



Annual Report 2015

The Art of Humanity



Cover Rationale

This year our theme is 'The Art of Humanity' to give tribute to the innocent bystanders that suffers the consequences of war. The circumstances they are in should not deprive them of the right to receive basic human needs. When our brothers and our sisters have no food, no shelter, or no medical care, we carry out our duty as humanitarians to meet those needs. As depicted on the Cover when the winter season was approaching, most Syrian refugees did not have basic heating in their homes, let alone proper shelter. Our team set out to distribute Winter Kits suitable for families in refugee camps to at least provide relief from cold nights ahead. As citizens of the world we remember that our privilege of being in a stable condition only means that we have the ability to aid those in dire conditions. The disastrous earthquake that hit Nepal is no exception, the 8 million people affected from the devastation still struggle to resume normalcy in their lives. MERCY Malaysia, with its supporters, volunteers, donors and partners will continue to deliver humanitarian aid to these communities to rebuild and recover, as is our duty.

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GET INVOLVED!



MERCY MALAYSIA'S PATRON



**DULI YANG MAHA MULIA
PADUKA SERI SULTAN PERAK DARUL RIDZUAN
SULTAN NAZRIN MUIZZUDDIN SHAH IBNI ALMARHUM SULTAN AZLAN MUHIBBUDDIN SHAH
AL-MAGHFUR-LAH**

D.K., D.K.S.A., D.K.A., D.M.N., D.K. (Kelantan), D.K. (Selangor), D.K.N.S., D.K. (Perlis), Ph.D. (Harvard)

MESSAGE FROM THE CHAIRMAN OF THE BOARD OF TRUSTEES



Dear Friends,

MERCY Malaysia has recorded another eventful year in delivering humanitarian relief locally and abroad, but the challenges keep mounting as natural disasters continue to plague the world.

We have been present in Afghanistan since 2001 where medical services are on-going to this day - serving patients daily in the Kandahar district. An estimated population of 68,000 people depend on MERCY Malaysia's complimentary medical services and our resolve to help remains steadfast.

Last April witnessed one of the biggest natural disasters ever when a deadly earthquake struck the heart of Nepal.

MERCY Malaysia was one of the early teams to arrive in Kathmandu and in a matter of days had set up a field hospital in the Sankhu District just outside Kathmandu.

The country still needs humanitarian assistance, especially shelter, medical assistance and aid. Aside from providing shelters to a hundred families in Gorkha district, MERCY Malaysia's medical teams are deployed rotationally to Spinal Rehabilitation facilities for patients who cannot afford or travel to receive therapy.

Back home, MERCY Malaysia remains on the ground in Kelantan since the devastating floods of December 2014. Resilient programmes have been implemented throughout the state for children and communities as a whole to better prepare them for such a disaster. Temporary shelters have also been constructed in addition to sustainable clean water supplies across various communities.

"2015 proved to be another tumultuous year for the world, and yet a significant year for MERCY Malaysia."

Early this year, MERCY Malaysia completed its third mission to Lebanon and helped provide medical aid, food, fuel to Syrian Refugee Camps in the Beqaa Valley, just a few miles from the Syrian border. We also set up our Child Friendly Space (CFS) for the affected children in the camps.

We remain ever grateful to our donors for their kind blessings and noble contributions. We hope they will continue to support us as we forge ahead with expanding roles globally in our humanitarian and disaster relief challenges.

TAN SRI DATO' AJIT SINGH
Chairman of the Board of Trustees

MESSAGE FROM THE PRESIDENT

Assalamualaikum and greetings to our MERCY Malaysia Family

Alhamdulillah and Praise the Lord Almighty that MERCY Malaysia has once again been able to serve the greater humanitarian cause with distinction in what was another eventful year.

The last one year has seen continuing deterioration in the overall state of the global humanitarian scene. There continues to be the huge fallout from the Syrian conflict, the more recent strife in Yemen, and the Rohingya crises in Myanmar. The Syrian calamity, in particular, has so far accounted for over a quarter million lives, half a million injured or maimed, and over 10 million refugees desperately requiring aid within Syria and neighbouring countries.

The temporary respite from new large natural disasters in Malaysia accorded MERCY Malaysia the time to better prepare communities for the vagrancies of climate change. The El Nino phenomena which reared its head through much of the second half of the year meant drier conditions and smog from Indonesia. Although this had health impact on the elderly and those with respiratory ailments, Malaysia coped well with the negative effects. The monsoon of end 2015 was milder than the previous year and communities were now more adept at mitigating the effects of minor short term flooding.

“MERCY Malaysia together with donors, sponsors and volunteers help build some 180 semi-permanent homes, constructed tube wells that served thousands of villagers and distributed millions of ringgit worth of medicinal and hygiene kits.”



For much of the year then, MERCY Malaysia developed and rolled out several Preparedness Programmes such as Disaster Risk Reduction, Mitigation, Emergency Response Preparedness, Logistics Preparedness, and Institutional Preparedness. It is a widely acknowledged that a dollar spent in disaster preparedness could save 7-10 times in reparation costs. And that of course does not even account for the priceless number of lives that could be saved from better preparedness. Working with various partners across different sectors, MERCY Malaysia has embarked on a comprehensive multi-sectoral approach which brings together five different pillars namely school preparedness, resilient hospitals, community-based disaster risk management, private sector partnership and local government coordination in an innovative yet impactful working concept in preparedness called Building Resilient Communities (BRC).

Incidentally, the aftermath of the early 2015 floods in Kelantan and Terengganu left many homeless. During the recovery stage MERCY Malaysia together with donors, sponsors and volunteers help build some 180 semi-permanent homes, constructed tube wells that served thousands of villagers and distributed millions of ringgit worth of medicinal and hygiene kits. MERCY Malaysia is still engaged in Kelantan and we have continued efforts and programs in rebuilding and preparedness well into this year, 2016.

It is unfortunate, but today we are confronted not only with conflict between nations, but increasingly conflict within nations. Mid 2015 brought a new form of humanitarian disaster to our doorstep. Thousands of would-be refugees took to the high seas to escape the ravages of communal strife in Myanmar and Bangladesh. Many tried to land in Malaysia and neighbouring countries. MERCY Malaysia had to adopt a new stance as Advocate for the acceptance of refugees on humanitarian grounds. With some success several hundred refugees were allowed to land on our shores and MERCY Malaysia was able to provide immediate medical aid and rehabilitation to those admitted to temporary refugee camps in the northern part of peninsula Malaysia. Our growing role in humanitarian advocacy could be an effective thrust in opening new channels to enable humanitarian actors who are providing medical and humanitarian aid to communally fractured countries like Syria and the Rakhine State in Myanmar better access to deliver much needed aid better.

2015 also saw work being continuously carried out in Nepal as a result of the earthquake which struck in April 2015. Our teams continued to work throughout the recovery phase and cooperated with local partners to enhance the impact of work already done during the emergency phase when we deployed the Emergency Response Unit (ERU). Our teams developed shelters as well as worked in health and water, sanitation and hygiene.

**It is a widely acknowledged
that a dollar spent in disaster
preparedness could save**

**7-10
times in reparation costs**

The Syrian theatre of operations continued to be challenging and apart from the complex and difficult situation in the field, there was also the question of donor fatigue which affected not only MERCY Malaysia but all humanitarian organisations working in and around Syria. MERCY has been lucky as new and old partners continue to support our efforts in aiding the suffering population both within and outside of Syria. Late 2015 and early 2016 also brought forth another conflict in the Middle East which grew in intensity, Yemen. Our teams have been involved in this theatre although much more support is needed financially.

With the passage of time and the commendable work, accolades and achievements recorded, the stature of MERCY Malaysia has grown very considerably on the global stage. In this regard I would like to proudly announce MERCY Malaysia continues to engage strongly internationally especially with processes surrounding the World Humanitarian Summit.

With your continued support, MERCY Malaysia will continue to enhance its capacity internally while expanding its reach both in Malaysia and globally.

Thank you again to all our partners and donors who have contributed immensely to MERCY Malaysia's programs and our development. May God Bless you all.



**DATO' DR. AHMAD FAIZAL
MOHD. PERDAUS**
President

VISION & MISSION STATEMENT



VISION

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

MISSION

MERCY Malaysia is an international non-profit organisation focusing on providing medical relief, sustainable health-related development and risk reduction activities for vulnerable communities, in both crisis and non-crisis situation.

In 2015

- The MERCY Malaysia footprint of timely, non-denominational medical relief saw us aid beneficiaries from all around the world. In 2015, we helped citizens from 10 countries, including Malaysia to build resilience from the devastations that they had endured.
- From Syria to Somalia, Sri Lanka to Myanmar, we have managed to lend a helping hand to over one million beneficiaries.
- We believe the RM 12.6 million we spent on emergency relief and humanitarian services in 2015 gave the beneficiaries hope that they are not forgotten.

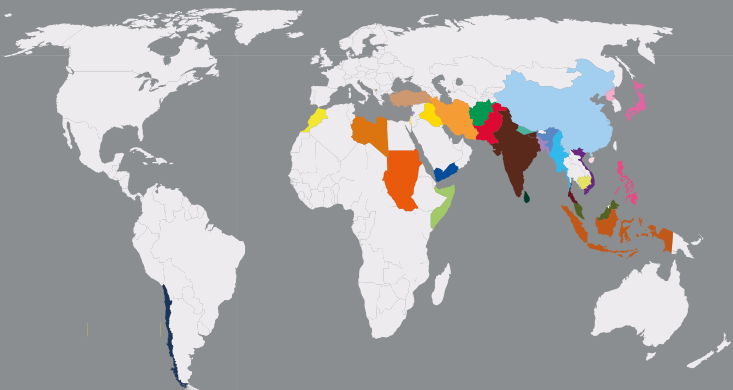


CORE VALUES

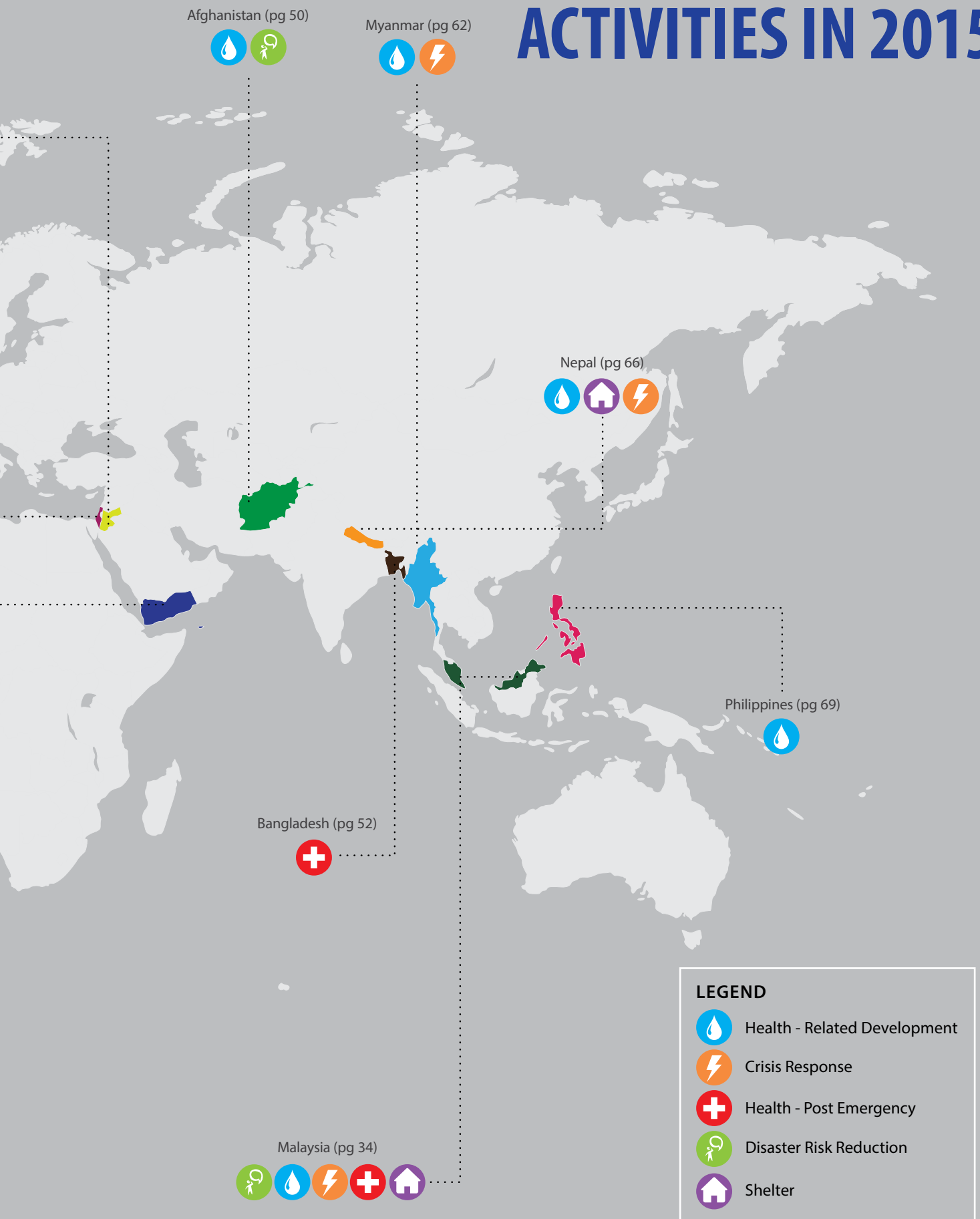
Motivation	We are highly motivated and passionate
Excellence	We do the right things in the right way; we are accountable to beneficiaries and donors
Respect	We show trust and respect in all our interactions
Collaboration	Working with peers, partners and volunteers, build on each other's strengths and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

WHERE WE HAVE BEEN

Afghanistan	: 2001 - 2015
Bangladesh	: 2007 - 2013
Cambodia	: 2001 - 2002 / 2005 / 2008 - 2015
Chile	: 2010
China	: 2008 - 2012
India	: 2000 / 2008 - 2012
Indonesia	: 2000 / 2004 - 2013
Iran	: 2003
Iraq	: 2003
Japan	: 2011 - 2013
Jordan	: 2012 - 2015
Kosovo	: 1999
Lebanon	: 2006 / 2015
Libya	: 2011
Malaysia	: 2004 - 2015
Maldives	: 2006 / 2008 - 2010
Myanmar	: 2008 / 2012 - 2015
Nepal	: 2015
North Korea	: 2004 / 2008
Pakistan	: 2005 - 2006 / 2008 / 2012 - 2013
Palestine	: 2003 / 2008 / 2012 - 2015
Philippines	: 2004 / 2006 / 2008 / 2011 - 2015
Somalia	: 2011 - 2013
Sierra Leone	: 2015
Syria	: 2015
Sri Lanka	: 2003 - 2004 / 2009 - 2013
Sudan	: 2004 / 2007 - 2013
Thailand	: 2011 - 2012
Tunisia	: 2011
Turkey	: 1999 / 2004 - 2012
Vietnam	: 2007
Yemen	: 2008 / 2015



ACTIVITIES IN 2015



OUR STRATEGIC COMMITMENTS

1

- **Impartiality** – We maintain impartiality in the selection of our staff. The selection of our beneficiaries purely is on a needs basis and not based on race, religion and/or political affiliation.
- **Staff Integrity** – We maintain a workforce who adhere to high moral and ethical principles.
- **Continuous Improvement** – We monitor and evaluate our work in order to improve on our past experiences and provide better humanitarian services as we progress.

2

- **Complementary Partnership** – We aim to work as much as possible with local partners on the field and enhance complimentary factors between both parties. In and beyond the field, we will work with partners who are responsible, transparent and accountable in accordance with our Principles of Partnership.
- **Consultative/Participatory** – We consult with our beneficiaries and staff and include their feedback into project plans to ensure holistic results.
- **Ethical Reporting** – We maintain the confidentiality of our stakeholders, especially beneficiaries, at all times.
- **Transparency/Information Provision** – We are transparent in sharing information of our financial statements, MERCY Malaysia's constitution, MERCY Malaysia's Humanitarian Accountability Framework, organisation missions and core values and commitments to all stakeholders.

3

- **Listening/Responsive** – We encourage feedback from our stakeholders through our Complaints Response Mechanism policy and we respond to all feedback. Our responses include evaluating all feedback to ensure continuous improvement.
- **Quality Management/Quality Assurance** – We continuously review our work and learn from our mistakes and apply our lessons learnt as we progress.
- **Financial Stewardship** – We promote good stewardship of our financial resources and are transparent about our expenditures.
- **Health, Safety and Security** – We strive to ensure the physical safety and the emotional well-being of all staff and volunteers, especially in the line of duty.

HUMANITARIAN ACCOUNTABILITY

PRINCIPLE OF ACCOUNTABILITY

1. Commitment to humanitarian standards and rights

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

2. Setting standards and building capacity

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

3. Communication

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

4. Participation in programmes

- Members involve beneficiaries in the planning, implementation, monitoring and evaluation of

programmes and report to them on progress, subject only to serious operational constraints

5. Monitoring and reporting on compliance

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

6. Addressing complaints

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

7. Implementing partners

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

CERTIFICATION FROM HAP INTERNATIONAL

As a member of Humanitarian Accountability Partnership (HAP), MERCY Malaysia commits to comply with the HAP Principles of Accountability and is required to report annually on the progress on implementing its Accountability Work Plan.

Established in 2003, HAP is the humanitarian sector's first international self-regulated body. The HAP Standards sets six affordable, realistic and results driven goals – critical benchmarks for ensuring that it meets the needs of disaster survivors that drive humanitarian action. This is the only aid standards developed in this way which meets the ISO guidelines for designing quality standards.

MERCY Malaysia is due to be re-certified in September 2014. MERCY Malaysia's continuous commitment towards improving accountability measures was observed when it undertook re-certification against HAP 2010 Standard in Accountability and Quality Management.

The HAP Audit was carried out in Kuala Lumpur in 7th - 10th October 2014 and in Ormoc City, the Philippines, 13th - 17th October 2014.

HAP Independent Auditors, audited MERCY Malaysia's head office in Kuala Lumpur, Malaysia and the programme site in Ormoc City, the Philippines, for conformity with the HAP 2010 Standards in Accountability and Quality Management (HAP Standard).

The auditors conducted an audit on a sample test basis through an examination of documentary evidence disclosed and through interviews with MERCY Malaysia's Board of Trustees, Executive Council members, Partners, Staff and Volunteers in the Kuala Lumpur offices.

In the Philippines programme site, the auditors interviewed MERCY Malaysia staff, the staff of partners Ormoc District Hospital, Ormoc Central Disaster Risk Reduction Management Council, ECLIPSE, Pagtinabangay Foundation, Hayag Family Development Centre and the Rural Development Institute.

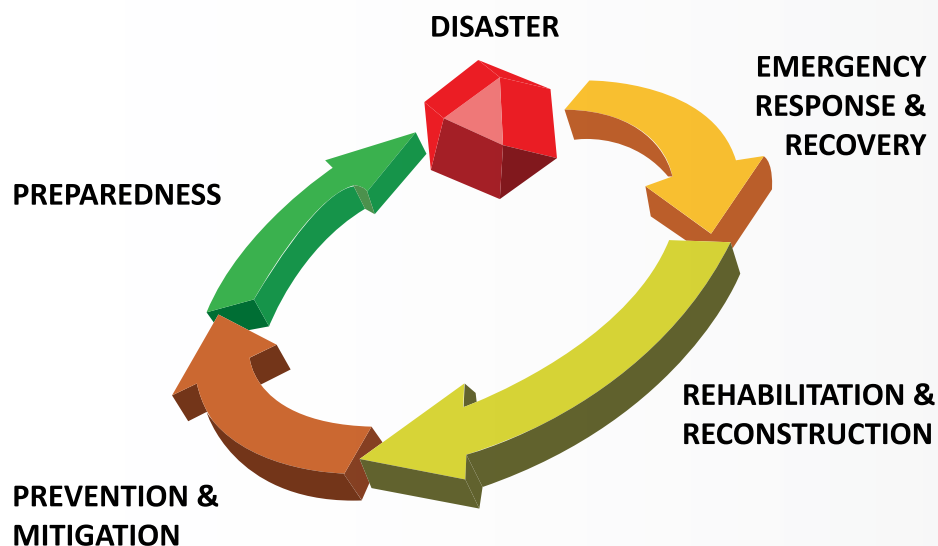
Projects and partners were selected based on the types of partnership with MERCY Malaysia; that the partnership was ongoing and that the projects being implemented represented the different types of activities of MERCY Malaysia.

The HAP Audit report findings of MERCY Malaysia's re-certification audit – a full audit at the head office and programme site - resulted in twenty-one non-compliance; ie two major non-compliance and eighteen minor non-compliance resulting in delay for re-certification.

MERCY Malaysia acknowledges the findings of the audit report and the gaps that are needed to be addressed. MERCY Malaysia will take significant steps in acquiring full compliance within the stipulated period by ensuring Quality and Accountability practices across the Organisation. As of 2015, like all HAP certified organisations, MERCY Malaysia will be transiting into Core Humanitarian Standards (CHS) benchmark.

OUR APPROACH

TOTAL DISASTER RISK MANAGEMENT(TDRM)



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

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

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

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

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

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



TOTAL DISASTER RISK MANAGEMENT (TDRM)

AFFILIATIONS

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

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



The Asian Disaster Reduction and Response Network (ADRRN)

The Asian Disaster Reduction and Response Network (ADRRN) was established in 2002 to strengthen collaboration in disaster response and risk reduction among the local civil society in the Asia-Pacific region. MERCY Malaysia plays the important role of hosting the Secretariat of the Network. Indeed MERCY Malaysia's Executive Committee Member, Dr. Heng Aik Cheng has been the Vice Chairperson of the Network since 2011.

The Secretariat is operated by two MERCY Malaysia staff members – an ADRRN Programme Officer and an ADRRN Finance Advisor. The major roles of the Secretariat are to coordinate with the Representative Office in India, network members and major programme donors in key activities and to provide necessary support in financial and accounting matters. ADRRN currently has 36 Core Members and 14 Associate Members from 21 countries. With a strong footprint in the region, the network works unrelentingly with its members to strengthen the ability of communities to combat disasters; provide humanitarian assistance such as food, water, shelter and health care; protect critical facilities such as schools and hospitals; create awareness on disasters and risk reduction, advocate for policy changes; and improve the capacity of community-based organisations.

In 2010, ADRRN published a booklet titled Disaster Risk Reduction (DRR) Terminology in nine Asian languages. The original booklet was issued by the United Nations International Strategy for Disaster Reduction (UNISDR) and ADRRN was selected as their implementing partner to translate it to suit the Asian context. The UNISDR booklet aims to promote common understanding and usage of DRR concepts and to assist the DRR efforts of authorities, practitioners and the public. ADRRN was best placed to implement this activity due to its members' strength and vast experience in working in the field of DRR.



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

The network still continues to coordinate such activities among its membership for more effective disaster response and risk reduction in the region. This also includes collaboration with strategic partners such as UNISDR and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in order to build long-term resilience of affected and at-risk communities. ADRRN is now working with different stakeholders in the Philippines in its response to Typhoon Yolanda, in efforts to strengthen the engagement and coordination between the local civil society and the national humanitarian architecture.

MERCY Malaysia recognises the importance of the role of a network for Asian civil society organisations (CSOs) in order to achieve community resilience ahead of disasters in the Asia-Pacific region and will continue to support ADRRN as its Secretariat. Together, we aim to continue to develop local and national CSO capacities for disaster management and to advocate for the interests of the civil society at national, regional and international levels.

www.adrrn.net



The International Council of Voluntary Agencies (ICVA)

The International Council of Voluntary Agencies (ICVA) is a global network of non-governmental organisations (NGOs) which advocates for effective humanitarian action by strengthening humanitarian policy and advocacy. In 2015, MERCY Malaysia's president, Dato' Dr Ahmad Faizal Mohd Perdaus became the first Asian to be elected as Chairperson of the Organisation and will serve in his post for the next 3 years.

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

An essential feature of ICVA is its links with NGOs from developing countries. As the only global humanitarian NGO network; membership in ICVA gives NGOs unique opportunities to engage with other actors and each other on humanitarian policy issues. ICVA makes sure the voices of southern NGOs are heard at the international policy level. MERCY Malaysia has been on the Board of ICVA for three consecutive terms, a great honour

AFFILIATIONS

and recognition of MERCY Malaysia's role and position in the wider humanitarian world and in being a leading voice from the Global South. MERCY Malaysia President, Dato' Dr. Ahmad Faizal Mohd Perdaus is currently the Vice-Chair of ICVA.

www.icva.ch



People In Aid

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

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

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

www.peopleinaid.org



Performance in Humanitarian Action (ALNAP)

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

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

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

www.alnap.org

Global Health Cluster

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

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

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

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



Core Humanitarian Standard

The Core Humanitarian Standard on Quality and Accountability (CHS) sets out Nine Commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. It also facilitates greater accountability to communities and people affected by crisis: knowing what humanitarian organisation have committed to, will enable them to hold those organisations to account.

The CHS places communities and people affected by crisis at the centre of humanitarian action and promotes respect for their fundamental human rights. It is underpinned by the right to life with dignity, and the right to protection and security as set forth in international law, including within the International Bill of Human Rights.

www.corehumanitarianstandard.org

MERCY MALAYSIA BOARD OF TRUSTEES



TAN SRI DATO' AJIT SINGH

Tan Sri Dato' Ajit Singh was a career diplomat who served in various positions in the Ministry of Foreign Affairs and at Malaysian Missions in Canberra, Addis Ababa (Ethiopia) and New York. In a span of over 30 years he served as Malaysia's Ambassador to Vietnam, Austria, Brazil (with concurrent accreditation to Bolivia, Colombia, Peru and Venezuela) and Germany. In recognition of his services, both Laos and Vietnam awarded him the prestigious Friendship Medals in December 1997. He also was awarded the Panglima Setia Mahkota award, which carries the title of "Tan Sri" by His Majesty the King of Malaysia in conjunction with His Majesty's Official Birthday on 6th June, 1998. The Indonesian Government awarded him the "Bintang Jasa Utama" in

February 1999, in recognition of his work in ASEAN and helping to improve Malaysia-Indonesia relations. In 1997 he joined the National Petroleum Oil Company (PETRONAS) as a Director of International Business Ventures for two years. He was elected the first Secretary-General of the Boao Forum for Asia in February 2001. He is now Adjunct Professor at Taylor's University, the Advisor to the Malaysia-India Business Council and a member of the Malaysia-India CEO Forum, set up by the two Governments. In early 2009, he was appointed to the Indian Prime Minister's Global Advisory Council of Overseas Indians. In January 2011, the Indian Government awarded him India's highest award for an overseas Indian, the Pravasi Bharatiya Samman Award. He graduated with a B.A. in history in 1963 from the University of Malaya. He is married to Puan Sri Enid Lee and has three children, Adrienne, Alan and Annette Singh from an earlier marriage.



