



MERCY Malaysia is a non-profit organisation focusing on providing medical relief and sustainable health related development for vulnerable communities.
Our core values
We focus on rapid medical response for the assistance of communities affected by disasters
We recognise the value of working with partners and volunteers
We provide an opportunity for individuals to serve with professionalism, upholding the international code of conduct for humanitarian workers
We hold ourselves accountable to our donors and beneficiaries

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Kuala Muda, Kedah, Malaysia

Aceh, Indonesia Ampara, Sri Lanka Kuala Muda, Kedah, Malaysia





For the children affected by the earthquake in Bagh, Pakistan Administered Kashmmir, MERCY Malaysia offers a window of hope.



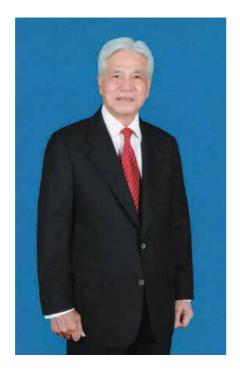




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MESSAGE FROM HRH SULTAN AZLAN SHAH, SULTAN OF PERAK DARUL RIDZUAN PATRON OF MERCY MALAYSIA

The unprecedented Indian Ocean tsunami at the end of 2004 demanded that MERCY Malaysia continue to provide services to the survivors at an accelerated pace. I witnessed MERCY Malaysia taking on this challenge and how hundreds of staff and volunteers worked relentlessly – both in the disaster affected regions as well as supporting operations at the headquarters in Kuala Lumpur.

The challenges brought about by the tsunami compelled MERCY Malaysia to draw on its earlier experiences and it is encouraging to see this young organisation making a significant mark in the humanitarian arena, thus gaining international recognition, especially for its work in Aceh, Indonesia.

In October 2005, another catastrophe, the earthquake in Kashmir, demanded that the organisation continue to provide assistance. MERCY Malaysia's teams braved the treacherous climb to Bagh in Azad Kashmir, being among the first organisations to provide emergency orthopaedic and trauma surgery there. This is yet another achievement that has enhanced Malaysia's image in the humanitarian arena.

While being involved in these crisis areas, the year 2005 also saw MERCY Malaysia carrying on with its ongoing projects in Sudan, Iraq, Iran, Afghanistan and Cambodia. At the same time, while the public eye keenly observed MERCY Malaysia's international efforts, the organisation was also active in assisting the victims of the tsunami in Kedah and Penang in Malaysia and continues to deploy its volunteers to provide medical aid to the interior communities of Sabah and Sarawak. Similarly, through its state chapters, many underprivileged Malaysians received medical services, counselling and aid when local disasters occured. During the floods in Malaysia, volunteers worked closely with local authorities to complement the humanitarian activities provided by the government authorities.

I am proud to see all the good work of MERCY Malaysia and the credibility it gains internationally. It is a pleasure to see the organisation grow from strength to strength, I am certain that the following years will be as exciting and challenging for the organisation. I have all the confidence that MERCY Malaysia will be able to meet these challenges.

H.R.H. SULTAN AZLAN MUHIBUDDIN SHAH THE SULTAN OF PERAK DARUL RIDZUAN

MESSAGE FROM THE PRESIDENT



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

Dear Friends,

The year 2005 began in a sombre mood with the world still reeling in shock from the devastating effects of the Indian Ocean tsunami. For MERCY Malaysia, every disaster provided another milestone in our organisation's growth with the learning curve becoming steeper each day. Hundreds of staff and volunteers were deployed to serve the survivors of the Indian Ocean tsunami from the northern states of Malaysia to Aceh in

Indonesia and the East Coast of Sri Lanka. MERCY Malaysia provided emergency health care and psychosocial support, shelter, food, rebuilding of healthcare facilities, orphanages and schools. Even a year after the tsunami, we continue to work in these difficult areas to not only build structures but also capacity through training programs.

On March 28 2005, a major earthquake hit the west coast of Sumatra again; badly affecting the islands of Nias and Simeuleu but this time, humanitarian response was pale in comparison to the tsunami. Our volunteers were deployed immediately through our operations centre in Aceh as well as from headquarters. The provision of emergency surgical and trauma care as well as evacuation of patients were not only timely but pushed the organisation into the forefront of health services in acute disasters. It was not surprising then that MERCY Malaysia was later invited to assist the government of Indonesia in developing the master plan for the revitalization of health services in Nias Island.

While we continued our flurry of activities in Indonesia, our volunteers were steadily deployed to Sri Lanka providing basic healthcare and psychosocial assistance. MERCY Malaysia was able to conduct training on psychological first aid to local NGOs and community leaders from early on after the disaster, and 550 Sri Lankans in total received training.

The earthquake in South Asia again tested our organisation and we were able to send our emergency response teams to Bagh, Pakistan Administered Kashmir, working from field units in partnership with local NGOs and local health authorities. Working with our Pakistan partner through the Asian Disaster Reduction & Response Network (ADRRN), MERCY Malaysia provided 800 shelters and winter warmth items in Balakot, shielding more than 1,000 beneficiaries from the harsh Kashmir winter. Similar to most disaster responses, our work will continue to include psychosocial health, provision of maternal and child health and rebuilding of health centres and capacity building.

The emergencies that occurred did not dampen the work we have in other countries like Afghanistan, Iran, Iraq and Sudan. The year 2005 saw the completion and hand over of a health centre in Bam, Iran as well as a new Reproductive Health Unit at El-Geneina District Hospital in West Darfur, Sudan. Despite critical conditions, our staff in Iraq continue to provide health services for the people in an around Baghdad and rebuilding health centres to cater for the needs of thousands of beneficiaries.

The most striking event, to me, was the ability to deploy doctors and staff from our health centre in Kandahar to the earthquake zone in Pakistan. The investment we made in building capacity and confidence in the people of Afghanistan showed itself when they, once recipients of aid, were now able to offer aid to others in need.

On the home front, we have expanded our operations to include eight state chapters, each working to address the effects of local hazards as well as conducting outreach programs for the marginalized and needy. Our volunteers work quietly and consistently, making their way in to the hearts of the local population through mobile clinic services, flood relief, counselling drug addicts and conducting "vision camps" and dental services.

2005 will also be remembered as a year of partnerships as we became more recognised internationally, forging new partnerships with other UN agencies including UNDP (United Nations Development Programme) in Malaysia, UNICEF (United Nations Children's Fund) as well as UNFPA (United Nations Population Fund), continuing our relationship with UNHCR while receiving constant support and guidance from UN OCHA (United Nations Office for Coordination of Humanitarian Affairs), in particular the regional office in Bangkok. It has been a great learning opportunity for our organization and enhances our drive to be more professional and internationally recognised as a formidable NGO from Asia.

All our efforts would not be achieved without the diligence and dedication of our staff as well as the passion and drive of our volunteers. The unflinching support of our Patron has motivated all of us at MERCY Malaysia while the encouragement and support from the Malaysian government and other host governments has boosted our confidence and belief that while we need to remain independent as an organisation, partnership with the government, corporate sector and public is a crucial factor in building trust with our donors and supporters.

The year 2005 fortunately did not end with a major disaster as it had in two previous years. For MERCY Malaysia, it ended with the launch of a book entitled "A Time to Heal: A Reflection of MERCY Malaysia's Response to the Indian Ocean Tsunami". To us, at MERCY Malaysia, publishing this book before the first anniversary of the tsunami was not only commemorative but more importantly, we viewed it as an accountability document to our donors, our members and the beneficiaries who we served.

Finally, to all our supporters, donors and friends – thank you very much for giving us the strength and encouragement to persevere and improve ourselves, while we strive to become a world class humanitarian organization yet retaining our humility and Malaysian culture at all times.

Yours sincerely,

Datuk Dr. Jemilah Mahmood

TREASURER'S REPORT

The year 2005 has been an extraordinary year for MERCY Malaysia largely due to our donors' response to the Indian Ocean Tsunami and the South Asia Earthquake.

MERCY Malaysia saw a marked increase in total donations received for 2005 as compared to 2004, with an increment of RM 23, 740, 575 (Figure 1). From Figure 2 and 3, it is evident that the increase in the total donations received came through MERCY Malaysia's Tsunami Relief Fund and the Pakistan Relief Fund, with public contribution amounting to 35% of funds. Most of our funds were channelled to projects for Tsunami stricken areas as shown by Figure 4, while the rest of our projects in other countries continued to progress steadily.

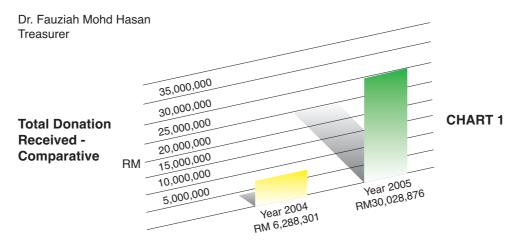
In terms of utilisation of funds, 87% was used for projects. The running costs of our field offices and headquarters administrative and fundraising costs were kept minimal at 7% and 6% respectively (Figure 5).

Of the total project expenses, 40% were spent on healthcare related projects. This is in line with MERCY Malaysia's charter to provide emergency and sustainable healthcare and humanitarian aid to its beneficiaries (Figure 6).

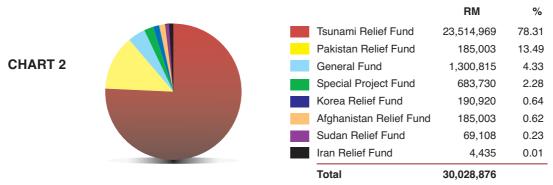
Following the Indian Ocean tsunami, MERCY Malaysia received a total donation amounting to RM 23,514,969 (Figure 7). Figure 8A shows that RM 11,922,372 was spent in 2005. The remaining amount has been committed to already approved projects in the Tsunami stricken areas. Figure 8A shows that 86% of the Tsunami expenditure was used for projects in Aceh, the hardest hit area, followed by Sri Lanka, Malaysia and Nias. 80% of the project expenses was utilised during the rebuilding phase; as shown in Figure 8B. Due to the enormous structural destruction caused by the tsunami, RM 6,042,357 has been utilised for shelter related projects (Figure 9).

On the home front, MERCY Malaysia chapters have shown increase in their activities at the local level compared to the year 2004 (Figure 10). These activities include mobile clinics in rural areas of Sabah and Sarawak, aid provided during the haze, running of our Drug Rehabilitation Assistance Programme (DRAP) and mobilising flood relief teams to Jitra, Kedah.

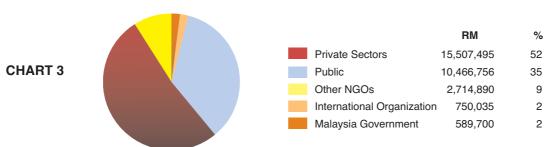
The tsunami experience has displayed the very generous nature of Malaysians from all walks of life. I would like to convey our heartiest gratitude to all who have contributed to enable MERCY Malaysia to make a difference to the lives of our beneficiaries during their darkest hours. We hope and pray that Malaysians continue to nurture the spirit of sacrifice in kind, money, time and effort in support of our humanitarian work locally and abroad.



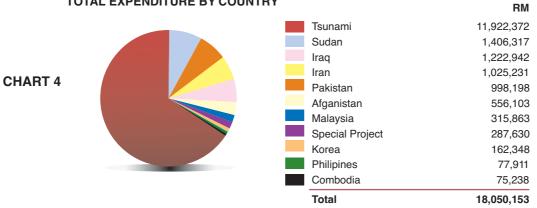
SOURCE OF DONATION RECEIVED BY COUNTRY



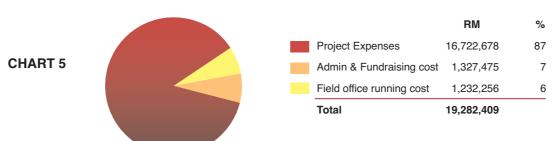
SOURCE OF DONATION RECEIVED BY SECTOR



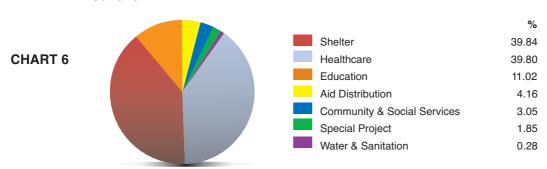
TOTAL EXPENDITURE BY COUNTRY



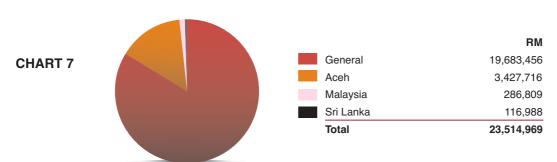
TOTAL USAGE OF FUNDS



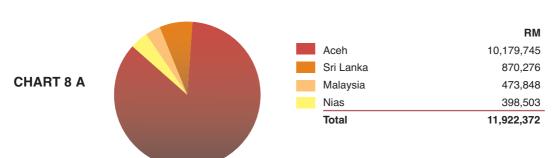
TOTAL OVERALL PROJECT EXPENSES BY PROGRAMMES & PROJECTS



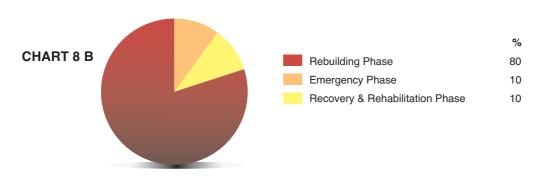
TOTAL TSUNAMI DONATION RECEIVED



TOTAL TSUNAMI EXPENDITURE



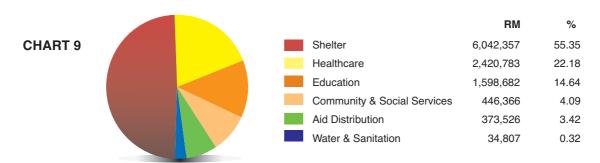
EXPENDITURE BY PHASE



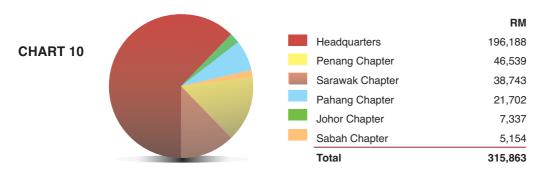
EXPENDITURE BY PHASE

	<u>Period</u>	<u> HIVI</u>
Emergency Phase	Month 1 - 2	1,213,452
Recovery & Rehabilitation Phase	Month 3 - 4	1,192,208
Rebuilding Phase	Month 5 onwards	9,516,712
		11,922,372

TOTAL TSUNAMI EXPENDITURE BY PROGRAM



TOTAL MALAYSIA EXPENDITURE



MERCY MALAYSIA EXECUTIVE COUNCIL

2004 - 2006

President : Datuk Dr. Jemilah Mahmood.

Vice President : Assoc. Prof. Dr. Mohamed Ikram Mohamed Salleh

Honorary Secretary : Assoc. Prof. Dr. Zaleha Abdulah Mahdy
Asst. Honorary Secretary : Muhammad Faisal Abdul Wahab
Honorary Treasurer : Dr. Fauziah Haji Mohd Hasan

Committee Members : Dr. Heng Aik Cheng

Dr Ahmad Faizal Perdaus

Assoc. Prof. Dr P Shanmuhasuntharam

Ir. Amran Mahzan

Mohamad Azman Sulaiman

Dr. Dilshaad Ali Abas Al

Norazam Abu Samah

(retired from EXCO and is serving as Head of Operations in Aceh and Nias, Indonesia)

Yang Wai Wai

(retired from EXCO and is serving as Programme Coordinator in Bagh, Pakistan)

Adviser : Farah Abdullah

2006 - 2008

President : Datuk Dr. Jemilah Mahmood.

Vice President : Assoc. Prof. Dr. Mohamed Ikram Mohamed Salleh

Vice President II:Mohamad Azman SulaimanHonorary Secretary:Raja Riza Raja Badrul

Asst. Honorary Secretary : Assoc. Prof. Dr P Shanmuhasuntharam

Honorary Treasurer : Ir. Amran Mahzan

Committee Members : Dr. Heng Aik Cheng

Dr Ahmad Faizal Perdaus

Azman Zainon Abidin

Adviser : Farah Abdullah

OPERATIONS REVIEW

In 2005, MERCY Malaysia experienced phenomenal growth. We were among the first international organisations to reach Banda Aceh, after the Tsunami and in October to reach Bagh, Pakistan, one of the worst hit areas devastated by an earthquake.

Our relief for Aceh was the defining moment for MERCY Malaysia. While we were slowly gaining a strong reputation for our work in Afghanistan, Iraq and Sudan, the Tsunami brought on the realisation that we were capable of mounting a response comparable to our most established counterparts. Our immediate response and quality of our work spoke volumes of our capability and capacity.

This brought on the need to expand, in our human resource capacity and our organisation structure. For the Secretariat, 2005 was a year of exponential growth. Our staff doubled, existing departments spawned on new units and functions and we refined our mandate and charter. We reaffirmed our commitment towards ensuring that our services were delivered with the highest standards, that our projects are developed together with communities and more importantly that we hold ourselves accountable not only to our donors but to our beneficiaries.

Organisational Development

Organisational Direction and Structure

MERCY Malaysia went through a restructuring and organisational development exercise. Our organisational structure was further strengthen to include a planning and development and a logistics function. We also embarked on a strategic planing exercise where we revisited our vision and mission, created a new charter and reviewed and prioritized our core services. At the operational level we refined our roles and identified key processes to support the organisational changes taking place. This exercise resulted in greater clarity and direction for our organisation.

A three year strategic plan was developed. The recommendations on future direction and growth will be implemented in stages. In line with this development, we made strategic amendments to the Constitution which paved the way for a stronger foundation for the organisation.

Capacity Building

In our efforts to develop and harness the potential of our human resource, we ensured that key staff members receive training on management and humanitarian relief related programme. This commitment to enhance their knowledge, experience and expertise will be one of the important capacity building programmes for our organisation. Our mandate to build capacities was also extended to the volunteers where specific trainings were organised.

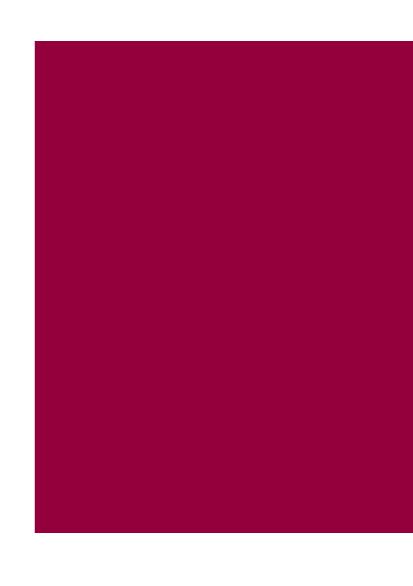
Standards and Best Practices

MERCY Malaysia became signatory to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations in Disaster Relief in 2005. Presently the Code of Conduct is incorporated in our training programmes for staff and volunteers and consciously translated into humanitarian actions and our projects on the field at all our country operations. The International Council of Voluntary Agencies (ICVA) where MERCY Malaysia is a member continues to be high on our agenda of international dialogues and participation. We continued to actively participate and engage in discussions concerning issues related to humanitarian affairs, refugees and people of concern. In late 2005 MERCY Malaysia began the process of becoming a member of another important international organisation, the Humanitarian Accountability Partnership International or HAP-I. HAP- I is the humanitarian sector's first international self-regulatory body championing the rights and the dignity of its intended beneficiaries. The mission of HAP-I is to make humanitarian action accountable to its intended beneficiaries through self-regulation and compliance verification. This is indeed a very important practical and strategic move for MERCY Malaysia and in early 2006 we became a full member of HAP-I.

Relief Operations

The year 2005 was significant in many ways as we enhanced our aid programmes responding to emergencies arising from natural hazards and conflict. We implemented our services and projects, drawing on our past knowledge and experiences, and incorporating new techniques based on total disaster risk management principles. We built on our past experiences and learned new methods with successful outcomes. A detailed narrative on our country operations is documented in the following pages in this report.

Shareen Shariza Dato' Abdul Ghani Chief Operating Officer May 2006



MERCY Malaysia entered into partnerships with notable Malaysian and International organisations in our effort to grow the organisation and form strategic alliances. These partnerships enabled us to continously develop and enhance our capacity as an International relief organisation that subscribe to standards and best practices in delivering aid and improve the way we do our work.

