



2 0 0 4 ANNUAL REPORT

Vision

Outstanding in the delivery of medical and humanitarian aid to all

Mission

MERCY Malaysia is a medical relief organisation dedicated to providing humanitarian aid in crisis and non-crisis situations irrespective of race, religion, culture and boundary.



Amena is a four year old Sudanese child living in an Internally Displaced People's (IDP) Camp in Kerending 2, El Geneina, West Darfur. Amena, like the many children who turned up that day underwent an Anthropometric Measurement programme to assess their nutritional status. 350 children turned out on that November morning. This programme was carried out in conjunction with the registration and opening of MERCY Malaysia's Pre-School at the camp.

Photo by : Datuk Dr. Jemilah Mahmood, 25 November 2004



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Sultan of Perak Darul Ridzuan
Patron of MERCY Malaysia

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MESSAGE FROM THE PRESIDENT Y.BHG DATUK DR. JEMILAH MAHMOOD

In the name of God, the Most Benevolent, the Most Merciful

Dear Friends,

How do I describe a year that has demanded so much of our focus, energy and resources at MERCY Malaysia? Given the limited staffing and resources, I must say that we have indeed responded well to the global crises that came unannounced. On the home front, we continued to give priority to our own drug related challenges, the less privileged in the remote jungles of Borneo and islands off Sabah, as well as our tsunami victims.

It was déjà vu for us on 26th December 2004. We had just returned from Bam, Iran where we laid the foundation for a health centre to commemorate the devastating earthquake on 26th December 2003. Little did anyone expect that on the same day a year later, we had to deal with the same tragedy on our side of the world. Few would have expected that a deadly tremor, with its epicentre in Indonesia would have such far reaching traumatic effects on countries from Sweden to our own Malaysia. While the world was still reeling in shock, we sent a team of doctors and volunteers to Aceh on the very next day after the disaster, making us one of the first NGOs to witness the rage and destruction of the worst tsunami and earthquake of the century.

As I write this message, our volunteers are still in Aceh and Sri Lanka, helping people to heal and rebuild their lives. We are there to assist them regain their livelihood and providing them with basic amenities of food, water and continuing education. With this comes an equally challenging priority to ensure consistent supplies and capacity. Funding has never been more critical than now.

The tsunami is not the only MERCY clarion call. Working away from the cameras are our staff and volunteers in Sudan, Iraq, Afghanistan, Cambodia and North Korea. The year 2004 saw MERCY Malaysia entering into a new era of humanitarianism when we decided to respond to the crisis in Darfur, Sudan. It marked a giant leap in our five year old career, venturing into the African continent which up till then seemed too distant and too major and complex a disaster for our organisation to be involved in. We faced our challenges in Sudan, making our mark in El Geneina, Darfur. MERCY Malaysia is the only Asian NGO actively working in Darfur, providing much needed specialist doctors, healthcare, nutrition, education and building Darfur's only one-stop Reproductive Health Centre, scheduled for completion in April 2005.

Our post crisis strategy is on capacity building, and Afghanistan is a shining example of our committed effort to hand over the operations to our trained Afghan staff. Our tenacity and commitment in humanitarian work is reflected in our continued work in the crisis area long after many NGOs have left. What is striking is that we have been able to carry out meaningful rehabilitation and development work after the emergency needs of a disaster are provided, doing this with more confidence and integrity.

Locally, we have established seven chapters from Sabah to Penang, each busy attending to the local community needs. The drug rehabilitation assistance program needs constant attention and we have created waves by forging partnerships with the Royal Malaysian Navy, making it possible for villagers in remote islands off Sabah to receive medical and dental care. Our northern chapter covering Penang and Kedah deserve special attention for the rapid assistance they provided to tsunami victims despite some of our volunteers being victims themselves. To all of volunteers, I say "syabas" and keep up the good work!

In the international and regional arena, MERCY Malaysia is recognised as a partner in the Asian Disaster Reduction & Response Network (ADRRN), taking the responsibility to chair the network and run its secretariat till 2006. It was indeed a proud day for me to be invited to speak and chair the Pre-Excom NGO Consultations of the United Nations High Commission for Refugees (UNHCR) in Geneva last August and to be a partner of the UNHCR in the delivery of healthcare to Aceh and Rohingya asylum seekers.

Indeed, such accreditations help us raise our benchmarks in the delivery of our services and prove that MERCY Malaysia has indeed become a credible international NGO. We are capable of walking proud among the “giants” in the humanitarian field, delivering outstanding services with a Malaysian flavour.

The future for MERCY Malaysia holds tremendous challenges. The world will always have its crises to remind us of God’s will and mercy. To us, this means we have to constantly upgrade our knowledge, technology and skills in the area of disaster management, network with other NGOs and international organisations to seek and share experiences, and above all, to manage our social responsibilities in the most effective and ethical way. More importantly, we must remain to hold ourselves accountable to those we serve.

Staff training and a more equitable reward system is being looked into for our over worked staff. Our volunteers have been the backbone of our mission deployments and we plan to give them relevant training and recognition where we can afford. God willing, in the next few years, we hope to build a Humanitarian Centre to cater to the ever increasing challenges of humanitarian work. We recognise this as a daunting, but not impossible task.

Finally, I would like to record the contributions of individuals and organisations that have made it possible for MERCY Malaysia to report on yet another eventful year.

Our Royal Patron, His Royal Highness Sultan Azlan Shah has, as always, been a staunch supporter of our work and is always there for us when we need his counsel. Our Government who was ever ready to give us continued support and encouragement. The corporate sector who were generous to the hilt especially during the major crises. Our partners – individuals, young and old, who dug deep into their pockets to give us the funds needed to do the work. The media, for highlighting our work and bringing us closer to the hearts of fellow Malaysians. Our dedicated volunteers also deserve my sincere thanks for making many self sacrifices to help their less fortunate fellow beings. To the Executive Council, I thank them for their guidance and commitment in handling board issues. To all the staff, I salute them for their grace under fire as they have been most committed and professional in responding to the many crises we faced.

Yours sincerely,



DATUK DR. JEMILAH MAHMOOD

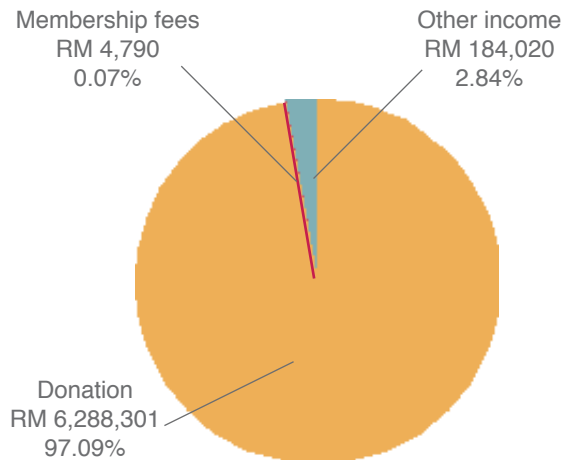


Aceh, Indonesia: January 2005

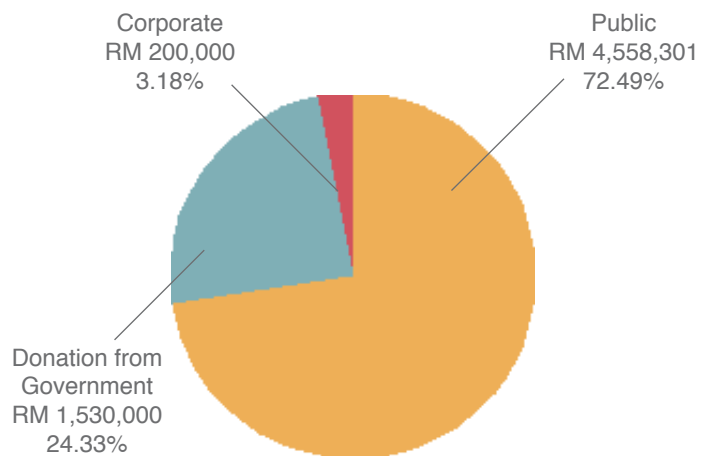
TREASURER'S REPORT

MERCY Malaysia has grown tremendously over the last six years in all aspects including its financial standing. Unlike 2003 where 70% of our income was from government grant, the year 2004 saw an increase in the generosity of the Malaysian public. They contributed 72% (RM4,558,301.00) of our total income amounting RM6,477,111.00 for the year 2004. (Refer to Chart 1 and 2). Due to the increasing need of medical and humanitarian help locally and internationally, we have expanded our projects to cover new countries such as Iran (Bam earthquake) and Sudan, while the projects in Iraq and Afghanistan are still on going (refer to Chart. 3). Total expenditure for the year 2004 was RM5,308,279. The bulk of the expenses, i.e. 85% (RM4,504,450.00) was spent to sustain our various projects while only 15% (RM803,829.00) was for administrative costs at the headquarters. We managed to keep the administrative costs low even though the number of our staff has increased to 19. (Refer to Chart. 4)

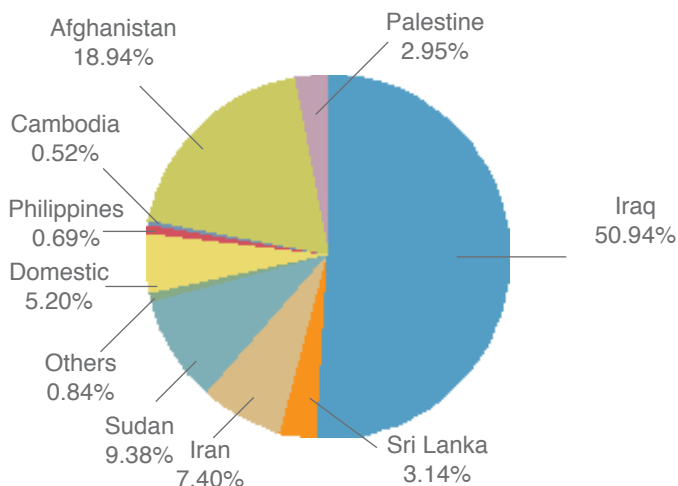
Dr. Fauziah Mohd Hasan
Honorary Treasurer



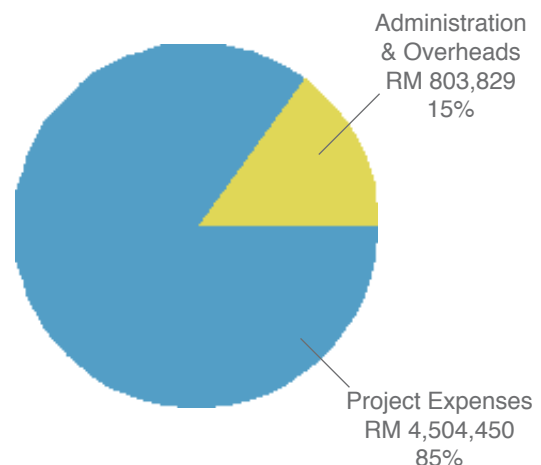
TOTAL INCOME
Chart 1



SOURCE OF DONATION RECEIVED
Chart 2

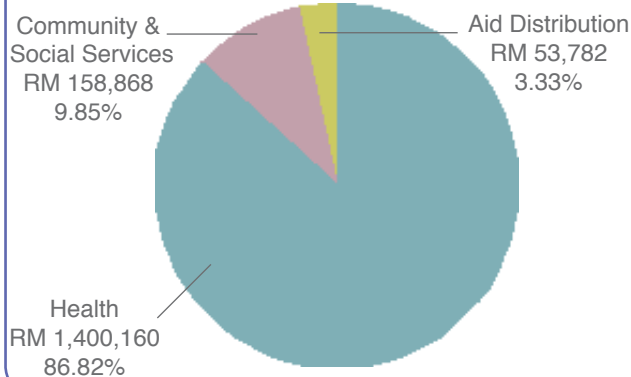


SUMMARY OF PROJECT EXPENSES
Chart 3



TOTAL EXPENSES
Chart 4

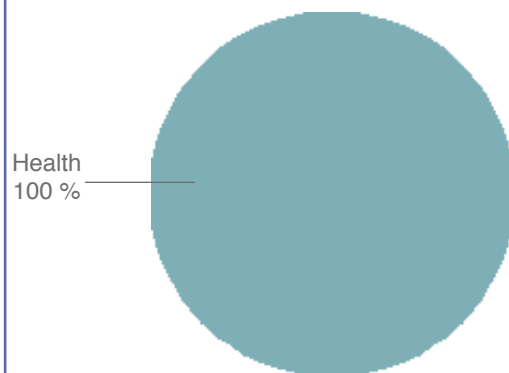
IRAQ PROJECT EXPENSES RM 1,612,810



<u>Health Project RM 1,400,160</u>	RM
Medical city project	64,686
Rebuilding of hospital	1,335,474
	<u>1,400,160</u>

<u>Aid Distribution RM 53,782</u>	
Jerry cans	<u>53,782</u>
Community & Social Services	
Rebuilding of mosque	12,367
Distribution of food & non-food items to Internally Displaced Persons (IDP)	146,501
	<u>158,868</u>

IRAN PROJECT EXPENSES RM 20,514

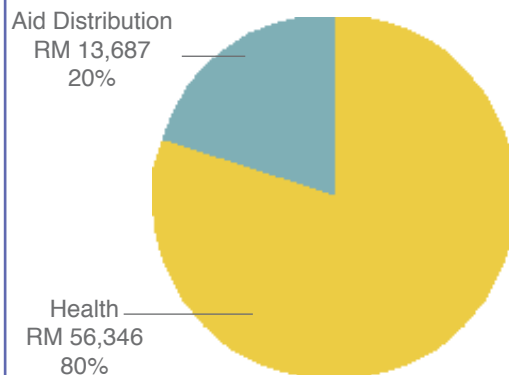


<u>Health Project RM 20,514</u>	RM
Health Services, Humanitarian aid & shelter	<u>20,514</u>

CURRENT PROJECT STATUS:

Rebuilding of hospital worth RM1 million.
Fund received from Malaysian Government RM 950,000. MERCY has distributed 30% from total project cost.

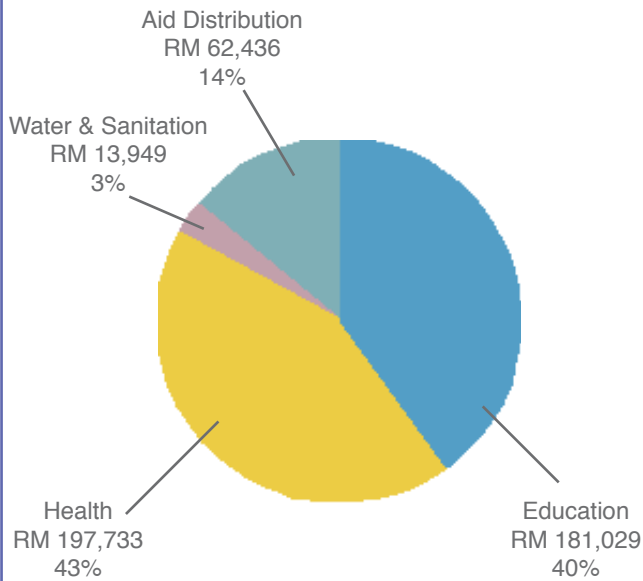
SUDAN PROJECT EXPENSES RM 70,033



<u>Health Project RM 56,346</u>	RM
Caregivers shelter	22,170
Mother & Child Development Centre	33,522
Reproductive Health Unit (RHU)	600
Humanitarian aid & shelter	54
	<u>56,346</u>

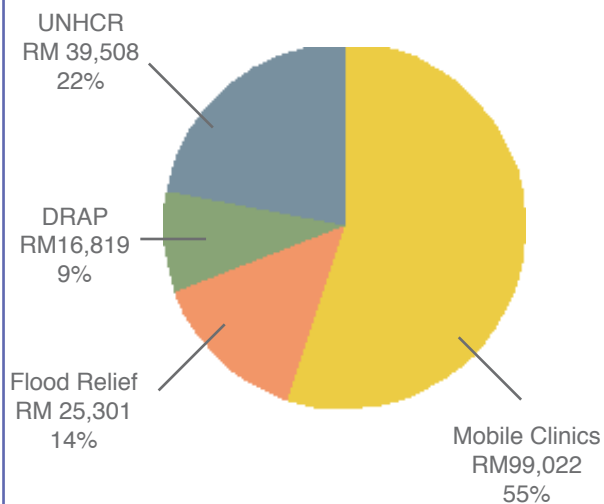
<u>Aid Distribution RM 13,687</u>	
Hospital food distribution & Iftar	179
Institutional feeding	13,508
	<u>13,687</u>

AFGHANISTAN PROJECT EXPENSES RM 455,147



Health Project RM197,733	RM
Mother & Child Health Centre	<u>197,733</u>
Education RM 181,029	
Vocational Training Centre	154,012
MERCY Little Caliphs	<u>27,017</u>
	<u>181,029</u>
Aid Distribution RM 62,436	
Food distribution & Iftar	<u>62,436</u>
Water & Sanitation RM13,949	
Well Project	<u>13,949</u>

TOTAL DOMESTIC PROJECT EXPENSES RM 180,650



UNHCR	: Mobile clinic for Rohingyas and Acehnese
Flood Relief	: Kedah & Sabah Floods
Mobile Clinics	: Hulu Perak, rural areas in Sabah, Sarawak and Sabah Islands

MERCY MALAYSIA EXECUTIVE COUNCIL

MERCY Malaysia is governed by an Executive Council. The Council is represented by 13 members who are elected by members of the society every two years.

The members of the MERCY Malaysia Executive Council for 2004-2006 are:

PRESIDENT	Datuk Dr. Jemilah Mahmood
VICE PRESIDENT	Dr. Mohamed Ikram Mohamed Salleh
HONORARY SECRETARY	Assoc. Prof. Dr. Zaleha Abdullah Mahdy
ASSISTANT HONORARY SECRETARY	Muhammad Faisal Abdul Wahab
HONORARY TREASURER	Dr. Fauziah Mohd Hasan
COMMITTEE MEMBERS	Dr. Heng Aik Cheng Dr Palasuntharam Shanmuhasuntharam Yang Wai Wai Norazam Abu Samah Dr. Dilshaad Ali Abas Ali Mohd Azman Sulaiman Dr. Ahmad Faizal Perdaus Ir Amran Mahzan
ADVISER	Pn Farah Hamzah

OPERATIONS REVIEW

The organisation continues to grow from strength to strength and we are proud to gain the recognition as a credible relief agency amongst our more established international counterparts. We are implementing partners for several UN Agencies and other renowned aid agencies on the field, and in our short history has made a mark on the global humanitarian arena.

In line with the growth of our organisation, the Secretariat was significantly strengthened by a 20 member staff as of 31st December 2004. This included key Malaysian citizens posted in our overseas field offices. In Afghanistan and Iraq, our operations are staffed by 33 Afghani nationals and 12 Iraqi nationals respectively.

