

2016

ANNUAL REPORT

BUILDING RESILIENCE • EMPOWERING COMMUNITIES



Cover Rationale

This year our theme is 'Resilience' to give tribute to the various ways in which humans survive and strive through adverse time, such as natural disasters or conflict. Surviving and striving through such events however requires a helping hand, that is where MERCY Malaysia plays a significant role. Through various projects we aim to transfer expert knowledge, skills, provide necessary materials and equipment to enhance communities resilience against the disasters they face. One such project in 2016, which is depicted on the cover, took place in Sierra Leone, West Africa. Sierra Leone was crippled for several months by the Ebola virus, rapidly spreading amongst communities and killing thousands. Although communities showed great strength and courage in fighting the virus, the high level of poverty and lack of sanitation facilities in rural communities made some efforts fleeting. Thereby, MERCY Malaysia decided to provide communities with assistance through the activities of building wells, delivering hygiene kits and educating students from 100 schools about hygiene and health, with the objective of increasing the communities' resilience through the transfer of knowledge and provision of essential sanitation items. It is within our duty to assist communities where they need assistance and ensure communities are prepared for future disasters, all contributing towards making communities resilient.



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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)

SULTAN YANG DIPERTUAN DAN RAJA PEMERINTAH NEGERI PERAK DARUL RIDZUAN

MESSAGE FROM THE CHAIRMAN OF THE BOARD OF TRUSTEES

As the world evolves, so too, does the work of MERCY Malaysia. Today, 17 years since our inception in 1999, we are as vibrant and relevant as ever.

Last year alone, we continued to carry out our medical and humanitarian missions in a number of countries – Afghanistan, Bosnia-Herzegovina, Cambodia, Sierra Leone, Indonesia, Lebanon, Myanmar, DPRK Democratic People's Republic of Korea, Nepal, Palestine, Philippines, not forgetting Malaysia. Although there were less major disasters compared to previous years, it did not slow our emergency team at all, responding to, among others, the earthquake in Aceh, Indonesia, the escalation of conflict in Syria, as well as the floods in the Democratic People's Republic of Korea.

Closer to home, MERCY Malaysia has reached out not only to Malaysians in need, especially during disasters, such as the fire at Sultanah Aminah Hospital in Johor Bahru and the landslide in Hulu Selangor, but also to the Rohingya refugees. In total, the projects that were executed throughout 2016 were able to reach out and benefit more than 2,268,104 beneficiaries.

It was also this year that we forged ahead on our ambitious mission to educate and create awareness on the importance of building resiliency to thousands of people – here and abroad. We are proud to say that our 'Building Resilient Communities' modules have been successfully implemented in Malaysia, Indonesia and the Philippines. These are the communities that are vulnerable to natural disasters such as floods, volcano eruptions and typhoons. The outcome has been more than encouraging. A total of 7,565 beneficiaries benefitted from the trainings and activities, ranging from school children, local communities, government agencies, private organizations and hospital personnel. In short, through this holistic approach we have been able to include all levels of stakeholders in a community to increase their capacity and capability to manage the risks of disaster before they occur.

We look forward to expanding this program to include more countries and



“In total, the projects that were executed throughout 2016 were able to reach out and benefit more than **2,268,104** beneficiaries.”

reaching out to more communities, On behalf of the Board of Trustees, I am truly heartened to see our volunteers and staff all over the world rising to these challenges and doing incredible work day after day. I know MERCY Malaysia's supporters join me in being very proud of these efforts.

A handwritten signature in black ink, appearing to read 'Ajit Singh', with a long horizontal line extending from the end.

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

MESSAGE FROM THE PRESIDENT



As of 2016, statistics from UNHCR shows that an unprecedented 65.3 million people around the world have been forced from home. Among them are nearly 21.3 million refugees, over half of whom are under the age of 18.

Assalamualaikum
warahmatullahi
wabarakatuh and
greetings to our MERCY
Malaysia family,

We are grateful that MERCY Malaysia has been continuously granted the opportunity to serve those affected by violence and natural disasters with dedication and pride. Throughout 2016, we have witnessed countless events and incidences on the international and local front, politically, socially and environmentally. Despite achieving vast technological advancements, the world also saw some of the worst protracted human suffering in history. Above it all, one thing is for certain, humanitarian aid is more vital than ever before.

The unfolding events in 2016 have brought into sharp focus a deep ache in our world. It was earmarked by the continued unprecedented persecution of innocent people in Syria and other parts of Middle East as well as Rohingyas in Myanmar. As of 2016, statistics from UNHCR shows that an unprecedented 65.3 million people around the world have been forced from home. Among them are nearly 21.3 million

refugees, over half of whom are under the age of 18. There are also 10 million stateless people who have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement. The volatility in everything from healthcare and food supplies to financial markets has created greater adversity for people everywhere. Vulnerable populations face ever greater hardship and risk at this difficult time.

Even when the situation looked bleak and hopeless, we continued to strive and strengthen our efforts in serving those in critical need of assistance. In the past 12 months, MERCY Malaysia has tackled some extraordinary international issues. From October 30 – November 6, we responded to the Democratic People's Republic of Korea's emergency appeal for international aid as the country's northeast was affected by Typhoon Lionrock, which brought the heaviest downpour since 1945. 133 people were killed and tens of thousands of buildings destroyed leaving thousands homeless. Our three-person team responded with the provision of medical supplies consisting of four types of TB medications to the Yonsa & Musan local health offices and proceeded to carry out needs assessment for future missions.

Throughout the year, the protracted Syrian crises ensued, and MERCY Malaysia managed with the help of our donors and partners to extend our ongoing assistance to four Syrian refugee camps in Bekaa Valley, Lebanon. The assistance included the distribution of more than 24,000 medicines, distribution of food parcels for 3,036 individuals, the distribution of Winter Kits (Blankets, Mattresses and diesel) for 506 families, as well as setting up a Child Friendly Space (CFS) in one of the refugee camp which benefitted 80 children. On November 26th, the Syrian army launched a military offensive on Aleppo, recapturing 90 percent of the eastern part of Aleppo by December, resulting in massive displacement. After days of negotiations with the government officials from Turkey and Syria, our Rapid Assessment Team managed to get into the Internally Displaced Persons Camp (IDPs) in Ad-Dana Camp, Idlib, Syria to provide 1,000 ready-to-eat food baskets to the IDPs there. There, we witnessed first-hand the dire situation they were facing, with the harsh winter making living conditions extremely challenging especially for children and the elderly.

The final month of 2016 saw the occurrence of an earthquake in Aceh, which struck the Indonesian island of Sumatra with a 6.5 magnitude on December 7th. A total of 104 people were pronounced dead, and more than a hundred structures damaged, including 14 mosques and a hospital. Our emergency response was immediate, deploying a team of surgeons, medical personnel and psychosocial experts to distribute 956 hygiene and family kits, provide psychosocial support to local mental health service, and donate orthopaedic hardware to support surgical response at local hospitals.

On the advocacy level, this year has seen our organization and work recognized and acknowledged significantly both locally and internationally. At the first ever World Humanitarian Summit (WHS) held in May 2016, we were the only Malaysian humanitarian organization that was invited not only to take part in the exhibition, but to host and lead a global dialogue on 'Implementing the Sendai Framework to Reduce the Humanitarian Burden: Asean Resilience in Practice'. Furthermore, I was truly humbled to be invited to participate in a high-level roundtable session titled "Humanitarian Financing — Investing in Humanity". In these discussions, we managed to advocate for a more equitable and effective humanitarian system and more resources for local and national actors.



Here at home, we proudly organized the 4th Sultan Nazrin Shah Humanitarian Lecture Series in collaboration with Sunway Education Group, which happened on 23rd November. It was indeed a great honor to have HE Ambassador William Lacy Swing who is the Director General of the International Organization for Migration (IOM) as our key note speaker, and to have esteemed and distinguished individuals to become panelists during our pre and post panel discussion. With the theme of "Migration, Displacement and the Age of Humanitarian Crisis", we had the largest attendance to date for the lecture series, with more than 300 participants. We also continued to actively participate in the UN-led Malaysian Humanitarian Country Team as well as engage actively with NADMA, our newly established national disaster management agency with whom we are a strong partner.

In the midst of all the above action and achievements, our teams of staff and volunteers continued to work in our on-going programmes in Myanmar, Philippines, Afghanistan as well as other

countries including Malaysia, where we served both vulnerable Malaysians and refugees. Our Building Resilient Communities (BRC) programme, which was launched at the WHS, continued to grow in strength and depth in Malaysia and abroad.

2017 is poised to be another year full of challenges and rewards for MERCY Malaysia. Moving forward, we will remain focused in order to maintain the positive position and trust we hold with donors and beneficiaries, governments and supporters. I am confident that together we will be able to make MERCY Malaysia one of the leading humanitarian organizations not only on a regional level but also globally.

DATO' DR AHMAD FAIZAL MOHD PERDAUS
President

MESSAGE FROM THE ACTING EXECUTIVE DIRECTOR

Ultimately in 2017, we look to engage and attract new donors, volunteers and partners to be part of the process of helping communities in need, and to ensure the sustainability of the projects as well as the organization.

First and foremost, I am proud to report that in 2016, MERCY Malaysia has successfully continued our mandated role in providing medical assistance, improving lives and building brighter futures for people in crisis in eleven countries and reaching out to more than 2,268,104 beneficiaries. We were able to achieve these results due to the strong support from our broad base of generous donors as well as the deep trust and commitment from our volunteers and staff.

Although there were some mixed moments of highs and lows for the organization throughout the year, it did in many ways signify its maturity and capacity to continue to grow and develop as a Malaysian-born international humanitarian relief non-governmental organization. I was privileged to have seen the impact of our efforts firsthand in the refugee camps in Bekaa Valley, Lebanon, where I met with Syrian refugees who were forced to flee their country in

search of shelter and safety for the sake of their families; in Myanmar, where we serve populations affected by natural disasters and Internally Displaced Persons and in Kelantan, where beneficiaries of the post 2014 East Coast floods have thanked me personally for giving them access to clean water and built them shelter to improve their lives. The looks on the beneficiaries' faces and their show gratitude for the assistance received was more than enough to convince me that what we have done was worth the hard work and long hours put into it as well as to strive to work harder in the future.

On a personal note, 2016 also marked a new and exciting chapter for me as I took on the role of Acting Executive Director. As someone who has always been passionate to serve the humanitarian cause, I feel a great sense of gratitude towards our board of Executive Council members that have given me the opportunity to dedicate my time, attention and working experiences on





a professional level to serve the organization, while at the same time leveraging on the experiences and lessons learnt during my time as Honorary Treasurer, member of the Executive Council and volunteer for MERCY Malaysia since 2002.

In terms of the challenges, financially, it was undeniably a year of significant challenges not just to our organization but to other charity organizations and the nation as a whole. Fluctuating global markets due to the drop in oil prices beginning from the first quarter ensued in budget cuts for government agencies and corporations, and the hike in prices of goods and services resulted in prudent spending by the general public. In addition, it was also a year where there were less major disasters compared to previous years. Overall, the year saw a major decrease in our restricted and unrestricted donations.

Thankfully, despite the economic stresses, it is due to our long-standing and positive track record in executing medical and humanitarian projects locally and internationally, that we have continued to become the partner of choice for many donors ranging from government agencies, private organizations, local and international humanitarian foundations, as well as generous individuals. For this, we are truly thankful for their trust and support, and will return it by continuously implementing our projects with passion, accountability and dedication.

Ultimately in 2017, we look to engage and attract new donors, volunteers and



partners to be part of the process of helping communities in need, and to ensure the sustainability of the projects as well as the organization. Lastly, I would also like to take this opportunity to thank our staff, and the many individuals and partners with whom we have worked tirelessly together work to achieve change and a better life for all our beneficiaries.

IR AMRAN MAHZAN
Acting Executive Director

In 2016

The MERCY Malaysia footprint of timely, non-denominational medical relief saw us aid beneficiaries from all around the world. In 2016, we helped citizens from 12 countries, including Malaysia to build resilience from the devastations that they had endured.

From Syria to Sierra Leone, Afghanistan to Myanmar, we managed to lend a helping hand to over one million beneficiaries.

We believe the **RM 17.0 million** we spent on emergency relief and humanitarian services in 2016 gave the beneficiaries hope that they are not forgotten.





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.

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

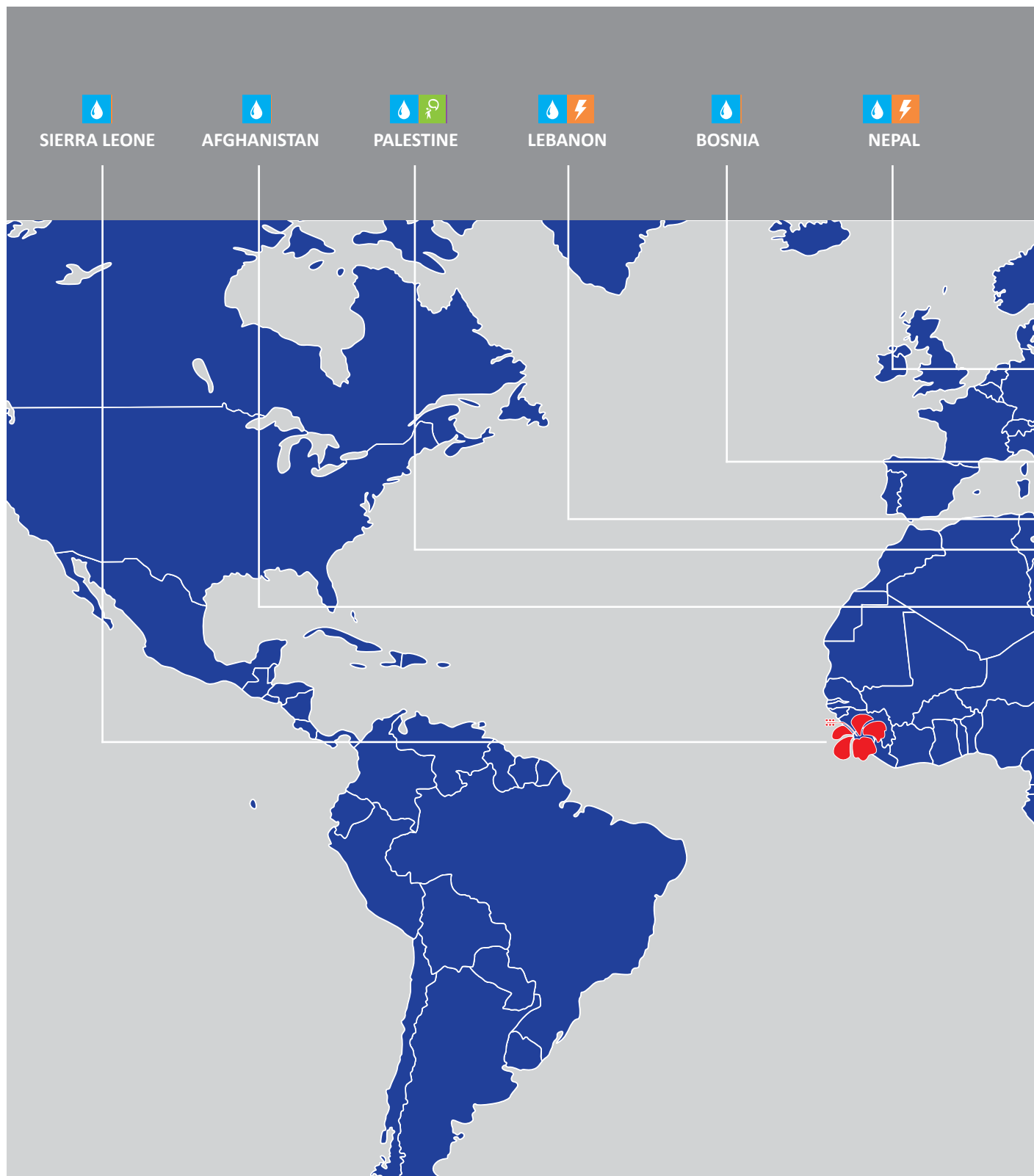
Collaboration

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

ACTIVITIES IN 2016



WHERE WE HAVE BEEN






Afghanistan: 2001 - 2016
 Bangladesh: 2007 - 2013
 Bosnia: 2016
 Cambodia: 2001 - 2002 / 2005 / 2008 - 2016
 Chile: 2010
 China: 2008 - 2012
 India: 2000 / 2008 - 2012
 Indonesia: 2000 / 2004 - 2016
 Iran: 2003
 Iraq: 2003
 Japan: 2011 - 2013

Jordan: 2012 - 2015
 Kosovo: 1999
 Lebanon: 2006 / 2016
 Libya: 2011
 Malaysia: 2004 - 2016
 Maldives: 2006 / 2008 - 2010
 Myanmar: 2008 / 2012 - 2016
 Nepal: 2015 - 2016
 North Korea: 2004 / 2008
 Pakistan: 2005 - 2006 / 2008 / 2012 - 2013
 Palestine: 2003 / 2008 / 2012 - 2016

Philippines: 2004 / 2006 / 2008 / 2011 - 2015
 Somalia: 2011 - 2013
 Sri Lanka: 2003 - 2004 / 2009 - 2013
 Sierra Leone: 2015 - 2016
 Thailand: 2011 - 2012
 Tunisia: 2011
 Turkey: 1999 / 2004 - 2012
 Vietnam: 2007
 Yemen: 2008



LEGEND

	Health - Related Development		Crisis Response		Health - Post Emergency
	Disaster Risk reduction		Shelter		

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

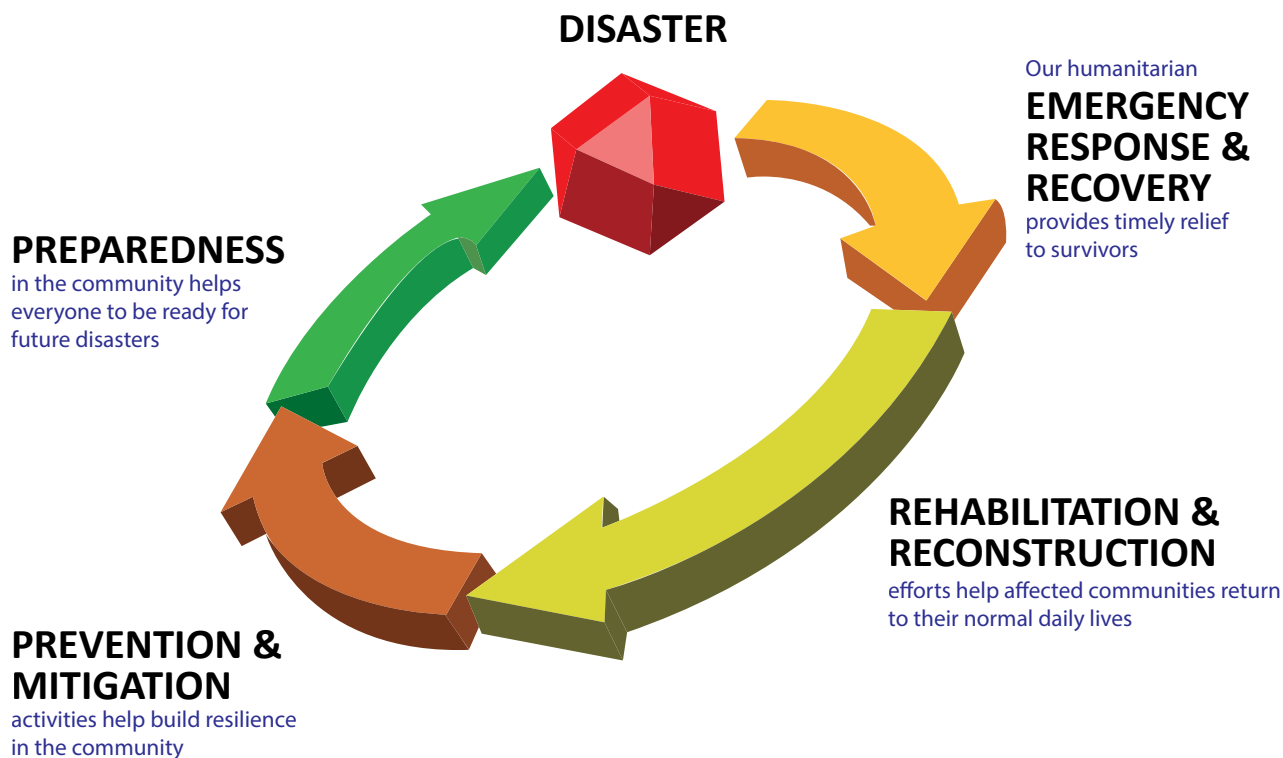
- **COMPLEMENTARY PARTNERSHIP** – We aim to work as much as possible with local partners on the field and enhance complimentary factors between both parties. In and beyond the field, we will work with partners who are responsible, transparent and accountable in accordance with our Principles of Partnership.
- **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.

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.

BUILDING RESILIENT COMMUNITIES (BRC)

In achieving a culture of resilience, it is not enough if only few of the civil society organizations, humanitarian actors and local government actors have disaster risk reduction and adaptation included as an inherent part of their work.

Therefore, MERCY Malaysia developed and introduced "Building Resilient Communities" (BRC) as a way to engaged various stakeholders in a spherical and dynamic manner in addressing and responding to issues, ideas and actions that would help in increasing communities' and places resiliency.

BRC is a holistic approach and process that includes all levels of stakeholders in a community to increase capacity and capability by identifying and reducing vulnerability with the objective of building the community's resilience in social well-being and equity, environmental stewardship, and economic prosperity and continuity. Disaster Risk Management and Disaster Risk Reduction sensitization and trainings through the BRC modules include:

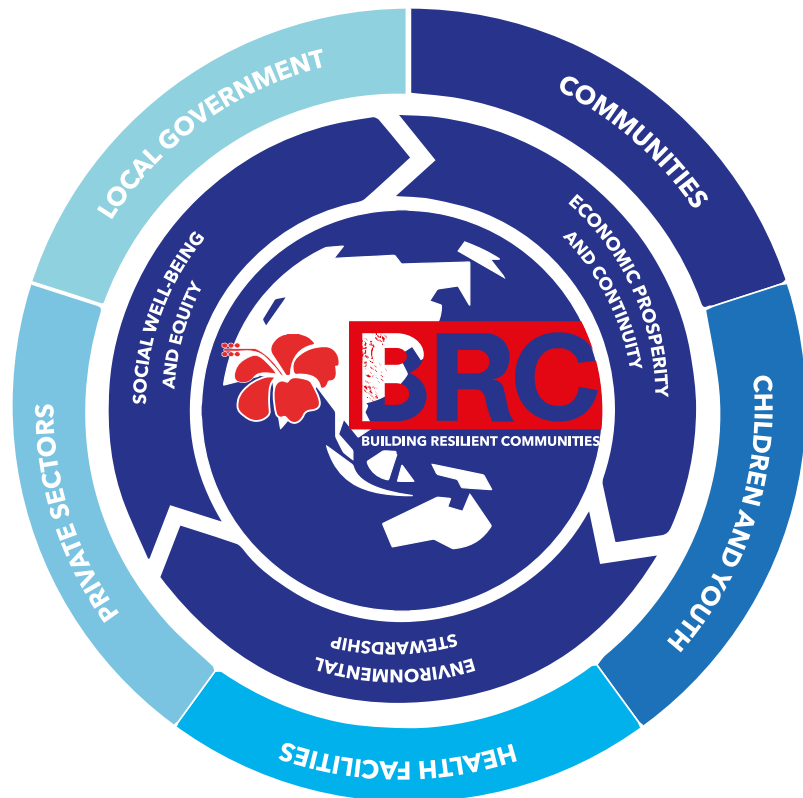
- a. **Local Government Units (LGUs)** - To educate, train and strengthen relevant LGU stakeholders on DRR and DRM.
- b. **Community Based Disaster Risk Management (CBDRM)** - To provide a platform for communities to actively participate in disaster risk reduction activities, gain knowledge, skills and competencies in DRR and indigenous early warning systems are enhanced and used.
- c. **School Preparedness Program (SPP)** - To generate a culture of disaster awareness and response amongst school children, teachers and staff.
- d. **Resilient Health Infrastructure (RHI)** - To increase and introduce hospital and its management to DRR and improve the hospital's disaster preparedness and early warning systems through the implementation of DRM.

- e. **Private Sectors (PS)** - To engage and work collaboratively with private and corporate sectors in the development and implementation of DRR and DRM programs.

The target of this initiative is primarily to enhance our society's scale of resiliency. This in return is seen as a social and economical investment country, states and places in improving the individual systems that make up Malaysia as a resilient nation. By having increased resiliency, the country, its cities and its whole ecology is hoped to withstand, respond to, and adapt more readily to shocks and stresses to emerge stronger after tough times, and live better in good times.

Most recently, MERCY Malaysia attended, co-hosted a side event and spoke at the high level session at the World

Humanitarian Summit (WHS) in Istanbul, Turkey, 2016. At the WHS, MERCY Malaysia launched its BRC program – Malaysia's first systematic module-based response for the direct action of the global agreement of the Sendai Framework for Disaster Risk Reduction (SFDRR) and the regional framework of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) for both the national and international level of implementation.



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.

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



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

AFFILIATIONS



International
Council of
Voluntary
Agencies

THE INTERNATIONAL COUNCIL OF VOLUNTARY AGENCIES (ICVA)

The International Council of Voluntary Agencies (ICVA) is a global network of non-governmental organisations (NGOs) which advocates for effective humanitarian action by strengthening humanitarian policy and advocacy. 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 and recognition of MERCY Malaysia's role and position in the wider humanitarian world and in being a leading voice from the Global South.

www.icva.ch



ALNAP
Active Learning Network for
Accountability and Performance
in Humanitarian Action

THE ACTIVE LEARNING NETWORK FOR ACCOUNTABILITY AND PERFORMANCE IN HUMANITARIAN ACTION (ALNAP)

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

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

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

www.alnap.org

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 (IOM) the CDC and the Public Health Agency of Canada.

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

CORE HUMANITARIAN STANDARD

Core Humanitarian STANDARD

CORE HUMANITARIAN STANDARD

Humanitarian principles are at the core of all humanitarian work. They guide humanitarian action and their application is essential to distinguish humanitarian action from other forms of activities and action. In the CHS, the four principles are integrated into the Commitments, Quality Criteria, Key Actions and Organisational Responsibilities. International Humanitarian Law, International Human Rights Law and International Refugee Law set out fundamental legal standards relating to the protection of individuals and groups, and to the nature of the assistance which may be provided to them. The Sphere Humanitarian Charter summarises the core legal principles that have most bearing on the welfare of those affected by disaster or conflict. Those who apply the Core Humanitarian Standard recognise the primary responsibility of states and other relevant authorities to protect and assist those affected by disasters or armed conflicts within their territories. Humanitarian action should not undermine these responsibilities; indeed, whenever possible, it should complement them.