MRS. GAIK WONG

Gaik is the founder and the director of The Chicken Rice Shop ("TCRS"). This 2004 recipient of The Innovative Woman Entrepreneur of The Year Award, together with her only daughter Kah Lin, had opened the first TCRS restaurant in year 2000. She has more than 40 years of experience in the Food and Beverage, including franchised and chain store operations. Prior to being a founder/director of TCRS, she was the Chief Operating Officer cum Director of KFC Holdings Bhd. She played a major role in developing KFC into a household name in Malaysia.

The TCRS group operates a chain of more than 90 restaurants in Malaysia and Singapore under the 5 brands of "The Chicken Rice Shop,

DubuYo (formerly Dubu Dubu), Sweet Chat, Relish and Pancake House". The first Restaurant of TCRS was opened in 2000, and with the planned opening of another 25 restaurants will have 120 restaurants as at 31 December 2015.

The Chicken Rice Shop is the leading halal chain of chicken rice restaurants in Malaysia.

TCRS currently has in its employment a total of 1,400 employees and the group is very pleased to be able to provide employment and at the same time contribute to the growth of the domestic economy through the respective food businesses the group has developed over the years.

Apart from TCRS's objective of building the respective businesses, store growth and revenue, it is the commitment of the group to be a good and responsible corporate citizen of Malaysia. As such contributions are being made to deserving charities in cash and kind on a regular basis. A significant sum is allocated annually to deserving charities, like orphanages and old folk's homes.

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

Gaik Wong is a member of the Board of Trustee of MERCY Malaysia and is also a member of the Board of Montfort Boys Town.

MERCY MALAYSIA BOARD OF TRUSTEES



TAN SRI DATO' AHMAD FUZI HAJI ABDUL RAZAK

Tan Sri Dato' Ahmad Fuzi Haji Abdul Razak was previously the Secretary-General of the Ministry of Foreign Affairs Malaysia. He joined the Malaysian Diplomatic and Administrative Service in 1972, and served in various capacities at the Ministry of Foreign Affairs, mainly in the Political Division, and at the Malaysian Missions abroad in Moscow, the Hague, Canberra, Washington and Dhaka. His tenor as Secretary-General saw him deeply involved at the Senior Officials level in the successful hosting by Malaysia of the NAM Summit in 2003, the OIC Summit in 2003 and the ASEAN Summit plus East Asia Summit and Related Summits in 2005.

Tan Sri Ahmad Fuzi has previously also served as Director General, Institute of Diplomacy and Foreign Relations Malaysia; Deputy Secretary General 1, Ambassador-at-Large and Malaysia's Representative to the ASEAN High Level Task Force (HLTF) on the Drafting of the ASEAN Charter and Malaysia's Representative to the High Level Panel (HLP) on the Drafting of the Terms of Reference of the ASEAN Human Rights Body. The last two positions allowed him to engage a wide spectrum of representatives and stakeholders dealing with matters pertaining to Human Rights in Malaysia and other ASEAN Member States.

Tan Sri Fuzi is currently, Secretary-General of the World Islamic Economic Forum Foundation (WIEF) and Chairman of Amanahraya-Reit Managers Sdn Bhd; Seremban Engineering Berhad; Theatre Management Associates Sdn Bhd; Optima Capital Sdn Bhd; Sofgen (Malaysia) Sdn Bhd, ACE Holdings Sdn Bhd and IMAN Research Consulting Sdn Bhd.

Tan Sri Fuzi is also a member of the Board of Directors of Maybank Islamic Bhd; Puncak Niaga Holdings Berhad; Management Development Institute of Singapore (MDIS) Malaysia Sdn Bhd; MDIS Unicampus Malaysia Sdn Bhd; Alstar Solutions Sdn Bhd; Lejadi Medimax Sdn Bhd and WEROS Technology Sdn Bhd. He is also Advisor, Xadarcorp Sdn Bhd.

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

In recognition of his service to the nation, he was awarded the AMN (1979), the JSM (1999), the DSPN (1999), the DMPN (2002) the PSM (2003) and the DSLJ (Brunei Darussalam 2014).

Formal qualification- BA (Hons), UM and Certificate in Diplomacy, Oxford University, UK.

Married with two children.

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PROFESSOR TAN SRI DATO' DZULKIFLI ABDUL RAZAK

Tan Sri Dato' Dzulkifli Abdul Razak (or for short, Dzul) is currently the 14th President of the International Association of Universities (IAU), a UNESCO-affiliated organisation based in Paris. Currently, he is the Chairperson of the Islamic Science University Malaysia (USIM). He is an Honorary Professor at the University of Nottingham; and held the Chair of Islamic Leadership at USIM from 2014-2016.

He also chairs the Steering Council of the Right Livelihood College Global Secretariat based in the University of Bonn, Germany. Of late he has been appointed as select member to the 2015 Hamburg Transuniversity Leaders Council, a think tank of the future of higher

education. He is also a member of Global Leadership Initiative at the School of Frontier Sciences, University of Tokyo, Japan. Further involvements internationally include membership in the Asia-Europe Meeting (ASEM) – Advisory Education Hub Committee since 2007, Executive Council of the Association of Commonwealth Universities (2006-2011) and a membership in the Board of Trustees in MERCY Malaysia. Dzul is a Fellow of the Academy of Sciences Malaysia (FASc), the World Academy of Art and Sciences (FWAAS) and the Malaysian Institute of Malaysia (FMIM). He is an Honorary Lifetime member of Asian Academy of Management and a weekly columnist for Malaysia's oldest Daily in Malaysia, The New Straits Times, since 1995; and more recently The Sun, an English Daily with the largest circulation in Malaysia.

MERCY MALAYSIA BOARD OF TRUSTEES



TAN SRI DATUK JOHAN JAAFFAR

Tan Sri Johan Jaaffar was the Chairman of Media Prima Berhad since 30 April 2009 to 31 August 2015. Outside Media Prima Group, Tan Sri Johan served as the Chairman of the Consultation and Corruption Prevention Panel, an independent panel under the Malaysian Anti-Corruption Commission (MACC) and Chairman of Sekolah Sri Nobel, a private school.

Currently, Tan Sri Johan is a board member of Perbadanan Tabung Pendidikan Tinggi Nasional (PTPTN), Laureate Malaysia Advisory and Majlis Penasihat Pendidikan Kebangsaan. In addition, he also sits in the MERCY Malaysia Board of Trustees, contributing his expertise and

time to assist with MERCY Malaysia's humanitarian work, a member of National Unity Consultative Council (NUCC) and National Information Technology Council (NITC).

He also serves as a committee member of National Academic Award under the Ministry of Education Malaysia and Local Authority Transformation Programme under the Ministry of Urban Wellbeing, Housing and Local Government. Tan Sri Johan is an Adjunct Professor at Lim kokwing University of Creative Technology since 2011 and Universiti Utara Malaysia since 2012. He was also a Resident Writer at University Technology Malaysia (UTM) for a year from July 2012.

Tan Sri Johan started his career in Dewan Bahasa & Pustaka ("DBP") in 1977. He then joined Utusan Melayu (M) Berhad as the Group Chief Editor from 1992 until 1998. From 2006 until 2010, Tan Sri Johan returned to DBP as the Chairman of the Board. He had served as a board member of various organisations such as ASWARA, Sindora Berhad, Malaysian Business Council, Multimedia Super Corridor, Multimedia Development Council and Yayasan Anak-anak Yatim Malaysia.

Tan Sri Johan also sat in the Nomination Committees –Education & Community category for Merdeka Award from 2008 until 2010. He holds a Bachelor of Arts from University Malaya. Tan Sri Johan used to be a columnist for the New Straits Times and Berita Harian, currently he is a columnist for The Star.

In addition, he is also a committee member of National Academic Award under the Ministry of Education Malaysia and Local Authority Transformation Programme under the Ministry of Urban Wellbeing, Housing and Local Government. Tan Sri Johan is also an Adjunct Professor at Lim Kok Wing University of Creative Technology since 2011 and Universiti Utara Malaysia since 2012. He was also a Resident Writer at University Technology Malaysia (UTM) for a year from July 2012.



TOH PUAN DATO' SERI HJH DR AISHAH ONG

Toh Puan Dato' Seri Hj. Dr. Aishah Ong joined MERCY Malaysia as one of the members of the Board of Trustees. Currently, Toh Puan Dato' Seri Hj. Dr. Aishah Ong has also been holding the position of Pro-Chancellor of the University of Malaya since 2003, after serving as the Chairman of its University Hospital for many years. She is Chairman of the IJN Foundation, the Welfare Subcommittee of BAKTI, and was the first Chairman of the Malaysian Health Promotion Board at the Ministry of Health from 2007 - 2012. She is a Patron and a Founding Trustee of the Alzheimer's disease Foundation of Malaysia and a Founding Trustee of the Cancer Research Initiatives Foundation (CARIF), a Trustee of the

Tun Abdul Razak Foundation, the National Council of Women's Organisations (NCWO) and the Women's Aid Organisation and last but not least, Trustee of the Media Prima Humanitarian Fund. Currently she is a Director of the Board of the MPO (Malaysian Philharmonic Orchestra, Petronas) and a Trustee of the Dewan Filharmonik Petronas and also a Director of the Board of Nestle (M) Bhd.

She received her higher education from the University of London in 1969 and graduated with the qualification of a Medical Doctor.

In recognition of her services to the nation she was awarded the JMN (1990), DMPN (2003), DPMS (2005), DGPN (2007) and PJN (2010). She was also awarded with Anugerah Saudari Islam Cemerlang (2008) by the Department of Islamic Development Malaysia (JAKIM) and the Golden Heart Award (2008) by Bumiputra Designers' Association and the Malay World Foundation.

MERCY MALAYSIA BOARD OF TRUSTEES



DR. ELIZABETH LEE FUH YEN

Dr Elizabeth Lee Fuh Yen is the Senior Executive Director of the Sunway Education Group. Since her appointment in 1992, the Sunway Education Group has developed from singular institution with a student population of less than 1,000, into a dynamic group of twelve institutions, catering to more than 25,000 students.

Educated and trained in the United Kingdom in Multi-Cultural Education, Elizabeth achieved her Master of Philosophy (MPhil) in Education at the University of Cambridge. Her Cambridge links see her actively involved in the Oxford and Cambridge Society of Malaysia, of which she is a former President.

A veteran in the field of private higher education provision, Elizabeth also serves on the National Higher Education Research Institute (IPPTN) and the International Academic Advisory Council (IAAC) of Jeffrey Cheah Institute in Southeast Asia. She sits on the Board of Management of the Master Builders Association of Malaysia Education Fund and also on the Board of Trustees of MERCY Malaysia. A thought leader in her own right, her recent international invitations to speak include the Harvard Business School, University of Cambridge, University of Oxford and the University of Edinburgh. She is well known as an advocate for women in leadership and serves as a mentor in the ICAEW global programme for specially chosen female corporate leaders.

Elizabeth received her first honorary doctorate in August 2014, the Doctor of Laws (Honoris Causa) by the University of Nottingham. The award recognised her immense and exceptional contributions to education in Malaysia. She is also a recipient of several international and national awards, including in 2011 the Outstanding Asian Women Community Contribution Award from Malaysia Women's Career Building Association, in 2014 the Malaysia Most Impactful Leadership Contribution Award by Asia Success Inc., and in 2015 the Visionary Women Leadership Award at the 2nd World Women Leadership Congress and Award (WWLCA) in Mumbai.

In April 2016, she was conferred the Doctorate of the University (Honoris Causa) by Victoria University in recognition of her role as a distinguished educator, for her work in promoting international education and issues relating to the education of women. This second honorary doctorate also recognises Elizabeth's pivotal role in fostering the partnership between Victoria University and the Sunway Education Group.

Elizabeth was recently elected a member in the Malaysian Qualifications Agency (MQA) Council effective January 2016, Chair of the MQA Investment Committee and member of the MQA Disciplinary Committee on 1 February 2016.

In her personal capacity, she has written and edited a number of children's English storybooks for early language learning. Her culinary interests find her serving on the National Council of the Confrerie de la Chaine des Rotisseurs, Baillage de Malaisie, where she is the Baili Regional for the state of Perak.

She is married to Company Director Mr Cheah Ming Chiew. They have three daughters, aged between 17 years and 21 years.

MERCY MALAYSIA EXECUTIVE COUNCIL



In front: Sitting from left

1. Yang Mulia (YM) Raja Riza Shazmin Raja Badrul Shah
2. Dato' Dr. Ahmad Faizal Mohd. Perdaus
3. Datuk Dr. Heng Aik Cheng
4. Ir. Amran Mahzan, PMP

Back row from left

1. Dr. Jitendra Kumar S.N. Tejani
2. Assoc. Prof. Dr. Shalimar Abdullah
3. Mr. Harmandar Singh
4. Assoc. Prof. Dr. Mohammad Iqbal bin Omar
5. Dr. Hariyati Shahrina Abdul Majid
6. Dr. Mohamed Ashraff Bin Mohd Ariff
7. Ar. Mohamad Ayof Bin Bajuri
8. Mr. Sam Tee Kam Bee
9. Dr. Norzila Mohamed Zainudin

MERCY MALAYSIA EXECUTIVE COUNCIL



DATO' DR. AHMAD FAIZAL MOHD. PERDAUS

President

Dato' Dr. Ahmad Faizal Mohd. Perdaus obtained his Bachelor of Medical Science in 1989 from Universiti Kebangsaan Malaysia, followed by his Master's degree in Internal Medicine in 2000. He was accredited as a Respiratory Physician in 2003. He is now attached to KPJ Johor Specialist Hospital as a Consultant Physician (Internal Medicine, Respiratory and Sleep Medicine). He previously was a Consultant Physician (Internal Medicine and Respiratory Medicine) at Hospital Universiti Kebangsaan Malaysia (HUKM), where he also served as a Senior Lecturer in Internal Medicine and Respiratory Medicine in the University's Faculty of Medicine. He was a Visiting Research Fellow at the Woolcock Institute of Medical Research, Sydney, Australia from 2006 to 2009.

His involvement with MERCY Malaysia began in 2003, when he signed on as a volunteer. He was made a member of MERCY Malaysia's Executive Council in the same year. He headed the Drug Rehabilitation and Assistance Programme in Malaysia from 2003 to 2006, before being elected as President in 2010, after acting in interim since August 2009. He was re-elected in 2011. In 2014, he was also appointed to the Board of Trustees for MERCY Malaysia UK (MMUK).

Dato' Dr. Ahmad Faizal's tours of duty include Sri Lanka (2003), Iran (2004), Sudan (2004, 2008), Indonesia (2005, 2006), Pakistan (2005), Myanmar (2008), Syria (2013) and Philippines (2013). He currently sits on the boards of Humanitarian Innovation Fund (HIF), Advanced Training Program on Humanitarian Action (ATHA) and Professionals in Humanitarian Assistance and Protection (PHAP), of which MERCY Malaysia is a member.

He became the first Asian to be elected as Chairperson of the International Council of Voluntary Agencies (ICVA). ICVA is on the Inter-Agency Standing Committee (IASC) as one of three NGO representatives globally. The IASC is the highest decision making and direction forming body in the humanitarian world and is chaired by the Under Secretary General (USG) for humanitarian affairs/Emergency Relief Coordinator (ERC) of the United Nations (UN).

MERCY MALAYSIA EXECUTIVE COUNCIL



From left

Datuk Dr. Heng Aik Cheng, Dr. Mohamed Ashraff Bin Mohd Ariff, Assoc. Prof. Dr. Shalimar Abdullah

MERCY MALAYSIA EXECUTIVE COUNCIL

DATUK DR. HENG AIK CHENG

Vice President I

Datuk Dr. Heng Aik Cheng is currently a Consultant Orthopaedic Surgeon and Traumatologist at the Sabah Medical Centre. He joined MERCY Malaysia as a volunteer in 2002, and was elected to the Executive Council in the same year and appointed Vice President 1 in June 2014. He has been involved in local missions within Malaysia and international missions to Iraq, North Korea, Sudan, Pakistan, Myanmar, Indonesia, Gaza, Chile and the Philippines. He serves on the Board of the Asian Disaster Risk Reduction Network (ADRRN) and represents MERCY Malaysia in the ASEAN Agreement on Disaster Management and Emergency (AADMER) Partnership Group (APG). Asia Pacific Conferences on Military Assistance to Disaster Relief Operations (APC- MADRO), Active Learning Network for Accountability and Performance (ALNAP) and Humanitarian Futures Programme (HFP). In the field of civil society, Dr Heng has served as President for the Rotary Club Kota Kinabalu (1998-1999). He was the President of The Sabah Society from 2011 to 2012. Dr Heng graduated with a Bachelor in Medicine; Surgery and Art of Obstetrics from Queen's University Belfast and became a Fellow of the Royal College of Surgeons in 1982. He was recently awarded the PGDK by the Sabah State which carries the title Datuk.

DR. MOHAMED ASHRAFF BIN MOHD ARIFF

Ex Officio

Dr. Mohamed Ashraff Bin Mohd Ariff joined MERCY Malaysia as a medical volunteer, strengthening the organizations Orthopaedic services on several international and local missions. In 2014 during Typhoon Haiyan in the Philippines, Dr. Ashraff served as a medical volunteer in the Ormoc District Hospital, conducting emergency Orthopaedic surgeries to people injured by the Typhoon. He has been a vital medical expert in strengthening several health projects, advocating the need to meet beneficiaries specific needs above all else. In 2014, Dr Ashraff was appointed as MERCY Malaysia Ex Officio member.

Dr. Mohamed Ashraff Bin Mohd Ariff is currently an Orthopedic and Trauma surgeon subspecializing in Arthroplasty based in Universiti Kebangsaan Malaysia Medical Center (UKMMC). He graduated with a degree in Bachelor of Medicine and Bachelor of Surgery (MB ChB) from University of Otago, New Zealand. After graduating he worked in New Zealand gaining valuable surgical experience working in several different surgical disciplines. The 9 years he spent studying and working in New Zealand made him develop a sense of awareness and awakening towards civic responsibility and social welfare, arousing his interest and decision to support humanitarian causes.

Upon returning to Malaysia, Dr Ashraff furthered his training in Orthopaedics first in Hospital Kuala Lumpur for 7 years as an orthopaedic registrar, followed by 4 years as an Orthopaedic post graduate trainee in Universiti Kebangsaan Malaysia. He has currently set his professional roots in the Department of Orthopaedics in Universiti Kebangsaan Malaysia.

ASSOC. PROF. DR. SHALIMAR ABDULLAH

Committee Member

Assoc. Prof. Dr. Shalimar Abdullah joined MERCY Malaysia as a volunteer in 1999 and was co-opted into the Executive Council in 2005. She is the Medical Advisor for MERCY Malaysia, functions as the Team Lead for the Emergency Response Unit (ERU) and is active in the Logistics and VMD departments. Besides local missions in Sabah and Kelantan, she has been involved in international missions to Afghanistan, Cambodia, Pakistan, Indonesia, Japan, Philippines and Nepal.

Currently, she is a specialist orthopaedic and hand surgeon in the Department of Orthopaedics at Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM). She also holds the post of Secretary in the Malaysian Society for Surgery of the Hand (MSSH), and received her Fellowship in Hand Surgery from Kleinert Institute, Louisville, USA in 2010. She earned her Master's degree in Orthopaedic Surgery from Universiti Kebangsaan Malaysia in 2005. She received her Bachelor of Medical Sciences in 1995 and her Bachelor of Medicine and Surgery in 1998 from the University of Nottingham, United Kingdom.

MERCY MALAYSIA EXECUTIVE COUNCIL



From left

Harmandar Singh, Yang Mulia (YM) Raja Riza Shazmin Raja Badrul Shah, Ir. Amran Mahzan, PMP

MERCY MALAYSIA EXECUTIVE COUNCIL

YANG MULIA (YM) RAJA RIZA SHAZMIN RAJA BADRUL SHAH

Honorary Secretary

YM Raja Riza Shazmin Raja Badrul Shah is the Managing Partner of Messrs Raja Riza & Associates, established in 2004. She first joined MERCY Malaysia in 2004 as a volunteer and was elected to her current position back in 2006.

She oversees the organisation's legal and compliance matters in addition to overlooking the Monitoring and Evaluation department, as well as the Communications and Fundraising department in MERCY Malaysia. She has been the Advisor for the MERCY Malaysia's Annual Fundraising Dinner for the past six years and the annual International Humanitarian Run for the past two years.

Raja Riza Shazmin has been involved in local missions to Belum, Perak, Kelantan and Johor as well as international missions to Aceh, Yogyakarta, Nias, Maldives, Philippines and Myanmar. In 2014 she was appointed a trustee of MERCY Malaysia UK (MMUK). She has been invited to give talks/sessions on the topics related to Good Governance in an NGO, namely, The World Communications Forum KL 2015 Edition, which was hosted in Malaysia for the very first time.

She was admitted as an Advocate and Solicitor of the High Court of Malaya in January 2000. She obtained her Diploma in Syariah Legal Practice (DSLPP) from International Islamic University Malaysia in 2002 and earned her Certificate in Legal Practice (CLP) from Brickfields College in 1998. She received her Honours Degree in Law from University of Glamorgan, Wales, and United Kingdom in 1997.

IR. AMRAN MAHZAN, PMP

Honorary Treasurer

Ir. Amran Mahzan was elected the Honorary Treasurer of MERCY Malaysia in 2006. He began his involvement with MERCY Malaysia as a technical volunteer during a mission to Afghanistan in 2002, during which he assisted in repair and upgrading works of a Health Centre in Spin Boldak. During the same mission, he was also part of the assessment team which entered the war-torn region of Kandahar in an effort to expand MERCY Malaysia's work within Afghanistan. Subsequently, Ir. Amran has been part of several missions to Aceh, Pakistan and Sudan as a technical volunteer. Ir. Amran has also actively participated in several fundraising events and awareness campaigns, significantly contributing to MERCY Malaysia within its formative years. In 2006 he was appointed as Honorary Treasurer of MERCY Malaysia and in 2014 he was appointed to the Board of Trustees for MERCY Malaysia UK.

Ir. Amran graduated from the University of Malaya with a Bachelor's degree in Electrical Engineering. He holds a Masters in Business Administration (Construction Business) from the International Islamic University, Malaysia. Furthermore, he is a registered professional with the Board of Engineers, Malaysia and a Member of the Institute of Engineers Malaysia.

MR. HARMANDAR SINGH

Ex Officio

Harmandar Singh, or better known as Ham, has been in marketing and brand communications for almost 30 years. He has created more than 400 commercials and won over 100 local and international creative awards.

In 1980, Ham received his Higher Group Diploma in Marketing from London and in 2007 pursued his Masters in Business Administration with the University of East London.

Since then he has shaped major milestones in the media and marketing industry as the founder and organiser of the Malaysian Media Conference, Malaysian Chief Marketing Officers (CMO) Conference, APPIES Awards, Product of the Year Malaysia and the Creative All-Stars Conference. Ham served as a newspaper columnist for more than 11 years as a highly respected commentator on advertising, media and marketing communications under the pen-name SLEDGEHAMMER to over a million readers every week.

He joined MERCY Malaysia in 2014 as an Executive Council Member and has deployed his communications expertise to help raise funds supporting humanitarian aid, plus underwent media missions in Lebanon and Nepal. His extensive work in the marketing world has won him the Association of Accredited Advertising Agents (4As) Malaysia inaugural Chairman Award for making significant landmark contributions to Malaysia's brand and marketing industry over the past decade.

To this day, website articles and magazines published by him are viewed by over 35,000 readers across the region.

MERCY MALAYSIA EXECUTIVE COUNCIL



From left

Dr. Jitendra Kumar S.n. Tejani, Mr. Sam Tee Kam Bee

Not in the photo

Dr. Hariyati Shahrima Abdul Majid

MERCY MALAYSIA EXECUTIVE COUNCIL

DR. HARIYATI SHAHRIMA ABDUL MAJID

Assistant Honorary Secretary

Dr. Hariyati Shahrifa Abdul Majid is an academician at the Department of Psychology, Kuliyah of Islamic Revealed Knowledge and Human Sciences, International Islamic University Malaysia (IIUM).

In December 2004, she joined MERCY Malaysia as a volunteer, where she was deployed to Sri Lanka after the Indian Ocean Tsunami. She was elected to her current role as the Assistant Honorary Secretary in 2011. She has been deployed to both local and international missions including Kashmir, Jogjakarta, Myanmar, Somalia, and the Philippines with her psychosocial team to help develop the capacity of local communities with related psychological intervention. She currently leads the psychosocial team in Ormoc, Philippines after Typhoon Haiyan and is also providing psychosocial support to those affected by the MH 370, MH17 and Air Asia QZ 8501 incidents. Dr. Hariyati had served different administrative roles in International Islamic University of Malaysia (IIUM) including Head of Department and Deputy Dean. Her latest post is Director of Office of Industrial Links and Community Relations Division. She is a life member of MERCY Malaysia, the American Psychological Association and the Malaysia Diabetes Educators Society. She obtained her PhD in Psychology (Health) in 2001 and MSc in Applied Psychology from the University of Surrey in the UK (1996) and her BSc, in Psychology at the University of Wisconsin Madison in the USA in 1992.

MR. SAM TEE KAM BEE

Committee Member

Tee is the owner of Uncle Button Clown Supplies & has been in the industry for 20 years. He joined MERCY Malaysia in 2004 as a life member and volunteer. His first assignment was in Bam, Iran after the 2003 December earthquake. He partnered with a psychologist by using his skills in entertaining ie: Clowning & ballooning to bring humour as a form of therapy. He was engaged in several missions such as the Indian Ocean Tsunami, Pakistan, Sichuan, Taiwan and the floods in the east coast of Malaysia. Tee is a S.E.A Regional Director for World Clown Association (WCA) as well as the president for Association of Clowns Malaysia (WCA). He is also a member of Clown of America International (COAI) and International Fellowship of Christian Magician. He is frequently invited to lecture, facilitate, and perform in the US, Taiwan, Singapore, India and many other parts of Asia. He shares the vision of volunteerism while using his special skills to partner with mission organisations to engage with the young and old in order to alleviate suffering through the power of joy and laughter. He loves his job and his motto for life is: 'A Happy HEART, Does good like a Medicine'.