Vision and Mission

We reaffirmed our commitment towards delivering high standards in our relief missions. In 2004, we redefined our vision and mission in tandem with our development both on the domestic and international front.

Our new vision and mission are:

Vision : Outstanding in the delivery of medical and humanitarian services to all.

Mission : MERCY Malaysia is a medical relief organisation dedicated to providing humanitarian aid in crisis and non-crisis situations irrespective of race, religion, culture and boundary.

Organisation Structure

We refined our operational structure to meet the growing needs of the organisation. The structure optimises both financial and people resources, and we are continuing to develop it further in order to respond efficiently to relief missions and deliver on our objectives.

Staff Development

MERCY Malaysia continued to invest in building industry knowledge and skills for our staff. Several members of staff underwent training in core aspects of relief work organised by Red-R in Australia. The training comprised key areas in Essential Humanitarian Practice, Field Management and Personal Security Management. A staff member also attended training on Introduction to the Basic of International Humanitarian Responses by the United Nations High Commissioner for Refugees (UNHCR) held in Japan. Staff members were also deployed for missions as part of our ongoing training in field work and missions. A total of 9 staff members were deployed in 2004.

Members and Volunteers

As of 31st December 2004, MERCY Malaysia now has 543 members and 3572 volunteers. Presently, we are undergoing a review process of all members and volunteers which include updating of their information, and more importantly, establishing a pool of trained and committed resources to meet the demands of our relief work.

Relief Missions - International and Domestic

The year 2004 was special in many ways as we moved into new territories and saw the completion of many projects. Our work for the year covered a wide spectrum of medical and humanitarian needs, and took us to another level in the world of humanitarian aid.

A detailed report on our projects and activities in each country is documented in the Country Reports section.

Regional Participation

On a regional scale, MERCY Malaysia now acts as the Secretariat for the Asian Disaster Reduction & Response Network (ADRRN) of which our President, Datuk Dr. Jemilah Mahmood is the Chairperson. This is indeed an honour for the organisation and our President as the network comprises notable NGOs involved in disaster management, mitigation and relief from across the Asian continent. MERCY Malaysia is poised to learn from and further increase its capacity through its active participation in this network.

Shareen Shariza Dato' Abdul Ghani
Chief Operating Officer

2004 SECRETARIAT STAFF MEMBERS

Chief Operating Officer
Shareen Shariza Dato' Abdul Ghani
Mohd Shah Awaluddin (Sept 03 - Mar 04)

Relief Department

Aris Mohamad Oziar, Head
Rossimah Mohamed, Deputy Head
Razi Pahlavi Abdul Aziz, Deputy Head
Rohayati Abu Nawar, Relief Officer
Praemeenah Poobalan, Relief Officer
Aishah Mohd Amin, Relief Officer
Jamalul Ashikin Ahmad, Relief Officer
Mohd Shahrin Dollah, Warehouse and Relief Assistant

Volunteer Management Department (VMD)

Zu Mian, Head
Mohd Mikaeel Abdullah, Head (Aug 03 - Jun 04)
Aziz Radin, VMD Officer
Sharifah Ilyana Syed Mashor, VMD Officer (June 02 - Jan 04)
Aminuddin Daud, Database and VMD Assistant

Communication and Fundraising

Tunku Azela Tunku Abdul Aziz, Head (Nov 02 - Feb 04)
Shahriza Abdullah, Head (Apr - May 04)
Roslan Ali, Media Management & Communication (Oct 03 - Aug 04)
Hailey Hassan, Communication Officer
Alia Hani Rodzi, Communication Officer
Tengku Bahar Idris Tengku Baharuddin, Publication Officer (Apr - Nov 04)
Muhamad Reza A Sudirman, Publication Officer

Finance and Administration

Shaharuddin Asmani, Head
Sharlina Adnan, Finance Officer
Rafisuhaila Rahim, Finance Officer
Azlin Hashima Mt Husin, Admin/HR Officer
Noor Shilawati Mohd Yussof, Office Assistant/Receptionist

MERCY Malaysia Country Office

Anita Ahmad, Sudan
Dr. Hamid Altai, Iraq
Shahrinizam Manshor, Afghanistan (January - April 2004)
Fazal Omer Agha, Afghanistan

Malaysia

Country Report

DRUG REHABILITATION ASSISTANCE PROGRAMME (DRAP)

The Dilemma

Drug abuse is an illness that takes away a person's life physically, emotionally and economically. Unfortunately, these troubles are not isolated only to the drug addicts themselves, but permeate into their families, and the society. Once caught in the web of addiction, addicts find it hard to leave the habit; meanwhile, those who have cured themselves of the dependence may find it hard to obtain employment or even return to society.

Our Response

The Drug Rehabilitation Assistance Programme (DRAP) was created in January 2003 and touches several aspects of rehabilitating drug addicts, helping them to regain their self-esteem and assisting them to return to society.

There are four units in DRAP, namely Humanitarian and Outreach, Medical, Training and Awareness, and Economic. These areas cover the various stages of recovery, from taking the addicts out of drug dependency to uplifting their self-confidence and to providing platforms to equip and enhance their skills towards gaining economic independence. Training and activities are run by experienced volunteers, and occasionally, we seek the assistance and resources of the National Drug Agency (Agensi Dadah Negara, ADK).

The DRAP programme benefits from the voluntary participation on former drug addicts, who provide valuable insight of drug addiction and the challenges that they confront during and after recovery. Gradually, the volunteers, or as we fondly refer them as 'sahabat' (which means buddy), will take on the role of training new sahabats and reformers.

Humanitarian and Outreach Programme

This programme reaches out to active drug addicts, where MERCY Malaysia volunteers, sahabats and members of ADK set out to sites frequented by the addicts. The objective is to persuade them to seek rehabilitation, and eventually, leave addiction.

Participants begin with distributing food and drinks, and slowly advance on to giving them advice on ways to overcome drug

addiction. Consequently, the volunteers will try to encourage the addicts to join a drug rehabilitation centre.

Trust is an important aspect of this programme, and success depends largely on gaining the confidence of addicts. Here, the presence of recovering or former drug addicts plays a very important role in convincing active addicts that they can actually leave behind the life of addiction and embrace a life without drugs.

Some of the Outreach Programmes have been quite successful, with occasions that drug addicts actually waited for the arrival of the outreach team with the intention to join a rehabilitation programme.

Medical Programme

Medical Programmes normally run concurrently with Training and Awareness Programmes. These are mostly held in privately run rehabilitation homes, such as the one in Rumah Azha in Hulu Langat which is managed by our sahabats.

During these sessions, MERCY volunteer doctors provide outpatient treatment to the sahabats. Medicine is dispensed, and is sometimes accompanied with food distribution. It is hoped that by providing them medical aid, this improved



MERCY Malaysia organised programmes in conjunction with the World Anti Drugs Day

standard of healthcare would contribute to the quality of their recovery.

Training and Awareness Programme

The Training and Awareness programme normally starts with a talk and is proceeded by consultation sessions. These sessions aim to deal with the emotional aspect of rehabilitation and provide insights on how to overcome the lows of rehabilitation and recovery. This also provides an avenue for them to vent their frustration, followed by constructive advice on how to tackle their anxiety.

These gatherings are held to create positive and healthy interactions between the sahabats and our volunteers, to raise their self-assurance as a means to promoting future relations with the rest of the community.

As part of our psychological assistance, we couple the sahabats and orphans in an event called Riang Ria Raya, held every Ramadhan. On this day, sahabats befriend orphans as they spend time together, bonding and creating a brotherly relationship, while participating in the day's activities. In 2004, Riang Ria Raya was held in Jusco Store, where the organisation sponsored many gifts and the meal for breaking fast. They were also entertained by Jusco Store's ambassador, songstress Siti Nurhaliza.

Economic Programme

Hidup Merdeka Tanpa Dadah is one of the activities that was organised to encourage them to be economically independent. In conjunction with National Day, an event was held where the sahabats run their own stalls selling merchandise, food and drinks.

During 2004, sahabats also participated in events organised by ADK.



Sahabat and volunteers help orphans in a fun colouring contest

UNHCR MOBILE CLINIC



Our clinics often took on a community scene with doctors working out from a living room



Community leaders hosts our volunteers and acted as translators

The Situation

Asylum seekers in Malaysia fall under the care of the United Nations High Commissioner for Refugees (UNHCR). In 2004, the UNHCR appointed MERCY Malaysia to conduct healthcare programmes for the Rohingya and Acehnese asylum seekers within the Klang Valley.

The Response

MERCY Malaysia conducted mobile clinics every second and third Saturday of the month to provide health screening, vaccination, deworming and basic hygiene education. These mobile clinics were conducted in Ampang, Selayang and Shah Alam and were very warmly received by the refugees. The community leaders of each camp open heartedly supported our mobile clinic teams, and quite often acted as translators.

The mobile clinics are supported by medical and non-medical volunteers. To cater to the needs of the asylum seekers, we mobilised a team comprising 3 doctors, 3 nurses and 5 to 6 non-medicals for each mobile clinic. The non-medical volunteers register patients and help in record keeping. The refugees have to bring these records each time they come to the mobile clinic. This medical record book allows the doctors access to their health history.

At the mobile clinics, nurses checked patients' blood pressure, carried out eye and ear tests, and performed glucose checks.

While doctors and nurses attended to the medical aspects of screening and treatment, non-medical volunteers helped with registering patients' weight and height, assisted with general tasks such as setting up the clinic and crowd control.

Drugs and medicine were also dispensed, based on doctors' prescription, at these mobile clinics. Most of the asylum seekers were treated for fever/URTI, gastritis, headaches, migraine, body aches, eczema and dermatitis. BCG vaccinations were also provided to 30 children.

From February to December 2004, MERCY Malaysia conducted 21 mobile clinics and treated a total of 1564 Rohingya and Acehnese refugees.

HULU PERAK

The Situation

The Orang Asli settlement in Hulu Perak, consists of many villages located in the interiors of Perak. The health concerns of the Orang Asli communities within this area are under the care of the Hulu Perak District Health Department which has to cater to the medical needs of 40 different communities.

Our Response

MERCY Malaysia volunteers got into four wheel drives with their gear and medical equipment, opening mobile clinics in the various communities of the Orang Asli settlements.

During our missions, working together with the Hulu Perak District Health Unit, we provided the communities with outpatient treatment, vaccinations, deworming and antenatal care. We also held basic hygiene education to these communities.



Children and women find comfort with our female doctors

The community leaders of each camp open heartedly supported the MERCY Malaysia mobile clinic teams, and quite often acted as translators.
... we mobilised a team comprising 3 doctors, 3 nurses and 5 to 6 non-medicals for each mobile clinic.

SARAWAK



Mobile clinic in Long Sayan



We carried out a deworming programme for the children

The Situation

Deep in the jungles of Sarawak dwell many indigenous communities, such as the Kayans and the Penans. Far and isolated from towns and cities, their link to modern medical facilities takes them through long journeys on longboats and by foot. Their seclusion means that they only leave the villages when the medical condition is acute and immediate medical treatment needed.

Our Response

The MERCY Malaysia Sarawak missions were carried out to provide the villagers with adequate medical care despite the fact that they live in seclusion. The Sarawak relief projects are spearheaded by the Miri Chapter to reach these remote communities. Our volunteers braved long traveling hours in four wheel drives, on untamed logging trails, to make their way to these villages.

Medical Screening and General Health Awareness

We set up mobile clinics in the longhouses and community halls and carried out medical screenings.

To enhance general health awareness, our volunteer doctors and nurses gave health and hygiene talks to both adults and children.

Eye Examinations

It was literally a gift of sight for many when MERCY Malaysia distributed 300 pairs of reading glasses to the people living in the deep jungles of Sarawak. Optical equipment was brought into the villages so that our volunteers could conduct thorough eye examinations.

Dental Treatment

Our dentists set up dental clinics, conducted dental screenings, treatment and oral health education, giving simple demonstrations on toothbrushing to the children, which they enjoyed.

Community Service

Our Sarawak Outreach Programmes also gave us the opportunity to spread communal joy through community services, such as gotong royong, donating clothes, distributing toys to the children and organising colouring activities.

Over 2600 cases were seen from our missions in these villages, involving 34 volunteers. Medical supplies during these missions were donated by Pharmaniaga Berhad.



MERCY Malaysia held eye clinics as well



Dental care was long overdue for these villagers, and some of the cases seen needed more comprehensive treatment

To reach these remote communities, our volunteers braved the long traveling hours in four wheel drives, on untamed logging trails, to make their way to these villages.

RAINFOREST COMMUNITIES OF SABAH

The Situation

Many of the indigenous peoples of Sabah still live in their quiet longhouses, far and remote, under the shelter of the Borneo rainforest. The roads that link to their dwellings are in actual fact bumpy logging tracks that are long and winding. It takes many hours for four wheel drives to arrive at these villages, and even longer for these people to reach the nearest roads. For some, the means of leaving these isolated villages are by foot or by air. In these villages, there are no public or private medical facilities. Limited access poses a problem to these communities when seeking regular healthcare, and especially in times of emergency.

Our Response

MERCY Malaysia recognises this predicament, and deployed our volunteers to evaluate the health situation and needs of the remote communities of Sabah. It was an extensive assessment that covered different communities located in various areas.

Medical Screening and General Health Awareness

MERCY Malaysia's first mission ventured into the remote areas of Kudat, with the aim to provide these remote communities with general medical care and health awareness. It is important that, even though they live secluded from the nearest medical facility, their health is not neglected. During the mobile medical service and camps, MERCY Malaysia's volunteer doctors provided outpatient treatment.

Meanwhile, general health education is disseminated through educational talks and presentation.

Eye Examinations

Part of our services during these missions was to conduct eye-checks for the communities who hardly had any access to basic eyesight examinations. Our volunteers brought equipment and related supplies into these villages, and at times, having to carry these gear themselves as they trekked for hours through hilly and narrow paths.

Dental Treatment

Dental treatments were also conducted, together with dental awareness programmes. We also held demonstrations and distributed toothbrushes and toothpaste.

MERCY Malaysia's Sabah missions brought us to 30 villages, serving over 3,000 patients. A total of 31 medical and 17 non-medical volunteers served during our medical camps in the jungles of Sabah.



A longhouse turned mobile clinic

SABAH ISLANDS HEARTS AND MINDS PROJECT

The Situation

On the islands off the coasts of Sabah, live many communities that are isolated from basic medical facilities enjoyed by people on the mainland. They have to journey far and for many hours on their small boats to reach the nearest district clinic. These are people who earn meager means and cannot afford the ride unless the situation is urgent. Taking this boat to a medical facility would normally mean that the patient's condition is quite critical and is in dire need of medical treatment.

Our Response

This project is a collaborative effort with the Royal Malaysian Navy, who provided us safe journey to these remote islands, such as Pulau Mantanani Besar and Pulau Balambangan.

Similar to the aims in providing medical care and attention to the indigenous communities living in the jungles, MERCY Malaysia hopes that this outreach project will introduce a standard of healthcare that is comparable to others in the state.

On these islands, our volunteers conducted health awareness programmes and medical examinations, covering health screening, dental screening and deworming. These clinics were held in village schools, where MERCY Malaysia also donated toys and dispensed medicine donated by Pharmaniaga Berhad.

The Sabah Islands Hearts and Minds Project reached 800 people in Pulau Mantanani and 250 in Pulau Balambangan. A total of 26 MERCY Malaysia volunteers braved the seas on the Royal Malaysian Navy ship to provide medical care to these communities in 2004.



Laksamana Datuk Seri Mohd Anwar Bin Hj Mohd Noor, Chief of Royal Malaysian Navy officiating the Sabah Island Hearts and Minds Project



The 'dental care' assembly line

RUMAH SOLEHAH

The Situation

The Rumah Solehah houses a group of women and children who are living with HIV. In this home, established by the Islamic Medical Association of Malaysia (PPIM), they receive healthcare and medical treatment, as well as moral and spiritual support.

Our Response

The role of MERCY Malaysia in Rumah Solehah, is primarily on a psychosocial level, through creating a trusting and warm friendship with the children and residents. On alternate Saturday evenings, our volunteers visit the home to meet and play with the children. It is our hope that this healthy social relationship will enhance their self esteem and also uplift their sense of acceptance by the society.

Children are encouraged to spend time outdoors through arranged excursions. In a trip to Putrajaya, they spent a lot of time in the garden and under the sun. Volunteers also performed physical education with them. We conducted activities aimed at instilling their enthusiasm and curiosity.

We also organised Motivational Talks and Volunteer Induction Programmes to garner volunteer participation in our activities at Rumah Solehah. We also conducted talks on HIV AIDS to prepare volunteers before visiting the children.

FLOODS IN KELANTAN AND TERENGGANU



All they need are games and laughter to lift their spirits

The Disaster

December 2004 experienced heavy rains that resulted in huge floods in the North Eastern region of Peninsular Malaysia. In some areas, water rose to eight feet high, and help was inaccessible to the people in these villages.

Our Response

MERCY Malaysia sought the advice of the Ministry of Health, District Police and District Offices of the respective states to identify the areas that needed essential medical aid.

In Kelantan, MERCY Malaysia worked together with Kelab Radio Amatur Kelantan and Hospital Universiti Sains Malaysia, Kubang Kerian and set up mobile clinics, treating 300 cases.

In Terengganu, we set up four mobile clinics in the area of Jerangau, and treated 200 patients.

Most of the victims suffered from skin diseases such as scabies, rashes and athletes foot, URTI, fever, eye infection and high blood pressure.



Under the shelter of a makeshift tent, MERCY Malaysia and Kementrian Kesihatan Malaysia, set up a mobile clinic to provide medical aid

Sudan

Country Report

The Darfur Conflict

It was tagged by the United Nations as the “world’s greatest current humanitarian crisis”. It all began in early 2003 as a result of an internal armed conflict. In 2004, at least two 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. About 200,000 refugees also fled across the border into Chad.

Our Response

MERCY Malaysia sent a Rapid Assessment Team in early August 2004 to El Geneina, the capital city of West Darfur to assess the situation and identify areas in which we could provide aid. During the early stages of our presence, the team collaborated with Islamic Relief UK. We identified areas of health needs that we could provide; and soon after, established a Base Camp and Field Office in El-Geneina, West Darfur.



Gathering sticks and twigs to construct their IDP homes
(Photo by Art Chen, courtesy of The Star Publication)

Medical Relief

Throughout 2004, various medical and humanitarian relief programs were implemented in El Geneina Hospital, the only hospital in the city. From August through to December, we deployed 7 doctors and 3 nurses. A significant number of specialists served to support the medical needs in the hospital, as well as mobile clinics located within the Internally Displaced Persons (IDPs) Camps in West Darfur. Working together with the Saudi Red Crescent, MERCY Malaysia also distributed food items to the inpatients of El Geneina Hospital.