MERCY Malaysia guided with each humanitarian standard set out by the CHS Alliance as follows:



1. Communities and people affected by crisis receive assistance appropriate and relevant to their needs.

Quality Criterion:

Humanitarian response is appropriate and relevant.



6. Communities and people affected by crisis receive coordinated, complementary assistance.

Quality Criterion:

Humanitarian response is coordinated and complementary.



2. Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.

Quality Criterion:

Humanitarian response is effective and timely.



7. Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.

Quality Criterion:

Humanitarian actors continuously learn and improve.



3. Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

Quality Criterion:

Humanitarian response strengthens local capacities and avoids negative effects.



8. Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.

Quality Criterion:

Staff are supported to do their job effectively, and are treated fairly and equitably.



4. Communities and people affected by crisis know their rights and entitlements have access to information and participate in decisions that affect them.

Quality Criterion:

Humanitarian response is based on communication, participation and feedback.



9. Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.

Quality Criterion:

Resources are managed and used responsibly for their intended purpose.

www.corehumanitarianstandard.org

MERCY MALAYSIA BOARD OF TRUSTEES



TAN SRI DATO' AJIT SINGH

Tan Sri Dato' Ajit Singh was born and educated in Malaysia. He joined the Malaysian Foreign Service in 1963.

In a career spanning just over 30 years, he served in various positions in the Ministry of Foreign Affairs and at Malaysian Missions abroad in Canberra, Addis Ababa, (Ethiopia) and New York. He was Malaysia's Ambassador in Vietnam, Austria, Brazil, (with concurrent accreditation to Bolivia, Colombia, Peru and Venezuela) and Germany.

He was elected the first Secretary-General of ASEAN, which carries the rank of a Minister and served a five-year term from 01 January 1993 to 31 December 1997.

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

After leaving the Secretariat, he joined the National Petroleum Oil Company, PETRONAS, where he worked as Director, International Business Ventures from August 1997 to October 1999.

He was elected the first Secretary-General of the Boao Forum for Asia in February 2001. He is now the Advisor for the Malaysia India Business Council, (MIBC), a member of the Malaysia-India CEO Forum set up by the Prime Ministers of the two counties, the Advisor to the Malaysia-India Business Council, (MIBC), and Chairman of the Board of Trustees of Mercy Malaysia. He is also an Adjunct Professor at Taylors University.

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

Gaik is the founder/ chairman of TCRS Restaurants Sdn Bhd which operates the chain of "The Chicken Rice Shop" ("TCRS") in Malaysia. This 2004 recipient of The Innovative Woman Entrepreneur of The Year Award, 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/chairman 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 115 restaurants in Malaysia and Singapore under the 4 brands of "The Chicken Rice Shop, DubuYo, Sepiring and Pancake House". The Chicken Rice Shop is the leading halal chain of chicken rice restaurants in Malaysia and has representation in Singapore, Brunei and Myanmar.

Gaik Wong through TCRS currently has in her employment a total of 1,400 employees and 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.



MRS. GAIK WONG

MERCY MALAYSIA BOARD OF TRUSTEES

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 until 2009. He also served 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 leading the Malaysian delegation to various bilateral, regional and international Conferences on major issues as well as in successfully organising in Kuala Lumpur the NAM Summit and 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 involved engaging with a wide spectrum of representatives and stakeholders in the formulation of ASEAN's position on major policy issues including Human Rights affecting ASEAN Member States.

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

Tan Sri Fuzi is also a member of the Board of Directors of 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.

Tan Sri Fuzi is also a Distinguished Fellow, Institute of Strategic and International Studies (ISIS) and Institute of Diplomacy and Foreign Relations (IDFR); Deputy Chairman, Malaysian Member Committee of the Council for Security Cooperation in the Asia Pacific (CSCAP Malaysia); Member, Board of Trustee, MERCY Malaysia, Perdana Global Peace Foundation (PGPF) and Yayasan Sarana Pendidikan Malaysia (YSPM) ; 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.

Tan Sri Fuzi was appointed to the Board of Governors of Meritus University on 11 October 2016.

In recognition of his services 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).



**TAN SRI DATO' AHMAD FUZI
HAJI ABDUL RAZAK**



**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.

Dzul is awarded the 2017 Gilbert Merit Award by Universitas 21 for his leadership in internationalisation. The first from Asia and 7th globally.

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
JAFFAR**

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).

Tan Sri Johan 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 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. 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.

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.

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 she is Chairman of the Cancer Research Malaysia, 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 graduated as a Medical Doctor from the University of London in 1969. 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 Bumiputera Designers' Association and the Malay World Foundation and also Brand Laureate Personality Award in 2009.



**TOH PUAN DATO'SERI
HJH DR AISHAH ONG**

MERCY MALAYSIA BOARD OF TRUSTEES

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 just one institution, Sunway College which had a student population of less than 1,000 to 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 read her Master of Philosophy (MPhil) in Education at the University of Cambridge. Her Cambridge links see her actively involved in the Oxford & Cambridge Society of Malaysia of which she is a past President.

A veteran in the field of private higher education provision, Elizabeth also serves on National Higher Education Research Institute (IPPTN) and the International Academic Advisory Council (IAAC) of Jeffrey Cheah Institute on Southeast Asia. She sits on the Board of Management of the Master Builders Association of Malaysia Education Fund and also 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 also known as an advocate for women in leadership and serves as a mentor in the ICAEW global programme for specially chosen female corporate leaders.



DR ELIZABETH LEE FUH YEN

In August 2014, she was conferred the Doctor of Laws (Honoris Causa) by the University of Nottingham for her immense and exceptional contributions to education in Malaysia.

She is also a recipient of several international and national awards which include the Visionary Women Leadership Award at the 2nd World Women Leadership Congress & Award (WWLCA) in Mumbai (2015), the Malaysia Most Impactful Leadership Contribution Award 2014 by Asia Success Inc. and the Outstanding Asian Women Community Contribution Award from Malaysia Women's Career Building Association in 2011.

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 since 1 February 2016.

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

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 19 years and 22 years.

MERCY MALAYSIA EXECUTIVE COUNCIL



From left

1. Dr. Mohamed Ashraff Bin Mohd Ariff
2. Prof. Dr. Mohammad Iqbal bin Omar
3. Mr. Harmandar Singh
4. Dr. Norzila Mohamed Zainudin
5. Mr. Sam Tee Kam Bee
6. Dr. Hariyati Shahrina Abdul Majid
7. Datuk Dr. Heng Aik Cheng



8. Dato' Dr. Ahmad Faizal Mohd. Perdaus
9. Yang Mulia (YM) Datin Raja Riza Shazmin Raja Badrul Shah
10. Ar. Mohamad Ayof Bin Bajuri
11. Assoc. Prof. Dr. Shalimar Abdullah
12. Mr. Razi Pahlavi
13. Dr. Nasuha Yaacob
14. Dr. Jitendra Kumar S.N. Tejani

MERCY MALAYSIA EXECUTIVE COUNCIL

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 Damansara 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 also 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, and was made a member of the 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) and Advanced Training Program on Humanitarian Action (ATHA).

He became the first Asian to be elected as Chairperson of the International Council of Voluntary Agencies (ICVA), the world's biggest network of humanitarian NGOs. ICVA is on the Inter-Agency Standing Committee (IASC) Principals as one of three NGO representatives globally. The IASC Principal 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). He is also currently President of PHAP (Professionals in Humanitarian Action & Protection), the world's largest network of humanitarian professionals.



**DATO' DR. AHMAD FAIZAL
MOHD. PERDAUS**
President of MERCY Malaysia



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.

Datuk Dr Heng Aik Cheng was also appointed onto MERCY Malaysia UK's Board of Trustees in 2015.

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.

MERCY MALAYSIA EXECUTIVE COUNCIL

YM Datin Raja Riza is a lawyer by profession. She is the Managing Partner of Messrs Raja Riza & Associates, her own legal firm of 12 years based in Kuala Lumpur. Trained as a litigator, her areas of practice are in Banking & Commercial law, General Litigation as well as Syarie Advisory. She graduated with an LLB (Hons) from the University of Glamorgan Wales in 1997 and Certificate in Legal Practice (CLP) from Brickfields College in 1998. She also holds a Diploma in Syarie Legal Practice (DSLPP) from the International Islamic University Malaysia.

YM Datin Raja Riza sits on the Executive Council of MERCY Malaysia and holds the position of Honorary Secretary since 2006. She is also the legal advisor for MERCY Malaysia. She oversees several departments in MERCY Malaysia including Quality and Accountability as well as the Communications and Fundraising Department. YM Datin Raja Riza has been deployed to missions in Malaysia and around Asia, including Yogyakarta, Nias and Aceh in Indonesia as well as in Myanmar, and the Philippines. She is an avid speaker on topics such as governance in an organisation, transparency, and accountability as well as volunteerism and empowering women.

She played an integral role in liaising with the relevant bodies and authorities in the establishment of MERCY Malaysia UK. She has been a Trustee of MMUK since its inception in 2014.



**YANG MULIA (YM) DATIN
RAJA RIZA SHAZMIN RAJA
BADRUL SHAH**

Honorary Secretary



**DR. HARIYATI SHAHRIMA
ABDUL MAJID**

Assistant Honorary Secretary

Dr. Hariyati Shahrma Abdul Majid is a senior lecturer 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, Philippines and the latest, Lebanon, with her psychosocial team to help strengthen the capacity of local communities with disaster-related psychosocial interventions. She also led the Mental Health & PsychoSocial Support (MHPSS) team for those affected by the MH370, MH17 and Air Asia QZ8501 aviation tragedies.

She is currently representing MERCY Malaysia as a member of the Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support. Among her many conflict-related projects, Dr. Hariyati has served as an invited faculty for the summer program at the Post-War Reconstruction Unit, University of York, UK, and acts as a speaker for the Southeast Asia Regional Center for Counter Terrorism (SEACRT). Dr. Hariyati had served different administrative roles in IIUM including Head of Department and Deputy Dean, and Director. 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.

MERCY MALAYSIA EXECUTIVE COUNCIL

Ar. Mohammad Ayof bin Bajuri 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. Mohammad Ayof has been part of the designing, construction and coordination team of building new schools, houses and public utilities for people affected by natural disasters during various missions. In 2014, Ar. Mohammad Ayof was elected to the Executive Council of MERCY Malaysia.

Ar. Mohammad 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., a registered professional with Board of Architect Malaysia (LAM) and runs an established architecture firm in Kuala Lumpur. Currently, Ar. Mohamad Ayof works as an Architect at RMA Design Team Sdn. Bhd. Apart from that, Ar Mohamad Ayof is also actively involved in charity works.



**AR. MOHAMMAD AYOF BIN
BAJURI**

Honorary Treasurer



**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 in Afghanistan, Cambodia, Pakistan, Indonesia, Japan, the 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

Tee is the owner of Uncle Button Clown Supplies and has been in the industry for 22 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 i.e.: 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 (ACM).

He is frequently invited for lectures and to perform in the US, Europe and many part 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.'



MR. SAM TEE KAM BEE
Committee Member



**MR. HARMANDAR SINGH
NARANJAN SINGH**
Ex-Officio

Harmandar Singh, 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 marketing world has won him the Association of Accredited Advertising Agents (4As) Malaysia inaugural Chairman Awards for making significant landmark contributions to Malaysia's brand and marketing industry over the past decade.

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

MERCY MALAYSIA EXECUTIVE COUNCIL

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 Ashraff also chairs the MERCY Malaysia WHO EMT Verification Committee, one of the selected few in the world trying to gain verification for Type 2 Field Hospital.

Dr Ashraff is currently an Orthopaedic 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 the 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 in Hospital Kuala Lumpur (HKL) for 8 years as an orthopaedic registrar, followed by another year as an Orthopaedic post graduate trainee, first in HKL then in Hospital Universiti Kebangsaan Malaysia. He has currently set his professional roots in the Department of Orthopaedics in Universiti Kebangsaan Malaysia. Dr Ashraff goes by with his quote 'I feel that capitalism cannot stand alone without socialist tones'.



**DR. MOHAMED ASHRAFF
BIN MOHD ARIFF**
Ex-Officio



**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 Ex-Officio Members and dedicated her 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 the Ministry of Health, Dr. Norzila is the Head of Paediatric Respiratory Service. Aside from that, she is also a member of the Paediatric Respiratory Subspecialty Board and 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 a mission to Azad Kashmir from the 24th of December, 2005 until the 6th of January 2006, serving as a medical volunteer.

MERCY MALAYSIA EXECUTIVE COUNCIL

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 humanitarian missions in Pakistan, Myanmar, Indonesia, Japan, Libya, Somalia, Syria, Bosnia, Nepal and Malaysia. His professional abilities and assessment skills have contributed to the effective and timely implementation of several programs. Furthermore, Prof. Dr. Iqbal has represented MERCY Malaysia at several regional and international conferences, as both a participant and speaker.

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 and later as a Registrar in various hospital and institutes. In 1994, he received his Post Graduate Diploma in Reproductive Medicine from University Putra Malaysia and in 2004 he received a Master of Medicine from Edith Cowan University, Australia, specialising in Geriatric Medicine. Currently Prof. Dr. Iqbal holds the position of Director of University Health Center, Universiti Malaysia Perlis (UniMAP).



**PROF. DR. MOHAMMAD
IQBAL BIN OMAR**

Ex-Officio



Dr Nasuha Yaacob joined MERCY Malaysia as a volunteer in 2011, upon returning back to Malaysia from a Hajj medical mission. She has always been passionate with humanitarian causes and went through basic mission training in 2012. Her first deployment was to Philippines in 2013 following Haiyan typhoon where she was actively involved in strengthening medical services at Ormoc District Hospital, particularly providing obstetrics care. She went back again to Ormoc in 2014 to provide much needed midwifery refresher training in emergency obstetrics care.

Back home when she was working at HKL, she regularly served alongside Pertiwi Soup Kitchen group, providing street-style medical mobile clinic to the homeless and urban poor.

Dr Nasuha is an Obstetrician and Gynaecologist, completing her Masters in O&G in 2009. She further subspecialises in Reproductive Medicine and Infertility. She is currently the Head of Reproductive Services unit at Hospital Sultanah Nur Zahirah Kuala Terengganu.

During her overseas training in Ireland in 2015, she spent her winter break in Lesbos Island with a UK-based NGO, providing medical care to Syrian refugees who were crossing to Greece escaping war. In 2016, upon returning home, she was appointed as ex-officio of MERCY Malaysia.

DR. NASUHA YAACOB

Ex-Officio

MERCY MALAYSIA EXECUTIVE COUNCIL

Dr. Jitendra Kumars 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 the 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 of 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.



**DR. JITENDRA KUMAR S. N.
TEJANI**

Ex-Officio



MR. RAZI PAHLAVI

Ex-Officio

Razi Pahlavi joined MERCY Malaysia as a fund raising volunteer during the 1999 Kosova war conflict. In 2003, he set-up MERCY Malaysia office in Amman, Jordan and became the main coordinator for humanitarian deployment and programme for the Iraqi war conflict. In 2004 and 2005, while serving as the Head of International Relief in MERCY Malaysia, Razi was involved in the Indian Ocean Tsunami Disaster relief programme in Indonesia and Sri Lanka. Razi was also deployed as a volunteer with MERCY Malaysia for international missions such as the Pakistan and Egypt as well as locally in Johor and Kelantan.

In 2016, Razi Pahlavi was appointed as MERCY Malaysia Ex-Officio member.

Razi is the Managing Director of Amanie Holdings Limited. He is involved in wide areas of consultancy and advisory work specifically in the area of Islamic finance. Razi graduated from International Islamic University Malaysia with a Master of Law (LLM) Banking Law and Bachelor Degree in Accounting (Honors). He is also a certified Chartered Accountant of the Malaysian Institute of Accountant (MIA), Islamic Financial Planner (IFP) and licensed New Capital Markets Services Representative with the Securities Commissions of Malaysia. Razi is currently pursuing his PhD in Islamic Finance.

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 2016 is very poor compared to previous years. The total income received for 2016 was RM10.8 million compared to RM22.3 million received in 2015. Total donation received in 2016 were RM10.3 million and income received from other sources was around RM400 thousand. Table 1 indicates the breakdown of total income received and Chart 1 shows the movement from 2014-2016.

There has been a decrease on both unrestricted and restricted fund in 2016. 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 RM17 million on Charitable Expenditure in 2016 and is shown in Table 3. By end of 2016, MERCY Malaysia has conducted more than 60 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 62% of the total charitable expenditure or equivalent to RM10.5 million spent on Medical and Health Related projects and programs. The illustration of the breakdown of Charitable Expenditure for year 2016 is shown in *Table 3 and Chart 3*.

OPERATIONAL EXPENDITURE

MERCY Malaysia's operating expenditure has registered a slightly decrease from RM3.3 million in 2015 to RM3 million only in 2016 which also includes the fund raising & communication expenditures of approximately 7% 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 2016

	2015 (RM)	2016 (RM)
DONATION		
Unrestricted Fund	3,970,742	779,160
Restricted Fund	17,596,429	9,578,455
Annual Fundraising Dinner	223,804	-
Total Donation	21,790,975	10,357,615
OTHER INCOME		
Membership Fee	2,770	6,480
Other Income	579,461	453,018
Total Other Income	582,231	459,498
TOTAL DONATION AND OTHER INCOME	22,373,206	10,817,113

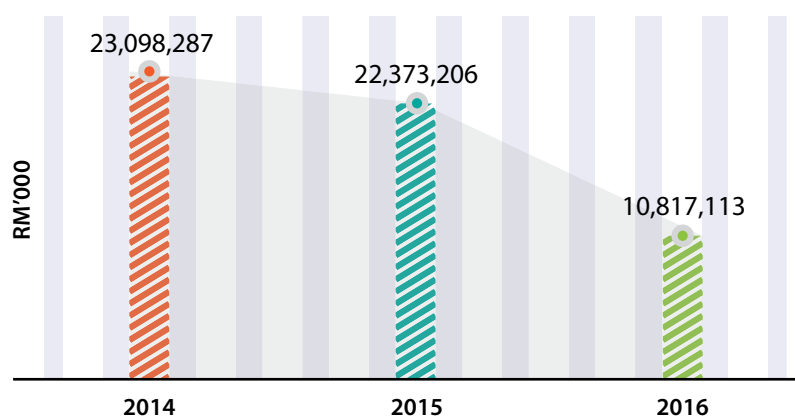
TABLE 2 SOURCES OF DONATION BY SECTOR 2016

SECTOR	2016 (RM)	PERCENTAGE (%)
Private sector	4,041,973	39
Public	1,852,297	18
Other NGOs	291,589	3
International Organisations	3,699,556	36
Malaysia Government	472,200	5
TOTAL SOURCES OF DONATION BY SECTOR	10,357,615	100

CHARITABLE EXPENDITURE

TABLE 3 TOTAL CHARITABLE EXPENDITURE 2016 - How We Spent

CLUSTER/SERVICE	AMOUNT (RM)	PERCENTAGE (%)
Medical & Health Related	10,513,948	62
Water, Sanitation & Hygiene (WASH)	2,483,584	14
Food Relief	437,143	3
Shelter	427,321	3
Disaster Preparedness	3,147,969	18
TOTAL CHARITABLE EXPENDITURE	17,009,965	100

CHART 1 TOTAL INCOME RECEIVED 2016 (3 Year Comparison)


FINANCIAL REVIEW

FINANCIAL PERFORMANCE

CHART 2 DONATION RECEIVED BY SECTOR 2016

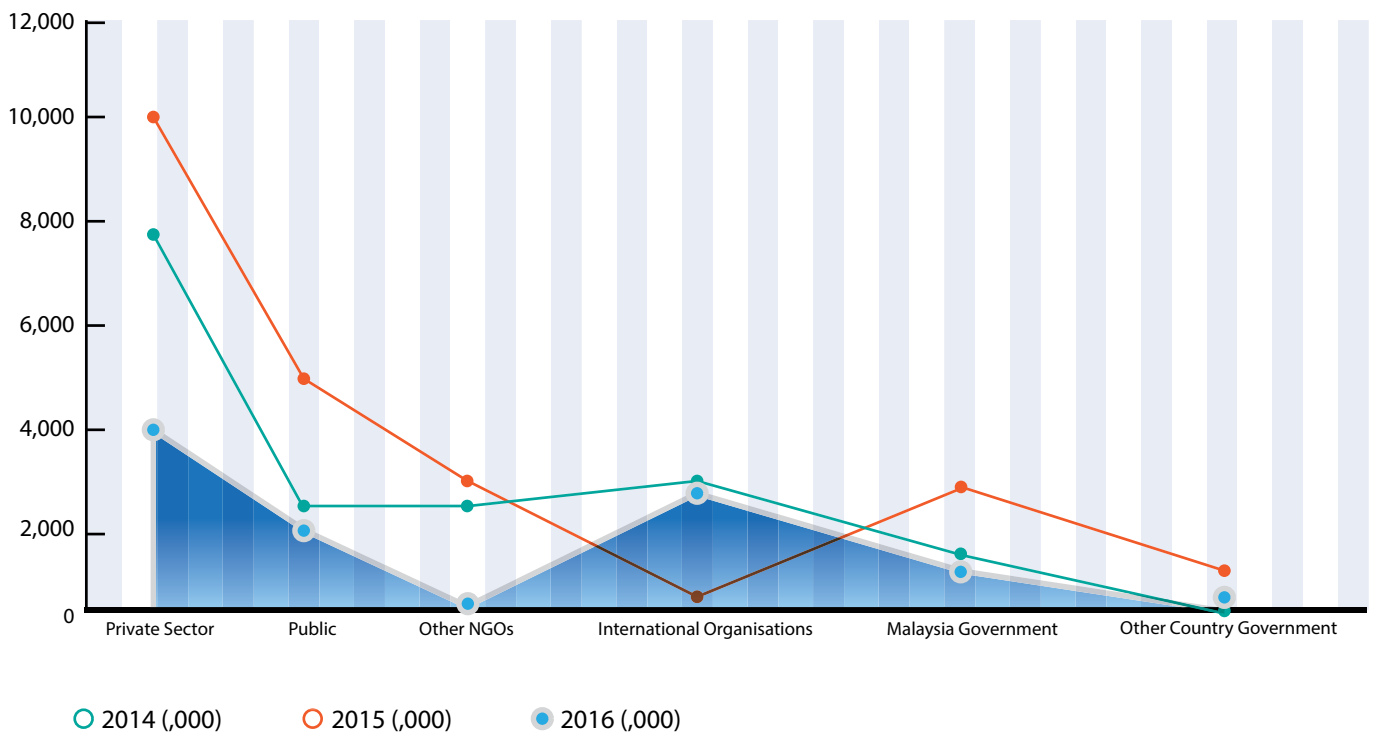
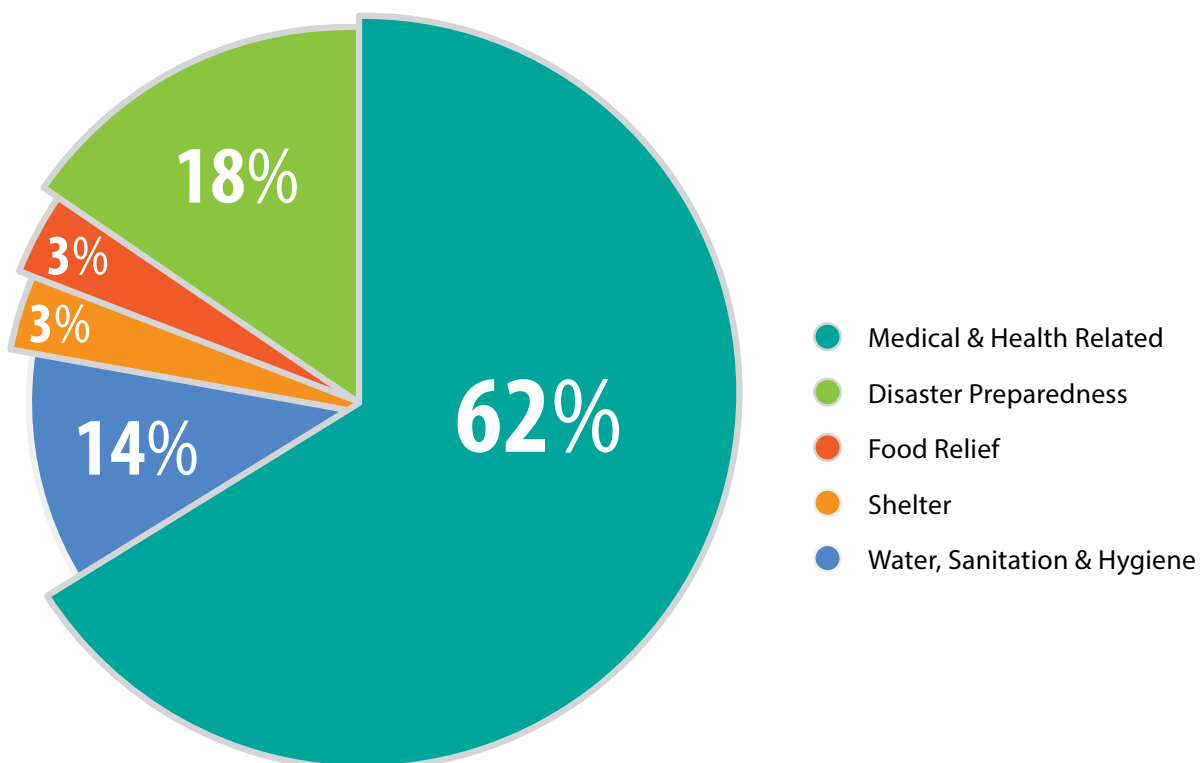


CHART 3 CHARITABLE EXPENDITURE BY CLUSTER/SERVICES 2016







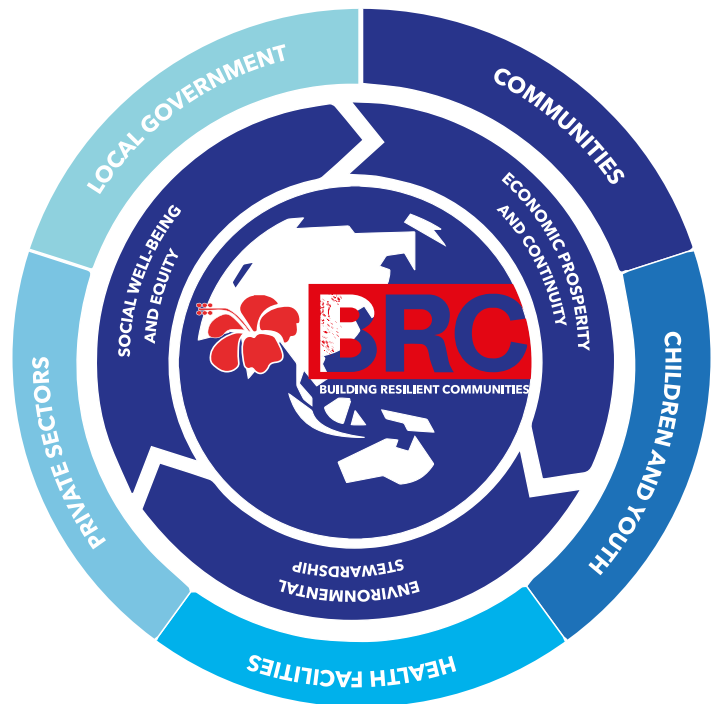
BUILDING RESILIENT COMMUNITIES (BRC)

BUILDING RESILIENT COMMUNITIES (BRC) – MALAYSIA, INDONESIA & PHILIPPINES

WHAT IS BRC

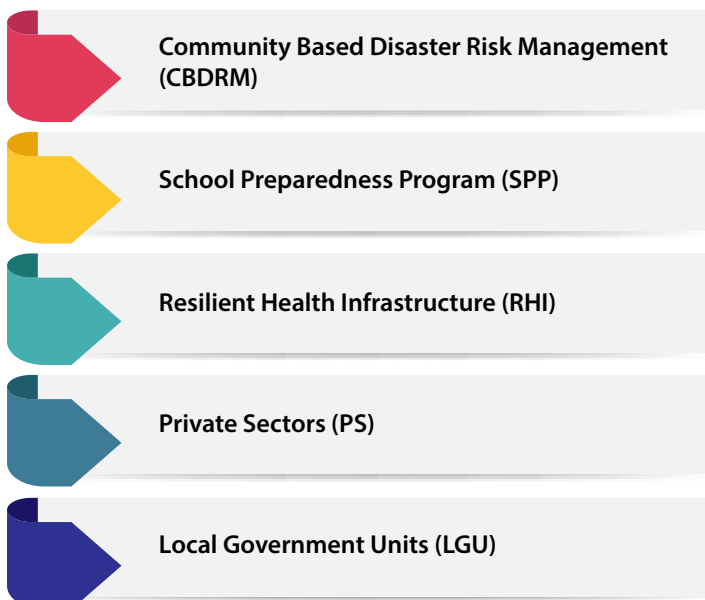
Building Resilient Communities (BRC) is MERCY Malaysia's holistic approach towards disaster risk reduction by building the level of resiliency in communities which are vulnerable to disasters and hazards such as floods, earthquakes, typhoon and volcano eruptions through workshops, trainings, hazard mapping, disaster simulations and action plan designing and implementations.