DR. JITENDRA KUMAR S. N. TEJANI

Ex Officio

Dr Jitendra Kumar S.N. Tejani is a renowned private General Practitioner in Pulau Pinang, practising for over 20 years. He first volunteered for MERCY Malaysia in 2004 in the Indian Ocean Tsunami response. He has been an Executive Council member for MERCY Malaysia since 2011. Locally, Dr Jitendra has contributed his medical expertise to Borneo, Perak and the recent floods in Kelantan. Internationally, he has been deployed for missions that include Sri Lanka, Indonesia, Pakistan, Turkey, Jordan and Philippines. His passion for volunteerism has also inspired his children who are also registered volunteers in MERCY Malaysia. He earned his Bachelor of Medicine and Surgery (MBBS) at University Malaya in 1979. He is a past Vice President of the Medical Society, a member of the Rotary Club and has been the President of the Rotary Club of Tanjong Bungah for the past 21 years.

MERCY MALAYSIA EXECUTIVE COUNCIL



From left

Assoc. Prof. Dr. Mohammad Iqbal Bin Omar, Dr. Norzila Mohamed Zainudin, Ar. Mohamad Ayof Bin Bajuri

MERCY MALAYSIA EXECUTIVE COUNCIL

AR. MOHAMAD AYOF BIN BAJURI

Committee Member

Ar. Mohamad Ayof Bin started volunteering for MERCY Malaysia in 2003 as a technical volunteer. He has been an indispensable member of the technical team during international missions to Pakistan, Myanmar, Indonesia, Sri Lanka and the Philippines, as well as several missions within Malaysia. Ar Mohamad Ayof has been part of the designing, construction and coordination of building new schools, houses and public utilities for people affected by natural disasters during the various missions. In 2014, Ar Mohamad Ayof was elected to the Executive Council of MERCY Malaysia.

Ar. Mohamad Ayof graduated from Universiti Teknologi Malaysia with a Bachelor of Architecture in 1994. He sits on the Board of Directors of RMA Design Team Sdn. Bhd., is a registered professional with Board of Architect Malaysia (LAM) and runs a successful architecture firm in Kuala Lumpur. Currently, Ar. Mohamad Ayof works as an Architect at RMA Design Team Sdn. Bhd.

DR. NORZILA MOHAMED ZAINUDIN

Ex Officio

Dr. Norzila Mohamed Zainudin is a Senior Consultant Paediatrician and Paediatric Respiratory Physician of the Respiratory Unit and Paediatric Institute of Hospital Kuala Lumpur.

She holds a Master's Degree in Medicine in Paediatrics from Universiti Kebangsaan Malaysia in 1985, and an AM (Malaysia) in 1999. She also went through subspecialty training in Paediatric Respiratory.

In MERCY Malaysia, Dr. Norzila Mohamed is one of the ExOfficio Members and dedicated time and expertise to serve the affected community. She provided medical services for MERCY Malaysia and had participated in medical missions in Syria in 2013 and late 2014.

In Ministry of Health, the respectable Dr. Norzila Mohamed Zainudin is the head of Paediatric Respiratory Service. Aside from that, she is also the member of Paediatric Respiratory Subspecialty Board, a Board Member of Lung Foundation Malaysia since 2013. She is also active as a Committee Member of Hati Nurani and was involved in the construction of School in Hospital Project (Sekolah Dalam Hospital) in Malaysia.

Previously she has voluntarily worked with Mercy Mission 15 on mission to Azad Kashmir from the 24th of December, 2005 until the 6th of January 2006, serving as a medical volunteer.

ASSOC. PROF. DR. MOHAMMAD IQBAL BIN OMAR

Ex Officio

Assoc. Prof. Dr. Mohammad Iqbal bin Omar @Ye Htut joined MERCY Malaysia in 2006 as a medical volunteer for a monthly Health Clinic providing medical care to Rohingya refugees in Klang. Since then he has volunteered for various projects in Pakistan, Myanmar, Indonesia, Japan, Libya, Somalia, Syria, Bosnia, Nepal and Malaysia. His technical skills and project management skills have contributed to the effective and timely implementation of several projects. Furthermore, Assoc. Prof. Dr Iqbal has represented MERCY Malaysia at several regional and international conferences, as both a participant and speaker. Assoc. Prof. Dr Iqbal completed his MBBS in 1985, followed by 3 years in Clinical Research Unit for Cerebral and Complicated Malaria, Department of Medical Research, Yangon, Myanmar. Before joining University Malaysia Perlis, he spent most of his professional career as a Medical Officer in various hospitals and institutes. In 1994, he received his Post Graduate Diploma in Reproductive Medicine from University Putra Malaysia and in 2004 he received a Master's in Medicine from Edith Cowan University, Australia, specialising in Geriatric Medicine. Currently Assoc. Prof. Dr Iqbal holds the position of Director of University Health Center, Universiti Malaysia Perlis (UniMAP).

TREASURER'S REPORT

FINANCIAL STATEMENTS

The Executive Committees of the Association are responsible for the preparation and fair presentation of these financial statements in accordance with Malaysian Financial Reporting Standards, International Financial Reporting Standards and Society Act, 1966 in Malaysia. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate policies; and making accounting estimates that are reasonable in the circumstances.

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

FINANCIAL PERFORMANCE

Our financial performance for year 2015 is comparable to year 2014. The total income received for 2015 was RM22.4 million compared to RM23.1 million received in 2014. Total donation received in 2015 were RM21.7 million and income received from other sources was RM0.58 million. The total donation received slightly decreased to 3.7%. Table 1 indicates the breakdown of total income received and Chart 1 shows the movement from 2013-2015.

There has been an increase of RM0.8 million from RM3.1 million in 2014 on the donations received for unrestricted funds. Restricted funds amounting to RM17.6 million showed a decrease as compared to RM19.5 million in 2014. Restricted funds are donations received for a particular country or project whereby, unrestricted fund shall allow MERCY Malaysia to act fast during emergency phase of a disaster and also to support the operations costs.

Donations from each sector, in terms of the percentage of income is shown in Table 2 and Chart 2

CHARITABLE EXPENDITURE

MERCY Malaysia has spent RM19.3 million on Charitable Expenditure in 2015 and is shown in Table 3. By end of 2015, MERCY Malaysia has conducted more than 50 programs, projects and activities both local and overseas.

As our main focus, the medical relief and sustainable health-related development projects and programs remain a priority. This was translated to a spending of 39% of the total charitable expenditure or equivalent to RM7.6 million spent on Medical and Health Related projects and programs. The illustration of the breakdown of Charitable Expenditure for year 2015 is shown in Table 3 and Chart 3.

OPERATIONAL EXPENDITURE

MERCY Malaysia's operating expenditure has registered a slight increase from RM3.2 million in 2014 to RM3.4 million in 2015 which also includes the fund raising expenditure of approximately 4% of the total donations received. Other main operating expenditure was contributed by the employment cost, in line with the support required to undertake the various projects, programs and activities, both local and overseas.

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



AR MOHAMAD AYOF BIN BAJURI
Honorary Treasurer

FINANCIAL REVIEW

FINANCIAL PERFORMANCE

TABLE 1 : DONATION AND OTHER INCOME 2015

	2014 (RM)	2015 (RM)
DONATION		
Unrestricted Fund	3,128,575	3,970,742
Restricted Fund	19,486,417	17,596,429
Annual Fundraising Dinner	8,133	223,804
Total Donation	22,623,125	21,790,975
Other Income		
Membership Fee	2,060	2,770
Other Income	473,102	579,461
Total Other Income	475,162	582,231
TOTAL DONATION AND OTHER INCOME	23,098,287	22,373,206

TABLE 2 : SOURCES OF DONATION BY SECTOR 2015

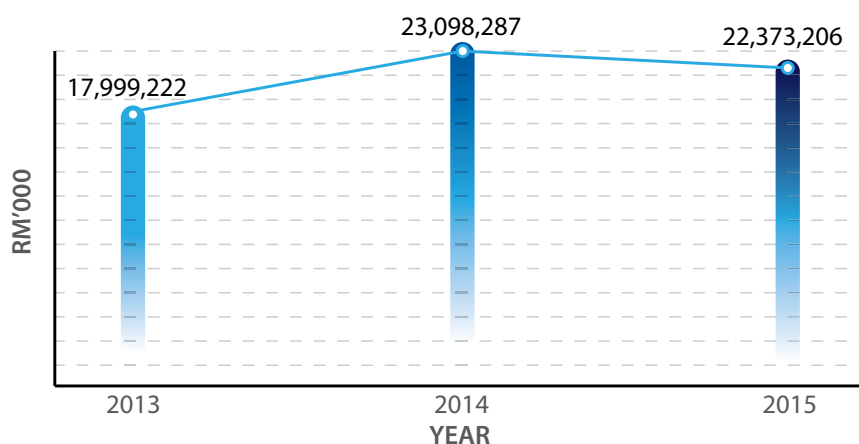
Sector	2015 (RM)	Percentage (%)
Private sector	12,980,201	60
Public	3,507,129	16
Other NGOs	2,626,550	12
International Organisations	2,275,976	10
Malaysia Government	401,120	2
TOTAL SOURCES OF DONATION BY SECTOR	21,790,975	100

CHARITABLE EXPENDITURE

TABLE 3 : TOTAL CHARITABLE EXPENDITURE 2015 - How We Spent

Cluster/Services	Amount (RM)	Percentage (%)
Medical & Health Related	7,586,790	39
Water, Sanitation & Hygiene (WASH)	3,102,131	16
Food Relief	1,013,472	5
Shelter	4,190,749	22
Disaster Preparedness	3,396,973	18
TOTAL CHARITABLE EXPENDITURE	19,290,115	100

CHART 1 : TOTAL INCOME RECEIVED 2015



FINANCIAL REVIEW

FINANCIAL PERFORMANCE

CHART 2 : DONATION RECEIVED BY SECTOR 2015

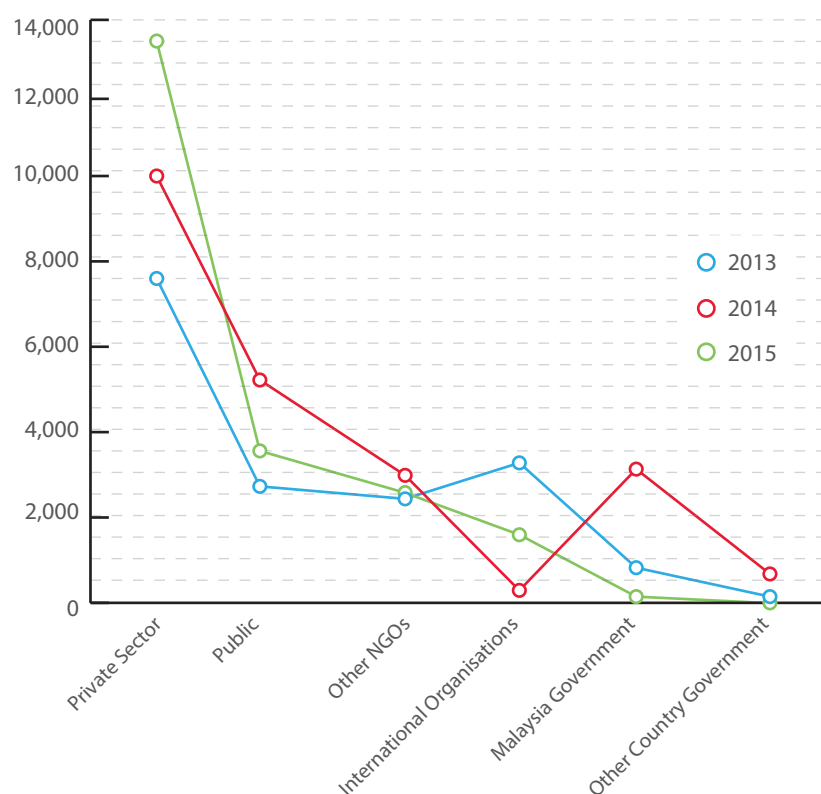
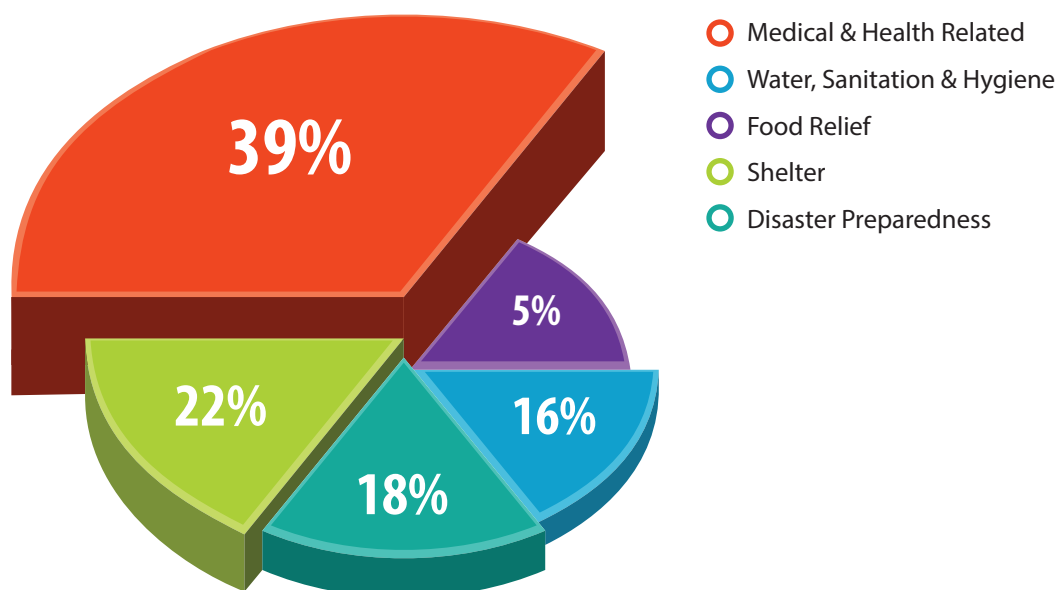
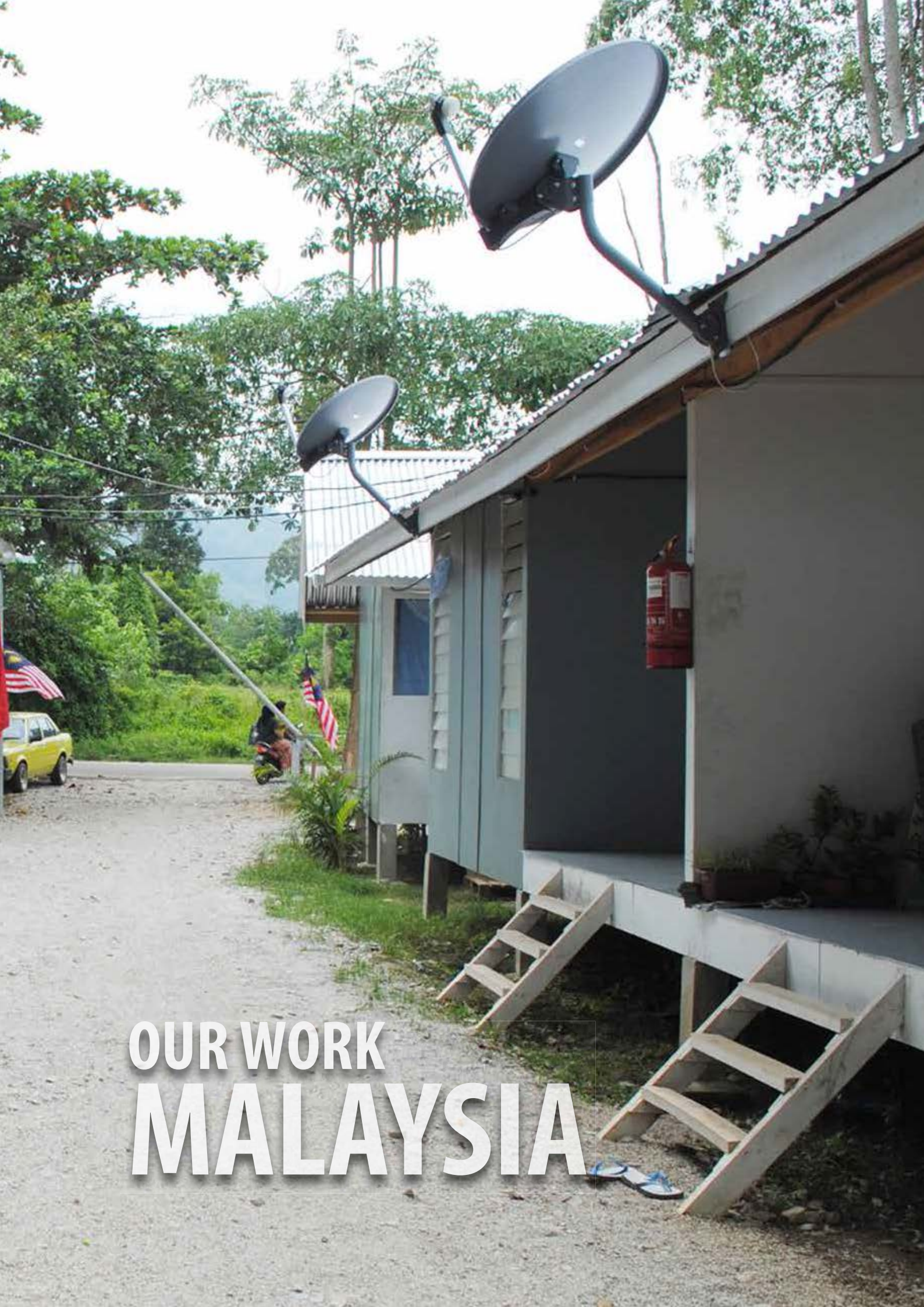


CHART 3 : CHARITABLE EXPENDITURE BY CLUSTER/SERVICES 2015





OUR WORK
MALAYSIA

The monsoon period of end 2014 and early 2015 was unusually severe and much more extensive than prior monsoons. Nature's fury was unleashed, over several weeks, on a broad swathe of the north east corner of Peninsular Malaysia. The intensity and scale of the flood caught many by surprise. Over a quarter million people in low lying communities were displaced and in urgent need of shelter, food and water, and medical care. Many communities were isolated by flood waters, which added to the logistical difficulties in providing timely aid to them. Emergency response planning and resources available then, unfortunately, fell short of the overwhelming and pressing needs of the evacuees.

KELANTAN

Relief work witnessed the galvanized efforts of government and non-government agencies and volunteers who generously gave of their time, effort and money to alleviate the misery of the displaced. The disaster, however cruel it was on the affected communities, did serve up the generosity of the Malaysian public in inundating relief collection centres nationwide with food items, clothing, tents, and other appropriate items.

Although MERCY Malaysia was heavily involved in the Emergency Response effort at the time, with over 400 personnel, assets and aid deployed, it became clear that it had a broader role to play to better mitigate the effects, and provide more sustainable relief. Mercy Malaysia then developed and initiated the Recovery Phase Programme which includes:-

- The Design and Construction of Temporary Shelters
- Shelter Repair Programmes for partially damaged homes
- Resilient Hospital & Asset preparations
- Community-Based Disaster Risk Reduction activities
- The Construction of Tube Wells and Latrines (Part of the Water, Sanitation & Hygiene-WASH Programmes)
- Rehabilitation of Community Buildings



Construction of the very first Temporary Shelter in Kelantan at Kg Tualang

DESIGN AND CONSTRUCTION OF TEMPORARY SHELTERS

The large scale disaster, especially in Kelantan, directly affected over 150,000 people in 9 out of 11 Districts. The disaster, however severe it was on the affected communities, did serve to underscore the generosity of the Malaysian public in inundating relief collection centres nationwide with food items, clothing, tents, and other appropriate items.

The widespread destruction of property however meant that many displaced people could no longer return to their homes. In the aftermath, many did not have the means or money to reconstruct their housing. Many had built structures on private land which meant that they had to find other available land to rebuild their lives. Many therefore, moved from the evacuation centres into tents while awaiting their temporary shelters.

MERCY Malaysia's consideration then was to try to return the evacuees to their communities and restore their sense of

normalcy as quickly as possible. MERCY Malaysia began to look for suitable available land. The generosity of local folk shone through when some allowed for temporary houses to be built on their land for free. A design exercise for temporary shelters was then designed by MERCY Malaysia's own tech team. The shelters needed to be low cost, quick to construct, have adequate and suit the cultural needs of the community. MERCY Malaysia then negotiated with skilled workers (tukangs) and suppliers to build the temporary shelters and supervise the same to completion and handover. Other temporary shelters were built on the beneficiary's original land.

The pictures below depict the design and delivery of homes to some of the displaced.

THE RECOVERY PROGRAMME

Tarpaulin tent on the left is where affected families lived before moving into Temporary Shelter (in construction) on the right





The completion of the first Temporary Shelter for En Abu Bakar



With the assistance of Yayasan Sime Darby, Hong Leong Foundation, Tan Sri Muhyiddin, University Sains Malaysia (USM), MERCY Malaysia was able to deliver 187 temporary shelters to families in Kuala Krai who were in need by the 10th of Sept, 2015.

No.	Funder	Description
1.	Yayasan Sime Darby	Total Temporary Shelter: 87 units Total Latrines: 57 units
2.	Hong Leong Foundation	Total Temporary Shelter: 34 units Total Latrines: 18 units
3.	MERCY Malaysia	Total Temporary Shelter: 32 units Additional infrastructure and furniture
4.	Tan Sri Muhyiddin Yassin	Total Temporary Shelter : 31 units
5.	Universiti Sains Malaysia, Kelantan	Total Temporary Shelter: 3 units

SHELTER REPAIR PROGRAMME FOR PARTIALLY DAMAGED HOMES

For houses that were damaged but still structurally safe, MERCY Malaysia initially provided materials to the house owners. However, it was found that many did not have the skills or could not afford to hire contractors. MERCY Malaysia then had to engage with local *tukangs* to carry out the repairs. This involved assessing the damage, negotiating with them and then overseeing the repair job to completion. Local skilled *tukangs* were hired to not only empower the local economy but also to ensure that the quality of the work was up to par and to provide guidance if needed. When repairs were completed, officer would then go on site to do a second round of quality control and to ensure that the homeowner was satisfied with the work done. A total of 94 homes were repaired in 2015 in the district of Kuala Krai over a period of 7 months (March to October). This project was then halted during the monsoon season and was continued in 2016.

THE CONSTRUCTION OF TUBE WELLS AND LATRINES

The provision of clean water is always a high priority for affected communities. In this regard MERCY Malaysia assigned engineers to the site to determine the viability of repairing flood damaged equipment or drilling and constructing of new tube wells or gravity feed systems to serve the communities. The quality of the water source was always the priority and had to be pretested for safety before handover.

Locations that benefitted included the villages of Kg Bekok and Kg Tualang in Kuala Krai as well as Kg Cabang Subong, Kg Sri Galas, Kg Lambok and Kg Lambok Baru in Gua Musang. Water Systems were also installed in partnership with the state health water unit (BAKAS) for rural health clinics in Gua Musang.

Of note, Health Clinics that received tube wells included Klinik Kesihatan Jeram Tekoh, Klinik Kesihatan Bertam, Klinik Desa Perasu, Klinik Desa Star and Klinik Kesihatan Jerek .

Latrines were also constructed for the recipients of the temporary shelters, especially those without any working latrine. A communal facility as also built for those staying at *Perkampungan MERCY Tualang (PMT)*.

We would like to record our thanks to Pantai Parkway, IOM, Air Asia and Yayasan Sime Darby who contributed to this project. A total of 12 water systems (9 tube wells and 3 gravity feed systems) were constructed. The water systems are estimated to service more than a thousand beneficiaries.



KUALA LUMPUR



Disaster Risk Reduction

PROJECT

Training on Managing Crisis and Stressful Events through Psychosocial Support for Pilots, Cabin Crew and Staff of AirAsia

OBJECTIVE

- To increase internal organizational capacity when dealing with stressful events
- To mitigate adverse effects during crises and emergencies
- To improve psychosocial support knowledge within Air Asia staff in identifying the symptoms of stress

PROJECT PARTNERS

AirAsia

ACTIVITIES

A three-day workshop with the following modules:

Day 1:

- Recognizing stress following a crisis
- Early identification of signs and symptoms of stress-related disorders

Day 2:

- Effective communication and listening skills
- Psychological First-Aid
- Anxiety reduction techniques
- Debriefing and defusing techniques

Day 3:

- Coping skills
- Stress management skills
- Self-Care for providers

LOCATION

AirAsia Centre of Excellence (AACE)
Redhouse, Manila
Redhouse, Jakarta

PERIOD

Manilla: 25th to 27th August 2015
Jakarta: 18th to 20th August 2015
Malaysia: 28th to 30th July 2015

ACCOMPLISHMENTS

Trained the selected 51 AirAsia staff on the knowledge of psychosocial intervention during emergencies, crises and stressful events

BACKGROUND

The cost of air disasters and aviation crises goes beyond monetary and operational impact. There is also a hidden cost to those who are involved directly with flight operations, notably cabin crew and ground operators, in terms of emotional toll and stress-related disorders. Furthermore, seminal researches from the Journal of Loss and Trauma as well as the Journal of Nervous and Mental Disease show that even those crew members who are not directly involved with an air disaster are psychologically impacted through the loss of co-workers. Some are reported to develop fear, anxiety and stress at the workplace.

This emerging issue calls for structured interventions to the psychosocial and emotional preparedness of airline staff who are working in an industry fraught with risk. AirAsia as the regional's leading low-cost carrier with over 8,000 staff and serving over 20 million passengers per year, acknowledges the issue and considers that psychosocial support is paramount in delivering safe and satisfactory airline service.

MERCY MALAYSIA EFFORTS

MERCY Malaysia conducted three comprehensive training on managing crisis and stressful events through Psychosocial Support for selected AirAsia staff. 51 AirAsia pilots, cabin crews and staff attended the 3 day training focusing on psychosocial support knowledge. The trainers, who are MERCY staff/psychosocial experts delivered the training through a series of case studies, simulations and examinations to equip help AirAsia staff with managing crises, anticipate physiological consequences and respond to stressful events appropriately.

KUALA LUMPUR

BACKGROUND

There are over a hundred thousand refugees currently in Malaysia, having fled their homes in search of temporary placement or permanent refuge from conflicts and instability in various regions around the world. Refugees in Malaysia, however, are not given administrative or legislative rights; instead, UNHCR has taken the lead in receiving, registering, and determining the status of refugees in Malaysia.

