ASEAN, His Excellency Dr. Surin Pitsuwan was invited as the first honorary speaker for this five-year lecture series. The HRH Raja Nazrin Shah Lecture Series will feature renowned speakers from the humanitarian arena, to promote and enhance the importance of humanitarianism across the region.

The half-day lecture series was officiated by HRH the Regent of Perak, Raja Dr Nazrin Shah Ibni Sultan Azlan Muhibuddin Shah, the lecture was held at the Royale Chulan Hotel, in Kuala Lumpur on 20 October 2012 and was attended by more than 150 participants and delegates. The objective of the lecture series is to provide an environment to exchange ideas and best practices in order to create greater awareness and understanding on the key issues facing the international humanitarian sector.

According to H.E. Dr. Surin Pitsuwan, the success of humanitarian aid revolves around the sharing of knowledge, new ideas and innovative mechanisms for knowledge sharing with each other to make our work in the humanitarian arena more successful. Networks clearly have a wide range of applications in the humanitarian sector; hence a stronger and sustainable network within the ASEAN region is much a needed advance for regional organisations and partners.



Welcoming remarks by Dato' Dr. Ahmad Faizal Mohd. Perdaus, the President of MERCY Malaysia



Dr. Surin Pitsuwan, the 12<sup>th</sup> Secretary General of ASEAN delivering his speech



Dr. Surin Pitsuwan, HRH Raja Dr. Nazrin Shah, and Dato' Dr. Ahmad Faizal watching the Sabah Mission video before the lecture started

## Annual Fundraising Dinner 2012

The Annual Fundraising Dinner was successfully held on 9 November 2012, at Hilton Hotel, Kuala Lumpur. The dinner was graced by HRH, the Regent of Perak, Raja Dr Nazrin Shah Ibni Sultan Azlan Muhibuddin Shah and HRH, Raja Puan Besar Perak, Tuanku Zara Salim. The theme of the evening, "Save Tomorrow's Generation Today" was chosen to highlight the plight of vulnerable children in Malaysia and around the world.

The events saw the launch of MERCY Malaysia's new individual-focused fundraising campaign - 'Seringgit Sehari', a microsite with the tagline *Seringgit Sehari: A ringgit a day goes a long way*. The donor microsite promotes the spirit of "giving back" among Malaysians by providing an easy platform for them to donate on a regular basis to the beneficiaries of MERCY Malaysia. The dinner was attended by the MERCY Malaysia Board of Trustees, ExCo members, long-term partners, donors, core volunteers, MERCY Malaysia secretariat and special guests from Yayasan Chow Kit (formerly known as Rumah Nur Salam).

A profit of RM 111,600 was successfully collected from the sale of more than 50 tables, merchandise items and donations: all were channelled to the MERCY Malaysia Humanitarian Fund. The night was enhanced by wonderful performances from local artistes, presentations of MERCY Malaysia mission videos, acknowledgement of ExCos and recognition to MERCY Malaysia's various project partners for their contribution and support of the organisation and its work.



Uncle Buttons the Clown entertaining children from Yayasan Chow Kit



Opening gambit by the Citra Sari dancers



The launch of Seringgit Sehari microsite by the HRH Raja Dr. Nazrin Shah the Regent of Perak accompanied by the MERCY Malaysia President, Datuk Dr Ahmad Faizal and MERCY Malaysia Hon Secretary, YM Raja Riza



## Volunteer Appreciation Day 2012

The annual MERCY Malaysia Volunteer Appreciation Day was held on 8 December 2012, at Doppel Café, Central Market Annexe, Kuala Lumpur in honour of MERCY Malaysia's dedicated volunteers. This event aims to increase awareness among the general public on the contribution make MERCY Malaysia's volunteers make to society. The theme 'The Art of Volunteering', was chosen to showcase the creativity and commitment of our volunteers, in their generosity and altruism to a difference.

During the event, MERCY Malaysia launched a competition for volunteers in conjunction with the promotion of MERCY Malaysia's newest donation drive "Seringgit Sehari". Volunteers who succeeded in obtaining the most sign-ups for the monthly pledge, stood a chance to win attractive prizes.

Volunteers and staff enjoyed the performances by local artists, lucky draws and various fun activities. Eight special awards for the longest serving volunteers and groups were presented in appreciation of their services and commitment to MERCY Malaysia. The half-day event strengthened the bonds between volunteers and staff, who have been working together over the years in both domestic and international missions, serving beneficiaries around the globe.



*Dato' Dr. Ahmad Faizal, President of MERCY Malaysia and Ahmad Faezal, Acting Executive Director together with some of the long serving volunteers*



*Volunteers watching a performance during the event*



*Acting Executive Director, Ahmad Faezal mingling with volunteers*



*Volunteer Management Officer, Collin talking about the 'Seringgit Sehari' competition*

## Basic Life Support (CPR And First Aid)

### Objective

- To teach 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 loss of life by applying lifesaving skills.

### Content of Training

- Introduction to Basic Life Support
- CPR Demonstration
- Practical session
  - 1-man CPR
  - 2-man CPR
  - Adult Choking
  - Infant Choking
  - Infant CPR
- Practical Exam
- Airway Station
- First Aid Station

### Venue

MERCY Malaysia HQ, Dayabumi, Kuala Lumpur

**Date:** 17 and 18 November 2012

**Number of Participants:** 18

**Project partner:** Sungai Buloh Hospital



A facilitator from Sungai Buloh Hospital demonstrating the Heimlich manoeuvre to prevent adult choking



MERCY Malaysia Volunteer Programme Officer practicing the Heimlich manoeuvre



MERCY Malaysia Head of Relief Operations, Eddy Hew practicing the one-man CPR on a mannequin



## 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 Malaysia's medical humanitarian aid and relief programmes.
- To obtain feedback from volunteers on their expectations and concerns.
- To develop a compassionate and professional team of volunteers.

### Venue

**MERCY Malaysia HQ, Dayabumi, Kuala Lumpur**

**Period:** February to November 2012

**Number of Participants:** 205 (73 medical, 121 non-medical, 11 student)

### Sabah Chapter Office

**Date:** 11 to 12 May 2012

**Number of Participants:** 29 (15 Medical, 13 Non Medical)



*Volunteer Management Officer, Collin Abel Nathan conducting the programme*



*Group photo of participants with some MERCY Malaysia staff at the end of a VIP in March 2012*

## Basic Mission Training (BMT)

### Objective

- To develop committed relief workers
- To promote understanding of relief work, operations and volunteer roles and responsibilities
- To develop basic skills and knowledge that can be applied on a mission or as a general knowledge
- To build mental strength and commitment when going on a relief mission in disaster struck areas
- To promote team spirit and leadership qualities under trying conditions.

### Venue

**Pusat Latihan Pasukan Gerakan Am (PLPGA), Ulu Kinta, Perak**

**Date:** 27 to 29 April 2012

**Number of Participants:** 36 (Medical 23, Non-Medical 6, Staff 7)

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**Date:** 6 to 8 July 2012

**Number of Participants:** 20 (Medical 5, Non-Medical 9, Staff 5)

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**Date:** 2 to 4 November 2012

**Number of Participants:** 19 (Medical 8, Non-Medical 9, Staff 2)



*Group activity at night*



*Participants during one of the BMT modules*



*Participants, facilitators and trainers at the 1st BMT session of 2012*



## Volunteer Forum & Dialogue (VFD)

### Objective

- To network with fellow volunteers
- To discuss issues on good practices and issues faced by MERCY Malaysia volunteers
- To share experiences obtained during various projects and activities with MERCY Malaysia