MERCY Malaysia volunteer, Dr. Abdul Adzim, treating a patient



Two young infants being cared by family members in a mobile clinic
(Photo by Art Chen, courtesy of The Star Publication)

Institutional Feeding Programme (IFP)

El Geneina Hospital is a rudimentary hospital, therefore, it is not fully equipped or enjoy the facilities of a modern hospital. Many parts of the hospital needed to be upgraded and rehabilitated.

One of the services in the El-Geneina Hospital which MERCY Malaysia undertook was to rehabilitate the hospital's kitchen. This facility had not been functional or equipped to provide food for its inpatients. As a result, family members camp within the hospital compound to cook for them. On 24th November 2004, we initiated an Institutional Feeding Programme through structural rehabilitation of the hospital kitchen and began providing inpatients with nutritious and balanced supplements.

This marked the beginning of MERCY Malaysia's reconstruction and rehabilitation programmes in the El Geneina Hospital. The hospital kitchen was renovated and rehabilitated. With a donation received from the Saudi Red Crescent, MERCY Malaysia constructed a water tank, a feature crucial to the operations of the institutional feeding programme.

A dietary programme for inpatients was formulated by MERCY Malaysia's volunteer dieticians and nutritionists. The menu was designed to reflect the dietary needs of inpatients while taking into consideration the traditional diet and eating habits of the people of Sudan. It is also prepared in compliance with the rules and regulations set by the United Nations World Food Programme. Our volunteers also provided training to the local staff on the running and management of the Institutional Feeding Programme, as part of the organisation's capacity building functions in West Darfur.



When there is hardly enough for everyone, every little counts

Reproductive Health Unit

The Maternity Ward in El Geneina Hospital was ill equipped and the building of a Reproductive Health Unit is, therefore, necessary to provide the IDPs with comprehensive reproductive healthcare. With the aim of reducing morbidity and mortality rate, MERCY Malaysia takes on the responsibility of extending the Maternity Ward, as well as the construction of part the new Reproductive Health Unit.

By the end 2004, MERCY Malaysia was ready to begin the rehabilitation project on the reproductive health facilities. The rehabilitation of this unit is constructed using local manpower, and is being managed and monitored by MERCY Malaysia's Project Engineer.



One of the wards that needs re-construction at the El Geneina Hospital



Family members cooking for their relatives outside the wards

Kerinding 2 Pre-School

MERCY Malaysia set up a Pre-School for children between 4-6 years old at Kerinding 2 IDP camp located in El Geneina. We launched on 27th November 2004 and registered 350 children. MERCY Malaysia collaborated with the Sudanese Ministry of Education in devising the programme for the pre-school. We also included activities such as play therapy, art therapy and music therapy. MERCY Malaysia deployed volunteer educationists and clinical psychologists to train local Sudanese to become facilitators in the pre-school with the prospects of managing the school on their own.

MERCY Malaysia undertook the construction of the pre-school. The structure was constructed in the form of Sudanese huts, bearing in mind the comfort of students, trainers and the needs of schoolroom activities.

MERCY Malaysia's mission in Sudan was made successful with the dedication of 24 members, comprising doctors, nurses, psychologists, nutritionists, dieticians, logisticians, engineers, architect, educationists and staff.



Congregating in the school ground. The school follows Sudanese architectural features, using natural materials and was constructed by the locals



Teachers are trained on basic psychosocial concepts by our volunteer Psychologist



Children get registered for school. A total of 350 children were registered on that day



Starting school with some songs and games

Afghanistan

Country Report

The Conflict

Afghanistan is a country needing much humanitarian aid which intensified following the war in 2000.

Our Response

MERCY Malaysia first went into Afghanistan with 4 doctors and 2 non-medical volunteers at the onset of the war to alleviate the suffering of Afghan refugees who fled their homes as a result of the war in 2000. At the close of our emergency medical relief to the Afghans, MERCY Malaysia ventured into several humanitarian and developmental programmes to help them rebuild their lives.

Medical and Humanitarian Aid Projects in 2004

Our medical and humanitarian relief programmes in Afghanistan entered into its fourth year in 2004. We continued with our core services here, providing medical aid through the MERCY Mother and Child Health Centre, capacity building programmes through our Vocational Training Centre, and humanitarian aid through our well water and food distributions.

The year was especially significant for MERCY Malaysia as it marked a turning point in our operations where we entrusted the responsibility of managing the operations to our national staff. In August, after a period of transfer of knowledge and skills, MERCY Malaysia's Afghan staff took over the helm of our operations.



The MCH is one of the few centres providing medical aid to women and children



MERCY Malaysia built 5 wells in 2004. This was built for a primary school in the Loya Jama Zahri District



The MCH is popular with the communities because of the presence of female doctors



A typical scene at the MCH

Mother and Child Health Centre (MCH)

The centre began operations in July 2003. It provides reproductive health care, complete with facilities for deliveries, a general ward, an outpatient department and a pharmacy. This centre is one of the few that focuses on health care for women and children in Kandahar.

The MCH carries out vaccination and nutritional programmes, supported by UNICEF, conducts health education classes, mobile clinic services and continuous medical education programmes (CME) for the local staff. Our programme is supported by WHO and UNICEF, which provide medicine and medical supplies to the centre.

The MCH is the only facility in the area that has on call services for emergency Obstetrics & Gynaecology cases and is fully outfitted with an ambulance service.

Managed by 19 staff, which includes an Obstetrician and Gynaecologist, a child specialist, two mid-wives and para-medical staff, the MCH is strategically located near the Kabul Bazaar in Kandahar City, it caters to the medical needs of five villages and one refugee camp situated within the area. On average, the centre ministers to 2000 cases a month.

Kandahar Vocational Training Centre (VTC)

MERCY Malaysia has an ongoing commitment to build capacities and empower the people of Afghanistan. In the 3rd Phase of our Relief Programme, we focused on developmental programmes, and embarked on a Vocational Training Centre (VTC) for women.

The MERCY Malaysia VTC project is one of the more successful centres in Kandahar. Women attending the programme are given sewing, stitching, cutting and knitting skills over a period of 6 months. To start help the graduates employ their skills, upon their graduation each woman is given a sewing machine and some seed money.

Since the centre opened its doors in May 2003, more than 500 women have graduated, and have now been given a foundation to be financially independent.

The MERCY Malaysia VTC also receives the support of the World Food Programme (WFP) through a monthly food distribution programme where the women at the centre are given lentils, flour and sugar.

MERCY Little Caliphs (MLC)



In 2004, we expanded the training to include knitting



Graduation is held every 6 months. This was held in December 2004 for 51 graduates

In 2004, the running of the MLC continued with pre-school education for 20 children aged 4-12 years.

Kandahar Well Water Project

Much of Afghanistan is very dry, which makes the Well Water Project essential for its people. MERCY Malaysia continued with our efforts in 2004, building a total of 5 wells. This project benefits the communities living around Merwais Nika High School D5, Takhtapol District, Primary School in the Zahri District, Loya Jama Zahri District and Eid Gah Mask.

Ramadhan Food Distribution

In the month of Ramadhan, we carried out a food distribution programme for impoverished communities as well as the Internally Displaced Persons. We distributed oil, sugar, rice, green tea and dates. The programme reached approximately 2000 people from 597 families.



Lessons are taught in keeping with Afghan and Islamic values



Food distribution during Ramadhan for 597 families

The centre began operations in July 2003. It provides reproductive health care complete with facilities for deliveries, a general ward, an outpatient department and a pharmacy. The MCH is the only facility in the area that has on call services for emergency Obstetrics & Gynaecology cases and is fully outfitted with an ambulance service.

Iraq

Country Report

The Disaster

20th March 2003 brought the Coalition Forces into Iraq. The war tore and razed through the land, seizing lives and livelihood. Homes, hospitals, buildings, and innumerable public amenities were battered, reduced to rubbles by incessant bombings.

Our Response - 2003

Fears arising from the threats of war brought MERCY Malaysia to Iraq in January 2003. A few months before the war started, we sent our fact finding mission to determine our actions in the event of a war. When war broke out in March, MERCY Malaysia Emergency Relief Response team established a Basic Health Unit together with the Jordanian Red Crescent Society, which provided medical relief to people fleeing the country in a refugee camp based in Ruweishad, near Jordan.

Three days after Iraq fell to the Coalition Forces, MERCY Malaysia entered Baghdad bringing much needed medical supplies to the Al Kindi Hospital and the Al Qadsia Hospital. MERCY Malaysia provided medical supplies to Chwader Hospital, Ar Rutbah town and the neediest hospitals in and around Baghdad. Some of the medical supplies and equipment donated included various forms of drugs, vitamins, solutions, Malaysian-made external fixators for the treatment of broken bones and specialised surgical sets.



Ibn Al-Quff is the only spinal cord injury and prosthetic centre in Iraq



Work in progress in the Prosthetic Unit



Newly rehabilitated Outpatient Department



Hospital main hallway restored

Many hospitals and health facilities were damaged as a result of aerial bombings, therefore, needed reconstruction and rehabilitation. In 2003, MERCY Malaysia together with Care International started a rebuilding and rehabilitation project on the Ibn Al-Quff Hospital for Spinal Cord Injuries and Prosthetic Centre. Some of the major infrastructure rehabilitation works included the replacement, restoration and repair of the sewage system, water pipes, electrical network, air cooling network. The building walls, doors, windows, roofs and false ceiling were also restored. Further to that we supplied furniture such as hospital beds, bedside lockers and meal tables. Meanwhile, general maintenance were carried out in Ward One and Living Quarters, garage, the Prosthesis Factory and Family Living Department of the Ibn Al-Quff Hospital.

MERCY Malaysia also saw through the rehabilitation of the Al Mansoor Paediatric Teaching Hospital, now known as the Medical City, which is one of the major teaching hospital complexes in Baghdad.

Our other services included a vaccination project for Public Health Care Centre's health workers against cholera, and providing jerry cans together with water purification tablets to local communities. We also provided updated medical related information such as medical books, CDs and posters to help bring the Iraqi doctors up to date with the current medical knowledge.

Relief and Emergency Response Projects in 2004

As a result of the war and the continuing battles, many Iraqis have been displaced from their homes and are re-settling in Internally Displaced Persons (IDP) camps in the area of Baghdad. They arrived from Fallujah, Ramadi, Alka'im, Basra and Najaf.

MERCY Malaysia extended our support by providing food, medical supplies, clothes and non-food items to the Hay Dragh Centre which houses 120 families and the Alkadrah Centre which takes care of 100 families. About 50% percent of the population is made up of children and 30% percent are women and old men. The total disbursements to these two camps was USD40,000.

Meanwhile in Kirkuk, the fall of Saddam ushered the return of Kurds to their former hometowns. Unfortunately, the Kurds took this as an opportunity to forcibly evict Iraqis of Arab descent. 190 families were displaced and found themselves in IDP camps in Soojay Camps 1 and 2, and the Uroba camp. MERCY Malaysia provided them with medical supplies, food and basic necessities, totaling to USD14,625.77.

In April 2004, MERCY Malaysia also distributed jerry cans and chlorine tablets in Thi-Qar, Muthana and Qadissiya. This project, which reached over 40,000 people, provided each person with 5 litre of safe portable drinking water every day.

The city of Fallujah suffered twice from the bombardments led by the American forces in 2004. During the first assault, a total of 130 families lost their homes. MERCY Malaysia responded immediately by making a donation of badly needed medical supplies. Our local staff in Iraq also supported the urgent needs of the IDPs by providing them with blankets, mattresses as well as jerry cans to ensure that they could store the drinking water they sought. Following the second onslaught on Fallujah, MERCY Malaysia reached the people who had earlier fled their homes prior to the offensive, and provided them with blankets, dry food and basic necessities crucial to their survival. Meanwhile, our access to the city was blocked; therefore, we could not reach the people trapped within Fallujah to supply them with food and



Distribution of Jerry Cans



Donation of food and non -food item for Fallujah in October 2004

medical supplies.

Our aid, therefore, had to be concentrated within the suburbs of Fallujah and Baghdad, where most of the IDPs had settled. It was later, in the aftermath of the assault that our local staff was allowed to enter the battered city and serve the starving people. To the people of Fallujah, MERCY Malaysia's combined disbursements amounted to USD28,994.20.

Rehabilitation and Construction Projects in 2004 **Ibn Al-Quff Spinal Cord Injuries Hospital**

Work on the Ibn Al-Quff Spinal Cord Injuries Hospital continued involving a lot of major structural repairs. While some parts needed only moderate rehabilitation, other parts of the hospital needed to be rebuilt from scratch.

More than 3000 paraplegics and tetraplegics, with over 2000 amputees, arriving from all over Iraq benefited from the rehabilitation and reconstruction of the Ibn Al-Quff. Work on the Hospital took 11 months, and was finally completed in November 2004, costing USD300,000.

In August 2004, a decision was made for the installation and construction of the hospital's water system. This was necessary to support the growing admission of patients as well as the water shortage problems in Baghdad. The installation would support the entire water needs of the Ibn Al-Quff, and would commence in January 2005. This would cost MERCY Malaysia USD34,910.

Unfortunately, the number of children under 12 years old suffering from spinal cord injuries has risen over the years. The construction of a Paediatric Ward is, therefore, necessary to ensure that these children receive proper medical care.



The Physiotherapy Centre is now in operation



MERCY Malaysia also rehabilitated the Pharmacy Department

Construction of a new Paediatric Ward commenced at the end of 2004, and is estimated to cost USD75,340.

Al Mansoor Paediatric Teaching Hospital, Medical City

In the Medical City, our team carried out their works on the major structural repairs on the hospital's lift system, electrical works, roof tiles, hydrotherapy pool, air cooling units, water tank and fire system.

Rehabilitation work in the Medical City took 10 months, and saw its completion in July 2004. The patients of the hospital had earlier suffered from 14 years of impaired quality of care as a result of under-funding and under-investment. Since its rehabilitation, the Medical City has seen an upgrade in its facilities and services. A total USD208,677.88 was spent on the rehabilitation of the Medical City.

An efficient fuel system is imperative for the effective running of the whole complex. The Medical City also serves as a major complex for undergraduate and postgraduate medical studies in Baghdad. It houses the Baghdad teaching School, Surgical Specialities Hospital, Nursing Hospital, Al Mansoor Paediatric Teaching Hospital, Bone Marrow Implantation Centre, Teaching Laboratories, the Central Laundry, Administrative Building, as well as the Doctors' Dormitory.

Previously, the Medical City fuel system was supported by old pipelines and fuel tanks that leaked, resulting in the accumulation of fuel in the complex's sewage system.

On March 2004, MERCY Malaysia embarked on an installation of 3 new fuel tanks bearing a capacity of 250,000 litres. The tanks supply fuel to the boilers of the complex, which in turn



Rehabilitation of the water system



Rehabilitation of the hospital cooling system

generate steam for heating, laundry, cooking and sterilisation processes in the Medical City. MERCY Malaysia disbursed USD17,000 for the installation of these new tanks in the Medical City.

Rehabilitation of Mosques

Many mosques in the Harthiyah area in Baghdad also suffered various infrastructural damage during the war. A total amount of USD6,710 was spent on renovating and re-equipping the Al Khansa, Al Qubanshi, Al Harthiyah and Abdul Hussieniyah mosques in 2004.

Maternal and Child Care Booklet

The Maternal and Child Care Booklet is a project aimed at providing medical staff working in Maternal and Child Care units in the country with the essential knowledge relating to their area of expertise.

This project began in October 2004, and will be completed in February 2005. Costing only USD2,500, it has a wide reach of over 10,000 Maternal and Child Care practitioners all over Iraq. MERCY Malaysia hopes that the Maternal and Child Care Booklet effort will result in the betterment of the reproductive health and paediatric care services in Iraq.



Toys to cheer the children of Fallujah



Donations of household items for the people of Fallujah in April 2004

Unfortunately, the number of children under 12 years old suffering from spinal cord injuries has risen over the years. The construction of a Paediatric Ward is, therefore, necessary to ensure that these children receive proper medical care.

Construction of a new Paediatric Ward commenced in January 2004.

Iran

Country Report

The Bam Earthquake

On 26th December 2003, an earthquake measuring 6.51 on the Richter scale struck the city of Bam and its surrounding villages in Kerman province, situated in south-eastern of Iran, approximately 850 kms from Tehran. The city of Bam is famous for its 2,500 year old ancient citadel, the oldest mud building in the world. It also produces the famous Bam Dates of Iran. Most buildings in the affected area were sun-dried brick masonry constructions which could not withstand the earthquake. Although the impact of the earthquake seemed to be limited to a relatively small area of about 16 km in radius, the damage was catastrophic.

The Devastation

The earthquake killed 26,000 people, rendered more than 75,000 people homeless and severely damaged or destroyed about 85% of the houses, commercial units, health facilities and administrative buildings in the city of Bam and surrounding villages. The 2,500 year old historic citadel of Bam (Arg-e-Bam), an internationally known heritage site and an important source of income for Bam's tourist industry, was destroyed.



MERCY Malaysia Base Camp in Baravat, located 13 km from Bam



Our volunteer doctors worked in a field hospital



Our doctors saw an average of 150 patients a day



Dental health was one of the services we provided

Our Response Emergency Medical Relief

48 hours from the moment the earthquake hit Bam, MERCY Malaysia responded by sending in an Emergency Assessment Team. Our first emergency medical team, equipped with much needed supplies of anaesthetic drugs, third generation antibiotics and bone fixators, left on New Year's eve of 2004 for Iran. Soon after, they began to work in a field hospital set up by the Italian Civil Defence in the suburb of Baravat, 13 km from Bam city.

Together with Iranian doctors from the Ministry of Health and Medical Education, MERCY Malaysia continued to run the field hospital until April 2004. With a high case load of approximately 175 patients per day, MERCY Malaysia's volunteers treated close to 18,000 patients in Baravat. A total of nine missions were deployed.

Mental Health Support

MERCY Malaysia implemented two core programmes in the area of mental health intervention. With almost one in five people dead, the disaster touched the lives of almost everybody in Bam and Baravat.

Our mental health volunteers conducted tent visits, and through interpreters, engaged each individual in direct one-to-one debriefing sessions. Approximately 400 patients were seen during our tent visits, and 87 of them were treated further in follow-up visits.

This preventive approach was supplemented by our

psychological outpatient clinic which saw between three to five patients each day, most of them being follow-up patients returning from the previous tent visits and referrals from the outpatient department of our Field Hospital. In total, 236 patients were treated during these sessions.

In addition, our teams also conducted several short programmes which included a group debriefing session in Bam, training of Iranian mental health professionals, a drawing and story telling session at a girls' school, a football match and clowning session at a boys' school, and a debriefing session for two kindergartens, all in Baravat.

A psychosocial programme was also conducted at a child day care centre, where biscuits and milk were given to the children as nutritional supplement, as well as an incentive for them to participate. In June 2004, MERCY Malaysia successfully handed over the mental health support facilities to the Iranian Social Welfare Organisation.