In response to the challenges faced by refugee communities, MERCY Malaysia has been collaborating with UNHCR (since 2007) to implement public health programmes in these communities. One such programme involves the provision of free vaccination services to refugees in the Klang Valley. Target beneficiaries of this programme are refugee children, under 18 years of age, who have not received BCG and MMR vaccines.

MERCY MALAYSIA EFFORTS

Over a period of four months in 2015, MERCY Malaysia sent a team of staff and volunteers to the Sahabat Support Centre (SSC) in Ampang, to conduct vaccination clinics for refugee children. Sahabat Support Centre (SSC) in Ampang provides services to urban refugees from small minority communities from Afghanistan, Iran, Iraq, Palestine, Syria, Pakistan, with a smaller number coming from other countries such as Somalia, Yemen, Sudan or Nigeria. The team were assisted by community health workers, who helped translate and disseminate information to parents and children who were present.

In May 2015, 42 children were vaccinated at the first vaccination clinic, and in August 2015, 28 children received vaccinations. Through efforts like these vaccination clinics, MERCY Malaysia hopes to help promote and protect the health of refugees in Malaysia.

Health - Related Development



PROJECT

Vaccination Outreach Clinic for Refugees

OBJECTIVE

To provide MMR and BCG vaccination for refugees and children aged below 18 years old

PROJECT PARTNERS

Malaysian Social Research Institute (MSRI)

ACTIVITIES

- Translation and dissemination of information to parents and children by Community Health Workers
- Provided a total of 70 BCG and MMR vaccinations, over two sessions

LOCATION

Sahabat Support Centre, MSRI, Ampang

PERIOD

May to August 2015

ACCOMPLISHMENTS

- 42 children vaccinated at the first session
- 28 children vaccinated at the second session

PERAK



Health - Related Development

PROJECT

Health Campaign Program for Orang Asli, Pos Yum, Sg. Siput

OBJECTIVE

- To complement current services provided by Pejabat Kesihatan Daerah Kuala Kangsar for the Orang Asli community in Pos Yum in terms of dental health services.
- To promote awareness of general health issues and oral hygiene in the communities.

PROJECT PARTNERS

- Pfizer (M) Berhad
- Jabatan Kemajuan Orang Asli (JAKOA), Perak
- Pejabat Kesihatan Daerah Sg. Siput, Perak

ACTIVITIES

- Medical Outreach Clinic
- Dental Outreach Clinic
- Health & hygiene awareness talks
- Head de-licing

LOCATION

Pos Yum & Kg. Beswok, Sg. Siput, Perak

PERIOD

March – November 2015

ACCOMPLISHMENTS

An estimate of 350 beneficiaries received free health screenings, dental checkups, and health & hygiene education.

350

**BENEFICIARIES RECEIVED
FREE HEALTH SCREENINGS,
DENTAL CHECKUPS,
AND HEALTH & HYGIENE
EDUCATION**

BACKGROUND

MERCY Malaysia has the experience in reaching out to Orang Asli as past programmes involved the complementary provision of dental, medical, and health promotion programmes for the Temiar population in Perak.

Infrastructure development and resettlement have improved accessibility to basic amenities hence contributing to the conversion of interior to fringe villages. From 2000 to 2004, there has been an increase in the number of Orang Asli villages from 840 to 869 while the number of the interior villages was reduced from 383 to 323.

In 2007, the poverty rate among Orang Asli was 50.09% (income below RM 660) and hardcore poor rate (income below RM 420) was 32.34% as compared to 7.1% and 1.4% respectively for general population (Department of Statistics, Malaysia, 2007). The Hospital Orang Asli in Gombak, Kuala Lumpur was established in early 1960s with the main objective of providing dedicated health care services for the Orang Asli in Peninsular Malaysia. Services offered are in-patient & out-patient, oral health, maternal & child health, and prevention & infectious disease control.

MERCY MALAYSIA EFFORTS

According to the Mobile Team from PKD (Pusat Kesihatan Daerah) Kuala Kangsar that goes in monthly to Pos Yum, the main health problem of Orang Asli in Pos Yum is URTI, Skin Disease and diarrhoea and head lice. There are cases of hypertension and diabetes and is being managed by the mobile team. There is no case reported of malnutrition recorded in Pos Yum.

Dental services, on the other hand, are currently provided by the dental mobile team from Pejabat Pergigian Kuala Kangsar. However, the clinics are held once or twice a year and only targeted to the school-going children.

Partnering with Pfizer (M) Berhad, MERCY Malaysia started its outreach program at Pos Yum from March to November 2015. This outreach program targeted 3 main health areas, namely Primary Health Care, Dental Health, and Health & Hygiene Education. Each mission is conducted in two (2) different locations, Pos Yum and Kg. Beswok to ensure a wide coverage of the population.



Healthy nutrition talk by Pfizer.



Head de-licing activity.



Team members group photo.

SELANGOR

BACKGROUND

Natural and man-made disasters have caused devastation, starvation, death and diseases throughout history. The threat of looming natural disasters is expected to affect more countries in the years to come as the world becomes more urban. Malaysia is not spared. From natural disasters such as floods, earthquakes and volcanic eruptions, to man-made hazards such as armed-conflicts, millions of children are facing an unprecedented emotional strain as they deal with adverse consequences to their cognitive, social and physical development.

Being one of the most vulnerable groups, children may show many psychological symptoms especially if they are forced to grow up in conflicts or disaster-affected areas. The symptoms include withdrawal, anxiety, fear, denial, anger, sadness, restlessness and regression. The affected children will experience insomnia, trauma, nightmares and other lasting impact such as bed-wetting. Therefore, it is important that social workers are equipped with psychosocial knowledge to address these impacts through proper identification of the symptoms while working with caregivers in order to impart appropriate intervention to increase the well-being of these children. One of the well-known best practices is a well-designed and participatory Child-Friendly Space (CFS), a concept that are widely adopted by humanitarian agencies such as Save the Children and UNICEF.

MERCY MALAYSIA EFFORTS

MERCY Malaysia responded to the lack of CFS providers in Malaysia by organizing a training of the trainers program for social workers in Malaysia. These social workers are the important front-liners who will care for well-being of the children when disasters strike.

The disaster response training emphasized on developing highly inclusive and non-discriminatory CFS, the participants went through experiential learning which built the necessary psychosocial skills which are needed in working with those affected by disasters and other forms of trauma. At the end of the 3-day workshop, the participants had been equipped with CFS knowledge and specific skills which are compliant with World Health Organization's standards. The training had improved the local capacity of Malaysian social workers in providing safe environment and psychosocial support especially for traumatized children.

Disaster Risk Reduction



PROJECT

Disaster Response Training for Social Workers

OBJECTIVE

- To increase the knowledge of local social workers in psychosocial intervention during disasters and traumatic events
- To improve psychosocial support knowledge in identifying the symptoms of stress following stressful events and disasters

PROJECT PARTNERS

Malaysian Association of Social Workers (MASW)

ACTIVITIES

A three-day workshop with the following modules:

Day 1:

- Ice-Breaker
- Impact of Disaster : Recognizing Signs and Symptoms
- Psychological First-Aid
- Personal Preparedness for Disaster Work

Day 2:

- Setting up a Child-Friendly Space
- Specific Skills to Work with Children & Adolescents

Day 3:

- Specific Skills to Work with Adults
- Final Role-Play
- Debriefing
- Question and Answers

LOCATION

Crystal Crown Hotel, Petaling Jaya

PERIOD

2nd October 2015 to 4th October 2015

ACCOMPLISHMENTS

Trained 30 participants on the capacity to deal with stressful events and to mitigate adverse effects during crises and disasters

SABAH



Crisis Response

PROJECT

Sabah Earthquake Recovery Programme

OBJECTIVE

- Installation of a water system in Kg Mesilau, Ranau
- Installation of a water system in Kg Kiau Bersatu, Kota Belud
- Installation of a water system in Kg Kiau Nuluh, Kota Belud

MERCY Malaysia Sabah Chapter also assisted with the construction of temporary shelters and distribution of shelter repair kits for beneficiaries in Kg. Tomis Jaya & Kg. Tiong Rantau.

Construction of 11 safe temporary shelters at Kg Tomis Jaya, Tuaran	5 out of 11 houses have started construction of the temporary shelter. Out of 5, one shelter is completed.
Distribution of 12 shelter repair kit at Kg Tomis Jaya, Tuaran	12 beneficiaries have collected the kit and completed the repair works
Distribution of 14 shelter repair kit at Kg Tiong Rantau, Tuaran	14 beneficiaries have collected the shelter repair kit.

Mount Kinabalu is a natural lure for adventure seekers from all parts of the world. But in June 2015 the mountain, quite suddenly and dramatically, thundered into life. The earthquake claimed the lives of several mountain climbers and badly damaged houses near the epicenter which was near the town of Ranau.

MERCY Malaysia sent in an assessment team to assist in the post quake recovery phase that included Relief, Psychosocial and Disaster Risk Reduction activities. From the assessment into more remote villages it was revealed that Kg. Tiong Rantau and Kg. Tomis Jaya and Kg. Tiong Rantau required urgent relief assistance. MERCY Malaysia sent in teams over (days) to deliver aid as well as emergency preparedness programmes. The preparedness program was delivered given that the terrain is, for now, considered geologically unstable.

As if to add to the complications of the earthquake relief effort, continuous rain in July caused extensive mudslides in Kg Melangkap, Kota Belud and Kg Mesilau, Ranau. An evacuation centre was opened for one day in Kem Bina Negara Kundasang for Kg Mesilau's villagers. This supplemented the evacuation centre efforts in Ranau which was well manned by the Jabatan Kebajikan Masyarakat

From the twin earthquake and mudslide occurrences MERCY Malaysia focused on providing access to safe water drinking, increase the capacities of the public centres. As in December 2015, MERCY Malaysia Sabah Chapter successfully completed the installation of water systems in Kg. Kiau Bersatu, Kg. Kiau Nuluh & Kg. Mesilau.

1) Installation of a water system in Kg Mesilau, Ranau

Installation of 3km piping system

All houses received water piping system installation. Water piping system not only installed to houses but also schools, community hall and some homestays in the village.

For maintenance of the water piping system, there are maintenance people appointed to look after the water piping system. Also, all houses and homestays which using the water will pay RM5 per month for maintenance purposes.

2) Installation of a water system in Kg Kiau Bersatu, Kota Belud

Installation of 400 meter piping system and 2 water tanks

Out of 34 houses in the village, we installed water piping system to 28 houses only (approximately for 160 people) as this houses were affected by the earthquake.

Water not only supplied to houses but also to community church and community hall in the village.

For maintenance of the water piping system, the villagers doing maintenance by monthly rotation gotong-royong and when needed. Also, all houses will pay RM2 per month for maintenance purposes.

3) Installation of a water system in Kg Kiau Nuluh, Kota Belud

Installation of 2km piping system and 1 water tank

This water piping system was installed at 25 houses (approximately for 150 people) which are located at a lower elevation of the village.

The villagers planning to start doing collection from each house for the maintenance of the water piping system in the future.

SABAH

There are hundreds of villages in the interior of Sabah that do not have easy access to medical facilities. MERCY Malaysia Sabah Chapter has, over the years, identified several such communities that need to be served on an outreach basis. In 2015, MERCY Malaysia Sabah Chapter has conducted 6 outreach clinics at 6 selected locations. These include Balambangan Island in Kudat, Kg. Abingkoi, in Tenom, Kg. Inarad in Kinabatangan, Kg. Sonsogon Magandai near Kota Marudu, and isolated families in the Crocker Range.

Location	Period	Date
Medical & Nature Expedition – Crocker Range National Park	5 days	10th – 14th February
Balambangan Island, Kudat	3 days	20th-22nd March
Salt Trail: Trek & Treat, Crocker Range – Penampang & Tambunan	5 days	21st – 25th April
Kg. Sonsogon Magandai, Kota Marudu	3 days	10th – 12th July
Kg. Abingkoi, Tenom	3 days	17th-20th September
Kg. Inarad, Kinabatangan	3 days	20th- 22nd November

The nearest hospital is about 20km-50km away from the villages. It is costly for the villagers to travel to the hospital because the cost is around RM50.00-RM200.00 for return trip. Some villages are visited by flying doctor service but their schedule is uncertain as the visit depends on the weather conditions. For emergency cases, villagers have to look for various possible efforts to send patients to hospital. Access is by 4 wheel drive or by foot.

MERCY Malaysia Sabah Chapter provides medical screening and treatment, dental screening and treatment, dispensing of reading glasses, distribution of hygiene kits, perform pap smear tests, and conducts health talks.

The following table shows the total number of patients treated in the Sabah region at 1,380 in the year 2015.

Village	Number of Patients	Village	Number of Patients
Balambangan Island, Kudat	Total number of patients 221 Adult male – 50 Adult female – 79 Children male – 39 Children female – 53	Kg. Sonsogon Magandai, Kota Marudu	Total number of patients 163 Adult male – 15 Adult female – 33 Children male – 49 Children female – 66
Kg. Abingkoi, Tenom	Total number of patients 158 Adult male – 38 Adult female – 51 Children male – 35 Children female – 33	Medical & Nature Expedition – Crocker Range National Park	Total number of patients 90 Adult male – 37 Adult female – 27 Children male – 16 Children female – 10
Kg. Inarad, Kinabatangan	Total number of patients 357 Adult male – 82 Adult female – 111 Children male – 74 Children female – 90	Salt Trail: Trek & Treat, Crocker Range – Penampang & Tambunan	Total number of patients 496 Adult male – 112 Adult female – 165 Children male – 117 Children female – 102

We wish to record our gratitude to UMW Group who donated generously materials and funds for these Programmes.



Medical & Nature Expedition.

Health - Related Development



PROJECT

Sabah Outreach Clinics

SARAWAK



Crisis Response

PROJECT

Sarawak Flood Response

Sarawak too suffered from the effects of the monsoon in February 2015 which inundated low lying areas of eastern Miri Division. Worst affected were Long Bemang, Long Buang, Long Atip, Long Watt, Long Panai, Long Ukok and Long Pahlo in Ulu Baram.

Most of these communities were located near rain swollen rivers like Apoh, Tutoh and Baram. In Ulu Baram alone some 500 hundred families were displaced out of the thousand families that required assistance in the aftermath.

Aid was delivered to 481 doors of beneficiaries in Ulu Baram, one of the badly affected areas in Miri Division. Villagers who had received the hygiene kits and food items were the Kayan communities in Long Bemang 250 doors, Long Atip 120 doors, Kenyah communities in Long Wat 80 doors and 31 doors of Penan communities in Long Buang who are living along the Apoh river.

Besides, beneficiaries who live along the Tutoh river were also given hygiene kits and food items. Villages affected by the flood were Long Panai 120 doors, Long Pahlo 50 doors and Long Ukok 30 doors.

MERCY Malaysia spent 6 days with partner agencies to provide relief for the beneficiaries affected during the flood.



Distribution of food items.



Loading & transport of cleaning kits

SARAWAK

The floods in Sarawak took a toll on two clinics in Marudi namely Klinik Kesihatan Long Panai, and Klinik Kesihatan Long Bemang.

To restore functionality to the clinics that serve over a thousand villagers, MERCY Malaysia together with Air Asia Foundation surveyed the damage and decided to carry out vital remedial works. These included replacement of two electrical power generators, reconstruction of waiting areas complete with benches, a new Gazebo, a floating pontoon jetty complete with movable ramp and hand railings, as well as concrete walkways with lighting leading to the jetty.

There are about 3,214 beneficiaries received the services from these two government local clinics and will get benefit from this clinics facilities reconstruction project.

Klinik Kesihatan	Beneficiaries
Long Panai, Apoh	<ol style="list-style-type: none"> 1. Long Panai Village (120 families) 2. Long Pahlo Village (50 families) 3. Long Ukok Village (30 families) 4. Student from SMK Long Panai & SK Long Panai 5. Logging workers (Lumberjack)
Long Bemang, Tutoh	<ol style="list-style-type: none"> 1. Long Bemang Village (250 families) 2. Long Atip Village (120 families) 3. Long Watt Village (80 families) 4. Long Buang Village (31 families) 5. Student from SK Long Bemang & SK Long Atip 6. Logging workers (Lumberjack)

The extensive reconstruction took 6 months to complete with a budget allocation of RM 177,400.00



Health - Related Development



PROJECT

Sarawak Clinic Reconstruction

SARAWAK



Health - Related Development

PROJECT

Outreach Clinics

There are hundreds of rural villages and communities scattered in the remote interior of Sarawak. Their remoteness and poor accessibility prevent many from obtaining professional medical care. In 2015, MERCY Malaysia Sarawak Chapter has taken upon itself to conduct outreach clinic in selected communities in Sarawak.

Clinics were conducted in Nanga Ngungun, Kanowit, Long Pilah, Ulu Baram and Bario.

Location	Period	Date
Nanga Ngungun, Kanowit	3 days	11th April to 14th April 2015
Bario	5 days	27th July to 31st July 2015
Long Pilah, Ulu Baram	2 days	18th Sept to 20th Sept 2015

Outreach clinic was conducted for the benefits of communities in Sarawak. The aim is to increase access of communities in Sarawak on primary health care by providing primary health care for the selected communities as some of the areas still do not have proper health centre. Transportation problem due to bad road condition making it harder to access to these health centres. These conditions raise the cost of transportation to access for health care. Lower economic status of the communities means they cannot afford to use the transportation to get a proper health care.

The activities during the clinic included medical and dental screening and treatment, conducting pap smears and other screening procedure, dispensing reading glasses and distribution of hygiene kits. Health talks were also conducted on hygiene and preventive habits as part of the education process.

In the process, several hundred individuals directly received medical or dental treatment and several hundred others benefitted from the distribution of reading glasses and hygiene kits.

Location	Number of Patients	Location	Number of Patients
Nanga Ngungun, Kanowit	9 longhouses with 416 doors with total population of 3,600 or more beneficiaries gain benefit from the outreach clinic conducted. Adult Male – 145 Adult Female – 313 Children Male – 87 Children Female – 84	Long Pilah, Ulu Baram	- 274 pairs reading glasses distributed - 125 patients for dental check up Adult male – 131 Adult female – 153 Children male – 14 Children female - 18
Long Pilah, Ulu Baram	- Total 360 patients. - 60 women examined for pap smear - 210 checked up for cholesterol - 199 checked up for glucose level	Bario	*Only dental service was done in Bario Adult male – 8 Adult female – 15 Child male – 144 Child female - 105

We would like to acknowledge the contribution of UMW for providing the fund and crucial logistical help, the Sarawak Family Planning Unit, UNIMAS and Local government hospitals and clinic for the teamwork.



Outreach Clinic, Long Pilah.



Outreach Clinic, Bario.

SARAWAK

In June 2015 fire destroyed Rumah Maruan, Nanga Tada, near Kanowit in Sarawak. Thankfully there was no loss of life, but some 240 individuals lost their homes and whatever possessions they had.

MERCY Malaysia Sarawak Chapter together with few volunteers were in attendance for 2 days at site to distribute 36 pax food items and 240 hygiene kits which included bath soap, tooth brushes, toothpaste, shampoo, laundry bars, towels and sarongs. The moral support for the devastated families was much appreciated by the beneficiaries.

Another fire happened at Rumah Guyu, Nanga Ukum, Batang Ai on 21st August 2015 which has devastated 180 people with the loss of their homes. Fortunately, no injuries or casualties reported. The fire has been razed the longhouse with total of 32 doors with nothing the villagers can grab during that short period of time.

Aid was delivered by MERCY Malaysia Sarawak Chapter on 12th September 2015. The team of 3 volunteers and 1 MERCY Malaysia Programme Officer were deployed for the distribution. 180 people from 32 families received 32 pax of food items which consist of rice, sugar, coffee, sardines, cooking oil and seasoning together with 180 pax hygiene kits for the beneficiaries.



Distribution of food items and hygiene kits to affected families



Crisis Response



PROJECT

Sarawak Fire Relief





OUR WORK
INTERNATIONAL

AFGHANISTAN



Disaster Risk Reduction

PROJECT

Mercy's Little Caliph

OBJECTIVE

- To provide children aged between 5 and 10 with preschool education
- To ensure all children enrolled receive immunization

PROJECT PARTNERS

Department of Education

ACTIVITIES

Teach basic Pashtu, English, Dari and Islamic studies for 6 days a week.

LOCATION

MERCY Malaysia Comprehensive Health Centre, Kandahar, Afghanistan

PERIOD

January to December 2015

ACCOMPLISHMENTS

- 34 boys & girls completed their early education
- All students received full vaccinations

34
BOYS & GIRLS
COMPLETED THEIR
EARLY
EDUCATION

BACKGROUND

MERCY Little Caliph provides pre-school education for children aged between 5 and 10 years old. Located in MERCY Malaysia's Comprehensive Health Clinic building, the school caters to 30 to 60 children annually, providing them with basic language skills, mathematics and Islamic studies. The syllabus has been approved by the Department of Education. The programme also provides these children with vaccinations and daily meal supplements. The programme has been ongoing since October 2004.

MERCY MALAYSIA EFFORTS

In total, 350 children have graduated from MERCY Little Caliph since 2005. In 2015, an additional 34 students completed their early education under the Programme.



Students during classes.

AFGHANISTAN

BACKGROUND

Afghanistan has been ravaged by war and unrest since the 1970s, which has caused its health system (and virtually all other areas) to be one of the least developed in the world. Health epidemics are a frequent concern, with over 12 million of the population estimated to be at risk to diseases such as measles, meningitis, malaria, etc. made worse by the fact that a large number of the population also cannot afford healthcare (not just in term of payment for health services or medication but also for transport to health facilities). HIV & AIDs is also on the rise due to an increasing number of drug users. Afghanistan is estimated to be the world's largest producer and exporter of opium, despite governmental efforts to eradicate the plant.

Health facilities are greatly needed around the country as more are closing due to increased violence towards humanitarian and health workers as well as a lack of funding. Today, The Comprehensive Health Centre is the only free health provider in District 3 of Kandahar City.

MERCY MALAYSIA EFFORTS

In 2015, 52,385 benefited from MERCY Malaysia's health services. MERCY Malaysia, through the CHC, has been providing services such as primary health care, maternal child health, expanded program on immunization, nutrition as well as laboratory services. Throughout MERCY Malaysia's operation, there has been improvement in overall understanding and acceptance to health services.

MERCY Malaysia also puts a focus in the nutrition status of children that visits the CHC to ensure improvement in overall health well being. All children under 5 that visited the CHC went through a nutritional screening and those with severe malnutrition were given ready to use food (RTUF) to improve their nutritional status.



Health awareness programme.



Hospital operations.



Waiting area.

Health - Related Development



PROJECT

Comprehensive Health Centre

OBJECTIVE

To increase the accessibility of Primary Health Care for the population of District 3, Kandahar, Afghanistan.

PROJECT PARTNERS

Afghanistan Ministry of Public Health

ACTIVITIES

- Mother and new borne child health (ANC, PNC visits and Birth Delivery family planning & TT tetanus toxide for CBA child birth age women)
- Child health and Immunization (providing of immunization and IMCI integrated management of child illnesses)
- Public Nutrition (Diagnosis and treatment of MAM moderate acute malnutrition and SAM severe acute malnutrition)
- Communicable Disease TB, Malaria, Pneumonia treatment and control.
- Provision of Disability providing of OPV overall polio vaccine & IPV injection polio vaccine
- Conducted 108 Mobile Clinics throughout the year in District 3 of Kandahar City

LOCATION

MERCY Malaysia Comprehensive Health Centre, Kandahar, Afghanistan

PERIOD

January to December 2015

ACCOMPLISHMENTS

A total of 52,385 patients were treated in the year 2015 via the above services that we provide.

52,385
PATIENTS WERE
TREATED IN THE
YEAR 2015

BANGLADESH



Health - Post Emergency

PROJECT

Cleft Lip & Palate Project (CLIPP)

OBJECTIVE

- Improve the ability to eat, speak, hear and breathe, as well as restore the appearance of 50 targeted beneficiaries.
- Increase capacity of DCH surgical staff in cleft lip & palate technical skills and knowledge.

PROJECT PARTNERS

Dhaka Community Hospital (DCH)

ACTIVITIES

- Reconstructive surgeries for congenital facial deformities
- Teaching session by MERCY Malaysia surgical team to DCH medical and nursing staff about cleft lip and palate

LOCATION

Dhaka, Bangladesh

PERIOD

3rd to 9th September, 2015

ACCOMPLISHMENTS

- 45 cleft lip and/or palate reconstructive surgeries
- 5 post-operative ward rounds
- 2 teaching sessions
- 0 post-operative infections

45

CLEFT LIP / PALATE
RECONSTRUCTIVE
SURGERIES

5

POST-OPERATIVE WARD
ROUNDS

BACKGROUND

Children with cleft lip and/or palate encounter different challenges throughout the course of their development. Both environmental and biological factors play a role, affecting their speech, academic performance, and behaviour. Research has shown varying influences, including the type of cleft, gender, and age, affecting their day to day lives.

Adolescent years place a big emphasis on speech and appearance which is a struggle for a child with cleft lip and palate, greatly affecting the confidence of the child.

MERCY MALAYSIA EFFORTS

This project was proposed since post- Cyclone Sidr in November 2007. An on-site assessment was conducted to collect information regarding the prevalence of cleft lip and palate and facial deformities. The findings revealed that the need for this project is high since significant numbers of untreated cleft lip & palate patients reach numbers as high as 200,000 cases. The condition is also precipitated by high poverty level, poor economic conditions, and lack of surgical expertise in the country.

The Cleft Lip & Palate (CLIPP) Project is a joint collaboration effort between MERCY Malaysia (MM) and Dhaka Community Hospital (DCH), aimed at providing free reconstructive surgery of cleft lip and palate for underprivileged children of Bangladesh. The CLIPP mission started in 2008 and to date a total of 492 underprivileged children have received corrective surgical interventions. The year 2015 witnessed the 9th surgical mission of CLIPP in DCH, Bangladesh. A total of 46 children with facial deformity cleft lip and/or cleft palate were successfully operated on during the 7-day mission.

The zero post-operative infections can be attributed to the explicit educational training provided by MERCY Malaysia's team to local medical staff at Dhaka Community Hospital.



Team members group photo.



Closing ceremony and presentation of certificate.

MERCY Malaysia
volunteer nurse and
local staff.

GAZA

BACKGROUND

The latest field survey conducted by the Palestinian Census Centre indicates that 1.2% of the Gaza Strip population suffers from a hearing impairment, 1.6% suffers from memory and concentration problems and 1.2% suffers from slow learning. Disabilities are on the increase in the Gaza Strip, and in the fragile and conflict-affected area, children with disabilities are often marginalised.