STRENGTHENING MERCY MALAYSIA THROUGH PARTNERSHIP

ORGANISATIONAL DEVELOPMENT & FUNDING SUPPORT

We are honored to recognise the following corporations for their support of MERCY Malaysia.

a) A Corporate Social Responsibility Programme in Partnership with UEM World

2005 was a significant year for MERCY Malaysia as we developed new partnerships with organisations in the country. Khazanah Nasional through UEM Group embarked on a corporate social responsibility programme with MERCY Malaysia as one of the relief organisations it supports. The program encompasses support in critical areas of disaster preparedness, emergency relief, special projects and organizational development.

Over the years UEM Group and its subsidiary, Pharmaniaga Berhad have continued to be strong Corporate Philanthropy Partners with Mercy Malaysia. This is an extension of that support where as a corporate citizen, Khazanah Nasional and UEM Group can intensify their corporate social responsibility through a recognised relief organisation like MERCY Malaysia. We envision that through this partnership, MERCMalaysia will be able to achieve higher impact in the delivery of aid to vulnerable communities around the world. For the year 2005, Khazanah Nasional through UEM Group supported emergency relief operations during the Pakistan Earthquake

b) Pharmaniga Berhad: Relief Programmes in Malaysia

In 2004, Pharmaniaga Berhad pledged to support MERCY Malaysia by granting the organisation a sum of RM 200,000.00 annually for a period of three (3) years.

In 2005, contribution by Pharmaniaga Berhad was mainly utilised to purchase much needed drugs and medical supplies both to support our relief missions in Malaysia and internationally. MERCY Malaysia was also able to increase its programmes to further reach remote communities and the less fortunate in Malaysia through this partnership with Pharmaniaga.



Community Health Project with Pharmaniaga Berhad

c) Creating a New Charter for MERCY Malaysia:A Project With The Boston Consulting Group

MERCY Malaysia undertook an important organisational improvement exercise in 2005. As an international relief organisation we have achieved significant milestones, and in 2005 we embarked on a project with the objective of clarifying our mandate, charter and strategic direction.

The Boston Consulting Group, an international strategy and general management consulting firm, through its office in Kuala Lumpur undertook this exercise as part of their Corporate Social Responsibility Programme for the region. What resulted was a remarkable transformation for MERCY Malaysia in that we refocused our core services, enhanced our organisational mandate structure and strategic direction, paving the way for an exciting future for the organisation.

HUMAN RESOURCE: VOLUNTEERS

a) PETRONAS Volunteer Opportunity Programme (PVOP)

The PVOP is a structured programme which aims to provide a platform for PETRONAS staff to contribute their time, skills, and experience by participating in MERCY Malaysia's relief missions to disaster areas, both overseas and at home.

With its pool of professionals and personnel from diverse technical and non-technical backgrounds, PETRONAS' volunteers support our missions in project management, programme facilitation and logistics. From distributing tents and relief items to constructing shelters for the displaced, PVOP volunteers have displayed a genuine spirit of giving, providing a hands-on approach to human development, in line with both MERCY Malaysia and PETRONAS's philosophy of sustainable growth and progress of the global communities.

Since the inception of the PVOP in April 2005, we have registered hundreds of volunteers and have since deployed 10 volunteers to Aceh, 10 volunteers to Pakistan, 6 volunteers to the interiors of Sarawak and a team of volunteers to flood-hit Kedah.



MERCY Malaysia in partnership with PETRONAS under the PVOP

b) Universiti Sains Malaysia

MERCY Malaysia signed a memorandum of understanding (MoU) with Universiti Sains Malaysia (USM) on 17th March 2005. MERCY Malaysia was represented by Datuk Dr Jemilah Mahmood while USM was represented by its Vice-Chancellor, Prof.Dato' Dr. Dzulkifli Abdul Bazak

The MOU outline areas of collaboration which included :-

- Training programmes for Medical and Humanitarian Relief activities;
- Providing USM relevant information relating to disasters and the volunteers requirements for relief activities, for emergency or recovery phases; and
- Collaborate with USM to raise funds in the areas of education and capacity building postemergency

COLLABORATION & IMPLEMENTING PARTNERSHIPS

One of core values in recognising the importance of working with partners. In light of this, MERCY Malaysia embarked on several partnership agreements and collaborations with esteemed international organisation.

a) UN AGENCIES

i) MERCY Malaysia's Partnership with UNFPA

On 18 November 2005, MERCY Malaysia signed a Memorandum of Understanding (MoU) with the United Nations Population Fund (UNFPA). MERCY Malaysia was represented by its Honorary Treasurer, Dr. Fauziah Mohd Hasan while UNFPA was represented by Ms. Thoraya Ahmed Obaid, the UNFPA Executive Director and the Under-Secretary of the UN. Also present to witness the ceremony was Mr. Richard Leete, Resident Coordinator of United Nations Malaysia.

The MoU, which was the first ever agreement signed between UNFPA and a Malaysian NGO, allows MERCY Malaysia to establish a framework for collaboration and coordination with the following objectives to:

- Address Reproductive Health (RH) information and service needs by developing and strengthening RH services in assistance provided by MERCY Malaysia, and its operational partners;
- Promote a holistic approach to girls' and womens' health;
- · Promote RH among adolescents and young people; and
- Prevent and respond to gender-based violence.

This MoU enables UNFPA to provide support to MERCYMalaysia in the form of knowledge transfer, training of volunteers, funds and other technical assistance on the field.

ii) Roundtable Dialogue Session On Tsunami By Invitation From the United Nations Development Programme (UNDP) Malaysia

MERCY Malaysia was invited by the United Nations Development Programme (UNDP) Malaysia to participate in a Roundtable Session on 20 December 2005 to discuss some key lessons learnt one-year after the 26 December tsunami.

Mr Hafiz Pasha, the UN Assistant Secretary-General and Chairperson of UNDP's Tsunami Task Force delivered the keynote address.

The dialogue, was moderated by Tan Sri Razali Ismail, Malaysia's Special Envoy for Tsunami Aid. Speakers during the session included Datuk Dr Jemilah Mahmood, President of MERCY Malaysia together with Dr Richard Leete, Resident Representative of UNDP Malaysia, and Mr Steve McCoy, Chief Executive Officer of Force Of Nature Aid Foundation (FON). Apart from members of the media, other participants included members of the diplomatic community, public and private sector as well as organisations with interests in humanitarian and development work. Among key issues raised during the discussion included:

- Need for much greater disaster preparedness at all level, including a disaster contingency Action Plan;
- Strong need for improved coordination, particularly between government and NGOs, as well as within the NGO community;
- Agencies need to consider issues of accountability from the perspective of both donors and target beneficiaries. There is a need to make a difference to the lives of victims and sometimes this will entail focus group interviews to find out what their priorities are;
- Difficulties in restoring livelihoods, the need strategies for promoting alternative livelihoods, including retraining and access micro credit;
- · Need to consider the livelihoods of women as well as men; and
- Need to involve southern NGOs and give more media coverage to the good work that they are doing.

Source: http://www.undp.org.my

iii) Tent Distribution Programme with the United Nations High Commissioner for Refugees (UNHCR) in Aceh, Indonesia

MERCY Malaysia worked with the UNHCR to distribute tents as part of a retenting project, to the Internally Displaced Persons (IDP) camp around Banda Aceh and Aceh Besar.



Giving families new tents in Kg. Gano, Banda Aceh.

b) INTERNATIONAL AGENCIES

i) Asian Disaster Reduction & Response Network (ADRRN)

ADRRN is a growing network of Asian NGOs working to promote coordination and collaboration among NGOs and other stakeholders for effective and efficient disaster reduction and response in the Asia-Pacific region. It was founded in February 2002 in collaboration with the United Nations Office for Coordination of Humanitarian Affairs (UNOCHA) and the Asian Disaster Reduction Centre (ADRC) in Kobe, Japan. Currently, the ADDRN is chaired by Datuk Dr. Jemilah Mahmood, and MERCY Malaysia is the Secretariat for ADRRN.

Activities in 2005 included:

- ADRRN Public Forum in the World Conference On Disaster Reduction in Kobe, Japan (January 2005)
- Indian Ocean Tsunami: A Community Disaster Preparedness and Mitigation Project by MERCY Malaysia and ADRRN, Aceh (April 2005)
- · ADRRN Regional Workshop, Chennai, India (August 2005)
- 'Inamura No Hi' Tsunami Awareness Publication (on-going since June 2005)
- ADRRN / GOLFRE Regional Training Workshop On Disaster Risk Reduction: Learning from the Tsunami Experience, Penang, Malaysia (November 2005)

ii) The International Council of Voluntary Agencies (ICVA)

MERCY Malaysia became a member of the International Council of Voluntary Agencies (ICVA) in October 2005. ICVA is a non-profit global association of non-governmental organisations (NGOs) that works as a collective body, to promote, and advocate for, human rights and a humanitarian perspective in global debates and responses.

MERCY Malaysia is the only relief organisation in Malaysia which is a member of ICVA. MERCY Malaysia hopes to play a pivotal role in sharing the views of Asia particularly in areas of culture, religion and issues important to Asia/ Southern region.

ICVA is based in Geneva, Switzerland and has been in existence since 1962. With over 80 member agencies around the world working in the fields of humanitarian relief, human rights, and development, it works to secure the commitment of the world community to address injustice, ensure dignity and rights, and promote international strategies that attend to human needs. More information on ICVA is available at www.icva.ch

iii) Humanitarian Accountability Partnership – International (HAP-I)

MERCY Malaysia began the groundwork to become a full member of HAP-I in 2005. Accountability and transparency are two of the most important concerns of MERCY Malaysia.

HAP-I is pioneering the development of accountability standards and principles for Humanitarian Organisations looking at forward accountability i.e financial management and accountability to beneficiaries.

The launch of HAP-I in 2003 followed many years of consultation, research and negotiation within the humanitarian system. HAP-I is a partnership of member agencies that share a commitment to making humanitarian action accountable to its intended beneficiaries. At the heart of this endeavour lies HAP-I's Seven Principles of Accountability.

The principles require that members of the Humanitarian Accountability Partnership:

- 1. Respect and promote the rights of legitimate humanitarian claimants;
- 2. State the standards that apply in their humanitarian assistance work;
- 3. Inform beneficiaries about these standards, and their right to be heard;
- 4. Meaningfully involve beneficiaries in project planning, implementation, evaluation and reporting:
- 5. Demonstrate compliance with the standards that apply in their humanitarian assistance work through monitoring and reporting;
- 6. Enable beneficiaries and staff to make complaints and to seek redress in safety;
- 7. Implement these principles when working through partner agencies.

The members of HAP-I seek to comply with these principles through self-regulation and accreditation. They also share a vision of a humanitarian system at large that upholds these ideals.

The members of HAP-I are committed to listening to the intended beneficiaries of humanitarian action so that the quality and effectiveness of their humanitarian work is improved. The members of the Partnership believe that through such an approach, the design and implementation of their humanitarian work will be strengthened, and that as a consequence, confidence in, and support for HAP-I's member agencies will also be enhanced.

Source and more information on HAP-I is available at: http://www.hapinternational.org

TOTAL DISASTER RISK MANAGEMENT (TDRM) At the onset of disasters, MERCY Malaysia and similar organisations, respond rapidly to provide emergency assistance to meet the needs of the affected population. It is not uncommon to see that in most disasters, the response from local and international organisations is usually overwhelming. Unfortunately, as the disaster moves into the recovery and rehabilitation phase, the "honeymoon" period comes to an abrupt end and communities are left struggling to cope with their lives.

In order to assist an affected community optimally, disaster response should also aim at extending assistance into the recovery and rehabilitation phase, while ensuring that vulnerabilities are reduced and not rebuilt. This was especially needed following the Indian Ocean tsunami and the South Asian earthquake. The Hyogo Framework of Action (HFA) adopted at the World Conference on Disaster Reduction in Kobe last January 2005, also clearly outlined five main action points, among which risk education is an important key element to reduce vulnerabilities.

Drawing on the conclusions of the review of the Yokohama Strategy, and on the basis of deliberations at the World Conference on Disaster Reduction and especially the agreed expected outcome and strategic goals, the Conference adopted the following five priorities for action:

- 1. Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.
- 2. Identify, assess and monitor disaster risks and enhance early warning.
- 3. Use knowledge, innovation and education to build a culture of safety and resilience at all levels.
- 4. Reduce the underlying risk factors.
- 5. Strengthen disaster preparedness for effective response at all levels.

Source: http://www.unisdr.org

In 2005, MERCY Malaysia consciously began to adopt the approach of Total Disaster Risk Management (TDRM) in implementing some of its key domestic and international projects and programmes. TDRM aims to provide better understanding, and more importantly response to disaster management, addressing the root causes and underlying factors that lead to disasters.

The Asian Disaster Reduction Centre (ADRC) has been promoting a culture of disaster reduction by advocating disaster reduction as a core part of government policy and raising public awareness in the Asian Region. ADRC and the Asian Disaster Response Unit of the United Nations Office for the Coordination of Humanitarian Affairs Kobe (UN-OCHA/Kobe) developed the concept of Total Disaster Risk Management as an effective and strategic approach to disaster reduction that is based on many years of experience in coping with natural disasters worldwide, particularly in Asia.

The TDRM approach looks at the entire cycle of disasters and involves all sectors of societies and communities in disaster management and encourages partnership to reduce risk and vulnerability to natural hazards.

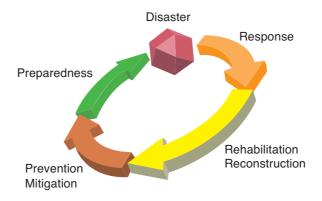
The concept of TDRM centres around two crucial principles: "the involvement of all stakeholders" and "implementation at all phases of disaster risk management," namely the prevention/mitigation, preparedness, response and rehabilitation/reconstruction phases (Figure 1). This concept promotes a holistic approach which covers relevant stakeholders and all phases that are essential in disaster risk management.

Total Disaster Risk Management is divided into four phases. Phase One is the Emergency Response, which aims to ensure that effective response such as rescue efforts, fire fighting, emergency medical assistance and evacuation are provided when a disaster takes place. Simplistically, it is a life saving phase.

The next phase is Recovery, which involves Rehabilitation and Reconstruction. Phase Two aims to provide disaster resilient reconstruction, appropriate land use planning, industrial rehabilitation planning and livelihood support.

Phase Three is equally important as it emphasizes on efforts, which are made to prevent and mitigate damage when disasters strike. Activities such as utilisation of seismic resistant technology for rebuilding or retrofitting, construction of dikes, replanting mangroves, forestation, construction and operation of meteorological observation systems are essential in this phase in order to prevent or to mitigate damage during disasters such as earthquakes, floods, landslides or storms.

The final phase is Preparedness or Readiness. It is important for a disaster vulnerable country to be ready or well-prepared whenever a disaster occurs. Preparation of hazard maps, food and material stockpiling and preparation of emergency kits are vital during this phase in order to minimise the impact of a disaster As a relief organisation too, MERCY Malaysia needs to be in a constant state of preparedness to respond to emergencies.



Disaster Risk Figure 1 Management Cycle

The disaster risk management cycle, shown in Figure 1, consists of four phases in two stages:

- 1. Prevention/Mitigation (pre-disaster stage)
- 2. Preparedness (pre-disaster stage)
- 3. Response (post-disaster stage)
 4. Rehabilitation/Reconstruction (post-disaster stage)

In the "Prevention/Mitigation" phase, efforts are made to prevent or mitigate damage (e.g. planting of mangroves plants to reduce effects of typhoons).

Activities and measures for ensuring an effective response to the impact of hazards are classified as "Preparedness" (e.g. emergency drills and public awareness) and are not aimed at averting the occurrence of a disaster.

"Response" includes such activities as rescue efforts, emergency medical aid, fire fighting and evacuation.

In the "Rehabilitation/Reconstruction" phase, considerations of disaster risk reduction should form the foundations for all activities.

Concisely, by taking appropriate measures based on the concept of disaster risk management in each phase of the disaster risk management cycle can reduce the overall disaster risk.

Source: http://www.adrc.or.jp

On Dec 26 2004, the Indian Ocean Tsunami claimed over 200,000 lives and left the world slowly recovering from its wounds. A year later, on Dec 26 2005, the world was paying respect to the victims of tsunami. MERCY Malaysia's staff and volunteers continued with our work in Aceh and other Tsunami affected areas achieving key milestones in our relief and rebuilding projects.

SPECIAL REPORT ON THE
INDIAN OCEAN TSUNAMI
PHASE ONE:
EMERGENCY RESPONSE



Our team vaccinated over 3,000 men, women and children in the first week following the disaster

Psychsocial support is one of the integral services for MERCY Malaysia's relief at the emergency phase. Seen here Prof Dr. Hatta Shahrom conducting psychosocial first aid and debriefing



ACEH, INDONESIA

Emergency Medical Aid, Primary Health Care, Vaccination and Mobile Clinics

MERCY Malaysia deployed its first team to Aceh on 27 December 2004. Our medical teams carried out emergency life saving procedures.

Between 27 December 2004 until February 2005, more than 5,000 survivors were treated by our medical teams at KESDAM Hospital and through mobile services. In the first 48 hours, survivors with multiple injuries and near drowning conditions were treated. After 48 hours, several infections including pneumonitis, multiple infections, tetanus and gastroenteritis were managed. Our teams tended to an average of 250 patients a day in the first week.

Our volunteer medical teams conducted life saving procedures at the Intensive Care Unit (ICU) at KESDAM Hospital. The team was instrumental in restoring the ICU, and this led to a substantial reduction in mortality and morbidity. Together with international and Indonesian surgical teams, MERCY Malaysia lead the coordination of the hospital's ICU and surgical services.

MERCY Malaysia also mobilised teams to various places including Babun Najah Orphanage, Darul Dzahiddin, Lambaro Seubun and Lokhnga and provided primary health care services through our mobile clinics.

MERCY MALAYSIA also provided Typhoid and Tetanus vaccinations to approximately 3,000 people.

Relocation Programme in Seubun Ayun

MERCY Malaysia built 88 units of relocation houses in Seubun Ayun, Aceh Besar. The community relocation project was built complete with a PUSKESLIT (satellite health centre) and a small community centre.

Psychosocial Health Support

MERCY Malaysia provided trauma counselling and mental health support to the tsunami survivors who were greatly traumatised by the disaster. Our team of psychiatrists, clinical psychologists and counsellors conducted tent visits for individuals or group counselling sessions, art therapy as well as carried out activities for women and children.

Distribution of non-medical relief items

MERCY Malaysia distributed body bags in Bandar Aceh and LokhNga and donated 10 wheelchairs to the KESDAM Hospital.

During Aidil Adha (a religious ceremony for the Muslim community), MERCY Malaysia distributed meat to 13,000 people in Bandar Aceh, Meulaboh and Aceh Besar.

AMPARA, SRI LANKA

Medical Aid: Primary Health Care and Mobile Clinics

MERCY Malaysia deployed its medical teams to Kalmunai, Akrapathu and Sainthamaruthu areas to set up mobile medical camps.

The medical teams spent eight weeks there, treating more than 3,500 tsunami victims. The majority of victims suffered chest infections, muscoskeletal problems, skin diseases, wounds and psychological stress.

Mobile clinics were set up at five villages namely Kalmunai, Addalachena, Karaithivu (4 camps), Ninthavur (4 camps), Sainthamaruthu (1 camp) and Maruthamanai.

We also donated medical supplies to Sainthamaruthu Temporary Hospital and Kalmunai Base Hospital Mental Health Unit.

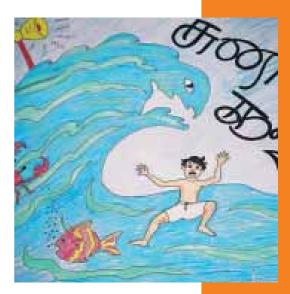
Psychosocial Health Support

To support the mental health recovery of the affected communities, MERCY Malaysia conducted Psychosocial Programmes such as tsunami education programmes using interactive posters as education and psychosocial materials shared with the community. The posters were later adapted and used by the United Nations Children's Fund (UNICEF) for similar programmes. For children, there were activities like art and play therapy, and counselling. 500 out of the 2,000 survivors who were counselled by MERCY Malaysia's volunteers were children.

Trauma counselling sessions were also conducted to help adult communities affected by the tsunami, especially those who lost their family members and loved ones, to strengthen their coping mechanism.

Distribution of non-medical items

On Aidil Adha, MERCY Malaysia donated RM7, 600 to Jumaah mosque to arrange Qurban for the Muslims in the affected areas.



Child's drawing illustrating the tsunami

Providing primary health care to the Sri Lankans' at mobile clinic



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Mobile clinics held at schools and evacuation centres.