### Venue

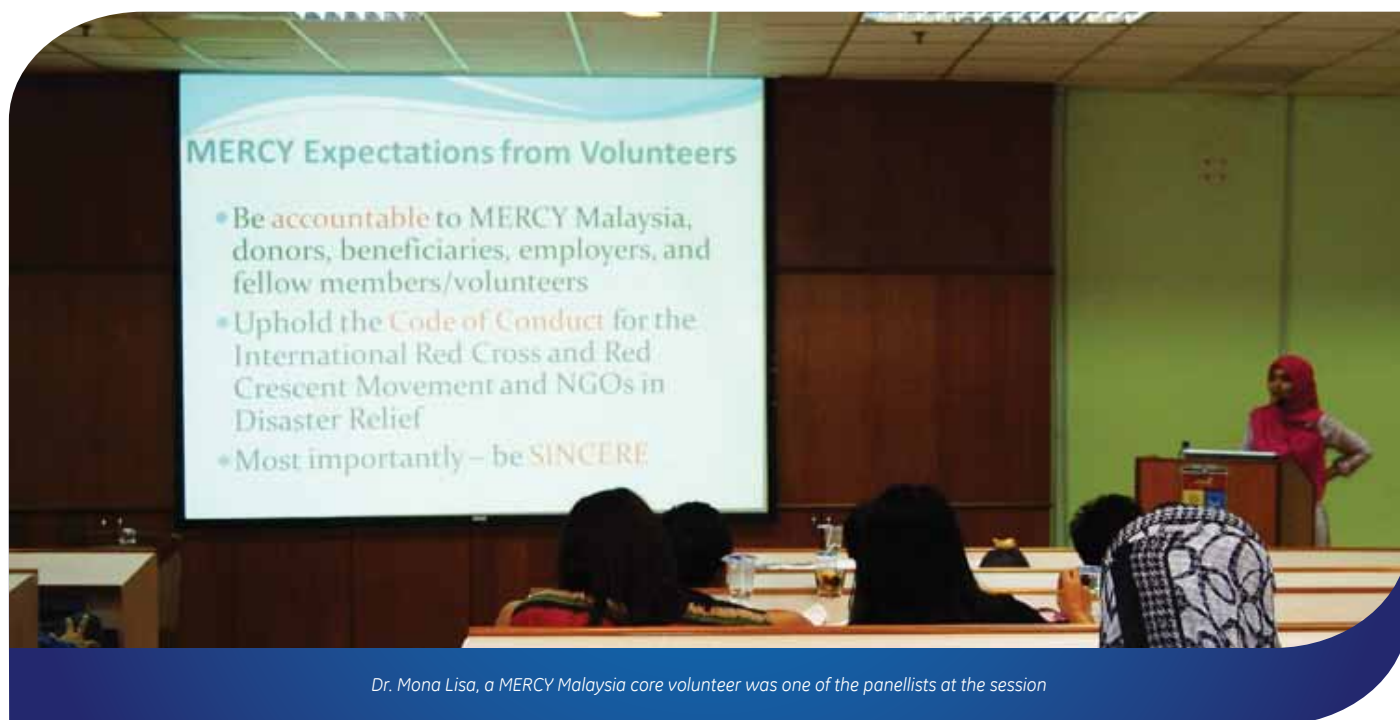
UKM Medical Centre, Cheras

Date: 6 October 2012

Number of Participants: 37 (Medical 13, Non-Medical 24)



Assoc. Prof. Dr. Ikram sharing his experiences on being a MERCY Malaysia ExCo member and volunteer



Dr. Mona Lisa, a MERCY Malaysia core volunteer was one of the panellists at the session

# Emergency Response Unit Field Training Exercise

## Objective

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

## Venue

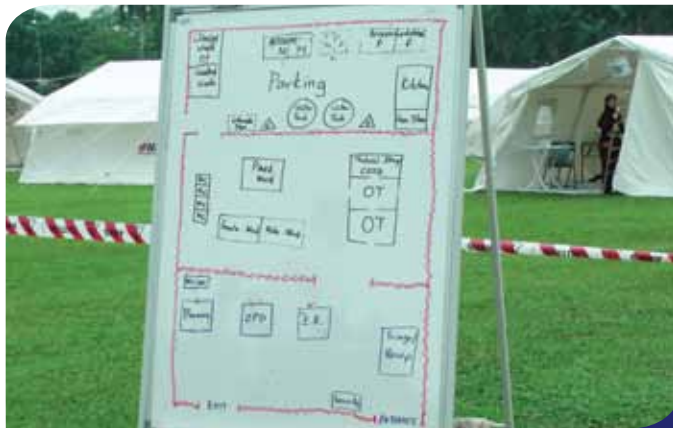
TNB, Integrated Learning Solution Sdn Bhd-ILSAS, Bangi

**Date:** 21 to 23 September 2013

**Number of Participants:** 41 (Medical 14, Non-Medical 27)



ERU Field Training Exercise was held from 21 to 23 September 2012 at ILSAS, Bangi



The layout of the ERU Field training campsite



MERCY Malaysia ExCo, Dr. Heng and volunteers simulating an operation during the emergency response



President of MERCY Malaysia, doing a demonstration



## Emergency Response Unit Lecture Series

### Objective

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

### Venue

UKM Medical Centre, Cheras

Date: 14 to 15 July 2012

Number of Participants: 32 (18 Medical, 18 Non-Medical)

UKM Medical Centre, Cheras

Date: 26 to 27 May 2012

Number of Participants: 24 (8 Medical, 16 Non-Medical)



Participants setting up the Pakistani tents as part of the lecture series module



Participants working together to put up a tent

## ACKNOWLEDGEMENTS



*'Alone we can do so little; together we can do so much.'*

-Helen Keller, American author,  
Political activist and lecturer.

She was also the first deafblind person to earn a Bachelor of Arts Degree.



In honour and remembrance

**Allahyarhamah Puan Zahrah Ya'acob**

Former MERCY Malaysia Executive Director  
(2011- 2012)

May the peace and blessings of Allah S.W.T. be upon you

Al-Fatihah

Her dedication and continuous support during her days in MERCY Malaysia has given us more strength and inspiration to carry on with our work in helping vulnerable communities

She will always be in our hearts.



# Secretariat as of May 2013

## SECRETARIAT

Ahmad Faezal Mohammed  
*Acting Executive Director*  
Nur Balkis Amairuddin  
*Corporate & Stakeholder Engagement Officer*  
Nurliyana Fatin Mohd Don Alfian  
*Corporate & Stakeholder Engagement Officer*  
Nur Aini Ahmad  
*Admin Assistant*

### Monitoring & Evaluation (M&E)

Yesotha Balakrishnan  
*M&E Officer cum Compliance Officer*

### Communications & Strategic Engagement

Eyasmin Sahul Hameed  
*Head of Department*  
Shazlira Hamzah  
*Senior Communications Officer*  
Zurina Ismail  
*Communications Officer*  
Norehan Salleh  
*Communications Officer*

### Fundraising & Events

Siti Zaliha Ibrahim  
*Acting Head of Department*  
Siti Aminah Jaafar  
*Fundraising & Event Officer*  
Suhaili Hassan  
*Fundraising Officer*  
Wan Nur Azlana Wan Azmi  
*Donor Management Assistant*  
Rosmawati Mamat  
*Donor Management Assistant*

### Finance

Mohd Azizi Othman  
*Head of Department*  
Noorazila Ahmad  
*Finance Officer*  
Mohd Ridwan Abu Bakar  
*Finance Officer*  
Ajengsyafa'atun Bisri  
*Finance Assistant*  
Nor Zuri Aziela Jamaluddin  
*Finance Assistant*

## OPERATIONS (ROD, DRR, VMD & LOGISTIC)

Robert John Simon Taylor  
*General Manager (Operational Support)*  
Mariam Jemila Zahari  
*ADRRN - Programme Officer*

### Relief Operations

Hew Cheong Yew  
*Head of Department*  
Mohammad Said Alhudzari Ibrahim  
*Deputy Head of Department*  
Saw Yu-Shen  
*Programme Officer*  
Nur Hilda Zamri  
*Programme Officer*  
Praveena Kalippan  
*Programme Officer*  
Nur Hayati Ahmad  
*Programme Officer*