MERCY MALAYSIA EFFORTS

The Basma Special School aimed to contribute to the reintegration of children with hearing and learning disabilities into the community in a dignified and empowering way that allows them to improve social interactions with their peers. In total, the project served 68 students with hearing and learning disabilities, specifically 24 children with cochlear implants; 17 children with hearing impairments; five autistic children; and 22 children with other learning disabilities.

The project also equipped the school with 11 employees and 7 volunteers who were all trained in the field of special education. At the end of the educational year, the students demonstrated significant improvements in their academic achievements as a result of the rehabilitation sessions.



Students in classroom of Basma Special School.

Disaster Risk Reduction



PROJECT

Operating Basma Special School

OBJECTIVE

- Provide an effective and unique education environment for children with hearing and learning disabilities
- Increase efficiency of existing school staff and enhance their teaching skills
- Provide financial support to students in need of the programme

PROJECT PARTNERS

Emaar Association for Development and Rehabilitation

ACTIVITIES

- Provision of special education to children with hearing and learning disabilities
- Rehabilitation of children with hearing disabilities using cochlear implants
- Development of a special education curriculum for special students in accordance with international standards
- Running awareness sessions with parents of children with hearing and learning disabilities
- Advocacy for the rights of children with disabilities

LOCATION

Khan Younis, Gaza Strip, Palestine

PERIOD

1st September 2014 to 31st August 2015

ACCOMPLISHMENTS

- Designed and produced a modified curriculum to provide education to children with hearing and learning disabilities
- Provided cochlear implants to 68 children with hearing impairments
- Provided educational support to the 68 children through the hiring of 7 qualified teachers
- Provided training to the mothers of 68 children with effective teaching methods for children with hearing and learning disabilities

GAZA



Health - Related Development

PROJECT

Equipping a Mobile Psychiatric Clinic

OBJECTIVE

- Assist in establishing the first mobile clinic offering psychosocial services in the south of the Gaza Strip, in a manner that is sustainable.
- Provide marginalised groups in border areas with psychosocial support services.
- Increase awareness on the need of psychosocial support especially after the 2014 war on the Gaza strip.
- Improve psychosocial health and social development for people living in the border areas.

PROJECT PARTNERS

Emaar Association for Development and Rehabilitation

ACTIVITIES

- Purchased and equipped a vehicle to operate as a mobile clinic, including a highly qualified team of specialists.
- Performed needs assessments amongst marginalised groups.
- Conducted psychological treatment intervention programmes such as group and individual support sessions; recreational activities for children; and awareness raising sessions on psychological issues.

LOCATION

Khan Younis, Gaza Strip, Palestine

PERIOD

January 2015 to December 2015

ACCOMPLISHMENTS

- Established a mobile clinic with modern equipment and tools that were appropriate to the local context and was made available to approximately 10,000 people.
- Enhanced the psychological health and social engagement ability of 8,330 people.
- Completed 830 individual treatments.
- Increased the level of awareness of 8,500 people on the importance of psychosocial support.
- Improved the psychological health of approximately 4,500 people.

BACKGROUND

The protracted crisis in the Gaza Strip has expectedly and understandably affected the psychological health of its population. Residents have been experiencing conflict for numerous years, and face extremely high rates of ongoing traumatic stress. The effects of enduring violence on psychological health are exacerbated by blockades, destruction of essential infrastructure and loss of loved ones.

MERCY MALAYSIA EFFORTS

The project aimed to improve the mental health for the people in the Middle and Southern Governorates at Gaza strip; who have been critically affected due to the tight blockade and the on-going conflicts and emergency conditions. MERCY Malaysia established the first mobile clinic with modern equipment and tools that were appropriate to the local context which was made available particularly to the people in the marginalised and isolated areas beside the borders.

The services offered were auditory screening, abreaction activities, psychological treatment, intervention, and consultancy and has enhanced the psychological health and social benefitting 8,330 beneficiaries. 830 individual treatments were then referred to the Al Aml Centre for patients who needed extra attention and assistance. In addition, MERCY Malaysia also conducted seminars, campaigns, as well as distributed pamphlets and brochures on specific subject matters. Through this effort, 8500 individuals have had their level of awareness raised on the importance of psycho-social support.



Children awaiting their turn.



Inside the truck.



The Mobile Psychiatric Clinic.

GAZA

BACKGROUND

Different stakeholder groups in Gaza City are seriously affected by the conflict in the Gaza Strip, as it is manifest that there is a significant increase in psychological, behavioural and mental health problems among the people living there. In response to this, the Islamic University of Gaza (IUG) intended to offer comprehensive psychosocial programmes to those who need it most in the very vulnerable area.

MERCY MALAYSIA EFFORTS

The centre was furnished with all required stationary, furniture, equipment and tools which were not available before initially. This includes a play room therapy for children which also acts as a platform for study for university students studying psychology at IUG.

Services were provided in areas identified to have a crucial need for it, especially in poor regions. This programme and expanding of facility created highly competent and professional staff that are deal with all target groups of children and adults both inside and outside University. The comprehensive services for target groups were conducted in 3 programs in schools, university, primary care centres.

Social awareness activities for families at primary care centres and at Ministry of Social Affairs were conducted in 5 identified hostile areas. It aimed to enhance divorced, widows and pregnant women and their children through Psychological support sessions, entertaining activities, intellectual meetings and transferring the cases to the centre at IUG for therapy to reduce the psychological problems and disorders.



Students that benefited from the programme.

Disaster Risk Reduction



PROJECT

Psychological Counselling program

OBJECTIVE

- Strengthen the psychosocial wellbeing of Islamic University of Gaza students along with other universities and public schools.
- To provide psychosocial care and build psychological resilience among families living in areas of Gaza Strip.
- Offer comprehensive community mental health services to adults and children who suffer from mental health disorders and psychological stress.

PROJECT PARTNERS

The Faculty of Education Represented with Faculty of Medicine by (Centre of the Psychological counselling) – IUG

ACTIVITIES

- Implementation of Family Support Programme
- Implementation of the Training and Rehabilitation Programme

LOCATION

Gaza City

PERIOD

February 2015 to January 2016

ACCOMPLISHMENTS

- Equipped the centre with a play room in order to make therapy available for children.
- Offered comprehensive psychosocial services to 7,927 people who suffer from mental health disorders and psychological stresses.
- Provided 800 school students with psychological support and awareness raising activities, and 1,604 people with comprehensive mental health and psychosocial services.

PROVIDED

800

**SCHOOL STUDENTS
WITH PSYCHOLOGICAL
SUPPORT AND
AWARENESS RAISING
ACTIVITIES**

GAZA



Health - Related Development

PROJECT

Constructing of Gymnasium for The Disabled

OBJECTIVE

- Provide persons with disabilities (PWDs) with social benefits and improve their physical and mental health.
- Enhance the level of sports services offered to PWD living in the Gaza Strip.
- Boost the self-confidence of PWD, in order to prevent them from experiencing different forms of depression.

PROJECT PARTNERS

Al Jazira Sports Club

ACTIVITIES

- Construction of a gymnasium for PWD.
- Equipping the gymnasium to make it fit for purpose.

LOCATION

Gaza strip

PERIOD

October 2015 to February 2016

ACCOMPLISHMENTS

- Construction of a gymnasium for PWD.
- Equipping the gymnasium to make it fit for purpose.
- 250 People With Disabilities benefitted from the new construction

BACKGROUND

According to the Population, Housing and Establishment Census of 2013 there are approximately 113,000 PWD in Palestine of which 75,000 reside in the West Bank. Within the West Bank, the Gaza Strip's population comprises of 46,000 PWD. Unfortunately, it is with no surprise that the PWD community live under even more dire economic and social conditions than those of others in the community in a place like Gaza City. This includes having no access to services and activities that can improve their psychosocial wellbeing, such as sports and recreation. The living conditions in the Gaza Strip as a whole are not adequate to serve the special needs of the PWD community. The Al Jazira Club found it beneficial to construct a gymnasium in the city as a means to avoid PWD from being excluded in society, towards a more inclusive community where they are sufficiently reintegrated and regarded as equals.

MERCY MALAYSIA EFFORTS

The Al Jazira Club has produced players with special needs team of Palestine representatives that have won gold medals in the three international forums in the United Arab Emirates in 2011, a Fifth International Forum at the Al Ain International and First Forum in Sharjah and the World Series of chairs and amputation for juniors in Dubai. Al Jazira Sports Club had constructed building for disabled people over an area 223 m² which contain a multipurpose hall for disabled, meeting room, bathrooms & buffet.

Project purpose was providing suitable place for athlete's handicapped people in Gaza to enable them to train. The project had many objectives that are useful for disabled people that include integrating with society, which encourages them to realise their capabilities and improve their wellbeing.



Construction process of the Gymnasium.

GAZA

BACKGROUND

The Middle Governorate of the Gaza Strip is populous with refugee camps and informal communities of homeless people, where children of all ages live and are susceptible to suffer from serious psychological issues. The difficult circumstances and conditions of Gaza strip increased the psychosocial pressures and problems especially among the children. A needs assessment carried out by MERCY Malaysia indicated that there was an urgent need to provide immediate psychosocial support to children in an effort to alleviate their suffering.

MERCY MALAYSIA EFFORTS

A majority of the children at the Asslah and Assayda Khadija Charity Schools for boys and girls are orphans. It is clear that in addition to experiencing widespread devastation, the personal losses have substantially deteriorated the mental health of the children. Through this project, MERCY Malaysia provided psychosocial support activities for 700 children in the two schools through the hiring of 2 school counsellors. Their tasks are to conduct individual follow up, counselling sessions, group counselling, and awareness raising sessions for the traumatized students.

Through this effort:

- 305 individual and follow-up sessions were conducted for 50 female students
- 300 individual and follow-up sessions were conducted for 52 male students
- 290 group counselling sessions were conducted for 75 groups
- Guidelines and counselling lectures were carried out at the 2 school.
- 315 consultancy meetings were conducted for students.

In addition, MERCY Malaysia also provided sports attires for 853 students, assisted in furnishing the plays room for Assayda Khadija Charity School for Girls as well as provided sport items for both schools, which has helped them to debrief their inner pressure and enhance team work among the students.



Children playing outside after receiving their sports attire.

Disaster Risk Reduction



PROJECT

Improving the Psychosocial Conditions of Gaza Children

OBJECTIVE

- Improve the psychosocial wellbeing of children, including orphaned children
- Increase the awareness level of families with children who have experienced war and crisis to better cope with the situation
- Enhance community engagement and participation to support children who have experienced war and crisis

PROJECT PARTNERS

Palestinian Orphan's Home Association

ACTIVITIES

- Psychosocial support group sessions for children, and individual sessions for orphaned children
- Awareness raising sessions with mothers
- Recreational activities to strengthen relationships between orphaned children and their families
- Distribution of sports attires for children to enable them to participate in recreational activities as a psychosocial support intervention

LOCATION

Middle Governorate, Gaza Strip, Palestine

PERIOD

1st December 2014 to 30th December 2015

ACCOMPLISHMENTS

- Provided psychosocial support activities for 700 children through group and individual counselling sessions, follow ups, and awareness raising sessions.
- Furnished and equipped a play room for an all-girls school.
- Distributed sport items and new sports suits for both female and male schools.
- Modified the behaviours of children suffering from trauma.

GAZA



Health - Related Development

PROJECT

Outreach Medical Rehabilitation Project for Gaza Strip War Injured Patients: Rafah and Khan Younis

OBJECTIVE

- Enhance ongoing endeavours of treatment of patients injured by the 2014 war on the Gaza Strip by providing them access to outreach medical rehabilitation services
- Enhance the rehabilitation team's knowledge and awareness in injuries, disability and rehabilitation
- Change community attitude towards persons with disabilities (PWDs) through advocating for their rights

PROJECT PARTNERS

El Wafa Medical Rehabilitation Hospital

ACTIVITIES

- Provision of daily outreach medical services including physiotherapy, therapeutic sessions, occupational therapy and nursing care
- Dissemination of awareness posters for the public
- Distribution of diapers, medical disposables and assistive devices
- Delivery of caregiver's education and public lectures on the rehabilitation of PWDs

LOCATION

Rafah and Khan Younis, Gaza Strip, Palestine

PERIOD

15th December 2014 to 14th December 2015

ACCOMPLISHMENTS

- Provided physiotherapy, occupational therapy and nursing care for 1,222 people with injuries or physical disabilities
- Delivered caregiver education to 4,381 individuals
- Ensured that 194 people received medications; 99 received assistive devices and 1,736 received medical disposables

BACKGROUND

Not only did the Gaza Strip face an eight-year blockade during the ongoing conflict, but the 2014 war further exacerbated an already dire humanitarian crisis in the area. Crisis levels are highest in Rafah, Khan Younis, Shujaja and Jubalia which all continuously suffer from genocide, severe health risks and very poor socioeconomic conditions. The former two have a population that exceeds 360,000 people and are consistently exposed to frequent Israeli incursions and military assaults due to their locations along borders. An outreach medical rehabilitation initiative would help to alleviate the suffering of the people of Rafah and Khan Younis who are considered to be more marginalised areas in terms of basic services, employment and development.

MERCY MALAYSIA EFFORTS

This project was implemented in 12 months, from 15th December 2014 to 14th December 2015, where it was carried out by El Wafa medical rehabilitation hospital and conducted by a professional team hired by El Wafa hospital. The project aimed to improve the quality of life and to support the treatment of injured patients from the 2014 war on Gaza Strip (Khan Younis and Rafah areas) through the provision of access to professional specialized medical rehabilitation services.

As part of this effort, the professional team delivered physiotherapy, occupational therapy and nursing care (27,867 therapeutic sessions) to 1,222 cases with injury or physical disability. Overall, the project reached out to 16,009 individuals, which are:

Project Outcomes	No
Total number of treated patients	1,222
Successfully reintegrated cases back into the community	710
Cases have been discharged	1,190
Therapeutic sessions	27,867
Cases referred to other agencies for additional services	713
Cases received diaper	72
Cases received medical disposables	1,736
Cases received medications	194
Cases received assistive devices	99
Meeting with beneficiaries	12
Number of beneficiaries attended meetings	440
Awareness posters	83
Recreational activities (open day)	16
Number of beneficiaries attended recreational activities	768
Caregivers received education	4,381
Professional lectures	141
Number of beneficiaries attended professional lectures	1,114
Public lectures	39
Number of beneficiaries attended public lectures	1,501



Therapeutic sessions by specialized professionals.

GAZA

BACKGROUND

The brutal war that took place in the Gaza Strip in 2014 caused considerable damage to homes and public infrastructure. More than 10,000 homes and 130 schools were either damaged or destroyed, in addition to other infrastructures pertinent to the well-being of the population including water desalination plants. Indeed, it exacerbated an already severe water shortage which subsequently posed numerous health risks due to the unavailability of potable and clean water. Skin diseases and intestinal epidemics were in abundance. It was evident that a meaningful solution for the hardship being experienced by the people of the Gaza Strip was the provision of potable and clean water that can be used to improve their health and sanitation.

MERCY MALAYSIA EFFORTS

The project aimed to establish a water desalination plant as a solution to the water shortage crisis in the southern areas of Gaza Strip. Positive outcome was achieved as the water desalination plant enhanced the living conditions for the citizens of the southern area of the Gaza Strip providing clean water to 250,000 people.



The Water Desalination Plant.

Health - Related Development



PROJECT

Setup of Water Desalination Plant

OBJECTIVE

- Provide clean water and reduce the water crisis in southern areas of the Gaza Strip.
- Improve the social conditions of marginalised target groups through the provision of clean, drinkable water.
- Reduce the spread of skin diseases and intestinal epidemics caused by the shortage of potable and clean water.

PROJECT PARTNERS

Emaar Association for Development and Rehabilitation

ACTIVITIES

- Dug a well in areas prime for supplying water to the desalination plant.
- Built small stores to protect the desalination plant and to provide good storage areas for clean water.
- Installed water desalination equipment and machines.
- Tested the water desalination plant and subsequently produced potable and clean water.
- Distributed potable and clean water to the marginalised poor areas of the city.

LOCATION

Khan Younis, Gaza Strip, Palestine

PERIOD

March 2015 to February 2016

ACCOMPLISHMENTS

This project resulted in the construction of a water desalination plant at the centre of the municipality of Khan Younis, which ensured:

- Provision of clean water to more than 200,000 people living in the southern areas of the Gaza Strip.
- Distribution of clean water to an additional 50,000 people living in marginalised areas.
- Reduction of water borne diseases

GAZA



Health - Related Development

PROJECT

Equipping and Furnishing the Faculty of Medicine – Islamic University of Gaza

OBJECTIVE

- Providing the IUG's New Medical School with the essential furniture and equipment
- Reducing the pressure on the crowded buildings of the main campus by furnishing and equipping a specialized school for the medicine students as they need classes and labs with different preparations.

ACTIVITIES

- Purchasing and installing furniture.
- Purchasing laptops and LCD projectors.
- Installing the outdoor shades and preparing 2 auditoriums.

LOCATION

Islamic University of Gaza (IUG)

PERIOD

October 2015 to March 2016

ACCOMPLISHMENTS

- Furnished the faculty to render it a conducive space for students to receive proper medical education.
- Provided an appropriate learning environment for 2,000 medical students at the university.

BACKGROUND

On the 27th day of the 2014 attacks on the Gaza Strip, University of Gaza (IUG) was targeted as well as critical buildings within its compound including its Faculty of Medicine. Inaugurated in 2006, the faculty serves the brightest medical students from all over the Gaza Strip who attend the university with hopes of being future leaders of medical education, clinical practice and community practice in Palestine. IUG is one of the famous and distinct universities not only in Palestine but also in the Middle East. It is a vibrant community of more than 20,000 students and about 600 academic staff members, comprising 11 major faculties: Medicine, Engineering, Information Technology, Nursing, Science, Health Sciences, Commerce, Education, Arts, Sharea and Law and Usoul Eldeen. Since its birth, the faculty of medicine used the old buildings in the university to be its bases in learning its students, and after the big success for this faculty and the expansion of its students numbers, there was a big demand to build a new building with better facilities and equipment.

MERCY MALAYSIA EFFORTS

MERCY Malaysia offered USD 100,600 to be used to buy new furniture and equipment for this building to be used after that in teaching the new generation of doctors in Palestine. MERCY Malaysia and the IUG implemented this project with an aim to make the university's Faculty of Medicine functional again, allowing university students to continue their studies in medicine and subsequently contribute to the alleviation of suffering of communities affected by the conflict.



JORDAN

BACKGROUND

The ongoing Syrian refugee crisis tested the wide and in-depth experience of MERCY Malaysia in addressing the call for immediate humanitarian assistance in zones afflicted by conflict. Jordan is one of many neighbouring countries that sees an inflow of Syrian refugees desperate to escape the uninvited crisis that challenges the innocent.

Now into its third year of existence, the Al-Za'atari Refugee Camp is carved out of an empty desert and houses tens of thousands of refugees, with females making up the majority and children making up 70% of the refugee population. The camp has all the indications of turning into a permanent settlement.

Children born at the camp remain stateless, and, in acute need of medical attention as their mothers are nutrition deficient. Winter can be particularly harsh in desert areas, more so when protection is absent. In these situations, children are most vulnerable to the elements and are prone to often falling ill, with detrimental results more common than envisioned. MERCY Malaysia recognised the dire circumstances the Al-Za'atari Refugee Camp is in and responded to calls for assistance after learning that it stopped welcoming new refugees and was under duress in sustaining medical care for the existing population.

With the Syrian conflict showing no signs of abatement, the refugees in the camp were looking at holding out for the long haul and this would add stress to the available facilities.

MERCY MALAYSIA EFFORTS

Tapping into its network and good relations in the Middle East, MERCY Malaysia made inroads towards working out the channels in having its humanitarian assistance presence in the Syrian refugee crisis. Calling on its strong alliance with the Sheikh Thani Abdullah Foundation for Humanitarian Services, also known as the RAF Foundation, the non-governmental organisation spearheading one of the medical clinics within the Al-Za'atari Refugee Camp, MERCY Malaysia embarked on a mission to address the serious medical needs at the camp.

It became abundantly clear during observation visits to all the clinics that the camp was indeed being stretched to provide care for such a large population on a daily basis. With the expertise of its professionals, MERCY Malaysia drew up recommendations based on its assessment to smoothen and streamline the medical administration and treatment processes. By studying its time, budget and capacity, MERCY Malaysia assessed the requirements on medical supplies to cater to the nutrition and treatment of refugees across the camp, in particular, children, who would be hard pressed to remain healthy in the coming long cold winter.

Working with the RAF Foundation, local medical supplies companies having long-standing relationship with the Al-Za'atari Refugee Camp were approached to secure the best prices for medical supplies. It was gratifying to realise that the USD5,500/- utilised went a long way in procuring a substantial quantity of quality medical supplies. The medical supplies were enough to be distributed to three clinics within the Al-Za'atari Refugee Camp, and, it is heartening to know that thousands of children benefitted from nutrition and medicines during the winter.



Inside Al-Za'atari Refugee Camp.

Health - Related Development



PROJECT

Al-Za'atari Refugee Camp Child Health Programme

OBJECTIVE

- To ascertain children health necessities
- To establish sphere of medical supply replenishment

PROJECT PARTNERS

Sheikh Thani Abdullah Foundation for Humanitarian Services

ACTIVITIES

- Medical centre needs assessment
- Medical supply needs procurement
- Medical supply needs allotment and distribution

LOCATION

Al-Za'atari Refugee Camp (off Mafraq)

PERIOD

Five days in June 2015

ACCOMPLISHMENTS

- Medical centre processes advised on
- Medical supply needs and manpower requirement identified
- Medical supplies worth USD5,500/- purchased and distributed

MYANMAR



Health - Related Development

PROJECT

Cataract Surgical Mission

OBJECTIVE

- Improve vision through surgical interventions for cataract patients within the Sagaing vicinity
- Increase knowledge of patient/caregiver on infection control and post-operative care through patient education

PROJECT PARTNERS

Sitagu Ayudana Hospital

ACTIVITIES

- Cataract surgeries either through phacoemulsification or Extra Capsular Cataract Extraction (ECCE)
- Care giver teaching sessions during post-operative ward rounds

LOCATION

Sagaing, Myanmar

PERIOD

June 24- July 1, 2015

ACCOMPLISHMENTS

- 46 patients received new IOL during the cataract surgery and restored vision in one eye.
- 46 post-operative caregiver teaching sessions during ward rounds

BACKGROUND

According to the Prevention of Blindness in Myanmar: Situation Analysis & Strategy for Change published in 2013, the major causes of blindness were cataract (53%), and glaucoma (4%), while the and major causes of visual impairment (VI) were cataract (70%), uncorrected refractive error (URE) (19%) and glaucoma (4%). PACG accounted for 84% of all blindness due to glaucoma.

Annually, approximately 80,000-100,000 cataract surgeries are performed and the annual cataract surgical rate (CSR) is around 1400-1600. The output is quite variable and depends on the motivation and skill of the existing ophthalmologists, available support staff, supply of equipment and consumables, and outreach activities. Apart from this, there are patient related factors such as fear of surgery, out-of-pocket expenditure and access to services.

After the inception of an idea for cataract surgery in 2012, MERCY Malaysia conducted its first cataract surgical mission in Myanmar from June 24 to July 1, 2015.

MERCY MALAYSIA EFFORTS

The Cataract Surgical Mission was the inaugural project for Myanmar after the idea was first mooted in 2012. This project targeted 80 adults between the ages of 21 to 50 years old with mild to moderate cataract visual impairment. Sitagu Ayudana Hospital in Sagaing worked in collaboration with MERCY Malaysia throughout the mission duration of this mission from June 24 to July 1, 2015.

The goal for this project is to improve the overall health of the people of Myanmar while the objectives are to provide 80 cataract surgeries and 80 patient teaching sessions related to post-operative care to prevent infection or complications.

One of the challenges faced by the team was the overwhelming response from the beneficiaries who showed up during the screening procedures. The team had to spend a lot of their time outside surgery to carry out screening work. However, most beneficiaries were not suitable for the surgery due to over maturity of their cataract condition.



Cataract & CLIPP team with the Sitagu Hospital Medical Superintendant.



Patients screened for the viability of either the ECCE or phacoemulsification surgery.



Cataract surgery in progress.

MYANMAR

BACKGROUND

According to the Central Women Hospital of Yangon, cleft deformities affect roughly one in every 800 to 1000 babies born in Myanmar. The global average is only one in every 700, resulting in Myanmar having one of the highest prevalence of congenital facial deformities in the world.

Children with a clefts lip or palate can suffer from feeding issues, hearing problems frequent infections and speech problems. These physical deformities tend to elicit responses from others, which can result in low self-esteem, social anxiety and discrimination. The surgery required to address these facial deformities however, is not affordable for hundreds of families from rural communities in Myanmar.

MERCY MALAYSIA EFFORTS

The 2015 Cleft Lip & Palate Surgical mission is the third of its series which has to date benefitted 191. The first mission started in 2013, wherein, 50 patients with cleft lip or palate received surgery. Subsequently, in 2014 the second mission successfully treated another 50 beneficiaries. In 2015, the mission successfully operated on a staggering 91 patients.

MERCY Malaysia together with the local implementing partner, Sitagu Ayudana Hospital, worked together in identifying patients, performing the surgeries, teaching post-operative skills, and transfer of technical knowledge to local medical staff.

During the 8-day mission, to Sitagu Ayudana Hospital, the oral maxilla-facial team operated on a total of 91 cleft lip and palate patients. The number of patients reached was beyond the target number due to the efficiency of the medical team and the local staff. All surgeries conducted went smoothly. The lack of post-operative complications can be attributed to the strengthened post-operative care provided by caregivers trained by MERCY Malaysia's team on post-operative care and early detection of infection and complications. Caregivers were also educated about feeding, care, and what to expect after sutures have been taken out.



Beneficiaries for CLIPP 2015



Hands-on teaching from MM team to Sitagu's junior surgeons

Health - Related Development



PROJECT

Cleft Lip & Palate Project (CLIPP)

OBJECTIVE

- Improve the ability to eat, speak, hear and breathe, as well as restore appearance of to 50 targeted beneficiaries.
- Increase knowledge of local caregivers on infection control and post-operative care through ward rounds.