It moves beyond the traditional disaster management approach of simply focusing on response, rehabilitation and rebuilding after a disaster event by involving the whole community which are; local government, communities, children and youth, health facilities and private sector.



PROGRAM METHODOLOGY AND STRUCTURE

BRC was developed as a way to engage with various stakeholders in a spherical and dynamic manner in addressing and responding to issues, ideas and actions that would ultimately help in increasing the community and place's resiliency. This involves a five program approach which are:



“

Resilience is the ability of a system, community, or society exposed to hazards to resist, absorb, accommodate to, and recover from the effects of a hazard in a timely and efficient manner” – UNISDR 2011

”

MALAYSIA

MERCY MALAYSIA'S BRC PROGRAMS IN MALAYSIA

Based on the 2014 major flood disaster, it became apparent that preparing the local population to better face disaster threats is imperative in mitigating the effects of future floods as well as other natural disasters. This year, MERCY Malaysia conducted several BRC programmes in Malaysia, not only in the East Coast states but in several others including Sabah where the communities are susceptible to natural hazards such as flood and earthquakes.

Community Based Disaster Risk Management (CBDRM)

The programme helps to sensitize stakeholders on Community Based Disaster Risk Management (CBDRM) concepts and strengthen their knowledge and skills on disaster preparedness. It focuses on increasing the communities' capacity and resilience, thus reducing their vulnerability to natural hazards.

It is a collaborative effort which engages the different groups within the community, including the local population, civil society, local government agencies and private sectors. Throughout the program, the stakeholders are required to identify, analyse, address, monitor and evaluate the potential risks within their environment,

thus instilling a sense of ownership and empowering them to implement the solutions that they developed together as a unit.

The rollout schedule of BRC programs in Malaysia throughout 2016 and its details are listed below:

OBJECTIVES		LOCATION	FUNDER
1. Introduce the role of MERCY Malaysia in the humanitarian sector.			
2. Conceptualize DRR concepts amongst Local Government Units (LGUs) and communities.		Kampung Pemberian and Kampung Laloh in Kuala Krai, Kelantan	Maybank Foundation
3. Increase awareness on the importance of Disaster Risk Management (DRM) and Community-Based Disaster Risk Management (CBDRM).			
PARTNER(S)		NO. OF BENEFICIARIES	
4. Foster relationships between LGUs and the local community.			
• Angkatan Pertahanan Awam Malaysia (APM)		65 residents from 2 villages	
• Royal Malaysia Police			
• Kuala Krai District Office			

The CBDRM activities implemented in 2016 are as follows:

NO	ACTIVITY	DATE	LOCATION
1	CBDRM Workshop Kg Pemberian, Kuala Krai Kelantan	12th– 13th August 2016	Sek. Keb. Pemberian, Kampung Pemberian, Kuala Krai, Kelantan
2	Community-Based Disaster Risk Reduction Management (CBDRRM)	20th– 21st November 2016	SK Laloh, Kampung Laloh, Kuala Krai, Kelantan.



Questionnaires session



Grab bag session

MALAYSIA

Community Based Disaster Risk Management (CBDRM)

ACCOMPLISHMENTS

The effectiveness of the modules in terms of participants' understanding on DRR concept were rated through before and after questionnaires. Facilitator's observations on their awareness and attitude throughout the activities were also taken into account.

Thus, some of the key accomplishments determined were:

- Increased knowledge on DRR concepts, preparedness measures and community based approaches
- Improved motivation and confidence in managing disaster risks from the grassroots level
- Development of disaster preparedness at the community and personal levels



Village watching and mapping activity



Photo opps with the participants - local community

MALAYSIA

School Preparedness Program (SPP)

School Prepared Program (SPP) is one of the crucial programs under BRC's overarching framework. It is a two-phase program designed with the aim of developing a culture of disaster preparedness as well as strengthening the capacity of schools and school communities to respond to natural disasters. Students are taught

simple, interactive and hands-on activities to increase understanding on disaster preparedness and instill the sense of responsibility for their own safety in the event of an emergency.

Among the modules taught included 'School Watching Workshop', 'Nature

Elements and Disaster', 'Grab Bag', 'School Watching', 'Health and Hygiene', 'Early Warning and Quick Steps taken during Disaster', 'Haze Song' and 'Climate Change and Us'. In addition, there is also the 'Training of Trainers' workshop which was conducted for the teachers to ensure the sustainability of the program in respective schools.

OBJECTIVES	DURATION	FUNDER(S)
1. Promote and develop a culture of disaster preparedness.	12 months (Jan- Dec 2016)	• NGC Energy (6%) – Kuala Lumpur
2. Strengthening the capacity of schools and school communities to respond to natural disasters.	LOCATION 43 schools in Kuala Lumpur, Perak, Johor, Kelantan, Sabah	• Frost and Sullivan (23%) – Johor
3. Create national-level awareness on disaster risk reduction efforts in schools especially in school children in collaboration with the Ministry of Education, State Department of Education and targeted schools and in line with ASEAN Safe Schools Initiative.	PARTNER(S) • Ministry of Education Malaysia (MOE) • State Department of Education • District Education Office	NO. OF BENEFICIARIES 1764 (1678 students and 86 teachers)

The SPP activities implemented throughout 2016 are as follows:

NO	STATE	SCHOOL	NO OF PARTICIPANTS (PHASE 1)	NO OF PARTICIPANTS (PHASE 2)
1	Kuala Lumpur	SK Seri Anggerik	40	41
		SMK (P) Jalan Ipoh	41	40
		SMK Sg Besi	47	47
2	Johor	SMK Temenggung Ahmad	41	25
		SK Seri Maamor	34	33
		SK Pengkalan Besar	33	33
		SK Telok Rimba	34	38
		SK Kesang Tasek	37	-
		SMK Suria Perdana	40	38
		SK Kota Dalam	41	37
		SK Parit Bagan	40	36
		SK Seri Paya	40	34
		SK Seri Comel	40	39
3	Perak	SK Tanjong Bidara	40	35
		SK Selat Pulau	40	35
		SK Pulau Tiga Kiri	41	28
		SK Toh Paduka Raja	40	37
		SK Pasir Kubu	40	29
		SMK Dato' Seri Maharaja Lela	38	38
		SABK Maahad Ehya' Diniyah Islamiah	40	40
		SM Raja Dr Nazrin Shah	40	-
		SMK Sultan Muzaffar Shah 1	40	40
		SMK Sultan Muhammad Shah	32	40
4	Kelantan	SMK Dabong	36	40
		SK Dabong	36	36
		SK Laloh	39	39
		SK Manek Urai	40	40
		SK Kuala Nal	40	40
		SMK Laloh	40	37
		SMK Manek Urai Baru	40	40
		SMK Kuala Krai	40	39
		SMK Yahya Petra 1	40	40

MALAYSIA

School Preparedness Program (SPP)

The SPP activities implemented throughout 2016 are as follows: *(continued)*

NO	STATE	SCHOOL	NO OF PARTICIPANTS (PHASE 1)	NO OF PARTICIPANTS (PHASE 1)
5	Sabah	SMK Yahya Petra 2	40	36
		SMK Ranau	28	23
		SMK Kundasang	45	43
		SK Don Bosco	40	40
		SK Bundu Tuhan	40	40
		SMK Bundu Tuhan	42	40
		SMK Narinang	40	31
		SK Dallas	37	39
		SK Melangkap	38	36
		SK Kiau 1	38	36
		SK Kaung	40	39
		Total participants	1678	1518

ACCOMPLISHMENTS

The effectiveness of the modules in terms of participants' understanding on SPP concept was rated through before and after questionnaires as well as the facilitator's observations on their awareness and attitude throughout the activities.

Thus, some of the key accomplishments determined were:

- Increase in Individual's preparedness for disaster
- Improved understanding on the importance and usage of a grab bag
- Increased awareness on the need for family's preparedness
- Increased preparedness to face disaster in schools



Students discussed and calculated how much we contribute to climate change



School watching Hazard mapped their school compound and presented their findings.



Haze song Highlighted important steps to be taken when haze strikes



Icebreaking Introduced MERCY Malaysia and 5 Concepts of Disaster Risk Reduction



Health and hygiene Shared their thoughts on effects of disasters on one health and proposed ways on staying healthy during disaster period.



Grab Bag Discussed which items are more important to be included in their Grab Bag.

MALAYSIA

Resilient Health Infrastructure (RHI)

Health infrastructures such as hospitals and clinics are one of the critical structure and asset in the event of a disaster. By making it more resilient, it will further strengthen the communities' disaster preparedness as a whole. Health infrastructures need to be a safe and secure place even during times of crises, not just for its patients and staff members, but also for the members of the community who will require medical assistance and seek refuge. Its resiliency

is dependent on the available facilities, as well as the level of preparedness and responsiveness of its human resource to handle pressure and their ability to recover in a timely manner.

There are also four aspects in a health infrastructure which is critical and needs to be improved to increase its resiliency, which are its robustness, redundancy, resourcefulness and rapidity. Thus, MERCY

Malaysia's approach to this under the BRC framework is through the implementation of its Resilient Health Infrastructure (RHI) which consists of activities such as RHI presentation (suggestions to improve the spaces, physical structures, equipment), Hazard & Disaster Timeline, Hospital Watching, Hazard Mapping Discussions, Disaster Simulation, and Action Plan.

OBJECTIVES

1. Strengthen the health infrastructure's capacity to respond effectively to disasters.
2. Improve health infrastructure's disaster preparedness and early warning systems through the implementation of action plan.
3. Strengthen health infrastructure's staff's knowledge of DRR concepts

and skills on disaster preparedness.

4. Increase the competencies of volunteers in the volunteerism and humanitarian context through knowledge enhancement.

LOCATION

Gua Musang, Kelantan and Segamat, Johor

FUNDER

- Pantai Parkway (Kelantan)
- XL Catlin (Johor)

NO. OF BENEFICIARIES

78 staff members from the hospital and 4 clinics

The RHI activities implemented are as follows:

NO	ACTIVITY	DATE	LOCATION	PARTICIPANTS
1	Resilient Hospital Gua Musang	16th – 17th August 2016	Hospital Gua Musang	43
2	Resilient Clinic Gua Musang	8th – 11th August 2016	4 clinics in Gua Musang, Kelantan: •Klinik Kesihatan Aring, •Klinik Kesihatan Jeram Tekoh •Klinik Kesihatan Bertam Baru •Klinik Desa Pulau	35
3	Resilient Hospital Segamat	30th November – 2nd December 2016	Hospital Segamat, Johor	42



Simulation during Making Hospitals More Resilient, Hospital workshop



Opening ceremony of Making Hospitals More Resilient, Hospital workshop

MALAYSIA

Resilient Health Infrastructure (RHI)

ACCOMPLISHMENTS

The RHI workshops produced the following outcome:

1. Planning and zoning is an important factor to build a resilient health infrastructure. During flooding, the number of patients will increase. Therefore, it is important to know what are the most important departments in a hospital that need to be functioning during a disaster. From the analyzed data, Department of Emergency scored highest with 87.8%. The second most important department is the Food Service Department (49.65%), followed by the Ward Department (44.3%). These are due to the sudden increase of patients in the ward and also food supply would become insufficient due to roads being damaged and disconnected by flooding.
2. For Architecture and Building Codes, one of the important things that need to be focused is the criterion of requirements and functional spaces of a resilient health infrastructure. There are four criteria that were selected, namely (i) activity zone; (ii) vulnerability; (iii) building code responsive to disaster; and (iv) transformation of spaces during disaster.
3. Structure and infrastructure are two important physical components that may make hospital more resilient. For the structure question part, important factors in designing structure for disaster preparedness have three choices of answers; (i) redundant safety factor; (ii) vulnerability to disaster; and (iii) both (redundant safety factor and vulnerability to disaster).
4. The discussion has elaborated the needs of physical components such as utilities, infrastructure, structure and strategies to build a resilient health infrastructure. These components were divided into six sections for systematic survey and analysis, which are planning and zoning, building code and architecture, structure, infrastructure, emergency energy and risk assessment. Each of the component details were extracted to provide specific criteria in building a resilient hospital. The criteria that were developed must include action for prevention, preparation, responsiveness, adaptation and recovery.



Action plans produced from RHI- Gua Musang Hospital:

NO	ACTIONS
1.	To construct additional tube wells for the Dialysis Unit and within the compounds of the old hospital.
2.	To provide additional diesel supply tanks for the hospital's generators enough to last for 3 days.
3.	To identify a Disaster Management Zone cum Coordination centre as well as walkie-talkies and repeaters for communication purposes during emergencies.
4.	To prepare additional camp beds for patients during emergencies.
5.	To provide 4-wheel drives to be used during emergencies.
6.	To prepare 6x6m tents to be used during evacuation and medical treatment in an emergency.
7.	To provide drain covers for safety purposes.

Action plans produced from RHI- Gua Musang Clinics:

NO	ACTIONS
1.	To provide additional diesel supply tanks for the hospital's generators enough to last for 3 days.
2.	To install a new tubewell near the old ward as additional water source
3.	To replace the septic tank.
4.	To provide a floating box to avoid stuff from expose to flood.
5.	To provide additional life jacket.
6.	To provide drain covers for safety purposes.
7.	To provide walkie-talkies for communication purposes during emergencies.
8.	To provide a portable generator.

Action plans produced from RHI- Hospital Segamat:

NO	ACTIONS
1.	To construct additional tube wells for the Dialysis Unit and within the compounds of the old hospital.
2.	To provide additional diesel supply tanks for the hospital's generators enough to last for 3 days.
3.	To identify a Disaster Management Zone cum Coordination centre as well as walkie-talkies and repeaters for communication purposes during emergencies.
4.	To prepare additional camp beds for patients during emergencies.
5.	To provide 4-wheel drives to be use during emergencies.
6.	To prepare 6x6m tents to be use during evacuation and medical treatment in an emergency.
7.	To provide a portable generator.

MALAYSIA

Resilient Health Infrastructure (RHI)



Group photo of Making Hospitals More Resilient, Hospital Segamat Is Getting Ready!



Pasir Mas's Resilient Hospital Infrastructure participants

INDONESIA

MERCY MALAYSIA'S BRC PROGRAMS IN INDONESIA

Mount Sinabung's first eruption took place in August 2010, and ever since then, the volcano which is located in Karo, a district in North Sumatra has remained active. The volcano's eruptions have so far claimed the lives of 23 people and resulted in a massive displacement of approximately 12,000 people from 17 different villages (desa). The internally displaced persons (IDPs) are presently housed in 9 IDP camps around Kabupaten Karo.

Desa Perbaji and Desa Suka Tepu are two villages that were not relocated as they are both located outside of the of the volcanic lava path. However, the communities there are still vulnerable as both villages are situated within 5km radius of Mount Sinabung. In order to build the vulnerable communities' preparedness and resiliency in facing further incidences, MERCY Malaysia has conducted BRC programs there encompassing all 5 of the components which are Community Based Disaster Risk Management (CBDRM), School Preparedness Program (SPP), Resilient Health Infrastructure (RHI), Private Sectors (PS) and Local Government Units (LGU) throughout 2016.

Community Based Disaster Risk Management (CBDRM)

Community Based Disaster Risk Reduction Management (CBDRM) requires the community members to identify, monitor, analyze and evaluate risks specific to their community which subsequently counteracts the adverse effects of disasters. CBDRM reduces disaster risks by thoroughly assessing the community's exposure to hazards and analyzing their specific vulnerabilities and capacities through devised activities, project and action plans.

OBJECTIVES

- Increase private and civil societies' members' knowledge of DRR concepts and skills on disaster preparedness
- Establish potential partnership in relief measures, resilient infrastructure, support community development, strengthen partnership with local government and embrace BRC holistically

LOCATION

Karo, North Sumatera

FUNDER

Maybank Foundation

NO. OF BENEFICIARIES

110 residents from 2 villages

ACCOMPLISHMENTS

The CBDRM activities implemented are as follows:

NO	ACTIVITY	DATE	LOCATION	PARTICIPANTS
1	Building Resilient Communities Kabupaten Karo Component 1 : CBDRM	13th – 14th April 2016	Jampur Desa Perbaji, Karo, North Sumatera	50
2	Building Resilient Communities Kabupaten Karo Component 1 : CBDRM	3rd – 4th August 2016	Jampur Desa Suka Tepu, Karo, North Sumatera	60



Identifying capacity and vulnerability presentation by MERCY Malaysia



MERCY Malaysia staff preparing for the workshop

INDONESIA

Community Based Disaster Risk Management (CBDRM)



INDONESIA

School Preparedness Program (SPP)

School Preparedness Program (SPP) aims to increase knowledge and awareness of school children towards disaster preparedness. This program has been carried out since 2007 in collaboration with the Ministry of Education. Children are amongst the most vulnerable group in a community, hence it is vital to ensure children are safe in schools. This effort is in line with the ASEAN Safe Schools Initiative (ASSI).

OBJECTIVES

- Increase the importance of disaster preparedness amongst students and teachers.
- Increase the understanding of early warnings and what are the quick steps that can be taken to minimize risks.
- Introduce Grab Bag concept as one of the key preparedness measures.

LOCATION

Karo, North Sumatera

FUNDER

Maybank Foundation

NO. OF BENEFICIARIES

76 participants (including students and teachers) from 2 schools

Sekolah Desa Negeri (SDN) Desa Suka Debi and SDN Desa Perbaji are 2 schools that are located nearest to Desa Suka Debi and Desa Perbaji, which are the 2 villages that were not relocated.

ACCOMPLISHMENTS

SPP activities implemented in 2016 are as follows:

NO	ACTIVITY	SCHOOL	DATE	PARTICIPANTS
1	Building Resilient Communities Kabupaten Karo Component 2 : SPP	Sekolah Desa Negeri Desa (SDN) Perbaji, Karo, North Sumatera	15th April 2016	30 students and 5 teachers
2	Building Resilient Communities Kabupaten Karo Component 2 : SPP	Sekolah Desa Negeri Desa (SDN) Suka Debi, Karo, North Sumatera	5th August 2016	36 students and 5 teachers



MERCY Malaysia Program Officer guiding the student during the workshop



Sinabung Volcano from afar

INDONESIA

School Preparedness Program (SPP)



Student during the workshop



Student identifying capacity and vulnerability



Grab Bag briefing session



Answering questionnaire session



Questionnaire briefing session

INDONESIA

Resilient Health Infrastructure (RHI)

Resilient Health Infrastructure (RHI) workshop is to address the importance of DRR and DRM in hospitals, as hospitals are one of the most important infrastructures in a community. Community members will go to hospitals not only to seek medical care, but also to seek refuge during disasters. However, operations in hospitals would be greatly affected and almost dysfunctional during crises due to breakdown of facilities such as the supply of

clean water, electricity and manpower. Thus in Disaster Risks Management (DRM), one of the most important elements to ensure a community's resiliency and strengthen their disaster preparedness is to make important facilities such as hospitals become more resilient.

Although Rumah Sakit Umum Kabanjahe was not directly and physically affected during the eruption of Mount Sinabung,

its operations were overwhelmed by the influx of patients that came in suffering from breathing difficulties, eye and skin irritations, prolonged flu and fever. The limited number of medical staff and equipment forced Rumah Sakit Umum Kabanjahe to refer patients to other private hospitals such as RSU Evarina or RSU Adam Malik, which is located in Medan.

OBJECTIVES

- Increase hospital staffs' knowledge on DRR concepts and skills on disaster preparedness and disaster management.
- Improve hospital's disaster preparedness through the implementation of action plan.

LOCATION

Rumah Sakit Umum Kabanjahe, Karo, North Sumatera

FUNDER

Maybank Foundation

NO. OF BENEFICIARIES

51 staff members of Kabanjahe General Hospital

ACCOMPLISHMENTS

The RHI activities implemented are as follows:

NO	ACTIVITY	DATE	LOCATION	PARTICIPANTS
1	Building Resilient Communities Kabupaten Karo Component 3 : RHI	1st – 2nd October 2016	Rumah Sakit Umum Kabanjahe, Kabanjahe	51



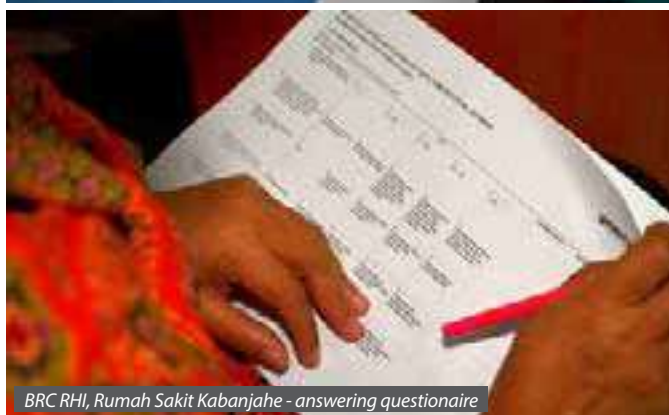
Hospital watching activity



Participants of the BRC workshop



Hospital mapping identifying capacity and vulnerability



BRC RHI, Rumah Sakit Kabanjahe - answering questionnaire

INDONESIA

Private Sectors (PS)

Private Sectors (PS) training provides a platform for the private sector's comprehensive DRR and DRM education in order for them to reduce risks during the event of a disaster, and making them able to function and bounce back quickly post-disaster. The training module is designed to assist local private sectors to utilize existing networks and create platforms for disaster risk reduction, emergency preparedness, response and recovery. Primarily, the program will provide trainings and workshops on disaster risk reduction, emergency preparedness, response and recovery for business networks. It is also an activity where resources for business continuity planning, contingency planning, risk assessment, needs analysis and field coordination can be shared and understood.

OBJECTIVES

- Increase private and civil societies' members' knowledge of DRR and DRM concepts as well as skills on disaster preparedness.
- Establish potential partnerships in relief measures, resilient infrastructure and community development support.
- Strengthen partnership with the local government to embrace BRC holistically.

LOCATION

Berastagi, North Sumatera

FUNDER

Maybank Foundation

NO. OF BENEFICIARIES

29 participants from 12 Private Sectors

ACCOMPLISHMENTS

The PS training activities implemented are as follows:

NO	ACTIVITY	DATE	LOCATION	PARTICIPANTS
1	Building Resilient Communities Kabupaten Karo Component 4 : PS Training	14th – 15th November 2016	Berastagi, North Sumatera	29 from 12 Private Sectors



Participants of the Building Resilient Communities Private Sectors 2016



Introduction to Building Resilient Communities presentation



Presentation on introduction to SPHERE



Risk Management presentation

INDONESIA

Local Government Units (LGUs)

Local Government Units (LGUs) training enhances coordination planning of the local government as they play a central role in a community. Participants of the training will be the main stakeholders and will be sharing their experiences working with community members as well as dealing with limited resources and facilities during the disaster. The empowerment of local government units is a key priority in order to encourage efficient implementation of the BRC program.

OBJECTIVES

- Increase LGU's knowledge of the DRR concepts and skills on disaster preparedness.
- Improve the LGU's disaster preparedness and response through the implementation of action plan.
- Enhance LGU's emergency response preparedness coordination plan with the community, schools, hospitals and private sectors.

LOCATION

Berastagi, North Sumatera

FUNDER

Maybank Foundation

NO. OF BENEFICIARIES

26 local government officials

ACCOMPLISHMENTS

The LGU training activities implemented are as follows:

NO	ACTIVITY	DATE	LOCATION	PARTICIPANTS
1	Building Resilient Communities Kabupaten Karo Component 5 : LGU Training	16th – 17th March 2016	Berastagi, North Sumatera	26



During the lecture session on DRR topics



Town watching identifying capacity and vulnerability



Sharing experience session by the local policeman



Town watching identifying capacity and vulnerability - government building



Sharing experience session by the army

PHILIPPINES

MERCY MALAYSIA'S BRC PROGRAMS IN PHILIPPINES

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 was 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, was among the areas largely destroyed by Typhoon Haiyan. A year after the Haiyan struck; MERCY Malaysia conducted the first phase of Community Based Disaster Risk Management (CBDRM) Program in Ormoc City in response to the assessment's findings of multiple hazards in the area.

Community Based Disaster Risk Management (CBDRM)

OBJECTIVES

- Build a culture of disaster preparedness and resilience among communities in Ormoc City.
- Equipping individuals and families with knowledge and skills in disaster preparedness
- Strengthen the multi-stakeholder partnerships between local government and communities.

DONOR(S)

Maybank Foundation

PARTNER(S)

Ormoc City

LOCATION

Barangay R.M Tan and Barangay District 29, Ormoc City, Leyte

DURATION

August 2015 - September 2016

ACCOMPLISHMENTS

- 5,366 community members participated in trainings, workshops and meetings throughout the whole program.

- Established a method of Early Warning System was established by the community and the Barangay Disaster Risk Reduction and Management Committee (BDRRMC).