### Logistic and Security Management

Raja Manickam Krishnasamy  
*Acting Head of Department*

### Health Department

Zaleha Ahmad  
*Health Coordinator*

### Volunteer Management (VMD)

Abdul Rahim Hj. Manja  
*Head of Department*  
Collin Abel Nathan  
*Volunteer Management Officer*  
Noor Ain Zaira Hasnan  
*Volunteer Management Assistant*  
Masniza Mustaffa  
*Chapter Liaison Officer*

### Disaster Risk Reduction (DRR)

Fathimath Nizam  
*Head of Department*  
Anisha Rachel Mathan  
*Programme Officer*  
Suria binti Junus  
*Programme Officer*  
Shahril Idris  
*Programme Assistant*

### Human Resource Management & Administration

Ratha Kaneson  
*Head of Department*  
Nur Badlizan Zahira Juhari  
*HR Officer*  
Siti Zaleha Abdullah  
*Procurement cum Admin Officer*  
Khairur Rijal Jamaluddin  
*Admin Assistant*  
Hasnizan Hashim  
*Dispatch cum Office Support*  
Sharifah Shafiqah Syed Toko Khairuddin  
*Receptionist cum Office Assistant*  
Sayidah Kamil  
*Office Assistant*

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

Ahmad Zaim Bin Mohd Ramly • Azli Bin Abd Latif • Fatini Izyan Bt Zulkifli • Jessica Wong Ming Shi • Lydiane Hamshire Anak Umbau  
Mohammad Fadzli Bin Saari • Mohd Abdul Luthfi Bin Abd Ajis • Mohd Hafizi Bin Osman • Mohd Syazwan Rahimy Bin Mohd Mokhtar  
• Neoh Siew Ping, Wendy • Safura Binti Manzur Elahi • Takako Izumi



## Field Office Staff

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

### AFGHANISTAN

#### ***Kandahar City Base Camp***

Fazal Umar Agha  
Khalil Ullah Mujaddadi  
Abdul Wali  
Abdul Rasheed  
Mohammad Sadiq  
Hazrat Wali

#### ***Comprehensive Health Centre***

Mohammad Hasham Agha  
Dr. Abdul Qahir Sadaat  
Dr. Mohammad Sabir Momand  
Fida Mohammad Sahar  
Mohammad Haroon  
Mohammad Dawood  
Ameer Jan  
Mohammad Karim  
Laili Kochai  
Ameena  
Anisa Umary  
Mohammad Saleem  
Mohammad Nadar  
Najla  
Bibi Fateema  
Bibi Sherina  
Bibi Raziah  
Bibi Gul Chera  
Sheer Mohammad

#### ***MERCY Little Caliph***

Ghulam Farooq Mujaddadi

### CAMBODIA

Hen Heang

### EGYPT

Ahmed Hosni Mahmode

### GAZA

Dr. Khamis El Essi

### INDONESIA

Azrim Mirza  
Richard Hotma Yoko Simanjuntak

### MYANMAR

Phyu Phyu

### PAKISTAN

Abdul Rauf Shah Muhammad

### SOMALIA

Yasir Mohamed Ahmed-Baffo

### SUDAN

Khartoum Liaison  
Mutasim Mohamed

#### ***El Fasher Base Camp***

Abderahman Zakaria  
Adam Mohamed Ismail  
Addalla Adam Abdalla  
Faethia Abdelrahman  
Majda Abdulsamad Adam

Mustafa Hassan Tiyrab

Yagoub Ismail Yagoub

#### ***Basic Healthcare Centre - Zam Zam***

Ali Ibrahim Ahmed  
Amena Kharif Adam  
Arafa Ibraim Jarar  
Bushara Bayn Awad  
Dr. Elshafee Abdulshafe  
Eltom Edrees Daleel  
Elzaki Abdalla Mohamed  
Farouq Adam Abdalla  
Fatima Abaker Ibrahim  
Ghurashi Rabeh Atteia  
Hanan Madani Elhag  
Hasaballa Mohamed Adam  
Hawa Ismail Omer  
Ibrahim Edrees Ahmed  
Ibrahim Mohamed Ahmed  
Laymon Ishag Khater  
Megbola Mohamed Elnour  
Mohamed Abdulmageed Ali  
Mohamed Ali Mohamed  
Mubarak Hugar Tuka  
Mubarak Mohamed Mater  
Najwa Osman Bukhary  
Nura Ahmed Adam  
Nura Suliman Ismail  
Roghaia Mohamed Hamid  
Samia Adam Maki

## MERCY Malaysia State Chapters

### Kelantan Chapter

#### **Chairperson**

Prof. Dr. Mohtar Ibrahim

#### **Secretary**

Mohd Amir Mohamed Haniffah

#### **Treasurer**

Prof. Dr. Saedah Ali

#### **Chapter Committee**

Dr. Nawaz Hussain Mohamed Amir  
Dr. Wan Azman Wan Sulaiman

### Johor Chapter

#### **Chapter Coordinator**

Noor Hayatti Ismail

#### **Secretary**

Dr. Wan Fadilah Wan Ismail

#### **Treasurer**

Dr. Abdul Rahim Abdul Yusoff

#### **Chapter Committee**

Dr. Sa'diah Atan  
Mohamed Nazrindi Alias

### Sabah Chapter

#### **Chapter Head**

Dr. Helen Benedict  
Lasimbang

#### **Secretary**

Margaret Chin

#### **Treasurer**

Adrian Lok

#### **Chapter Committee**

Justina Eddy  
Anita Malek

### Sarawak Chapter

#### **Chapter Head**

Alex Lai

#### **Secretary**

Dr. Safarina Joblee

#### **Treasurer**

Veronica Wong

#### **Chapter Committee**

Cheau Shin  
Jennie Soh

## Collaborations

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

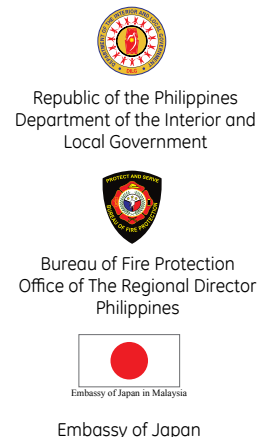
### Corporate



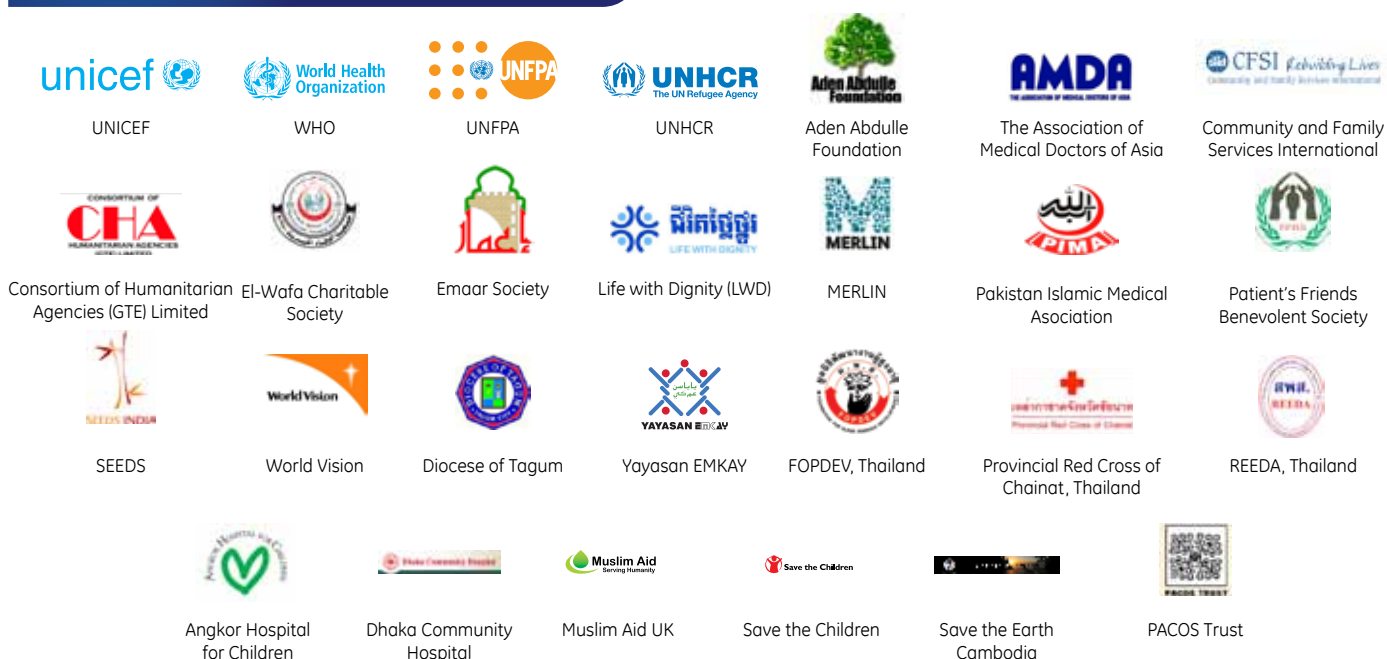
### Academic and Networking Institutions