Distribution of Food and Non Food Items

During the mission in Baravat, MERCY Malaysia also carried out various distribution programmes to aid the affected population. These included distribution of food and non-food items, hygiene packs, and a Qurban project, with sheep donated by Yayasan Al-Bukhary.

Reconstruction Project – Health Centre in Bam



Hospital Clown Therapy by our very own Dr. Bubbles.



Qurban project



View of the site

As the health infrastructure was virtually destroyed in the earthquake, MERCY Malaysia on 18th February 2004, signed a Memorandum of Agreement, pledging a total of RM1 million to the Social Security Organisation (SSO) for the rebuilding of a Health Centre in Bam. This project will serve the health needs of the community, and will be the only health centre in the city of Bam.

The SSO has undertaken to acquire land, equip, furnish and staff the Health Centre, which is expected to be between 1,000–1,500 square metres in size. With the fulfilment of all the necessary pre-construction requirements, a groundbreaking ceremony was conducted in December 2004, marking the moment of commencement of the City of Bam Health Centre project.

In summary, MERCY Malaysia sent a total of 61 volunteers, EXCO members and staff who contributed approximately 8,000 volunteer hours for our Bam Earthquake Relief project.



Donation from the Malaysian public will go towards building the city of Bam Health Centre



Illustration of the Health Centre

Our first emergency medical team, equipped with much needed supplies of anaesthetic drugs, third generation antibiotics and bone fixators, left on New Year's eve of 2004 for Iran. Soon after, they began to work in a field hospital set up by the Italian Civil Defence in the suburb of Baravat, 13 km from Bam city.

Sri Lanka

Country Report



Landslides destroyed the whole school building. Seen here is the construction of the new school



The finished school. RM70,076 was disbursed for this project. The school was originally a 1000 year old mud building

The Disaster

When heavy floods rising as high as 12 feet swept through the districts of Ratnapura, Galle, Kalutara, Matara and Hambantota in May 2003, they seized countless lives and homes. The destruction caused much hardship and loss of livelihood.

Our Response

In 2003, MERCY Malaysia's initial response was to provide emergency medical relief, which served over 10,000 men, women and children in mobile clinics set up within the districts of Ratnapura, Matara, Galle and Hambantota.

Humanitarian Aid Project in 2004: Rebuilding of a Primary School in Akuressa

Our team identified a primary school in Akuressa that needed rebuilding and for the year 2004, much of our aid was channelled towards this project. The Assadat Mahavidhiyalek School, housed in a one thousand year old mud building collapsed in the aftermath of the floods and landslides, and was made inhabitable. RM170,076 was disbursed for the rebuilding of the school.

The project completed in September and was officially

The Assadat Mahavidhiyalek School, housed in a one thousand year old mud building, collapsed in the aftermath of the floods and landslides, and was made inhabitable.

launched in October by the High Commissioner of Malaysia in Sri Lanka H.E. Nazirah Hussein and MERCY Malaysia's President, Datuk Dr. Jemilah Mahmood.

MERCY Malaysia also equipped the school by providing school chairs and desks. The library was also outfitted with books, recorders, cassettes and maps. For the Home Science Lab, we equipped it with an oven, stove and kitchen utensils. MERCY Malaysia's staff and volunteers also helped the school village by erecting a new water tank there.

During the launching ceremony in October, we also donated **Gift of Hope** schoolbags, with hopes that new relationships and ties will be built between Sri Lankan and Malaysian students. A total of 250 bags were distributed to the schoolchildren in Akuressa.

Rebuilding of Bridge in Deniyaya

The Deniyaya village bridge connects three villages, namely Waralla, Porupitiya and Pelawatta. Since its collapse, the local communities constructed a flimsy makeshift bridge made of bamboo as a temporary measure. As part of our contribution to the community, MERCY Malaysia is constructing a new concrete bridge for the villagers who are dependent upon this as their only link to the mainland.



The opening was officiated by H.E Nazirah Husin, High Commissioner of Malaysia to Sri Lanka and MERCY Malaysia's President



Scene inside the class room

Cambodia

Country Report

The Situation

Cambodia is one of the poorest countries in the world, with a population of 43% below the age of 15. Nearly half of its children are malnourished, and one out of eight will die before their fifth birthday, due to preventable causes.

Our Response

MERCY Malaysia has been deploying mission members to Cambodia to provide medical relief since 2002 and has been exploring new ways to provide assistance to its people. Our projects were mainly flood relief due to the yearly overflowing of the Mekong river. Since then, Cambodia's flood mitigation programme has successfully reduced the flooding and with that our relief work came to a close. In 2004, we deployed a team to provide medical assistance in the Angkor Hospital for Children.

MERCY Malaysia deployed our volunteer paediatric surgeon and paediatrician in June to Angkor Hospital for Children located in the Siem Reap province. The Angkor Hospital for Children is funded by a non-profit organisation called Friends Without A Border. The hospital serves as the provincial Paediatric Hospital as well as trains government health workers.

Medical Aid



Villages come streaming in to meet our meet our doctors

During this mission, our volunteer paediatric surgeon performed 11 scheduled surgeries including hypospadias, removal of haemangioma and anterior chest wall, cases involving hirshprung, rectal bleeding, right orchidopexy and left brachial cyst, rectovestibular fistula anoplasty, splenectomy and hypospadias, torticollis and neurofibroma removal. MERCY Malaysia also donated medical supplies to the hospitals, and had utilised part of these donated items during our scheduled surgeries. Our volunteer paediatricians were also engaged in postgraduate curricular activities to train future paediatricians.

Assessment

The Cambodia mission also provided an avenue for the team to network with government departments and other NGOs while assessing the possibilities of future projects in Cambodia. Many children are suffering from malnutrition, tetanus and common diseases like pneumonia. During our assessment, our volunteers observed three children being on respiratory support. As the hospital lacked equipment such as ventilators, nurses had to manually handbag as much as they possibly could. This procedure has only a 25% success rate.

As there is very little funding to the hospitals, it did not provide neonatal care facilities or enforced vaccination programmes. There were also cases of children afflicted with HIV and AIDs.

In the Horizon

Our assessment revealed that general healthcare situation especially in Siem Reap needs international aid. MERCY Malaysia is exploring ways to work with the government and international NGOs in assisting the upgrading of medical standards in the region, and especially supporting the paediatric activities within the Angkor Hospital for Children.



During one of the housecalls in one of the villages



Because of poverty, less emphasis is placed on healthcare. Therefore, they look forward to our mobile health services

During our assessment, our volunteers observed three children being on respiratory support. As the hospital lack equipment such as ventilators, nurses had to manually handbag as much as they possibly could. This procedure has only a 25% success rate.

North Korea

Democratic People's Republic of Korea (DPKR)

Country Report

The Disaster

In 2004 MERCY Malaysia responded to the Ryongchon Train Tragedy and extended its aid to the DPRK. On 22nd April 2004, two trains carrying highly explosive ammonium nitrate blew up at Ryongchon railway station in North Pyongan Province, about 200kms north of the capital Pyongyang. This massive explosion resulted in deaths of approximately 160 people, injuries to 1,300 and destroyed or irreversibly damaged 1,850 homes. Among those injured included children from nearby schools.

Our Response

A team was despatched to the DPRK and delivered urgent medical supplies comprising mainly of broad spectrum antibiotics and disposable catheters requested by the DPRK and the Ministry of Public Health (MoPH) through the World Health Organisation. Visits and assessments were also done in health facilities in Ryongchong, Sinuiju and the Korea-Malaysia Friendship Farm near Suncheon City. MERCY Malaysia was one of the few international aid agencies given the opportunity by the DPRK to visit these facilities.

In the hospital in Ryongchong and Sinuiju, we brought smiles to the faces of children hurt by the explosion when we distributed soft toys donated by caring Malaysians.

Assessments for Long Term Projects

Our team held meetings with various international aid organisations such as WHO, UNICEF, WFP, Save the Children and the International Federation of the Red Cross (IFRC). The MoPH and the Flood Disaster Reduction Committee, the coordinating body for local and international aid, were also consulted. These visits and meetings were conducted to assess the damage resulting from the train explosion, as well as to gather further information on the situation in the DPRK in general, which would help us determine our future aid to the country.

In the Horizon

The DPRK is experiencing a long term humanitarian crisis. 40% of its children and one in every three mothers are malnourished. Meanwhile, healthcare in the rural areas are generally rudimentary. MERCY Malaysia is sourcing funds in order to establish long term and sustainable aid projects in the DPRK.



Our team was met by the Malaysian Embassy officials and the DPRK Flood Disaster Reduction Committee at the airport



A visit at a provincial hospital. It was in dire need of basic facilities and equipment

In the hospital in Ryongchong and Sinuiju, we brought smiles to the faces of children hurt by the explosion when we distributed soft toys donated by caring Malaysians.

Philippines

Country Report

The Disaster

When typhoon Winnie and tropical storms Yoyong razed through the eastern coasts of Luzon, they destroyed everything in their path and caused major landslides that buried houses, destroyed infrastructure and left agriculture crops in muds as thick as 16 metres. Relief efforts were made doubly difficult as rescue attempts were hampered by broken bridges and collapsed roads. On 13th December 2004, the Philippines government reported the death toll to be 1060, injuries as high as 1023, and that 559 people were missing. They issued a plea for international aid.



Basic Health Unit (BHU) set up at an elementary school in Infanta



Our volunteer doctors saw an average of 250 patients a day

Our Response

The MERCY Malaysia Emergency Response Team arrived in Manila on 13th December 2004, and were met by a local NGO, Kapwa Ko Mahal Ko, who acted as our local partner in Philippines. The Philippines National Disaster Coordinating Centre assigned our team to Infanta, located in one of the areas worst hit by this disaster. MERCY Malaysia also received the assistance of the Philippines Civil Defence, which airlifted our mission members to Infanta.

Emergency Medical Response

Among the services we provided included supporting local doctors in the treatment of emergency cases, outpatient treatment, deworming activities, conducting medical and consultation for medical officers, carrying out home visits and performing minor procedures such as incision and drainage of abscess. Our doctors were also instrumental to identifying cases for psychological intervention.

Mental Health Support

Due to the prolonged disaster phase and delayed relief efforts, a large number of the population was affected and traumatised. Formal psychosocial services were initiated by the MERCY Malaysia team, which included psychological debriefings, group therapies, as well as individual consultation arising from referrals. Activities included psychological debriefing by way of story-telling, singing, drawing, games and ballooning. Participants were encouraged to express and share their thoughts and emotions on their experiences. Majority of the children were fearful while the adults were depressed and felt hopeless. Our facilitators empathised and promoted normalcy through messages of hope and mobilisation of resources. Relaxation exercises such as abdominal breathing and progressive muscular relaxation were also introduced. These sessions created quite a following with the locals as parents started joining their children's sessions as well.

It was Christmas season, and our team organised a Christmas party as part of our Mental Health Support programme. All participants from the psychotherapy sessions were invited. Our team dressed for the occasion and were out in the hospitals and the streets caroling and played games and organised a Christmas party.



Bringing the joy of Christmas into the wards



Psychosocial programmes for the children

Rehabilitation of the Emergency Room for the Claro M. Recto Memorial Hospital

The hospital was submerged in water of up to 10 feet high, and the ground floor was buried in mud as high as 3 feet. This completely destroyed the emergency room, outpatient clinics, delivery room, pharmacy and laboratories, together with their equipment. MERCY Malaysia undertook the task of refurbishing the Emergency Room with medical equipment to enable them to operate the emergency care within the hospital.

This Emergency Response Mission deployed five volunteers, who served the medical needs of the people of Infanta for a period of two weeks.



Trudging in the mud alongside disaster ravished homes and businesses



Dr. Lokman, a MERCY Malaysia volunteer, working together with the Philippines Red Cross

Our team set up base and provided medical aid to patients in the Claro M. Recto Memorial Hospital, a district hospital which was half buried by mudslides. Together with the Department of Health, our volunteers set up a Basic Health Unit at the main evacuation centre.

Special Report

MERCY Malaysia Tsunami Report
Aceh, Indonesia
Ampara, Sri Lanka
Penang & Kedah, Malaysia

BANDA ACEH, INDONESIA

The Earthquake and Tsunamis

On Sunday 26th December 2004 at 0658 hours (local time), a great earthquake measuring 9.0 on the Richter scale, occurred off the west coast of Northern Sumatra. The original earthquake was a shallow earthquake and resulted in tsunamis in all the littoral regions of the Indian Ocean, causing massive damage and floods in a widespread area from as far as Somalia to Aceh in Indonesia. Sri Lanka, Phuket and North Sumatra were the worst affected areas. The northern states of Malaysia were also not spared although the damage and loss were minimal in comparison.

The Devastation in Aceh

Until today, it is unclear exactly how many people actually died in Aceh. Official reports record a death rate of 166,320 (Report from Bakornas Indonesia, 19th January 2005). There was widespread damage to Aceh, with destruction of homes, buildings and infrastructure up to 6 km from the coast, the west coast being worse affected. Banda Aceh, the capital of Aceh reported the most casualties and loss of lives.

Our Response

Emergency Medical Relief

A Rapid Assessment and Emergency Response Team was dispatched on 27th December 2004, arriving Aceh on an Indonesian military aircraft from Medan. The team stationed themselves at the Kesdam Military Hospital in Banda Aceh, the only functioning hospital. Immediate support teams were called for and a total of 11 doctors, a senior nurse as well as 2 logisticians were sent to Aceh within the first week of the tsunami.



MERCY Malaysia was the first international team to arrive Aceh. Our team started work on 28th December 2004



Kesdam Military Hospital was the only medical facility functioning in the early days following the earthquake & tsunami



Treatment given in the compound of the hospital



During the early stages, doctors had to perform procedures using very limited resources

In the last week of the year 2004, our teams in Aceh witnessed a multitude of injuries ranging from complex fractures to lacerations and crush injuries, severe pneumonitis as a result of near drowning, and in the latter part, infections from dirty and neglected wounds as well as respiratory infections.

The Kesdam Military Hospital is only a small provincial health centre, it is equipped with only rudimentary surgical equipment; therefore, our specialists had to perform complex surgeries within these grave constraints and cope with a critically long queue. During the early stages, the team of doctors at the hospital was treating about 600 patients a day and this number fell considerably when more medical teams from other parts of the world reached Aceh.

Our surgeons and anaesthetists worked closely with the Combined Australian Surgical Team (CAST), who arrived a few days later, bringing much needed fresh supplies. We also supported the few existing Indonesian doctors who remained in Aceh and the many Indonesian medics who arrived from all parts of Indonesia.

Mental Health Support

Psychological trauma was widespread from victims and survivors to local and international medical staff working during those difficult times. While preliminary mental health support measures were instituted immediately to help our teams, our colleagues from other countries, as well as our patients to cope, we soon began to deploy psychiatrists and psychologists into the field.

The year 2005 will see MERCY Malaysia taking an active role in the rehabilitation and reconstruction of Aceh as well as capacity building of her people, especially those in the medical field.

Information is accurate as at April 2005

2005 Activities and Proposed Plans

Short Term Acute Needs

During the early stages of the crisis, we provided Emergency Medical Response, as well as Mental Health Support and Trauma Counseling to the people of Aceh.

Meanwhile, our Humanitarian Relief was focused on distributing clothes, food and water, and setting up shelters for the IDPs. Donated items included medicines, medical equipment and supplies, wheelchairs, an ambulance, and other non-medical items such as generator sets, body bags, religious items such as prayer attire, the Koran and prayer mats.

During this phase, MERCY Malaysia deployed emergency medical response personnels such as surgeons, cardiologists, emergency medicine specialists, and psychiatrists to provide trauma counseling to the effected people. We also deployed logisticians who specialised in emergency response. They were crucial in efficient handling of medical resources and supplies as well as distribution of humanitarian relief items.

Medium Term Recovery Needs

Emergency medical relief gradually made way for outpatient care, and more emphasis is placed on mental health support. There is a great need to increase disaster preparedness for the Acehnese as well as to alleviate the fears that arise from being ill-informed about disasters such as earthquakes and tsunamis. Brochures and information materials are designed and distributed for this purpose.

MERCY Malaysia set up and managed an Internally Displaced Persons' (IDP) camp in Lokhnga, where we provided shelter, water and sanitation facilities. We also organised food distribution to 600 IDPs. MERCY Malaysia's team of volunteers worked together with the IDPs in setting up the camp and facilities.

Our engineers dug for water and were rewarded water supply that springs out with high mineral water quality. We also installed electrical supply in our camp, made possible by the donations of generators. In our ongoing efforts to rebuild lives, we established a child care centre and a women's vocational centre. The women's vocational centre has sewing and baking activities, keeping the women busy and giving them financial independence from the sale of their products.

In addition, our humanitarian relief work also encompasses rebuilding of temporary housing using earthquake resistant technology.

During this phase, more engineers and technical experts are brought in to the field to support the rehabilitation and recovery needs. While logistics saw a transformation from the previous influx of humanitarian supplies deployed during the emergency period to more specific supplies catering the needs of our projects.

Long Term Needs: Capacity Building

This is the period where the focus of our work would primarily be on reconstruction of health and medical related educational facilities and long term psychosocial activities. This would involve reconstruction and equipping of two nursing schools, a pharmacy school and a health centre.

Our partnership with Universiti Sains Malaysia will strengthen our capacity building programmes in the training of nurses. Similar plans are being formulated for the rebuilding of a pharmacy school in Aceh. Provision of relevant reference materials/books will also be undertaken.

Our Rehabilitation Plans also includes the rebuilding and rehabilitation of an Orthopaedic Ward, equipping the Orthoprosthesis Unit. The training of orthoprosthesis technicians of the Rumah Sakit Umum Zainal Abidin, a hospital located in Banda Aceh will be undertaken by Hospital Univerisiti Sains Malaysia.

AMPARA, SRI LANKA

The tsunami hit Sri Lanka two hours after it made its first impact in Sumatera, devastating three-quarters of the coastline of Sri Lanka. At its worst, in the early stages, there were nearly a million displaced people whose homes had been damaged or completely washed away. Within hours, Sri Lanka issued international appeal for aid.

Our Response

Emergency Assessment Team

An Emergency Assessment Team was immediately despatched. The assessment team surveyed various affected districts including Galle, Hambantota, Ampara, Batticaloa, Trincomalee and Jaffna, covering a huge area of the Sri Lankan coastal area.

The assessment covered various aspects of relief work, looking into the damage and the needs of the survivors. We also discussed with the Sri Lankan government and international agencies, and identified Kalmunai in the Ampara District as the area where we would focus our relief efforts.



Many hospitals were situated facing the sea, and were destroyed by the tsunami



In one of the mobile clinics in Sri Lanka



Learning about the tsunami will reduce the people's psychological trauma

Information is accurate as at April 2005

2005 Activities and Proposed Plans for Sri Lanka

Kalmunai Town

Kalmunai is a coastal town in the district of Ampara, located in the Eastern Province of Sri Lanka. MERCY Malaysia rented a house in Sainthamaruthu village on the edge of Kalmunai town to be used as our base camp. We also served the communities of Ninthavur and Karaithivu.