- Provided equipment which can be used by the barangay during and after disasters.

TOTAL BENEFICIARIES

5,366 (2 barangays/villages)

Subsequently in 2015, another round of activities was conducted. This project aimed to build a culture of disaster preparedness and resilience among communities in Ormoc City by equipping individuals and families with the knowledge and skills in disaster preparedness in a disaster-prone barangay in Ormoc City. This project also aimed to strengthen the multi-stakeholder partnerships between local government and communities towards effective disaster risk reduction and management. The 1-year program was implemented in Barangay R.M Tan and Barangay District 29, both of which were identified as multi-hazard barangays, from August 2015 to September 2016. It involved activities such as Village Watching Workshop, Spot Mapping Workshop, Emergency Evacuation Drills Training, and Project Learning Workshop. As part of the project support, purchase and provision of equipment which can be used by the barangay during and after disasters were also done. Among the items procured were emergency lights, fire extinguishers, a gasoline generator, a chainsaw, megaphones and First Aid kits.



MM field staff providing a discussion on concepts of disaster management during the Purok Level workshop

PHILIPPINES

Community Based Disaster Risk Management (CBDRM)



MM staff and participants during the Basic First Aid training



Evacuation Drill at barangay RM Tan



Community members conducting Village Watching activity



Members of the BDRRMC simulate setting-up of evacuation sites for IDPs based on the Sphere standards during the Camp Coordination and Camp Management workshop.



OUR WORK
MALAYSIA



Crisis Response



Health - Post Emergency

JOHOR

PROJECT

**EMERGENCY RESPONSE
(MENTAL HEALTH AND PSYCHOSOCIAL
SERVICES) AT SULTANAH AMINAH
HOSPITAL, JOHOR BAHRU, JOHOR**

OBJECTIVES

- Provide Psychological First Aid (PFA) to those affected by the fire incident which broke at Sultanah Aminah Hospital (HSA).
- Reduce the emotional impact and trauma on the affected individual's emotional, mental, and physical wellbeing.
- To provide 20 units of digital blood pressure monitors and 20 units of thermoscans to Klinik Kesihatan Mahmoodiah (KKM) and Klinik Kesihatan Sultan Ismail (KCSI).

PROJECT DONOR(S)

Yayasan Sultan Iskandar Johor
(Iskandar Foundation)

PROJECT PARTNER(S)

- Malaysia Ministry of Health (MMOH)
- Johor State Health Department (JKNJ)
- Sultanah Aminah Hospital (HAS), Johor Bahru, Johor

- Sultan Ismail Hospital (HSI), Johor Bahru, Johor

LOCATION

- Malaysia Ministry of Health (MMOH)
- Johor State Health Department (JKNJ)
- Sultanah Aminah Hospital (HAS), Johor Bahru, Johor
- Sultan Ismail Hospital (HSI), Johor Bahru, Johor

DURATION

28th October– 3rd November 2016

ACCOMPLISHMENTS

- Deployment of 2 psychosocial volunteers and 2 of MERCY Malaysia's staff to provide Psychosocial First Aid (PFA) and mental health support to patients and staff affected by the tragedy.
- Provision of 20 units of digital blood pressure monitors and 20 units of thermoscans to Klinik Kesihatan Mahmoodiah (KKM) and Klinik Kesihatan Sultan Ismail (KCSI).

NO. OF BENEFICIARIES

29 (17 PFA team members and 12 HSA staff) received PFA and mental health support

NO. OF BENEFICIARIES

29
team
members and
staff

BACKGROUND

A fire broke out at the Intensive Care Unit (ICU) of the Sultanah Aminah Hospital (HSA) in Johor Bahru on Tuesday, 25th October 2016. It was believed to have started at around 8.55am at the ICU ward, located on the second floor of the hospital's main building. The incident resulted in six (6) casualties and many others injured. Patients affected by the fire were evacuated to nearby hospitals which were Hospital Permai (HP) and Hospital Sultan Ismail (HSI).

It was also realised that the effects of the unexpected incident went beyond physical injuries including psychological trauma on those affected, including the hospital staff. Due to the urgent situation and lack of skilled personnel, the Sultanah Aminah Hospital (HSA) and Johor State Health Department (JKNJ) reached out to MERCY Malaysia (MM) requesting for assistance and support in psychosocial interventions for their affected staff and patients.



Psychosocial and Mental Health volunteers at Hospital Sultanah Aminah Johor Bahru

JOHOR

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

In response to the tragedy and request made by Sultanah Aminah Hospital (HSA) as well as Johor State Health Department (JKNJ), an assessment and discussion was made by MERCY Malaysia and JKNJ to identify the immediate needs. Although HSA indicated they had sufficient capacity to manage the usual operations since its Outpatient Department were redirected to HSI, they reported the need for mental health and psychosocial support for the staff and patients affected.

Thus, MERCY Malaysia was requested by the Psychosocial Coordinator from JKN Johor and HSA Disaster Team to fill the gap by providing a Mental Health and Psychosocial Support (MHPSS) team to assist in providing support for the affected staff, whilst JKM provided counsellors for affected patients and their families.

A Mental Health and Psychosocial Support (MHPSS) team was deployed from 28th October 2016 (Friday) to 2nd November 2016 (Wednesday) for the duration of 6 days. The MHPSS team comprised of 2 psychosocial volunteers and 2 MERCY Malaysia's staff who coordinated with Johor State Health Department (JKN Johor)'s Psychosocial Coordination team to provide Psychosocial First Aid (PFA) and mental health support to patients and staff together affected by the tragedy.

In addition, in response to another urgent appeal sent by Johor Bahru District Health Office (PKDJB), MERCY Malaysia also donated 20 units of digital blood pressure monitors as well as 20 units of thermoscans to ensure that the provision of emergency delivery to the patients in Klinik Kesihatan Mahmoodiah (KKM) and Klinik Kesihatan Sultan Ismail (KKSII) were not affected.



Providing Mental Health and Psychosocial Support (MHPSS) to the affected patients and staff



Handing over medical equipments for Hospital Sultanah Aminah in Johor Bahru



Fire broke out at the Intensive Care Unit of Hospital Sultanah Aminah Johor Bahru 25 Oct 2016

KEDAH

PROJECT

MALAYSIA MEDICAL BELANTIK DETENTION CENTRE PROGRAM (1)

OBJECTIVES

- Improve the level of awareness on health and hygiene practices.
- Improve access to medical services for detainees.
- Improve the health status and psychosocial well-being of children in Belantik Detention Camp

PROJECT DONOR(S)

International Organization Migration (IOM)

PROJECT PARTNER(S)

Royal Malaysian Immigration, Malaysian Ministry of Health.

LOCATION

Belantik, Kedah

DURATION

1st April - 30th June 2016

ACCOMPLISHMENTS

- Health screening was conducted for 1,810 detainees in the center (exact number of the detainees could not be determined due to the movements including release and transfer).
- Medical room was equipped with small medical equipment and supply of medicine.
- 280 packs of nutritional supplements were distributed to 102 children daily.
- Health and hygiene education sessions were conducted for all detainees including provision of hygiene items, personal dignity kits and improved sanitation conditions.
- Females and infants received Personal Dignity Kits on a needs basis.
- All cells received disinfectant items.

- 20 sets of drinking water dispensers were distributed at the male and female cells.
- Installation of ventilation system for both male and female cells.
- Installed 12 units of washing machines.
- Psychosocial activities for two hours daily eg: religious classes were conducted for children aged between 12 to 8 years old in the detention center, increasing the motivation level and self esteem of the children.
- A Children Friendly Space (CFS) was built in the Detention Centre, which served as a playground for the children as well as a safe space for detainees in the case of emergency eg: fire and riot.

NO. OF BENEFICIARIES

Estimated 1,810 detainees

BACKGROUND

In May 2015, some 1,600 refugees and migrants from Myanmar and Bangladesh were estimated to have departed by sea from the Bay of Bengal in the second half of 2015, 96% less than in the second half of 2014. In total, approximately 33,600 refugees and migrants travelled through South-East Asia in mixed maritime movements in 2015. Boats carrying trafficked and smuggled individuals from Bangladesh and Myanmar arrived in Thailand, Malaysia, and Indonesia in what has been termed as the Bay of Bengal crisis. During that time, those who landed in Malaysia were then held in the Belantik Immigration Detention Centre while UNHCR advocated for their release. A majority of the Boat People was then released by UNHCR in July 2016.

With the number of detainees reaching more than a thousand at any one time, and the main focus of the staff officers were to oversee the safety and security of the detainees and overall facility, the detention centre was facing manpower shortages to care for the detainees' overall wellbeing. Although the overall hygiene in the cell blocks improved, MERCY Malaysia took the initiative to help improve the living situation of the detainees as well as address their immediate needs in terms of their health and hygiene conditions.



Preparing hygiene kits for the detainees



Soaps for the detainees

KEDAH

NO. OF BENEFICIARIES

Over
1,810
detainees



Detainees health screening session by MERCY Malaysia medical volunteer

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

The Malaysian Medical Belantik Detention Centre Program was completed within 3 months with comprehensive services provided to all detainees in accordance to their need and relevance. Overall, there are two prominent highlights and innovations were identified as critical success factors for this project:

- **Behavioral Change and Communication (BCC):** Approach for a sustainable and effective health and hygiene practice. To achieve this, the team identified 5 stages in providing those services which are:
 - o Unaware: Lack of awareness on health and hygiene condition has put the detainees at risk of getting and transmitting communicable diseases such as TB, skin infections and other infectious diseases.
 - o Aware: MERCY Malaysia has conducted Health and Hygiene education sessions to all detainees to improve their awareness on the importance of hygiene and health. The sessions were conducted in groups covered the crucial topic such as risk of TB, skin infection and personal hygiene care. A health screening session conducted by volunteer doctors has also provided then with some sense of awareness



Health screening session by MERCY Malaysia volunteers

of their health condition.

- o Prepare: Multiple language module on Personal hygiene care and infectious diseases were developed and distributed. In addition, a series of Training of Trainers (TOT) to the detainee representatives were conducted to ensure sustainable awareness even after the program ends.
- o Action: Personal hygiene kits and disinfectant material (soaps, shampoo, toothpaste and toothbrush) were distributed to all detainees every two weeks. In addition, medications mainly for skin problems were also provided during the health screening.
- o Sustain: Disinfectants items and cleaning equipment were distributed

for them to conduct series of periodical spring cleaning session. All detainees were also distributed with standardized clothes. A set of washing machines and exhaust fans were equipped for their sustainable utilization. Moreover, a medical room was fully equipped with small medical equipment and medications to facilitate the process of maintaining good hygiene and health condition.

- **Multi-purpose Space for Psychosocial Activities:** A sustainable space for psychosocial activities was established and equipped at Belantik Detention Centre which will not only act as a playground for children and detainees, but also as an assembly point.

KEDAH

PROJECT

MALAYSIA MEDICAL BELANTIK DETENTION CENTRE PROGRAM (2)

OBJECTIVES

Address the immediate needs of detainees in the Detention Center in terms of hygiene and psychosocial wellbeing.

PROJECT DONOR(S)

- Mah Sing Foundation
- Felda Global Ventures Holdings Berhad (FGV)

PROJECT PARTNER(S)

- Immigration Department of Malaysia
- Malaysian Ministry of Health

LOCATION

Belantik, Kedah

DURATION

22nd August 2016 – July 2017 (ongoing)

ACCOMPLISHMENTS

- Distributed hygiene kits every 3rd week of the month to all detainees (exact number of the detainees could not be determined due to the movements including release and transfer).
- Conducted cleaning activities in the male cell block once a month.
- Replenished additional medications required from the clinic in the detention centre and patients referral cases.
- Distributed additional food items (snacks and drinks) during detainees' check in and release for all detainees as well as daily distribution for female detainees.
- Conducted simple learning activities for children aged 15 years and below in the learning class cell.
- Constructed 1 tube well in the detention center.

NO. OF BENEFICIARIES

Estimated 1200

NO. OF BENEFICIARIES

Over
1,200
beneficiaries

BACKGROUND

In May 2015, some 1,600 refugees and migrants from Myanmar and Bangladesh were estimated to have departed by sea from the Bay of Bengal in the second half of 2015, 96% less than in the second half of 2014. In total, approximately 33,600 refugees and migrants travelled through South-East Asia in mixed maritime movements in 2015. Boats carrying trafficked and smuggled individuals from Bangladesh and Myanmar arrived in Thailand, Malaysia, and Indonesia in what has been termed as the Bay of Bengal crisis. During that time, those who landed in Malaysia were then held in the Belantik Immigration Detention Centre while UNHCR advocated for their release. A majority of the Boat People was then released by UNHCR in July 2016.

With the number of detainees reaching more than a thousand at any one time, and the main focus of the staff officers were to oversee the safety and security of the detainees and overall facility, the detention centre was facing manpower shortages to care for the detainees' overall wellbeing. Although the overall hygiene in the cell blocks improved, MERCY Malaysia took the initiative to help improve the living situation of the detainees as well as address their immediate needs in terms of their health and hygiene conditions. The first

part of assistance was carried out between 1st April- 30th June 2016.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Subsequent to the completion of provisions carried out until the end of June, MERCY Malaysia continued its assistance to the detainees in Belantik Detention Center through these activities:

ACTIVITIES	DESCRIPTION
Hygiene kits	Hygiene kits were distributed every third week of the month for all detainees. Items included soap, shampoo, toothbrush, tooth paste. There was also provision of t-shirt and bottom for all adults and children.
Medication	Supply of additional medicine required by the clinic in the detention centre was replenished based on needs or in several cases not covered by current stock.
Food items	Additional food items consisting of snacks and drinks were distributed during the detainees' check in and release for all detainees as well as daily distributions for the female detainees.
Tube well	Construction of 1 tube well in the detention centre to ensure additional safe and clean water supply for all detainees.



Crisis Response



Crisis Response



Health - Related Development

KELANTAN

PROJECT

POST FLOOD RECOVERY PROGRAMME, KELANTAN

OBJECTIVES

Improve the quality of life for 2014 flood affected communities through achieving the following objectives:

1. Provision of better shelter and facilities for the community;
2. Improve water quality for the community;
3. Increase awareness on communicable disease especially Leptospirosis among the community.

PROJECT DONOR(S)

- Pantai Parkway
- AirAsia Foundation
- Qatar Red Crescent
- Maybank Foundation

PROJECT PARTNER(S)

- Pejabat Kesihatan Daerah Kuala Krai
- Unit Air, Gua Musang

LOCATION

Kuala Krai and Gua Musang, Kelantan

DURATION

10th January 2015 – 31st January 2016

NO. OF BENEFICIARIES

- 68 families from 17 villages through shelter repair kit programme.
- More than 1,000 families living around the construction of tube wells, water networks and gravity feed water system.
- More than 1,000 families in Gua Musang through the Leptospirosis signboards installation and distribution of IAEC materials.
- Thousands of beneficiaries through the rehabilitation of Temangan jetty & gazebo.

NO. OF BENEFICIARIES

Over
1,000
families

MERCY MALAYSIA'S ACCOMPLISHMENT AND PROJECT DONOR(S)

PROGRAMME	ACCOMPLISHMENTS	LOCATION	DONOR
Shelter Repair Kit	68 families benefitted from Shelter repair kit programme	<ol style="list-style-type: none"> 1) Kg Batu Jong, Kuala Krai 2) Kg Batu Lada, Kuala Krai 3) Kg Bekok, Kuala Krai 4) Kg Belakang Hospital, Kuala Krai 5) Kg Dusun Damar, Kuala Krai 6) Kg Guchil, Kuala Krai 7) Kg Hujung Tanjung, Kuala Krai 8) Kg Jalan Geale, Kuala Krai 9) Kg Baru Pahi, Kuala Krai 10) Kg Gatal, Kuala Krai 11) Kg Hamzah, Kuala Krai 12) Kg Kenor, Kuala Krai 13) Kg Kluat, Kuala Krai 14) Kg Sg Durain, Kuala Krai 15) Kg Taman Krai, Kuala Krai 16) Kg Taman Orkid, Kuala Krai 17) Kg Tualang, Kuala Krai 	Qatar Red Crescent
Construction of tube wells	12 tubewells constructed in various locations in Kuala Krai and Gua Musang	<ol style="list-style-type: none"> 1) Sekolah Keb Pemberian, Kuala Krai 2) Surau Kg Pemberian Kuala Krai 3) Klinik Kesihatan Bertam Baru, Gua Musang 4) Klinik Kesihatan Jeram Tekoh, Gua Musang 5) Klinik Desa Chiku 7, Kuala Krai 6) Klinik Desa Chalil, Gua Musang 7) Klinik Kesihatan Panggong Lalat, Gua Musang 8) Klinik Desa Perasu, Gua Musang 9) Klinik Kesihatan Jerek, Gua Musang 10) Kg Cabang Subong, Gua Musang (AA) 	Pantai Parkway (9) Air Asia (1)

KELANTAN

MERCY MALAYSIA'S ACCOMPLISHMENT AND PROJECT DONOR(S) (CONTINUED)

PROGRAMME	ACCOMPLISHMENTS	LOCATION	DONOR
Water network	2 structures installed	1) Kg Awet, Gua Musang (AA) 2) Kg Jarek Kaling, Gua Musang (AA)	Airasia Foundation
Gravity feed water (GFS) system programme Kuala Krai	3 structures constructed	1) Kg Keluat Kuala Krai 2) Kg Lubuk Berang Kuala Krai 3) Kg Bukit Kemiang Kuala Krai (supplies to nearby villages)	Pantai Parkway
Leptospirosis signboards installation and distribution of IAEC materials	Signboards installed in 65 locations in Gua Musang areas	1) Ladang Subong 1, Gua Musang 2) Ladang Subong 2, Gua Musang 3) Ladang Subong 3, Gua Musang 4) Ladang Chintak Gua Musang	Pantai Parkway
Community facilities and infrastructure	<ul style="list-style-type: none"> The Temangan jetty and gazebo fully rehabilitated Helipad constructed 	1) Temangan, Machang	Maybank Golf

BACKGROUND

Peninsular Malaysia suffered from one of the worst floods in recent history during the last two weeks of 2014. An estimated number of 500,000 to 1 million people were affected, with 232,913 evacuees registered and placed in various evacuation centres across Peninsular Malaysia. Kelantan was among the worst hit states, with 1,415 villages, 237 schools, 32 religious sites and 17 government offices were damaged by the floods.

MERCY Malaysia initially responded to the floods in several areas, namely Kelantan, Terengganu and Perak by deploying an emergency response team, conducting Mobile Clinics, distributing hygiene kits as well as provision of food and Non-Food Items. Since then, MERCY Malaysia has extended its operations into the reconstruction and rehabilitation phase of the Total Disaster Risk Management (TDRM) throughout 2015 till early 2016. Among them were the provision of temporary shelters, construction of community facilities, provision of clean water supply through tube wells as well as provision of shelter repair kits for home repairs and reconstruction.

Simultaneously, the Organisation's 'Building Resilient Community' program was implemented to better prepare children and community member on the dangers of surrounding hazards and safety measures that need to be taken to face future floods. The module also included trainings in

other sectors such as Local Government Units, Private Sectors, Schools, and Health Infrastructures on Disaster Risk Reduction (DRR) and Disaster Risk Management (DRM).



Construction of the GFS and piping network system by Unit Bakas and local community in rural area of Kuala Krai

KELANTAN



Beneficiaries of Shelter Repair Kit project



Water tank for storage and collection point in time of need



Installation of sign board as part of public awareness on potentail health risk in estate area of Gua Musang



Temangan Jetty serves the local community in Temangan which was affected during the 2014 flood

KELANTAN



Klinik Kesihatan Aring



Installation of the piping network is completed by Unit BAKAS and the local community



Testing and commissioning of the tubewell at Kg. Biak



KUALA LUMPUR

PROJECT

EMERGENCY RESPONSE THROUGH PSYCHOSOCIAL FIRST AID (PFA) TRAINING FOR AIRASIA STATION HEADS

OBJECTIVES

- Improve the level of preparedness and precautionary action in relations to Emergency Response among AirAsia's Station Heads.
- Enhance AirAsia's Station Heads' ability in confronting, reacting and responding appropriately to all the possible stressful events.
- Ensure participants acquire some degree of knowledge and skill sets to act as the front liners in rendering help and assistance to those affected.

PROJECT DONOR(S)

AirAsia Berhad

PROJECT PARTNER(S)

AirAsia Berhad

LOCATION

- Asian Aviation Centre of Excellence (AACE), Sepang, Kuala Lumpur.
- Senai International Airport, Johor Bahru.

DURATION

- 28th– 29th September 2016
- 11th– 12th October 2016

ACCOMPLISHMENTS

Provided training for 60 AirAsia Station Heads on the knowledge of Psychosocial First Aid and intervention during emergencies, crises and stressful events.

NO. OF BENEFICIARIES

60

NO. OF BENEFICIARIES

Over
60
beneficiaries

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 and indirectly with flight operations, notably cabin crew and ground operators, in terms of emotional toll and stress-related disorders. 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. Thus in 2015, MERCY Malaysia was requested by AirAsia Berhad to conduct 3 comprehensive trainings on managing crisis and stressful events through Psychosocial Support for 51 AirAsia pilots, cabin crews and ground staff. The 3-day training were carried out by MERCY Malaysia's staff/ psychosocial experts through a series of case studies, simulations and examinations in Kuala Lumpur, Manila and Jakarta.



Group discussion and presentation



Presentation by MERCY Malaysia Health Coordinator

KUALA LUMPUR

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

In continuation to the 2015 trainings, AirAsia's management requested MERCY Malaysia to conduct a Psychosocial First Aid training for their Station Heads to enhance their ability in confronting with all the possible stressful events and to react and

response appropriately to those events. The 2-days training was experiential based with the main focus on skills building among all participants. Beside lecture sessions, role play and psychosocial fun activities especially involving group activities were adapted. The training modules were also customised, edited and modified to suit the participant's job nature.

At the end of the training, participants acquired some degree of knowledge and skill sets to act as the front liners in rendering help and assistance to those affected by stressful events during a crisis. This in turn will improve the psychosocial support and skills among the Station Heads in the effort of responding appropriately during unforeseen circumstances.



Team building activities



Table top activities by the participants



KUALA LUMPUR

PROJECT

VACCINATION AND ORAL HEALTH EDUCATION PROGRAM FOR REFUGEE CHILDREN

OBJECTIVES

To provide catch-up vaccination for refugee children under the age of 18

PROJECT DONOR(S)

- Human Aid UK
- Baby & Beyond Child Specialist Clinic

LOCATION

- Harmony School, Selayang

- Al – Ikhlas School, Selayang
- St. Mary Agape School, Pandan Indah, Ampang

DURATION

26th August 2016 – January 2017

ACCOMPLISHMENTS

- 230 refugee children received Pentaxim and MMR vaccination.
- 230 refugee children received health & oral hygiene education.

NO. OF BENEFICIARIES

230 refugee children

NO. OF BENEFICIARIES

230
refugee children

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 various partners since 2007 to implement public health programs to help increase their level of health. This year, the program involves the provision of free vaccination services to refugee children in the Kelang Valley under 18 years of age. They have been identified as those who have not received Pentaxim and MMR vaccines, which will be able to protect them against infections such as diphtheria, tetanus and polio.



MM volunteer dispensing medication to the children after vaccination

KUALA LUMPUR

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Over a period of 6 months in 2016-2017, MERCY Malaysia deployed a team of staff and volunteers to 3 schools in Klang Valley area which are Harmony School and Al-Ikhlas School in Selayang, as well as St. Mary Agape School in Ampang to conduct the vaccination clinics and oral health education sessions for the beneficiaries. These schools provide education for refugee children, whom are mainly Myanmar refugees.

TESTIMONY BY VOLUNTEER

"I volunteer to help the kids, yet, I always leave the clinic with a renewed sense of hope and life, which comes from the kids and what they do for their fellow friends, the volunteers and me!"

-Athira Mazli, Medical graduate



Oral Health Education Programme for Children in St Agape



The correct way of brushing teeth by the dentist



Personal touch by dentist



Registering beneficiaries before vaccination activities



Volunteers setting up the counter before vaccination starts



SABAH

PROJECT

FAMILY CLUB TRAINING

OBJECTIVES

- Understand the key characteristics of the social ecological approach to form a support Group-Family Club for the treatment for alcoholism.

PROJECT DONOR(S)

Sabah Chapter General Fund

PROJECT PARTNER(S)

IOGT-NTD Movement

LOCATION

Kota Kinabalu, Sabah

DURATION

27 January– 29 January 2016

ACCOMPLISHMENTS

28 participants from communities and health personnel were trained to run a Family Club support group.

NO. OF BENEFICIARIES

28 participants

NO. OF BENEFICIARIES

28
participants

BACKGROUND

Family Club is an approach introduced by a psychiatrist, Vladimir Hudolin for the treatment of alcoholism. The objectives of the club are to achieve abstinence and promote a change in lifestyle with a persistent sobriety. From 1979, Vladimir's approach has spread throughout Italy, and in the 1990's it grew worldwide and became known for effective alcoholic's treatment.

In 2014, MERCY Malaysia's staff and volunteers went to Sri Lanka for a Family Club training and experience sharing with several Asian participants. The support group has been found to operate successfully as it utilises and incorporates family support with religious support to tackle the alcoholics' problems.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

As this is a new and effective approach to tackle alcohol problem in Sabah, MERCY Malaysia Sabah Chapter decided to train and transfer knowledge to community leaders and health personnel. The 3-days training covers issues on alcohol misuse in Sabah, how to operate a Family Club, spirituality approach, Servant Teachers to run support groups as well as discussions and sharing of experiences with Thailand's Family Club operators. Ultimately, the goal is for the participants to form their own Family Club support group within their community and reach out to more people in need of alcoholic treatment in the future.



Group presentation from community



Participant divided into several group and discuss on how to produce servant teacher to run support group - Family club



Motivational interview practice by a participant

TESTIMONY BY A PARTICIPANT

"I plan to share about this training with other villagers so that we can form a support group in my village. We will start with our own family first and this may slowly attract our neighbours to join."

-Maina Ambau



Overview of Family Club training presented by Soontaree Srikosai, Dr (Advance Practice nurse)

SABAH

PROJECT

HEALTH SCREENING AND NUTRITIONAL TALK

OBJECTIVES

- Provide health screening and identify malnourished students.
- Increase awareness and promote healthy eating habits among students, teachers and parents.

PROJECT DONOR(S)

Shangri-La's Tanjung Aru Resort & Spa (STAR)

PROJECT PARTNER(S)

Shangri-La's Tanjung Aru Resort & Spa (STAR)

LOCATION

SK Bantayan, Inanam

DURATION

29th July 2016

ACCOMPLISHMENTS

209 children received free health and nutrition screening as well as consultation

NO. OF BENEFICIARIES

209 children

NO. OF BENEFICIARIES

209
children

BACKGROUND

SK Bantayan is a primary school situated in the Inanam district in Kota Kinabalu. Even though it is under Kota Kinabalu's jurisdiction, the Ministry of Education categorized the school as a rural school due to its remote location. Based on the teacher's observations, the students there preferred to consume unhealthy snacks and raw instant noodles compared to the fruits and milk provided by the school. This has in turn impacted on the students' physical growth and learning abilities as compared to the average student.