### Embassies / Countries



### Organisations



## Society Members

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

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

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

### Life Members

Abd Aziz, Dr. • Abd Rani Osman, Dr. Hj. • Abdul Latiff Mohamed, Dr. • Abdul Malik Bin Abdul Gaffor, Dr. • Abdul Muin Ishak, Dr. • Abdul Rahim Abdul Majid • Abdul Rashid Mahmud, Major (R) Hj. • Abdul Razak K.V. Koya Kutty, Dr. • Abdul Wahab Bin Tan Sri Khalid Osman, Dr. • Abu Aswad Alhaji Joned • Adrian Lok • Afidalina Tumian • Ahmad Faizal Mohd Perdaus, Dato' Dr. • Ahmad Ismail • Ahmad Zaidi Ahmad Samsudin • Aishah Ali, Dr. • Aishah Binti N. Abu Bakar • Al-Amin Mohamad Daud, Dr. • Alex Lai • Aminudin Rahman Mohd. Mydin, Dr. • Amran Mahzan, Ir. • Anas Hafiz Mustaffa • Anita @ Ani Binti Abdul Malek • Aniz Aryati Kasim • Anuar Abdul Hamid, Major (R) Hj. • Ashar Abdullah, Dato' Dr. • Azah Harun • Azlin Hashima Mt. Husin • Azizah Arshad, Dr. • Azman Bin Zainonabidin, Ar. • Azmil Hj. Mohd. Daud, Hj. • Azry Mohd Ali • Badorul Hisham Abu Bakar • Balakrishnan a/l Amathelingam • Basmullah Yusof, Dr. • Benjamin Chai Phin Ngit • Bilkis Abd Aziz, Dr. • Chai Chin Pee • Che Tah Hanafi • Cheong Yee Tsing, Dr. • Damina Khaira • Dilshaad Ali Hj. Abas Ali, Dr. • Dzulkarnaen Ismail • Edward Hew Cheong Yew • Fairuz Ashikin, Dr. • Fara Suzeera Abdul Rashid • Farah Abdullah @ Farah Hamzah • Faridah Abu Bakar, Dr. • Faridah Akmar Ibrahim • Faridah Osman • Fatimah Mahmood • Fauziah Hj. Mohd. Hassan, Dr. • Fauziah Md Desa • Fawzia Hanoum Ariff • Fuziah Md Zain • Ghazali Abdul Wahab, Dr. • Gunalan a/l Palari @ Arumugam, Dr. • Habibah @ Norehan Haron • Hairul Othman, Dr. • Hasman Ibrahim • Hanafi Ramli • Hamzah Ismail, Dr. • Hanita Ramuy • Hariyati Shahrma Bt. A. Majid, Dr. • Harlina Mohamed Lani • Hasnah Hanapi @ Hanafi, Datin • Hasri Samion, Dr. • Helen Benedict Lasimbang, Dr. • Heng Aik Cheng, Dr. • Ho Tze Hock, Dr. • Humairah Samad Cheung, Prof. Dr. • Ibrahim Umbichi Moideen • Inderjeet Kaur, Rani • Jamilah Shaikh Mohd Jain • Jemilah Mahmood, Tan Sri Datuk Dr. • Jitendra Kumar a/l S.N. Tejani, Dr. • Justina Eddy • K. Sockalingam • Kamariah Mohamad Kontol • Kamarul Azahar Mohd Razali • Kamaruzaman Abdullah • Kamat Norit • Khairul Anuar Jaafar • Khairul Azman Md Khalid, Dr. • Krishna Kumaran A/L A. Ramasamy, Dr. • Kursiah M. Razali, Dr. • Lai Fui Boon, Dr. • Lau Seth Kiong • Liew Kiew Lian, Dr. • Lili Suriani Hj Mi'an • Lily Kartina Karim • Lim Eng Pitt • Lim Woi Meng (Jimmy) • Loh Sit Fong • Mahani Idris Daim, YBhg Toh Puan • Mahdzir Md. Isa • Mohd. Suhaيمي @ Sam Sulong, Major • Margaret Chin Pau Jin • Mariah Zainatul Maknun A. Zahidin • Mimi Iznita Mohamed Iqbal • Mohamad Ismail Ali, Dr. • Mohamad Ayof Bin Bajuri • Muhammad Hapis Bin Jamil • Mohamed Hatta Shaharom, Prof. Dr. • Mohamed Hawari Hashim • Mohamed Ikram Mohd Salleh, Assoc. Prof. Dr. • Mohamed Nazrine Alias • Mohd Hamzah Kamaruzaman, Dato Dr. • Mohd Khalit Bin Othman • Mohd Rafee Md. Aris • Mohd Rohisham Zainal, Dr. • Mohd Shah Awaluddin • Mohd Shaharuddin Asmani • Mohd. Ali Md. • Mohd. Azman Sulaiman • Mohd. Nazli Mohd Zahid @ Kamarul Zaman, Dr. • Mohtar Ibrahim, Dr. • Muhammed Faisal Abdul Wahab • Muhd Taufiqurrahman Jemain, Dr. • Musa Bin Mohd Noor • Musa Mohd. Nordin • Namof Jamelah Mohd Ibrahim • Nasaruddin Abdul Aziz, Dr. • Noor Filzah Binti Zubir • Noor Janah Abdullah • Noor Siah Idris, Dr. • Nooraini Mohamed Ismail, Dr. • Nor Halimahtun Hassan Maasom • Nor Khairiah Md. Kenali, Dr. • Nora Azizi Uzir • Noraini Md. Desa • Norazam Ab Samah, Hj. • Norfaiezah Arshad • Norhairani Abdul Wahab • Norherah Syed Omar, Dr. • Norizan Rajak • Norly Ismail, Dr. • Nur Farinda Ibrahim • Nurahan Maning, Dr. • P. Shanmuhasantharam, Assoc. Prof. Dr. • Puteri Rohayu Megat Mohamed Yusof • Puziah Md. Zain • Raja Abdul Aziz Raja Musa • Raja Riza Shazmin Raja Badrul Shah • Rakiah Ahmad • Razali Kamisan • Razali Idris, Ir. • Rasheedah Abu Bakar • Risnawati Yassin • Roslan Harun, Dr. • Rosnah Abdul Aziz • Rowani Mohd Rawi, Dr. • Rugayah Mohamed, Professor Dr. • Safarina Joblee, Dr. • Saiah Abdullah, Dr. • Salina Umar • Sarah Haniza Abdul Ghani, Dr. • Sarudin Bin Rohseli • Segaran, Dr. • Sejahratul Dursina @ Chomel Mohamad • Shahrudin Saamin, Dr./Ph.D • Shahrir Hashim • Shaik Taufik Shaik Yusoff • Shalimar Abdullah, Dr. • Shareen Shariza Dato Abdul Ghani • Sharida Suhaila Abdul Shukor • Sharifah Sakinah Syed Hassan • Sharima Ruwaida Abbas • Sharizad Hj. Shamsuddin • Sharlina Adnan • Siti Sarah Md. Zhahir • Siti Zainab Ibrahim • Sri Kumar, Datuk Dr. • Suhaila Rahim • Suhaireen Suhaiza Abdul Ghani • Susan Binti Abdullah @ Susan Shamin, Datin • Suzain Datuk Hj. Suhaيمي, Dr. Hjh. • Syed Abdul Haris B. Syed Mustapa • Syed Hashim Tuan Long • Syed Mohd. Adeeb Syed Jalil Jalaludin • Tan Choi Wah • Tan Hooi Chien, Dr. • Tan Sim Hwee • Tee Kam Bee (Uncle Button) • Tunku Azela Tunku Aziz • Tunku Sara Tunku Ahmad Yahaya • Usmirah Ahmad • Wan Adleen Shahril Wan Hanafi • Wan Badrul Shah Wan Husain • Wan Fadhillah Wan Ismail, Dr. • Wan Hazmy Che Hon, Dr. • Wan Nik Wan Ismail, Dato' • Wan Nurdiana Zaireen Wan Zainal Abidin, Dr. • Wan Raimah Wan Abdul Kadir • Yang Wai Wai • Yazid Bin Zahid • Ye Htut @ Mohammad Iqbal Bin Omar, Dr. • Zabidi Azhar Mohd Hussin, Prof. • Zainab Kassim, Dr. • Zainal Mohamed • Zakinah Zainuddin • Zaleha Abdullah Mahdy, Prof. Dr. • Zamaliah Md Juah • Zamzam Zainuddin • Zariahah Mohd Zain, Dr. • Zubidah Bt. Ab. Hamid • Zulaiha Ismail, Dr. • Zullaili B. Zainal Abidin • Zuraidah Mian • Zurina Ismail