Medical Projects

Once we had set up base in Kalmunai, we began setting up our Basic Health Unit and expanded our services to Ninthavur and Karaithivu.

As many of the ambulances in the local health service were damaged by the tsunami, MERCY Malaysia donated an ambulance to the Kalmunai District Health Service.

Mental Health Support Projects

Our most valued service in Ampara is our Mental Health Support Projects. Our psychiatrists, psychologists and counselors, visited Internally Displaced Persons camps and helped these communities cope with their trauma and losses.

MERCY Malaysia began with our capacity building programme by training local para-counselors, or family support workers, as they are called in Sri Lanka, to provide psychological aid to those needing mental health support.

There is only one psychiatrist for the whole of the Eastern Province of Sri Lanka (i.e, Trincomalee, Batticaloa and Ampara Districts) and he is based in Batticaloa. The psychological needs of the people of Ampara District are met by a medical officer who has some psychiatric training and exposure. He is based at the Mental Health Unit in Kalmunai Hospital. Therefore, the services that our psychiatrists provide at the Mental Health Unit are extremely beneficial. MERCY Malaysia also provides psychiatric drug supplies to the unit.

Dental Projects

MERCY Malaysia has donated two mobile dental units to Kalmunai Dental Health Service and has deployed dentists, dental nurses and technicians to re-start dental services in Ninthavur and Sainthamaruthu villages. These services have now been completely handed over, currently and are run by local government dentists.

MERCY Malaysia continues to deploy dental students to carry out school dental health promotion and education activities in Kalmunai. We also donated dental hygiene kits consisting of toothbrushes and toothpaste to the school children.

PENANG & KEDAH, MALAYSIA

Malaysians live in comfort and security far from destructive forces of nature such as earthquakes and typhoons. 26th December 2004 brought this grim reality to our shores. The coasts of Kedah and Pulau Pinang experienced the devastating truth that left many homes destroyed, lives snatched and livelihood destroyed.

Our Response

The MERCY Malaysia team in Pulau Pinang and Kedah was fast to respond to the crisis. Our Assessment Team communicated with local authorities, in particular the Ministry of Health, to identify potential areas of assistance. Fortunately for Malaysia, both our government and private institutions were more than able to manage and minister to the medical needs of the people affected by the tsunami. MERCY Malaysia then focused on other areas of aid.

Mental Health Support

We then moved on to two areas that we could serve the people and support existing government's efforts; and these are Mental Health Support and Humanitarian Aid Relief. Mental Health Support was a crucial aspect of our mission. Our mental health teams established counseling in schools and evacuation centres, where they talked to adults and children to help them through the trauma they were facing. During these sessions, the women were more open to counseling than the men.

Humanitarian Aid

Humanitarian aid poured into our doorstep as Malaysians started contributing to help their fellow countrymen in need. There were food items such as rice, sugar, canned food, packet drinks, shoes, clothes and household items. Humanitarian relief items were delivered from our bases in Kuala Lumpur, Kedah and Pulau Pinang.

It was also during these times that new relationships were built with many people and organisations that came through our doors to help us. Nationwide Courier Express Services Berhad, our logistic partner, helped in delivering aid items. At the same time, DaimlerChrysler provided their vans for us to use in our relief activities.



Dr. Bubbles was popular amongst the locals, be it children or adults



Primary healthcare is important for the communities to help through their recovery

Information is accurate as at April 2005

2005 - MEDICAL AND HUMANITARIAN RELIEF

Medical Relief Aid

We provided medical relief through mobile clinics held at evacuation centres, and schools. Counseling and community activities were also conducted at the same time as the mobile clinics.

Mental Health Support

Our Mental Health Support team continued with their counseling sessions in the affected areas. Once the government had completed the transit homes, which they built to temporarily house the communities, our team also provide counseling from these homes.

Mental Health Support for the people affected by the tsunami will continue, where counseling will be catered in accordance to the progress of the trauma stages faced by the victims.

For the children, we also brought with them a clown show, to entertain as well as lighten their spirits.

Humanitarian Aid Relief

Donation of humanitarian relief kept on pouring into the tsunami affected communities. Because of our active involvement in these areas, we could make functional evaluations of contributions that would suit the real needs of the communities. The residents that are re-settling in transit homes at Kampung Permatang Katong, who had lost all their belongings, received 120 refrigerators from MERCY Malaysia.

220 of the children in Sekolah Kebangsaan Sri Kuala, Kota Kuala Muda, Kedah received new bicycles to replace their lost ones. All 549 schoolchildren in the school queued up while a tailor took their measurements for their new school uniforms, which were later delivered to them.

MERCY Malaysia volunteers frequented Sekolah Kebangsaan Sri Kuala numerous times. Their efforts went towards cleaning the school area of the mud and debris brought by the tsunami. In January, a big community event was held in the school marking the completion of our clean-up efforts. The school playground also underwent a face-lift where we replaced the old flooring with a new one, gave it a final wash and also painted the play area and equipped it.



New bikes for school children



Fridges for selected families who have lost all their belongings

Special Project

A Gift of Hope

The Situation

Whatever the situation, whether it is war, natural disasters, poverty or internal conflict, children are the ones most vulnerable to the misfortunes that these bring. They may face starvation, displacement, trauma, as well disadvantaged as a result of the lack of opportunity to basic education.

Our Response

The Gift of Hope Project presents these children with a simple gift in the hopes that they are able to enjoy the experience of their days in school. It is a warm project that is built on the foundation of encouraging ordinary children to reach out to their less fortunate counterparts all over the world.

The Sunny and Cheerful Project

The Gift of Hope involves school children from all walks of life, coming from various state of Malaysia. Their gift to underprivileged youth begins with a RM30 contribution from each student. It comes in a specially designed schoolbag which is filled with various stationery items and school related paraphernalia.



Schoolgirl in Sri Lanka receiving a school bag



A Gift of Hope and friendship

Malaysia

Whatever race, religion and transcending all boundaries, a message of hope is a universal language that all children comprehend. So, in colourful notebooks, children reach out to their underprivileged friends by scribbling and drawing their thoughts of friendship to those who will be receiving these gifts. The Gift of Hope bag also comes with a postcard printed with the name and address of the donor. When the schoolbag reaches the selected recipient, they can reply this kind gesture and pen their thanks to the donor.

The Gift of Hope project has reached the children of Palestine, Iran, Aceh and Sri Lanka, and at home, it has reached schoolchildren in Sabah, Sarawak, Selangor, Wilayah Persekutuan and Pulau Pinang.

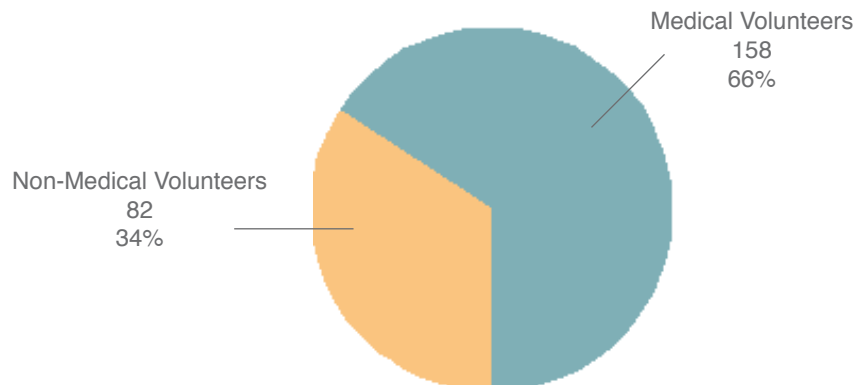
The Gift of Hope was launched on 2nd March, 2004 in the presence of the Ministry of Education. In 2004, 2,100 children have experienced the joy of sharing kind and meaningful thoughts through the Gift of Hope project.



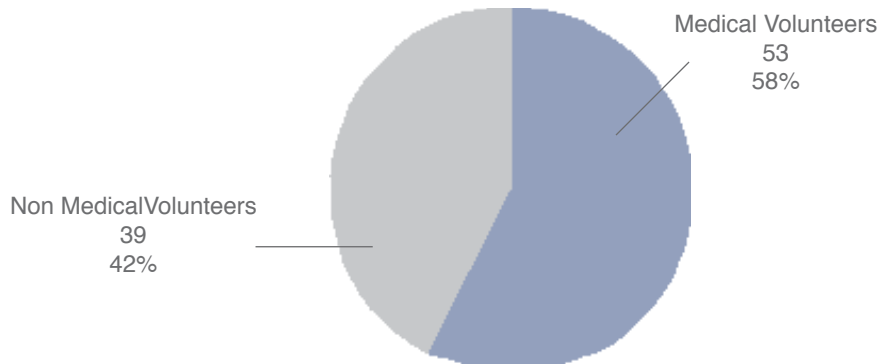
VOLUNTEERS OF MERCY MALAYSIA

Volunteers are the backbone to MERCY Malaysia's medical relief missions. They are individuals who go beyond the natural call of duty to contribute their time and expertise to a particular cause that is beneficial to society, as well as themselves, without an expectation of compensation.

There is no set description to describe our volunteers. Volunteers come from all over, compose a variety of ethnicities and professional skills, and have an array of interests. However, MERCY Malaysia is firstly a medical relief organisation and does give priority to medical doctors, nurses/paramedical. Our non-medical volunteers comprise people from all walks of life ranging from and project management / logistical, architects to teachers.



**TOTAL NUMBER OF VOLUNTEERS
DEPLOYED ON LOCAL MISSIONS**



**TOTAL NUMBER OF VOLUNTEERS
DEPLOYED ON INTERNATIONAL MISSIONS**

Our Mission Volunteers 2004

SUDAN

Datuk Dr. Jemilah Mahmood, Dr. Ahmad Faizal Mohd Perdaus, Dr. Abd Adzim E Arim Sasi, Aishah N Abu Bakar, Hanizam Abd Ghani, Nur Sakinah Dzulkifly, Sirajinisa Habibu Mohamed (The Star), Chen Soon Ling (The Star), Dr. Muhammad Munawar Mohamed Hatta, Noor Janah Abdullah, Syed Zahid Syed Mohamad, Major (B) Abdul Rashid Mahmud, Dr. Norherah Syed Omar, Mohd Azman Hj. Sulaiman, Norazam Abu Samah, Rossimah Mohamed, Dr. Lai Fui Boon, Joy Chua Guek Ling, Dr Zubaidah Jamil Osman, Dr Lungkiam Dambul Dumaring, Jamalul Ashikin Ahmad, Bryan Low Tiang Heng, Dr. Heng Aik Cheng, Pream Poobalan, Anita Ahmad, Dr. Wong Chin Ning, Chak Sui Keat, Major (B) Anuar Abdul Hamid, Haneer Fakhurrazi,

IRAN

Dr Ruziaton Hasim, Zainab Zainal, Aishah Bujang, Ariffin Abdul Rahman, Dr Quah Boon Leong, Dr. Suryane Vijaya Segaran, Leong Min See, Elizabeth Maurice Anthony, Faridah Hanim, Prof DR. Mohamed Hatta Shahrom, Dr. Tan Hooi Chien, Dr. `Praveen Singam, Sredaran K. Anandan, Hanita Hanim Ismail, Wong Hao Hsien, Dr Norherah Syed Omar, Halim Lim Abdullah, Hanida Hanim Mohd Mokhtar, Dr Ahmad Rasidi M Saring, Syed Zahid Syed Mohamad, Tee Kam Bee, Dr. Jaidon Romli, Urmila Dass Bala, Syed Reza Helmy Al-Attas, Major (B) Annuar Abdul Hamid, Rohayati Abu Nawar, Dr Nasir Mohamad, Dr Alzamani Mohammad Idrose, Dr Norazam Harun, Dr Ahmad Faisal Ahmad Perdaus, Hanizam Abd Ghani, Dr Ng Sheau Fang, Oh Boon Hann, Syed Ahmad Abdul Hadi Syed Hussein, Aishah Mohd Amin, Dr. Nikheet Nasreen, Low Boon Tat, Joseph Raj Lourdunathan, Noor Azam Shairi, Abd Rahman Saleh, Benjamin Chai Phin Ngit, Dr Lai Fui Boon, Hasrizal Hassan, Syakirin Muhamad, Norazam Abu Samah, Dr. Dilshaad Ali Abas Ali, Shareen Shariza Dato' Abdul Ghani, Dr Sarah Haniza Dato' Abdul Ghani, Dr Rohana Jaafar, Dr Chen Tai Ho, Dr Wan Nurdiana Zaireen Wan Zainal Abidin, Dr Jaya Prakash Reddy, Noor Janah Abdullah, Khairul Nizam Idris, Iskandar Syah Ismail, Rohani Mat Saman, Dato' Abdul Ghani Mohamad Rais, Datuk Dr. Jemilah Mahmood, Datin Hasnah Hanafi, Mohd Azman Sulaiman, Dr. Sarah Haniza Dato' Abdul Ghani, Farah Hamzah

PHILIPPINES

Dr Lukman Hj Mohd Rashid, Dr Chea Phee Kheng, Yang Wai Wai, Benjamin Chai Phin Ngit.

NORTH KOREA

Dr Heng Aik Cheng, Aris Ozair, Tengku Bahar Idris Tengku Baharuddin,

SRI LANKA

Datuk Dr. Jemilah Mahmood, Pream Poobalan, Dr P Shanmuhasuntharam, Dr Nasir Mohammad, Norazam Abu Samah, Hj. Muhammad Faisal Abdul Wahab, Zu Mian, Alia Hani Ahmad Rodzi,

ACEH

Datuk Dr. Jemilah Mahmood, Aishah Mohd Amin, Che Tah Hanafi, Norazam Abu Samah, Dr Quah Boon Leong, Dr. Archiriani Fitri Siddiq, Dr Zainal Abidin Mohamed, Dr Fazilah Md Zain, Ponthirumavalan Subramaniam

People often ask our volunteers, what is that makes them do the work that they do?. The answer is simple . It is all about gratitude and thanksgiving. To be grateful for all the blessing that we receive, peace, freedom and great fortune.

To our mission volunteers we salute you!

SARAWAK

Benjamin Chai Phin Ngit, Liza Chai, Martin Jandom, Councillor Simpson Njock Lenjau, Sinorita Mujan Ngau, Sharon Nicholas, Lee Hui Hong, Choy Xue Min, Nor Aini Othman, Nurlaila Maydau, Haliza Pudín, Dr Coockey Sotonibi, Dr Sarafina Joblee, Dr Ledia Engkasan, Dr Mohd Najib, Dr Tan Teik Wooli, Dr Daniel Low, Dr Foo Sze Yuen, Rossimah Mohamed, Suhaireen Suhaiza Dato' Abdul Ghani, Dr Ahmad Zabidi Mohd Basir, Norkamisah Abd Majid, Nurlaila Maydon, Dr Sarah Haniza Dato' Abdul Ghani, Sim Boon Chong, Chua Yen, Azman Ahmad, Alia Hani Ahmad Rodzi, Sharifah Ilyana Syed Mashor, Mohd Mikael Abdullah, Dr Dilshaad Ali Abas Ali

SABAH

Dr. Helen Lasimbang, Dr Joseph Lau, Dr Wong Koh Wei, Dr. Jerome Tan, Elizabeth Maurice, Jennifer Lasimbang, Chow Kit Yin, Yeong Chee Jong @ Nicky, Nagendran Thangavelo, Thangirani Muniandy, R.C Anantharaj Chanramohan, Elaya Rajah, Chee Hee Tong, Dr Lavitha Sivapatham, Dr. Wong Ke Juin, Dr. Micheal Bernatt, Dr Manoj Kumar, Adrian Lok, Angel Abdul, Margaret Chin, Dr Cheah Phee Kheng, Dr Muzamir Mahadi, Benjamin Chai Phin Ngit, Patricia Loke, Dr Zubaidah Hanifah, Dr Tan Kok Neang, Dr Tan Chen Wee, Dr Mohd Ikram Mohd Salleh, Dr Benjamin Leong, Dr Adlan Suhaimi Dato' Ahmad, Dr Gerald The, Sherif El-Tawil, Mohamed, Mohamed Hassan Paywandi, Wendy Lim Swee Sim, Manuel Pauser

KELANTAN / TERENGGANU

Jamalul Ashikin Ahmad, Alia Hani Ahmad Rodzi, Aishah Mohd Amin, Major (B) Abdul Rashid Mahmud, Dr Chen Tai Ho, Mohd Nasyaruddin Shafie, Mohd Ya Yusof.

RUMAH SOLEHAH

Hanizah Baharum, Nur Salwani Alias, Noor Faezah Paizan, Adawiyah Suniza Shuib, Fadzliana Hanum Jalal, Khairatul Nainey Kamaruddin, Sharifah Ilyana Syed Mashor, Nur Diyana Mohd Yunus, Rafisuhaila Rahim, Rashidah Abdul Rahman, Suhaila Mohd Omar, Mohd Shariman Muhd Shari, Hasmeela Hussain, Zatul Himmah Zainuddin, Abiat Arzana Jaapar, Adawiyah Shuib, Siti Noraini, Husmeela Hussain, Adriene Leong, Siti Fatimah Othman, Hamisah Mohamad Azidin, Mohanagauri Maniam, Suhaila Mohd Omar, Lim Siew Ling, Deepa Ahmad Zaidi, Muhammad Mahfuz Al-Hafis.

DRUG REHABILITATION ASSISTANCE PROGRAMME (DRAP)

Dr Ahmad Faizal Perdaus, Hanizam Abd Ghani, Habibah Haron, Visvabalan Ramasamy, Rohayati Abu Nawar, Mohd Zaki, Alex

MOBILE CLINIC (WITH UNCHR)

Rohayati Abu Nawar, Mohd Shahrin Dollah, Aminuddin Daud, Azlin Hashima Mt Husin, Nur Jannah, Tay Giat Sing, Riza Fazilah Ismail, Hanida Hanim Mohd Mokhtar, Norita Nordin, Yon Afifa Aziz, Norliza Ithnin, Siti Jamilah Muhd Zain, Thomas Francis, Dr Noor Ibrahim, Dr Fadzlin Mohd Fadzil, Rafi Suhaila Rahim, Nurul Aini Mamt, Sathiya, Asnida Mariny Zulkifly, Johary Rejab, Dr Tan Hooi Chien, Rusnah Hussin, Asnida Mariny Zulkifly, Nurul Aini Mamat, Bavanic Somarajah, Saw Yen Peng, Jamalul Ashikin Ahmad, Nor Shilawati Mohd Yussof, Afzan Nur Faiz Jamean, Aziz Ishak, Ainee Adam, Mohd Khairuddin M Shukri, Dr. Foo Sze Yuen, Naina Abdul Karim, Dr Mazeni Alwi, Dr Norherah Syed Omar, Adibah Ilyas, Tan Yee Yen, Siti Syaerah Meor, Siti Fatimah Idris, Raja Nor Azrina Raja Mohamed, Rosnah Ismail, Asha Dhillon, Sharina Hashim, Nor Bayah Bahari, Dr Maheswaran, Razali Ahmad, Nor Bayah Bahari, Sharina Hashim, Yee Shyong Chay, Eugina Chock Yu Pei, Lalitha Paramanathan, Yeow Peck Har, Roziah Burok, Khairunnisa Yunus, Siti Azuna Abu Bakar, Nor Hidayah Azizuddin, Nurul Raihana Aziz, Pream Poobalan, Dr Dilshaad Ali, Dr Nikheet Nasreen, Dr Badariah Ahmad, Rusidah Hussin, Aisyah Abu Bakar, Azzifa Mohd Zaki, Pei Ling

Voices of MERCY

A Unique Experience
The Brave Hearts
Dark Clouds Over Darfur
Aceh Diary

A UNIQUE EXPERIENCE

MERCY Malaysia Mission to Sabah

Manuel Pauser, aka Azim, is a student who spent his summer break away from Germany to lend a hand to MERCY Malaysia. His voluntary spirit brought him to the island of Sabah where MERCY Malaysia collaborates with the Royal Malaysian Navy to provide medical aid to the communities there.