PROJECT PARTNERS

Sitagu Ayudana Hospital

ACTIVITIES

- Reconstructive surgery for congenital facial deformities
- Teaching sessions to caregivers about infection control and post-operative care

LOCATION

Sagaing, Myanmar

PERIOD

24th June to 1st July, 2015

ACCOMPLISHMENTS

- 91 cleft lip and/or palate reconstructive surgeries
- 5 post-operative caregiver teaching sessions
- 0 post-operative infections

MYANMAR



Crisis Response

PROJECT

Myanmar Emergency Floods Response

OBJECTIVE

- Increase access to health care services
- Increase access to safe drinking water supply
- Decrease potential of water borne disease

PROJECT PARTNERS

Myanmar Paediatric Society, Sagaing Regional Health Department & Rakhine State Health Department

ACTIVITIES

- Deployment of 1 medical team to provide services in the respective affected flood areas
- Distribution of Non-food items
- Distributions of hygiene kits
- Distributions of dignity kits

LOCATION

Kalay Township, Sagaing Region
Yekyi Township, Ayeyarwaddy Region
Mrauk U Township, Rakhine State

PERIOD

August – October 2015

ACCOMPLISHMENTS

- Served 8,219 people, through various projects. These include:
- Mobile clinic at three townships: 5,929 patients
 - Distribution of medicated mosquito nets in two townships: 1,000 sets
 - Distribution of household items: 907 people
 - Distribution of hygiene kits: 250 sets
 - Health and hygiene education: 133 women and children

BACKGROUND

On July 31st 2015, the Government of Myanmar declared a state of emergency at Chin State, Rakhine state, Magway regions and Sagaing region. The situation was made worse by Cyclone Komen that made its way from, Bangladesh, a neighbouring country, bringing strong winds and additional heavy rainfall. This resulted to severe flooding in 12 out of 14 states regions. The National Natural Disaster Management Committee (NNDMC) identified Hakha in Chin State, Kale in Sagaing Region, Pwintbyu in Magway Region, and Minbya and Mrauk-U in Rakhine as the five most affected townships where a total of 229,600 people were affected by the floods. Over 1.1 million acres of farmlands were engulfed with more than 872,000 acres of farmland destroyed. The situation posed concern on the long term effects of the food security. Major agricultural produce is rice which covers about 60% of the country's total cultivated land area. A total of 125 people were killed and some 1.7 million people were temporarily displaced by the floods and landslides.

MERCY MALAYSIA EFFORTS

MERCY Malaysia's local and HQ teams directly responded to this calamity by sending out a Rapid Assessment Team and local medical teams to Ayeyarwady Region, Sagaing Region and Rakhine state. Mobile medical teams were deployed to provide emergency medical services to rural areas in Kalay Township, Sagaing Division and Yekgyi Township, Ayeyarwaddy Region. At the same time, the current medical team based in Sittwe were mobilised to assist Rakhine State Health Department in responding to the emergency situation.

MERCY Malaysia provided services to 3,050 patients between 15th August to 12th October in Kalay Township. Apart from that MERCY Malaysia also conducted distributions of 907 household items and 500 medicated mosquito nets. In addition, a total number of 118 female and 15 children attended education sessions on health and hygiene.

On 4th of September 2015 a medical mission was deployed to respond in Ayeyarwaddy region which faces flood situation annually. MERCY Malaysia in collaboration with Myanmar Paediatrics Society worked together to provide medical services to 448 patients in Kwin Yhwar Village which consisted of 583 Households (3593 population). In addition, 250 hygiene kits were distributed to villagers. The medical mission conducted awareness on hygiene (Food, Water, Hand and Lavatory), Hypertension (how to prevent and reduce), Nutrition and ways of hand washing.

In Rakhine State, a team consisting of 1 Medical Doctor, 1 Health Assistant and 1 Nurse was deployed to Mrauk U Township to assist Rakhine State Health Department during the emergency response. During the period, a total number of 2,431 patients were attended to by the medical team, in which 1,293 patients were female patients. In addition, two personnel from MERCY Malaysia Country Office were deployed to support the response efforts. The team managed to distribute 500 sets of medicated mosquito nets in Mrauk U Townships throughout its emergency operations in Mrauk U Township. MERCY Malaysia's Country Office was also tasked to coordinate the flood response efforts in Rakhine from Yangon by the State Health Department where a donation of 1000 water purification sachets were successfully sent from Yangon to Rakhine.



Community members actively participate during the distribution in Ayeyarwaddy Region.



Flooding situation in Rakhine State.

MYANMAR

BACKGROUND

June 2012 witnessed an event which shaped the future of the minorities in Rakhine State of Myanmar. Increased tension among conflicting ethnic groups led to communal violence. The situation escalated and left 87 dead and 75,000 people living in 40 camps, resulting to an imposed night-time curfew and a declared state of emergency in six townships including Maungdaw and Buthidaung near the border with Bangladesh. 4 years after the first inter-communal violence broke in Rakhine State which was followed by a series of clashes, the situation in the Internally Displaced Persons (IDP) Camps remain the same. Nevertheless, populations in the IDP camps increased slowly due to illegal movements from neighbouring settlements due to poverty.

MERCY MALAYSIA EFFORTS

MERCY Malaysia has been providing medical relief in Sittwe Township area since October 2012 following the conflict situation in Rakhine State. It is estimated that over 77,000 patients have been treated in 2015 alone.

During the project, three static clinics were set up in the IDP camps and mobile clinics in key locations around the Sittwe area. Additionally 6 mobile clinics were deployed to reach more remote locations, each comprising of 7 Medical Doctors and 7 nursing staff. Each of the static clinics were supported by four community health workers. The local community health workers were trained to assist in interpretation, registration, at the dispensary and hygiene awareness and practices.

As the inter-communal conflicts have subsided, the Organisation's efforts have been focused on more routine health maintenance and hygiene. These include primary health care services, emergency referral services and health education.

As part of MERCY Malaysia's commitment to assist the State Health Department in breaching services gaps, the medical team fully participated in the vaccination exercise campaign in Sittwe Township, Rakhine State. In 2015, polio vaccination was conducted 5 times between January to December 2015. The vaccination was supplied by the State Health Department. However, due to human resource constraints, a coordinated effort with the INGOs working in Rakhine was able to minimise the gap in terms of vaccination delivery to the targeted population. MERCY Malaysia's medical team in Rakhine managed to deliver the vaccination to 7,076 beneficiaries, 1,958 being children under the age of 5 in the Sittwe area.



The clinic camp.



Registration and dispensary counter.



During operations in Baw Dhu Par Camp.

Health - Related Development



PROJECT

Provision of Primary Health Care Services

OBJECTIVE

Increase accessibilities to health care services of the affected communities in Sittwe Township, Rakhine State

ACTIVITIES

- Primary Health Care service (PHC)
- Emergency referral
- Health education
- Screening the children during EPI with Township Health Department
- Social mobilization during EPI
- RH and MCH
- Flood Emergency Response

LOCATION

- Primary Health Care service (PHC)
- Emergency referral
- Health education
- Screening the children during EPI with Township Health Department
- Social mobilization during EPI
- RH and MCH
- Flood Emergency Response

PERIOD

January to December 2015

ACCOMPLISHMENTS

Served 77,514 patients through the implemented Primary Health Care service

NEPAL



Health - Related Development



Crisis Response

PROJECT

Nepal Earthquake -
Emergency Response

OBJECTIVE

- To provide emergency medical assistance and relief to Nepal during and post 2015 earthquake
- To deliver health services in and around Kathmandu District
- To conduct surveillance of disease outbreak

PROJECT PARTNERS

- Khazanah Nasional Berhad
- NSET-Nepal, National Society for Earthquake Technology
- United Nations Office for the Coordination of Humanitarian Affairs
- Nepal Ministry of Health

ACTIVITIES

- Ground assessments and need assessments
- Provision of a Level 1+ Field Hospital, manpower to local health providers and outreach medical services
- Coordination and information sharing with other health providers in the area of operations of MERCY Malaysia
- Deployment of Emergency Response Unit assets
- Deployment of Psychosocial support team and Child-Friendly Space (CFS)

LOCATION

Shankarapur, Kathmandu, Nepal

PERIOD

27th April 2015 - 21st May 2015

ACCOMPLISHMENTS

- 3,911 patients received medical care, mobile clinics, and public health education
- Setup of a 1 Level1+ Field Hospital
- 11 Mobile clinic conducted in various rural communities
- 53 volunteers and staff deployed to provide humanitarian assistance
- Coordination with other health organizations on disease control and increased medical services

BACKGROUND

On the 25th of April 2015, a 7.8 magnitude earthquake struck Nepal. It is the worst natural disaster to strike Nepal since 1934 when an 8.0 magnitude earthquake struck. The earthquakes epicenter was located in Lamjung District, about 80km north-west of the capital city Kathmandu. A state of emergency was declared by the government of Nepal, calling for international assistance to meet the extensive humanitarian crisis.

The Government of Nepal confirmed that 30 out of 75 districts in the Western and Central Regions were badly affected. Within this area lives a large and dense population in both urban centers and rural mountainous villages. The worst affected districts include Sindulpalchowk, Kavre, Nuwakot, Rasuwa, Dolakha, Kaski, Gorkha and Lamjung. Over 22,000 people were injured, 8,700 deaths, 284,455 homes destroyed and 234,102 homes partially damaged. The main immediate focus was search and rescue operations for people trapped under collapsed buildings, provision of emergency food supplies, drinking water, medical care and shelter. However, tough geographical terrain of Nepal and damaged road networks made access to rural communities very challenging, with essential supplies arriving late to affected communities.



MERCY Malaysia's Level 1 + Field Hospital.

NEPAL



Since the first earthquake on the 25th of April, aftershocks as big as 6.6 magnitude repeatedly struck the country. On the 12th of May a second major earthquake of magnitude 7.3 occurred. This further compromised relief operations and caused increased damage. Buildings which were still partially standing now lay flattened on the floor. People who had regained the courage to re-enter their houses now stayed outside, engulfed in fear. The number of people injured increased to 17,866, total number of deaths increased to 8,700 and total number of homes destroyed rose to 473,124 with a total of 8 million people affected.

MERCY MALAYSIA EFFORTS

MERCY Malaysia deployed its first response team to Nepal on the 27th of April 2015, arriving in Kathmandu on the 28th of April. After consultations with the Ministry of Health and Office for Coordination of Humanitarian Affairs (OCHA), MERCY Malaysia set up a Level 1+ Field Hospital in the compound of Shree Bhagwati Higher Secondary School in Ipatole, Sankhu. The town lies about 15km outside of Kathmandu, with an estimated population of 30,000 people in the municipality of Shankarapur. Ipatole itself has an estimated population of around 10,000 people. The majority of the people are rural farmers, surviving off agricultural production. *(continued)*



Distribution of Hygiene Kits

Health - Related Development



Crisis Response



PROJECT

Nepal Earthquake - Psychosocial Intervention & Capacity Building To Local Teachers & Mental Health Providers

OBJECTIVE

- To provide psychosocial support to people affected by the earthquake to reduce psychological trauma
- To run Child-Friendly Space program to strengthen the resilience and well-being of children and adolescents through community-organized activities conducted in a safe, child-friendly and stimulating environment
- To develop local capacity building with emphasis on providing Child-Friendly space (CFS) and Psychological First Aid

ACTIVITIES

Emergency Phase – April 2015:

- Deployment of Psychosocial Support Team
- Conducted need-assessments
- Coordinated with relevant local authorities for psychosocial support program
- Set up Psychological First-Aid and Child-Friendly Spaces

Recovery Phase – July-December 2015

Day 1:

- Ice-Breaker
- Impact of Disaster: Recognizing Signs and Symptoms
- Psychological First-Aid
- Personal Preparedness for Disaster Work

Day 2:

- Setting up a Child-Friendly Space
- Specific Skills to Work with Children & Adolescents

Day 3:

- Specific Skills to Work with Adults
- Final Role-Play
- Debriefing
- Question and Answers

LOCATION

Kathmandu, Nepal

PERIOD

April 2015, June 2015-December 2015

ACCOMPLISHMENTS

Emergency Stage:

2 psychologist and 4 counsellors were deployed
1 month program for Child Friendly Space was set up in Sankhu
173 children were served

Recovery Stage:

46 teachers and social workers were trained in conducting and serving the Child Friendly Space

NEPAL



Health - Related Development



Crisis Response



Crisis Response

PROJECT

Nepal Earthquake -
Temporary Shelter Project

OBJECTIVE

To provide temporary shelters to 100 households in Gorkha who have totally damaged houses with temporary shelters

PROJECT PARTNERS

Qatar Charity

ACTIVITIES

- Damaged house assessment
- Construction of 100 temporary shelters

LOCATION

Gorkha, Nepal

PERIOD

1st June 2015 - 15th September 2015

ACCOMPLISHMENTS

100 shelters were completed and handed over to beneficiaries

The earthquake destroyed around 80% of houses, forcing residents to setup camp in informal camps. Water and electricity were available in short supply, however, food rations diminished quickly. Around 400 people visited Shree Bhagwati Higher Secondary School daily for food assistance in the form of cooked lunch and dinner. The private hospital normally serving the population was badly damaged, forcing the surviving 6 beds to be moved outside under a makeshift tent.

MERCY Malaysia provided primary healthcare in Ipatole and surrounding areas through conducting several activities from 29th April to 27th May. A 1+ Field Hospital was set up with an Out Patient Department (OPD), Operating Theater (OT), recovery ward and pharmacy to provide primary health care services. Psychosocial support was provided through the set-up of a Child Friendly Space on the school grounds, providing a safe haven for the children and an opportunity to assess their level of post-traumatic stress. Mobile clinics were conducted in surrounding rural areas to provide basic health care services.

Besides the dire need for basic humanitarian necessities, there was also an urgent need to address the emotional and psychosocial toll experienced by people affected. The psychological impact of losing family members, losing source of income and surviving without basic necessities can lead to psychological trauma.

Thereby, MERCY Malaysia implemented the Child-Friendly Space (CFS) Programme, which is widely used by humanitarian organizations around the world in as the first response to children's psychological deterioration in war zones or disaster areas. It also serves as an entry point for working with the affected communities. In CFS, child-centered play therapy empowers children as they lead the play session with trained adults who are assisting them for their psychosocial recovery. A study by Columbia University and World Vision International has demonstrated that CFS helps in improving the overall well-being in the children who attend their sessions. Thus, the positive impact of CFS can be utilized to address the plight of Nepali children post-earthquake.



Construction and completion of temporary shelter.

PHILIPPINES

BACKGROUND

Sexual and reproductive health (SRH) problems are among the leading causes of women's illness and death world-wide. Approximately 75 to 80 percent of all crisis-affected populations are women, children and youths. These vulnerable segments of the population have the right to proper SRH services, including antenatal, prenatal, postpartum and newborn care, advice for family planning and safe abortion, as well as treatment and prevention of sexually transmitted diseases. Minimum Initial Service Package (MISP) is a set of priority practices and tools for medical practitioners, which, if deployed during crises, may save lives and prevent traumas, especially among women and girls.

MERCY MALAYSIA EFFORTS

MERCY conducted 3-day training at the Baybayon ni Agalon in Ormoc City one year post-Typhoon Haiyan. It was attended by nurses and midwives of Ormoc City Health Office. The training was conducted in English by MERCY trainers while technical assistants provided required translations into the Visaya language for participants. Adult-learning approaches were used throughout the training which comprised lectures, hands-on workstations, visual aids, facilitated discussions and presentations.

At the end of the training, participants were able to:

- 1) Explain and discuss the 5 objectives of MISP
- 2) Explain and discuss the content of RH Kit and its relevancy to those objectives
- 3) Demonstrate the correct use of Clean Delivery Kit (CDK)
- 4) Demonstrate the correct use of a condom on a penile shaft and the right use of a diaphragm
- 5) Formulate a plan on how to implement the MISP in their rural health center during emergencies
- 6) Develop an action plan for the city on how to move forward with MISP implementation



Training participants



Understanding the line of paths that a woman has to go through to file one report on sexual assault



Health - Related Development

PROJECT

Minimum Initial Service Package (MISP) Initial Training for Sexual & Reproductive Health

OBJECTIVE

To increase the capacity of local medical practitioners and nurses to reduce the impact of disaster in sexual and reproductive health

PROJECT PARTNERS

- International Planned Parenthood Foundation (IPPF)
- Ormoc City Health Office

ACTIVITIES

- Lectures of the MISP module
- Hands-on training
- Scenario/simulation exercise
- Group/individual presentations

LOCATION

Ormoc City, Leyte Island

PERIOD

3rd - 6th March 2015

ACCOMPLISHMENTS

20 medical/nursing staffs of Ormoc City Health Office were trained

PHILIPPINES



Health - Related Development

PROJECT

Construction of ICU-ODH of Ormoc District Hospital

OBJECTIVE

- Provide affected community with basic medical care and services.
- Increase the level and quality of services provided by Ormoc District Hospital

PROJECT PARTNERS

Leyte Department of Healths

ACTIVITIES

- Reconstruction of damaged hospital buildings
- Construction of Intensive Care Unit

LOCATION

Ormoc City, Leyte Philippines

PERIOD

2nd March to 22nd April 2015

ACCOMPLISHMENTS

- Reconstruction of 100% of damaged buildings
- Provision of essential emergency medical services
- Construction of a new and vital Intensive Care Unit

RECONSTRUCTION OF

100%
OF DAMAGED
BUILDINGS

BACKGROUND

Typhoon Haiyan, also known locally as Super Typhoon Yolanda, caused widespread destruction across the Visayas in the Philippines, killing over 6,300 people in November 2013. It is one of the deadliest Typhoons on record in Southeast Asia, with UN officials estimating that over 11 million people were affected.

Ormoc, a city situated on the island of Leyte, Philippines was largely destroyed by Typhoon Haiyan. Extensive damage was caused to infrastructure, agriculture, home and livelihoods. A storm surge as high as a two-storey building whipped out Tacloban Airport, one of the vital ports of transport within the region. The destruction of vital transportation networks and interruption in communication lines caused thousands of people to remain stranded for weeks, waiting for humanitarian relief to arrive.

Service providers such as hospitals and fire brigades were also tremendously affected, limiting the provision relief efforts and services. One of the service providers greatly affected was Ormoc District Hospital, a vital level 1 referral hospital within the province of Leyte. Typhoon Haiyan damaged over 80% of the hospital building, destroying roofing, ceilings, walls, electrical connections and water supply.

MERCY MALAYSIA EFFORTS

As a continuation of MERCY Malaysia's emergency relief efforts to thousands of people affected by Typhoon Haiyan, this project in 2015 aimed to reconstruct and restore operation functions of Ormoc District Hospital. As the hospitals provides services to hundreds of surrounding communities, it was vital for the hospitals to return to full operational capacity as quickly as possible.

The first point of action of project was to set up a temporary Outpatient Department of the hospital in the form of medical tents, equipment and medical supplies. For two months essential medical care and services were provided to hundreds of patients from the temporary Outpatient Department. Furthermore, increased human resource capacity was provided to the limited functioning Ormoc District Hospital.

Meanwhile, MERCY Malaysia's technical team worked tirelessly to reconstruct the damaged hospital. The technical team focused not simply on standard reconstruction of the damaged buildings, but also focused on integrating resilience within the building structure. Due to the team's technical expertise and cost saving efforts, a brand new Intensive Care Unit was also part of the reconstruction of the hospital. This Intensive Care Unit upgraded the hospital to a level 2, providing specialized services which are scarce within the region.

The reconstructed hospital, as well as additional medical services, has provided thousands of people still recovering from Typhoon Haiyan with medical services they are entitled to.



Arrangement of items donated by other organisations to equip the ICU.



The ready constructed ICU.

PHILIPPINES

BACKGROUND

In response to the devastation caused by Typhoon Haiyan, MERCY Malaysia provided mobile health clinics in Valencia Health District from Nov 21, 2013 until Jan 24, 2014. MERCY Malaysia also provided outpatient services in Ormoc District Hospital from Nov 24, 2013 to Dec 27, 2013. One of the concerns raised during the mobile clinic operation was the emergence of acute and chronic malnutrition among children under the age of 5 years. Some of these young children displayed evidence of stunting when they were brought to MERCY Malaysia's mobile clinic.

Barangay Bagong Buhay is one of the barangays that is serviced by Ipil Health District. It is located in the middle of Ormoc City proper. The district had started their own nutrition project, comprising twice a month wet feeding sessions at a school. Unfortunately the program had to be stopped due to lack of funding.

MERCY MALAYSIA EFFORTS

MERCY Malaysia implemented a supplemental feeding program at Barangay Bagong Buhay for a duration of 3 months. This program targeted 52 children between the ages of 6 months to 5 years old who were underweight. The program included both wet and dry feedings where children were given cooked food twice a week and daily dry rations to supplement their daily food intake for the duration of the program.

The supplemental feeding program was held in partnership with Ormoc City Nutrition Health Office and Ipil Health District, based on the module by the Philippines Department of Health.



Launching of the feeding program in Barangay Bagong Buhay (from left: Mrs. Rhiesa Lydia S. Nastor (Nutrition Officer II), Ms. Masniza Mustaffa (MERCY Malaysia Health Coordinator), Mrs. Besabilita Sulla (BNS), Hon. Victorino Cuizon (Brgy Captain), and staff of DOH).



Children enjoying the champorado with monggo prepared during one of the wet feeding sessions.



A clown was invited to entertain the children during the culmination activities.



Testimony from Hon. Victorino Cuizon (Brgy Captain) in Barangay Bagong Buhay.

Health - Related Development



PROJECT

Supplementary Feeding Programme

OBJECTIVE

- To eradicate malnutrition in Barangay Bagong Buhay with the aid of wet feeding and dry rations for three months
- To improve healthy eating among the beneficiaries after the program ended

PROJECT PARTNERS

- Barangay Health Workers (BHW) of Ipil District
- Department of Health, Ormoc City

ACTIVITIES

- Twice a week of wet feeding activities
- Nutrition talks to caregivers
- Distribution of weekly dry nutri-packs
- Monthly weight recording

LOCATION

Barangay Bagong Buhay, Ormoc City

PERIOD

7th January – 27th March, 2015

ACCOMPLISHMENTS

- Conducted 24 wet feeding sessions in Barangay for 52 beneficiaries of 6 months - 5 years old
- Distributed Nutri packs every after wet feeding session to 52 beneficiaries in Barangay Bagong Buhay
- Conducted "Pabasang Nutrisyon" every wet feeding season
- Provided medical consultation by the City Health Department and a culmination activity were provided

SIERRA LEONE



Health - Related Development

PROJECT

Ebola "Recovery" Programme

OBJECTIVE

- Provide hygiene practices in schools to prevent Ebola Virus Transmission.
- Targeted schools are prepared to prevent Ebola infection

PROJECT PARTNERS

Plan International Sierra Leone

ACTIVITIES

- Distribution of Hygiene Kits to 100 Schools
- Installation of hand washing facilities in 100 schools
- Awareness campaign in 100 schools for School Health Clubs on good hygiene practices for preventing Ebola
- Construction of 20 wells and rehabilitation of 30 wells
- Training of teachers and School Management Committees of safety protocols in 100 schools

LOCATION

Western Area Rural District, Freetown

PERIOD

August 2015 – December 2016

ACCOMPLISHMENTS

- 100 hygiene kit sets have been procured and distributed to 100 schools
- Hand washing stations have been procured and installed in 100 schools

100

HYGIENE KIT SETS HAVE
BEEN PROCURED

HAND WASHING STATIONS
HAVE BEEN PROCURED
AND INSTALLED IN
100 SCHOOLS

BACKGROUND

From December 2013, West Africa suffered the largest outbreak of the Ebola Virus Disease recorded in history, a disease with often fatal consequences, causing widespread panic and fright.

Responders had a tough time dealing with the overwhelming health crisis engulfing West Africa. The strict health codes required in addressing the outbreak and cultural beliefs which hampered with these health codes posed as a serious complication.

Sierra Leone registered the highest number of cases and fatalities, at the peak of the outbreak registering 450 new cases a week.

Epidemiologists had their hands full and any Third World country would be hard pressed to cope with such a deluge of cases in a deadly epidemic that had engulfed the region.

With regional and state resources stretched to the limit, international advice and assistance was sought from developed countries and world health bodies to address the seriousness of the epidemic.

To prevent the possibility of infection, the education system paid a heavy price with over 1.8million children kept out of schools as all schools were closed.

This led to a severe disruption in children's education as they were unable to sit for the national year-end examinations.

Psychologically and emotionally, the children were also traumatised by the impact Ebola had on family and friends.



SIERRA LEONE



MERCY MALAYSIA EFFORTS

In an epidemic such as Ebola, maximum care and precaution was taken by MERCY Malaysia in approaching the route to provide assistance.

Working with the Sierra Leone office of Plan International, a United Kingdom-based 75-year-old non-governmental organisation present in over 50 developing countries, MERCY Malaysia developed avenues to assist children in preventive measures to curtail the spread and infection of Ebola.

With the government scheduled to open schools throughout Sierra Leone, MERCY Malaysia, through the assistance provided by the Malaysian Ministry of Health, embarked on the Ebola "Recovery" Programme.

In the Western Area Rural District, 100 schools were identified for the implementation of the programme, and, of these, 66 are primary schools and 34 are junior secondary schools. A total of 47,208 students and 962 teachers and 100 School Management Committee Members have been benefiting from the project activities.

MERCY Malaysia procured 1,200 hygiene kit sets for distribution and 100 hand washing stations for installation across the schools that were identified.

To complement the supply of the items, at each school, MERCY Malaysia in 2016 will be providing the health clubs, teachers and School Management Committees training on Ebola infection preventive measures and good hygiene practices.

In addition, MERCY Malaysia along with Plan International Sierra Leone, engaged the authorities and local residents to identify 20 areas for the construction of hand pump wells and 30 areas for the rehabilitation of hand pump wells. The construction and rehabilitation of these wells will be completed in 2016.

The success of the School Ebola Preventive Programme enabled MERCY Malaysia to gain considerable expertise and experience in providing assistance in such a serious epidemic.

YEMEN



Health - Related Development

PROJECT

Yemeni Refugee Assistance

OBJECTIVE

- To assess parameters at medical centre
- To provide medical supplies as required

PROJECT PARTNERS

- Qatar Charity
- African Humanitarian Action

ACTIVITIES

- Refugee camp need analysis
- Medical centre need assessment
- Medical supply need procurement

LOCATION

Obok Refugee Camp (off Djibouti City)

PERIOD

Five days in May 2015

ACCOMPLISHMENTS

- Assessment made on requirements
- Medical supplies worth USD10,000/- purchased
- Medical centre stocked with assessed and purchased supplies

BACKGROUND

With extensive experience in providing humanitarian assistance in conflict areas, MERCY Malaysia extended a hand in Yemen. When MERCY Malaysia went in, the conflict was in its 17th week with the number of fatalities, injured and displaced growing by the day. It was estimated that 80% of the population in Yemen, or close to 21 million people, were in dire need of humanitarian attention. According to the Internal Displacement Monitoring Centre, almost 1.27million people were displaced, seeking refuge in neighbouring countries, including Djibouti.