### Ordinary Members

Huwaida Abdul Halim, Dr. • Jennie Soh • Juraini Jamaludin • Mohamed Nazir Abu Bakar, Dr • Mohd Yusree Mohd Rodzi • Muhsin P. K. Ahmed • Rosleena Anin Rozalee @ Zahari • Saminah Mustakim • Shahridan Mohd Fathil, Dr. • Wan Rafidah Awang Isa • Wan Zakiah Wan Yusof • Zainudin Hj. Ahmad

# Volunteers

## Domestic Missions

- Aainaa Maimunah Mohd Amran
- Adlin Airiana Abu Hashim
- Afiza Hanun Binti Ahmad @Hamid, Dr.
- Ahmad Syafiq Mohd Noor
- Aini Fahriza Ibrahim, Dr.
- Aishah Noor Din, Dr.
- Alex Lai Sian Ann
- Alizah Abdul Malek
- Amirul Hafizi Hashim
- Anbarasu A/L Ramalingam, Dr.
- Andy Roxas
- Anhar Kamarudin
- Anie Anap @Angela Binti Anap
- Anis Baizura Che Harun
- Anis Farhana Mohd Ripin
- Anita @Ani Abdul Malek
- Anna Salwa Puat Nelson, Dr.
- Arul Sakthi A/P Aruminathan, Dr.
- Ashraf Saharudin
- Atiqah Ayub
- Azman Bin Zainonabidin, Ar.
- Azreen Noordin
- Bawani a/p Nesamany, Dr.
- Bethrem Akin
- Calvin Tie Dien Yang
- Cecilia Moidi
- Cheah Kwok Yeen (Isaac), Dr.
- Chia Seng Yeong (Joanel)
- Chua Kin Wei (Calvin)
- Cornelia Dausi
- Cristy Bindang
- Datu Mohd Amyril Abduludin, Dr.
- Dayang Hasliza Muhd Yusuf
- Devananthan A/L Ilenghoven, Dr.
- Doulianah Manjuil
- Azuriyati Binti Baharom, Dr.
- Easwary A/P Hari Ramulu, Dr.
- Jeremy Robert Jinuin Jimin, Dr.
- Kalaivathani A/P G Velaithon, Dr.
- Lee Jen Ping, Dr.
- Lee Meng Yit, Dr.
- Nurul Izyani Binti Abdul Muhaimy, Dr.
- Rosalind Jotin, Dr.
- Stephanie Ho Wan Ping, Dr.
- Dynatalie Delicious
- Dzulkarnaen Ismail
- Edmond Ang, Dr.
- Ee Chai Seah (Alice)
- Fadzilawati Kaini
- Faisal Ariff
- Fakhrul Radhi Mohd Fazli
- Fakruddin Mohamad Anas
- Faradila Abd Malek
- Faris Shazwan Zahari
- Fatasha Zura Mohd Faisal
- Faziera Mahadi
- Firdzaus Shazmyn Mohamed Azmi
- Flora Fedilis
- Gunasegaran Doraisamy
- Gura Ak Banyie
- Hafiz Ariff Hashim
- Hafizah Mohamed Kutty
- Han Fong Siew
- Harith Abdul Malek
- Hartini Alias
- Haryani Jarkasi
- Haslina Normohamed
- Hasman Ibrahim
- Hazira M Yusof, Dr.
- Hillary Saba ak Embu
- Husna Hassan Basri
- Idris Ishak
- Intan Munirah Kassim
- Isma Ilya Ahmad Puad
- Jane Lim Wei Huei
- Jeffrey Salleh
- Jennefer Stephen @Lydia
- Joseph Gombis
- Justina Eddy
- Justine Tan Soo Haw
- Kamilah Maria Ng Sau Sim
- Karen Pamela Soh
- Khabil Kiram
- Khairul Izwan Kasmijan
- Kimberly Chok Sook Kim
- Kumutha a/p Balachanram
- Lee Jen Ping, Dr.
- Lee Kuok Tiung, Dr.
- Lee Leong Shean
- Lee Meng Yit (Leni), Dr.
- Lee Pei Nee, Dr.
- Liew Tze Yeen
- Lok Shui Fen @ Adrian Lok
- Loo Ee Ling
- Low Tze Ken
- Lydiane Hamshire Anak Umbau
- Mageswari a/p Veerasingan
- Mah Jin-Jiun
- Mahendran Balasupramaniam
- Mahsuri Othman
- Malathi A/P Naraina Chetty
- Margaret Chin Pau Jin
- Marliyana Muhaiyuddin
- Martini Michael
- Mary Abas
- Mas Azlina Johari
- Melvin Boie y de Guia Torres
- Moghan A/L Karuppiyah
- Mohaini Mohamed @ Noha
- Mohammad Nur Khairi Mohmad Aziz
- Mohammad Amiruddin Ali
- Mohammad Ammier Abdul Razak
- Mohammad Hazizi Padzil
- Mohd Afiq Mohd Amin
- Mohd Aizuddin Ahmad
- Mohd Amirul Zainal Abidin
- Mohd Fadzil Awang
- Mohd Faisal Sabri
- Mohd Fazril Jamal
- Mohd Fikri Mohammad
- Mohd Hadzrie Mohd Hamdan
- Mohd Hafiei Zulkefli
- Mohd Khairul Anwar Mohd Tahir, Dr.
- Mohd Nasrudin Hasbullah
- Mohd Noor Amin Mohamad Norman
- Mohd Norhezman Rosli
- Mohd Norhisyam Mohd Bahrom
- Mohd Radzi Jamaludin
- Mohd Razmi Ziqri Ahmad Shukri
- Mohd Ridwan Abu Bakar
- Mohd Ridzuan Ngah
- Mohd Shahrizam Kamal
- Mohd Syaiful Abdillah Razak
- Mohd Syazwan Rahimy
- Mohd Zainuki Husin
- Muhammad Hilmi Ibrahim
- Muhammad Ikmal Rusman
- Muhammad Alimin Mat Reffien
- Muhammad Faiz Hasman
- Muhammad Nursalam Zulkifli
- Muhammad Syahrir Anuar
- Muhd Harman Ahmad
- Muhd Zarif Amir Izat
- Nadhirah M Nasir
- Nadia Diana
- Narjit Kaur A/P Paramjit Singh, Dr.
- Nasiruddin Mohamad
- Nelson Nawik Ak Randi
- Nor Asmaliana Mohd Noor
- Nor Azlina Alias
- Nor Farah Huda Meor Husian
- Nor Fatin Shuhadah M. Asri
- Nora Azima Abdul Ghafar
- Norashikin Abu Bakar
- Norazmin Mohamed
- Norizan Ahmad
- Nur Adilah Jasmin
- Nur Afriza Baki
- Nur Aini Ahmad
- Nur Amani Jame
- Nur Amirah Amran
- Nur Azrina Binti Isa
- Nur Farhana Abd Salam
- Nur Fatimah Awis
- Nur Izzati Mohd Ghazi
- Nur Nadia Farahana Che Anuar
- Nur'Isma Diyana Ruzali
- Nursyazni Mohamad Sukri
- Nurul Akmar Abd Mukti
- Nurul Hidayu Ab Jamal
- Nurul Izyani Mohd Yusoff
- Nurul Nabihah Idayu Mohd Zakaria
- Nurul Shaheerah Che Hasnan
- Nurul Syahirah Abd Kahar
- Olivia Almy Juhuat
- Ong Cheong Beng (Jerry)