Food distribution during Emergency phase



KOTA KUALA MUDA, KEDAH, MALAYSIA

Mobile clinics

MERCY Malaysia deployed its volunteers to provide primary health care in our mobile clinics at schools and evacuation centres in both Penang and Kedah.

Psychosocial Health Support

MERCY Malaysia provided psychosocial counselling to the tsunami affected communities living in the northern part of Malaysia through our mobile clinics. Mental health support and psychosocial intervention continued even after affected villagers moved to their temporary homes.

As part of our psychosocial support programme aimed at restoring normalcy to the affected communities, our volunteers cleaned up the school compound and painted the playground of the Sekolah Kebangsaan Sri Kuala Muda in Kedah. Together with the local communities, our volunteers worked to clean the school to allow classes to resume.

Distribution of food and relief supplies

MERCY Malaysia, in collaboration with Nationwide Express Courier Services Berhad and DaimlerChrysler, distributed relief items to affected communities in Penang and Kedah in late December 2004.

We donated bicycles to 220 students whose families were relocated to areas far from the school. In addition, we distributed school uniforms for the children of Sekolah Kebangsaan Sri Kuala Muda in Kedah.

Through the generosity of fellow Malaysians, villages in Kuala Muda also received donations of household items which include refrigerators for 170 homes, cooking units and utensils, numerous food items and blankets.

Special Thanks: Nationwide Express Courier Services Berhad

Throughout the emergency phase, MERCY Malaysia received tremendous support from Nationwide Express Courier Services Berhad as its logistics and warehousing partner. Much of our aid delivered in Malaysia and the tsunami affected countries were supported by Nationwide Express.

MERCY Malaysia focused on Rehabilitation and Reconstruction in the second phase of our relief programme. In this phase, we provided temporary shelters for IDPs, health services and non-formal education centres for school children at a time when infrastructure around them had collapsed.

In brief, phase two aims to provide disaster resilient reconstruction, appropriate land use planning, industrial rehabilitation planning and livelihood support.

SPECIAL REPORT ON THE
INDIAN OCEAN TSUNAMI
PHASE TWO:
RECOVERY & REHABILITATION

ACEH, INDONESIA

Medical Aid: Primary Health and Psychosocial Health Support

After the emergency phase, MERCY Malaysia continued its medical aid by providing Anaesthetic and Opthamology specialist care and support at the Rumah Sakit Umum (RSU) Zainal Abidin. We also actively provided medical mobile services to the IDPs at their camps and various orphanages.

MERCY Malaysia continued with Mental Health Support programmes at various locations such as at MERCY Malaysia's IDP camps, other Non-governmental Organisation (NGO)'s camps and at the Rumah Sakit (RS) Jiwa Aceh. The programmes organised included Counselling and Community Intervention, as well as drawing and story telling activities. Among the cases identified during this programme were Post Traumatic Stress symptoms with anxiety, depression, unresolved grief and major depression.

Setting-up and Management of a Camp for the Internally Displaced Persons (IDPs)

About half a million individuals in Aceh were left homeless following the tsunami. In February 2005, MERCY Malaysia began to set up a camp for the IDPs at Kampung Weu Raya in LokhNga for 600 survivors. We deployed our volunteer architects, technicians and engineers to provide infrastructure for the camps such as proper water and sanitation (watsan) facilities, roads, and a proper garbage disposal system. Electricity was supplied through generators.

MERCY Malaysia set up 247 tents at Kampung Weu Raya.

MERCY Malaysia also set up a Children's Play Centre and a Women's Activity Centre at the camp. This gave the opputunity for children and women at the camp to participate in activities which supported their emotional and psychosocial recovery. Among the materials provided at the Women's Activity Centre were 12 sewing machines, an oven, five blenders, fabrics and as well as baking tools.

Distribution of Relief Items

Together with our numerous generous donors, partners and volunteers, we distributed relief items long after the emergency phase was over. Items distributed included food and water, hygiene packs for children and women and religious items to the IDPs at our camps as well as at the Babun Najah and Daruzzahidin Orphanages.

IDP Camp at Kg Weu Raya, LokhNga



AMPARA, SRI LANKA

Mental Health Support and Psychosocial Programmes

In February 2005, MERCY Malaysia continued its Psychosocial Programmes in Sri Lanka, which included counselling and training of trainers and Family Support Workers (FSW).

a) Support the Kalmunai Hospital's Mental Health Unit

Our mental health team supported the Kalmunai Hospital's Mental Health Unit and provided individual, family, group and community counselling there.

b) Mental Health Support Training Programme

As part of our Psychosocial Education Programme, MERCY Malaysia conducted Mental Health Support Training Programmes that trained 'para-counsellors' in recognising and counselling minor psychological symptoms for long term benefits to the affected communities.

Para-counsellors are people without any counselling skills who are trained to have the ability to identify psychosocial problems and provide first aid before referring the patients to the certified counsellors or psychologist.

In order to ensure the success of these programmes, MERCY Malaysia trained local volunteers to provide counselling and facilitate the activities for the children and women in IDP camps.

There were two phases in these programmes which include Basic and Advanced Family Support Workers training. Both phases included:-

- Counselling sessions (individually and group)
- Crisis intervention
- · Grief management
- Team building
- Self help training
- · Child/adolescent counselling



Conducting mental health support with the locals



Dental health programme

Dental care and hygiene education programme



Phase one of the training was attended by representatives from the Mental Health Unit, Kalmunai Hospital, Teachers' Training College, St. John's Ambulance, NGOs working in Kalmunai such as ZOA Refugees Netherland, AMI, Movimondo, Seedo and SHADOW. In total, 550 people were trained.

The advanced training modules were taught in Phase Two and ZOA Refugees Netherlands, SEEDO and SHADOW participated in these sessions.

After the first phase of the training, a total of 27 trainers were certified in June. In Phase two, 23 volunteers from Shadow, 14 from ZOA and about 10 selected MERCY Malaysia FSWs were deployed to camps to provide psychosocial support to the IDPs.

To facilitate such transfer of knowledge to the locals, MERCY Malaysia sent teams specialising in clinical psychology, psychiatry and counselling, psychosocial coordinators as well as collaborated with external trainers from PSP Colombo and GOAL Ireland.

We also provided educational talks in various schools in the area.

MERCY Malaysia was able to develop a training module through the contribution and inputs from the volunteers that were deployed from Malaysia. We hope to adopt this module for the development of different mental health support program in other countries.

Dental Health Programme

MERCY Malaysia also provided Dental Health Services to the affected communities in Ampara. Our volunteer dentists were deployed to re-start the dental services in Ninthavur and Sainthamaruthu. We also donated two complete mobile dental sets and supplies to the Kalmunai Dental Health Unit and the Ninthavur temporary hospital.

Dental care and Hygiene Education Programme

Dental care and hygiene education programmes were also organised. Our volunteers used educational posters and materials to promote proper daily dental hygiene. Hygiene kits consisting of toothbrushes and toothpaste were also donated to 5,000 schoolchildren in 13 schools.

Distribution of medical and non-medical items

MERCY Malaysia made a donation of an ambulance to the District Department of Health which is used by the Ashraff Memorial Hospital.

We also donated medical equiptment to the Thirukovil Hospital and a set of laboratory equipment to Ninthavur Base Hospital.

MERCY Malaysia distributed 700 school bags and shoes to three schools in Sainthamaruthu (Al -Hussain Vidyalaya School).



Official handover of ambulance to Ashraff Memorial Hospital

Distributing 700 school bags to children as part of our psychosocial programmes. These items while may seem basic, provided the children with tools needed to go back to school





Children's Play Centrer, IDP Camp at Kg Weu Raya, LokhNga



Distribution of school shoes in Ampara, Sri Lanka

Projects included reconstruction of two nursing school, a pharmacy school, two health centres, libraries, academic blocks, rehabilitation of the orthotic prosthetic unit, a school, two orphanages and a housing project in Aceh.

SPECIAL REPORT ON THE

INDIAN OCEAN TSUNAMI

PHASE THREE:

DEVELOPMENT & CAPACITY BUILDING

Ortho-prosthetic training with technicians from Rumah Sakit Umum (RSU) Zainal Abidin

ACEH, INDONESIA

Rehabilitation of Orthotic-Prosthetic Unit, provision for equipment and training for ortho-prosthetic technicians

The orthotic-prosthetic unit at Rumah Sakit Umum (RSU) Zainal Abidin was completely destroyed and the only staff member who survived the tsunami died shortly after.

MERCY Malaysia rehabilitated and re-equipped the orthotic-prosthetic unit. While completing the rehabilitation of the orthotic-prosthetic unit, MERCY Malaysia facilitated a training programme for staff identified to operate the unit.

Two Acehnese physiotherapists were flown to Malaysia and received training at the Hospital Universiti Sains Malaysia (HUSM) in Kubang Kerian, Kelantan. USM, a partner of MERCY Malaysia is reknowned for its award winning orthotic-prosthetic technology. Through this partnership, the Acehnese were trained intensively over two months.

Specialist care at Zainal Abidin General Hospital (Rumah sakit Umum Zainal Abidin)

Medical volunteers from MERCY Malaysia specialising in the areas of Obstetrics and Gynaecology, surgery, paediatrics, anaesthesia and ophthalmology were deployed to Zainal Abidin General Hospital for two-weekly missions to build capacity and treat patients.

Re-tenting Programme with UNHCR

In September 2005, many communities were still living in tents and a programme was initiated to provide new tents to the communities.

Together with the United Nations High Commissioner for Refugees (UNHCR), MERCY Malaysia distributed 1,002 tents to the IDP camps around Banda Aceh and Aceh Besar. These much needed tents were provided by UNHCR while MERCY Malaysia assisted in identifying the communities and distributing the tents.

Housing Project - Kampung Weu Raya

MERCY Malaysia undertook a project to rebuild houses for the community in our IDP camp at Kampung Weu Raya, Aceh Besar.

We flew in teams of architects, land surveyors, quantity surveyors and engineers to undertake the task of mapping out the land owned by each IDP/ family of Kampung Weu Raya. Following many discussions, the people of Weu Raya made the decision to return to their original land and MERCY Malaysia supported the rebuilding of their houses. Once the land was mapped out, the people of Weu Raya secured approvals from the local government to rebuild their homes. MERCY Malaysia's teams worked together with the communities to develop a design and spatial planning for the houses and the entire site. This process involved full community participation. Once the design and the spatial planning were agreed upon, each house owner signed off their agreement to accept the houses and rebuilding began.

This process was completed in March 2005 and the rebuilding of houses was targeted for completion by September 2005. The objective was to ensure that the people moved to a house as soon as possible and preferably before the fasting month of Ramadhan.

The houses, which was based on a core house concept was built, where owners would be able to easily expand the houses according to their future needs.

231 core houses were built using seismic resistent technology for the people of Kampung Weu Raya.

Rebuilding & Rehabilitation of Health Centres

MERCY Malaysia undertook to rebuild two health centres in Meuraxa, Banda Aceh, and Pangar, Aceh Besar.

At Meuraxa, MERCY Malaysia undertook the construction of three single storey buildings consisting of:

- Doctor's office
- · Emergency room
- Registration Area
- Administration Area
- Pharmacy
- Meeting room
- General Polyclinic
- Dental Polyclinic
- · Obstetric & Gynaecology Polyclinic
- Medical Store
- · Waiting area
- · Toilet facilities
- 3 units of staff housing



MERCY Malaysia's core houses were built with seismic-resistant technology



The completed house at Kg Weu Raya that is designed like an Acehese traditional home



Kampung Weu Raya housing project were built with tsunami escape routes



Looking at the building plan of the Meuraxa Healthcentre

Construction of Pharmacy College



Meanwhile, at Pangar, MERCY Malaysia undertook the construction of single storey health centre complete with wards for men, women and children comprising:

- · 2 Doctor's offices
- · Nurse's room
- Emergency room
- · Administration and Registration area
- Pharmacy
- Meeting room
- · General Polyclinic
- Dental Polyclinic
- O & G Polyclinic
- 3 Wards (Men, Women and Children)
- · Minor surgery room
- Medical Store
- Laboratory
- Kitchen
- · Waiting area
- Toilet facilities

Construction of Academic Facilities for Medical Education

- New Nursing Academy including hostel at Universitas Syiah Kuala (UNSYIAH), Banda Aceh. This project is targeted to be completed fully in March 2007.
- MERCY Malaysia rehabilitated a nursing college for the Department of Health (known as Departmen Kesihatan – DEPKES), which included the construction of a two storey building comprising:
 - 2 Classrooms
 - 1 Language Laboratory
 - 1 Computer Laboratory
 - Corridor and walkway
- 3) MERCY Malaysia also rehabilitated a Pharmacy College which included the construction of two storey building consisting of:
 - · Multi Purpose Hall with stage facilities and store
 - Pharmacy Laboratory and store
 - Physics Laboratory and store
 - · Computer Laboratory and store
 - Library
 - · Lecturers' room
 - Administration Office
 - · Head of Academy's Office and toilet facility
 - Meeting Room
 - 6 units of Toilet facilities
 - · Lobby, corridor, walkway, step and staircase

Non-Medical Construction

Building of an orphanage centre - Sukamakmur Orphanage

MERCY Malaysia built an orphanage at Desa Lambaro Sibreh, Sukamakmur in Aceh Besar. The project included the construction of twostorey building consisting of:

- 7 Classrooms
- 8 Hostel rooms
- · Dining Hall and Kitchen
- Multi Purpose HallOffice/Meeting Room
- · Principal's Office
- Musolla (Surau)
- 4 units of Toilet Facilities
- · Corridor, walkway and staircases
- 2) MERCY Malaysia undertook a project to equip orphanage centres with a resource centre/library at Sukamakmur, Kayee Kunyit, Babun Najah and Daruzzahidin Orphanages.



Building of an orphanage in Sibreh, Sukamakmur



Children from the Daruzzahidin orphanage

Construction of additional blocks for Babun Najah orphanage



 Building additional academic blocks – Daruzzahidin and Babun Najah

i) Daruzzahidin

MERCY Malaysia constructed a two-storey building on top of the existing single storey building to include the followings:

- 4 Classrooms
- Library
- Hal
- · Corridor, step and staircase

ii) Babun Najah

MERCY Malaysia also constructed a two-storey academic building which included the followings:

- 6 Hostel rooms
- · 4 units of Toilet facilities
- · Corridor, step and staircase
- 4) MERCY Malaysia undertook the building of Sekolah Menengah Atas 1 (SMA) in LokhNga, Aceh which included the construction of two storey building consisting of:
 - 10 Classrooms
 - 2 Laboratories
 - Teachers' Room
 - · Office and Administration
 - Library
 - Canteen
 - Musolla (House of Worship)
 - 2 units of Students Toilets
 - 2 units of Staff Toilets
 - Entrance lobby, corridor, walkway and staircases
- MERCY Malaysia also donated a total of seven ambulances. Two ambulances were donated to Aceh and five ambulances were donated to Nias.

AMPARA, SRI LANKA

Rebuilding of Health Centres

MERCY Malaysia's key projects in this phase will be the rebuilding and equipping of two health centres in Ampara district, specifically in Thirukovil and Vinayapuram.

Thirukovil and Vinayapuram once had their own community health centre but it was totally destroyed by the tsunami. Through this rebuilding, the medical needs of 16,000 people living in these areas will be met. The centre will mainly cater to ante natal care where midwives will be able to conduct check ups and doctors provide consultation.

The health centres are to be completed in September 2006, MERCY Malaysia will then handover the health centres to the Sri Lankan Ministry of Health.

Livelihood Programme

Together with a local partner, Rural Development Foundation of Sri Lanka, we identified livelihood projects for the affected communities as part of the Psychosocial Recovery Programme.

In this programme, MERCY Malaysia provided aid to 66 beneficiaries in Karaithivu and Ninthavur. We presented them with masonry tools, carpentry tools, sewing machines and seed funding for small businesses.

Cataract Project Camp

A team of volunteers consisting of two ophthalmologists and two ophthalmology medical assistants were deployed to Kalmunai Base Hospital and Ashraff Memorial Hospital. There, they conducted cataract surgeries on 44 patients.



Participants of the mental health support training programme

Volunteer doctors conducting routine examination on a cataract patient



KOTA KUALA MUDA, KEDAH, MALAYSIA

Livelihood Programme: Boat Project

In mid 2005, MERCY Malaysia collaborated with Universiti Teknologi Malaysia (UTM) to build fishing boats made out of fibre glass in effort to provide aid to the local communities.

In September 2005, the 15 boats complete with engines and fishing nets were handed over to fishermen of Tanjung Dawai, Kuala Muda, Kedah, who lost their fishing boats during the Indian Ocean tsunami.



Fishing boats handed over to fishermen of Tg Dawai, Kota Kuala Muda

COUNTRY REPORTS PHASE ONE: **EMERGENCY RESPONSE**



Dr. Heng, one of MERCY Malaysia's Exco members and two MERCY Malaysia's medical volunteers performing surgeries in Bagh, Pakistan

MERCY Malaysia's 1st team getting ready to go to Bagh, Pakistan in aid of the South Asia Earthquake disaster



PAKISTAN

On the 8 October 2005, Pakistan was rudely awakened by an earthquake measuring 7.8 on the Richter scale causing widespread devastation to areas in Northwest Frontier Province (NWFP) and Pakistan Administered Kashmir (PAK).

Bagh, which lies in the Jhellum Valley, used to be a part of the Poonch province in the Dogra days. After 1947, it became a sub-division (Tehsil) of the Poonch district. Since 1988, it has officially become a district in its own right. Access to Bagh after the earthquake was difficult as roads to the area were not only narrow but also affected by landslides.

Medical Aid: Emergency Medical Services, Primary Health Care, and Vaccination Programme

MERCY Malaysia was quick to respond by sending its first mission to assist the earthquake victims in Bagh on 10 October 2005. MERCY Malaysia provided trauma and surgical care operating up to 80 patients a day in the first 72 hours. Up to 400 patients were operated at a Field Hospital in Bagh the first week. The Field Hospital was set up by a local NGO - Pakistan Islamic Medical Association (PIMA).

MERCY Malaysia also assisted in running the Obstetrical and Gynaecological services at the District Health Quarters in Bagh, Pakistan. The teams managed an average of 12 procedures per day apart from routine antenatal care, outpatient gynaecology and ultrasonography. The team also improved the condition of the "labour unit" by equipping the tent with two delivery and three observation beds.

Meanwhile, at the Field Hospital, a daily average of 50 patients received treatment from the MERCY Malaysia teams. Of these, approximately 15 to 20 patients were treated surgically while the remaining required wound dressing and outpatient care.

MERCY Malaysia also conducted mobile clinics in areas around Muzaffarabad and Bagh. MERCY Malaysia provided primary health care through its mobile clinics treating up to 400 patients per day.

Mobile clinics were also made available in remote areas including Joglari, Nomanpuri and Kotera. There were on average 100 patients seen per day in these areas, the majority of whom were women.

By November 2005, each mobile clinic service managed to administer measles vaccination up to 400 patients during each visit to the areas of Reahra, Dhak Barian, Thub & Chearighani Abad, Baggran and Jaglari respectively.

NIAS, INDONESIA

Nias Island lies about 125km off the western coast of Sumatra on the Indian Ocean and is part of North Sumatra Province. Its sparkling white sandy beaches and sea activities such as scuba diving and surfing are the main tourist attractions. The island has some prehistoric remains that were built during megalithic stone-age. On 29 March 2005, an earthquake of 8.7 on Richter scale shook Nias Island at around 10am. As a result, 2,000 people perished. Up to 90% of its buildings and infrastructure was destroyed.

Medical Aid: Emergency Medical Services, Primary health **Care, Medical Evacuation**

MERCY Malaysia deployed a team from Malaysia and another team was mobilised from Aceh. Our medical volunteers performed emergency medical procedures at the RSU Gunung Sitoli as well as provided medical aid at the Triage Centre which was set up at Binaka Airport. MERCY Malaysia worked closely with Pasukan Perubatan MAKASSAR, Japan AMDA from Japan, Team Medan, Indonesian Red Cross and Bulan Sabit Merah Indonesia.

The earthquake in Nias caused a collapse in communications as well as road access to medical aid. MERCY Malaysia's medical volunteers provided emergency medical relief and evacuation using its chartered helicopter primarily in three areas of Lahewa, Afulu and Faighuna.

Mobile clinics were also provided from the fourth day, and up to 200 people were attended to daily for treatment and surgery.

MERCY Malaysia partnered with Shelterbox, United Kingdom, to distribute much needed tents and essential survival items to the people affected by the earthquake.