The greatest reward for a volunteer working with MERCY Malaysia is taking part in a mission. It goes beyond the support of administration, fundraising or other volunteer activities supporting MERCY Malaysia - to me, it means the immediate realisation of MERCY Malaysia's mission and vision.

I was offered to join the mission from 4th to 7th September 2004 to the islands off the coast of Sabah, a mission in collaboration with the Royal Malaysian Navy, to provide medical and dental help to the people on the islands of Pulau Mantanani and Pulau Balambangan.

News spread quickly even before we arrived on the islands, and while we were setting up our mobile clinic, people were already gathering with great enthusiasm with hopes that they could soon get rid of their aching teeth or obtain medication for their cough, fever, high blood pressure and several other common illnesses. It was a sight to behold. The floor was buzzing with activity. Four doctors were treating the people, one medical student was taking blood pressure, one dentist extracted a tooth as a medical assistant helped him hold down the patient, and two volunteers were registering patients for medical as well as for dental treatment.

In spite of all this action, the attraction for the villagers was entirely different. When they entered the room, their eyes were immediately all drawn towards the table spread of medication that we brought for the clinic. Their highlight seemed to be the moment after consultation when they were given medication. The more medication they received, the more satisfied they seemed. At a certain point, we had the feeling that they were only coming for the medicine. I was asked by seven year old boys whether I could give them some "ubat". I responded by saying that they had to first see the doctors. They tried to trick me by saying that it wasn't necessary, because all they wanted was the "ubat".

Another interesting incident occurred in the second village on Pulau Balambangan. While the doctors were still busy treating patients in batches of family members, I started to distribute the toys we brought along with us. I was surrounded by children from all sides, and they were all noisy from the excitement of receiving these toys. But almost immediately when the last toy was given away, there was utter silence. When I looked up, there was not a single soul left in the clinic! Chaos was transformed into quiet and peace. All the people had vanished into their homes. It was like a sign that our job was all done and we could then leave for the next island.

Altogether, the doctors and dentist saw more than 500 people, each to be supplied with medication and/or vitamins, which were made possible by the donation from Pharmaniaga Berhad. The Royal Malaysian Navy, especially the crew of the "Seri Gaya", who were not only providing the transportation to the islands, but also served us with delicious food and space to sleep. They accompanied us to the islands and helped control the crowd. It was very



Manuel, third from the right

heartwarming, as they were always there for us and took great efforts to support us.

Above all, I salute the great commitment of the mission members who offered not only medical and humanitarian aid, but also their entire vacation to work! They served tirelessly, braving the language barrier, and not at all minding taking on other roles such as being porters, climbing in and out of boats, and up the hill carrying our medicine and supplies to our mobile clinic.

It gives me great drive to return to Malaysia: to once again live on the boat where the sea only gets rougher and rougher by the day, relive my seasickness, endure the heat on the islands which is absent of fans, and spending the hours of counting, packing and sorting tablets into little bottles. This was all worth the unique experience - to be able to help people, who are living miles away from the mainland, who don't have much more than what the island and the sea can offer them.

September 2004



THE BRAVE HEARTS

Dr. Sarah, consultant orthodontist, city dweller, ventures into the jungles of Sarawak to participate in an outreach programme, and finds herself swinging in one of the most enjoyable adventures of her life.

Miri, Sarawak was yet another challenging local destination where MERCY Malaysia made its mark. Mission 2 consisted of 6 members from Semenanjung lead by Rossima Mohamed, the Deputy Relief Head herself, a journalist from Utusan Malaysia, and joined by the 6 locals cleverly put together by MERCY's treasured uncle, Ben. Uncle Ben's warmth made the team's ice breaking session easy. We got acquainted quickly as though we had known each other from before. Funny how missions such as this and many others saw the same unique closeness amongst members. It must be due to the same MERCY spirit in all our hearts.

From Miri, we braved into the interior of Sarawak jungle covering a distance of 300km of mixed tarred and stoned-graveled roads on 4 four-wheel timber trucks. The bumpy ride was fun, almost like the rough rides in the amusement parks. Only this one lasted too long, it gave us sore bums, and had 'someone's inner garment strap to snap! It was no longer funny when you have to physically support the unsupported piece through out the journey!!

As though the bravery on our parts have not been tried enough, we encountered further 'fear factor' rally. River rafting on an open bare platform converted as a primitive ferry ride to reach the other side, "Dakka-Paris Exploration" race into muddy estate tracks and rough timber trails. The slippery and sloping trails, barely hugging the hillsides, did not do justice to the screaming ladies for they clearly broke the serenity of the wild setting and caused many confused hornbills to flee from their resting branches as we passed them.

The 5 hour journey finally ended. We reached the camp site, Long Bedian, late in the evening a reasonable cowboy town catering for many longhouses and timber settlements around the area. The Ketua Kampung greeted us warmly and settled us in his own private longhouse.

The next morning, we were awakened by somewhat happy festive noises coming from the villagers who were making their way to the main community hall to receive our services. This mobile clinic was special as it had a complete range of medical, dental, oral hygiene demonstration, deworming for kids and more importantly the eye check service, an initiative brilliantly thought of by Uncle Ben who saw the enormous need for reading glasses. A total of three hundred pairs of glasses 'met eye to eye' with their respective owners who could now thread their colourful Sarawak beads a hundred times faster and happier.

As a dentist, I witnessed an appalling need for dental treatment. My sister, Sue, an architect turned dental nurse by default, and I, had imagined to have a relatively breezy day with the extractions; for dentistry has always been a fearful experience, they stay away from you as much as possible.

Oh no! We were wrong, the villagers cleverly acknowledged the luxury of this service that they

were not about to allow this to pass them. We had the longest queue but fortunately the team made it smoother when they joined us at the end to taste the 'butchery' world of dentistry. We treated close to 200 patients with each patient needing 3 or more number of extractions of badly carious teeth and rotten buried roots.

With this mission we covered other remote areas of Long Latek, Long Kevok, Long Sayan and of course Long Belok which was the only village accessible via 'titi gantung' (suspension bridge). Once, a lady pointed out a problem of recurrent gum infection with pain surrounding a carious tooth which was there from the time she was pregnant till now... pointing towards her 15 year daughter who stood beside her!

On the humanitarian aspect, we visited the Boarding School for Penan Kids. These kids were left there to attend school regularly, whilst their parents practised their nomadic activities. The condition was unsatisfactory. It needed more clean mattresses, pillows and beds and mosquito nets around the windows. This was recommended for the next mission.

Truly it was a great experience for all of us. The farewell dinner organised by the Ketua and villagers gathered us in the Sarawak spirit where our dancing skills, or rather lack of it were embarrassingly displayed.

But for sure I left Sarawak with an image forever captured in my mind ... the picture of this toothless smiling old lady decorated with long pierced earlobes and a brand new pair of reading glasses...

July 2004





DARK CLOUDS OVER DARFUR

Dr. Heng Aik Cheng is EXCO and Team Leader of MERCY Malaysia Assessment Team to Darfur, Sudan in August 2004. This was his story on MERCY Malaysia's maiden mission in Africa, crossing the continent to extend help to the people of Sudan.

We arrive in El Geneina under the blazing hot sun after a three hour flight from Khartoum, in a propeller Air Sudan Russian Antonov plane. The runway is a flattened mud track which the plane bounces gently on. There is no terminal building except some huts which act as a departure lounge for passengers waiting for a flight. Most of the passengers are working for United Nations Agencies or for International NGOs who have arrived to help in the humanitarian crisis affecting Darfur.

The roads are unsealed and we travel for half an hour on mud roads to El Geneina. Along the way, are small scattered houses with thatched roofs. Hardly anything grows except desert bush. There are some sheep seen occasionally feeding off the barren ground. It is a region which is harsh and barely supports agriculture, even less so, life.

Life is hard and made even worse now with the civil unrest affecting the region. Darfur is divided into three regions - North, South and West. West Darfur is the worst affected region which has seen the war for over two years. There are over 1.3 million people who have been made homeless as a result of it. They live in IDP (Internally Displaced Persons) camps scattered over the region. Their villages have been attacked, burned, and all livestock killed. Left with nothing, the people have trekked miles to get to the nearest town for safety and shelter.

The town of El Geneina has a population of 200,000 and serves as the administrative centre for the region. None of the roads are tarred and there is one main road through it. There are some small shops selling provisions and a market for whatever minimum local produce. Most people travel on foot and the main mode of transport is the humble donkey.

The reason for the war is not altogether clear. There are many conflicting reports and up till now, who the perpetrators are, remains a mystery. It ranges from a tribal conflict to a spillover of the Civil War between the North and South. Some say that these were previous Government supported tribes who have now gone out of Government control. Whatever the reason, the result is instability to Sudan and in El Geneina, a humanitarian disaster quickly descending into chaos.

The Al Riyadh IDP camp is half an hour from El Geneina. There are over 8,000 people living there. The first sight that greets me is the shelter that the people are living in. A shack made from grass stalks about 6 feet by 6 feet for a family. The roof is 4 feet high and is made of grass thatch. It provides shade from the sun but would be totally inadequate as protection from rain. The whole side of a hill is covered by these huts!. All these huts are next to each other and are separated from the one across by a narrow path, enough for two people to pass. Cooking is done in the huts, three stones, sticks for firewood and an empty pot. The whole camp could be burnt down in an hour. The stark fact is that there are 500,000 people living like that in West Darfur and 1.3 million in the whole region of Darfur.

"They killed my three sons and burned my house" the old man said. No tears in his eyes, no emotion in his voice. It was just as a matter of fact. Everyone had a similar tale to tell. A little



girl lives with her grandfather because her whole family was killed. “My husband and my sons were killed, now I am alone” is another common lament heard from the women folk.

I could not believe the things I was hearing yet I knew they were all true. They were hard, bare boned truths told so simply and honestly, that there was no need to embellish it. It was happening so commonly that that there was no need to lie. Everyone had suffered. There was no need to have a better story.

Of course, we had known of these atrocities a long time ago. It occupied little snippets of news, usually tucked away under the section of “Other World News”. Yet another African tragedy - but they have one every month anyway! AIDS, disease, famine, genocide, wars, military coups are all common everyday fare... The world is just tired of Africa. But every day, whether you care or not, thousands go hungry, thousands become ill and thousands die. Just another tired statistic in an even more fatigued world.

Yet, there they were. Smiling, laughing and reaching out to me to shake my hand, eagerly greeting me with cries of ‘Assalamualaikum’, peace and blessings be upon you! I was always surrounded by smiling faces. Genuine happiness and the broadest smiles I had ever seen. They



did not ask for anything. They were just happy to see me and to open their lives and hearts to me. These were the same people who had suffered so much, had nothing in the world and lived a life so fragile. And yet, they were offering me their blessings, their friendship, their trust and above all, their hearts. For people who had nothing, they had so much to give. I felt I had nothing to offer compared to them, for if you cannot give your heart then you really have nothing in this world to give! And I cannot give my heart the way they give theirs. I am too aware of the world, too careful, too cynical, too suspicious, have too much to lose, and perhaps just too full of myself. I live in this civilized world where we are careful not to be too trusting, to save for more than a rainy day, to be suspicious of strangers and to build walls around ourselves for security so that we will have a wider comfort zone. I wonder where the tragedy is.

I saw this young boy sneak into the tent. We were distributing food to the camp and the queue was unending outside. He was small, thin, dirty and his clothes were torn and tattered. He just wanted to look. And you could see that he was intelligent from the way his bright eyes took in everything.

His name was Fadhira, he was eight years old and very small for his age. Like all the children in the camp, he was skinny with a runny nose and flies were swarming round his nostrils. But his eyes told a different story. They were curious and absorbing. He answered all questions in a quietly confident manner without emotion, almost detached. We gave him a pen and paper and he sat quietly down and started drawing. He was in a world of his own, oblivious of what was going on around him. He drew horses, sheep and finally, a pick up truck with a machine gun mounted. I did not want to ask him anymore about what his drawings were about.

"I want to be a doctor", he said. I could not believe my ears! This was an undernourished eight-year old with minimum exposure to the world, no pushy parents and yet already had his mind made up about his future! He had everything required to succeed in life except opportunity. In his community, he would be lucky to live till 20, never mind marriage, a family and a vocation. If he does not die from hunger, disease or violence, his life expectancy is 50 years, and that is a blessing.

The sky suddenly darkens. You can see the approaching rain in this flat land and it is coming fast. First, a strong wind followed by a sandstorm, then large drops of rain and sheets of water so dense, that visibility is reduced to a hundred meters. I am in the only shelter in the camp which serves as the office. It is a thatched hut with plastic sheet for roofing. The floor is earth. Luckily someone had dug a shallow drain around or it would have been flooded. Children and mothers started coming in. This was the only shelter in a camp of 8000 people. Soon it was crowded with mothers, wailing babies and children. Together we stood, shoulder to shoulder, resigned to our fate, smiling at each other, happy to be dry. We were the lucky ones. Today I am inside. Tomorrow, who knows, I may be outside.

The start of the rains is the season to plant. But if you are in a camp because it is not safe to go home to plant, you will have nothing to harvest. This means that you will be staying in the camp for another year, hoping that it will be safe the next season to return home to plant. So, 1.3 million people in Darfur will be in camps for another year. This is the cold statistic facing us. This means that food, shelter, medicine and education will have to be provided for at least another year. Never mind the 200,000 refugees in Chad waiting to return home to Darfur. Can the world maintain its caring capacity for another year? Today, Darfur is the world's worst humanitarian crisis, but it will very quickly slip out of attention in six months time. So will 1.3 million people.

As for El Geneina, it is the most peaceful place I have ever been to in all of my MERCY Malaysia relief missions. Never once did I hear a gunshot, there is no overwhelming army presence and the people do not appear to be living in fear. Contrary to that, they are the friendliest I have met. They are smiling, cheerful and open. Certainly not the atmosphere of a conflict zone. Yes, I saw five gunshot victims who had been lying a few months in the hospital. But that was all the violence I saw. Yes, I also realize that 1.3 million people do not leave their homes for no good reason. I am not naïve, but I believe the main unrest is over and we are now at the stage of repairing the damage done. To feed the people, to shelter them and to nurture them spiritually and mentally for another year. By which time, peace and stability will ensure their return to their own farms and they can start building their lives once again.

The political question and the political answer are not important. Who is right or who is wrong is also not important. What really matters is what we are going to do with 1.3 million people who are totally dependent on the rest of the world for their needs? We cannot stand idly by waiting for a solution. It is all about action not words.

As I prepare to return to Malaysia, I am filled with anxiety for the people of Darfur. I worry for the likes of my young friend Fadhir, the strong widows we met and the children who depend on aid from people like us to help them see another day. I also worry if the mainstream media and international news will influence the thoughts and opinions of my friends and countrymen. That they too, will feel the situation is so hopeless and not worth contributing to. But how can we, the fortunate humans on this earth, look away and give up hope on the people of Darfur when they need us most?

It is time to make the difference.

August 2004





ACEH DIARY

Datuk Dr. Jemilah Mahmood had seen countless forms of disaster and atrocities. None, shocked her as much as Aceh.

The tsunami is a tragedy that will never leave our memories. Dr. Jemilah Mahmood, President of MERCY Malaysia, shares with us her emotions and hopes during the first days of the greatest disaster the world has seen in a hundred years.

Ulfah clings on to me as she sits astride my hip while I walk around on my routine tour of the camp, which she and more than 600 others, now call home. Orphaned at two years of age, she is a bright eyed girl who, by a twist of fate, was separated from her lactating mother on that fateful day of 26th December 2005. It is difficult not to fall in love with Ulfah. She is endearing and innocent. Most of all, she has taken all of us into her heart and in some ways, is as dependent on us for affection, as we are on her, in this devastated land. As much as she adores me, I am a poor substitute for her mother, who I am certain must have been a very special lady from watching the three daughters she left behind.

We arrived in Aceh in stages, the first group flying out from Kuala Lumpur on 27th December. I stepped foot in Indonesia on 29th December, three days after the tsunami, into what seems like a scene from Frank Copolla's "Apocalypse Now". By the time I arrived, the stench of death was overwhelming and numerous corpses lay untouched in heaps and rows, while many were in rigor mortis and advanced stages of decomposition in the surreal surroundings of Banda Aceh or what remains of it.

I can vividly recall the early post-tsunami days in the military hospital where we worked. On arrival, I was greeted by our young Dr. Leong who hugged me with relief as I stepped out of the vehicle. He kept repeating "It's so good to have you here. It is a madhouse". And I knew exactly what he meant. The hospital resembled a post war zone with patients everywhere, corpses pushed to one side and disorientated families walking in the compound with faces robbed of expression. I would have probably been less confused had I seen women weeping openly or men groaning in pain. But instead, in most instances, I witnessed a population in various stages of shock.

We did not waste any time as time was not on our side. There were patients to mend, to treat, to comfort and most of all to help as they moved between life and later certain death. Never in my life had I spent so much time helping people with their last rites. And that was how I spent my nights. Walking among the dead and near dead. Helping them cross that line with nothing more than a warm hand holding theirs, whispering prayers into their ears. It was the most difficult task I had done in many years. But with very little else to offer, and knowing that they did not stand a chance in the world given the existing conditions, gave me purpose to be there.

I did not try to remember their names. Perhaps it was my defence mechanism so that they do not become people I would remember forever but it was difficult. How could I not remember Fitra Munandar the plump 11 year old who was found that night after being buried in water and mud for four days?

There was nothing much we could offer apart from an intravenous infusion of fluids and an oxygen tank and mask shared between four patients. I watched him dying that night, his lungs filled with mud. He cried for his mother all the time, and none of us could tell him that she had gone before him,

like the rest of his family apart from his elder sister sobbing quietly at his side. His body burned with fever and there was very little any of us could do. A small part of me died with him that night. And for a moment, I regretted ever coming. I was helpless, and felt hopeless.