Shangri-La's Tanjung Aru Resort (STAR) under their Corporate Social Responsibility (CSR) project proposed to do an intervention for the malnourished students at SK Bantayan Inanam, thus approached MERCY Malaysia Sabah Chapter to partner with them for this project.



Basic health screening by our volunteer doctor (Dr Faisal Roslee)



Volunteers are doing health scans to check the weight and height of the students



Cooking demonstration by nutritionist showing of cooking a simple dish with easily available and affordable resource such as banana etc

SABAH

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

16 volunteers from MERCY Malaysia and Shangri-La's Tanjung Aru Resort and Spa (STAR) were involved in the planning and implementation of this project. The half day event was held during school hours, where there was a health screening, interview and assessment done on the students' food intake. During this activity, it was discovered that 35 students have stunted growth, 20 were overweight, 27 were obese, 11 were underweight and 36 students were at risk of becoming underweight. In addition, there was also a nutritional talk as well as a cooking demonstration conducted for the teachers and parents.

TESTIMONY BY BENEFICIARY

"I hope this kind of programme will be continued as the students, teachers and parents need to be reminded on health awareness in order to achieve better quality of life for students."

- Junaidah Yassin, teacher



Parents and students during the cooking demonstration that conducted in an open area



Registration counter are in order done by our volunteers



Students are waiting in line for registration

SABAH

PROJECT

IGAM-KTP WORKSHOP 1

OBJECTIVES

Developing and publishing an Alcohol Intervention toolkit booklet which will be utilized to organise community based alcohol intervention programs

PROJECT DONOR(S)

Sabah Chapter General Fund

PROJECT PARTNER(S)

Universiti Malaysia Sabah (UMS)

LOCATION

Kg Nambayan, Tambunan

DURATION

20th August 2016

ACCOMPLISHMENTS

Obtained beneficial data, suggestions and feedback from participants to improve the Alcohol Intervention Toolkit which will be used in future IGAM workshops.

NO. OF BENEFICIARIES

44 participants

NO. OF BENEFICIARIES

44
participants

BACKGROUND

According to a 2011 research by Universiti Malaysia Sabah (UMS), 17% of the population of Sabah were heavy alcohol drinkers, and about 50% of them drink in a hazardous way. Throughout the years, alcohol misuse has continued to be an ongoing problem as it is easily available and culturally acceptable, especially during festival.

To help address this issue, the Intervention Group for Alcohol Misuse (IGAM) Sabah under MERCY Malaysia Sabah Chapter has organised several IGAM workshops since 2012. Among its objectives are to develop grass root leaders who would have the capacity to organise community based alcohol intervention programs in their respective locality and ultimately help reduce the rate of alcohol misuse in Sabah.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

The IGAM workshop initially began as a group discussion which was then developed and expanded into an Alcohol Intervention toolkit. This toolkit was then shared during the subsequent IGAM workshops and became a successful and integral part of the training and knowledge transfer tool.



MERCY Malaysia volunteers doing AUDIT to visitors to know their level of drinking



Talk by Mr Jarreau Chong from MERCY Malaysia on sharing on tool-kit and alcohol related harm

SABAH

In order to share the toolkit and advocate the efforts to a wider group of people, the committee decided to publish it in a booklet format. To ensure that the new toolkit booklets are effective, user-friendly and easily understood, a workshop was co-organised with UMS to obtain feedback on the edited content, illustrations and exercises. 44 people participated in the workshop, providing feedback and suggestions on how to improve and upgrade the toolkit for future use.

TESTIMONY BY VOLUNTEER

"The participants were quite interactive when asked about how to improve the content of each booklet and gave good suggestions, such as to use real photos instead of just illustrations."

-Mr Jarreau Chong



Health screening by Hospital Tambunan



District Officer kicks the ball as a symbolic to officiate the football match

SABAH

PROJECT

OUTREACH CLINICS

OBJECTIVES

- Increase access to health and dental services among the rural communities.
- Increase the level of awareness on reproductive health.
- Help instil the importance of maintaining good hygiene practice in their lifestyle.

PROJECT DONOR(S)

UMW Holdings Bhd

PROJECT PARTNER(S)

Forest Solution Company
(in Kota Marudu only)

LOCATION

Kg Abingkoi, Tenom
Kg Sonsogon Magandai, Kota Marudu
Kg Inarad, Kinabatangan

DURATION

26-28 August 2016 (Tenom)
23-25 September 2016 (Kota Marudu)
21 Oct-23 October 2016 (Kinabatangan)

ACCOMPLISHMENTS

663 beneficiaries in 3 villages received free medical screening, dental services, pap smear test, reading glasses and hygiene kits

NO. OF BENEFICIARIES

663

NO. OF BENEFICIARIES

663
beneficiaries

BACKGROUND

There are thousands of villages in the interior of Sabah that has limited access to medical facilities due to the remote locations and lack of infrastructure. Since 2003, MERCY Malaysia has operated Outreach Clinics in areas identified to require such services, where the nearest hospitals are between 20-50 kilometres away, and the cost to travel for medical services can reach up to RM50-RM200 for a return trip. Access to these areas are usually only by 4-wheel drives, on foot, boats or helicopter.

In 2016, MERCY Malaysia Sabah Chapter identified 3 villages for this program which are:

- o **Kg Abingkoi, Tenom:** The communities are mainly from the Murut ethnicity and are Christians. They are self-sufficient farmers and some are rubber-tappers. The nearest clinic is at Klinik Kesihatan Kemabong which is 20km away and the villagers have to pay RM30.00 return trip to visit this Klinik Kesihatan.
- o **Kg Sonsogon Magandai, Kota Marudu:** The communities are mainly from Dusun Sundazo community. They are subsistence rubber tappers, farmers and some are planters. For medical emergencies, the community will have to make a call to Hospital Kota Marudu, and the hospital will send a helicopter to pick up patients.
- o **Kg Inarad, Kinabatangan:** The main ethnic group is Murut. The communities' source of income comes from farming,

working in palm oil estates and logging companies. The nearest health facility is Penangah Health Clinic, which is 4.5 hours away and costs RM100.00 for a return trip.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

For this program, MERCY Malaysia Sabah Chapter deployed our team of staff and volunteers alongside partners to provide free medical screening and treatments, dental screening and treatments, eye check up with provision of reading glasses, distribution of hygiene kits, pap smear tests, and conducted health talks to promote and increase awareness on health issues.

The following table shows the total number of beneficiaries treated in 2016:

NO	LOCATION	NO OF BENEFICIARIES
1	Kg Abingkoi, Tenom	<ul style="list-style-type: none"> • Medical : 134 patients • Dental : 30 patients • Pap smear : 0 • Reading glasses : 27 pairs • Hygiene kits : 134 kits
2	Kg Sonsogon Magandai, Kota Marudu	<ul style="list-style-type: none"> • Medical : 79 patients • Dental : 28 patients • Pap smear : 3 patients • Reading glasses : 22 pairs • Hygiene kits : 79 kits
3	Kg Inarad, Kinabatangan	<ul style="list-style-type: none"> • Medical : 450 patients • Dental : 141 patients • Pap smear : 12 patients • Reading glasses : 42 pairs • Hygiene kits : 350 kits

TESTIMONY BY VOLUNTEER

"Through my first mission at Kg Inarad, I was made to know that I was the first optometrist to join MERCY Malaysia Sabah Chapter's mission and feel honoured because I could serve the communities in the interior."

- Ms Sit Jo Anne, volunteer

SABAH



A beneficiary from Kg Sonsogon Magandai



Medical check up by one of our volunteer doctor (Dr Timothy)



Pharmacist is distributing medication to the villagers according to doctor prescription



Villagers are queuing up waiting for their turn to see the doctors



Some of the villagers are waiting for the clinic to open



Volunteers at the registration counter are taking the villagers details before proceeding to see the doctors

SABAH

PROJECT

INTERVENTION GROUP FOR ALCOHOL MISUSE: SPORTS AND CULTURAL CARNIVAL WITHOUT ALCOHOL

OBJECTIVES

- Promote a healthy and alcohol free lifestyle through positive community activities.
- Instil and strengthen the 'gotong-royong' spirit and togetherness in the community.

PROJECT DONOR(S)

Sabah Chapter General Fund

PROJECT PARTNER(S)

Universiti Malaysia Sabah (UMS), Ministry of Higher Education (MOHE) and Tambunan District Office

LOCATION

Kg Nambayan, Tambunan

DURATION

23rd April – 24th April 2016

ACCOMPLISHMENTS

More than 300 participants ranging from the elderly, adults and children from 11 villages turned up to support this healthy event

NO. OF BENEFICIARIES

Over 300 participants

NO. OF BENEFICIARIES

Over
300
participants

BACKGROUND

The Malaysian National Health Morbidity Survey 2015 stated that 8.4% adults consume alcohol, with 28.4% of the current drinkers drinking in a risky way. Among the states in Malaysia, Sabah ranks third after Kuala Lumpur and Sarawak in terms of alcohol consumption. Findings from a researcher of Universiti Malaysia Sabah (UMS) stated that 17% of the population in Sabah were heavy alcohol drinker and about 50% of them do so in hazardous way. However, this is preventable through effective interventions. One of the effective ways that attract more people to attend alcohol awareness program is through sports events that promote healthy and alcohol free lifestyle.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

The 'Sports and Cultural Carnival without Alcohol' was the first event of its kind to be conducted in Sabah which was organised by MERCY Malaysia and University Malaysia Sabah (UMS). It received positive feedback from the community and was commended by the Tambunan District Officer in his officiating speech during the event.

Other than organising a 'gotong royong' session and fun sports activities, there was also an exhibition by MERCY Malaysia. It shared and explained useful information such as the safe drinking standards consumed per person according to World Health Organization, as well as helpful tips and advice on how to stay away from alcohol.





SARAWAK

PROJECT

CLINIC RECONSTRUCTION

OBJECTIVES

- Provide safe and comfortable access to the clinic through the reconstruction of the old jetty, pedestrian pathway and wakaf.
- Increase the level of safety and security of the clinic through the upgrading of infrastructure and amenities.

PROJECT DONOR(S)

Air Asia Foundation

LOCATION

Long Panai, Marudi and Long Bemang, Ulu Baram

DURATION

July – December 2016

ACCOMPLISHMENTS

- Installation of new generator set 16HP
- Re-construction of concrete jetty with hand railings
- Construction of new wooden shed (wakaf) at waiting area complete with benches, slab and roof.

NO. OF BENEFICIARIES

Estimated 3,214 beneficiaries who receive medical services at the Health Clinic.

NO. OF BENEFICIARIES

Over
3,214
beneficiaries

BACKGROUND

Sarawak suffered from major floods which happened between 16th January- 30th January 2015, and two of the most affected areas in Miri were in Long Panai, Marudi and Long Bemang, Ulu Baram. Among the amenities that were severely damaged was a health clinic, where the high flood level caused damages to the structure and equipment in the clinic, thus disrupting the health services to 3,214 beneficiaries from the surrounding areas. The clinic is located by the river side, the clinic's jetty which served as the transit point for patients to get to and from the clinic suffered major damages as well.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

MERCY Malaysia in coordination with Air Asia Foundation, under its disaster rehabilitation and reconstruction phase responded to this emergency by reconstructing the clinics' facilities, thus assisting the affected communities to return to their normal daily lives.



Waiting area at Long Bemang



Mini jetty at Long Bemang which is considered the main route of transportation

SARAWAK

Upon the flood level receding, MERCY Malaysia conducted a site visit and assessment at the clinic to determine the extent of damages as well as the necessary steps to fix and improve the facility. The team then proceeded to procure and install a new 16HP generator set in the clinic, upgrade and reconstruct facilities around the clinic's parameters which included re-construction of the jetty with new hand railings, construction of a new wooden shed (wakaf) at the waiting area complete with benches, slab and roof, pedestrian walk way and fence. After several challenges and unforeseen delays, the project was fully completed in December 2016, benefitting 3,214 beneficiaries who receive medical services at the Health Clinic.



New generator set for Long Bemang clinic



Pathway from the waiting area to the jetty at Long Bemang



Long Panai Jetty construction under Airasia Foundation funding



SARAWAK

PROJECT

FLOOD EMERGENCY RESPONSE

OBJECTIVES

Improve flood victims' health and hygiene wellbeing at evacuation centre through:

- Provision of hygiene care for flood affected villagers
- Provision of food security
- Access to clean drinking water

PROJECT DONOR(S)

- CIMB Bank Berhad (Serian)
- Yayasan Sime Darby (Simunjan)

LOCATION

- Kg. Tabakang and Kg. Sorak Melayu, Serian

- Kg. Slabi Entungkuh, Serian and Kg. Sebeban, Simunjan

DURATION

- 21st– 24th February 2016 (Serian)
- 26th - 27th February 2016 (Simunjan)

ACCOMPLISHMENTS

Distributed emergency flood assistance to 413 families from 6 villages in Serian and Simunjan in the form of hygiene kits and food parcels

NO. OF BENEFICIARIES

413 families

NO. OF BENEFICIARIES

413
families

BACKGROUND

Heavy rainfall beginning in early February 2016 caused major flooding in several states in Malaysia including Sarawak, especially at Serian and Simunjan divisions. In Serian, 315 families from Kg. Tebakang Dayak, Kg. Tebakang Melayu, Kg. Tebakang Cina and Kg. Sorak Melayu were affected and were moved to two evacuation centres. The evacuation centres were at Sacred Heart Tebakang and SK Pangkalan Sorak. While in Simunjan, 85 families Kg. Sebeban and Kg. Slabi Entungkuh were moved to the evacuation centres in Balai Raya Kampung Slabi Entungkuh and Dewan Masyarakat Gedong.



Distribution of hygiene kits and food items to beneficiaries



Distribution of food items to beneficiaries



Hygiene kits and food items for the affected communities

SARAWAK

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Upon the call for aid from the Sarawak Government, MERCY Malaysia Sarawak Chapter immediately deployed an emergency response team to identify the beneficiaries' emergency and critical needs. Coordination meetings and discussions with village heads and the Angkatan Pertahanan Awam (APM) were held to obtain information on the most critical and urgently required items to assist the affected people who were staying in the evacuations centres.

Upon agreement, the team then proceeded to procure and distribute hygiene kits, food supply and drinking water to the beneficiaries in need as follows: Testimony

VILLAGE	NO. OF BENEFICIARIES
Serian	
Kg. Tebakang Dayak	230 families
Kg. Tebakang Cina	22 families
Kg. Tebakang Melayu	32 families
Kg. Sorak Melayu	31 families
Simunjan	
Kg. Slabi Entungkuh	13 families
Kg. Sebemban	85 families

TESTIMONY BY VOLUNTEER

"The village JKKK who represented the beneficiaries expressed their gratitude for the assistance given and hoped MERCY Malaysia will continue to support them in the future."

- Bibiana, volunteer and Secretary, Sarawak Chapter.



Unloading the food items with help from the local communities



Uploading items before distribution



Volunteers unloading items for distribution



Items stock count by MERCY Malaysia volunteers



SARAWAK

PROJECT

OUTREACH CLINICS

OBJECTIVES

- Increase access to health and dental services among the rural communities.
- Increase the level of awareness on reproductive health.
- Help instil the the importance of maintaining good hygiene practice in their lifestyle.

PROJECT DONOR(S)

UMW Holdings Berhad

PROJECT PARTNER(S)

Sarawak Forest Department
(in Ba' Medamot only)

LOCATION

- Sg Selungo, Ulu Baram

- Ba' Medamot, Limbang

- Ulu Engkari, Lubok Antu, Sri Aman

DURATION

- 21st– 24th July 2016 (Sg Selungo)
- 28th– 31st July 2016 (Ba' Medamot)
- 25th– 27th November 2016 (Ulu Engkari)

ACCOMPLISHMENTS

437 beneficiaries in 3 villages received free medical screening, dental services, pap smear test, reading glasses and hygiene kits

NO. OF BENEFICIARIES

437 patients

NO. OF BENEFICIARIES

437
patients

BACKGROUND

Since 2003, MERCY Malaysia has operated Outreach Clinics in the interiors of Sarawak which have been identified to be in need of medical services due to their remote locations. In such areas, the nearest hospitals are between 20-50 kilometres away and the cost to travel for medical services can reach up to RM50-RM200. Access to these areas are usually only by 4-wheel drives, on foot, boats or helicopter.

In 2016, MERCY Malaysia Sarawak Chapter identified 3 villages for this program which are:

- o **Long Kerong, Sg Selungo:** The communities are from the Penan ethnicity. Their economic activities are farming and hunting. As the mode of transportation to reach this village is by longboats, logging road or twin otter flight, the nearest clinic to Long Kerong, Sg Selungo is Klinik Kesihatan Long Banga which is about 48 km away.
- o **Ba' Medamot, Limbang:** Two sessions were held for this location, which were in Ulu Limbang lodging camp and Ba' Medamot village. The communities around the area are from the Penan ethnicity, and their economic activities involve farming and hunting. The journey to the village takes about 6 hours by 4-wheel drive through logging road from Limbang town, including mountain trekking from the foothills.



SARAWAK

- o **Ulu Engkari Lubok Antu, Sri Aman:**
The communities around the area are from the Penan ethnicity and are mainly farmers and hunters. To reach this village, one has to take a 6.5-hour drive from Sri Aman town, followed by a 5-hour longboat ride from the Batang Ai Dam. The nearest clinic from the village can only be accessed by river which takes about an hour to reach by long boat.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

For this program, MERCY Malaysia Sarawak Chapter deployed our team of staff and volunteers alongside partners to provide free medical screening and treatments, dental screening and treatments, eye check up with provision of reading glasses, distribution of hygiene kits, pap smear tests, and conducted health talks to promote and increase awareness on health issues. There were also interactive activities for the children conducted to further engage with them.

The following table shows the total number of beneficiaries treated in 2016:

NO	LOCATION	NO OF BENEFICIARIES
1	Long Kerong, Sg Selungo (beneficiaries also came from nearby villages of Long Sait, Long Selaan, Long Muboi, Lio Mato, Long Sepigen, Ba Sebatu, Long Banga, Long Jeh, Long Silat, Long Ajeng, Long Lamai and Long Tungan)	<ul style="list-style-type: none"> • Medical screening: 251 • Pap smear: 42 • Cholesterol: 210 • Blood glucose: 185 • Reading glasses: 184 • Referral letters to Government Hospital for further assessment: 15 • Dental: 104 • Hygiene kits: 300
2	Kg Sonsogon Magandai, Kota Marudu (beneficiaries also came from nearby villages of Ba'Medamot, Pa' Tik A, Pa'Tik B and Long Lobang)	<ul style="list-style-type: none"> • Medical screening: 120 • Reading glasses: 4 • Medication: 116 • Hypertension: 4 • Dental: 43 • Hygiene kits: 200
3	Kg Inarad, Kinabatangan (beneficiaries from Rantau Kemayau Manis received hygiene kits)	<ul style="list-style-type: none"> • Medical screening: 66 • Pap smear: 15 • Reading glasses: 35 • Medication: 63 • Referral letters to nearest Government Hospital: 15 • Dental: 27 • Hygiene kits: 300





SELANGOR

PROJECT

LANDSLIDE EMERGENCY RESPONSE IN TAMAN IDAMAN, SERENDAH

OBJECTIVES

Provide support to the families affected by the major landslide through the provision of hygiene kits and food items.

LOCATION

Taman Idaman, Serendah, Kuala Kubu Baru, Selangor

DURATION

28th November 2016

ACCOMPLISHMENTS

Distributed 33 sets of hygiene kits and food items to the families evacuated to the evacuation centre

NO. OF BENEFICIARIES

33 families

NO. OF BENEFICIARIES

33
families

BACKGROUND

On the 26th of November 2016, a major landslide struck Taman Idaman in Serendah at around 1.30 am, injuring a motorcyclist, destroying a paved car park and burying 10 vehicles. The area was immediately declared Red Zone, and 340 residents from Taman Idaman in Serendah were immediately evacuated due to the ongoing soil movement. Several families were relocated to Sekolah Rendah Agama Serendah temporarily while the rest of the affected families resided in different locations. In total, the disaster left 33 families in need of immediate assistance whilst waiting for further aid with regards to their homes and belongings.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

In the wake of the landslides disaster that has affected 340 residents, MERCY Malaysia distributed 33 sets of Hygiene kits and Food Items to the families evacuated to the evacuation centre. The distribution team visited every family to give out the distributions.

Each family received 1 parcel of food items and 1 hygiene kit with supplies enough for a family of five.



Assessment at the landslide scene



Preparing and packing up food items by MERCY Malaysia HQ staff



Temporary relocation center at Sekolah Rendah Agama Serendah



Distribution of food items by Ir Amran Mahzan Deputy Executive Director of MERCY Malaysia

SELANGOR

PROJECT

PRIMARY HEALTH CARE OUTREACH CLINIC FOR ORANG ASLI COMMUNITIES

OBJECTIVES

- Improve the overall health of targeted Orang Asli communities
- Promote awareness of general health issues and oral hygiene
- Complement current services provided by Pejabat Kesihatan Daerah Sepang

PROJECT DONOR(S)

Hartalega

PROJECT PARTNER(S)

Pejabat Kesihatan Daerah Sepang

LOCATION

Kg. Bukit Baja, Sepang, Selangor

DURATION

September 2015 to August 2016

ACCOMPLISHMENTS

- 173 patients received free health screenings at 3 outreach clinics
- 7 women completed pap smear test
- 41 children attended the oral health education session
- 70 adults attended various health talks
- 300 oral health kits distributed to children and adults
- 270 family hygiene kits distributed

NO. OF BENEFICIARIES

Direct individual beneficiaries: 184
Indirect individual beneficiaries: 647
populations have access to 3 outreach clinics

NO. OF BENEFICIARIES

Over
184
beneficiaries

BACKGROUND

The Population Survey of the Department of Aboriginal Affairs estimated the total population of Orang Asli in Peninsular Malaysia at 141,230. Orang Asli communities are concentrated in selected states based on their ethnic groups, with the Senoi predominantly residing in Perak and Pahang, the Proto Malays in Pahang, Johor, Negeri Sembilan and Selangor, and the Negritos in Kelantan, Perak and Pahang. Based on a recent report by the United Nations Millennium Development Goal 2015, almost 34% of the Orang Asli households fall under the poor category. Most of these people, who fall under the 34% poor category, are usually involved in the agriculture, forestry or fisheries industry.

MERCY Malaysia has previous experiences reaching out to Orang Asli communities in Malaysia as past programs involved complementary provision of dental, medical, and health promotion programs for the Temiar population in Perak. This year, the targeted population was in Kampung Bukit Baja, Sepang, which is situated in between Putrajaya and Taman Sains Negara (National Science Park). Kampung Bukit Baja has a population of 297, male and female almost equally distributed at 146 male and 151 female, residing in 75 houses. Due to the distance from the main city and the nature of the village, health services remained to be limited and at times, inaccessible. The nearest clinic is Klinik Kesihatan Dengkil located about 25 kilometers from the



villages. In Sepang, due to massive area development, the Orang Asli welfare is often pushed aside to make way for modern development.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Through funding received from Hartalega, activities such as outreach primary health clinics, dental clinic, and health/hygiene promotion & education programs were made available to the beneficiaries. A total of 3 outreach clinics, 1 women's health clinic, and 2 dental clinics were conducted throughout the project's duration of 1 year. Activities conducted for children focused on embracing healthy health habits such as good oral care, hand hygiene, and daily personal hygiene practices.

TESTIMONY BY BENEFICIARY

"Even though the population here is small, we are very thankful to MERCY Malaysia and Hartalega for their willingness to come into our village and implement this campaign, and hope the programs will continue in the future".

- Closing remarks by Encik Zainudin, Chairman of Kg Bukit Baha Sub-Committee

SELANGOR



Primary Health Care Outreach Clinic Kg Baja, Sepang



Checkup by the dentist



Health screening by volunteer



Dental education to the children of Orang Asli Bukit Baja

SELANGOR

PROJECT

CONSTRUCTION OF SANDBAG BUNDS PROJECT IN KG. TOK MUDA AND TANJUNG KARANG, SELANGOR

OBJECTIVES

- Prepare the affected communities to face the forecasted extreme high-tide phenomenon on the west coast of Malaysia through the construction of sandbag bunds
- Minimise the risk of flooding and destruction through construction of bund and public awareness

PROJECT DONOR(S)

- National Disaster Management Agency (NADMA)
- Public Donations

PROJECT PARTNER(S)

NADMA, SMART, JPS, PDRM, RELA, Selangor State Government, UITM Puncak Alam

LOCATION

Kg. Tok Muda and Tanjung Karang, Selangor

DURATION

11th – 13th October 2016

ACCOMPLISHMENTS

Constructed two stretches of sandbag bunds out of 40,000 sandbags which were:

- a 350-metre long sandbag bund at Kg. Tok Muda Kapar
- a 150-metre long sandbag bund at Tanjung Karang

NO. OF BENEFICIARIES

Estimated 1000 people from surrounding areas

NO. OF BENEFICIARIES

Over
1,000
people

BACKGROUND

In late September 2016, an early warning was issued by the Malaysian Meteorological Department and Department of Survey and Mapping Malaysia (JUPEM) on an extreme high-tide phenomenon forecasted in mid October, affecting the west coast beaches of Malaysia. The warning added that the phenomenon may potentially result to sea water flooding in villages located near the beach areas mainly in Bagan Datoh, Perak; Kuala Muda, Kedah as well as in Tanjung Karang and Kg. Tok Muda, Selangor.

It was to be the worse high tide phenomenon to hit those areas in 25 years, with the waves reaching up to 5.2 meters high and affecting 236 people.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Subsequent to the early warnings, MERCY Malaysia was appointed by the National Disaster Management Agency (NADMA) to coordinate and lead the preparation activities to face the high tide phenomenon in Kg. Tok Muda and Tanjung Karang in Selangor.

MERCY Malaysia responded by deploying staff members and 70 volunteers from Universiti Teknologi Mara (UITM) Puncak Alam for the duration of 2 days. They were divided into two groups, where 30 volunteers were sent to support the



Sand bunds as flood mitigation barrier

SELANGOR

operations at Kg. Tok Muda, Kapar and the other 40 volunteers to Tanjung Karang. Additionally, MERCY Malaysia procured 40,000 sandbags and 60 shovels to be utilised in this project.

Apart from MERCY Malaysia and NADMA, the two-day activities were also carried out in coordination with other agencies including Department of Irrigation and Drainage (JPS), Special Malaysia Disaster Assistance and Rescue Team (SMART), Royal Malaysia Police (PDRM), The People's Volunteer Corps (RELA) and Selangor State Government. As a result, two sandbag bunds were constructed; a 350-metre long sandbag bund at Kg. Tok Muda Kapar as well as a 150-metre long sandbag bund at Tanjung Karang. Although it did not completely prevent the high tides from flooding the nearby villages, it was able to minimise the damages and prevent loss of lives.