MERCY Malaysia medical volunteer gave primary health care at one of the mobile clinics in Nias

MERCY Malaysia medical volunteers giving emergency medical aid to a patient in Nias





A scene at one of many mobile clinics in Bagh, Pakistan



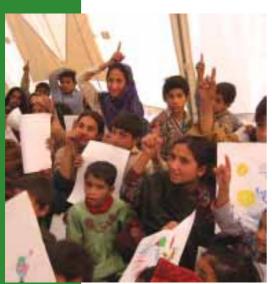


COUNTRY REPORT PHASE TWO: RECOVERY & REHABILITATION

STATE OF CHANGES AND CHANGES A

Distribution of blankets and quilts at Balakot, Pakistan

Psychosocial Mental Health Support Programme



PAKISTAN

Distribution of Shelters, Blankets and Quilts

a) Bagh

In November, MERCY Malaysia participated in "Operation Winter Race", with an aim to provide emergency shelters that protects communities living at high altitude from Pakistan's harsh winter elements. We collaborated with our local partner, Pattan Development Organisation, who identified and facilitated the distribution of these items to villages.

Together with the volunteers under the PETRONAS Volunteer Opportunity Programme Malaysia (PVOP), we distributed 400 winterised tents and 730 blankets worth to villages of Gongkra, Chatrarora, Sudan Ghali, Neelabutt, Dhak, Chinot and Kiat in Bagh.

MERCY Malaysia distributed 452 blankets and quilts at Maldra, Seri Piran, Nindrai and Didiya in Bagh.

b) Balakot

We continued our efforts in providing emergency shelters to villages in Balakot on 16 December. By the end of 2005, MERCY Malaysia through the collaboration with Pattan Development Organisation distributed and helped in the construction of 150 semi-permanent shelters to communities living above the snowline in Balakot. The beneficiaries were villagers of Patlung Bala, Patlung 1, Jalora, Arban and Jabi.

In the Balakot IDP Camp, 160 quilts were distributed to the affected internally displaced. The collaborative project with Pattan Development Organisation, which completed in mid-February 2006, saw MERCY Malaysia distributed a total of 250 semi-permanent shelters, 'winter warmth' items and sewing kits to women as part of a Livelihood project.

In summary, between November to December 2005, MERCY Malaysia had distributed 400 winterised tents, 150 semi-permanent shelters and 1,342 blankets and quilts to villages in Bagh and Balakot, Pakistan.

Psychosocial Health Support

MERCY Malaysia began providing psychosocial support during and after the emergency phase of our medical relief.

Most of the patients treated had symptoms resulting from reactive depression and grief including anxiety, sleep disorders and psychosomatic complaints.

In December, MERCY Malaysia also assisted the Rawalpindi Military Hospital Department of Psychiatry's Mental Health Relief Unit, in providing individual psychotherapy sessions at their field clinics and during our mobile clinics.

We also provided psychological-education training to medical officers, female health workers, religious leaders, teachers and District Hospital Quarters staff in December to assist them in recognising and facilitating referrals of mental health cases to the mental health units in Bagh.

SUDAN

Cataract Operations and Implementation of Intra Ocular Lens

Cataract is one of the leading causes of blindness in the world. In April, MERCY Malaysia participated in a 'Save the Vision' eye camp project in collaboration with Sudan Islamic Medical Association (SIMA) at El-Geneina, West Darfur. We deployed a volunteer ophthalmologist who performed cataract operations and intra ocular lens implantation.

Together with nine other ophthalmologists from other organisations, a total of 8,000 out patients were screened and 1,011 patients were operated upon.

MERCY Malaysia's ophthalmologist performed an average of ten eye surgery per day and treated 1,000 out patient cases.

CAMBODIA

Construction of the Oral Rehydration Therapy (ORT) Corner

MERCY Malaysia funded an Oral Rehydration Therapy (ORT) Corner at the outpatient department in Angkor Hospital for Children in Siem Reap.

With this services, mothers or caregivers can bring their children to receive appropriate treatment under the supervision of a nurse. They are also taught how to tend to their children to avoid being dehydrated.

Evidence has shown that upon receiving the ORT treatment, the children's condition greatly improved. More than 800 children were treated at the ORT corner in 2005.



MERCY Malaysia's ophthalmologist examine the for a cataract patient at El-Geneina



PVOP volunteers setting up MERCY Malaysia's basecamp in Bagh, Pakistan

Dr. Ahmad Faizal, MERCY Malaysia's EXCO member conducting mobile clinic in Bagh, Pakistan



In the development and capacity building phase, MERCY Malaysia focused on rebuilding.

Projects were formulated involving reconstruction and equipping of a nursing school, a pharmacy school, health centres and libraries, academic blocks, schools and homes.

This was predominantly for our response in Aceh.

COUNTRY REPORT

PHASE THREE:

DEVELOPMENT & CAPACITY BUILDING



Afghans enjoying clean water from MERCY Malaysia's Water Well Project

Mother and Child Healthcentre in Kandahar, Afghanistan



NIAS, INDONESIA

MERCY Malaysia was invited to present a masterplan for the health services in Nias Island and formulated the revitalisation of medical infrastructure for the island in December 2005.

The masterplan was developed in partnership with the Indonesian government and World Health Organisation (WHO). It was accepted and adopted by the local authorities on 25 December 2005.

AFGHANISTAN

MERCY Malaysia continued our aid programme for Afghanistan. In 2005, our projects included well projects where we completed building a total of five (5) wells, continued our mother and child health care services and our pre school programmes.

Providing Clean Water through MERCY Malaysia's Well Project

MERCY Malaysia's Well Projects were carried out in the following areas:

- Merwais Nika High School in District 5,
- Rahman School in Takhtapol District
- Merwais Hospital in District 6
- Mohamadia High School in District 4
- Hazarat Middle School in Zheri District

With the completion of these five new wells, MERCY Malaysia has built a total of 16 wells in and around Kandahar.

As part of our community and nutrition programme, MERCY Malaysia provided a total of five kilogram of fresh meat per family to 2,450 families in Kandahar during the Aidil Adha celebrations.

Mother and Child Healthcare, Kandahar

MERCY Malaysia's operations in Afghanistan enters its fifth year. We continue to provide our core services to the locals through comprehensive medical services at our Mother and Child Healthcare Centre in Kandahar.

IRAN

Health Centre in Bam

Following the Bam earthquake in Bam in December 2003, MERCY Malaysia received a fund of RM950, 000 from the Government of Malaysia.

The funds were channelled towards rebuilding of a health centre in Bam city. The health centre will serve an estimated of 200,000 beneficiaries comprising residents of Bam and surrounding villages.

This project is in partnership with the Social Security Organisation of Iran (SS0). The total cost of the centre was RM2.0 million and SSO provided for the balance cost of building the centre.

The Health Centre, approximately 1,500 square meters in area, is fully equipped to provide the following services:

- Two fully equipped outpatient clinics
- Dental outpatient clinic with two examination chairs
- Solution Four bedded inpatient facility for monitoring and emergency care/day care
- Fully equipped laboratory
- X-Ray department complete with ultrasonography equipment
- Pharmacy
- Dispensary
- Administrative offices
- © Conference room
- © Elevator and ramps for the disabled

The handover ceremony was held in December 2005. This is the only health centre currently operational in the city of Bam and the first completed health centre since the earthquake in 2003.

IRAQ

Rebuilding of A Primary Health Centre in Zayuna District

In 2005 MERCY Malaysia's aid for Iraq focused on the rebuilding and expansion of the current emergency unit at the Zayuna Primary Health Care Centre.

The project which began in mid 2005 is expected to be completed by early 2006. The centre once completed will be able to serve approximately 400,000 residents living in Zayuna district of Baghdad. It is expected to cater for 150 outpatient cases daily.



The newly launched Healthcare Centre in Bam, Iran

The new emergency unit will consist of:

- An examination ward
- Male and female wards
- A surgical theatre
- An Intensive Care Unit Recovery room
- A Pharmacy

SUDAN

Construction of the Reproductive Health Care Unit (RHU), El-Geneina Hospital

The aim of constructing the Reproductive Health Care Unit (RHU) in the El-Geneina Hospital was to reduce maternal morbidity and mortality rate. The RHU is the only referral centre for reproductive health in West Darfur.

The centre is fully equipped with modern equipment including patient monitors, anaesthetic machine, diathermy machine, infusion pumps, cardiotocogram (CTG) and an infant resuscitator. This centre is also equipped with surgical instruments to allow for procedures including Caesarean and major Gynaecological operations. Labour wards are equipped to handle normal and assisted deliveries.

Therapeutic Feeding Centre, El Geneina Hospital

Beginning October 2005, MERCY Malaysia supported the running of the Therapeutic Feeding Centre (TFC) for six months. It was critical that the services at the TFC continued as the center catered for patients with malnutrition cases which was still a major concern in West Darfur.

The TFC programme was carried out in collaboration with other international agencies working in West Darfur.

Pre-school at Kerinding II Camp

The objective of this project was to ensure children's access to pre-school education was not disrupted in an emergency or conflict, where displacements are likely to occur. A programme such as this also addresses the psychological recovery of a child and provides some form of normalcy to their lives.

MERCY Malaysia set up a pre-school in Kerinding II camp located about 10 km from El-Geneina. The children were taught pre-school reading and writing skills, Arabic and Mathematics. At the end of the semester the children were presented with pre-school certificates issued by the Ministry of Education and with this certificate the children are qualified for primary school education. MERCY Malaysia ran this school for two terms and approximately 300 children graduated.



Happy faces of Sudanese children at the Kerinding II Pre-School

We also supported the local school with a feeding programme providing the children with milk and nutritional biscuits.

Adult Literacy Classes

Women around the Kerinding II camp were taught basic Mathematics, Arabic and Islamic studies. Over 100 women attended these classes which were conducted in the evenings and held at the pre-school.

Institutional Feeding Programme (IFP)

Based on our assessment at the El-Geneina Hospital, it was found that inpatients were not provided with nutritional support from the hospital. We also discovered that the hospital lacked proper infrastructure to support the IFP with lack of clean water and proper drainage of kitchen waste.

From 1 January to 31 March 2005, MERCY Malaysia implemented the IFP with the World Food Programme (WFP) and Hilfswerk as partners:

MERCY Malaysia

- Designed a sustainable IFP that met SPHERE and local standards
- Rehabilitated the insfrastructure of the kitchen
- Trained staff and monitored implementation of the IFP

WFP

Provided all supplementary food supplies

Hilfswerk

- Provided all equipment and utensils
- Provided all other food supplies and commodities not provided by WFP
- Paid staff incentives

Under the IFP, nutritious meals were provided during lunch and dinner. MERCY Malaysia was responsible to organise cooking and serving of the meals and trained a nutritionist to ensure that a well-balanced diet was provided to ensure a speedier recovery for inpatients at the El-Geneina Hospital.



Reproductive Health Unit at El Geneina Hospital in West Darfur, Sudan



Afghans children at one of MERCY Malaysia's new wells



Sudanese children going to the Pre School

SPECIAL PROJECT ASIAN DISASTER REDUCTION & RESPONSE NETWORK (ADRRN)

INTRODUCTION

In February 2002, the Asian Disaster Reduction Centre (ADRC) Kobe and the United Nations Office for Coordination of Humanitarian Affairs (UN OCHA) in Kobe with the assistance of the ASEAN Foundation, brought together NGOs from all over Asia to discuss the need for a network of NGOs for Disaster Reduction and Response in Asia.

This meeting brought about the formation of the Asian Disaster Reduction & Response Network (ADRRN) - a network of about 30 Asian NGOs currently. It was consolidated in December 2003 and by June 2004, the structure, content and direction of ADRRN was formulated and reaffirmed.

With a vision to promote safe community environments and disaster resilient societies, the ADRRN is moving on steadfastly with a mission to promote coordination and collaboration among NGOs and other stakeholders for effective and efficient disaster reduction and response in the Asia-Pacific region. Among the objectives of this network are:

- To develop an interactive network of NGOs committed to achieving excellence in the field of disaster reduction and response
- To raise the relevant concerns of NGOs in the Asia-Pacific region to the larger community of NGOs globally, through various international forums and platforms
- To promote best practices and standards in disaster reduction and response
- To provide a mechanism for sharing reliable information and facilitating capacity building among network members and other stakeholders

The ADRRN began to actively share experiences and knowledge among its network members through partnerships in emergency/disaster relief response, joint publications, workshops and meetings on issues pertaining to disaster risk reduction.

Currently, the ADDRN is chaired by Datuk Dr. Jemilah Mahmood, President of MERCY Malaysia and MERCY Malaysia is the Secretariat for ADRRN.

More information on ADRRN is available at www.adrrn.net

ADRRN ACTIVITIES IN 2005

World Conference On Disaster Reduction (WCDR), Kobe, Japan

ADRRN was invited to hold a public forum during the WCDR on 22 January 2005. The forum entitled "Enhancing Effectiveness in Disaster Risk Management through Partnership", exposed the public to a gathering of experts in disaster management. The forum shared experiences from several network partners - SEEDS India, NSET Nepal, MERCY Malaysia, ALERT Philippines, Sarvodhaya Sri Lanka and YMCA Yokohama.

Indian Ocean Tsunami: A Community Disaster Preparedness and Mitigation Project by MERCY Malaysia and ADRRN

For tsunami devastated Aceh, MERCY Malaysia brought together seven ADRRN network members who were experts from Nepal, India and Japan to share knowledge and demonstrate their skills in seismic resistant construction of buildings.

A two week long on-site training for masons, architects, engineers and technical teams culminated with a three day workshop in Banda Aceh, Indonesia. The program included live demonstrations and a model house was built at the Universitas Syiah Kuala to demonstrate the way to build structures that aimed to minimise risk and increase resilience.

At the same time, lectures and demonstrations including the "shake table" were held and opened to all levels of society including local stakeholders, international NGOs, tsunami survivors, teachers and academicians.

The terminal objective of this exercise was to internalize the concept of disaster risk. It was aimed to educate vulnerable communities as well as aid providers that by building safer buildings and disaster preparedness education, community resilience would be improved. The project also showcased the importance of networking and collaboration among NGOs, civil society and the local government, who was ultimately the main stakeholders in ensuring the sustainability of this concept.

Among NGOs and agencies that participated in this workshop were MERCY Malaysia, NSET, SEEDS India, ALERT Philippines, University of Kyoto, Japan, UN OCHA Kobe, Japan, ADRC, Japan, Dinas Perkotaan & Permukiman (PERKIM), Aceh, Indonesia, and Universiti Syiah Kuala, Aceh, Indonesia.

There were 2 phases of work that were carried out in Aceh:

Phase 1

This involved on-the-job training of masons and engineers in the building of a 'shake table' and the construction of a model house with seismic resistant features. Two masons and engineers from Nepal were deployed to Aceh from April 2nd for two weeks, working on these models together with their Acehnese counterparts. This was a 'training of trainers' approach and it is hoped that the local engineers and builders would be able to continue with similar demonstrations and knowledge sharing with their communities.

Phase 2

This programme consisted of seminars and group training of construction workers and building professionals, and included sharing of best practices. There was also a demonstration of the "shake table" to show the impact of an earthquake on a house compared to another that was retrofitted and built with seismic resistant features. Furthermore, a full scale model house, which showcase proper safety features and choice of building materials, was built together with local workers. The house was used as a model for those in the building industry including engineers, masons and construction workers.

This project used a participatory approach with local culture and designs suitable for the Acehnese people incorporated through discussions with the local community.

The workshop highlight was the 'shake table' demonstration. In this exercise, local authorities, NGOs (Local and International), community leaders, women, children and other stakeholders witnessed a live simulation of the effects of earthquake on buildings. The vivid demonstration helped to internalize the need for safer buildings to be constructed. During this workshop, tsunami preparedness brochures were distributed to the public.



Shake table demonstration

Cultivating awareness in Achenese children in disaster preparedness



A summary of activities during the workshop:

2nd April - 16 April 2005

9 local masons were trained by a structural expert from Nepal for 2 weeks to construct 2 model houses (ratio 1:10); First, a typical Acehnese house and secondly, a similar structure which was reinforced with seismic resistant features built into the foundation. Architectural plan provided by the Civil & Structural Engineering Department of Universitas Syiah Kuala (UNSYIAH), Banda Aceh

17th April 2005

Training of Achenese masons

18th April 2005

Training of professionals (engineers, architects), government personnel and NGOs involved in reconstruction

19th April 2005

'Shake table' demonstration Venue: Kg Weu Raya, LokhNga

The 'shake table' demonstration showed the total collapse of the typical Acehnese house built without seismic resistant features after simulation of an earthquake compared to a house built using seismic-resistant features which sustained insignificant damage.

It is hoped that with this workshop there would be a clearer understanding and urgency in putting in place standards and conformity in the construction of buildings in Aceh post-tsunami.

ADRRN Regional Workshop, Chennai, India

ADRRN organised its regional workshop entitled" "Enhancing the Capacity and Role of NGO Networks in Disaster: A Workshop by the Asian Disaster Reduction & Response Network (ADRRN)" from 2 to 4 August 2005 in Chennai, India. SEEDS India played host to more than 40 participants from various NGOs around Asia region.

'Inamura No Hi' Tsunami Awareness Publication

ADRRN members worked in collaboration to create educational materials on tsunami using an old Japanese folklore entitled "Inamura No Hi". The story was translated and adapted into eight

languages for distribution in Bangladesh, India, Indonesia, Malaysia, Nepal, Singapore, Sri Lanka and Philippines.

MERCY Malaysia undertook this project in the following languages:

- a) Bahasa Malaysia
- b) English
- c) Bahasa Indonesia

ADRRN / GOLFRE Regional Training Workshop On Disaster Risk Reduction: Learning from the Tsunami Experience

In November, MERCY Malaysia/ADRRN organised a learning workshop in collaboration with the Global Open Learning Forum on Risk Education (GOLFRE) organised a "Disaster Risk Reduction: Learning from Tsunami Experience", which was held from 22 until 30 November 2005.

The 10-day learning workshop was sponsored by the Economic Planning Unit (EPU) under its Malaysian Technical Corporation Programme (MTCP) and graciously hosted by the Universiti Sains Malaysia (USM) in Penang, Malaysia. The objective of the Training workshop was to:

- Explore innovative and current methods and techniques in risk reduction and management;
- Innovate with alternative partnerships for mitigating risk and managing disasters. In particular to understand the concept of community and the means in which to engage community as a partner with risk management;
- Understand risk in the context of sustainable development and in particular the relationship between risk, poverty, livelihood, governance, and rights; and in doing so, to ensure that risk management is integral to development planning;
- Develop effective means of communication and communication skills to work with diverse groups.



Educating Achenese on tsunami awareness

The workshop was a highly interactive course that included role play and field simulations. Facilitators of this workshop included experienced field workers from MERCY Malaysia and its local and international partner organisations/institutions such as United Nations Office for Coordination of Humanitarian Affairs (UN OCHA), United Nations International Strategy for Disaster Reduction (UN ISDR), SEEDS India, NSET Nepal, Kyoto University, and ALERT Philippines.

35 representatives from diverse nations such as Indonesia, Singapore, India, Nepal, Afghanistan, Pakistan, Philippines, Sri Lanka and Malaysia who came from various backgrounds, ranging from government agencies, NGOs, international organisations and academicians, participated in the workshop.

GOLFRE is a joint-initiative of international universities and NGOs to deliver state-of-the-art disaster risk education to field practitioners. The network includes the Centre for Development and Emergency Planning, Oxford Brookes University, Special Interest Group On Urban Settlements, Massachusetts Institute of Technology, African Centre for Disaster Reduction, Kyoto University, Christian Aid, Nepal Society for Earthquake Technology (NSET) and Sustainable Ecological and Environmental Development Society (SEEDS), India.



Datuk Dr Jemilah delivering her talk at ADRRN workshop in Banda Aceh

MERCY MALAYSIA'S PROGRAMMES & ACTIVITIES IN 2005

FEBRUARY

Primary Health Care (Mobile Clinics): Kuala Mengattal, Sabah

MERCY Malaysia conducted Primary Health Care camps at Kampung Numbak and Kuala Menggatal in Sabah. Basic medical examinations which included dental and eye check-up, health and basic hygiene education were provided to the communities at a school with 300 children and 8 teaching staff.



Distribution of surgical masks: Kuala Lumpur & Klang Valley

MERCY Malaysia distributed over 14,000 surgical masks to the public in response to the alarming levels of the Air Pollutant Index, which reached the hazardous level in many areas in Selangor and Wilayah Persekutuan. MERCY Malaysia mobilised staff and volunteers to nine areas in Klang Valley, including homes for the elderly and orphanages.