Over 11,000 refugees of mixed nationalities arrived in Djibouti, almost 5,000 of whom were Yemenis. The hotspot of MERCY Malaysia efforts was in Obok Refugee Camp, a four-hour drive from Djibouti City, where tents housed about 1,000 refugees with many women and children among them. With the United Nations High Commissioner of Refugees in preparation for an influx of about 15,000 refugees in the next six months, it was imperative that MERCY Malaysia render whatever support possible to the existing population of refugees at the camps.

MERCY MALAYSIA EFFORTS

Working closely with Qatar Charity and African Humanitarian Action, MERCY Malaysia got off the ground by closely studying the function, limitations and urgent needs of and at the Medical Centre at Obok Refugee camp. It became evidently clear that, with the onset of summer, temperatures and weather conditions would pose a challenge to the refugees, numbers of whom are increasing by the day. MERCY Malaysia made the endeavour to improve the quantity and the quality of medical assistance through a disciplined assessment exercise.

Adhering to the parameters of time, budget and capacity, MERCY Malaysia surveyed the requirements at the Medical Centre. Appointments were made with local medical supply companies and discussions were held to assess and decide on the medical supplies to purchase. USD10,000/- was set aside to make the procurement and once the necessary supplies arrived, a stock check was made to enable the certification on the stock as specified. The medical supplies were distributed to the Medical Centre and it was anticipated that the stock would go far in addressing the urgent needs of the refugees, especially with the harsh weather coming on.



Donation of medical supplies to African Humanitarian Action (AHA).



Visit to camp clinics.



Obok Refugee Camp.



EVENTS & TRAINING

HANDOVER OF TEMPORARY SHELTERS

Location : Kuala Krai, Kelantan

Funder : Sime Darby Foundation

Yayasan Sime Darby funds RM1.3 million for the construction of temporary shelters in Kampung Tualang, Kampung Bekok and Kampung Jalan Gael.

In a simple yet meaningful ceremony, Yayasan Sime Darby (YSD) in collaboration with MERCY Malaysia handed over the "keys" to 87 temporary shelters which have been built for families displaced by the floods in Kampung Tualang, Kampung Bekok and Kampung Jalan Gael in Kuala Krai.

Present at the handover ceremony were President and Group Chief Executive of Sime Darby Berhad YBhg Tan Sri Dato' Seri Mohd Bakke Salleh, YSD Governing Council member YBhg Datin Paduka Zaitoon Dato' Othman, MERCY Malaysia's Honorary Secretary YM Raja Riza Shazmin Raja Badrul Shah and Executive Director Ahmad Faezal Mohamed.

The temporary shelters were introduced by MERCY Malaysia and built by a small group of experienced carpenters from within and outside of Kelantan. Each shelter is a 20'x12' wooden structure consisting of 2 rooms complete with electricity and a toilet. The shelter provides a temporary abode for families who have been living like nomads since the December floods. Each shelter was completed in approximately three to five days. MERCY Malaysia worked closely with local authorities namely the District Office of Kuala Krai and the Village Development and Security Committee (JKKK) to ensure affected families were allocated with temporary shelters.



Sime Darby Berhad President & Group Chief Executive, YBhg Tan Sri Dato' Seri Mohd Bakke Salleh (3rd from left), handing over a mock key to Encik Abu Bakar Ibrahim, the first recipient of the temporary shelter funded by Yayasan Sime Darby. From left is Puan Hajah Yatela Zainal Abidin, CEO of Yayasan Sime Darby, and on her left is Yayasan Sime Darby Governing Council Member, YBhg Datin Paduka Zaitoon Dato' Othman.



MERCY Malaysia's staff seen here explaining the concept of the temporary shelter to Sime Darby Berhad President & Group Chief Executive, YBhg Tan Sri Dato' Seri Mohd Bakke Salleh and some of the recipients. Looking on from 3rd left is Yayasan Sime Darby Governing Council Member, YBhg Datin Paduka Zaitoon Dato' Othman.



A group photo of Sime Darby Berhad's President & Group Chief Executive, YBhg Tan Sri Dato' Seri Mohd Bakke Salleh with the recipients of temporary shelters funded by Yayasan Sime Darby in Kuala Krai, Kelantan.

HANDOVER CEREMONY “NASUNOGAN ELEMENTARY SCHOOL”

Location : Ormoc City, Philippines

Funder : Maybank Foundation

Maybank Foundation donated RM 200,000 to the Nasunogan Elementary School in Ormoc, Philippines to aid in the recovery from the devastating effect of super Typhoon Haiyan in November 2013

Typhoon Haiyan had damaged 97 schools in Ormoc city, among which the most severe was Nasunogan Elementary School.

MERCY Malaysia secured the financial assistance of Maybank Foundation and actively assisted in rehabilitating the school. Construction works began on 10 April 2014 and was completed on 28 November 2014 at a total cost of Php 4,518,651.50 (RM 377,442.96).

On 12 May 2015, a Malaysian delegation consisting of MERCY Malaysia headed by YM Datin Raja Riza Shazmin, Maybank Foundation headed by Board of Trustee, Datin Paduka Marina Mahathir and Malaysian Ambassador to the Philippines Dato' Mohd Zamri Mohd Kassim went to Ormoc city to witness the handover ceremony of the school and were warmly received by the school principal, teachers, students and the people of Nasunogan Barangay.

The Malaysian Ambassador also officiated the launch of a computer laboratory witnessed by Ormoc City Mayor Edward C. Codila.



MY MERCY RUN 2015

Hot on the heels of its first ever International Humanitarian Run in 2014, MERCY Malaysia organized its second, equally significant "My MERCY Run" on 1 August 2015, flagged off by human rights activist, Ybhg. Datin Paduka Marina Mahathir. The Run comprised 3km, 7km, and 10km distance categories. A total of 1,800 took part in the event, adding more than RM100,000 for MERCY Malaysia's cause and creating awareness of the Organisation's humanitarian efforts, meeting the spirit of volunteerism and disaster preparedness among Malaysians.

The success of the Run was due in no small part to sponsors who generously gave material and organisational support to the event. From professional event organisers to refreshment and snack sponsors, the Run was well organised and truly enjoyable for all involved.

MERCY Malaysia would also like to thank the hundreds of volunteers who lined the route, providing morale encouragement, refreshments and medical aid when required, and generally adding festive cheer to the event.

The success of the Run would also not be possible without the corporate contributions of Deutsche Bank Asia Foundation, Maybank, MBSB, Huawei, Weir Minerals, Quantum Logistics, Encorp, Lloyd's Register, Schlumberger Oilfield Services, Shangri-la Hotel Kuala Lumpur, Traders Hotel Kuala Lumpur and Soleus. In addition, the prize and refreshment sponsors include Thong Sia Sdn Bhd, Nestle Malaysia, Apex Pharma, Kinohimitsu, Rotho-Mentholatum, CCM Pharmaceuticals, Gatsby, Gardenia Bakeries (KL), Nestle, Munchy's Biscuits, TKM Fruits and other sponsors.



VOLUNTEER APPRECIATION DAY

Every year MERCY Malaysia holds a Volunteer Appreciation Day to celebrate the unsung heroes of the organisation. Both medical and non-medical personnel take time out of their hectic daily schedules to assist the Organisation's operations. From fundraising activities to administrative work to international humanitarian response, all of which are vital to the delivery of humanitarian aid.

The night was filled with fun and entertainment as the volunteers showed off their exceptional karaoke skills while dressed as their favourite superheroes.



ANNUAL FUNDRAISING DINNER 2015

MERCY Malaysia held its Annual Fundraising Dinner on 16th October 2015 at the Sheraton Imperial Hotel, Kuala Lumpur with the theme "Planning for Tomorrow, Today", to coincide with the International Day for Disaster Risk Reduction three days earlier

MERCY Malaysia's President, Dato' Dr Ahmad Faizal in his speech emphasized the importance of disaster preparedness as it can ensure a disaster-prone area complies with all preventive measures and is in a state of readiness to contain the effects of a forecasted disastrous event. "This can help minimize loss of life, injury, and damage to property and affirm that the area can provide rescue, relief, rehabilitation, and other services in the aftermath of the disaster and has the capability and resources to continue to sustain its essential functions without being overwhelmed by the demands placed on relief teams" he stated.

The fundraising dinner was graced by HRH Sultan Nazrin Muizzuddin Shah and HRH Tuanku Zara Salim of Perak. Thanks to generous sponsorships and donations from various corporations and organisations, it was an enjoyable evening filled with fun and entertainment. Very generously, and being a dedicated humanitarian herself, Deborah Henry, a former Miss Universe Malaysia, emceed the entire night pro bono for MERCY

Malaysia in a personal show of support. YM Datin Raja Riza Shazmin, Honorary Secretary of MERCY Malaysia expressed her gratitude for the generosity that was received over the years and hopes to receive the public's continued support in helping the Organisation promote disaster preparedness and build a safer Malaysia together.

Another primary topic of the night was the contracted crisis in Syria that demanded immediate humanitarian assistance. MERCY Malaysia need to act fast to fill in the gaps of unmet needs which was highlighted in the President's speech. The President, together with HRH Sultan Nazrin Muizzuddin Shah launched a Syrian Winter Relief Fund and MERCY Malaysia pledged to provide humanitarian assistance for the next 3 years to Syrian refugees, provided that monetary support from the Malaysian public and corporations continue.

It proved another successful evening, where MERCY Malaysia was able to reach out to its supporters, donors, partners and volunteers to raise awareness and share the Organisation's experiences in the humanitarian sector in the past year and what it plans to do in the next. Response for the night was encouraging with corporations, organisations, and individuals contributing to the total amount of RM223,804 that was raised.



BASIC MISSION TRAINING

Date: 24th – 26th April 2015 & 21st – 23rd August 2015

Venue: Pusat Latihan Pasukan Gerakan Am, Ulu Kinta, Perak

OBJECTIVES

The training is structured to prepare volunteers for any MERCY Malaysia's medical and humanitarian relief missions to any disaster area whether crisis or non-crisis situation. At the end of the program, it is expected that the volunteers would be ready physically and mentally to be developed as front-liners to any MERCY Malaysia's medical and humanitarian relief mission during the emergency phase and to face any challenges during mission.

Below are more details of the training objectives:

- Developed committed relief workers within MERCY Malaysia's pool of volunteers;
- Promote understandings of relief work, MERCY Malaysia's operations and volunteer roles and responsibilities;
- Introduce the Sphere Project, Radio Communication, Navigation with compass, Basic Life Support & medical evacuator;

- Develop basic skills and knowledge that can be applied specifically on any MERCY Malaysia's mission or as a general knowledge;
- Build up mental strength and commitment when going on relief mission to any disaster areas;
- To promote team spirit and leadership quality under tiring conditions.

1st BMT, 24th – 26th April 2015, 23 Total Participants

- 4 Medical Volunteers
- 11 Non-medical Volunteers
- 8 Staffs

2nd BMT, 21st – 23rd August 2015, 39 Total Participants

- 26 Medical Volunteers
- 8 Non-medical Volunteers
- 5 Staffs



EMERGENCY RESPONSE UNIT LECTURE SERIES

Date: 28th – 29th March 2015

Venue: Hospital Universiti Kebangsaan Malaysia, Cheras

OBJECTIVES

- To educate MERCY Malaysia volunteers and staffs the rationale of UNDSS training
- To teach participants on how to manage their own stress symptoms
- To teach the participants on how to be able to manage camp emergencies situations like fire, disease outbreak etc.
- Delivering the techniques on how to prepare the layout of a field hospital
- To educate the participants on how the ERU tents look like and how to pitch and remove the hospital and accommodation tents.

- To educate participants on how to be able to manage common diseases in a disaster, how to apply HAP, SPHERE standards in the hospital set-up.
- Teaching skills to participants on applying the Humanitarian Code of Conduct in the field hospital.

44 Total Participants

- 10 Medical Volunteers
- 11 Non-medical Volunteers
- 20 UiTM Volunteers
- 3 Staffs



GLC DISASTER RESPONSE NETWORK TRAINING

In the recent years we have seen many crises and national disasters unfold. From 2005 till 2014, there have been 1,625 disaster events in Asia-Pacific alone. The protracted conflict in Syria and other Middle Eastern regions is also affecting nations outside the area. Both the public and private sector have in their own way provided support and relief to these disaster affected countries but we still remain unprepared in efficient disaster management.

The Malaysian East-Coast Floods of December 2014, one of the worst floods in recent history, have exposed our vulnerability and inexperience in disaster management. To significantly improve our capacity in disaster response and reduce the risks of disaster, several areas were identified as being inadequately prepared for emergency response. These findings have been and will be used in training materials and guidelines for preparedness activities for future disasters.

Recognizing our need to better prepared response, Khazanah Nasional Berhad (KNB) and MERCY Malaysia collaborated in preparedness activities and relief programmes to create a network of adequately trained GLC volunteers for a more coordinated response amongst the public and private sectors.

GLC Disaster Response Network Training is MERCY Malaysia's very first volunteerism and humanitarianism development and training program specifically designed for GLC participants. It is a three days practical programme for aid workers that include all aspects of emergency response including enlisting human resources, such as extant relief experts, relief network and practical knowledge for disaster management.

The main objective of this training was to ensure that volunteers on the ground are qualified and competent to conduct relief operations that they are assigned to. The logistic division provided a basic module of effective mobilization which included rehearsing and practicing what has been taught in the simulated scenario workshops.

Participants also learned the importance of exemplary leadership, fostering better relationship with team members, clear communication and command, creative thinking and other beneficial traits for good coordination.



MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)



EMERGENCY DISASTER RESPONSE AND RECOVERY

The goal of the three-day Sphere training sessions were to assist the participants to apply and promote Sphere learning as a tool for improving the quality and accountability of humanitarian actions by sharing, learning and practicing as below:

- Explore how to apply the Sphere Handbook as a tool for disaster response
- Describe the structure and content of the Sphere Handbook
- Practice use of Sphere Standards in a simulation exercise

There was a total of 29 participants with 12 females and 17 males. 16 participants represented government agencies and the remaining represented International Non-Governmental Organisations (I/NGOs) and academia.

The training included a wide variety of methods, including presentations, participatory exercise, a quiz, case studies, group discussions, video films and a simple simulation exercise. These methodologies afforded the participants to understand the use of Sphere Handbook during disasters as well as its function as a preparedness tool.

Daily feedback and final feedback suggested that the participants were satisfied with the training content, methodology and training delivery. Overall participants confirmed that their expectations were met and found the Sphere Minimum Standards highly relevant and important for all the sectors including the government agencies. A few participants indicated clear interest to take it forward upon return to their home countries.

VOLUNTEER INDUCTION PROGRAMME

Date: 7th March 2015, 9th May 2015 & 8th August 2015
Venue: Hospital Universiti Kebangsaan Malaysia, Cheras

OBJECTIVES

- To introduce MERCY Malaysia's Mission, Vision and Core Values
- To inculcate the true spirit of volunteerism and professionalism among participants.
- To provide a brief background of MERCY Malaysia's medical humanitarian aid and relief programmes.
- To obtain feedback from volunteers on their expectations and concerns.
- To develop a compassionate and professional team of volunteers.

1st VIP, 7th March 2015, 43 Total Participants

- 9 Medical Volunteers
- 22 Non-medical Volunteers
- 12 Students

2nd VIP, 9th May 2015, 70 Total Participants

- 28 Medical Volunteers
- 17 Non-medical Volunteers
- 25 Students

3rd VIP, 8th August 2015, 75 Total Participants

- 36 Medical Volunteers
- 24 Non-medical Volunteers
- 15 Students







ACKNOWLEDGEMENTS

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Zu Mian



Ir Amran



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Shahril



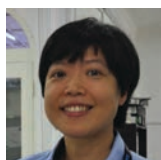
Zuri



Mariam



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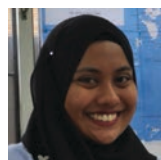
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Sayidah



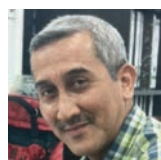
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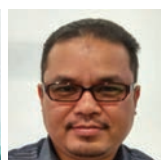
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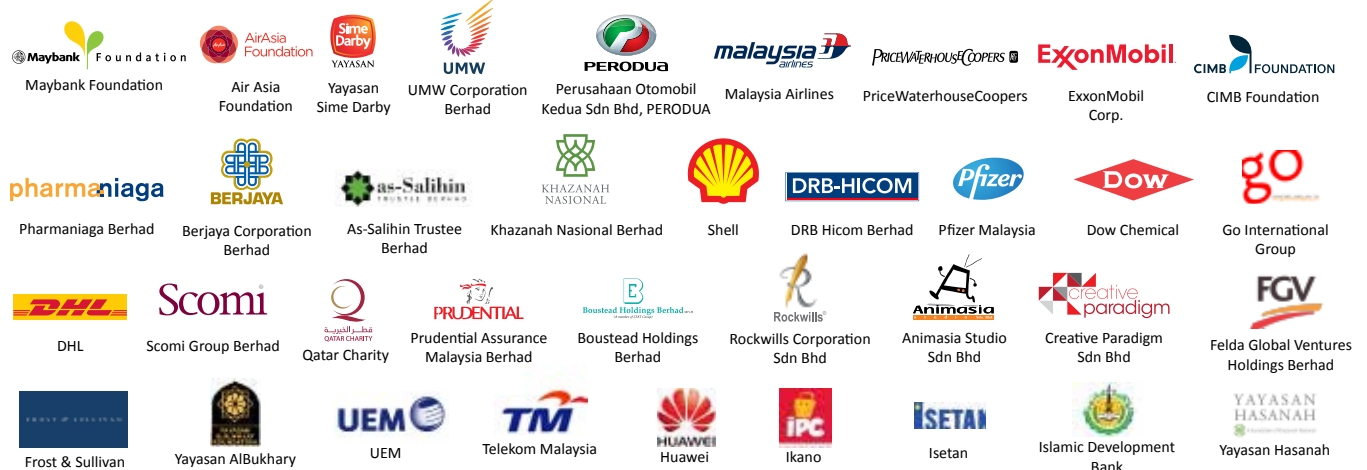
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In our experience, no contribution is too small and no measure of kindness is insignificant. MERCY Malaysia recognizes the value of working with partners. As an international non-profit organization, we rely solely on funding and donations from organizations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

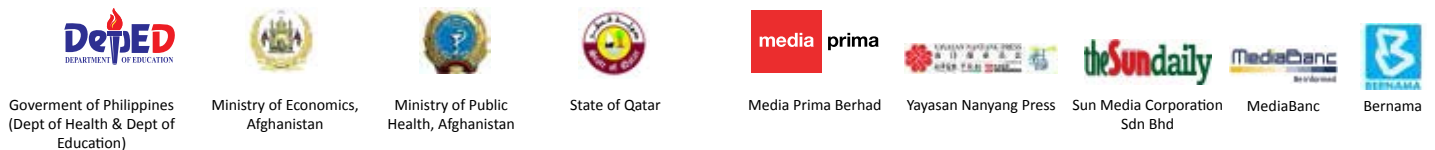
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Mohd Faizal Harun
Mohd Halimi Abdullah
Mohd Mazri Yahya, Dr.
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Mohd Mohid Bin Saidin
Mohd Nazrine Arias
Mohd Nazrine Arias
Mohd Sanusi Mohamed
Mohd Shah Awaluddin
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Noorman Sulaiman
Noorman Sulaiman
Nor Azaha Osman
Nor Azleena Abd Rahman
Nor Azmawati Bachik
Nor Azreena Aluyi
Nor Azrina Azlan
Nor Faizah Abdullah
Nor Hayati Abdul Hamid
Nor Hazla Mohamed Hafiah, Dr.
Nor Idawaty Ibrahim, Dr.
Nor Jasmin Lokman
Nor Mazrina Abdul Manan
Nor Rohaini Abd. Hamid
Nor Suhaida Hajenan
Nor Suhaila Mohamd Noor
Noraida Mohamed Shah
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Noor Aqilah binti Ashamuddin
Noor Azreen Alimin
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 Zullaili Zainal Abidin



*“We would also like to **acknowledge our volunteers** who assisted us in events, fundraisers, communications, logistics, packing and other activities.*

May your efforts be truly blessed.

There are too many of you for us to acknowledge individually but you know who you are”

Dato’ Dr. Ahmad Faizal Mohd. Perdaus
President



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SOCIETY INFORMATION

PERSATUAN BANTUAN PERUBATAN MALAYSIA

(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

(Registered under the Societies Act, 1966)

(Society No.: 1155)

PRESIDENT

Dato' Dr. Ahmad Faizal Mohd Perdaus

VICE PRESIDENT I

Datuk Dr. Heng Aik Cheng

VICE PRESIDENT II

Vacant

HONORARY SECRETARY

YM Raja Riza Shazmin Raja Badrul Shah

ASSISTANT HONORARY SECRETARY

Dr. Hariyati Shahrina Abdul Majid

HONORARY TREASURER

Ar. Mohamad Ayof bin Bajuri

COMMITTEE MEMBERS

Mr. Tee Kam Bee

Assoc. Prof. Dr. Shalimar Abdullah

CO-OPTED MEMBERS

Dr. Jitendra Kumar Shantilal N. Tejani

Dr. Mohammad Iqbal Omar

Dr. Mohamed Ashraff Mohd Ariff

Dr. Norzila Mohamed Zainuddin

Mr. Harmandar Singh A/L Naranjan Singh

AUDITORS

Azuddin & Co. (AF 1452)

Chartered Accountants

PRINCIPAL PLACE OF OPERATION

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55000 Kuala Lumpur.

BANKERS

Bank Islam Malaysia Berhad

CIMB Bank Berhad

Malayan Banking Berhad

RHB Bank Berhad

REPORT OF THE AUDITORS

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

(Registered under the Societies Act, 1966)

(Society No.: 1155)

REPORT ON THE FINANCIAL STATEMENTS

We have audited the financial statements of MERCY Malaysia ("the Society"), which comprise the statement of financial position as at 31 December 2015 of the Society, and statement of profit or loss and other comprehensive income, statement of changes in charitable funds and statement of cash flows of the Society for the year then ended, and a summary of significant accounting policies and other explanatory notes as set out on the following pages.

Executive Council members' Responsibility for the Financial Statements

The Executive Committee of the Society are responsible for the preparation and fair presentation of these financial statements in accordance with Malaysian Financial Reporting Standards, International Financial Reporting Standards and the Societies Act, 1966 in Malaysia. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with approved standards on auditing in Malaysia. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Society preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

REPORT OF THE AUDITORS

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

(Registered under the Societies Act, 1966)

(Society No.: 1155)

Opinion

In our opinion, the financial statements have been properly drawn up in accordance with Malaysian Financial Reporting Standards, International Reporting Standards and the Societies Act, 1966 in Malaysia so as to give a true and fair view of the financial position of the Society as of 31 December 2015 and of its financial performance and cash flows for the year then ended.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

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

OTHER MATTERS

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

azuddin&co.

AZUDDIN & CO.
AF 1452
Chartered Accountants

Kuala Lumpur,
Date: 03 May 2016



AZUDDIN BIN DAUD
Partner
2290/07/016/(J)

EXECUTIVE COUNCIL REPORT

PERSATUAN BANTUAN PERUBATAN MALAYSIA

(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

(Registered under the Societies Act, 1966)

(Society No.: 1155)

EXECUTIVE COUNCILS' REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

The Executive Council have pleasure in submitting their report and the audited financial statements of the Society for the financial year ended 31 December 2015.

EXECUTIVE COUNCIL OF THE SOCIETY

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

PRESIDENT

Dato' Dr. Ahmad Faizal Mohd Perdaus

VICE PRESIDENT I

Datuk Dr. Heng Aik Cheng

VICE PRESIDENT II

Vacant

HONORARY SECRETARY

YM Raja Riza Shazmin Raja Badrul Shah

ASSISTANT HONORARY SECRETARY

Dr. Hariyati Shahrina Abdul Majid

HONORARY TREASURER

Ir. Amran Mahzan (Resigned 29.2.2016)

COMMITTEE MEMBERS

Mr. Tee Kam Bee

Ar. Mohamad Ayof bin Bajuri

Assoc. Prof. Dr. Shalimar Abdullah

CO-OPTED MEMBERS

Dr. Jitendra Kumar Shantilal N. Tejani

Dr. Mohammad Iqbal Omar

Dr. Mohamed Ashraff Mohd Ariff

Dr. Norzila Mohamed Zainuddin

Mr. Harmandar Singh A/L Naranjan Singh

STATUTORY INFORMATION

PERSATUAN BANTUAN PERUBATAN MALAYSIA

(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)

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STATUTORY INFORMATION ON THE FINANCIAL STATEMENTS

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

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

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

- i) that would render the amount of bad debts written off inadequate to any substantial extent or that would render it necessary to make any provision for doubtful debts, in the financial statements of the Society, or
- ii) that would render the value attributed to the current assets in the financial statements 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 2015 have not been substantially affected by any item, transaction or event of a material and unusual nature nor has any such item, transaction or event occurred in the interval between the end of that financial year and the date of this report.

STATEMENT BY EXECUTIVE COUNCIL

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

(Registered under the Societies Act, 1966)

(Society No.: 1155)

STATEMENT BY EXECUTIVE COUNCIL

We, The President and Honorary Secretary I of PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY Malaysia) state that, in our opinion, the financial statements set out on following pages, are drawn up in accordance with Malaysia Financial Reporting Standards, International Financial Reporting Standards and the Societies Act, 1966 in Malaysia so as to give a true and fair view of the state of affairs of the Society at 31 December 2015 and of its financial performance and cash flows of the Society for the year ended on that date.

On behalf of the Executive Council:



DATO' DR. AHMAD FAIZAL MOHD PERDAUS
President



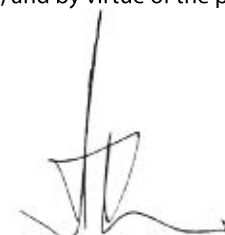
YM RAJA RIZA SHAZMIN RAJA BADRUL SHAH
Honorary Secretary

Kuala Lumpur, Date: 03 May 2016

STATUTORY DECLARATION BY TREASURER

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

Subscribed and solemnly declared by the abovenamed)
AR. MOHAMAD AYOF BIN BAJURI at Kuala Lumpur)
in the Federal Territory on)



AR. MOHAMAD AYOF BIN BAJURI

BEFORE ME:



SAMSIH BINTI ALI (No. W589)
PESURUHJAYA SUMPAH
NO. 12B, TKT BANGAL
BON. UMNO SERLANGOR
JALAN TONG, 51200
KUALA LUMPUR W.P.