TESTIMONY BY BENEFICIARY

"It was a good project because it allowed me not only to learn how to build the sandbag bunds in cases of emergency, but also exposed me to community service activities."

-Murni Bahar, Uitm Puncak Alam Student



MM volunteers in collaboration with NADMA and other CSO filling up sandbags

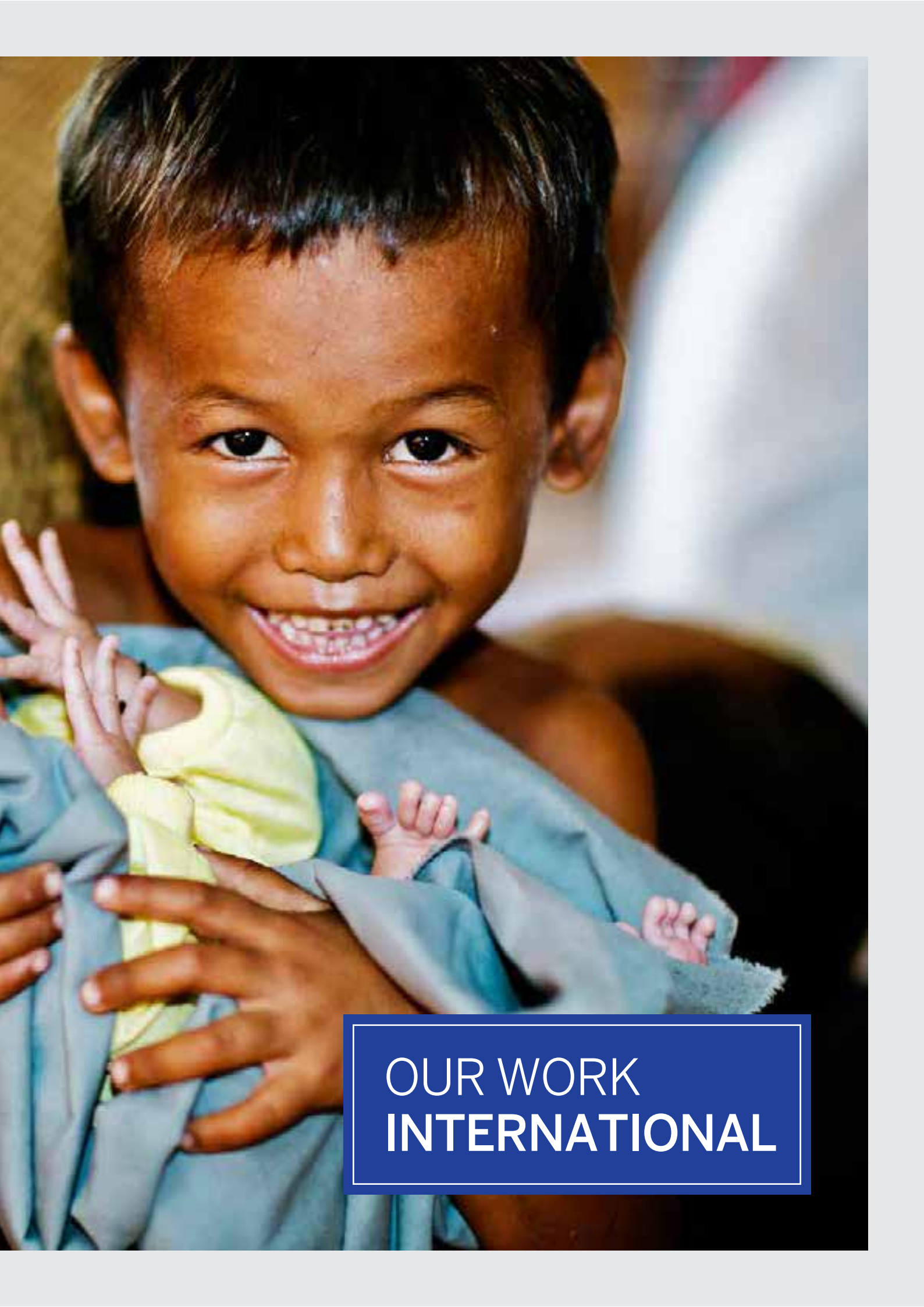


MM volunteers in collaboration with NADMA and other CSO filling up sandbags



NADMA and MERCY Malaysia preparing sandbags





OUR WORK
INTERNATIONAL

AFGHANISTAN

PROJECT

COMPREHENSIVE HEALTH CENTRE (CHC)

OBJECTIVES

Increase accessibility of Primary Health Care (PHC) for the population of District 3, Kandahar.

PROJECT DONOR(S)

Public Donations

PROJECT PARTNER(S)

Afghanistan Ministry of Public Health, WHO, UNICEF

LOCATION

District 3, Kandahar

DURATION

January-December 2016
(13th year of operations)

ACCOMPLISHMENTS

- 24,802 patients received Out Patient Department (OPD) care
- 18,294 children and women received vaccination shots
- 224,112 children received oral vaccination
- 1,198 children were treated for moderate and severe acute malnutrition
- 87 Expanded Program On Immunization (EPI) mobile clinics were conducted

NO. OF BENEFICIARIES

Direct beneficiaries: estimated 46,688

NO. OF BENEFICIARIES

Over
46,688
beneficiaries

BACKGROUND

Afghanistan has been ravaged by war and unrest since the 1970s, which has caused its health system 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, TB, and Polio. MERCY Malaysia established the Comprehensive Health Center (CHC) in District 3, Kandahar in 2003 and has since then continued its operations. Today, The CHC is the only complementary health provider in District 3, serving a population of 68,000 with thousands more from nearby informal settlements.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

In 2016, 24,802 patients benefitted from MERCY Malaysia's health services. There was also an increase in delivery at health facility from 11% in 2015 to 16% in 2016. The vaccine coverage was also increased from 53% to 62%

Other activities include the following:

TYPE OF ACTIVITY	NO OF PATIENTS
Ultrasounds	461
Emergency admission cases	238
Minor Surgery	13
Food distribution	1,370



A community health worker providing Health education at the CHC

MERCY Malaysia also focused on the nutrition status of the children that visit the CHC, thus all children under 5 years old goes through a nutritional screening, and those with severe malnutrition were given the Ready to Use Food (RTUF) to improve their nutritional status.

AFGHANISTAN



Patients queing to get their prescribed medication at the CHC Pharmacy



MM Medical Staff providing Mother & Child Health Consultation at MM Comprehensive Health Centre in Kandahar



Mr. Umar Agha monitoring the TB Unit at the CHC

AFGHANISTAN

PROJECT

MERCY LITTLE CALIPH

OBJECTIVES

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

PROJECT DONOR(S)

Public Donations

PROJECT PARTNER(S)

Department of Education

LOCATION

District 3, Kandahar

DURATION

January-December 2016
(11th year of operations)

ACCOMPLISHMENTS

- 30 students completed their early education with a daily nutritional meal
- All students received full vaccination

NO. OF BENEFICIARIES

30

NO. OF BENEFICIARIES

30
beneficiaries

BACKGROUND

The MERCY Little Caliph programme first started in 2005 at MERCY Malaysia's Comprehensive Health Centre. Its aim is to provide pre-school education for those aged children between 5 and 10, to both girls and boys to equip them with pre-school education and to prepare them for school. Located in the MERCY Malaysia's Comprehensive Health Clinic building, the school caters to 30 to 60 children annually, providing them with basic language, mathematic skills and also Islamic studies. The syllabus has been approved by the Department of Education. The program also provides these children with vaccination and daily meal supplements and has been ongoing since October 2005.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

In total, 345 children have graduated from MERCY Little Caliph since the programme first started in 2005. In 2016, there were 30 students that have graduated from MERCY Little Caliph. 31 students are currently studying in the center. The students are between the ages of 5 and 10. 25% of the students in this year are from middle class background while 60% and 15% are from poor and very poor backgrounds. 88% of the students come from District 3 Kandahar, where the classes are held, 22% however, come from neighbor District 4, Kandahar.



MERCY Little Caliph learning module is based on the local's standard curriculum



MERCY Little Caliph during one of its learning session



Drawing activity in the classroom



BOSNIA

PROJECT

RECONSTRUCTION AND REHABILITATION OF POLYCLINICS POST FLOOD

OBJECTIVES

- Restore functionality of Doboj Polyclinic to its normal capacity through the replacement of medical equipment and furniture.
- Support the flood contingency plan of Maglaj Polyclinic through reconstruction and transformation of the roof attic into a functional space.

PROJECT DONOR(S)

The Sun Daily (newspaper) & Berjaya Group

PROJECT PARTNER(S)

The Management of Doboj & Maglaj Polyclinic

LOCATION

- Doboj Polyclinic in Doboj Municipality, Republic of Srpska
- Maglaj Polyclinic in Maglaj Municipality, Zenica-Doboj Canton

DURATION

August 2014 – September 2016

ACCOMPLISHMENTS

- Handed over equipment and furniture for the following departments at Doboj Polyclinic:
 - Paediatric (Exam table, Paed ECG machine, Oxygen instrument, Paed resuscitation set, working table, chair, cabinet, etc.)
 - Physiotherapy (Diadynamic current therapy, magnetic therapy machine, ultrasound therapy, therapeutic bed, Bobath physiotherapy plinths, etc.)

- Laboratory (Vaccine fridge, sterilizer machine, etc.)
- Gynaecology (working table, chair, cabinet, etc.)
- X-ray and diagnostics (Exam table, X-ray accessories, etc.)

- Completed roof reconstruction at Maglaj Polyclinic and additional rooms under the attic (approx. 500 m2) to station:

- Physical therapy
- X-ray & Radiology

NO. OF BENEFICIARIES

Doboj Polyclinic: serves between 40,000 to 70,000 people from surrounding areas.

Maglaj Polyclinic: serves estimated 25,000 people.

NO. OF BENEFICIARIES

Over
95,000
people

BACKGROUND

Continuous, heavy rainfall in mid-May 2014 resulted in extensive flooding in Serbia, Bosnia & Herzegovina and Croatia. In Bosnia & Herzegovina, over a million people were affected by flooding, almost 90,000 were displaced, and 25 casualties were recorded. The severe and widespread rains triggered over 3,000 landslides. Floods and landslides hit 75,000 houses, of which 25,000 were severely damaged or destroyed, and also caused extensive damage to livelihoods, health and water and sanitation facilities. As most of the polyclinic in Bosnia & Herzegovina has the same setup, both Doboj and Maglaj Polyclinics were affected almost similarly. Both are located near the Bosna River, and the flood caused destruction to everything including the medical diagnostic and therapeutic equipment. The flood had also affected the non-medical equipment, including several vehicles and the laundry department's equipment.



Bosnia Flood Recovery group photo at Doboj Polyclinic Bosnia after the official handover ceremony



Bosnia Flood Recovery Handing over of medical equipments to Doboj Polyclinic by H.E. Datuk Anuar Kasman, Malaysian Ambassador to Bosnia

BOSNIA

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

MERCY Malaysia responded to the flood emergency in Bosnia & Herzegovina in 2014 and proposed medium to long term plan to support the recovery of the affected health centres there. At the end of 2014, the Govt. of Bosnia & Herzegovina, funded by the European Commission (EU) through UNDP began the post-flood recovery process which included reconstruction and rehabilitation of damaged government infrastructure. In late 2015, the recovery process was completed in stages.

As Dobo Polyclinic could not secure at least 50% of the equipment and furniture required to run their services themselves, MERCY Malaysia agreed to support those gaps and fulfilled the requests by June 2016. An official handover ceremony followed through in September 2016, officiated and attended by the Ambassador of Malaysia to Sarajevo H.E. Datuk Anuar Kasman and the Sun Managing Director, Mr. Freddie Ng. Meanwhile, Maglaj Polyclinic managed to secure almost all of the required support to restore their services as normal. Therefore, they requested for a reconstruction of the polyclinic's roof to transform the space underneath into a functional area, as well as to relocate the critical departments and equipment located in the basement of the polyclinic. The project was completed in November 2016.



Ground breaking ceremony officiated by H.E. Datuk Anuar Kasman for the reconstruction of Maglaj Polyclinic roof project



Site visit to Maglaj Polyclinic by H.E. Datuk Anuar Kasman, Mr. Freddie Ng, Managing Director of the Sun & MERCY Malaysia representatives

CAMBODIA

PROJECT

CAPACITY BUILDING FOR ORAL REHYDRATION THERAPY CORNER AT ANGKOR HOSPITAL FOR CHILDREN

OBJECTIVES

Increase the capacity of the Oral Rehydration Therapy (ORT) Corner at Angkor Hospital for Children (AHC) in providing medical care to the children of Angkor.

PROJECT DONOR(S)

Maybank Foundation

PROJECT PARTNER(S)

Angkor Hospital for Children (AHC)

LOCATION

Siem Reap, Cambodia

DURATION

January – December 2016

ACCOMPLISHMENTS

- 638 children were treated with ORT.
- 2,431 children received treatment for diarrhea.
- 3,094 caregivers were provided with education on dehydration
- 1,350 ORT packages were distributed
- 81 medical students and 285 nurses received training on dehydration and its treatment including ORT

NO. OF BENEFICIARIES

- 5,500 patients hospital-wide
- 1,200 patients attending the ORT Corner

NO. OF BENEFICIARIES

Over
5,500
patients

BACKGROUND

MERCY Malaysia deployed mission members to Angkor Hospital for Children (AHC) to provide medical assistance since 2004. In 2005, MERCY Malaysia funded an Oral Rehydration Therapy (ORT) Corner at the outpatient department in Angkor Hospital for Children, and has since continued to support the project. The ORT corner is a project established to treat mild dehydration or diarrhea. Over the years in support of the hospital, MERCY Malaysia has donated medical equipment such as ventilator, incubator and refrigerated centrifuge to the hospital. In addition, MERCY Malaysia also employed a nurse and two trained OPD family service assistants to ensure that there will be enough support to complete the ORT work.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Throughout 2016, AHC's Oral Rehydration Therapy (ORT) project treated 638 Cambodian children suffering from dehydration between January and August 2016 in the ORT Corner, while children with severe dehydration were treated in the IPD and ER/ICU. The majority of these patients suffered dehydration as a symptom of diarrhea, dysentery, vomiting, food poisoning or dengue fever. Between January and August 2016, 663 caregivers attended ORT corner education sessions on dehydration. In addition, ORT staff hosted a once a week education session



Angkor Hospital for Children Oral Rehydration Therapy Corner and Neonatal Clinic



Angkor Hospital for Children ORT Corner and Neonatal Clinic



ORT Corner at AHC funded by Maybank Foundation

which was open to all caregivers in the OPD, which shared information on diarrhea, dehydration prevention as well as the appropriate treatment. AHC also trained 81 medical students and 285 nurses on illnesses which are present with dehydration, and all aspects of treatment including ORT.



DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

PROJECT

RECOVERY ASSISTANCE FOR FLOOD AFFECTED AREAS, NORTH HAMGYONG PROVINCE

OBJECTIVES

Recovery Assistance for Flood Affected Areas, North Hamgyong Province

PROJECT DONOR(S)

Yayasan Hasanah

PROJECT PARTNER(S)

- Ministry of Foreign Affairs, DPRK
- Embassy of Malaysia, Pyongyang

LOCATION

Musan & Yonsa County, North Hamgyong Province

DURATION

30th October – 6th November 2016

ACCOMPLISHMENTS

Donation of the following Tuberculosis medications to the Yonsa & Musan local health offices:

- Isonizaide 18,000 tablets
- Rifampicin 6,500 tablets
- Pyrazinamide 19,500 tablets
- Ethambutol 6,000 tablets

NO. OF BENEFICIARIES

Indirect beneficiaries: Estimated 170,000 total population of Musan & Yonsa Counties

NO. OF BENEFICIARIES

Over
170,000
beneficiaries

BACKGROUND

From 29th August to 31st August 2016, heavy rains fell in North Hamgyong Province, DPRK. Within two days, more than 300mm of rain was reported, causing severe flooding of the Tumen River and its branches in the region. The situation remained grave for weeks, affecting over 600,000 people across six counties. By the end of September, a total of 138 deaths were reported, with a further 400 people reported missing, majority of which presumed dead. Vast area of land remained submerged for weeks, leaving 70,000 internally displaced.

In total, four counties were severely affected by flooding in North Hamgyong province, namely Musan, Yonsa, Kyonghun and Kyongwon County. The high altitude of the area caused temperatures to severely drop during winter months, placing people at risk to harsh winds and high levels of snowfall. The area is also mainly flood plains as there are several river banks and valleys.



DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Responding to a request by the Ministry of Foreign Affairs, DPRK, MERCY Malaysia sent its team to conduct further assessment on the damages as well as on future post-flood needs. After meeting with local authorities, the assessment team was advised to focus mainly on two counties, namely Musan and Yonsa. As part of the immediate relief effort, a donation of Tuberculosis (TB) medication consisting of isoniazid, rifampicin, ethambutol, and pyrazinamide was provided, as raging flood waters had swept away the existing TB hospitals causing a shortage of the medication. Further future relief efforts are currently being developed by MERCY Malaysia.



MERCY Malaysia handed over specialised medication worth RM 30,000 to the chief of healthcare for the North Hamgyong Provincial Rep



On 31 August 2016 North Hamgyong was hit by the worst flood in DPRK history which include Musan & Yonsa County



Post-Flood assesment mission in North Hamyong Province of Democratic People's Republic of Korea (DPRK)



Crisis Response



Health - Post Emergency

INDONESIA

PROJECT

EMERGENCY RESPONSE OF ACEH PIDIE EARTHQUAKE

OBJECTIVES

- Support post-earthquake local response
- Increase service delivery (health & psychosocial) to the affected population.

PROJECT DONOR(S)

Maybank Foundation

LOCATION

District of Pidie Jaya, Aceh

DURATION

8th December – 20th December 2016

ACCOMPLISHMENTS

- Distribution of 956 hygiene kits and family kits.
- 250 children received of psychosocial support.
- 33 patients received bedside exercises
- 55 Rumah Sakit Umum Daerah (RSUD) Chik Ditiro's staff received hands-on training.
- Donation of orthopaedic hardware to support surgical response at local hospitals.

NO. OF BENEFICIARIES

Indirect beneficiaries: 85,000 (total population of Pidie Jaya)

NO. OF BENEFICIARIES

Over
85,000
beneficiaries

BACKGROUND

A 6.4 magnitude earthquake struck Pidie Jaya District, a province of Aceh in Sumatra Island, Indonesia on the early morning of 7th December 2016. 104 people died in the quake, with at least 1,000 people left injured. In addition, the quake caused major infrastructure damages, where at least 72 stores, 1 mall and 5 mosques were destroyed. Furthermore, 19,130 houses were reportedly damaged, 17,673 of it were in Pidie Jaya alone, causing more than 90,000 people to be evacuated from their homes.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

MERCY Malaysia deployed its emergency response team to Pidie Jaya from 8th December to 20th December 2016. The objectives of the mission were to assess the immediate needs of the affected population and to devise an action plan. Throughout the mission, the team distributed a total of 956 hygiene kits and family kits. A psychosocial team was deployed to conduct activities and provide psychosocial support benefitting 250 children at the evacuation centre, while a rehab team provided 33 rehab patients with bedside exercise as well as 55 Rumah Sakit Umum Daerah (RSUD) Chik Ditiro's staff with hands-on training.



Psychosocial activities for the children

INDONESIA



Distribution of emergency family and hygiene kits to meet the immediate needs of evacuees in the affected areas in Pidie Jaya



Distribution of emergency family and hygiene kits in support of Maybank Indonesia



MM volunteers and local communities unloading items for distribution

INDONESIA

PROJECT

IMPROVING COMMUNITY HEALTH AND IDP CAMPS' WASH FACILITIES AT JAMBUR KORPRI

OBJECTIVES

- Improve the quality of life and hygiene amongst communities living in IDP camps and around high risk areas of the volcano.
- Improve access to proper sanitation facilities for the IDP camps.

PROJECT DONOR(S)

Maybank Foundation

LOCATION

Kabupaten Karo, North Sumatera, Indonesia

DURATION

June – December 2016

ACCOMPLISHMENTS

- Rebuilt the camp's overall drainage systems.
- Rebuilt and refurbished 10 toilets as well as the washing area.
- Distributed 265 hygiene kits.

NO. OF BENEFICIARIES

1040 (1 camp)

NO. OF BENEFICIARIES

Over
1,040
beneficiaries

BACKGROUND

Mount Sinabung is a 2,460 metre volcano located in the Karo Regency (Kabupaten) on the island of Sumatra in the Indonesian archipelago. After being dormant for 400 years, it erupted; first in 2010 and second in 2014. This caused massive displacement of approximately 12,000 people from 17 different villages (desa). The internally displaced persons (IDPs) are presently housed in 9 IDP camps around Kabupaten Karo. The IDP camps were originally community halls called 'Jambur' which were then transformed to fit its new purpose. Jambur Korpri is amongst the highest occupied camps, housing 1040 individuals from 265 families. Members of the vulnerable group encamped included 29 elders, 7 pregnant mothers, 95 children under 5 and 19 infants. Observational and situation reports highlighted that Jambur Korpri had inadequate number of toilets and unclean facilities for the occupants to practice good hygienic behaviour.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

MERCY Malaysia had provided assistance through the distribution 265 hygiene kits consisting of toiletries such as toothbrush, toothpaste and body soap. In addition, MERCY Malaysia built 8 new toilets and refurbished 2 existing toilets with assistance from a local NGO. Alongside the new lavatories, MERCY Malaysia had also reconstructed the Jambur's cleaning and washing area to increase the space for the occupants to do their washing. The



Improvement of WASH facilities - Jambur Korpri, Kabupaten Karo

apparent drainage problem was also solved by reconstructing a new drainage system to channel waste and water away from the washing area to the main drain in front of the Jambur.

INDONESIA



Maybank Foundation visit at Jambor Kopri



Renovation of latrines at the evacuation centre in Jambor Kopri



The communities were instructed to evacuate following the eruption



LEBANON

PROJECT

SYRIA CRISIS RESPONSE

OBJECTIVES

- Improve access of basic needs such as food, medicines and non-food items to the Syrian Refugee communities in Lebanon.
- Reduce the risk of the spread of communicable diseases and common illness amongst the Syrian Refugee communities.

PROJECT DONOR(S)

Yayasan Hasanah

PROJECT PARTNER(S)

Humanitarian Relief for Development - ALGHWATH

LOCATION

4 Syrian refugee camps in Bekaa Valley Lebanon

DURATION

January – December 2016

ACCOMPLISHMENTS

- Distributed more than 24,000 units of medication supply worth RM 262, 042.
- Distributed food parcels for 3,036 individuals for 3 months.
- Distributed Winter Kits for 506 families.
- Established a Child Friendly Space (CFS) in one of the refugee camp that served 80 children.

NO. OF BENEFICIARIES

Direct beneficiaries:
3,036 (received basic needs assistance)

Indirect beneficiaries:
28,000 (increased access to medical assistance)

NO. OF BENEFICIARIES

Over
3,036
beneficiaries

BACKGROUND

As the Syrian Crisis enters its fifth year, Syrian refugees have increasingly voiced out the desperation of their plight. An estimated 12 million Syrians have fled their homes, of which 1.5 million have settled in Lebanon. However, the actual figures of refugees settled in neighbouring countries are estimated to be significantly larger as majority of refugees do not register in formal camps. Throughout neighbouring countries such as Lebanon, thousands of refugees reside in unofficial camps, severely lacking basic resources and services.

The program aims to provide relief and sustainable healthcare assistance as well as increase the resiliency of the vulnerable groups particularly in Bekaa Valley. The Bekaa Valley hosts 360,733 registered Syrian refugees, where an estimated 58% of them are aged 17 years and below. MERCY Malaysia aims to improve the lives of those who feel that they are the “forgotten people” through improving their access to basic needs such as food, medicines and non-food items.



Child Friendly Space for children living in refugee camps in Bekaa Valley



MERCY Malaysia staff is preparing the Child Friendly Space for the children

LEBANON

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

MERCY Malaysia has been providing assistance to Syrian refugees in several countries in the Middle East, including Syria since 2013. A range of assistance has been provided, ranging from medical services to distribution of non-food items. In 2016, MERCY Malaysia together with local implementing partners namely Humanitarian Relief for Development (ALGHAWTH) focused on providing a range of necessary resources and services to Syrian Refugees in 4 informal camps in Bekaa Valley, Lebanon for a period of 1 year. Throughout 2016, the assistance included the distribution of more than 24,000 units of medication supply, distribution of food parcels for 3,036 individuals for 3 months and distribution of Winter Kits for 506 families which consisted of blankets, mattresses and diesel to face the harsh winter months. In addition, MERCY Malaysia was able to establish and create a Child Friendly Space (CFS) in one of the refugee camps that served 80 children who were living there. The CFS programme is widely used by humanitarian organisations around the world 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. A study by Columbia University and World Vision International has demonstrated that CFS helps in improving the overall well-being of the children who attend their sessions. Thus, the positive impact of CFS can be utilized to address the plight of Syrian children.



MERCY Malaysia winter relief mission to the refugee camps in Bekaa Valley



Distribution of much needed item for refugees in the camp such as blanket and fuel



Kids were affected much due to the protracted war in Syria

MYANMAR

PROJECT

CLEFT LIP & PALATE (CLIPP) SURGICAL MISSION

OBJECTIVES

- Improve health and physical appearance of beneficiaries suffering from cleft lip and palate congenital anomalies.
- Increase awareness and knowledge of patients and caregiver on infection control and post-operative care.

PROJECT DONOR(S)

Mah Sing Foundation

PROJECT PARTNER(S)

- Sitagu Ayudana Hospital, Sagaing
- Ministry of Health & Sports, Myanmar

LOCATION

Sagaing, Myanmar

DURATION

9th– 17th July 2016

ACCOMPLISHMENTS

- Performed 94 maxillo-facial surgeries.
- Conducted 1 Basic Life Support (BLS) training course.
- Conducted 5 post-operative ward rounds.
- Carried out 15 teaching sessions to the caregivers of the operated patients.

NO. OF BENEFICIARIES

94

NO. OF BENEFICIARIES

94
beneficiaries

BACKGROUND

The CLIPP project started in 2013 based on the findings of an assessment conducted in 2012, which highlighted a high prevalence of cleft-lip and palate among young children in the area. Partner assessment was completed during the same visit and revealed that Sitagu Ayudana Hospital had adequate equipment and facility to care for the post-operative patients. The first cleft-lip and palate (CLIPP) surgical mission was deployed in 2013 where the team successfully operated on 50 children.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

The 4th CLIPP Myanmar mission was conducted from 9th to 17th July 2016 and operated on 94 patients with mostly cleft lip and palate congenital anomalies. Although the initial target of this project was to provide free surgical interventions to 50 underprivileged children, 94 patients received free maxillo-facial surgeries. The increase was due to overwhelming response received during the pre-operative screening, thus the team agreed to perform additional surgeries to maximize their visit. 5 post operative ward rounds were performed during this mission while 15 post operative teaching sessions on infection control were conducted to the caregivers. In addition, 1 Basic Life Support (BLS) training was conducted to 13 staff nurses as part of knowledge transfer between MERCY Malaysia and the host (Sitagu Ayudana Hospital).