## Volunteers

### Domestic Missions (cont.)

- Ong Su Hua
- Palanikaviyaras Rajaretnam
- Pang Ee Yi, Dr.
- Priscilla Tee Fui Nyen, Dr.
- Puteri Runzatul Kamiliyah Yahya
- Quah Joo Lee (Joe)
- Raffiza Rusdy
- Ramesh @ Muthu s/o Nallayan, Dr.
- Rj Zaidatul Raihan Rj Zainal Raffik
- Najmuddin
- Rohaya Taharin
- Rosfathiah Ab Malek @ Malek, Dr.
- Rosliza Ali
- Rosni Jaly
- Rozainiee Abdullah
- Sabeda D Siagian
- Saiful Anuar Othman
- Salina Abdullah
- Salwa Kassim
- Salwani Mat Ming
- Shahrizal Mohd Isa
- Sharon Kong, Dr.
- Sim Ching Ping (Mike)
- Sindhu Sinnasamy, Dr.
- Siti Hajar Zakaria
- Siti Humairah Muhamad
- Siti Nur Izzati Ibrahim
- Siti Nur Sufia
- Siti Rabiyyatul Awalliyah Abu Bakar
- Soh Xiao Thong (Sandra)
- Suhaina Yaakub
- Suzinasty @Zie Binti Rutimin
- Syafiqah Nadia Raja Umar
- Syahdatunnisa Mohamad
- Syakirah Nik Yahya
- Syed Jefrizal Syed Jamal, Dr.
- Syed Saifudin Syed Hamdan
- Tan Seok Hong, Dr.
- Teany Noor Samilan
- Teoh Shu Woan
- Thavamalar Marimuthoo
- Tiffany Yap Yi Hui
- Tony Liew Ye Onn
- Tu Tuong Chung (Joshua)
- Tunku Naziha Binti Tunku Zainudin, Dr.
- Uban Ak Mesan
- Valerie Lee Xie Yi
- Venessa Venda Vitales
- Wan Amir Farhan Wan Khairul Faizi
- Wan Johan Ariff Wan Daud , Dr.
- Wan Yuhana W Md Yusof, Dr.
- Yalineer A/P Chandran
- Yazid Alfata
- Yee Kah Ke
- Yeo Bee Wah, Dr.
- Yeoh Sze Khuan
- Zainal Abidin Jailani
- Zanhassida Md Isa

### International Mission

- Aiman Asyraf Ahmad Sukari
- Aini Fahriza Binti Ibrahim
- Ahmad Sukari Halim, Prof. Dr.
- Alex Lai Sian Ann
- Ariffin Abdul Manaf
- Azman Zainonabidin, Ar.
- Che Tah Hanafi
- Yeow Yeng Ling, Dr.
- Fatin Salwani Zaharuddin, Dr.
- Khoo Teng Lye, Dr.
- Mohamad Hanafi Ramli, Ir.
- Mohammad Iqbal Omar @ Ye Htut, Dr.
- Mohd Nikman Ahmad, Dr.
- Mohd Noornizam Sulaiman
- Mohd Razib Basiron
- Muhammad Shukri Ahmad Fa'eli
- Murni Othman, S/N
- Noor Janah Abdullah
- Nor Asiah Mohd, S/N
- Razali Bin Idris
- Rhendra Hardy Mohamad Zaini, Dr.
- Rozainiee Abdullah
- Siti Norashikin Mohd Narawi, S/N
- Tan Seok Hong, Dr.
- Wan Ariffin Abdullah, Dr.
- Wan Azman Wan Sulaiman, Dr.
- Yusof Hassim, Sr.
- Zullaili Zainal Abidin

Thank you to the MERCY Malaysia Technical Team for all their efforts and hard work over the years.

*Volunteers are not paid - not because they are worthless,  
but because they are priceless*

-unknown-

# FINANCIAL STATEMENT

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# Society Information

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

(Registered under the Societies Act, 1966)

(Society No: 1155)

<b>PRESIDENT</b>	Dato' Dr. Ahmad Faizal Mohd Perdaus
<b>VICE PRESIDENT I</b>	Assoc. Prof. Dr. Mohamed Ikram Mohammed Salleh
<b>VICE PRESIDENT II</b>	Norazam Ab Samah
<b>HONORARY SECRETARY</b>	YM Raja Riza Shazmin Raja Badrul Shah
<b>ASSISTANT HONORARY SECRETARY</b>	Dr. Hariyati Shahrina Abdul Majid
<b>HONORARY TREASURER</b>	Ir. Amran Mahzan
<b>COMMITTEE MEMBERS</b>	Dr. Heng Aik Cheng Mr. Tee Kam Bee Dr. Shalimar Abdullah
<b>CO-OPTED MEMBERS</b>	Dr. Sharidan bin Mohd Fathil Prof. Dr. Zabidi Azhar bin Mohd Hussin Dr. Jitendra Kumar Shantilal N. Tejani Dr. Helen Benedict Lasimbang
<b>REGISTERED OFFICE</b>	Level 2, Podium Block Kompleks Dayabumi, City Point Jalan Sultan Hishamuddin 50050 Kuala Lumpur
<b>AUDITORS</b>	Azuddin & Co. (AF 1452) Chartered Accountants
<b>BANKERS</b>	CIMB Bank Berhad RHB Bank Berhad Malayan Banking Berhad

# Auditor's Report

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

(Registered under the Societies Act, 1966)

(Society No: 1155)

### Report on the Financial Statements

We have audited the financial statements of MERCY Malaysia, which comprise the balance sheet as at 31 December 2012 of the Fund, and statement of income and expenditure, statement of changes in charitable funds and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes as set out on the following pages.

#### *Executive Council Members' Responsibility for the Financial Statements*

The Executive Council of the Society 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.



# Auditor's Report

**INDEPENDENT AUDITORS' REPORT TO THE MEMBER OF  
PERSATUAN BANTUAN PERUBATAN MALAYSIA  
(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)**  
(Registered under the Societies Act, 1966)  
(Society No: 1155)

## Opinion

In our opinion, the financial statements have been properly drawn up in accordance with approved MASB accounting standards in Malaysia for Private Entity and the Societies Act, 1966 in Malaysia so as to give a true and fair view of the financial position of the fund as of 31 December 2012 and of its financial performance and cash flows for the year then ended.