MARCH

MERCY Malaysia's 6th Annual General Meeting

MERCY Malaysia held its 6^{th} Annual General Meeting (AGM) on 26 March 2005 in Kuala Lumpur. During the AGM, MERCY Malaysia presented its audited financial report and 2004 Annual Report.

Primary Health Care (Mobile Clinic): Johor

Our volunteers in the southern state of Johor were moblised to carry out mobile clinics to Orang Asli Seletar communities residing in the settlements of Kampung Pasir Putih. Approximately 60 patients from both orang asli (indegenious communities) and local communities were given medical screening and deworming.

Humanitarian aid to fire victims

156 families were greatly affected when fire mercilessly scorched their houses at Kampung Simpang Tiga, Jalan Kubur, Pantai Dalam in Kuala Lumpur. MERCY Malaysia was quick to respond by sending humanitarian relief which included food, drinking water and hygiene items.

MAY

Primary Health Care: Tambuan Sabah

During the Harvest Festival in May 2005, MERCY Malaysia provided primary medical care thorugh its mobile clinics in Tambunan. A total of 146 families, with a majority of them being children and the elderly were treated. Our volunteers also performed screening tests for hypertension and diabetes mellitus, cervical smears and organised a blood donation campaign with Keningau Hospital.



Drug Rehabilitation Assistance Programme (DRAP): Visit to Rumah Azha, Ulu Langat (a privately run Drug Rehab Centre)

This visit was to kick-start the DRAP programme for 2005. Our volunteers visited about 20 "sahabat" (a term we use for drug addicts going through rehabilitation which means friend). The volunteers carried out basic medical check-ups and organised activities to maintain the relationship with the "sahabat" and had the opportunity to hear their feedback on our planned programmes.

MERCY Malaysia Fundraising Annual Dinner 2005

The MERCY Malaysia Annual Fundraising Dinner was held on 8 May and RM368,479.00 was raised for the MERCY Humanitarian Fund.

JUNE

Primary Health Care (Moblie Clinic): Sarawak,

MERCY Malaysia continued to provide medical aid to indegenous communities living in the remote areas of Malaysia. One of our key programmes was to provide health services to the indegenious communities in Sawarak (a state in east Malaysia). Teams were deployed every two months and conducted medical camps for the Kenyan and Penan people who lives as nomads and in long houses. In June, our team was deployed to Long Silat. Long Silat is one of the villages on the banks of the Ulu Baram River. It is situated between Long Bedian and Long Belaung long houses. A total of 268 patients were provided with the following medical services:

- · de worming session 88 children
- received reading glasses 122 patients
- · dental care 58 patients

MERCY Malaysia also distributed clothes and toys to the long house comumunities.



JULY

Primary Health Care: Johor

In July 2005, MERCY Malaysia conducted Primary Health Care for Orang Asli Seletar community, residing in the settlements of Kampung Teluk Kabung in Johor. 95 patients were given medical screening and deworming.

Drug Rehabilitation Assistance Programme : Visit to Rumah Azha, Ulu Langat (a privately run Drug Rehab centre)

This is a follow-up visit to Rumah Azha under the humanitarian unit of DRAP. During this visit, 22 "sahabat" were given basic medical check-ups.

AUGUST

Primary Health Care: Sarawak

In August, MERCY Malaysia continued providing primary health care to Penans living at Long Bedian village in Baram, Miri, Sarawak. Approximately 1,000 Penans were treated for medical ailments and eye examinations and prescription glasses, dental care, basic health and hygiene care were also provided.

SEPTEMBER

Primary Health Care: Johor

MERCY Malaysia conducted two additional primary health care medical camps for the Orang Asli Seletar in September 2005, and the neighbouring Malay communities of Kampung Bakar Batu and Kampung Kuala Masai. A total of 122 patients from Kampung Bakar Batu and 134 patients from Kampung Kuala Masai were treated.

Primary Health, Eye and Dental Care Services: Sarawak

MERCY Malaysia deployed another team to Long Seridan in Miri, Sarawak, an isolated Kelabit village between Mulu and Bario. We provided primary health care, eye and dental check-ups to approximately 300 beneficiaries - 126 children, 174 adults (men & women).



OCTOBER

World Disaster Reduction Campaign (WDRC) 2005

MERCY Malaysia participated in an exhibition in conjunction with the United Nations International Day for Disaster Reduction 2005. The exhibition was held from 12 – 16 October 2005 at the Philharmonic Hall, Petronas Twin Tower in Kuala Lumpur and was organised by Force of Nature Aid Foundation (FON).

The WDRC was part of a public awareness campaign, aimed at integrating disaster reduction into sustainable development, planning and living. This campaign emphasised the importance of the involvement of and coordination among all sectors in disaster management and mitigation. Apart from MERCY Malaysia, various aid organisations and government agencies in Malaysia also participated in the event.

MERCY Malaysia exhibited photos of our work in numerous parts of the world which included Indonesia, Sri Lanka, Philippines, Iran and Malaysia. The photos were exhibited based on the total disaster risk management cycle.

Highlight of the event was when Datuk Dr. Jemilah Mahmood, President of MERCY Malaysia gave a talk related to 'disaster reduction' on Saturday, 15 November 2005. In her talk, she touched extensively on the crucial need to be prepared for disasters and coordination, in order to better manage the disaster when it occurred.



Drug Rehabilitation Assistance Programme: Riang Ria Raya Programme

While many Malaysians are aware of MERCY Malaysia's medical and humanitarian relief efforts internationally, few realise the extent of our work in the country. One of our domestic projects is the Drug Rehabilitation Assistance Programme (DRAP).

Through DRAP, MERCY Malaysia develops programmes for former addicts to regain their self-esteem and assist them in their re-intergration into the community with psychosocial, counselling, motivational and economic related programmes.

One such motivational programme is 'Riang Ria Raya Bersama MERCY Malaysia'. This is an annual programme where the "sahabat" interacts with a group of orphans and together participate in games and activities and the purchase of new clothes for the coming Eidul Fitri (an important religious celebration for Muslims).

The mental and emotional impact of these programmes cannot be measured indirectly but from this activity, the "sahabat" showed a marked improvement in their self-esteem.



NOVEMBER

MERCY Malaysia Signed A Partnership MOU with UNFPA

On 18 November 2005, MERCY Malaysia signed a Memorandum of Understanding (MoU) with the United Nations Population Fund (UNFPA).

DECEMBER

Launching of 'A Time to Heal: A Reflection of MERCY Malaysia's Response to the Indian Ocean Tsunami

MERCY Malaysia launched a commorative book entitled 'A Time to Heal: A Reflection of MERCY Malaysia's Response to the Indian Ocean Tsunami on Saturday, 17 December 2005 at the Malaysian Petroleum Club (MPC), PETRONAS Twin Towers in Kuala Lumpur.

The book, which was launched by our Patron, His Royal Highness Sultan of Perak Darul Ridzuan, Sultan Azlan Shah, is a pictorial journey from the perspectives of the many people involved in MERCY Malaysia's relief operations, its partners, numerous volunteers and beneficiaries.

The publication of the book was supported by Petroliam Nasional Berhad. The organisation made a contribution in the development of the book by funding the printing cost of the book.



Roundtable Dialogue Session On Tsunami

MERCY Malaysia participated in the Roundtable Session on 'Lessons Learnt from the Tsunami' held on 20 December. The event was organised by the United Nations Development Programme (UNDP) Malaysia and the Force of Nature Aid Foundation.

Humanitarian Aid to Flood Victims

In December 2005, floods hit several parts of Malaysia, where people were made homeless and had to be relocated temporarily. MERCY Malaysia deployed aid on Tuesday, 20 December 2005.

Approximately 1,200 people were relocated temporarily at Sekolah Kebangsaan Bukit Tinggi, Kubang Pasu, Kedah and another 1,250 people, were placed at Sekolah Kebangsaan Bandar Baru Darul Aman, Pekan Jitra, Kubang Pasu, Kedah. Aid such as food, drinking water, blankets, school uniforms and hygiene packs were distributed to them at these 2 locations.

MERCY Malaysia collaborated with PETRONAS to provide food, transportation as well as telecommunication facilities during the flood relief mission. Volunteers from the northern chapter of MERCY Malaysia were also mobilised to assist in the relief mission.



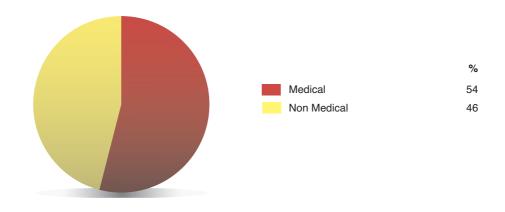
People often ask our volunteers, what is it that makes them do the work that they do?

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.

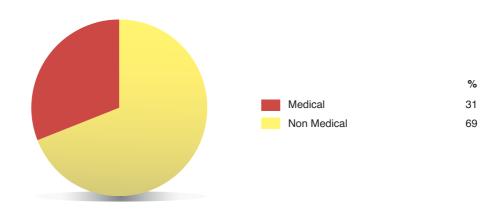
To our mission volunteers we salute you!

MISSION MEMBERS IN 2005

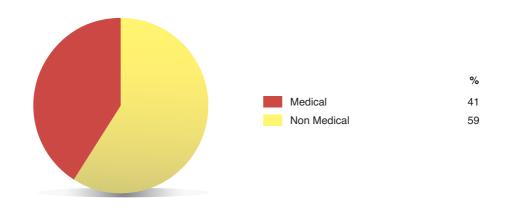
VOLUNTEERS DEPLOYED FOR INTERNATIONAL MISSIONS



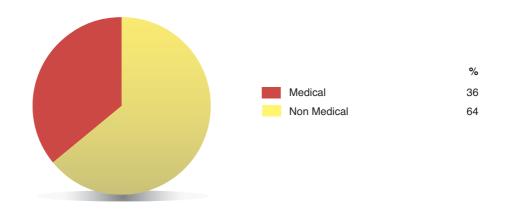
VOLUNTEERS DEPLOYED FOR LOCAL MISSION



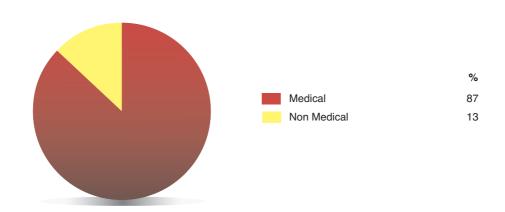
VOLUNTEERS DEPLOYED TO ACEH, INDONESIA



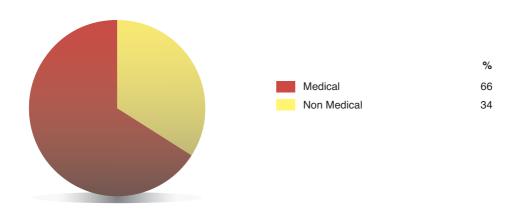
VOLUNTEERS DEPLOYED TO NIAS, INDONESIA



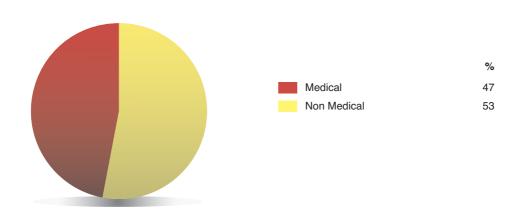
VOLUNTEERS DEPLOYED TO SRI LANKA



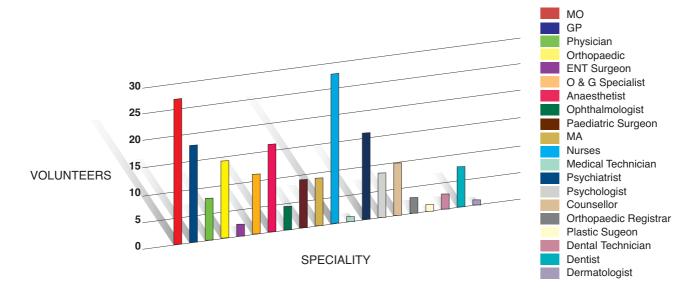
VOLUNTEERS DEPLOYED TO PAKISTAN



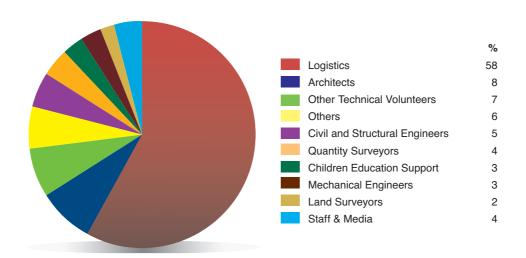
VOLUNTEERS DEPLOYED TO SUDAN



MEDICAL & PARA MEDICAL VOLUNTEERS DEPLOYED TO INTERNATIONAL MISSION



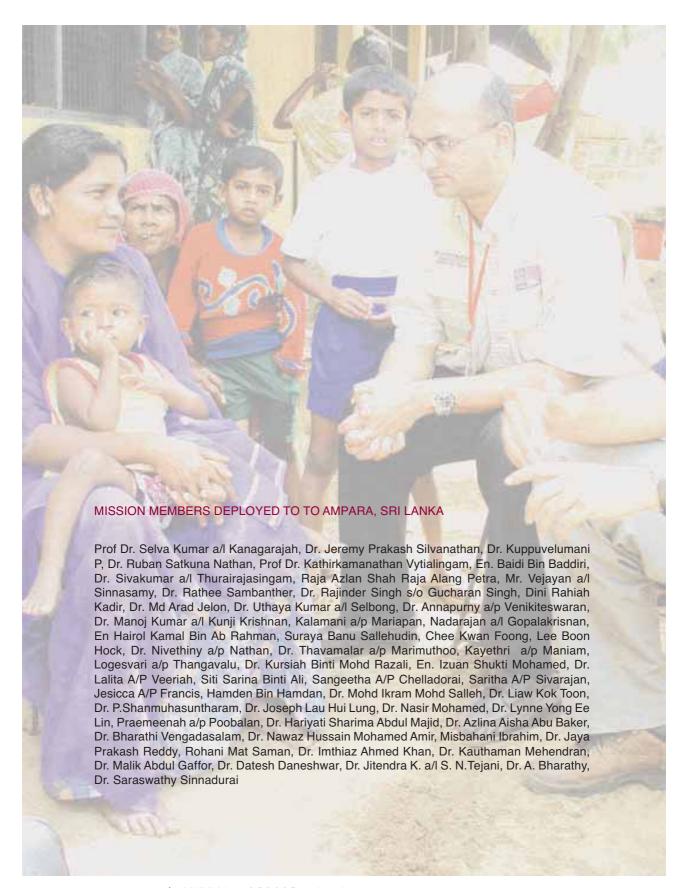
NON-MEDICAL VOLUNTEERS DEPLOYED TO INTERNATIONAL MISSIONS BY SPECIALITIES



MISSION MEMBERS DEPLOYED TO ACEH, INDONESIA

Dr. Quah Boon Leong, Dr Achriani Fitri Siddiq, Dr. Zainal Abidin Mohamed, Dr. Fazilah Md Zain, Ponthirumavalavan a/l Subramaniam, Dr. Balachandran Apoo, Dr. Lai Hou Yee, Dr. Fauziah Hj. Mohd Hassan, Dr. Lai Fui Boon, Mr. Al-Amin Mohd Daud, Dr. Yung Chiee , TienDr. Abdul Latif Mohamed, Ong Ju Lin,

Dr. Mohamed Ikram Mohd Salleh, Assoc Prof Dr. Roslan Harun, Dr. Tai Yung Ming @ Amin Tai, Loh Sit Fong, Major (R) Abdul Rashid Mahmud, Ishak Abdul Kadir, Mimi Iznita Mohamed Iqbal, Dr. Heng Aik Cheng, Prof. Dr. Zabidi Azhar Husin, Dr. Jeevanan Jahendran, Ariffin Abd Manaf, Tarmizi Mahyuddin, Ali Januddin, Hasman Ibrahim, Mohd Jamil Khamis, Mohd Shah Awaluddin, Prof Dr. Mohamed Hatta Shaharom, Dr. Alvin Tan Kwong Keong, Dr. Ahmad Faizal Mohd Perdaus, Ranjidam a/p Govindasamy, Razi Pahlavi Abd Aziz, Muhammad Hapis Jamil, Prof Dr. Maniam Thambu, Muhammad Nazreen Naveen Abdullah, Abdul Haris Syed Mustapa, Tajul Edrus Nordin, Olivia Cosgrove, Syed Zahid Syed Mohamed, Azman Zainon Abidin, Zamaliah Md Juah, Jameyah Sheriff, Dr. Hj. Mohamad Ruslan M. Amin, Dr. Zulkernain Ahmad, Dr. Saiful Bahri Ismail, Baharuddin Roz, Dr. Abdul Kadir Abu Bakar, Dr. Julie Tang, Dr. Munawar Mohd Hatta, Dr. Mohamed Ighbal Kunji Mohamad, Dr. Ferwahn Fairis Ab Karim, Idris Daud, Dr. Salina Mohamed, Dr. Abdul Wahab Khalid Osman, Dr. Dian Haryaty Harun, Ustaz Ellias Zakaria, Sharul Radzi Arshad, Ahmad Zaidi Ahmad Samsuddin, Yasmin Abd Majid, Dr. Noor Ibrahim Mohamed Sakian, Dr. Zainab Hj. Tambol, Dr. Syed Abdul Rahman Ahmad, Dr. Haifa Abdul Latiff, Matron Esah Ismail, Dr. Kursiah Mohd Razali, Dr. Tuti Iryani Mohd Daud, Muhamad Zaid Sahak, Edham Razif Abu Bakar, Siti Noraishah Tan Sri SM Salim, Muhammad Zhariff Afandi, Major (R) Hj. Anuar Abdul Hamid, Dr. Tay Kuo Chan, Dr. Ahmad R6asidi M Saring, Dr. Hasri Samion, Dr. Thong Kok Chai, Dr. Mohanakalawathy a/p Aiyathurai, Dr. Arivindan a/I Thurai Raj, Norizan Mohd Noh, Nooreena Yusop, Anizam Yusof, Nor Asmawati Mohamad Ali Abdul Rahman, Azman Lani, Che Mahmud Mohd Nordin, Wong Cheng Yee, Ainon Osman, Faridah Akmar Ibrahim, Mohamad Ayof Bajuri, Razali Idris, Mansor Bagong, Azhari Sallehudin, Mohd Hisham Ismail, Annuar Rejeni, Asmadi Othman, Yusof Hashim, Mohamad Shahar Mazali, Mazudin Hamzah, Hasman Ibrahim, Kamarudin Ibrahim, Dr. Basmullah Yusof, Dr. Muhammad Najib Mohamad Alwi, Dr. Shawaluddin Husin, Dr. Aminuddin Ahmad, Murni Othman, Suwaibah Abd. Razak, Kairul Bariah Ishak, Susan Chow Tsia Kheng, Nor Bahgia Mohd Nordin, Elizabeth Maurice, Dr. Farahidah Md Dai, Dr. Faizah Ahmad, Dr. Shahridan Mohd Khalil, Dr. Azmi abdul Rashid, Pn. Nor Janah Abdullah, Nor Azizah Malik , Alfian Iqbal Al-Bakri, Dr Abdul Malik Abdul Gaffor , Dr. Kamal Bashar Abu Bakar, Dr. Baba Mohd Deni, SN Noorazlina Binti Mohd Yusof, En Sarak Ali Bin Gulam Rasul, En A Wahid Bin Hashim, Mohd Hafiz Bin Mohd Amirrol, Azman Zainonabidin, Kamaruddin Ibrahim, Tarmizi Mahiyiddin, Siti Zuraidah Md. Yusof, Dr Vineya Rai A/L Hakumat Rai, Yusof Hassim, Mohamad Ayof Bajuri, Annuar Rejeni, Razali Idris, Mohd Shaharuddin Asmani, Prof Dr. Mohamed Hatta Shaharom, Austen Michael Christian Lauw Zecha, Mohd Hafiz Mohd Amirol, Azman Zainonabidin, Mohamad Ariff Samsudin, Yusof Hassim, Dr. Lee See Pheng, Ahmad Faizal Perdaus, Che Murad Mustaffa, Ariffin Abdul Manaf, Mohamad Rosli Mat Ali, Zainal Zikri Zainal Abidin, Ismail Hj. Bujang, Bryant Low Tiang Heng, Mohd Nur Rashidi Mohd Saffer, Dr. Teo Shu Ching, Dr. Nizar Abd. Jalil, Mohammad Jamil Khamis, Razali Idris, Tam Chee Mei, Lee Meng, Hasman Ibrahim, Siti Zuraidah Md. Yusof, Saifulbahari Abdullah, Che Mahmud Nordin, Karen, Tan Chui Gek, Dr. Ashar Abdullah, Asnah Ahmad, Amran Mahzan, Pn. Farah Abdullah, Datin Hasnah Hanafi, Pn Sharifah Sakinah, Datin Suzan Shamin, Raja Riza Shazmin, Suhaireen Suhaiza Dato' Abdul Ghani, Elliane Arriany Mustapha, Ranjidam a/p Govindasamy, Yusof Hashim, Suhairulazrin Hj. Abu Bakar, Saiful Nazri Nordin , Noradili Ab Samah, Mohd Ariff Ismail, Noradili Ab Samah, Zainaldin Ismail, Azman Zainon Abidin