FINANCIAL STATEMENTS

PERSATUAN BANTUAN PERUBATAN MALAYSIA

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(Registered under the Societies Act, 1966)

(Society No.: 1155)

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015

	Note	2015 RM	2014 RM
INCOME			
Donations	4	21,567,171	22,614,992
Annual fund raising dinner	5	223,804	8,133
Membership fee	6	2,770	2,060
Other income	7	579,461	473,102
		22,373,206	23,098,287
Less : EXPENSES			
Charitable expenditure	8	(19,290,115)	(12,614,388)
Operating expenses	9	(3,371,116)	(3,226,909)
		(22,661,231)	(15,841,297)
(DEFICIT)/SURPLUS FOR THE FINANCIAL YEAR		(288,025)	7,256,990

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

**PERSATUAN BANTUAN PERUBATAN MALAYSIA
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(Society No.: 1155)

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2015

	Note	2015 RM	2014 RM
ASSETS			
Non-current assets			
Property, plant and equipment	10	876,127	811,466
Current assets			
Inventories	11	167,148	226,666
Other receivables	12	1,346,148	1,189,545
Cash and cash equivalent		19,422,198	20,087,696
		20,935,494	21,503,907
Current liability			
Other payables and accruals		205,895	421,622
		205,895	421,622
Net current assets		20,729,599	21,082,285
NET ASSETS		21,605,726	21,893,751
Financed by:			
Charitable funds		21,605,726	21,893,751
MEMBERS FUND		21,605,726	21,893,751

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

FINANCIAL STATEMENTS

PERSATUAN BANTUAN PERUBATAN MALAYSIA

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STATEMENT OF CHANGES IN CHARITABLE FUND FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015

	2015 RM	2014 RM
Balance as at 1 January	21,893,751	14,636,761
(Deficit)/Surplus for the year	(288,025)	7,256,990
Balance as at 31 December	21,605,726	21,893,751
Charitable funds are consist are :-		
Unrestricted fund	5,057,313	2,912,476
Restricted funds :-		
Afghanistan	-	219,937
Bangladesh	7,816	91,438
Bosnia	686,455	782,011
India	12,758	12,758
Iraq	27,589	27,589
Japan	21,742	21,742
Malaysia	5,527,841	7,260,219
MMUK	179,785	275,000
Myanmar	129,504	-
Nepal	1,836,151	
Palestine	6,992,637	8,870,741
Phillippines	-	496,787
Sudan	6,788	2,698
Somalia	22,208	29,302
Special Project - ADDRN	277,417	292,768
Sri Lanka	25,940	25,940
Syria	668,329	572,345
Yemen	125,453	-
	16,548,413	18,981,275
	21,605,726	21,893,751

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

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**CASH FLOW STATEMENT
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015**

	Note	2015 RM	2014 RM
Cash flows from operating activities			
(Deficit)/Surplus for the year		(288,025)	7,256,990
Adjustments for:			
Depreciation		219,221	181,261
Interest income		(476,614)	(246,902)
(Deficit)/Surplus before working capital changes		(545,418)	7,191,349
Changes in working capital:			
Decrease in inventories		59,518	291,319
Increase in other receivables		(156,603)	(40,607)
Decrease in other payables		(215,727)	(150,175)
Cash (used in)/generated from operating activities		(858,230)	7,291,886
Interest received		476,614	246,902
Net cash (used in)/generated from in operating activities		(381,616)	7,538,788
Cash flow from investing activity			
Purchase of property, plant and equipment	13	(283,882)	(668,106)
Net cash used in investing activity		(283,882)	(668,106)
Net (decrease)/increase in cash and cash equivalents		(665,498)	6,870,682
Cash and cash equivalents at beginning of the year		20,087,696	13,217,014
Cash and cash equivalents at end of the year	14	19,422,198	20,087,696

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

NOTES TO THE FINANCIAL STATEMENTS

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

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(Society No.: 1155)

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1.1 Principal activities

The Society is a non-profit organisation, humanitarian and charitable body registered under the Societies Act, 1966, focusing on providing medical relief, sustainable health related development and disaster risk reduction activities for vulnerable communities. The principal objectives of the Society are:

- 1.1.1 to provide humanitarian aid and in particular medical relief and Water, Sanitation and Hygiene (WASH) programme to vulnerable communities within Malaysia or anywhere throughout the world as and when the need arises;
- 1.1.2 to promote the spirit of goodwill, volunteerism, and humanitarianism among members and volunteers of the Society;
- 1.1.3 to educate the public on aspects of humanitarian assistance, disaster management and risk reduction; and
- 1.1.4 to liaise with various local and international relief organisations, agencies, host governments and or other interested societies to assist in achieving these objectives.

1.2 Basis of preparation of financial statement

1.2.1 Statements of compliance

The financial statements of the Company have been prepared in accordance with Malaysian Financial Reporting Standards ("MFRS"), International Financial Reporting Standards and the Companies Act, 1965 in Malaysia.

The financial statements are presented in Ringgit Malaysia ("RM"), which is the functional currency of the Society.

1.3 Standards issued but not yet effective

The Company has not adopted the following standards and interpretations that have been issued but not yet effective:

Description	Effective for annual periods beginning on or after
Amendments to MFRS 5 (Annual Improvements to MFRSs 2012-2014 Cycle)	1 January 2016
Amendments to MFRS 5 (Annual Improvements to MFRSs 2012-2014 Cycle)	1 January 2016
MFRS 9: Financial instruments (IFRS 9 issued by IASB in November 2009 and October 2010)	1 January 2015
Sales of Contribution of Assets between an Investor and its Associate or Joint Venture (Amendments to MFRS 10 and MFRS 128)*	1 January 2016
Accounting for Acquisitions of Interest in Joint Operations (Amendments to MFRS 11)*	1 January 2016

**PERSATUAN BANTUAN PERUBATAN MALAYSIA
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1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.3 Standards issued but not yet effective

Description	Effective for annual periods beginning on or after
Regulatory Deferral Accounts	1 January 2016
Revenue from Contracts with Customers*	1 January 2017
Clarification of Acceptable Method of Depreciation and Amortization (Amendments to MFRS 116 and MFRS 138)	1 January 2016
Agriculture: Bearer Plants (Amendments to MFRS 116 and MFRS 141)*	1 January 2016
Amendments to MFRS 119 (Annual Improvements to MFRSs 2012-2014 Cycles)	1 January 2016
Equity Method in Separate Financial Statements (Amendments to MFRS 127)*	1 January 2016
Sales or Contribution of Assets between an Investors and its Associates or Joint Venture (Amendments to MFRS 10 and MFRS 128)*	1 January 2016
Amendments to MFRS 134 (Annual Improvements to MFRSs 2012-2014 Cycle)	1 January 2016

* not related to the Society's nature of business

1.4 Property, plant and equipment

All items of plant and equipment are initially recorded at cost. Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Society and the cost of the item can be measured reliably. The carrying amount of the replaced part is derecognised. All other repairs and maintenance are charged to the income statement during the financial period in which they are incurred.

Subsequent to recognition, plant and equipment are stated at cost less accumulated depreciation and any accumulated impairment losses.

NOTES TO THE FINANCIAL STATEMENTS

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

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1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.4 Property, plant and equipment (continued)

Depreciation of plant and equipment is provided for on straight line basis to write off the cost of each asset to its residual value over the estimated useful life.

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

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

The residual values, useful life and depreciation method are reviewed at each financial period end to ensure that the amount, method and period of depreciation are consistent with previous estimates and the expected pattern of consumption of the future economic benefits embodied in the items of plant and equipment.

An item of plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. The difference between the net disposal proceeds, if any and the net carrying amount is recognised in profit or loss.

1.5 Financial assets

Financial assets are recognised in the statements of financial position when, and only when, the Society become a parties to the contractual provisions of the financial instrument.

When financial assets are recognised initially, they are measured at fair value, plus, in the case of financial assets not at fair value through profit or loss, directly attributable transaction costs.

The Society determines the classification of their financial assets at initial recognition, and the categories include financial assets at fair value through profit or loss, loans and receivables and held-to-maturity investments.

1.5.1 Financial assets at fair value through profit or loss

Financial assets are classified as financial assets at fair value through profit or loss if they are held for trading or are designated as such upon initial recognition. Financial assets held for trading are derivatives (including separated embedded derivatives) or financial assets acquired principally for the purpose of selling in the near term.

Subsequent to initial recognition, financial assets at fair value through profit or loss are measured at fair value. Any gains or losses arising from changes in fair value are recognised in profit or loss. Net gains or net losses on financial assets at fair value through profit or loss do not include exchange differences, interest and dividend income. Exchange differences, interest and dividend income on financial assets at fair value through profit or loss are recognised separately in profit or loss as part of other deficits or other income.

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1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.5 Financial assets (continued)

1.5.1 Financial assets at fair value through profit or loss (continued)

Financial assets at fair value through profit or loss could be presented as current or non-current. Financial assets that are held primarily for trading purposes are presented as current whereas financial assets that are not held primarily for trading purposes are presented as current or non-current based on the settlement date.

1.5.2 Loans and receivables

Financial assets with fixed or determinable payments that are not quoted in an active market are classified as loans and receivables.

Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method. Gains or losses are recognised in profit or loss when the loans and receivables are derecognised or impaired, and through the amortisation process. Loans and receivables are classified as current assets, except for those having maturity dates later than 12 months after the reporting date which are classified as non-current.

1.5.3 Held-to-maturity investments

Financial assets with fixed or determinable payments and fixed maturity are classified as held-to-maturity when the Society has the positive intention and ability to hold the investment to maturity.

Subsequent to initial recognition, held-to-maturity investments are measured at amortised cost using the effective interest method. Gains or losses are recognised in profit or loss when the held-to-maturity investments are derecognised or impaired, and through the amortisation process.

Held-to-maturity investments are classified as non-current assets, except for those having maturity within 12 months after the reporting date which are classified as current.

1.6 Impairment of financial assets

The Society assess at each reporting date whether there is any objective evidence that a financial asset is impaired.

1.6.1 Trade receivable, other receivables and other financial assets carried at amortised cost

To determine whether there is objective evidence that an impairment loss on financial assets has been incurred, the Society consider factors such as the probability of insolvency or significant financial difficulties of the debtor and default or significant delay in payments. For certain categories of financial assets, such as trade receivables, assets that are assessed not to be impaired individually are subsequently assessed for impairment on a collective basis based on similar risk characteristics. Objective evidence of impairment for a portfolio of receivables could include the Society's past experience of collecting payments, an increase in the number of delayed payments in the portfolio past the average credit period and observable changes in national or local economic conditions that correlate with default on receivables.

If any such evidence exists, the amount of impairment loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. The impairment loss is recognised in profit or losses.

NOTES TO THE FINANCIAL STATEMENTS

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1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.6 Impairment of financial assets (continued)

1.6.1 Trade receivable, other receivables and other financial assets carried at amortised cost (continued)

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade receivables, where the carrying amount is reduced through the use of an allowance account. When a trade receivable becomes uncollectible, it is written off against the allowance account.

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed to the extent that the carrying amount of the asset does not exceed its amortised cost at the reversal date. The amount of reversal is recognised in profit or losses.

1.7 Inventories

Inventories are measured at the lower of cost and net realisable value. The cost of inventories is based on the weighted average cost and includes expenditure incurred in acquiring the inventories and bringing them to their existing location and condition. In the case of work-in-progress, cost includes an appropriate share of production overheads based on normal operating capacity. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and the estimated costs necessary to make the sale.

1.8 Cash and cash equivalents

Cash and cash equivalents consist of cash in hand, balances and deposits with banks that are readily convertible to known amount of cash and which are subject to an insignificant risk of changes in value.

1.9 Financial liabilities

Financial liabilities are classified according to the substance of the contractual arrangements entered into and the definitions of a financial liability.

Financial liabilities, within the scope of FRS 139, are recognised in the statement of financial position when, and only when, the Society become a party to the contractual provisions of the financial instrument. Financial liabilities are classified as either financial liabilities at fair value through profit or loss or other financial liabilities.

1.9.1 Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held for trading and financial liabilities designated upon initial recognition as at fair value through profit or loss.

Financial liabilities held for trading include derivatives entered into by the Society that do not meet the hedge accounting criteria. Derivative liabilities are initially measured at fair value and subsequently stated at fair value, with any resultant gain or losses recognised in profit or loss. Net gains or losses on derivatives include exchange differences.

The Society has not designated any financial liabilities as at fair value through profit or loss.

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1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.9 Financial liabilities (continued)

1.9.2 Other financial liabilities

The Society other financial liabilities include trade payables and other payables.

Trade and other payables are recognised initially at fair value plus directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method.

For other financial liabilities, gains or losses are recognised in profit or loss when the liabilities are derecognised, and through the amortisation process.

A financial liability is derecognised when the obligation under the liability is extinguished. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in profit or loss.

1.10 Income recognition

Revenue is recognised when it is probable that the economic benefits associates with the transaction will flow to the society and the amount of the revenue can be measured reliably.

1.10.1 Donation

Donation is recognised in profit or loss on the date when the Society's right to received payment is established.

1.10.2 Interest income

Interest is recognised on a time proportion basis that reflects the effective yield on the asset.

1.11 Membership subscription and admission fee

Ordinary membership subscription is payable annually before the accounting financial year. Only that subscription which is attributable to the current financial year is recognised as income. Subscription relating to periods beyond the current financial year is taken up in the statement of financial position 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.

1.12 Charitable funds

Charitable funds consist of Unrestricted Fund and Restricted Funds.

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

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

NOTES TO THE FINANCIAL STATEMENTS

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1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1.13 Foreign exchange

Transactions in foreign currency during the period are converted into Ringgit Malaysia at rates of exchange approximating those prevailing at the transaction dates.

Monetary assets and liabilities in foreign currency at statement of financial position date are translated into Ringgit Malaysia at rates of exchange approximating those ruling on that date.

Exchange gains and losses are charged to the statement of profit and loss and comprehensive income.

The principal closing rate used (expressed on the basis of one unit of foreign currency to RM equivalents) for the translation of foreign currency balances at the statement of financial position date are as follows:

Foreign currency:-	RM 31.12.2015	RM 31.12.2014
1 US Dollar	4.2920	3.46800
1 Brunei Dollar	3.0356	2.66180
1 Pakistan Rupee	0.0409	0.03570
1 Sri Lanka Rupee	0.0291	0.02660
1 Australian Dollar	3.1338	2.95200
1 Euro	4.6918	4.32480
1 Japanese Yen	3.5645	0.02890
1,000 Indonesian Rupiah	0.3110	0.30000
1 Philippine Peso	0.0915	0.08260
1 Singapore Dollar	3.0355	2.66180
1 Swiss Franc	4.3419	3.60420
1 Pound Sterling	6.3607	5.45170
1 Thai Bhat	0.1192	0.11380
1 Taiwan New Dollar	0.1306	0.11880
1 India Rupee	0.6461	0.55200
1 Bangladesh Taka	0.0536	0.05000

1.14 Employee Benefits

1.14.1 Short term benefits

Short term employee benefit obligations in respect of salaries, annual bonuses, paid annual leave and sick leave are measured on an undiscounted basis and are expensed as the related service is provided.

A provision is recognised for amount expected to be paid under short-term cash bonus or profit-sharing plans if the Society has a legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

1.14.2 Defined contribution plans

The Society's contribution to the Employee's Provident Fund is charged to statement of comprehensive income in the year to which they relate. Once the contributions have been paid, the Society has no further payment obligations.

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2. FINANCIAL INSTRUMENT

The Society activities are exposed to a variety of market risk (including interest rate risk), credit risk and liquidity risk.

2.1 Financial risk management policies

The Society's activities expose it to a variety of financial risks, in which will be handled on case to case basis by the Executive Council Members as and when issues arise. 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 :

2.1.1 Market risk

a) Interest rate risk

Interest rate risk is the risk that the fair value or the future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

The Society policy is to obtain the most favourable interest rates available. Any surplus funds of the Society will be placed with licensed financial institutions to generate interest income.

2.1.2 Credit risk

Credit risk is the risk that one party to the financial will fail to discharge an obligation and cause the other party to incur a financial loss.

Credit risk arises when derivative instruments are used or sales made on deferred credit terms. The Society seeks to invest cash assets safely and profitably. It also seeks to control credit risk by setting counterparty limits and ensuring that sales of products and services are made to customers with an appropriate credit history.

Action is enforced for debt collection. Furthermore, sales to customer are suspended when earlier amounts are overdue by the credit term. The Society considers the risk of material loss in the event of non-performance by a financial counterparty to be unlikely.

2.1.3 Liquidity and cash flow risk

Liquidity risk is the risk that an enterprise will encounter difficulty in raising funds to meet commitments associated with financial instruments.

Cash flow risk is the risk that future cash flows associated with a financial instrument will fluctuate. In the case of a floating rate debt instrument, such fluctuations result in a change in the effective interest rate of the financial instrument, usually without a corresponding change in its fair value.

In the short term, the Society focuses on liquidity, gearing of financial position, funds resources for plant upgrading and expansion of existing activities. Prudent liquidity risk management implies maintaining sufficient cash flow and the availability of funding through an adequate amount of committed credit facilities and the ability to close out market positions. Due to the dynamic nature of the underlying business, the Society aims at maintaining flexibility in funding by keeping credit lines.

NOTES TO THE FINANCIAL STATEMENTS

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2. FINANCIAL INSTRUMENT (CONTINUED)

2.2 Fair value information (continued)

The carrying amount of the financial assets and financial liabilities reported in the financial statements approximated their fair value.

The following summarises the method used to determine the fair values of the financial instruments:-

- 2.2.1 The financial assets and financial liabilities maturing within the next 12 months approximated their fair values due to relatively short-term maturing of the financial instruments.
- 2.2.2 The fair values of hire purchase payables and term loans are determined by discounting the relevant cash flows using current interest rates for similar instruments as at the end of reporting period.

3. SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the disclosure of contingent liabilities at the reporting date. However, uncertainty about these assumptions and estimates could result in outcomes that could require a material adjustment to the carrying amount of the asset or liability affected in the future.

3.1 Key sources of estimation uncertainty

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

3.1.1 Impairment of loans and receivables

The Society assesses at each reporting date whether there is any objective evidence that a financial asset is impaired. To determine whether there is objective evidence of impairment, the Society considers factors such as the probability of insolvency or significant financial difficulties of the receivables and default or significant delay in payment.

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4. DONATIONS

	2015 RM	2014 RM
Unrestricted funds		
General donation	2,315,325	2,390,846
MTCP training	350,000	200,000
Yasmin Ahmad fund	10,911	36,766
Norman Musa fund	-	1,080
School safety programe	-	52,144
Mobile clinic	90,000	84,817
Mas change for charity collection	-	25,028
Chapter fund	124,783	195,186
ADRRN	1,079,723	142,708
	3,970,742	3,128,575
Restricted income:-		
Afghanistan	7,714	221,851
Philippines	15,152	1,021,989
Bosnia	1,535	1,151,251
Palestine	2,111,461	9,636,335
Syria	724,506	576,589
Myanmar	1,809,593	32,363
Nepal	3,231,849	-
Sudan	4,544	3,174
Somalia	5,049	5,754
Ebola	-	3,000,000
Malaysia relief fund	9,385,026	3,837,111
Yemen	300,000	-
	17,596,429	19,486,417
Total donation	21,567,171	22,614,992

5. ANNUAL FUND RAISING DINNER

	2015 RM	2014 RM
Income received	383,968	183,800
Less: Fundraising costs	(160,164)	(175,667)
	223,804	8,133

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6. MEMBERSHIP FEE

	2015 RM	2014 RM
Entrance fee	150	400
Life membership	2,500	1,000
Ordinary membership	120	660
	2,770	2,060

7. OTHER INCOME

	2015 RM	2014 RM
Interest received	476,614	246,902
Sale of merchandise	3,746	6,503
Others	99,101	219,697
	579,461	473,102

8. CHARITABLE EXPENDITURE

	2015 RM	2014 RM
Afghanistan	509,421	695,826
Assessment	10,691	7,002
Bangladesh	83,622	7,931
Bosnia	96,937	196,552
Cambodia	-	171,698
Community social service	16,711	17,302
DRR	717,090	206,992
Ebola	1,587,650	18,170
Earthquake Indonesia	-	617
ERU - Emergency respond unit	89,613	51,229
Flood preparedness	389,345	2,039
Indonesia	-	37,227
Iraq	-	122,411
Malaysia	6,080,384	1,288,931
Balance carried forward	9,581,464	2,823,927

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8. CHARITABLE EXPENDITURE (CONTINUED)

	2015 RM	2014 RM
Balance brought forward	9,581,464	2,823,927
Malaysia psychosocial	33,022	47,962
Medan and Aceh (Indonesia)	10,994	-
Mobile clinic	-	595,972
Myanmar	1,485,298	1,646,758
Nepal	1,072,514	-
Pakistan	13,554	-
Palestine	3,778,418	2,570,979
Philippines	-	63,226
Somalia	11,638	226,926
School preparedness program	414,415	262,209
Special project - ADRRN	987,102	1,157,604
Sri Lanka	-	16,627
Syria	556,071	318,709
SPP - UMW	-	37,402
Training	776,644	273,512
Typhoon Haiyan	394,127	2,253,724
Typhoon Hagupit	28,299	246,748
Tsunami (Nias)	2,009	46,357
Yemen	144,546	-
Volunteer appreciation day	-	25,746
Total charitable expenditure	19,290,115	12,614,388

9. OPERATING EXPENSES

Included in operating expenses are:

	2015 RM	2014 RM
Audit fee	13,000	13,000
Depreciation	170,043	164,323
Gain on foreign exchange	(20,211)	(30,675)
Office rental	156,860	168,117
Staff costs (Note 16)	1,790,737	1,727,040
Warehouse rental	75,588	75,588

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10. PROPERTY, PLANT AND EQUIPMENT

	Balance at 1.1.2015	Additions	Disposal	Balance at 31.12.2015
Cost	RM	RM	RM	RM
Air conditioner	15,595	-	-	15,595
Computer and EDP	955,211	79,464	-	1,034,675
ERU - Asset equipment	336,199	131,391	-	467,590
Equipment	-	8,000	-	8,000
Furniture and fittings	250,064	-	-	250,064
Medical equipment	72,853	-	-	72,853
Motor vehicle	915,137	-	-	915,137
Office equipment	282,578	65,027	-	347,605
Renovation	592,178	-	-	592,178
Security equipment	9,000	-	-	9,000
	<u>3,428,815</u>	<u>283,882</u>	<u>-</u>	<u>3,712,697</u>

	Balance at 1.1.2015	Depreciation charge	Disposal	Balance at 31.12.2015
Accumulated depreciation	RM	RM	RM	RM
Air conditioner	12,488	1,275	-	13,763
Computer and EDP	872,240	49,182	-	921,422
ERU - Asset equipment	84	43,132	-	43,216
Equipment	-	1,582	-	1,582
Furniture and fittings	245,987	3,008	-	248,995
Medical equipment	72,851	-	-	72,851
Motor vehicle	817,390	43,504	-	860,894
Office equipment	218,886	22,925	-	241,811
Renovation	368,425	54,613	-	423,038
Security equipment	8,998	-	-	8,998
	<u>2,617,349</u>	<u>219,221</u>	<u>-</u>	<u>2,836,570</u>

	2015	2014	Depreciation charge 2014
Net book value	RM	RM	RM
Air conditioner	1,832	3,107	1,801
Computer and EDP	113,253	82,971	51,556
ERU - Asset equipment	424,374	336,115	84
Equipment	6,418	-	-
Furniture and fittings	1,069	4,077	3,295
Medical equipment	2	2	-
Motor vehicle	54,243	97,747	59,831
Office equipment	105,794	63,692	17,798
Renovation	169,140	223,753	46,896
Security equipment	2	2	-
	<u>876,127</u>	<u>811,466</u>	<u>181,261</u>

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11. INVENTORIES

	2015 RM	2014 RM
<u>At cost:</u>		
Dental clinic	44,637	53,552
Merchandise	52,713	92,763
Mobile clinic	69,798	80,351
	<u>167,148</u>	<u>226,666</u>

12. OTHER RECEIVABLES

	2015 RM	2014 RM
Other debtors, deposits and prepayment	462,119	547,819
Advance to mission members and basecamp	884,029	641,726
	<u>1,346,148</u>	<u>1,189,545</u>

13. PURCHASE OF PROPERTY, PLANT AND EQUIPMENT

During the financial year, the Society acquired property, plant and equipment with an aggregate cost of RM283,882 (2014:RM668,106) of which RMNIL (2014:RM336,109) was being reclassify from inventory. Cash payment of RM283,882 (2014:RM331,907) were made to purchase property, plant and equipment.

14. CASH AND CASH EQUIVALENTS

	2015 RM	2014 RM
Cash in hand	7,892	33,175
Cash at bank	10,073,623	8,658,755
Deposits with licensed banks	9,340,683	11,395,766
	<u>19,422,198</u>	<u>20,087,696</u>

15. INCOME TAX EXPENSE

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

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16. STAFF COSTS (NOTE 9)

	2015 RM	2014 RM
EPF and SOCSO	182,672	249,497
Medical	29,318	26,051
Salaries and allowances	1,578,747	1,451,492
	<u>1,790,737</u>	<u>1,727,040</u>
Number of employees (excluding Executive Council) at the end of financial year	50	50

17. FINANCIAL INSTRUMENTS

17.1 Financial risks management objectives and policies

The Company has exposure to financial risks as the following:

- (a) credit risks arising from its other receivables and bank balance;
- (b) interest rate risks from deposits with licensed bank.

17.2 Net gains and losses arising from financial instrument

	2015 RM	2014 RM
Deposits placed in a licensed bank	474,660	246,255
Cash and cash equivalent	1,954	647
	<u>476,614</u>	<u>246,902</u>

17.3 Categories and fair values of financial instruments

The categories and fair values of financial assets and liabilities are as follows:

	Carrying amount 2015 RM	Fair value 2014 RM	Carrying amount 2015 RM	Fair value 2014 RM
Financial assets categorised as loans and receivables:				
Other receivables	1,346,148	1,346,148	1,189,545	1,189,545
Deposits placed in a licensed bank	9,340,683	9,340,683	11,395,766	11,395,766
Cash and cash equivalent	10,081,515	10,081,515	8,691,930	8,691,930
	<u>20,768,346</u>	<u>20,768,346</u>	<u>21,277,241</u>	<u>21,277,241</u>
Financial liabilities measured at amortised cost:				
Other payables	205,895	205,895	421,622	421,622



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NOTES



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