Not until I met the lady in the corridor. We never learnt her name. But she was alone in a dirty army stretcher, her face all bruised and swollen, her limbs broken and distorted. Her lips and mouth had been torn apart and Leong and I attended to her. Maggots had filled the left side of her cheek and all she had on was a piece of cloth draped over her. I remember Leong cursing under his breath, feeling helpless not being able to do very much. He was the ever eager young doctor, wanting to change all her antibiotics ("Change to what?", I asked. There were so few drugs left) and suggesting to me what could have been done for her had she been in our hospitals. The reality is, she was not. And much as everyone was trying their best, there was very little left to offer.

Leong was angry but this lady taught me a great lesson in humility and dignity. I said to the agitated Leong gently, "Look at her closely. Feel her skin and look at her colour. She is in irreversible septic shock. Her urine is now pouring out frank blood and her kidneys and liver have failed. All we need to do now is to give her a dignified death". And that was exactly what we did. We cleaned her up and Leong picked out the maggots that had eaten their way through her cheek and into her mouth. And all that while, as she groaned quietly in pain, her lips never stopped thanking us. And I will never stop thanking her for that great lesson in dignity which she taught me. Even as she died, I think both Leong and I felt relieved and in a strange way, we too felt peace.

There are too many stories. Too many patients and people in those early gruesome days when night and day merged into a big blur. I remember walking around like a mobile field hospital with gloves, syringes, cannulas, drip solutions and every conceivable emergency item stuffed into my vest and jeans pockets. And I shall never forget having to walk past patients who would call me to attend to them - to leave them to attend to some other patient who I knew stood a chance. I do not think I can ever forgive myself for what seemed like "playing God" but bearing in mind the circumstances, there was no other choice.

That phase of the events of the tsunami is over now. While we lost numerous patients, we also managed to help some through. And every time I remember the kindness and gratitude of the families of the survivors towards me, I am moved to tears and humbled by the experience.

December 2004



Corporate Donor



PHARMANIAGA BERHAD ENRICHING LIFE TOGETHER WITH MERCY MALAYSIA

Pharmaniaga is Malaysia's largest integrated healthcare company. "Enriching Life Together" displays Pharmaniaga Berhad's commitment to the society, guided by its philosophy of doing business with a conscience.

Pharmaniaga Berhad joined hands with MERCY Malaysia in 2004, with a pledge to provide the organisation a sum of RM200,000 a year for a period of three years. Pharmaniaga's grant is channeled towards RM100,000 for medical supplies and RM100,000 for domestic projects. The drugs and medication dispensed during both international and domestic are of significant contribution to MERCY Malaysia's relief and humanitarian efforts.

Going the extra mile, Pharmaniaga Berhad launched the 1000 Smiles Across the Miles campaign, a noble gesture that geared up their staff and family members to give away toys for the sake of raising the spirits of less fortunate children. 1000 Smiles Across the Miles campaign collected over 1,500 toys, giving joy and hope to children served by MERCY Malaysia during their domestic and international missions.

The corporate partnership has also made way for Pharmaniaga's staff to embark in relief and humanitarian activities, through their participation in MERCY Malaysia's mission. In September, 2004, Pharmaniaga waved off its medicine, toys and representatives aboard the Royal Malaysian Navy Ship to sail across the seas to reach the remote communities on the islands of Sabah during MERCY Malaysia's Hearts and Minds Project.



Rishma Nair 5 years old presenting toy to Datuk Dr. Jemilah



Flood Relief in Terengganu

Financial Statements

31 December 2004

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REPORT OF THE AUDITORS
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STATEMENT OF CHANGES IN ACCUMULATED FUNDS
CASH FLOW STATEMENT
NOTES TO THE FINANCIAL STATEMENT**

SOCIETY INFORMATION

PRESIDENT

Datuk Dr. Jemilah Mahmood

VICE PRESIDENT

Dr. Mohamed Ikram Mohamed Salleh

HONORARY SECRETARY

Assoc. Prof. Dr. Zaleha Abdullah Mahdy

ASSISTANT HONORARY SECRETARY

Muhammad Faisal Abdul Wahab

HONORARY TREASURER

Dr. Fauziah Mohd Hasan

COMMITTEE MEMBERS

Dr. Heng Aik Cheng
Dr. Palasuntharam Shanmuhasuntharam
Yang Wai Wai
Norazam Abu Samah
Dr. Dilshaad Ali Abas Ali
Mohd Azman Sulaiman
Dr. Ahmad Faizal Perdaus
Ir Amran Mahzan

ADVISER

Pn Farah Hamzah

REGISTERED OFFICE

Suite 3-4, Ampang Puteri Specialist Hospital
1, Jalan Memanda 9
68000 Ampang
Selangor

AUDITORS

Azuddin & Co. (AF 1452)
Chartered Accountants
66-1, Jalan 2/23 A
Danau Kota, Off Jalan Genting Klang
Setapak, 53300 Kuala Lumpur

BANKERS

RHB Bank Berhad
Malayan Banking Berhad
Bumiputra Commerce Bank Berhad

REPORT OF THE AUDITORS TO THE MEMBERS OF PERSATUAN BANTUAN PERUBATAN MALAYSIA

We have audited the financial statements of PERSATUAN BANTUAN PERUBATAN MALAYSIA set out on pages 6 to 16. The preparation of the financial statements is the responsibility of the executive council of the Society. Our responsibility is to express an opinion on the financial statements based on our audit.

We conducted our audit in accordance with approved Standards on Auditing in Malaysia. These standards require that we plan and perform the audit to obtain all the information and explanations, which we consider necessary to provide us with evidence to give reasonable assurance that the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. An audit also includes an assessment of the accounting principles used as well as evaluating the overall adequacy of the presentation of information in the financial statements. We believe our audit provides a reasonable basis for our opinion.

In our opinion,:

- i) the financial statements give a true and fair view of the state of affairs of the Society at 31 December 2004 and of its results of operations and cash flows for the year ended on that date; and
- ii) the accounting and other records have been properly kept in accordance with the provision of the Society Act, 1966.

AZUDDIN & CO.
AF 1452
Chartered Accountants
Kuala Lumpur,
Date:

AZUDDIN BIN DAUD
Partner
2290/08/06/(J)

EXECUTIVE COUNCILS' REPORT FOR THE YEAR ENDED 31 DECEMBER 2004

The Executive Council have pleasure in submitting their report and the audited financial statements of the Society for the financial year ended 31 December 2004.

Financial results	RM
Net surplus for the year	1,168,833
Accumulated fund brought forward	6,754,610
	<hr/>
Accumulated fund carried forward	7,923,443
	<hr/>

Executive Council of the Society

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

President	Datuk Dr. Jemilah Mahmood
Vice President	Dr. Mohamed Ikram Mohamed Salleh
Honorary Secretary	Assoc. Prof. Dr. Zaleha Abdullah Mahdy
Assistant Honorary Secretary	Muhammad Faisal Abdul Wahab
Honorary Treasurer	Dr. Fauziah Mohd Hasan
Ordinary Committee Members:	Dr. Heng Aik Cheng Dr Palasuntharam Shanmuhasuntharam Yang Wai Wai Norazam Abu Samah Dr. Dilshaad Ali Abas Ali Mohd Azman Sulaiman Dr. Ahmad Faizal Perdaus Ir Amran Mahzan
Adviser	Pn Farah Hamzah

STATEMENT BY EXECUTIVE COUNCIL

We, DATUK DR. JEMILAH BINTI HJ MAHMOOD and DR. MOHAMED IKRAM MOHAMED SALLEH being President and Vice President of PERSATUAN BANTUAN PERUBATAN MALAYSIA state that, in the opinion of the Executive Council, the financial statements set out on pages 6 to 16, 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 2004 and of its results of operations and cash flows for the year ended on that date.

On behalf of the Executive Council:

.....
DATUK DR. JEMILAH BINTI HJ MAHMOOD
President

.....
DR. MOHAMED IKRAM MOHAMED SALLEH
Vice President

Kuala Lumpur,
Date:

Statutory declaration by Treasurer

I, DR. FAUZIAH BINTI HJ MOHD HASAN, being the Treasurer primarily responsible for the accounting records and the financial management of PERSATUAN BANTUAN PERUBATAN MALAYSIA, do solemnly and sincerely declare that the financial statements set out on pages 6 to 16 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)
DR. FAUZIAH BINTI HJ MOHD HASAN at Gombak)
in the state of Selangor Darul Ehsan on)

DR. FAUZIAH BINTI HJ MOHD HASAN

BEFORE ME:

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 2004 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.

BALANCE SHEET AT 31 DECEMBER 2004

	Note	2004 RM	2003 RM
Property, plant and equipment	4	276,387	277,459
Current assets			
Inventories	5	30,966	50,561
Other receivables		306,353	186,122
Cash and cash equivalents	6	7,540,807	6,410,203
		<u>7,878,126</u>	<u>6,646,886</u>
Current liabilities			
Other payables	7	231,070	169,735
		<u>231,070</u>	<u>169,735</u>
Net current assets		<u>7,647,056</u>	<u>6,477,151</u>
		<u>7,923,443</u>	<u>6,754,610</u>
Financed by:			
Accumulated fund		<u>7,923,443</u>	<u>6,754,610</u>

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

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER 2004

	Note	2004 RM	2003 RM
INCOME (Appendix 1)			
Donation received	8	6,288,301	8,968,744
Members fee	8	4,790	16,090
Other income	8	184,020	74,756
Total income		6,477,111	9,059,590
MISSION EXPENSES (Appendix 2)			
Acheh		18,067	-
Afghanistan mission		852,976	624,887
Cambodia mission		23,260	12,618
Domestic mission		234,695	43,611
Iran mission		333,277	9,479
Iraq mission		2,294,499	2,441,825
Korea		18,930	-
Laos		971	-
Other international mission		-	25,260
Palestine mission		132,941	47,549
Philippines		31,270	-
Sri Lanka mission		141,232	201,431
Sudan		422,332	-
		4,504,450	3,406,660
OPERATING EXPENSES (Appendix 3)		803,828	729,000
Surplus before taxation		1,168,833	4,923,930
Income tax expense	9	-	-
Net surplus for the year		1,168,833	4,923,930

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

**Statement of changes in accumulative funds
for the year ended 31 December 2004**

	2004 RM	2003 RM
Balance as at 1 January	6,754,610	1,830,680
Net surplus for the year	1,168,833	4,923,930
Balance as at 31 December	7,923,443	6,754,610

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

Cash flow statement for the year ended 31 December 2004

	2004 RM	2003 RM
Cash flow from operating activities		
Surplus before tax	1,168,833	4,923,930
Adjustment for:		
Depreciation	92,215	
76,485 Interest income	(155,630)	
(31,743)		
Loss on disposal	2,632	-
Surplus before working capital changes	1,108,050	4,968,672
Changes in working capital:		
Changes in inventories	19,595	(50,561)
Other receivables	(120,231)	(167,800)
Other payables	61,336	160,545
Net cash generated from/(used in) operating activities	1,068,750	4,910,856
Cash flows from investing activities		
Purchase of property, plant and equipment	(93,775)	(172,670)
Interest received	155,630	31,743
Net cash used in investing activities	61,855	(140,927)
Net increase in cash and cash equivalents	1,130,604	4,769,929
Cash and cash equivalents at beginning of year	6,410,203	1,640,274
Cash and cash equivalents at end of year	7,540,807	6,410,203
Cash and cash equivalents comprise:		
Cash in hand and at bank	2,761,543	1,786,570
Fixed deposits with licensed banks	4,779,264	4,623,633
	7,540,807	6,410,203

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, humanitarian and charitable national body is registered under the Society Act, 1966. The principal objectives of the Society are:

- (a) to promote the spirit of goodwill, volunteerism, and humanitarianism among members of the medical profession in particular as well as any other interested member of any profession;
- (b) to provide humanitarian aid in particular medical relief to the underprivileged either within Malaysia or anywhere throughout the world as and when the need arises;
- (c) to educate the public and medical as well as paramedical fraternity on aspects of emergency medicine and medical relief work; and
- (d) to liaise with various international relief organisations or other interested societies to assists in these objectives.

2. Financial risk management objectives and policies

The Society financial risk management objectives are to ensure that the Society creates value and maximises return to the Society and its members at large. The Society financial risk management policies seek to ensure that adequate financial and non-financial resources are available for the smooth implementation of its operations. The Society has been financing its operations from donation received and, therefore, is not exposed to interest rate risk arising from bank borrowings. The Society does not invest in quoted share and is, therefore, not exposed to market risk arising from the risk of the financial instruments fluctuating due to changes in market prices.

The main areas of the financial risk faced by the Society and the policy in respect of the major areas of treasury activities are set out as follows:-

(a) Credit risk

The Society exposure to credit risk, or the risk of counter parties defaulting, is controlled by the application of credit limits and ongoing monitoring procedures.

(b) Liquidity risk

The Society practices prudent liquidity management to minimize the mismatch of financial assets and liabilities and to maintain sufficient levels of cash or cash equivalents to meets its working capital requirements.

(c) Fair values

The carrying amounts of cash and cash equivalents, subscription in arrears, sundry and other receivables, sundry payables and other payables approximate their fair values due to the relatively short term nature of these financial instruments.

3. 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. The new applicable approved accounting standards adopted in these financial statements are as follows:

MASB 25	Income Taxes
MASB 29	Employee Benefits

The adoption of the new accounting standards did not have any significant effect on the accumulated fund of the Society.

(b) Membership subscription and admission fee

Membership subscription is payable annually before the accounting financial year. Only those 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.

Subscription in arrears of 2 years and more and where in the opinion of Executive Council these debts are no longer recoverable from its members are written off to the statements of income and expenditure.

(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: -

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

(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 direct method of Cash Flow Statement presentation.

(e) **Income recognition**

Income from donation and sales of merchandise is recognised on cash basis. Interest income is recognised on accrual basis.

(f) **Inventories**

Inventories consist of souvenir and merchandise items are valued at the lower of cost and net realisable value. Cost is determine by first-in first-out basis.

(g) **Impairment of assets**

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

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

(h) **Foreign currency translations**

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

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

	RM 31.12.2004	RM 31.12.2003
Foreign currency:-		
1 US Dollar	3.79560	3.79190
1 Pakistan Rupee	0.06392	0.06853
1 Sri Lanka Rupee	0.03629	0.03939
1 Jordanian Dinar	5.39148	5.35958
1 Syrian Pound	0.07478	0.08558
1 Cambodian Riel	0.00102	0.00098
1 Afghanistan Afghani	0.08871	0.08863
1 Australian Dollar	2.96095	2.84195
1 Euro	5.17872	4.76149
1 Chinese Yuan Renminbi	0.45915	0.45870
1 Japanese Yen	0.03683	0.03542
1 Sudanese Dinar	0.01468	0.01467
1 Sudanese Pound	0.00147	0.00147
1 Indonesian Rupiah	0.00040	0.00044
1 Iraqi Dinar	0.00259	NA
1 Iranian Rial	0.00048	0.00048
1 Philippine Peso	0.06767	0.06864

4. **Inventories**

	2004 RM	2003 RM
Souvenir and merchandise items	30,966	50,561

5. **Cash and cash equivalents**

	2004 RM	2003 RM
Cash at bank	2,647,806	1,715,011
Cash in hand	113,738	71,559
Fixed deposit with licensed banks	4,779,264	4,623,633
	<u>7,540,807</u>	<u>6,410,203</u>

6. **Other payables**

	2004 RM	2003 RM
Other creditors and accruals	66,165	10,750
Restricted fund	164,905	158,985
	<u>231,070</u>	<u>169,735</u>

7. Income

Income from donation represents the donation received during the year.

Income from membership fee represents the membership subscription and admission fee received and receivable during the year.

Other income represent the fixed deposit interest, sale of merchandise and commission received and receivable during the year.

8. 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.

9. Staff costs

	2004 RM	2003 RM
EPF and SOCSO	40,043	30,063
Insurance	-	1,997
Medical	1,775	2,111
salaries and allowances	<u>352,723</u>	<u>334,881</u>
	<u>403,541</u>	<u>369,052</u>
Number of employees(excluding Executive Council) at the end of financial year	<u>19</u>	<u>15</u>

**Management income statements
for the financial year ended 31 December 2004**

(Appendix 3.1:- Operating expenses)

	2004 RM	2003 RM
COST OF MERCHANDISE SOLD		
Opening stock	50,561	-
Purchase of merchandise	6,375	72,266
Inventories written off	(8,971)	-
Less: Closing stock	(30,966)	(50,561)
	16,999	21,705
OTHER OPERATING EXPENSES		
Accommodation	656	1,473
Advertisement and promotion	2,205	490
Air fare	7,690	10,796
Allocation to chapters	-	2,550
Audit fee	8,000	8,000
Bank charges	3,074	1,872
Conference expenses	-	2,060
Depreciation	92,215	76,485
Disposal of fixed asset	2,333	-
EPF contribution	49,043	30,063
Exhibition expenses	2,207	4,199
Gift and souvenirs	2,679	3,073
Inventory write off	8,971	-
Insurance	-	1,997
Loss on foreign exchange	2,444	-
Meals and refreshment	2,626	10,308
Medical	1,775	2,111
Miscellaneous	835	1,592
Newspaper and periodical	1,972	1,113
	188,725	158,182
Balance carried forward		

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

**Management income statements
for the financial year ended 31 December 2004
(Appendix 3.2:- Operating expenses)**

		2004 RM	2003 RM
Balance brought forward		188,725	158,182
Office expenses		5,362	3,240
Office rental	31,770		26,050
Photocopy machine rental		3,134	2,525
Postage and courier		2,840	1,731
Printing and stationery	25,244		32,131
Prior year adjustment		6,158	-
Professional fee	14,240		19,515
Publication		13,411	22,792
Repair and maintenance		17,528	10,965
Road tax		3,458	2,381
Salary and allowance	352,723	334,881	
Socso contribution		1,614	831
Telephone, internet and ASTRO		43,985	24,296
Training		46,744	52,162
Travelling and transportation		3,583	4,487
Utility charges		10,771	7,713
Warehouse rental		9,000	-
Volunteer meals allowance		6,540	3,413
	786,830	707,295	
TOTAL	803,828	729,000	

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

Management income statements
for the financial year ended 31 December 2004 (Appendix 1.1:- Income)