MISSION MEMBERS DEPLOYED TO PAKISTAN

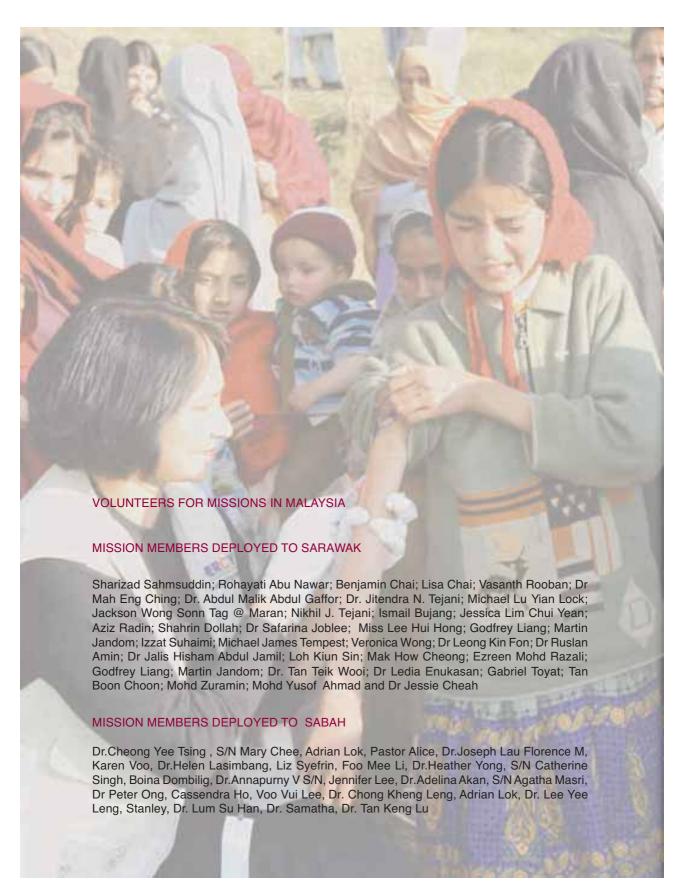
Yang Wai Wai; Syed Zahid Syed Mohamad; Dr. Shalimar Binti Abdullah; Dr. Shahridan Mohd Fathil; Dr. Roslan Harun; Sister Che Tah Binti Hanafi; Praemeenah a/p Poobalan; Aishah Mohd Amin; 'Razi Pahlavi Bin Abdul Aziz; Dr. Abdul Malik Bin Hussein; Dr. Heng Aik Cheng; Zainab Binti Zainal; Dr Lee See Pheng; Dr. Lai Fui Boon; Dr. Jamal Azmi Bin Mohamad; Chak Siu Keat; Datuk. Dr. Ramanathan Ramiah; Dr. Al-Amin Mohamad Daud; Dr. Amir Bin Abdullah @ Lee Yau Leong; Mohd Shaharuddin Asmani; Major Anuar Bin Abdul Hamid; Ramli bin Mohamad @ Idris; Khoo Jet Seng; Tee Chuen Hau; Noor Hisham bin Abdul; Mohd Nizam bin Mohd Yatim; Mohd Nazri bin Nong Zali; Khairuddin bin M Kasim; Low Boon Tat; Fariza Abu Bakar; Dr. Ahmad Faizal Perdaus; Dr. Ang Swee Chai; Dr. Hasu Patel; Dr. Ainy Md. Aris; Azlina Binti Mohd Said; Chee Fook Wah; Dr. Nayyer Naveed Wazir; Dr. Asmah Yun Binti Mat Sidek; Dr. Muhammad Iftikhar; Dr. Leong Kin Fon; Dr. Haslezah Bt. Saelih; Nor Kamisah Bte. Abd. Majid; Noor Hayatti Ismail; Muadz Bin Dzulkefly; Dr. Mohamed Namazie Bin AM Ibrahim; Dr. Aminudin Bin Mohamed Shamsudin; Dr. Cheah Phee Kheng; Dr. Norhasimah Ismail; Haseleena Bibi Mohd Arif; Aziz Bin Radin; Raja Azlan Shah Raja Alang Petra; Halimi Hussin; Dr. Zarina Bibi Shah Mohd; Shareena Bibi Binti Mohd Arif; Dr. Nurliza Binti Md Azzam; Dr. Kursiah Binti Mohd Razali; Dr. Rusnah Ab. Rahman; Dr. Hariyati Sharima Abdul Majid; Gunalan Gingan; Dr. Chan Khan Wei; Dr. Shahila Tayib; Dr. Natasha Bt. Razali; Halim Lim Abdullah; Rozainiee Abdullah; Dr. Azlina Amir Abbas; Dr Amir Sohail; Shamsuflan Shamsuddin; Dr. Annuar Husainy Hussein; Dr. Ahmad Rasidi M Saring; Noraini Saramudi; Hew Cheong Yew; Raymond Mah; Nazri B Idris; Muhammad Hapis Jamil; Mohd Hafis Sahak; Mustaffa Kamal Abu Bakar; Mejar (B) Abdul Rashid Mahmud; Dr. Baba Mohd Deni; Dr. Norzila Mohamed Zainudin; Dr. Norlia Mohammad; Dr. Normawathy Amir Osman; Anita @ Ani Abdul Malek; Loh Sit Fong; Dr. Asmarawati Mohamad Yatim; Dr. Abdul Malik Abdul Gaffor; Dr. Nurhayati Lubis Bt Mohd Ghazali Lubis; Hafizza Binti Ismail; S.Dhachayani Sinniah; Mohd Zabidi Bin Mohd Taha; Sredaran K. Anandan; Ishak Bin Abdul Kadir; Hasnydzam Bin Hassan; Dr. Fauziah Mohd Hassan; Hamidah Binti Hassan; Dr. Nawaz Hussain Bin Mohamed Amir; Dr. Khamsiah Hj. Nawawi; Dr. Tan Hooi Chien

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We have taken all reasonable steps to ensure that all the names of the volunteers who have participated in our missions to Aceh, Sri Lanka, Pakistan, Nias, Sudan and in Malaysia for the year 2005 are listed, and therefore, apologise if we have inadvertly excluded any names within these pages.

VOICES OF MERCY

Memories of Bagh, Pakistan

Warm smiles, grins, the laughter of kids, Playing cricket, with pebbles and sticks, Grubby faces, hands and feet, Like my own children, on the street.

But smiles just hide, the pain inside, Family, friends, maimed or died, Rooftops are all, that now remain, Of homes that bore, their family name.

When the sun comes, to greet the day, Kids in purdah, will be on their way, Chatting, teasing, without a care, Then classes begin, in open air.

Shops and markets, trade as before, The cobbler mends, from his broken floor, The barber shaves close, his customers gleam, In a derelict building, of a forgotten dream.

Under the stars, surrounded by hills, Hot *Chai* to keep, away the chills, In the freezing night, we sit by the flame, Thousands of homes, doing the same. At dawn we head, into the mountains, With army guards, and medicines, Five hundred patients, crowd and queue, To see our Doctors, and Noraini too.

Mobile Clinics, in two vans, To Nakar, Choake, Khurl Abbasian, Men, women, children gracious, The thanks is written, on their faces.

Kids draw and talk, about their feelings, Assurance and comfort's all they're seeking, During 'Zalzalah', they lived their fears, Reciting 'Kalimah', drove off their tears.

Of 30 kids, that gathered round, All had homes fall to the ground, Doc Rashidi says, not to feel bad, Not to be lonely, nor to be sad.

His advice, to the young and the old too, Start living life, get back to routine, For time, laughter and companionship do, Heal ALL wounds, whether or not seen.





Doc Annuar does, an emergency 'C, In an imperfect, unsterilized OT, He holds his nerve, confidently, So mum and baby, unite happily.

Sister Noraini, the brave lady nurse, Travelled with 3 men, fulfilling her purpose, Delivering babies' at the DHQ, Dispensing drugs, at mobile clinics too.

Dr. Bashir's, as cool as a cucumber, Mercy's orthopedics surgeon from Kandahar he flew An able, anaesthetist too, While Sobia, the nurse, works in his view.

Young Ufan, the Camp all-rounder slim and tall, Does what he's asked, with no bother at all, In KL he's sure, to be a star, Like Shah Rukh's brother, but more handsome by far.

Beautiful Sobia translates for the Team, A doctor she'll be, to fulfil her dream, But at times she thinks, of a faraway place, It might be Pindi, that friend and his face.

And then there's the Boss, the Pattan Afghan Omer's what we call, that red-blooded man, He represents Mercy, dutifully, Base Camp is his castle, which he guards jealously.

'Gazafy', 'Yunus', 'Inayat', 'Islam', 'Dada' with his cooking, to fill up our tum, Omar will command, his team every day, To make Camp Mercy, the best home from away. Camp Mercy's, home for twelve cold nights, Creature comforts end with your flights, But what's important is in your head, A nice warm tent, to make your bed.

And friendship, teamwork, camraderie, A good hot meal, a hot cup of tea, No need for room service, nor a maitre' d, Camp Mercy's home, the place to be.

Doctors, nurses, logisticians too, MERCY Malaysia, and the whole darn crew, No talk of tire, no talk of strain, Just how to keep victims, healthy and sane.

So farewell to Bagh, city of tents, By chopper we came, and by chopper we went, At MERCY Malaysia, we'll always pray, That God will have mercy, on your fate every day.

Well he came to Kashmir, to forget a girl, But he wanted to also, nourish his soul, To give his existence, perspectivity, And to enrol in Bagh's, lesson in humility.

He learned that life, as tough as it gets, Musn't be filled full of regrets, And that God's bounty comes in many ways, For which to be thankful, to the end of his days.

"Japtak Ham Milte"

THE END

Suflan Shamsuddin Mission 13, Bagh Pakistan, MERCY Malaysia.

A Tribute to a Penan Stranger

A complete stranger though you were, united us in no uncertain ways Incapacitated as you were, we knew what needed to be done

In a 'perahu' you were brought in, in a 4x4 you were carried in To squeeze the last ounce of hope, for a life worth saving

For ten days you hung on, odds you didn't know You must have fought hard, in the face of adversity

But you left us as quietly as you came to us At 6.30am on June 8 at the age of 65

Adieu our Penan friend No more the stranger, but an inspiration you have become To us to be ever merciful Malaysians

> By: Michael Lu Mission to Long Silat, Sarawak



Plain Tales from Bagh

"Ashraaaaff!" A voice cried out from within the base camp.

Almost immediately, an answer came in the form of sounds of footsteps breaking the quiet celebration of silence, crushing and separating the quiet repose of gravelstones sunning under the glorious morning sun.

Ashraff is MERCY Malaysia's cook extraordinaire, and it was his feet that stirred the gravel-laid path leading to the tent which housed Omer Agha, the man who called out his name. I was in my tent, two housings away from Omer, and stretched my ears out to listen to what Omer was saying. This would always be a futile exercise if I had really wanted to know what they were talking about as I neither speak nor understand Urdhu. But I just loved the sing song melody of their speech, so I continued on doing this during my whole journey in Pakistan.

Omer had summoned Ashraff probably to remind him of his chores and duties. It was not just Ashraff's name that we often heard being called out every day. Sometimes it would be "Islam!" or "Urfan!" or "Ghazzafi!" or just any other name depending on the person and the matter Omer was dealing with. I remember Omer telling us, "I have to tell them what to do, every day, all the time," half laughing, but with affable seriousness. I did not feel that Omer was complaining, rather he was sharing with us what he went through daily with the MERCY Malaysia's Pakistani staff in Bagh.

It was not difficult to understand why he had to consistently remind them on their routine. The town of Bagh is isolated and resides in one of the countless valleys nestling within the rugged terrains of Kashmir. Just like any other people living in any other remote town and villages, working with international organisations is something that the people of Bagh was only just beginning to get used to – the tasks and duties entrusted to them, the manner in which they are to be executed, the daily rosters and schedules. These are regiments alien to them before, and now they are undergoing a whole new learning experience in adapting themselves to a brand new work culture.

What this all means is that, on top of the mountains of mission-related matters that had to be tended to, on Omer's shoulders lay the responsibility of training the local staff. And what Omer does, he does so wholeheartedly, and we cannot possibly imagine any other way Omer could have done things. This dedication we saw when Omer first joined us in our medical missions during the invasion of Afghanistan in 2001. Then soon after MERCY Malaysia expanded our services in the country, it was to Omer whom we turned for the task of managing the operations in Kandahar, including the Mother and Child Health Centre, the water projects and the MERCY Little Caliphs.

Sunny Introductions. First impressions, with some people, leave the most lasting memories of a person they have met or a place they have been to. Mission 15 touched down in sunblessed Bagh at the end of December 2005 on a glorious crisp winter afternoon. The weather, in its splendour, and the spectacular views of mountains surrounding us, just stole my heart away. Upon seeing us disembark from the United Nation's helicopter, Omer beamed us a most welcoming smile. He greeted me with,""Sister Hailey! I did not know it was you who was coming!", obviously delighted to see me. My real name is unlike the name everyone knows me by, and for this reason Omer had no idea I was with the mission. By the same token, I was especially happy to see him too, if only to congratulate him on getting the Afghan team to work alongside Malaysians in running our Bagh relief operations.

Soon after the UN helicopter departed to cart away more NGOs to other destinations, our humble MERCY Malaysia vans whisked us off to the base camp, and what awaited us there bestowed upon me my second brightest moment of the day! Truly, there was no need for a welcoming team, the camp radiated with a friendly atmosphere that was just screaming for someone to exclaim, "This is such a great place!' which was exactly what I did.. "Omer, you have done a great job with it!" I added. I had no idea whether he heard me or not, but he certainly deserved it"— as much as the rest of the local and Afghan team members who worked on it, as well as the volunteers who arrived, served, contributed and left.—"We also just laid the gravel path!" Omer beamed out a piece of information he was proud to share.

Omer and the local staff did not only lay gravelstones that reduced the dustiness at the campsite during dry periods or slippery levels when it's wet. Back in the HQ in Kuala Lumpur, HQ staff listened to members returning from missions as they shared their thoughts and opinions with us on how to better the conditions at the base camp. What spread out before me that afternoon was simply beyond my imagination and surpassed all expectations. Omer and the local staff did not only take their comments into consideration, they actually put them into place — and almost all of them too! I was overjoyed and humbled by the pride I felt for their fantastic work.

Room and Board. Everyone checked-in their own tents in their own time – the ladies were fortunate to bunk in their warm winterised tents, which were so comfortable, that at times guilt crept into my conscience and goaded me to realise that this was luxury compared to the tents the displaced villagers were (and perhaps still are) staying in – living all cramped out with the many members of their families!

But, really, I did not have to look far beyond our camp — Omer was occupying the biggest non-winterised tent there, which meant that there was more space for more cold air to linger; thus, probably making it the coldest tent of all. "I am used to the cold," he would tell us while we sat there in his tent (which also served as the office) by the base camp's laptop, trying to type our reports up with our half numbed fingers and our half frozen brain. Then, he would proceed to enlighten us with what the people in his village would do during winter to keep themselves warm. My mind would wander into Kandahar, conjuring a supposed image to match his description, and then wander back to the screen on the laptop displaying a photograph of a boy studying in the MERCY Malaysia Little Caliphs in Kandahar. It is the photo of Omer's little boy in the school; and I thought to myself how much they must have missed each other's company.

The Soul Doctor. Life goes on in Bagh. People have to carry on to eke out a living. Children must continue attending their classes. Scholars should be allowed their desire to pursue their academic ambitions. Solbiah, our young interpreter, was in despair, in a dilemma only she understood. On her face, there was sadness - wretchedness written in sombre desolation. She grabbed a chair, placed it in a quiet nook outside a tent as any despondent person would, and sat there in an attempt to lock herself in with her own worried deliberation. She was not aware, but our Afghan doctor was pacing himself slowly as he approached her. He noticed something was troubling Solbiah.

Dr. Baseer is a living walking breathing character that we read and illustrated in classical novels written, perhaps, by Somerset Maugham or Rudyard Kipling. He possesses a quiet sort of charm by young men who give everything, asking for nothing in return, but simple mutual gestures of human kindness. On that afternoon when I was observing him console the distraught Solbiah, I witnessed the beautiful heart at work. "Solbiah....", his voice was gentle. No other words needed to follow, just the mention of her name was enough to assure her that, here, a friend has come to quieten the endless chatter in her head. They proceeded to talk in this rhythmic language I did not understand; regardless, I continued to pretend I was not listening.

Only Solbiah and Baseer knew what was said and exchanged between them, but what mattered was the gradual change in Solbiah's countenance as the conversation progressed. Perhaps, Baseer did not do much that day. Perhaps, he was merely offering kind consoling words to a fellow colleague. Small, though this may seem - like a pat on a shoulder, an acknowledging smile, a brief moment of reasssuring look in the eye, a beaming face of joy of a team member of a job well done'— but, it is little gestures like these that give that meaning to your work, or may make your day, or help you continue, or even turn a restless rainy day into a cheerful one.

Falls from the Heavens. There was nothing cheerful about winter rain in Bagh because it represents the terrifying ushering of the threatening snow. The rain poured and pelted against our tents, making tap-a-tapping noise throughout the whole day, its volume soaring and dropping depending on the velocity of the heavy laden vapour falling from the skies. Snow capped mountaintops all around us, and haze descended veiling our view. Wet and slippery narrow roads that wind and precariously grip the sides of slopes and ravines had forced us to abort our mission to set up a mobile clinic up in the mountains. The rain came and stayed on, and we were left with an anxiety over the fate of the children whom we had hopes on treating that day. Helpless they were as helpless we were -two helpless parties at different ends of the mountains, unable to reach out to each other to help and be helped.

I was probably drenched and drowning in my thoughts over the fate of the children when I heard Omer calling out to one of the local staff. For some bizarre reason, it seemed like there was a lot more shuffling about to be done during the rain than at times when the weather was clear! And whatever activities there were outside the tents, the dutiful gravel laid path did not leave any movement untold. Furthermore, footsteps on gravel path are quite distinct from rainfall on tents, and not at all like the sing song melody of Urdhu. I kept my ears pierced to any sort of activity. Before long, those footsteps on gravel path brought all of us umbrellas – of two types. The ladies, and only because we are so, were given multi-coloured ones, while the men carried the black brollies. This colour-coded hand-over tickled me and lifted my spirits. The base camp team did it again

- in their little gestures that go a long way.

Falls that Froze. "Snow! Snow!" exclaimed one of the mission members, delighted to experience snowfall. That cry rang bells in my system – and I could not decide whether it was out of excitement or from feeling alarmed! Snow would possibly mean endless power shut downs and standing down of operations, so I retorted, "No. This is sleet", simply to console myself that what the heavens were releasing on Bagh that evening will just remain to be sleet.

Many wise people say that the only thing that is constant is change, and most time, Murphy's Law will always ultimately set in. And how true – in no time, sleet set into snow. This was also the time when I saw the look on Baseer's face, and it was not the sort of expression anyone would like to see on a doctor! So, I asked him, and he replied in true Baseer fashion, "This is not good!" He continued to mumble about seeing something like this in Afghanistan; and then, in a flash and much quicker than sleet turning into snow, Baseer was holding a broom in his hand and started brushing off snow from one of the tents.

And during the whole length of this period, I don't think I even moved an inch, because I was frozen into a state of stunned observation. All around me everything seemed to be happening all so suddenly, speedily and concurrently - right from what was falling from the skies to what the staff was attempting to do so that everything else around us would not fall over. When that morning's rain brought more movements outside, the evening's more threatening and health-endangering snow created even more activities, compounded in urgency.

Not a Science Project. Snow collecting on tents was part of the bad news that Baseer was referring to. Snow is made of water, and water is heavy in nature. And because gravity loves weight, the inevitable equation would be that the tents would succumb to the weight of the snow descending from above and the forces of gravity pulling from below.

But it was not scientific theories or explanations that were in the minds of Omer, Baseer, Yunus, Islam, Ashraff and every member of the staff that evening. There was a great concern about getting any and all forms of implement out. Tents had to be propped and braced. Snow must be swept off from tents. Small ditches needed to be deepened around tents to channel the melting snow from entering tents.