## Report on Other Legal and Regulatory Requirements

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

## Other Matters

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

*azuddin&co.*

**AZUDDIN & CO.**  
AF 1452  
Chartered Accountants

Kuala Lumpur,  
Date: 7 June 2013



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

# Executive Council Report

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

(Registered under the Societies Act, 1966)

(Society No: 1155)

### Executive Council's report for the year ended 31 December 2012

The Executive Council have pleasure in submitting their report and the audited financial statements of the Society for the financial year ended 31 December 2012.

### Executive Council of the Society

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

**PRESIDENT** Dato' Dr. Ahmad Faizal Mohd Perdaus

**VICE PRESIDENT I** Assoc. Prof. Dr. Mohamed Ikram Mohammed Salleh

**VICE PRESIDENT II** Norazam Ab Samah

**HONORARY SECRETARY** YM Raja Riza Shazmin Raja Badrul Shah

**ASSISTANT HONORARY SECRETARY** Dr. Hariyati Shahrina Abdul Majid

**HONORARY TREASURER** Ir. Amran Mahzan

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

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

# Statutory Information

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

(Registered under the Societies Act, 1966)

(Society No: 1155)

### Statutory information on the financial statements

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

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

At the date of this report, the Executive Council 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 2012 have not been substantially affected by any item, transaction or event of a material and unusual nature nor has any such item, transaction or event occurred in the interval between the end of that financial year and the date of this report.

## Statement by Executive Council

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

(Registered under the Societies Act, 1966)

(Society No: 1155)

#### **Statement by Executive Council**

We DATO' DR. AHMAD FAIZAL MOHD PERDAUS and ASSOC. PROF. DR. MOHAMED IKRAM MOHAMED SALLEH being President and Vice President I of PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY Malaysia) state that, in the opinion of the Executive Council, the financial statements set out on following pages, are drawn up in accordance with applicable approved accounting standards in Malaysia so as to give a true and fair view of the state of affairs of the Society at 31 December 2012 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: 7 June 2013



# Statutory Declaration

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

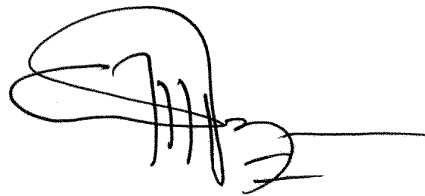
(Registered under the Societies Act, 1966)

(Society No: 1155)

### Statutory declaration by Honorary Treasurer

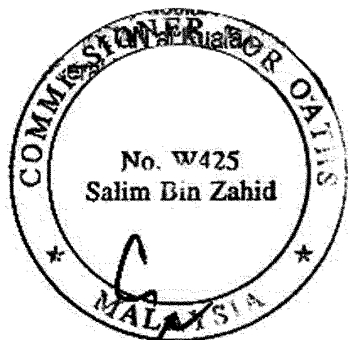
I, IR. AMRAN BIN MAHZAN, being the Honorary Treasurer primarily responsible for the accounting records and the financial management of PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY Malaysia), do solemnly and sincerely declare that the financial statements set out on following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

Subscribed and solemnly declared by the abovenamed  
IR. AMRAN BIN MAHZAN at Kuala Lumpur  
in the state of Federal Territory on 7 June 2013



IR. AMRAN BIN MAHZAN

BEFORE ME :



Lot 2-G-23P, Ground Floor, Wisma Rampai,  
Jalan 36/24, Rampai Town Centre,  
Setapak, 53300 Kuala Lumpur.  
Tel: 019-2122214 Fax: 03-41493853  
E-mail: myagan@yahoo.com

# Balance Sheet

## BALANCE SHEET AS AT 31 DECEMBER 2012

	Note	2012 RM	2011 RM
<b>ASSETS</b>			
<b>Non-current assets</b>			
Property, plant and equipment	5	636,659	711,114
<b>Current Assets</b>			
Inventories	6	658,753	678,318
Other receivables	7	616,969	509,742
Cash and cash equivalents	8	9,742,585	11,218,661
		11,018,307	12,406,721
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Other payables		444,312	251,335
		444,312	251,335
<b>Net current assets</b>		10,573,995	12,155,386
		11,210,654	12,866,500
<b>Financed by:</b>			
Charitable funds		11,210,654	12,866,500

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 2012

	Note	2012 RM	2011 RM
<b>INCOME</b>			
Donation	9	12,730,056	7,910,798
Annual fund raising dinner	10	111,600	120,045
Membership fee	11	1,100	2,880
Other income	12	1,348,109	1,152,019
		<u>14,190,865</u>	<u>9,185,742</u>
<b>Less: EXPENSES</b>			
CHARITABLE EXPENDITURE	13	12,929,024	11,404,980
OPERATING EXPENSES	14	2,917,687	2,647,678
		<u>15,846,711</u>	<u>14,052,658</u>
DEFICIT BEFORE TAX		(1,655,846)	(4,866,916)
TAXATION	15	-	-
DEFICIT FOR THE YEAR		<u>(1,655,846)</u>	<u>(4,866,916)</u>

The accompany 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 2012

	2012 RM	2011 RM
Balance as at 1 January	12,866,500	17,733,416
Deficit for the year	(1,655,846)	(4,866,916)
<b>Balance as at 31 December</b>	<b>11,210,654</b>	<b>12,866,500</b>
Charitable funds are consists of:		
Unrestricted fund	3,241,750	2,700,227
Restricted funds :-		
Bangladesh	73,230	14,185
Cambodia	16,346	130,355
China	-	178,861
India	26,893	459,608
Indonesia	-	4,818
Japan	22,486	434,525
Malaysia	1,151,523	1,091,034
Maldives	-	22,531
Mentawai (Indonesia)	128,346	128,346
Myanmar	1,184,221	1,643,914
Padang	-	24,587
Pakistan	1,070,466	552,515
Palestine	2,960,099	4,621,801
Philippines	100,501	198,564
Somalia	467,329	27,783
Special Project-ADDRN	-	378,771
Sri Lanka	23,920	152,203
Sudan	674,244	46,651
Syria	69,300	-
Turkey	-	55,221
	7,968,904	10,166,273
	<b>11,210,654</b>	<b>12,866,500</b>

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



# Cash Flow Statement

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2012

	2012 RM	2011 RM
<b>Cash flows from operating activities</b>		
Deficit before tax	(1,655,846)	(4,866,916)
Adjustment for:		
Depreciation	377,489	373,687
Interest income	(366,362)	(260,311)
Deficit before working capital changes	(1,644,719)	(4,753,540)
Changes in working capital:		
Decrease/(increase) in inventories	19,565	(107,261)
(Increase)/decrease in other receivables	(107,227)	316,299
Increase in other payables	192,977	79,827
Cash used in operating activities	(1,539,404)	(4,464,675)
Interest received	366,362	260,311
<b>Net cash used in operating activities</b>	(1,173,042)	(4,204,364)
<b>Cash flows used in investing activities</b>		
Purchases of property, plant and equipment	(303,034)	(98,224)
<b>Net cash used in investing activities</b>	(303,034)	(98,224)
<b>Net decrease in cash and cash equivalents</b>	(1,476,076)	(4,302,588)
<b>Cash and cash equivalents at beginning of year</b>	11,218,661	15,521,249
<b>Cash and cash equivalents at end of year</b>	9,742,585	11,218,661
<b>Cash and cash equivalents comprise:</b>		
Cash and bank balances	1,145,027	1,204,893
Deposit with licensed banks	8,597,558	10,013,768
	9,742,585	11,218,661

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 7 June 2013.

## 3. Basis of preparation of the financial statements

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

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

## Notes to the Financial Statements

### 4. Summary of significant accounting policies

#### (a) Basis of accounting

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

#### (b) Membership subscription and admission fee

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

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

#### (c) Property, plant and equipment

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

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

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

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

#### (d) Cash and cash equivalents

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

#### (e) Income recognition

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

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

#### (f) Inventories

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

## Notes to the Financial Statements

### 4. Summary of significant accounting policies (continued)

#### (g) Impairment of assets

The carrying values of assets is 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, which would have been determined (net of depreciation or amortisation, if applicable) had no impairment loss been recognised. The reversal is recognised in the statement immediately.