Cleft Lip and Palate Surgery in progress

MYANMAR



MM surgical team and local medical team preparing the next patient for surgery



Collecting partular and detail for treatment



Patient waiting for treatment

MYANMAR

PROJECT

PROVISION OF PRIMARY HEALTH CARE (PHC) SERVICES

OBJECTIVES

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

PROJECT DONOR(S)

Public Donations

LOCATION

Sittwe, Rakhine State

DURATION

January - December 2016

ACCOMPLISHMENTS

- Served 62,304 patients through the implemented Primary Health Care service.
- Completed renovation for 2 static clinics in Ohn Daw Gyi and Kaung Dote Khar.
- Conducted Community Health Worker (CHW) training for 60 participants.

NO. OF BENEFICIARIES

Estimated 62,304 patients

NO. OF BENEFICIARIES

Over
62,304
patients

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 which left 87 dead as well as 75,000 people displaced and living in 40 camps. It also resulted 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 clashes, the situation in the Internally Displaced Persons (IDP) Camps remain the same. On the 9th of October 2016, hundreds of unidentified insurgents attacked 3 border guard posts along Myanmar's border with Bangladesh which left 9 border officers and several insurgents dead. This incident caused a military crackdown by the armed forces and police, with an estimated 92,000 displacements by the end of 2016.



Donor representative speaking to one of the beneficiaries to know about MM service quality



MM local doctor consulting the beneficiaries in one of the camp clinic

MYANMAR

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

MERCY Malaysia has been operating in Sittwe since October 2012. Currently, the Country Office is running 3 static clinics and 6 mobile clinics, providing Primary Health Care (PHC) services, emergency referral and screening for children during EPI with the Township Health Department, as well as health education and social mobilization during EPI around the Sittwe area. This year alone, 62,304 patients were treated and provided with PHC services. As at December 2016, renovation works of the Ohn Daw Gyi and Kaung Dote Khar static clinics have been completed, with works on the Kaung Dote Khar and Baw Du Pha clinics still under progress and to be completed in 2017.

In addition, a Community Health Worker (CHW) training was also conducted in the second week of December together with the State Health Department and Myanmar Red Cross Society (MRCS). It was attended by 60 CHWs from various parts of Sittwe, including 11 volunteers from MERCY Malaysia's static clinics.



Site visit by MMHQ team and donor from Qatar Charity to Sittwe, Rakhine



Primary Health Care services in Sittwe Rakhine funded by Qatar Charity



Registration before medical check up

MYANMAR

PROJECT

PROVISION OF LATRINES FOR FLOOD AFFECTED COMMUNITY

OBJECTIVES

- Increase the level of personal and environmental hygiene and health.
- Improve access to adequate sanitation and sewerage system.

PROJECT DONOR(S)

Maybank Foundation

LOCATION

Sakhangyi Area, Kale Township, Sagaing Region

DURATION

26th February - 14th May 2016

ACCOMPLISHMENTS

Construction of 140 latrines in 3 villages through community involvement and cooperation.

NO. OF BENEFICIARIES

140 households

NO. OF BENEFICIARIES

140

households

BACKGROUND

Severe flooding in Myanmar began in July 2015 and continued into September 2015, affecting 12 of the country's 14 states and affecting up to 1,000,000 people. Among the most affected were the communities in Naung Saung Pu (NSP) village, who were relocated to the nearby Sakhangyi area. Due to its size, the community of Nan Saung Pu were divided and relocated to 3 different villages; Aung San Chit Village and Ley Pyin Kwin Village that is on a lower area, and Bo Tin Gone village which is on higher ground. MERCY Malaysia's Program Team carried out an assessment to identify the beneficiaries' needs, and discovered the urgent need for latrines as the ones available were shared facilities.

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Based on the assessment findings, priority was given to the most vulnerable households in the 3 villages; e.g. disabled person (including mental disabilities), households that were headed by women or had pregnant women as well as for the elderly (70 years and above). The initial target of the project was for MERCY Malaysia to design and construct 60 latrines, complete with a pan and concrete septic tank each. However, due to the community's need for more latrines, they requested to be supplied with only the raw materials for the structure, and would create their own septic tanks using concrete or bamboo. Kalay Hospital provided pipes and pans, and the community agreed to work together to construct their own latrines to further reduce the labour cost, thus enabling for the construction of 140 latrines in the end with strong community work.



MM local doctor consulting the beneficiaries in one of the camp clinic



MM staff providing some guidelines during the construction of latrines



Provision of clean water



NEPAL

PROJECT

PSYCHOLOGICAL FIRST AID (PFA) TRAINING

OBJECTIVES

- Contribute to the development of positive mental health for the people of Nepal.
- Increase knowledge on psychological trauma and disaster management.
- Elevate awareness in recognizing signs and symptoms of post-traumatic stress disorder (PTSD).
- Increase ways to reduce psychological stress and trauma through peer support.

PROJECT DONOR(S)

Yayasan Hasanah

PROJECT PARTNER(S)

Yuwalaya

LOCATION

Kathmandu, Nepal

DURATION

May – July 2016

ACCOMPLISHMENTS

- Conducted PFA training for 129 participants
- Conducted 4 PFA training workshops in 4 locations

NO. OF BENEFICIARIES

129

NO. OF BENEFICIARIES

129
beneficiaries

BACKGROUND

MERCY Malaysia started its emergency medical response on April 29, 2015 in Sankhu, Kathmandu post Lamjung's 7.8 magnitude earthquake that claimed the lives of nearly 9,000 people and injured at least 22,000 people. A psychosocial team was deployed along with the Emergency Response Unit to provide psychosocial support to the affected community. As mental health and psychosocial support is becoming more mainstream during emergencies, MERCY Malaysia continues to provide psychosocial support long after the earthquake. The training targets teachers and caregivers as the frontliners to receive psychosocial training in order to help build the community's capacity in addressing the mental health and psychosocial concerns.



One of the CFS activities that sparked fun and active participation from the training

NEPAL



A picture feels a thousand feelings. Proudly displaying their hard work at the end of the training

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

Psychological First Aid (PFA) training workshops were conducted from the month of May until July 2016 in Kathmandu city. The trainings were intended for the front liners such as teachers and caregivers in the city schools and orphanages. The objective of this project is to increase knowledge and raise awareness on the early signs and symptoms of post-traumatic stress disorder. The training was designed to provide a peer-supported network to reduce psychological impact among the population affected by disaster. In addition, the programs were localized by incorporating Nepali culture to produce a self-help program for children both in theoretical and practical way. In total, 129 individuals participated in this training across 4 locations in Kathmandu city.



Workshop participants describing their feelings during one of the activities conducted



NEPAL

PROJECT

CAPACITY BUILDING FOR SPINAL INJURY REHABILITATION CENTRE (SIRC)

OBJECTIVES

- Increase access to health and medical services
- Provide additional support to SIRC staff
- Improve knowledge on rehab patient care of the current staff

PROJECT DONOR(S)

Public Donations

PROJECT PARTNER(S)

Spinal Injury Rehabilitation Centre (SIRC)

LOCATION

Kathmandu, Nepal

DURATION

June 2015 – January 2017 (ongoing)

ACCOMPLISHMENTS

- Deployed 4 rehab teams consisted of rehab specialists, physio therapists, rehab nurse, and occupational therapists.
- Trained 15 staff on patient documentation, passive and active range of motion exercises, bladder and bowel care, rehab exercises, and adaptive equipment.

NO. OF BENEFICIARIES

Direct beneficiaries:
400 patients
Indirect beneficiaries:
1.3 million people (the estimated population of Kathmandu and Pokhara that have access to the facility)

NO. OF BENEFICIARIES

Over
400
patients

BACKGROUND

Spinal Injury Rehabilitation Centre (SIRC) is a 51-bedded charity rehabilitation hospital with no acute facilities and housed in a 2-storey building deemed as safe. However, 2 of the 4 wards were sealed off and under reconstruction due to extensive damages caused by the 2015 earthquake. SIRC is staffed with 1 medical officer and 8 nurses, backed up with several nurse volunteers, 1 physical therapist and 5 physical therapist assistants. SIRC is the only dedicated spinal cord injury rehabilitation hospital in Nepal. Prior to the 2015 earthquake there were 38 patients, however there was an influx of cases after the disaster, with the patient number rising to 93. Furthermore, spinal cord injury is common in Nepal as the villagers commonly carry heavy loads on their head. The increase weights are transmitted down to the cervical vertebrae with increased pressure on the spinal cord, thus causing injuries.



Some of the existing facilities at the SIRC in Nepal



Basic occupational therapy facilities at the Spinal Injury Rehabilitation Centre

NEPAL

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

MERCY Malaysia deployed its first rehab team to SIRC in June 2015, approximately 2 months after the devastating earthquake that hit Nepal late April 2015. The second team was deployed in September 2015. Due to the blockade imposed by the Indian government on Nepal, subsequent deployments were temporarily halted from September 2015 to March 2016. Subsequently, 2 more deployments of rehab teams were sent to SIRC to complete the project. In addition, 1 team consisting of 2 SIRC staff spent a month in Malaysia to observe the Rehab services offered here. This was done to facilitate the transfer of knowledge, skills, and technology between the two organizations.



Spinal Injury Rehabilitation Center-swimming pool



PALESTINE

PROJECT

DEVELOPMENT OF DELIVERY AND NEONATAL DEPARTMENT IN DAR ESSALAM HOSPITAL

OBJECTIVES

- Improving maternal and neonate health by reducing maternal and neonatal mortality after delivery.
- Enhance the capacity of the Delivery and Neonatal Department in providing good natal care.

PROJECT DONOR(S)

Public Donations

PROJECT PARTNER(S)

Dar Es Salam Hospital

LOCATION

Khan Younis, Gaza - Palestine

DURATION

March – August 2016

ACCOMPLISHMENTS

Equipped the Delivery and Neonatal Department with delivery and baby lifesavings equipment which are:

1. Emergency trolleys
2. Patients trolleys
3. Flexible examination light
4. Infant warmer
5. CTG
6. Delivery beds
7. Delivery instrument sets
8. Dressing trolleys
9. Ventose
10. Stainless steel trolleys
11. Baby scale
12. Adult scale with height
13. Flowmeter O2
14. Baby cot

NO. OF BENEFICIARIES

Direct beneficiaries: 1,800 (in 6 months)
Indirect beneficiaries: 100,000 women have increased access to better neonatal services.

NO. OF BENEFICIARIES

Over
1,800
beneficiaries

BACKGROUND

The recent conflict in Gaza severely impacted on the health and wellbeing of the entire population. Large-scale population displacement, shortages of water and electricity, environmental health hazards, loss of income and many more factors increased drastically the vulnerability of the majority of the population at a time when the siege on Gaza and the financial crisis of the government had already left the system on the brink of collapse. The chronic situation of the health sector therefore is a major underlying cause for the impact of the conflict on the health system in Gaza today and unless addressed systematically a recovery of the health sector to a stronger and more resilient health system is highly unlikely.

The city of Khanyounis, located in south Gaza strip is the second largest city in Gaza with an estimated population of 350,000 and is bordered by Rafah and Deir Balah. There is only one governmental hospital; Naser Hospital, where prenatal, natal and postnatal services are offered. Here, approximately 2,000 deliveries have been recorded every month which means around 65 deliveries per day. However, the antenatal service in the existing government hospital is in poor state. People complain on the lack of hygiene practices and unhealthy environment as the hospital is overcrowded



MM Rep. In Gaza signing the MOU with Dar Essalam Hospital for the Development of Delivery and Neonate Department in Khanyounis

most of the time and the management has failed to hire cleaning contractors. Most of the Khanyounis residents would prefer not to deliver their babies in the government hospital due to lack of quality services and poor hygiene that sometimes resulted in high postnatal mortality.

PALESTINE

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

To address this issue, a local NGO namely Dar Essalam constructed a hospital in 2009 to provide better quality health service. It started as a small delivery room with only 2 beds. The delivery room was old and needed to be rehabilitated as well as better equipped for neonatal care. The hospital had a clinic of Obstetrics and Gynaecology which received more than 500 cases in a month, while the department of delivery received about 150 cases monthly.

Together with Dar Essalam, MERCY Malaysia's objective was to improve the health services offered in this hospital for people in Khanyounis particularly through women reproductive health, and to lower the neonatal mortality rate by equipping three complete sets of delivery and baby lifesaving equipment such as infant warmers, CTG, Ventose and others. Through the provision of better equipment, the hospital's department of delivery is expected to receive up to 300 cases monthly, due to the improved facilities and services.



Part of the equipment donated to Dar Essalam Hospital



Donation of baby weighing scale as part of the initiative for Dar Essalam Hospital MCH services development



MM staff inspecting the equipment donated to Dar Essalam Hospital for their delivery and Neonate Department



PALESTINE

PROJECT

IMPROVING DRINKING WATER SAFETY IN GAZA

OBJECTIVES

- Help improve drinking water safety in Gaza.
- Improve routine microbiological and chemical testing of drinking water in Gaza.
- Provide capacity for routine microbiological and chemical testing of drinking water in Gaza during emergency.

PROJECT DONOR(S)

Sultan Azlan Shah Foundation

PROJECT PARTNER(S)

IDEALS UK

LOCATION

Gaza Strip, Palestine

DURATION

1st December 2015 – 31st May 2016

ACCOMPLISHMENTS

- Provided an upgraded UNRWA and Public Health Laboratory (PHL) water quality monitoring laboratory.
- Trained all relevant UNRWA and PHL laboratory and field staff on the use, maintenance and repair of the new equipment as well as on additional threats to water safety.

NO. OF BENEFICIARIES

1.8 million (Gaza population)

NO. OF BENEFICIARIES

Over
1.8million
beneficiaries

BACKGROUND

Gaza consists of five provinces and a population of 1.8 million, of whom 75% are refugees. The population is concentrated in seven towns, 10 villages and eight refugee camps, with a total area of only 360 sq. km. Although 98% of Gaza's residents are connected to the water network, only 48% of households have running water four to seven days a week: while the remaining 52% rely on wells and water tankers which are all monitored by either UNRWA or the Ministry of Health (MoH) PHL. Together with inadequate disinfection of the piped water, this can lead to suitable conditions for microbiological contamination within the distribution network. High water loss from the network are ascribed to illegal connections and worn out pipe systems.

Drinking water in Gaza is at significant risk of microbiological and chemical contamination from numerous sources. Routine testing of drinking water quality is compromised by the limited capacity of the relevant UNRWA and PHL laboratories, and no testing is possible during escalations in the conflict, when the risk of contamination is greatest.



Amber Lansley introducing course participants to the portable water quality monitoring kits



Incubator

PALESTINE

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

MERCY Malaysia worked together with IDEALS UK and Medical Aid for Palestinians (MAP) in conducting an assessment of the water quality monitoring in UNRWA and MoH PHL laboratories which have never been conducted before by other agencies. The team then procured and installed reliable, robust, portable water quality monitoring kits for UNRWA and PHL, thus enabling immediate field-testing of water quality during emergencies. UNRWA and PHL laboratory and field staffs were also trained on how to use, maintain and repair the new equipment, as well as informed on additional threats to water safety (from heavy metals and pesticides in particular). This would ensure an extended operational life for the new equipment, and improve the identification of a wide range of threats to water quality and safety, ultimately benefitting the people of Gaza.



Professor Nigel Silman testing one of the new portable water quality monitoring kits



Professor Nigel Silman calibrating equipment with course participants



Hot air oven



Water Bath



Laminar air flow cabinet



Disaster Risk Reduction



Health - Related Development

PALESTINE

PROJECT

FURNISHING AND EQUIPPING FACULTY OF MEDICINE, ISLAMIC UNIVERSITY OF GAZA –PHASE 2

OBJECTIVES

Improve the quality and condition of learning for medical students in the Faculty of Medicine, IUG through better access to safe and secure learning environment.

PROJECT DONOR(S)

Sultan Azlan Shah Foundation

PROJECT PARTNER(S)

Islamic University of Gaza

LOCATION

Gaza Strip, Palestine

DURATION

August – December 2016

ACCOMPLISHMENTS

Completed the construction, installation works and furnishing of the Faculty of Medicine buildings which included:

- Clinical Skills lab
- Anatomy lab
- Microchemistry & Parasitology lab
- Biochemistry + Molecular Biologist + Genes lab
- Physiology & Pharmacology lab
- Pathology Museum

NO. OF BENEFICIARIES

Direct beneficiaries:
2,052 students per year
Indirect beneficiaries:
Around 530,000 Gaza population will benefit from the graduates of the university

NO. OF BENEFICIARIES

Over
2,052
beneficiaries

BACKGROUND

On 2nd of August 2014 (the 27th day of the aggression), Israeli warplanes targeted the main administration building of the Islamic University of Gaza (IUG). Meeting rooms and other offices were also destroyed, and surrounding buildings were badly damaged. In addition, some of the shelling hit IUG's Medical Faculty, causing damages to the teaching hospital and medical school.

Given IUG's standing in the Gaza Strip as well as the number of students it serves, it is important that these labs are repaired and become operational in order to continuously enhance the learning experience and environment of aspiring doctors in Gaza. There were also vital issues of safety and security for the labs to be monitored and properly guarded since there are high tendency for break-ins; there are sophisticated and expensive equipment as well as important learning materials kept inside.



Islamic University of Gaza master plan

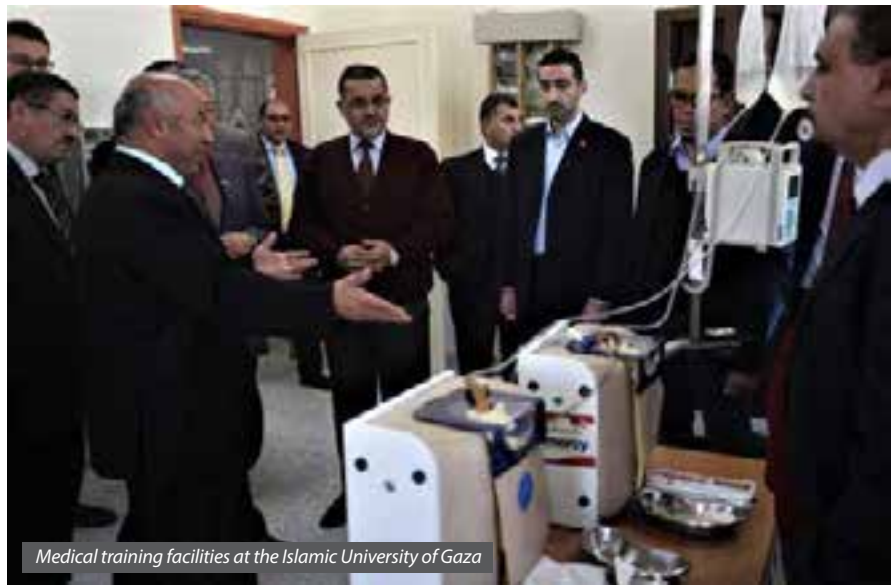
PALESTINE

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

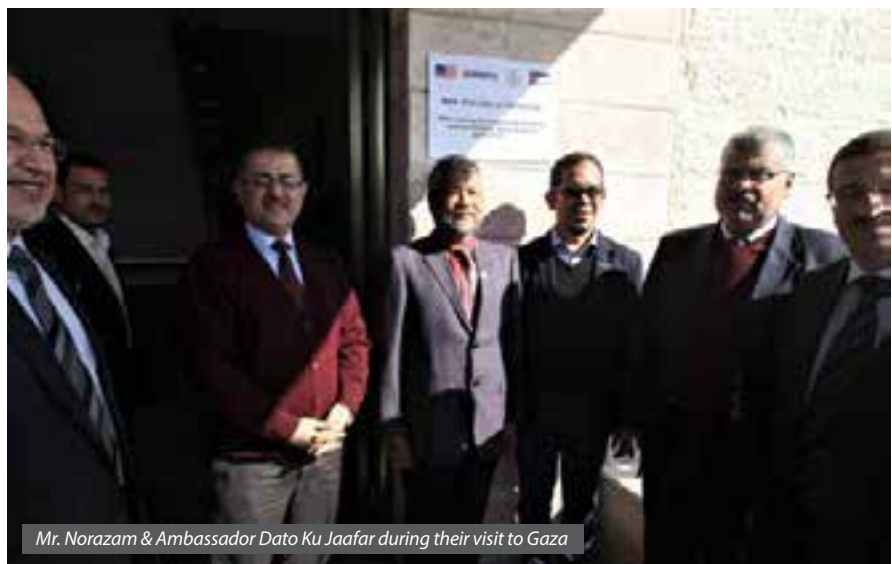
The IUG's Faculty of Medicine was officially inaugurated in 2006, and founded with the aim of achieving leadership in medical education and clinical practice, as well as community service. The work at the medical faculty started in 2010, and was almost completed when the IUG became one of the targeted buildings in Gaza during the 2014 war.

MERCY Malaysia thus helped IUG to reconstruct the damaged buildings in the Faculty of Medicine as well as to complete the construction of a new building in 2015. This project is a continuation of the previous project whereby during the first phase, MERCY Malaysia only completed the structural works without its finishing, thus it remained unsuitable for lectures and practical sessions. Therefore, this project addressed this issue through the completion of the following:

1. Completing marble works for 9 labs.
2. Installing electricity works for 9 labs.
3. Completing mechanical works for 9 labs.
4. Installing CCTV system and network for the 9 labs and the main entrances.
5. Operating the fire system in the whole building.
6. Painting the administrative offices in the fifth floor of the building.



Medical training facilities at the Islamic University of Gaza



Mr. Norazam & Ambassador Dato Ku Jaafar during their visit to Gaza



Play therapy room at Al-Amal center established with MM Support



SIERRA LEONE

PROJECT

EBOLA "RECOVERY" PROJECT

OBJECTIVES

- Assist schools to recover from the Ebola virus.
- Promote hygiene practices in schools to prevent Ebola virus transmission.
- Ensure students and teachers are better prepared to prevent Ebola Infection.

PROJECT DONOR(S)

Malaysian Ministry of Health (MOH)

PROJECT PARTNER(S)

- Plan Sierra Leone
- Pikin to Pikin Movement

LOCATION

Western Rural Area, Sierra Leone

DURATION

6th August 2015 - 30th November 2016

ACCOMPLISHMENTS

- 108 School received Milla Tanks for hand washing.
- 108 schools received hygiene kits.
- 5,400 pupils were part of awareness campaign through school health club on good hygiene practices to prevent Ebola.
- 23 new wells were constructed and 25 wells were rehabilitated, providing a safe source of drinking and washing water for schools.
- 1,018 teachers and 108 School Management Committee members were trained on safety protocols against disease infection.

NO. OF BENEFICIARIES

Direct beneficiaries:

- 5,400 students
- 1,018 teachers
- 108 School Management Committee Members

Indirect beneficiaries:

- 50,985 school children

NO. OF BENEFICIARIES

Over
6,525
beneficiaries

BACKGROUND

The Ebola virus epidemic swept through West Africa with unprecedented speed over 18 months, killing over 11,300 people and infecting a total of 28,616 people. Although some people did survive, an estimated 12,000 children were left orphaned by the virus. Sierra Leone was one of the countries affected, unleashing socio-economic and psychological havoc that will take years to mend. For over a year, all schools in Sierra Leone were closed in an effort to curb the spread of the disease. Thereby, in an effort to assist schools recovery from the Ebola virus epidemic and ensure children are safe and protected, MERCY Malaysia together with local partners through funding provided from the Malaysian Ministry of Health targeted 108 schools across the Western Rural Area.



MERCY Malaysia officers and students during Ebola Recovery Project



Plan International Sierra Leone project manager testing the well



M&E officer and the school teacher guiding the students answering the survey form

SIERRA LEONE

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

To protect 108 schools from the spread of Ebola Virus, the project provided hygiene practices to students and teachers and prepared schools to prevent further infection. This was achieved through the distribution of Milla Tanks and hygiene kits in all 108 schools, conduct health practice awareness campaign for School Health Clubs, construction of 23 new wells and rehabilitation of 25 wells. Furthermore, teachers and School Management Committee members were trained on safety protocols against disease infection. All targeted 108 schools are now safe and prepared to prevent from further outbreaks of not just the Ebola virus, but any communicable disease.

TESTIMONY BY BENEFICIARY

"We now have a special group, called "pick it up" group who patrols the school grounds and makes sure no one throws rubbish on the floor. If someone does, we tell them to "pick it up!"

- Student from

Salaam Islamic Secondary School



Monitoring and evaluation officer getting the feedback from the students



Plan International Sierra Leone Program Unit Manager and MERCY Malaysia Grant Officer asking questions regarding health and hygiene



Water bucket for hand washing activity placed at the entrance of the class



Monitoring and evaluation officer conducted focus group discussion with women community near the schools



One of the contractor digging the well



**EVENTS &
TRAININGS**

SULTAN NAZRIN SHAH LECTURE SERIES (SNLS) 2016

LOCATION

Sunway University

23rd November 2016

CO-ORGANISER

Sunway University

Jeffrey Cheah Foundation

MERCY Malaysia together with Sunway University and Jeffrey Cheah Foundation hosted the 4th Sultan Nazrin Shah Lecture Series (SNLS) on *"Migration, Displacement and the Age of Humanitarian Crisis"* at Sunway University. The lecture series was attended by over 300 participants from local and international NGOs, academic institutions, government bodies, embassy officials, UN agencies, corporate partners as well as individuals.

The keynote for the lecture series was presented by Ambassador William Lacy Swing, Director General of the International Organization for Migration (IOM) and the event was graced by the Sultan of Perak, His Royal Highness Sultan Dr Nazrin Muizzuddin Shah. The moderator and panellists consisted of esteemed individuals including Tan Sri Dato' Seri Mohamed Jawhar Hassan, Former Chairman and Chief Executive, Institute of Strategic and International Studies (ISIS) Malaysia, Ms Nan Buzard, Executive Director, International Council of Voluntary Agencies and Dr Nnette Motus, Regional Director, IOM who shared their personal insights and views on the issue during the pre- and post-panel discussions.

Among the pertinent issues raised were on the alarming rate of the displaced people in the world today as well as the widening gap between humanitarian needs and the international community's capacity to respond. MERCY Malaysia hoped to not only raise awareness of these issues but to also inspire our younger generation to take action and improve the conditions of this world.

During the event, Tan Sri Jeffrey Cheah made a generous donation of RM 100,000 to MERCY Malaysia's on-going projects worldwide. The support of such a prestigious academic institution has helped MERCY Malaysia further its reach both locally and globally.