I cannot identify which particular activity or thought that took me out of my hypnotic stage, but I remembered looking for implements. And since everyone else (or almost everyone else) had found theirs, there was none anymore to go around for me. Fortunately, I did not have to look far – I already had an implement in my hand. Baseer had handed me his black brolly so that I would not catch cold to replace my umbrella which I had earlier given to Yunus, or someone, so that he would not catch pneumonia. I saw my target and began swinging the brolly to the top of a tent. Cracks appeared, splitting the solidifying snow, and I watched as it fell splintering to the ground. That made me feel good, and cheered me up! I was elated and felt useful, and felt I had graduated to become part of the *Bagh Staff Team*!

Look! No Implements! The height of my service as a self-enrolled *member*, was when I volunteered my services when an alert was sounded out to clear the snow that was bearing down on Omer's tent. It was an ingenious method implemented without the need of implements. A plastic sheet was placed on top of the tent. When there were enough layers of snow collecting on the tent, the muscle men would then use their God-gifven limbs to pull and shake the sheeting, releasing the grip of the snow from the tent, resulting in the snow succumbing to the force of gravity.

And so, the voice boomed out from within the tent signing the cue for the execution of this exercise. Two of *my team mates* were assigned to the task, but was not too successful in carrying this out. Only a little snow got dislodged. Feeling rather cocky from the recent self promotion, I took my position on the other side from where they were, and proceeded to tug the other end of the sheet with all my heart and (not much) energy. Then, lo and behold! Mission accomplished! The act brought heaps of snow to the ground, also finding its way on my face, shoes, jacket and whatever else that stood in its way. I felt triumphant! I saw the two men looking at me, then looking back at each other, and out came a laughter form each of them! I too laughed, because I saw the comical picture that I had painted. And then came the prized moment -they beamed me a big shy smile of endorsement, and in their own timid expression, telling me, "Kudos!"

Now THAT was my moment of glory in Bagh!

Untold Tales from the Heart. Mine is an observant heart that watches quiet people – people who think of themselves as ordinary 'little' people, knowing or not knowing that the mundane tasks they perform and the kind gestures they offer help the 'bigger' people to achieve the intended goals or attain the higher purpose.

Mine is a mind that captures visuals of these ordinary people, and these images I allow them to be imprinted in their kind caring colours to be displayed in the gallery of my memory.

Today, as I write this account, Omer has returned to Kandahar to continue his role of managing MERCY Malaysia's Mother and Child Health Center there. There is still work to be done and to further enhance our services and better serve his people there. Young Dr. Baseer is still sending his daily sms-es to his mother in Kandahar sending her words what a good son away from home would to soften and fill her pining heart. He misses her as much as she does him, if not more. Though his heart is at home and with her, he has renewed his contract with MERCY Malaysia to extend his services in Bagh.

There are old faces and new who contribute to the running of the operations in Bagh, who would follow the delicious whiffs of culinary aroma into Ashraff's kitchen, run obediently to the voice that replaces Omer, translate the words formed in traumatised Urdhu to a health worker who understands English, cart mission members and take them to their point of duty, carry the boxes of medicine and supplies to the van, guard the base camp while everyone else is in slumber. The team is still working and helping.

As for me, how could I fool anyone. When I think of Bagh, my heart beats a beautiful rhythm. I sometimes find it wandering and willing itself to be lost — to be there clumsily climbing its terrains, to be with the people, to be with the people who help these people — to be stealing profuse amounts of crisp mountain air as I sneak into the heart of another face looking at me right in the eye, touching my inner being.

terrains, to be with the people, to be with the people who help these people – to be stealing profuse amounts of crisp mountain air as I sneak into the heart of another face looking at me right in the eye, touching my inner being.

Written By: Hailey Hassan, Mission 15, Pakistan



Volunteers at Camp MERCY, Bagh, Pakistan Datuk Dr. Baba Mohd Deni, Datin Suzan Shamin, Hailey Hassan

THE OLD LADY IN THE CORRIDOR

There were people everywhere, calling for help. Everyone was so overworked they welcomed anyone who could help. One Indonesian doctor said to me, "I am so relieved you are here to help us. Now we can have time to grieve."

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. I had very little else to offer, but knowing that they did not stand a chance in the world given the existing conditions, gave me purpose to be there.

Until I met the lady in the corridor of the hospital. 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. Dr Quah 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 Dr Quah 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. He was suggesting to me what could have been done for her had she been in our hospitals. The reality was, she was not. And as much as everyone was trying their best, there was very little left to offer.

Dr Quah was angry but this lady taught me a great lesson in humility and dignity. I said to the agitated Quah 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 what exactly we did. We cleaned her up and Quah 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 Quah and I felt relieved and in a strange way, we too felt peace.

Datuk Dr Jemilah Mahmood Aceh, Indonesia

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FINANCIAL STATEMENTS

31 December 2005

SOCIETY INFORMATION MALAYSIAN MEDICAL RELIEF SOCIETY

REGISTRATION NUMBER 1155

REGISTERED ADDRESS No. 45B, 2nd Floor, Jalan Mamanda 9, Ampang Point

68000 Ampang, Selangor Darul Ehsan

Malavsia

Website: www.mercy.org.my Email: info@mercy.org.my

PRESIDENT Datuk Dr. Jemilah Mahmood

VICE PRESIDENT Dr. Mohamed Ikram Mohamed Salleh

SECRETARY Assoc. Prof. Dr. Zaleha Abdullah Mahdy

ASSISTANT SECRETARY Muhammad Faisal Abdul Wahab

TREASURER Dr. Fauziah Mohd Hasan

COMMITTEE MEMBERS

2004-2006

Dr. Ahmad Faizal Perdaus Dr. Dilshaad Ali Abas Ali

Dr. Heng Aik Cheng

Dr. Palasuntharam Shanmuhasuntharam

Ir Amran Mahzan Mohd Azman Sulaiman Norazam Abu Samah

(Reassigned as Head of Operations for Aceh & Nias)

Yang Wai Wai

(Reassigned as Programme Coordinator for Pakistan)

ADVISER Farah Abdullah

REGISTERED OFFICE Suite 3-4, Ampang Puteri Specialist Hospital

1, Jalan Memanda 9 68000 Ampang Selangor

AUDITORS Azuddin & Co. (AF 1452)

Chartered Accountants

2766-C Jalan Changkat Permata

Taman Permata 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 (Malaysian Medical Relief Society)

We have audited the financial statements of PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) set out on pages 99 to 129. The preparation of the financial statements is the responsibility of the Executive Council of the Society.

It is our responsibility to form an independent opinion, based on our audit on the financial statements and to report to you as a body and for no other purpose. We do not assume responsibility to any other person for the content of this report.

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,:

- the financial statements give a true and fair view of the state of affairs of the Society at 31
 December 2005 and of its results of operations and cash flows for the year ended on that
 date based on the approved accounting standards; 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 2005

The Executive Council is pleased to submit their report and the audited financial statements of the Society for the financial year ended 31 December 2005.

Financial results	RM
Net surplus for the year	11,072,461
Charitable funds brought forward	7,923,433
Charitable funds carried forward	18,995,904

Executive Council of the Society 2004-2006

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

President Datuk Dr. Jemilah Mahmood

Vice President Dr. Mohamed Ikram Mohamed Salleh

Secretary Assoc. Prof. Dr. Zaleha Abdullah Mahdy

Assistant Secretary Muhammad Faisal Abdul Wahab

Treasurer Dr. Fauziah Mohd Hasan

Ordinary Committee Members Dr. Ahmad Faizal Perdaus

Dr. Dilshaad Ali Abas Ali Dr. Heng Aik Cheng

Dr. Palasuntharam Shanmuhasuntharam

Ir Amran Mahzan Mohd Azman Sulaiman Norazam Abu Samah

(Reassigned as Head of Operations for Aceh & Nias)

Yang Wai Wai

(Reassigned as Programme Coordinator for Pakistan)

Adviser Farah Abdullah

STATUTORY INFORMATION ON THE FINANCIAL STATEMENTS

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

- 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 2005 have not been substantially affected by any item, transaction or event of a material and unusual nature nor has any such item, transaction or event occurred in the interval between the end of that financial year and the date of this report.

STATEMENT BY EXECUTIVE COUNCIL

We, DATUK DR. JEMILAH BINTI HJ MAHMOOD and DR. MOHAMED IKRAM MOHAMED SALLEH being President and Vice President of PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) state that, in the opinion of the Executive Council, the financial statements set out on pages 99 to 129, 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 2005 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: 11 May 2006

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 (MALAYSIAN MEDICAL RELIEF SOCIETY), do solemnly and sincerely declare that the financial statements set out on pages 6 to 19 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 Taman Permata) in the state of Wilayah Persekutuan Kuala Lumpur on)

DR. FAUZIAH BINTI HJ MOHD HASAN

BEFORE ME:

MOHD ZAMRI BIN HASSAN W103 PESURUJAYA SUMPAH MALAYSIA

BALANCE SHEET AT 31 DECEMBER 2005

	Note	2005 RM	2004 RM
Property, plant and equipment"	4	716,857	276,387
Current assets			
Inventories	5	308,265	30,966
Other receivables	6	267,994	306,353
Cash and cash equivalents	7	18,797,052	7,540,807
		19,373,311	7,878,126
Current liabilities			
Other payables	8	1,094,264	231,070
		1,094,264	231,070
Net current assets		18,279,047	7,647,056
		-, -,-	, , , , , , , , , , , , , , , , , , , ,
		18,995,904	7,923,443
Financed by:			
Charitable fund		18,995,904	7,923,443

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER 2005

	Note	2005 RM	2004 RM
INCOME			
Donation received	9 (a)	30,028,876	6,288,301
Membership fee	9 (b)	3,440	4,790
Other income	9 (c)	322,554	184,020
		30,354,870	6,477,111
CHARITABLE EXPENDITURE			
Afghanistan	Appendix 1	556,103	852,976
Cambodia	Appendix 2	75,238	23,260
Korea	Appendix 3	162,348	18,930
Laos	• •	-	971
Iran	Appendix 4	1,025,231	333,277
Iraq	Appendix 5	1,222,942	2,294,499
Pakistan	Appendix 6	998,198	-
Palestine		-	132,941
Philipines	Appendix 7	77,911	31,270
Sri Lanka		-	141,232
Sudan	Appendix 8	1,406,317	422,332
Tsunami	Appendix 9	11,922,372	18,067
Malaysia	Appendix 10	315,863	195,187
Special Project	Appendix 11	287,630	39,508
		18,050,153	4,504,450
OPERATING EXPENSES	Appendix 12	1,232,256	803,828
Surplus before taxation		11,072,461	1,168,833
Income tax expense	10	-	
Net surplus for the year		11,072,461	1,168,833

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

STATEMENT OF CHANGES IN CHARITABLE FUND FOR THE YEAR ENDED 31 DECEMBER 2005

	2005 RM	2004 RM
Balance as at 1 January 7,	923,443	6,754,610
Net surplus for the year 11,	072,461	1,168,833
Balance as at 31 December 18,	995,904	7,923,443
Charitable fund are consist of :-		
Unrestricted fund:		
	262,569	3,011,465
Resricted funds:		
Afghanistan	364,800	-
Cambodia	60,800	91,200
Iran	217,450	1,238,246
Iraq	292,887	1,515,062
Korea	28,572	-
Pakistan 3,	053,570	-
Special Project	396,100	-
Sri Lanka	140,000	140,000
Sudan	366,034	1,703,243
Tsunami 11,	813,122	224,227
16,	733,335	4,911,978
18,	995,904	7,923,443

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

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2005

	2005 RM	2004 RM
Cash flows from operating activities		
Surplus before tax	11,072,461	1,168,833
Adjustment for:		
Depreciation	151,210	92,215
Interest income	(302,760)	(155,630)
Loss on disposal	-	2,632
Surplus before working capital changes	10,920,911	1,108,050
Changes in working capital:		
Changes in inventories	(277,299)	19,595
Other receivables	38,359	(120,231)
Other payables	863,194	61,336
Market Market Control of the Control	44 545 405	1 000 750
Net cash generated from operating activities	11,545,165	1,068,750
Cash flows from investing activities		
"Purchases of property, plant and equipment	(591,680)	(93,775)
Interest received	302,760	155,630
Net cash generated from investing activities	(288,920)	61,855
Net increase in cash and cash equivalents	11,256,245	1,130,604
Cash and cash equivalents at beginning of year	7,540,807	6,410,203
Cash and cash equivalents at end of year	18,797,052	7,540,807
Cash and cash equivalents comprise:		
Cash in hand and at bank	3,704,929	2,761,543
Fixed deposit with licensed banks	15,092,123	4,779,264
- Mod doposit Will Hoofiood bullito	10,002,120	1,770,204
	18,797,052	7,540,807

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

1. Principal objects/activities

The Society is a non-profit, humanitarian and charitable national body 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 assist 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.

2. Financial risk management objectives and policies (continued)

(c) Foreign exchange risk

The Society is exposed to various currencies, mainly United Stated Dollar, Indonesian Rupiah Sudanese Dinar and etc. Foreign currency denominated assets and liabilities together with expected cash flows from highly probable purchases and sales give rise to foreign exchange exposures.

Foreign exchange exposures in transactional currencies other than functional currencies of the operating entities are kept to an acceptable level.

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.

(b) Membership subscription and admission fee

Ordinary 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.

3. Summary of significant accounting policies (continued)

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 indirect method of Cash Flow Statement presentation.

(e) Income recognition

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

Interest income and other trading income are recognised on accrual basis

(f) Inventories

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

(g) Impairment of assets

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

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

3. Summary of significant accounting policies (continued)

(h) Charitable funds

Charitable funds are consist of General Fund and Restricted Fund.

General Fund is unrestricted fund that are available for use at the Executive Council discretion in furtherance to the objectives of the Society.

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

(i) Foreign currency translations

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

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

	RM	RM
Foreign currency:-	31.12.2005	31.12.2004
1 US Dollar	3.80000	3.79560
1 Pakistan Rupee	0.06400	0.06392
1 Sri Lanka Rupee	0.04000	0.03629
1 Jordanian Dinar	5.00480	5.39148
1 Syrian Pound	0.08600	0.07478
1 Cambodian Riel	0.00020	0.00102
1 Afghanistan Afghani	NA	0.08871
1 Australian Dollar	NA	2.96095
1 Euro	4.60000	5.17872
1 Chinese Yuan Renminbi	0.46730	0.45915
1 Japanese Yen	0.03270	0.03683
1 Sudanese Dinar	0.01460	0.01468
1 Indonesian Rupiah	0.00042	0.00040
1 Iraqi Dinar	0.00259	0.00259
1 Iranian Rial	0.00050	0.00048
1 Philipine Peso	0.07330	0.06767
1 CFA Niger	0.00700	NA
1 Saudi Dirham	1.00000	1.00000
1 Singapore Dollar	2.30000	NA

(j) Development cost

The development costs incurred during the year are expense off to profit and loss accounts as charitable expenditure based on projects carried out during the year.

4. Property, plant and equipment

	Furniture and fitting RM	Computer and EDP RM	Office equipment RM	Renovation RM	Motor vehicle (RM	Air conditioner RM	Security equipment RM	Medical equipment RM	Total RM
Cost									
Opening balance	21,441	137,543	79,464	57,557	122,427	14,000	20,780	63,947	517,159
Additions	12,425	56,774	69,828	29,959	303,201	7,640	-	111,853	591,680
Closing balance	33,866	194,317	149,292	87,516	425,628	21,640	20,780	175,800	1,108,839
Depreciation									
Opening balance	7,680	67,780	23,006	18,715	82,741	5,724	3,342	31,784	240,772
Charge for the year	4,896	33,405	14,140	12,011	60,970	2,927	2,494	20,367	151,210
Closing balance	12,576	101,185	37,146	30,726	143,711	8,651	5,836	52,151	391,982
Net book value At 31 December 2005	21,290	93,132	112,146	56,790	281,917	12,989	14,944	123,649	716,857
At 31 December 2004	13,761	69,763	56,458	38,842	39,686	8,276	17,438	32,163	276,387
Depreciation charge for the year ended 2004	r 4,288	27,508	9,536	11,511	24,485	2,800	2,494	9,592	92,215

5.	Inventories		
		2005 RM	2004 RM
	Souvenir and merchandise items	308,265	30,966
6.	Other receivables	2005	0004
		2005 RM	2004 RM
	Amount due from mission members	-	44,575
	Sundry debtors, deposit and prepayment	267,994	261,778
		267,994	306,353
7.	Cash and cash equivalents		
		2005 RM	2004 RM
	Cash at bank	3,675,365	2,647,806
	Cash in hand	29,564	113,738
	Fixed deposit with licensed banks	15,092,123	4,779,264
		18,797,052	7,540,807
8.	Other payables	0005	0004
		2005 RM	2004 RM
	Other creditors and accruals	1,094,264	66,165
	Restricted fund - zakat	-	164,905
		1,094,264	231,070

NOTES TO THE FINANCIAL STATEMENTS

9. Income

a)	<u>Donation</u>	General donation RM	Event collection RM	2005 RM	2004 RM
	General Fund	812,930	487,885	1,300,815	1,789,198
	Afghanistan Relief Fund	185,003	-	185,003	454,062
	Cambodia Relief Fund	10	-	10	6,333
	Iran Relief Fund	4,435	-	4,435	1,567,949
	Iraq Relief Fund	767	-	767	60,637
	Korea Relief Fund	190,920	-	190,920	1,200
	Malaysia Relief Fund	19,851	-	19,851	100
	Pakistan Relief Fund	4,051,768	-	4,051,768	-
	Palestine Relief Fund	-	-	-	11,217
	Philipines Relief Fund	7,500	-	7,500	-
	Sri Lanka Relief Fund	-	-	-	29,736
	Sudan Relief Fund	69,108	-	69,108	2,125,575
	Tsunami Relief Fund	23,514,969	-	23,514,969	242,294
	Special Project Fund	683,730	-	683,730	
		29,540,991	487,885	30,028,876	6,288,301
b)				2005	2004
υ,	Members fee			RM	RM
υ,	Associate membership				RM
υ)	Associate membership Entrance fee			RM - 90	RM 180 590
,	Associate membership Entrance fee Life membership			RM - 90 2,720	180 590 3,000
	Associate membership Entrance fee			RM - 90	RM 180 590
	Associate membership Entrance fee Life membership			RM - 90 2,720	180 590 3,000
	Associate membership Entrance fee Life membership			90 2,720 630	180 590 3,000 1,020
	Associate membership Entrance fee Life membership Ordinary membership			90 2,720 630	180 590 3,000 1,020
_	Associate membership Entrance fee Life membership Ordinary membership			90 2,720 630 3,440	180 590 3,000 1,020 4,790
	Associate membership Entrance fee Life membership Ordinary membership Other Income Fixed deposit interest			90 2,720 630 3,440	180 590 3,000 1,020 4,790
	Associate membership Entrance fee Life membership Ordinary membership Other Income Fixed deposit interest Gain on foreign exchange			90 2,720 630 3,440	180 590 3,000 1,020 4,790
	Associate membership Entrance fee Life membership Ordinary membership Other Income Fixed deposit interest Gain on foreign exchange Jumble sales			90 2,720 630 3,440	180 590 3,000 1,020 4,790 155,630 650 1,866

Membership fee and other income received are classified as General Fund.

NOTES TO THE FINANCIAL STATEMENTS

10. 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.

11. Staff costs

	2005 RM	2004 RM
EPF and SOCSO	79,477	49,043
Medical	2,186	1,775
Salaries and allowances	672,072	352,723
	753,735	403,541
Number of employees (excluding Executive Council)		
at the end of financial year	26	19

12. Development cost

Development costs are incurred during the year are expense off as charitable expenditure based on projects carried out during the year, are analysed as follows:

		2005 RM	2004 RM
a) Tsur	nami Aceh		
I. <u>H</u>	<u>ealthcare</u>		
Α	kademi Farmasi Dinas	368,158	-
Α	kademi Perawatan Depkes	165,464	-
С	orthoprosthetic unit at RSUZA	306,184	-
Р	usat Kesihatan Masyarakat at Meuraxa	128,049	-
P	usat Kesihatan Masyarakat at Panga	175,308	_
		1,143,163	
II. E	ducation		
С	rphanage Centre Babun Najah	370,736	-
С	rphanage Centre Kayee Kunyit	166,635	-
С	rphanage Centre Sukamakmur	537,157	-
С	rphanage Centre Daruzzahidin	245,642	-
		1,320,170	
III C	community and Social Services		
	uild of Core House and Launching	4,978,493	_
	and or oore riouse and Laurioning	7,070,700	
		7,441,826	-

NOTES TO THE FINANCIAL STATEMENTS

12. Development cost (Continued)

	2005 RM	2004 RM
b) Iraq		
I. <u>Healthcare</u>		
Rebuilding of hospital	730,170	1,335,474
II. Community and Social Services		
Rebuilding of mosque	-	12,367
	730,170	1,347,841
c) Iran		
I. Healthcare		
Rebuilding of Healtcare Centre *	1,000,000	-
	1,000,000	
TOTAL	9,171,996	1,347,841

^{*} Completed during the current year.