#### (h) Charitable funds

Charitable funds consist of Unrestricted Fund and Restricted Funds.

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

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

#### (i) Foreign currency translations

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

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

Foreign currency	RM (31.12.2012)	RM (31.12.2011)
1 US Dollar	3.08700	3.25500
1 Brunei Dollar	2.52900	2.49700
1 Cambodian Riel	0.77490	0.78650
1 Pakistan Rupee	0.03300	0.03740
1 Sri Lanka Rupee	0.02460	0.02910
1 Australian Dollar	3.30000	3.25000
1 Euro	4.01800	4.28900
1 Chinese Yuan Renminbi	0.49580	0.50390
1 Japanese Yen	0.03760	0.04140
1 Indonesian Rupiah	0.33900	0.36700
1 Philippine Peso	0.08080	0.07880
1 Singapore Dollar	2.52900	2.49700
1 Swiss Franc	3.35000	3.52000
1 Pound Sterling	5.02000	5.05000
1 Thai Bhat	0.10840	0.11044
1 Taiwan New Dollar	0.11300	0.11280
1 India Rupee	0.05790	0.06260
1 Bangladesh Taka	0.03950	0.04340



## 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
<b>Cost</b>									
Opening balance	249,724	844,124	242,603	323,851	697,615	13,065	9,000	72,853	2,452,835
Additions	-	91,067	11,444	-	200,523	-	-	-	303,034
Disposal/Written off	-	-	-	-	-	-	-	-	-
Closing balance	249,724	935,191	254,047	323,851	898,138	13,065	9,000	72,853	2,755,869
<b>Depreciation</b>									
Opening balance	180,159	525,510	157,415	224,181	565,999	7,139	8,639	72,679	1,741,721
Charge for the year	43,073	149,805	22,511	64,287	95,513	1,769	359	172	377,489
Disposal/Written off	-	-	-	-	-	-	-	-	-
Closing balance	223,232	675,315	179,926	288,468	661,512	8,908	8,998	72,851	2,119,210
<b>Net book value</b>									
At 31 December 2012	26,492	259,876	74,121	35,383	236,626	4,157	2	2	636,659
At 31 December 2011	69,565	318,614	85,188	99,670	131,616	5,926	361	174	711,114
Depreciation charge for the year ended 2011	43,958	145,144	23,848	64,359	82,705	2,406	1,077	10,190	373,687

## Notes to the Financial Statements

### 6. Inventories

	2012 RM	2011 RM
At Cost:		
.....		
Emergency Response Unit (ERU)	528,221	561,047
Merchandise	127,388	109,807
Outreach Clinics	3,144	7,464
	<u>658,753</u>	<u>678,318</u>

### 7. Other receivables

	2012 RM	2011 RM
Other debtors, deposit and prepayment	142,700	150,010
Advance to mission members and basecamp	474,269	359,732
	<u>616,969</u>	<u>509,742</u>

### 8. Cash and cash equivalents

	2012 RM	2011 RM
Cash in hand	189,626	284,112
Cash at bank	955,401	920,781
Deposit with licensed banks	8,597,558	10,013,768
	<u>9,742,585</u>	<u>11,218,661</u>

### 9. Donations

	2012 RM	2011 RM
Unrestricted fund	4,642,978	2,660,329
Restricted funds	8,437,567	5,525,846
Less: Fundraising costs	(350,489)	(275,377)
	<u>12,730,056</u>	<u>7,910,798</u>

## Notes to the Financial Statements

### 10. Annual fund raising dinner

	2012 RM	2011 RM
Income received	290,050	264,158
Less: Fundraising costs	(178,450)	(144,113)
	<u>111,600</u>	<u>120,045</u>

### 11. Membership fee

	2012 RM	2011 RM
Entrance fee	100	200
Life membership	1,000	2,500
Ordinary membership	-	180
	<u>1,100</u>	<u>2,880</u>

### 12. Other income

	2012 RM	2011 RM
Interest received	366,363	260,311
Sale of merchandise	39,581	31,792
Others	942,165	859,916
	<u>1,348,109</u>	<u>1,152,019</u>

# Notes to the Financial Statements

## 13. Charitable mission expenditure

Charitable expenditure by mission are as follow:-

	2012 RM	2011 RM
Afghanistan	637,114	621,025
Assessments	21,830	37,909
Bangladesh	252,510	401,358
Cambodia	181,273	399,329
China	193,808	135,809
Haiti	-	212,133
India	432,715	152,196
Japan	412,167	1,237,624
Libya	-	268,844
Malaysia	1,419,946	1,533,684
Medan and Aceh (Indonesia)	387,955	33,488
Mentawai (Indonesia)	-	46,413
Myanmar	780,901	385,735
Padang (Indonesia)	-	20,921
Pakistan	2,636,449	210,936
Palestine	1,811,709	972,492
Philippines	284,141	90,471
Somalia	1,153,696	834,811
Special project - ADRRN	484,066	813,932
Sri Lanka	384,007	1,600,237
Sudan	1,023,390	907,346
Syria	89,025	-
Thailand	146,490	66,820
Tsunami (Nias) (Indonesia)	179,204	335,048
Turkey	-	80,779
Yogyakarta (Indonesia)	16,628	5,640
	<hr/> 12,929,024	<hr/> 11,404,980



## Notes to the Financial Statements

### 14. Operating expenses

Including in operating expenses are:-

	2012 RM	2011 RM
Audit fee	11,000	11,000
Depreciation	328,732	320,921
Loss/(Gain) on foreign exchange	29,138	(19,961)
Office rental	102,912	83,176
Staff costs (Note 16)	1,171,552	1,260,400
Warehouse rental	79,096	77,250

### 15. Income tax expense

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

### 16. Staff costs

	2012 RM	2011 RM
EPF and SOCSO	131,942	159,628
Medical	17,837	19,375
Salaries and allowances	1,021,773	1,081,397
	1,171,552	1,260,400
Number of employees (excluding Executive Council) at the end of financial year	44	41

**GET INVOLVED!**



# Volunteer with Us!



## TECHNICAL TEAM

- Architects
- Quantity Surveyors
- Engineers
- Safety and Health Officers
- Draughtsmen
- Water Specialists



## FUNDRAISING

- Event Organisers
- Fundraisers

## COMMUNICATIONS

- Photographers
- Videographers
- Writers
- Designers
- Editors



## LOGISTICS

- Warehouse Management
- Emergency Response
- Administrative Support

## MEDICAL VOLUNTEERS

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



## DISASTER RISK REDUCTION (DDR)

- Teachers / Tutors
- School Counsellors
- Trainers

To find out more, visit

[www.mercy.org.my](http://www.mercy.org.my)

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You  
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[www.mercy.org.my](http://www.mercy.org.my)



We received  
**Humanitarian  
Accountability  
Partnership**  
certification  
in 2007

We provide health and  
humanitarian aid for  
vulnerable  
communities, in both  
crisis and non- crisis  
situation

We reached out  
to over 1 million  
beneficiaries

First recipient  
of the  
1st Malaysian  
Achievement and  
Summit Award 2011  
(NGO Category)

Since our inception we  
have been to more than 28  
countries. (Afghanistan,  
Indonesia, Myanmar,  
Palestine, Sudan, etc.)

 **monthly donation**

# SERINGGIT SEHARI

a donation drive by



## *A ringgit a day, goes a long way*

What is Seringgit Sehari?

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A commitment to contribute **RM1** a day to support the work of MERCY Malaysia in providing humanitarian and medical aid to vulnerable communities both locally and internationally.

With a monthly contribution of **RM30**, you can provide a child or an adult with primary health or dental care while **RM60** could provide the basic vaccination for a refugee child in Kuala Lumpur.

An annual donation of **RM360** could provide an entire family with clean water.

Seringgit Sehari is a way to change the world for the better.

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