	General fund RM	Cambodia fund RM	Afghanistan fund RM	Palestine fund RM	Iraq fund RM	Sri Lanka fund RM	Acheh fund RM	Balance carried forward RM
1. Donation received								
Air fare	-	-	-	-	-	-	-	-
China	-	-	-	-	-	-	-	-
Corporate	200,000	-	-	-	-	-	-	200,000
Donation in kind	-	-	-	-	-	-	-	-
Drug rehabilitation program	-	-	-	-	-	-	-	-
Event collection	439,268	-	-	-	-	27,900	-	467,168
Flood relief	-	-	-	-	-	-	-	-
General donation	1,149,930	6,333	351,843	11,217	60,637	1,836	-	1,581,796
Gift of hope	-	-	102,219	-	-	-	-	102,219
Government grant	-	-	-	-	-	-	-	-
Maluku	-	-	-	-	-	-	-	-
Palestine fund	-	-	-	-	-	-	-	-
Tsunami	236,984	-	-	-	-	400	2,100	239,484
	2,026,182	6,333	454,062	11,217	60,637	30,136	2,100	2,590,667

Management income statements

for the financial year ended 31 December 2004 (Appendix 1.2:- Income)

	Balance brought forward RM	Korea fund RM	Sudan fund RM	Iran fund RM	Domestic fund RM	Total 2004 RM	Total 2003 RM
1. Donation received							
Air fare	-	-	-	-	-	-	58,940
China	-	-	-	-	-	-	2,351
Corporate	200,000	-	-	-	-	200,000	104,000
Donation in kind	-	-	-	-	-	-	73,074
Drug rehabilitation program	-	-	-	-	-	-	644
Event collection	467,168	-	-	-	-	467,168	711,873
Flood relief	-	-	-	-	100	100	41,523
General donation	1,581,796	1,200	2,125,575	1,567,949	-	5,276,520	1,652,391
Gift of hope	102,219	-	-	-	-	102,219	7,020
Government grant	-	-	-	-	-	-	6,230,000
Maluku	-	-	-	-	-	-	200
Palestine fund	-	-	-	-	-	-	86,728
Tsunami	239,484	-	-	-	2,810	242,294	-
	2,590,667	1,200	2,125,575	1,567,949	2,910	6,288,301	8,968,744

Management income statements

for the financial year ended 31 December 2004 (Appendix 1.3:- Income)

	General fund RM	Cambodia fund RM	Afghanistan fund RM	Palestine fund RM	Iraq fund RM	Sri Lanka fund RM	Acheh fund RM	Balance carried forward RM
2. Members fee								
Entrance fee	590	-	-	-	-	-	-	590
Ordinary membership	1,020	-	-	-	-	-	-	1,020
Life membership	3,000	-	-	-	-	-	-	3,000
Associate membership	180	-	-	-	-	-	-	180
	4,790	-	-	-	-	-	-	4,790
3. Other income								
Commission received	-	-	-	-	-	-	-	-
Fixed deposit interest	155,630	-	-	-	-	-	-	155,630
Gain on foreign exchange	650	-	-	-	-	-	-	650
Jumble sales	1,866	-	-	-	-	-	-	1,866
Others	575	-	-	-	-	-	-	575
Sale of merchandise	25,299	-	-	-	-	-	-	25,299
	184,020	-	-	-	-	-	-	184,020

Management income statements

for the financial year ended 31 December 2004 (Appendix 1.4:- Income)

	Balance brought forward RM	Korea fund RM	Sudan fund RM	Iran fund RM	Domestic fund RM	Total 2004 RM	Total 2003 RM
2. Members fee							
Entrance fee	590	-	-	-	-	590	1,600
Ordinary membership	1,020	-	-	-	-	1,020	3,910
Life membership	3,000	-	-	-	-	3,000	10,280
Associate membership	180	-	-	-	-	180	300
	4,790	-	-	-	-	4,790	16,090
3. Other income							
Commission received	-	-	-	-	-	-	2,795
Fixed deposit interest	155,630	-	-	-	-	155,630	31,743
Gain on foreign exchange	650	-	-	-	-	650	-
Jumble sales	1,866	-	-	-	-	1,866	14,172
Others	575	-	-	-	-	575	-
Sale of merchandise	25,299	-	-	-	-	25,299	26,046
	184,020	-	-	-	-	184,020	74,756
TOTAL INCOME	2,779,477	1,200	2,125,575	1,567,949	2,910	6,477,111	9,059,590

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.1:- Mission Expenses)

	Cambodia mission RM	Afghan mission RM	Palestine mission RM	Iraq mission RM	Sri Lanka mission RM	Iran mission RM	Laos mission RM	Balance carried forward RM
General expenses								
Accommodation and rental	10,271	88,106	-	45,016	2,439	51,011	286	197,128
Air fare	-	9,092	-	6,010	6,474	61,139	-	82,715
Banner and bunting	-	-	-	-	-	805	-	805
Bank charges	25	13,991	-	5,468	102	17	-	19,603
EPF contribution	-	720	-	360	-	2,880	-	3,960
Equipment for basecamp	-	24,295	-	8,613	-	6,153	-	39,061
Fund raising dinner	-	-	-	-	5,182	-	-	5,182
Gift and souvenirs	20	1,433	-	3,748	1,512	2,840	115	9,667
Insurance	-	-	-	-	-	-	-	-
Loss in robbery	-	-	-	-	-	-	-	-
Loss on foreign exchange	(561)	10,668	-	5,000	-	1,230	-	16,337
Meals	1 90	46,841	40	3,201	302	7,957	29	58,560
Medical supplies	9,368	3,028	-	217,098	3,121	59,194	-	291,809
Meeting and certification	-	-	-	-	-	-	-	-
Balance carried forward	19,313	198,173	40	294,514	19,132	193,226	430	724,828

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.2:- Mission Expenses)

	Balance brought forward RM	Sudan mission RM	Korea mission RM	Domestic mission RM	Acheh mission RM	Philippines mission RM	Total 2004 RM	Total 2003 RM
General expenses								
Accommodation and rental	197,128	43,864	3,970	-	-	1,280	246,242	139,975
Air fare	82,715	71,912	8,934	-	-	6,472	170,033	146,623
Banner and bunting	805	1,290	-	-	3,620	-	5,715	-
Bank charges	19,603	63	-	-	-	-	19,666	135
EPF contribution	3,960	5,307	-	5,400	-	-	14,667	-
Equipment for basecamp	39,061	17,085	-	-	-	-	56,146	90,936
Fund raising dinner	5,182	-	-	-	-	-	5,182	-
Gift and souvenirs	9,667	670	125	1,895	190	370	12,917	14,664
Insurance	-	3,219	-	-	1,476	-	4,695	1,466
Loss in robbery	-	-	-	-	-	-	-	27,549
Loss on foreign exchange	16,337	6,395	-	-	-	-	22,733	-
Meals	58,560	17,176	912	-	1,088	1,173	78,909	66,019
Medical supplies	291,809	15,556	3,447	-	10,383	15,905	337,099	1,342,801
Meeting and certification	-	-	-	-	-	-	-	2,346
Balance carried forward	371,997	182,537	17,388	7,295	16,756	25,199	974,004	1,832,513
	724,828	182,537	17,388	7,295	16,756	25,199	974,004	1,832,513

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.3:- Mission Expenses)

	Cambodia mission RM	Afghan mission RM	Palestine mission RM	Iraq mission RM	Sri Lanka mission RM	Iran mission RM	Laos mission RM	Balance carried forward RM
General expenses								
Balance brought forward	19,313	198,173	40	294,514	19,132	193,226	430	724,828
Mission - Maluku	-	-	-	-	-	-	-	-
Mission volunteer pack	-	-	-	-	-	1,050	-	1,050
Office expenses	-	-	-	14,853	-	-	-	14,853
Postage and courier	-	553	-	-	-	-	-	553
Press conference	-	-	-	-	-	-	-	-
Printing and stationery	27	21,799	-	3,831	276	1,432	-	27,364
Professional fees	-	3,200	-	-	-	-	-	3,200
Registration	-	-	-	-	-	-	-	-
Salary and allowance	2,060	94,167	12,500	321,852	152	91,217	-	521,948
Sundry expenses	-	197	-	-	11	326	-	534
Telephone, fax and internet	175	28,157	-	19,945	-	9,112	114	57,504
Training course	-	-	-	12,177	-	-	-	12,177
Travelling and transportation	714	43,967	7,237	14,335	1,098	16,401	427	84,178
Utility charges	367	-	-	-	-	-	-	367
Balance carried forward	22,656	390,213	19,777	681,507	20,669	312,764	971	1,448,556

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.4:- Mission Expenses)

	Balance brought forward RM	Sudan mission RM	Korea mission RM	Domestic mission RM	Acheh mission RM	Philippines mission RM	Total 2004 RM	Total 2003 RM
General expenses								
Balance brought forward	724,828	182,537	17,388	7,295	16,756	25,199	974,004	1,832,513
Mission - Maluku	-	-	-	-	-	-	-	25,260
Mission volunteer pack	1,050	6,438	105	1,750	-	175	9,518	-
Office expenses	14,853	18	-	-	-	-	14,871	45,974
Postage and courier	553	1,805	-	-	-	-	2,358	1,665
Press conference	-	-	-	-	-	-	-	1,130
Printing and stationery	27,364	3,092	13	-	-	199	30,667	12,769
Professional fees	3,200	-	-	-	-	-	3,200	-
Registration	-	4,285	-	-	-	-	4,285	-
Salary and allowance	521,948	78,207	342	45,000	-	190	645,687	238,262
Sundry expenses	534	995	400	-	-	1,998	3,927	8,310
Telephone, fax and internet	57,504	11,645	26	-	-	162	69,337	44,834
Training course	12,177	-	-	-	-	-	12,177	-
Travelling and transportation	84,178	62,955	657	-	-	3,203	150,993	150,023
Utility charges	367	321	-	-	-	-	688	962
Balance carried forward	1,448,556	352,298	18,930	54,045	16,756	31,127	1,921,712	2,361,702

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.5:- Mission Expenses)

	Cambodia mission RM	Afghan mission RM	Palestine mission RM	Iraq mission RM	Sri Lanka mission RM	Iran mission RM	Laos mission RM	Balance carried forward RM
General expenses								
Balance brought forward	22,656	390,213	19,777	681,507	20,669	312,764	971	1,448,556
Visa	152	1,237	-	181	-	-	-	1,570
Welfare	-	6,381	-	-	-	-	-	6,381
Projects								
Health projects:								
Basic Health Unit	-	-	-	-	-	-	-	-
Caregivers shelter	-	-	-	-	-	-	-	-
Mother and Child	-	-	-	-	-	-	-	-
Health center	-	197,733	-	-	-	-	-	197,733
Medical city project	-	-	-	64,686	-	-	-	64,686
Rebuilding of hospital	-	-	-	1,335,474	-	-	-	1,335,474
RHU	-	-	-	-	-	-	-	-
Humanitarian aid and shelter	453	-	-	-	-	20,514	-	20,966
UNCHR	-	-	-	-	-	-	-	-
Balance carried forward	23,260	595,562	19,777	2,081,848	20,669	333,277	971	3,075,365

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.6:- Mission Expenses)

	Balance brought forward RM	Sudan mission RM	Korea mission RM	Domestic mission RM	Acheh mission RM	Philippines mission RM	Total 2004 RM	Total 2003 RM
General expenses								
Balance brought forward	1,448,556	352,298	18,930	54,045	16,756	31,127	1,921,712	2,361,702
Visa	1,570	-	-	-	-	-	1,570	14,174
Welfare	6,381	-	-	-	-	-	6,381	33,512
Projects								
Health projects:								
Basic Health Unit	-	-	-	-	-	-	-	194,198
Caregivers shelter	-	22,170	-	-	-	-	22,170	-
Mother and Child								
Health center	197,733	33,522	-	-	-	-	231,255	58,149
Medical city project	64,686	-	-	-	-	-	64,686	-
Rebuilding of hospital	1,335,474	-	-	-	-	-	1,335,474	288,925
RHU	-	600	-	-	-	-	600	-
Humanitarian aid and shelter	20,966	54	-	-	1,310	143	22,474	28,544
UNCHR	-	-	-	39,508	-	-	39,508	-
Balance carried forward	3,075,365	408,644	18,930	93,553	18,067	31,270	3,645,829	2,979,204

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.7:- Mission Expendences)

Projects	Cambodia mission RM	Afghan mission RM	Palestine mission RM	Iraq mission RM	Sri Lanka mission RM	Iran mission RM	Laos mission RM	Balance carried forward RM
Balance brought forward	23,260	595,562	19,777	2,081,848	20,669	333,277	971	3,075,365
Education projects:								
Vocational Training Center	-	154,012	-	-	-	-	-	154,012
School bag 'A Gift of Hope'	-	-	36,664	-	-	-	-	36,664
Book Gallery	-	-	-	-	-	-	-	-
School building	-	-	-	-	120,564	-	-	120,564
Early Learning Center	-	27,017	-	-	-	-	-	27,017
Aid distribution:								
Food distribution and iftar	-	62,436	-	-	-	-	-	62,436
Jerry cans	-	-	-	53,782	-	-	-	53,782
Institutional feeding	-	-	-	-	-	-	-	-
Water and sanitation:								
Well Project	-	13,949	-	-	-	-	-	13,949
Drug Rehabilitation Program:								
Drug rehabilitation	-	-	-	-	-	-	-	-
Balance carried forward	23,260	852,976	56,441	2,135,630	141,232	333,277	971	3,543,788

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.8:- Mission Expenses)

Projects	Balance brought forward RM	Sudan mission RM	Korea mission RM	Domestic mission RM	Acheh mission RM	Philippines mission RM	Total 2004 RM	Total 2003 RM
Balance brought forward	3,075,365	408,644	18,930	93,553	18,067	31,270	3,645,829	2,979,204
Education projects:								
Vocational Training Center	154,012	-	-	-	-	-	154,012	93,359
School bag 'A Gift of Hope'	36,664	-	-	-	-	-	36,664	7,706
Book Gallery	-	-	-	-	-	-	-	15,240
School building	120,564	-	-	-	-	-	120,564	59,630
Early Learning Center	27,017	-	-	-	-	-	27,017	23,519
Aid distribution:								
Food distribution and iftar	62,436	179	-	-	-	-	62,616	97,005
Jerry cans	53,782	-	-	-	-	-	53,782	-
Institutional feeding	-	13,508	-	-	-	-	13,508	-
Water and sanitation:								
Well Project	13,949	-	-	-	-	-	13,949	35,057
Drug Rehabilitation Program:								
Drug rehabilitation	-	-	-	16,819	-	-	16,819	8,100
Balance carried forward	3,543,788	422,332	18,930	110,372	18,067	31,270	4,144,759	3,318,820

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.9:- Mission Expendences)

	Cambodia mission RM	Afghan mission RM	Palestine mission RM	Iraq mission RM	Sri Lanka mission RM	Iran mission RM	Laos mission RM	Balance carried forward RM
Balance brought forward	23,260	852,976	56,441	2,135,630	141,232	333,277	971	3,543,788
Projects								
Disaster relief:								
Flood Relief	-	-	-	-	-	-	-	-
Semporna	-	-	-	-	-	-	-	-
Community and social services:								
Palestinian center for human preseverance	-	-	76,500	-	-	-	-	76,500
Rebuilding of mosque	-	-	-	12,367	-	-	-	12,367
Mobile clinic and Grik project	-	-	-	-	-	-	-	-
Kg Timanggol & Kg Radtok IDPs	-	-	-	-	-	-	-	-
Palestinian visit	-	-	-	146,501	-	-	-	146,501
Miri	-	-	-	-	-	-	-	-
Sabah Island	-	-	-	-	-	-	-	-
TOTAL	23,260	852,976	132,941	2,294,499	141,232	333,277	971	3,779,157

Management income statements

for the financial year ended 31 December 2004 (Appendix 2.10:- Mission Expenses)

	Balance brought forward RM	Sudan mission RM	Korea mission RM	Domestic mission RM	Acheh mission RM	Philippines mission RM	Total 2004 RM	Total 2003 RM
Balance brought forward	3,543,788	422,332	18,930	110,372	18,067	31,270	4,144,759	3,318,820
Projects								
Disaster relief:								
Flood Relief	-	-	-	25,301	-	-	25,301	12,150
Semporna	-	-	-	-	-	-	-	18,343
Community and social services:								
Palestinian center for human perseverance	76,500	-	-	-	-	-	76,500	-
Rebuilding of mosque	12,367	-	-	-	-	-	12,367	26,434
Mobile clinic and Grik project	-	-	-	27,396	-	-	27,396	4,659
Kg Timanggol & Kg Radtok IDPs	146,501	-	-	3,706	-	-	3,706	-
Palestinian visit	-	-	-	-	-	-	146,501	-
Miri	-	-	-	23,648	-	-	-	26,257
Sabah Island	-	-	-	44,272	-	-	23,648	-
							44,272	-
TOTAL	3,779,157	422,332	18,930	234,695	18,067	31,270	4,504,450	3,406,660

4. Property, plant and equipment

Cost	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
Opening balance	11,398	120,431	66,976	30,260	122,427	8,090	2,780	63,947	426,308
Additions	10,043	17,112	13,953	28,757	-	5,910	18,000	-	93,775
Disposal	-	-	(1,465)	(1,460)	-	-	-	-	(2,925)
Closing balance	21,441	137,543	79,464	57,557	122,427	14,000	20,780	63,947	517,159
Depreciation									
Opening balance	3,392	40,272	13,470	7,496	58,256	2,924	848	22,192	148,850
Charge for the year	4,288	27,508	9,536	11,511	24,485	2,800	2,494	9,592	92,215
Disposal	-	-	-	(292)	-	-	-	-	(292)
Closing balance	7,680	67,780	23,006	18,715	82,741	5,724	3,342	31,784	240,772
Net book value									
At 31 December 2004	13,761	69,763	56,458	38,842	39,686	8,276	17,438	32,163	276,387
Net book value									
At 31 December 2003	8,006	80,159	53,506	22,764	64,171	5,166	1,932	41,755	277,459
Depreciation charge for the year ended 2003	2,280	24,086	8,037	6,052	24,486	1,618	334	9,592	76,485



This publication would not have been made possible without the tireless effort and commitment of our members, volunteers and staff

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Special Mention: Photographs on Sudan Relief in August courtesy of The Star Publications

We wish to extend our heartiest gratitude to all our members, volunteers, the Malaysian Government, Embassies and High Commissions, Host Countries of Sudan, Afghanistan, Iraq, Iran, Sri Lanka, Cambodia, North Korea, Philippines, Indonesia, partners, donors and supporters, and also the public who have supported us without fail towards our efforts and missions in 2004.

Terima Kasih.

A PROSE OF THANKS

The happy laughter of children
The gentle smiles of the elderly
The relief and support of women
Whose babies have food in their bellies

We try to heal the wounds of the ill
And give them aid and even shelter
It is not out of their own will
They need us to make their lives better

Our work at MERCY Malaysia
Our dream to heal across borders
Our volunteers gain pleasure
To bring peace and joy to others

To all of you, our donors and friends
We thank you for your gift of love
MERCY will venture distant lands
Under the watchful eyes of the God above



Where there is mercy there is hope

SPECIAL ACKNOWLEDGEMENT

Printing of this Annual Report is sponsored by

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