13. Capital commitment

As at year end, the society have the following capital expenditures in respect of approved and contracted for:-

	2005 RM	2004 RM
Tsunami Aceh		
I. Healthcare	004 000	
Akademi Farmasi Dinas	301,200	-
Akademi Perawatan Dinas	28,637	-
Orthoprosthetic unit at RSUZA	38,895	-
Pusat Kesihatan Masyarakat at Meuraxa	139,694	-
Pusat Kesihatan Masyarakat at Panga	143,434	-
	651,860	
II. Education		
Orphanage Centre Babun Najah	30,964	-
Orphanage Centre Kayee Kunyit	100,798	-
Orphanage Centre Sukamakmur	249,073	-
Orphanage Centre Daruzzahidin	141,813	-
	522,648	
TOTAL	1,174,508	

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 1.1 : Charitable Expenses - Afghanistan)

		2005 RM	2004 RM
OPI	ERATING EXPENSES		
•	Bank charges	12,782	13,991
	Depreciation	· -	-
	EPF contributions	-	-
	Gift and souvenirs	-	1,432
	Staff cost	67,163	94,887
	Membership fee	-	-
	Office expenses	7,251	-
	Postage and courier	-	553
	Professional fee	-	3,200
	Rental	23,781	23,781
	Repair & maintenance-office	-	-
	Salary and allowance	-	-
	Utilities	6,384	7,823
		117,361	145,667
CEI	NERAL EXPENSES		
GEI	Accommodation	12 007	E6 E00
	Air fare	13,887	56,502 9,091
	Communications	21,375	28,157
	Equipment	21,075	24,295
	Food and refreshment	28,587	46,841
	Loss / (Gain) on forex	1,257	10,668
	Medical	-,==-	6,381
	Other expenses	-	197
	Printing and stationery	736	21,799
	Travelling and transportation	37,407	43,966
	Visa	- , · · <u>-</u>	1,237
		103,249	249,134
PRO	DJECT EXPENSES		
	HEALTHOADE		
I.	HEALTHCARE Mother and Child Healthcare Center	246,159	197,733
	Medical supplies	240,139	3,028
II.	EDUCATION		
	Vocational Training Center	9,177	154,012
	Early Learning Center	26,251	27,017
	Medical student scholarship	5,327	- ,
	ı	,	

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 1.2 : Charitable Expenses - Afghanistan)

		2005 RM	2004 RM
PR	OJECT EXPENSES		
III.	AID DISTRIBUTION Food distribution and Iftar Qurban	- 40,225	62,436 -
IV.	WATER AND SANITATION Wells	8,354	13,949
		335,493	458,175
		556,103	852,976

(Appendix 2 : Charitable Expenses - Combodia)

	2005 RM	2004 RM
OPERATING EXPENSES		
Bank charges	25	25
Gift and souvenirs	-	20
Staff cost	-	2,060
Utilities	-	367
	25	2,472
GENERAL EXPENSES		
Accommodation	-	10,270
Air fare	3,151	, -
Communications	-	175
Food and refreshment	56	190
Loss / (Gain) on forex	-	(561)
Printing and stationery	625	27
Travelling and transportation	226	714
Visa	-	152
	4,058	10,967
PROJECT EXPENSES		
I. <u>HEALTHCARE</u>		
Donation of equipment	39,000	-
Medical supplies	1,555.00	9,821
Oral Rehydration Therapy Center	30,600	
	71,155	9,821
	75,238	23,260

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 2 : Charitable Expenses - Korea)

	2005 RM	2004 RM
OPERATING EXPENSES		
Gift and souvenirs	-	125
Staff cost	900	342
Postage and courier	912	-
	1,812	467
GENERAL EXPENSES		
Accommodation	7,507	3,970
Air fare	21,246	8,934
Communications	752	26
Food and refreshment	929	912
Insurance	1,028	-
Mission volunteer packs	-	105
Other expenses	-	400
Printing and stationery	542	12
Travelling and transportation	14,157	657
Visa	200	-
	46,361	15,016
PROJECT EXPENSES		
I. HEALTHCARE Medical supplies	114,175	3,447
ινισαισαι συμμιτσο	117,175	0,747
	114,175	3,447
	162,348	18,930

(Appendix 4 : Charitable Expenses - Iran)

		2005 RM	2004 RM
OP	ERATING EXPENSES		
	Bank charges	75	17
	Gift and souvenirs	70	2,840
	Staff cost	371	94,097
	Postage and courier	542	-
		1,058	96,954
GE	NERAL EXPENSES		
	Accommodation	-	51,011
	Air fare	23,891	61,139
	Banner and bunting	-	805
	Communications	282	9,112
	Equipment	-	6,153
	Food and refreshment	-	7,957
	Loss / (Gain) on forex	-	1,230
	Mission volunteer packs	-	1,050
	Other expenses	-	326
	Printing and stationery	-	1,432
	Travelling and transportation	-	16,400
		24,173	156,615
PR	OJECT EXPENSES		
i	HEALTHCARE		
	Emergency Relief	-	20,514
	Medical supplies	-	59,194
	Rebuilding of Healthcare Center	1,000,000	<u> </u>
		1,000,000	79,708
		1,025,231	333,277

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 5.1 : Charitable Expenses - Iraq)

		2005 RM	2004 RM
OPI	ERATING EXPENSES		
	Bank charges	6,920	5,468
	Gift and souvenirs	-	3,748
	Staff cost	326,867	322,212
	Membership fee	1,330	-
	Office expenses	36,085	14,853
	Rental	52,449	20,547
	Repair and maintenance-office	3,166	
		426,817	366,828
GEI	NERAL EXPENSES		
	Accommodation	2,100	24,469
	Air fare	-	6,010
	Communications	17,702	19,945
	Equipment	1,550	8,613
	Food and refreshment	-	3,201
	Loss / (Gain) on forex	(139)	5,000
	Medical	1,140	-
	Other expenses	174	-
	Printing and stationery	802	3,832
	Travelling and transportation	16,606	14,335
	Visa	-	181
		39,935	85,586
PR(DJECT EXPENSES HEALTHCARE		
٠.	Medical city	_	64,686
	Medical supplies	_	217,098
	Rebuilding of hospital	730,170	1,335,474
II.	EDUCATION		
	Maternal and Child Booklet	9,500	-
	Skills Training	16,520	12,177

(Appendix 5.2 : Charitable Expenses - Iraq)

		2005 RM	2004 RM
PRO	OJECT EXPENSES AID DISTRIBUTION		
	Food distribution and Iftar	-	53,782
IV.	COMMUNITY AND SOCIAL SERVICES		
	Rebuilding of mosque	-	12,367
V.	SHELTER		
	Shelter distribution	-	146,501
		756,190	1,842,085
		1,222,942	2,294,499

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 6 : Charitable Expenses - Pakistan)

		2005 RM	2004 RM
ΛP	ERATING EXPENSES		
OF	Bank charges	75	_
	Gift and souvenirs	137	_
	Staff cost	10,948	_
	Office expenses	1,570	-
	Postage and courier	143	_
	Rental	3,846	
		16,719	-
GE	NERAL EXPENSES		
aL	Accommodation	1,992	_
	Air fare	209,630	_
	Banner and bunting	640	_
	Communications	13,629	_
	Equipment	2,856	_
	Food and refreshment	18,065	_
	Insurance	16,942	_
	Loss / (Gain) on forex	3,702	_
	Medical	1,155	-
	Other expenses	1,018	-
	Printing and stationery	399	-
	Travelling and transportation	8,486	-
		278,514	-
PR	OJECT EXPENSES		
I.	<u>HEALTHCARE</u>		
	Emergency Relief	454,245	-
	Mobile Clinic	99,228	-
II.	SHELTER		
	Distribution of tent / canopy	118,426	-
	Distribution of blanket	31,065	
		702,965	
		998,198	-

(Appendix 7 : Charitable Expenses - Philipines)

	2005 RM	2004 RM
OPERATING EXPENSES		
Gift and souvenirs	175	370
Staff cost	-	190
Postage and courier	542	-
	717	560
GENERAL EXPENSES		
Accommodation	934	1,280
Air fare	1,591	6,472
Communications	958	162
Equipment	580	-
Food and refreshment	343	1,173
Loss / (Gain) on forex	19	-
Mission volunteer packs	-	175
Other expenses	2,456	1,998
Printing and stationery	-	199
Travelling and transportation	1,512	3,203
	8,393	14,662
PROJECT EXPENSES I. HEALTHCARE		
Medical supplies and equipment	68,801	16,048
	68,801	16,048
	77,911	31,270

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 8.1 : Charitable Expenses - Sudan)

	2005 RM	2004 RM
OPERATING EXPENSES		
Bank charges	9,382	63
Depreciation	10,480	_
Gift and souvenirs	858	670
Staff cost	161,508	83,514
Office expenses	3,065	18
Postage and courier	714	1,805
Rental	35,769	-
Repair & maintenance-office	32	-
Salary and allowance	-	-
Utilities	11,392	321
	233,200	86,391
GENERAL EXPENSES		
Accommodation	537	43,864
Air fare	65,543	71,912
Banner and bunting	690	1,290
Communications	10,467	11,645
Equipment	2,429	17,085
Food and refreshment	25,745	17,176
Insurance	2,076	3,219
Loss / (Gain) on forex	(106,754)	6,395
Other expenses	27	995
Printing and stationery	7,075	3,092
Registration fee	865	4,285
Seminar & Training	1,236	-
Travelling and transportation	39,816	62,956
Vaccination	635	-
Visa	794	
	51,181	250,352

(Appendix 8.2 : Charitable Expenses - Sudan)

		2005 RM	2004 RM
PR	OJECT EXPENSES		
I.	<u>HEALTHCARE</u>		
	Mother and Child Healthcare Center	-	33,522
	Reproductive Health Unit (RHU)	795,134	600
	Medical supplies	30,378	15,556
	Eye Camp	533	-
	Pediatric Ward	50,827	-
	Polio Vaccination	1,585	-
II.	EDUCATION		
11.	Adult Literacy Training	6,704	_
	Pre-School	37,613	_
	The deficer	07,010	
III.	AID DISTRIBUTION		
	Food distribution and Iftar	-	179.00
	Institutional Feeding	195,397	13,508
	Donation of equipment	3,764	-
IV.	SHELTER		
	Shelter distribution	-	22,224
		1,121,936	85,589
		4 400 047	400.000
		1,406,317	422,332

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 9.1 : Charitable Expenses - Tsunami)

	Aceh RM	Sri Lanka RM	Nias RM	Malaysia RM	2005 Total RM	2004 Total RM
OPERATING EXPENSES						
Bank charges	2,795	811	-	-	3,606	-
Depreciation	28,963	778	1,437	-	31,178	-
Gift and souvenirs	636	24	-	-	660	190
Staff cost	322,109	59,600	482	-	382,191	-
Office expenses	2,646	1,102	-	-	3,748	-
Postage and courier	6,166	-	-	-	6,166	-
Rental	87,677	7,800	282	-	95,759	-
Repair & maintenance-office	2,141	84	-	-	2,225	-
Utilities	2,525	1,708	-	-	4,233	-
	455,658	71,908	2,201	-	529,766	190
GENERAL EXPENSES						
Accommodation	9,529	8,193	1,341	963	20,026	-
Air fare	107,252	43,275	4,072	-	154,599	-
Banner and bunting	1,228	-	748	1,460	3,436	3,620
Communications	48,768	19,091	1,259	360	69,478	-
Equipment	16,036	4,929	-	-	20,965	-
Food and refreshment	33,967	12,974	4,101	3,492	54,534	1,088
Insurance	42,316	14,946	-	-	57,262	1,476
Loss / (Gain) on forex	(415,477)	9,910	-	-	(405,567	-
Medical	194	169	-	-	363	-
Mission volunteer packs	21,757	1,641	-	6,718	30,115	-
Other expenses	5,413	371	-	-	5,784	-
Printing and stationery	37,991	4,429	53	-	42,473	-
Seminar & Training	-	552	-	-	552	-
Travelling and transportation	333,343	66,488	12,455	4,863	417,149	-
Vaccination	358	-	-	-	358	-
Visa	4,324	233	-	-	4,557	
	247,001	187,200	24,029	17,856	476,085	6,184

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 9.2 : Charitable Expenses - Tsunami)

	Aceh RM	Sri Lanka RM	Nias RM	Malaysia RM	2005 Total RM	2004 Total RM
PROJECT EXPENSES						
I. HEALTHCARE						
Build of Akfar Dinas	368,158	-	-	-	368,158	-
Build of Akper Depkes	165,464	-	-	-	165,464	-
Dental	-	109,641	-	-	109,641	-
Donation of ambulance and vehicles	286,246	150,226	371,729	-	808,201	-
Donation of equipment	52,644	26,555	-	3,060	82,259	-
Eye Cataract	-	8,961	-	-	8,961	-
Medical supplies	149,027	116,598	-	433	266,058	10,383
Mobile Clinic	2,110	390	-	-	2,500	-
Orthoprosthetic	306,184	-	-	-	306,184	-
Pukesmas Meuraxa	128,049	-	-	-	128,049	-
Pukesmas Panga	175,308	-	-	-	175,308	-
II. EDUCATION						
Build of orpahange center Kayee						
Kunyit	166,635	-	-	-	166,635	-
Build of orphanage center Suka						
Makmur	537,157	-	-	-	537,157	-
Donation of vehicles	-	-	-	47,100	47,100	-
Medical Student Scholarship	178,713	-	-	-	178,713	-
Psychological Intervention						
Program (PIP)	-	52,698	-	-	52,698	-
Rehabilitation of orphanage						
center Babunnajah	370,736	-	-	-	370,736	-
Rehabilitation of orphanage						
center Daruzzahidin	245,642	-	-	-	245,642	-
III. AID DISTRIBUTION						
Dates distribution	96,884	-	-	-	96,884	-
Distribution of goody bags and						
reading glass	18,995	-	-	-	18,995	-
Donation of school uniforms,						
bags and shoes	-	34,249	-	82,538	116,787	-
Food and non food distribution	42,353	-	544	-	42,897	-
Food distribution and Iftar	75,351	-	-	10,216	85,567	-
Qurban	4,717	7,680	-	-	12,397	-

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 9.3 : Charitable Expenses - Tsunami)

	Aceh RM	Sri Lanka RM	Nias RM	Malaysia RM	2005 Total RM	2004 Total RM
PROJECT EXPENSES						
IV. WATER AND SANITATION						
Rehabilitation of Orthopedic Ward-Septic system	34.807	_	_	_	34.807	_
Ward Copile Cyclom	01,007				01,007	
V. COMMUNITY AND SOCIAL SERVIC	<u>ES</u>					
Body evacuation / Dead body search	17,410	-	-	-	17,410	-
Donation of GRP Fishing Boat	-	-	-	239,864	239,864	-
Donation of Refrigerator	-	-	-	71,232	71,232	-
IDP Camp - Livelihood	15,490	-	-	-	15,490	-
Livelihood	-	102,370	-	-	102,370	-
Relocation House	645,503	-	-	-	645,503	-
VI. SHELTER						
Build of Core House and Launching	4,978,493	-	_	-	4,978,493	-
Distribution of blanket	-	-	_	1,550	1,550	-
IDP Camp set up	415,011	-	_	-	415,011	-
Shelter Distribution	-	1,800	-	-	1,800	1,310
	9,477,087	611,168	372,273	455,993	10,916,521	11,693
	10,179,745	870,276	398,503	473,848	11,922,372	18,067

(Appendix 10.1 : Charitable Expenses - Malaysia)

:	005 2004 RM RM
OPERATING EXPENSES	
Bank charges	90 -
EPF contributions	- 5,400
Gift and souvenirs 3	930 1,895
Office expenses	855 -
Postage and courier 1	342 -
Rental 103	871 -
Salary and allowance 7	652 45,000
117	740 52,295
GENERAL EXPENSES	
Accommodation	600 -
Air fare 1	965 -
Communications	577 -
Food and refreshment 1	034 -
Meeting expenses	304 -
·	560 1,750
	046 -
Travelling and transportation 4	018 -
12	104 1,750
PROJECT EXPENSES	
I. <u>HEALTHCARE</u>	
	269 27,396
·	630 -
Emergency Relief 28	271 -
II. EDUCATION	
Volunteer Induction Program 5	485 -

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 10.2 : Charitable Expenses - Malaysia)

		2005 RM	2004 RM
PRO	DJECT EXPENSES		
III.	AID DISTRIBUTION		
	Donation to orphanage center	10,000	-
	Qurban	18,000	-
	Ramadhan Breakfasting Program	6,548	-
	Flood relief	-	25,301
IV.	COMMUNITY AND SOCIAL SERVICES		
	Circumcision Project	5,162	_
	Down-to-earth Project-Gotong Royong	1,845	-
	Drug Rehabilitation Program	16,606	16,819
	Distribution of Haze Masks	4,203	-
	Kg. Timanggol and Kg. Radtok	-	3,706
	Miri	-	23,648
	Sabah Island	-	44,272
V.	SHELTER		
	Distribution of blankets	8,000	
		186,018	141,142
		, -	
		315,863	195,187

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 11 : Charitable Expenses - Special Project)

	2005 RM	2004 RM
Disaster Reduction Workshop	115,900	-
ADRRN/Golfre Regional Training Workshop	142,450	-
Tsunami Educational Booklet - "Inamura-no-hi"	29,280	-
Mobile Clinics for Rohingyas - Collaboration with UNHCR	-	39,508
	287,630	39,508

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 12.1 : - Operating expenses)

	2005 RM	2004 RM
COST OF MERCHANDISE SOLD		
Opening stock	30,966	50,561
Purchase of merchandise	300,576	6,375
Inventories written off	(13,630)	(8,971)
Less: Closing stock	(308,265)	(30,966)
	9,647	16,999
OTHER OPERATING EXPENSES	0.40	050
Accommodation	248	656
Advertisement and promotion	11,469	2,205
Air fare Audit fee	23,238 10,000	7,690 8,000
Bank charges	5,464	3,074
Conference expenses	21,875	3,074
Depreciation	109,552	92,215
Disposal of property, plant and equipment	100,002	2,333
EPF contribution	79,477	49,043
Exhibition expenses	660	2,207
Gift and souvenirs	3,470	2,679
Inventory written off	-	8,971
Loss on foreign exchange	-	2,444
Meals and refreshment	10,663	2,626
Medical	2,186	1,775
Membership fee	905	-
Meeting expenses	6,305	-
Miscellaneous	-	835
Mission volunteer packs	9,584	-
Newspaper and periodicals	2,132	1,972
Balance carried forward	297,228	188,725

MANAGEMENT INCOME STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2005 (Appendix 12.2 : - Operating expenses)

TOTAL	1,232,256	803,828
	1,222,609	786,829
vvarenouse rental	10,000	9,000
Warehouse rental	10,800	9,000
Volunteer meals allowance	-	6,543
Utility charges	16,315	10,770
Travelling and transportation	8,993	3,582
Training	29,685	46,744
Telephone,internet and ASTRO	50,622	43,984
Socso contribution	3,977	1,614
Salary and allowance	672,072	352,723
Road tax	3,113	3,458
Repair and maintenance	12,674	17,528
Publication	12,687	13,411
Professional fee	13,750	14,240
Prior year adjustment	-	6,157
Printing and stationery	49,828	25,244
Postage and courier	3,643	2,840
Photocopy machine rental	2,110	3,134
Office rental	31,760	31,770
Office expenses	3,352	5,362
Balance brought forward	297,228	188,725
	2005 RM	2004 RM

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

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We wish to extend our heartiest gratitude to all our members, volunteers, the Malaysian Government, Embassies and High Commissions of host countries of Sudan, Afghanistan, Iraq, Iran, Sri Lanka, Cambodia, North Korea, Philippines, Indonesia and Pakistan. To our partners, donors and also the public who have supported us without fail towards our efforts and missions in 2005.

We wish to say "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

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