HRH Sultan Nazrin Shah and the participants of the lecture



Moderator and panelist



HRH Sultan Nazrin Shah and Dato Dr Faizal at the exhibition hall



HE Ambassador William Lacy Swing, Director General of the International Organisation for Migration (IOM)

WORLD HUMANITARIAN SUMMIT- IMPLEMENTING THE SENDAI FRAMEWORK TO REDUCE THE HUMANITARIAN BURDEN: ASEAN RESILIENCE IN PRACTICE

LOCATION

Istanbul, Turkey

23rd – 24th May 2016

After two years of worldwide consultations as well as gathering the voices and input of 23,000 people from 153 countries, 9000 participants came together in Istanbul from the 23rd – 24th May 2016 for the first ever World Humanitarian Summit (WHS) to chart the future course of humanitarian action. In total, the Summit brought together 173 United Nations Member States, 55 Heads of State and Governments, some 350 private sector representatives, and over 2000 people from civil society and non-governmental organizations.

MERCY Malaysia, together with the United Nations Office for Disaster Risk Reduction (UNISDR), the ASEAN Coordination Center for Humanitarian Response (AHA Center), the Global Network of Civil Society Organizations for Disaster Reduction (GNDR) and the European Commission's Humanitarian Aid and Civil Protection Department (ECHO) organized a Side Event on 'Implementing the Sendai Framework to Reduce the Humanitarian Burden: ASEAN Resilience in Practice'. The Side Event focused on minimizing potential risks and reducing the impact of natural hazards, through strengthening preparedness efforts and increasing local capacities in handling crises. It not only made the case for increased investment in local disaster risk reduction efforts, improvement in coordination among disaster management and humanitarian actors, but also on the implementation of the Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030.

The side event also featured participation from the UN Office for Coordination of Humanitarian Affairs (UN OCHA), International Council of Voluntary Agencies (ICVA), Khazanah Nasional Berhad (Khazanah), Center for Disaster Preparedness Philippines (CDP), Forum Bangun Aceh, Indonesia (FBA) and Community Development Association Myanmar (CDA).

Subsequently, MERCY Malaysia published the results from the Side Event, outlining three key outputs which push the urgency



WHS in Numbers. Source: www.worldhumanitariansummit.org



HRH Sultan Nazrin Shah and MERCY Malaysia staff during the exhibition

to build communities' and places' resiliency through programs such as:

- Implementation of MERCY Malaysia's Building Resilient Communities (BRC);
- Innovative efforts in sourcing for support from alternative funding, eg: government funding, development bank funding, Islamic social financing funding and solidarity levies from developed countries;
- Attaining commitment from UNISDR, European Commission's Humanitarian Aid and Civil Protection department (ECHO) to implement the Sendai Framework for Disaster Risk Reduction at the national and local level.

During the event, MERCY Malaysia also set-up an exhibition booth showcasing the organizations' activities which attracted more than 3,000 visitors, including HRH Sultan Dr. Nazrin Muizzuddin Shah, the Sultan of Perak and MERCY Malaysia's Patron.



MERCY Malaysia hosted and led the global dialogue on Implementing the Sendai Framework to Reduce the Humanitarian Burden



MERCY Malaysia WHS Exhibition Team share accomplishments with their Royal Patron

CHARITY MOVIE SCREENING

LOCATION

**Golden Screen Cinema,
Nu Sentral, Kuala Lumpur**
15th July 2016

SPONSOR

**Brickfields Asia College
(BAC)**

In order to support the promotional activities and increase awareness on the upcoming 3rd International Humanitarian Run, MERCY Malaysia in collaboration with Brickfields Asia College (BAC) took a step further by hosting a Charity Movie Screening of the hit movie "Ghostbusters". Held on the 15th July 2016 in Golden Screen Cinema, Nu Sentral, Kuala Lumpur it was officiated by YM Datin Raja Riza Shazmin Raja Badrul Shah, Honorary Secretary of MERCY Malaysia and attended by over three hundred supporters including local celebrities such as Dato' Yasmin Yusoff, Jihan Musa and Peter Lom.

YM Datin Raja Riza in her opening speech emphasized that the culture of helping others must be inspired and not forced. Thus, this event was created as a platform to invite and enable the public to reach out as well as help communities who are in need of humanitarian aid especially during disaster. Proceeds from the ticket sales were channelled to support the MERCY Malaysia's General Humanitarian Fund.



Booth manning by MERCY Malaysia officers



Datin Raja Riza Shazmin MERCY Malaysia Honorary Secretary (R) and Ir Amran Mahzan (L) before the show



Dato Yasmin Yusoff was also our celebrity advocate for myMERCYrun2016



MERCY Malaysia officer also did not want to miss the movie



MERCY Malaysia officer and volunteers before the show



In the cinema just before the show



Registration and ticket counter

DUBAI INTERNATIONAL HUMANITARIAN AID & DEVELOPMENT CONFERENCE & EXHIBITION (DIHAD)

LOCATION

Dubai, United Arab Emirate (UAE)

21st – 23rd March 2016

Dubai International Humanitarian Aid & Development Conference & Exhibition (DIHAD) is a yearly event held under the patronage of H.H. Sheikh Mohammed Bin Rashid Al Maktoum, Vice-President and Prime Minister of the United Arab Emirates, Ruler of Dubai, supported by Mohammed Bin Rashid Al Maktoum Humanitarian and Charity Est., the United Nations (UN), the UAE Red Crescent Authority, International Humanitarian City, Dubai Cares and the Organisation of Islamic Cooperation (OIC). INDEX Conference and Exhibition hosted the 13th edition of DIHAD – 2016 which took place at the Dubai International Convention & Exhibition Centre.

With the theme, “The Importance of Innovation in Humanitarian Aid and Development”, the overall aim of this year’s DIHAD was to contribute to the further enhancement of technically sound and principled international humanitarian and development assistance. It further endeavours to build bridges between various actors and countries from around the globe who are engaged in addressing needs of those affected by crises, disasters or the adverse effects of under-development. In addition, it provides a platform where assistance providers can interface with relevant actors from the corporate and governmental sectors with a view to create meaningful synergies in support of those in need.

The main elements of the four day event were the conference, exhibition and interactive training sessions. MERCY Malaysia was the only Malaysian INGO invited to set-up an exhibition booth showcasing the organizations’ activities, which attracted more than 3,000 visitors, including Tan Sri Jemilah Mahmood, the founder of MERCY Malaysia. Through this exhibition, MERCY Malaysia was able to promote its latest humanitarian and



Booth preparation before the exhibition



Tuan Haji Norazam Ab Samah and Puan Zuraidah Mian during exhibition

Building Resilient Communities (BRC) programs to international humanitarian organisations as well as engage with potential partners from various regions especially in the Middle East.

WORLD HEALTH ORGANIZATION EMERGENCY MEDICAL TECHNICIAN (EMT) GLOBAL MEETING 2016

LOCATION

World Health Organization Emergency Medical Technician (EMT) Global Meeting 2016

28th – 30th November 2016

The evolution and creation of the Emergency Medical Technician (EMT) initiatives stems from the catastrophic Haiti Earthquake in January 2010. The international response was unprecedented but there was a significant lack of coordination. Thousands of lives that could have been saved were lost, and as a result the global development community was awakened to the need for better-coordinated responses to emergencies.

Thus, the Emergency Medical Teams (EMT) Global Meeting was created to bring together members of the global Emergency Medical Team (EMT) community, Ministry of Health focal points, NGOs and UN agencies to engage in discussions and workshops on a range of issues of direct relevance to teams and policy makers alike. The 2016 event marks the third of such meeting, with the first held in Geneva in February 2015, and the second in Panama in December 2015.

This year's event saw more than 300 participants from over 65 countries, with strong representation from across the world including all WHO regions. The conference shared valuable knowledge through a 3-day plenary session covering topics such as:

- Strategic governance, direction and key updates of the EMT initiatives;
- EMT developments and good practice from the technical, clinical, training, legal and logistic and operational perspectives;
- Exhibitions by EMTs of their latest innovations and training;
- Role of EMTs and Public Health Rapid Response Teams in the development of a stronger global health emergency workforce;
- Strengthening of national and regional EMTs.

MERCY Malaysia participated by sending a team of six medical and one logistics personnel. We exhibited and showcased our footprints in the region since 1999, in particular during the Nepal Earthquake and Typhoon Haiyan relief highlighting our field hospital's list of services, Mental Health and Psychosocial Support (MHPSS) and Rehabilitation Medicine programs.

MERCY Malaysia has applied for registration for both Level I and Level II Field Hospitals and is fully committed in pursuing this goal. If successful we may be the first NGO from the Asian region.



Psychological support and Child Friendly Space model



Participants of the Emergency Medical Team Global Meeting 2016



Rehabilitation Medical Specialists

#myMERCYrun 2016

LOCATION

Padang Merbok, Kuala Lumpur

24th July 2016

PROJECT PARTNER

**Go International Group
DotCom**

In the effort to continuously promote a healthy lifestyle among Malaysians, MERCY Malaysia has successfully organized its 3rd International Humanitarian Run, #myMERCYrun, which was held in Padang Merbok on the 24th July 2016. With the theme 'Run Like A Superhero', the charity run leveraged on the heroic efforts of those who are willing to help others in times of need, similar to what can be seen in MERCY Malaysia's humanitarian work. The 2016 run saw 1,622 participations, totalling in more than RM110,000 worth of registration fees that was channeled to MERCY Malaysia's General Humanitarian Fund. In response to popular demand, the 2016 #myMERCYrun offered the usual 3km and 7km categories as well as a new and more challenging 15km category to cater to a wider range of runners from all walks of life.

The first group was flagged off by MERCY Malaysia's President, Dato' Dr. Ahmad Faizal Mohd Perdaus at 7.00 am, with the emcees of the day, Datuk Yasmin Yusuff and Goh Wee Ping ensuring the excitement continued throughout the event. Despite heavy downpour, participants seemed unaffected, with many donning superhero costumes such as Spiderman, Batgirl and Captain America. Energetic performances by Altimet, Ady Suwardy and Fhara added on to the mood and welcomed the runners upon their return.

The success of the run was due in no small part to sponsors who gave in-kind and organisational support, ranging from professional services to refreshments and snack sponsorship. A big thanks to the following sponsors:

- Media partner: Asia Fitness Today
- Movement Prep Partner: Fun Fit Friday & Hanim Joufry
- T-shirt co-sponsor: Ultron
- Hydration Partner: Revive
- Breakfast partners: Milo, TCK & Mighty White
- Official Timing Partner: Seiko



Celebrities advocate and staff at the main stage



Datin Raja Riza Shazmin Honorary Secretary of MERCY Malaysia during press conference



Runners and volunteers



myMERCYrun starting point



Runners having fun during the run

- Goodie Bag & Prize sponsors: Plus, Amnig, Giant, Great Eastern Takafu, Felda Wellness Corporation, CashMe, Karangkrat, Models Own, Genting Rewards & OyoRooms.
- Public Relations Partner: Webber Shandwick
- Video Production Partner: Pinnacle Avera

TESTIMONY BY VOLUNTEERS/ PARTICIPANTS

"Following this year's theme to celebrate the real-life everyday heroes among us, it

is my hope that more Malaysians will be encouraged to show their support no matter how big or small, as we can all become catalysts in the betterment of the world, even in the smallest ways,"

*- YM Datin Raja Riza Shazmin
MERCY Malaysia Honorary Secretary*

FLOOD RECOVERY PROGRAM: PROVISION OF SHELTER REPAIR KIT HANDOVER CEREMONY

LOCATION

Wisma CIC, Guchil 6, Kuala Krai, Kelantan

25th September 2016

The December 2014 major East Coast floods saw Kelantan to be one of the most affected states, with an estimated number of 232,913 people evacuated into shelters and thousands of homes, possessions as well as livelihoods washed away. Subsequent to the disaster, Qatar Red Crescent (QRC) reached out and initiated a partnership with MERCY Malaysia to provide assistance to the affected communities. The result was the implementation of a 'Shelter Repair Kit Program', in which 168 beneficiaries were provided with the necessary tools and supplies to rebuild their homes damaged by the floods. The project was completed in May 2016.

As part of the agreement upon the completion of the program, QRC conducted a visit to the project site in Kuala Krai for a final handover ceremony. The event was held in Wisma CIC, Guchil 6, Kuala Krai on 25th September 2016 and officiated by Dr Khaled Diab, Director of Relief & International Development, Qatar Red Crescent as well as His Excellency Essa Mohamad Al-Mannai, Qatar's Ambassador in Kuala Lumpur. The half day event was also attended by Norazam Ab Samah, MERCY Malaysia's Director of Strategic Programme Development as well as all 168 beneficiaries and their families.



Handover of Shelter Repair Kits Ceremony by Qatar Red Crescent and MERCY Malaysia to the affected communities of Kelantan Flood



Handover of Shelter Repair Kits to the affected communities of Kelantan Flood



Beneficiaries of Kelantan Flood who will received shelter repair kits from Qatar Red Crescent

DISASTER PREPAREDNESS COMIC HANDOVER CEREMONY

LOCATION

PwC Office, 1 Sentral, Jalan Rakyat, Kuala Lumpur Sentral

24th November 2016

Throughout 2016, MERCY Malaysia's School Preparedness Program (SPP) was conducted in several targeted areas affected by disaster, which trained in total 9,252 students and 826 teachers. Based on the lessons learnt from the 2015 SPP program, several upgrade on the modules were implemented, which included revising and repackaging them to cater specifically to Malaysia's local disasters, as well as taking a more hands on approach towards Disaster Education. Thus in 2016, the revised modules were implemented, which include the Haze Song, Liquid Petroleum Gas (LPG) module, Earthquake Module, as well as the production and distribution of a more child friendly, comic-style SPP hand-outs.

It was important improvise the modules accordingly to achieve effective delivery. PricewaterhouseCoopers (PwC) Malaysia agreed to fund the production of 2 sets of illustrations; flood and earthquake, printing, and distribution of hand-outs to the schools involved in SPP throughout 2016 and 2017. The flood hand-out will be distributed to all the SPP schools in peninsular Malaysia, whilst the earthquake hand-out is distributed to all the SPP schools in Sarawak and Sabah. The total number of SPP Disaster Preparedness Comic Hand-outs printed was 40,450 copies. To formalise this partnership, a handover event was held on 24th November 2016 at PwC Malaysia's office in 1Sentral, Jalan Rakyat, Kuala Lumpur Sentral. MERCY Malaysia was represented by its President, Dato' Dr. Ahmad Faizal Mohd Perdaus while PwC Malaysia's representative was the Senior Executive Director, Ong Ai Lin.



Development and printing of additional hand-outs for our School Preparedness Programme (SPP) by PwC



MERCY Malaysia President, Dato' Dr Ahmad Faizal Mohd Perdaus receiving a copy of the hand-outs from Ms. Ong Ai Lin, Sen



Sample of the additional hand-outs for our School Preparedness Programme (SPP) event

ASIAN MINISTERIAL CONFERENCE ON DISASTER RISK REDUCTION (AMCDRR)

LOCATION

**Vigyan Bhawan,
New Delhi, India**

**30th October – 7th November
2016**

Established in 2005, the AMCDRR is a biennial conference jointly organised by different Asian countries and the United Nations Office for Disaster Risk Reduction (UNISDR). The AMCDRR 2016 was hosted by the Government of India in collaboration with UNISDR, and was the first advent of the Sendai Framework for Disaster Risk Reduction 2015 - 2030 (SFDRR 2015 - 2030) for the Asian region. Both as a follow up from the 6th Asian Ministerial Conference outcome in Bangkok and as a requirement of the SFDRR, this conference in Delhi was to produce outcome in adopting an Asian Regional Plan for the Implementation of the SFDRR 2015 - 2030.

One of the thematic sessions that was held was entitled 'Implementing the Health Aspects of the Sendai Framework for Disaster Risk Reduction', which was lead by the Royal Thai Government, UNISDR and the Regional Office for South-East Asia of the World Health Organization (SEARO). Dr. Hariyati Abdul Majid, MERCY Malaysia's Assistant Honorary Secretary of the Executive Council was a part of the thematic event discussion panel, where she brought forward the topic of 'Mental Health and Psychosocial Support in Preparedness and Risk Reduction: Key to Developing Resilience'. In her speech, she emphasized that mental health and psychosocial support are seen as important elements in building communities' resilience, thus is hoped to strengthen best practices in indigenized mental health care and psychosocial support through capacity development of local community members.



MERCY Malaysia booth and participants



MERCY Malaysia Photo wall at the exhibition



Displayed items and models during the exhibition

THE SALT TRAIL CHALLENGE

LOCATION

Crocker Range National Parks, Sabah

21st May – 22nd May 2016

In 2014, Sabah Chapter began organising its very first fundraising activity with the support of volunteers and partners. Since then, the chapter has organized fundraising event for 3 years in a row, this being the third Trek & Raise Funds- Salt Trail Challenge held from 21 May to 22 May 2016 at the Crocker Range National Parks. Participants will raise funds for on-going and future programmes using Donation Card and those with a collection of RM600.00 and above will be entitled to participate in the Salt Trail Challenge (STC).

The Salt Trail Challenge is a trekking event held at the beautiful historical “badi” trail or Salt Trail in the Crocker Range National Park.

The Salt Trail Challenge this year managed to attract 60 participants who were divided into 2 categories; 25.5km trail and 18km trail. Organised in partnership with Sabah Parks, Sabah Amateur Radio Society (SARS) and PACOS Trust, the 25.5km trail began from Kg Buayan to Buayan Sub-station and goes back to Kg Terian, while the 18km trail starts and ends at Kg Terian.

Along the trail participants trekked through different terrains, steep hills, paddy fields, terraced hills, walk under canopies, the many streams, crystal clear Ulu Papar river and several villages. Apart from that, to support the community's economy, the villagers of Kg Terian and Kg Buayan organized a bazaar at Kg Terian where they sold their local delicacies and produce to the participants.

TESTIMONY BY A PARTICIPANT

“Aside from getting to know new friends, I was able to enjoy the beauty of flora and fauna along the race trek.”

-Mr Johan Sipail, participant



Group photo at the community hall Kg Terian Penampang.jpg



Participants gathered at the Inobong Substation as early as 7am for the flag off by Datuk Dr Heng Aik Cheng



Some participants are taking picture at the finishing line



A suspension bridge in KM12 which is in Kg Terian

VOLUNTEERS APPRECIATION DAY 2016

LOCATION

- **MERCY Malaysia HQ,
Kuala Lumpur**
31st July 2016
- **Sabah Chapter
Hotel N5, Penampang**
3rd December 2016
- **Sabah Chapter
Hotel N5, Penampang**
3rd December 2016

Volunteers are the backbone of MERCY Malaysia. Both medical and non-medical personnel have taken time out of their hectic daily schedules to assist in the organization's operations, from fundraising activities, administrative work to international humanitarian responses. To value their effort, hard work and involvement with MERCY Malaysia's programs throughout 2016, the Volunteer Management Department organized the annual "Volunteers Appreciation Day" on 31st July 2016. This program was designed to cover and manifest all the good values in volunteerism, humanitarian and charitable works as well as to bring together MERCY Malaysia's staff, partners and volunteers to create a long lasting friendship and bond between them.

The theme for Volunteers Appreciation Day 2016 was 'Hari Raya Aidilfitri' as it was held during the Muslim month on Syawal. The guests of honour were the volunteers and partners who actively participated and contributed in MERCY Malaysia's programs throughout 2016. MERCY Malaysia's President, Dato' Dr. Ahmad Faizal Mohd Perdaus gave his opening speech during the event, followed by lucky draw sessions, games and karaoke sessions.



Volunteer Appreciation day group photo for Sabah Chapter



Volunteer Appreciation day group photo for Sarawak Chapter



Volunteer Appreciation day group photo in MERCY Malaysia HQ Kuala Lumpur

LAUNCHING OF BUILDING RESILIENT COMMUNITIES PROGRAM, KARO

LOCATION

**Kabupaten Karo, North
Sumatra, Indonesia**

13th -14th April 2016

MERCY Malaysia in collaboration with Maybank Foundation launched the Building Resilient Communities (BRC) program in Karo Regency, North Sumatera Province, Indonesia on the 13th – 14th April 2016. The program was held to raise holistic awareness to the target group potentially in danger of the direct effects from Sinabung volcano eruption, through technical and Disaster Risk Reduction approach. The BRC program was kicked-off in Perbaji Village, Tiganderket District, Karo Regency, North Sumatera, by Ahmad Faezal bin Mohammed, Head of Corporate Responsibility and Maybank Foundation Secretariat as well as the Honorary Secretary of MERCY Malaysia, YM Datin Raja Riza Shazmin Raja Badrul Shah, witnessed by Acting Governor of North Sumatera Tengku Erry Nuradi and the Malaysian Consulate-General in Medan, Amizal Fadzli Rajali.

Mount Sinabung, which is located in Kabupaten Karo, is a volcano which had been inactive for 400 years before it erupted in the year 2010 causing 10,000 locals from 10 areas in Kabupaten Karo to lose their homes. The unstable state of the volcano caused the nearby residents to be constantly exposed to dangerous situations. Thus, in order to mitigate the situation, MERCY Malaysia cooperated with a local developer agency, Badan Penanggulangan Bencana Daerah (BPBD) in planning a comprehensive exercise program to raise the awareness, provide knowledge and increase the resiliency of the affected communities of the volcano disaster. Throughout this program, the communities' absorptive, adaptive and transformative capacity during times of disaster will be increased through training and knowledge transfer. In addition, participants will be exposed to the concepts and practices of risk reduction and vulnerability factor as a preparatory step to face future disasters.



Launching ceremony of Building Resilient Communities at Desa Perbaji, Karo, Indonesia



Maybank Indonesia staff during the launching ceremony at Desa Perbaji

VOLUNTEER INDUCTION PROGRAMME (VIP)

PROJECT

VOLUNTEER INDUCTION PROGRAMME (VIP)

OBJECTIVES

- Share MERCY Malaysia's background, mission, vision and core values and inculcate the true spirit of volunteerism and professionalism among participants.
- Obtain feedback from volunteers about their expectations and concerns.
- Develop a compassionate and professional team of volunteers.

LOCATION

- Hospital Universiti Kebangsaan Malaysia (HUKM), Cheras, Kuala Lumpur

- Hospital Tuanku Ampuan Afzan, Kuantan, Pahang
- Kampung Paya Jaras Tengah, Sg. Buloh, Selangor
- Sabah Chapter Office, Kota Kinabalu, Sabah
- Wisma PERKESO Kuching, Sarawak
- MERCY Malaysia HQ, Kuala Lumpur

DURATION

- HUKM, Cheras
– 20th February & 23rd July 2016
- Hospital Tuanku Ampuan Afzan
– 8th April 2016
- Kg Paya Jaras Tengah – 11th June 2016
- Sabah Chapter Office – 16th July 2016

- Wisma PERKESO Kuching
– 26th March 2016
- MERCY Malaysia HQ
– 5th November 2016

ACCOMPLISHMENTS

494 newly registered volunteers were trained as full fledge MERCY Malaysia volunteers in 7 sessions.

NO. OF BENEFICIARIES

494

The Volunteer Induction Programme (VIP) is a training programme designed specifically for newly registered volunteers. Within this programme, the volunteers were given comprehensive knowledge of MERCY Malaysia, its background and its operations. It is a compulsory training program for all new volunteers before venturing forth into other missions and programmes as a full fledge MERCY Malaysia volunteer. Among the modules taught are on the SPHERE Standards, Code of Conduct for the International Red Cross and Red Crescent Movement as well as the Core Humanitarian Standards (CHS).

By the end of the programme, all the volunteers have a brief knowledge about MERCY Malaysia's operations, and adhere to the principles practiced by the organisation.



Participants consist of four wheel drive vehicle owners



Volunteer registering



Presentation by the Head of Volunteer Management Department

BASIC LIFE SUPPORT TRAINING

PROJECT	LOCATION	NO. OF BENEFICIARIES
BASIC LIFE SUPPORT TRAINING	MERCY Malaysia HQ, Kuala Lumpur	27
OBJECTIVES	ACCOMPLISHMENTS	
Provide knowledge to MERCY Malaysia's volunteers on basic Cardiopulmonary Resuscitation (CPR) techniques and its applications.	27 participants were trained and certified on basic Cardiopulmonary Resuscitation (CPR) techniques and applications in 1 training session.	

Basic Life Support programme is an effort by MERCY Malaysia to provide the lifesaving skills to volunteers as well as staff members. This programme is organized annually to educate participants with Cardiopulmonary Resuscitation (CPR) techniques and practical training.

Among the activities conducted by the trainers are Cardiopulmonary Resuscitation (CPR) and techniques in responding to choking in adults, children and infants. In addition, the volunteers also learned about basic first aid for them to become first responder when required. All participants were given several minutes to practice what had been taught during lecture sessions and then required to take the CPR practical test for certification.



CPR session by the participants



Type of heart attack and cardiac arrest



Critical steps that first responder need to do to saving life during emergency



Practical session of first responder during emergency

BUILDING RESILIENT COMMUNITIES- TRAINING OF TRAINERS

PROJECT BUILDING RESILIENT COMMUNITIES - TRAINING OF TRAINERS	Based Disaster Risk Reduction Management workshops effectively and efficiently.	DURATION January – April 2016
OBJECTIVES <ul style="list-style-type: none"> • Increase the competencies of volunteers in volunteerism and humanitarian context by enhancing their knowledge. • Increase the capacity and competencies of volunteers in delivering School Preparedness Program Phase 1 & 2 workshops effectively and efficiently. • Increase the capacity and competency of volunteers in delivering Community 	LOCATION Universiti Teknologi Mara (UiTM): <ul style="list-style-type: none"> • Zone 1 – UiTM Machang (Kelantan) • Zone 2 – UiTM Segamat (Johor, Melaka and Negeri Sembilan) • Zone 3 – UiTM Seri Iskandar (Perak, Penang & Kedah) • Zone 4 – UiTM Kota Kinabalu (Sabah) • Zone 5 – UiTM Samarahan (Sarawak) • Zone 6 – UiTM Jengka (Pahang & Terengganu) • Zone 7 – UiTM Puncak Alam (Selangor) 	ACCOMPLISHMENTS <ul style="list-style-type: none"> • 7 training sessions were conducted in Perak, Pahang, Sabah, Sarawak, Kelantan, Johor and Selangor. • 305 participants are now qualified as trainers to conduct SPP and CBDRRM training programs. NO. OF PARTICIPANTS 305

Building Resilient Community Training of Trainers is a three-day practical training programme and a collaboration between Universiti Teknologi Mara (UiTM) and MERCY Malaysia. The main objectives of the programme are to increase the competencies of volunteers and humanitarian context, as well as to increase the capacity and competencies of volunteers in delivering School Preparedness Program Phase 1 & 2 and Community Based Disaster Risk Reduction Management workshops effectively and efficiently.

This program commenced in January 2016 until April 2016 and involved all UiTM campuses, which were divided into seven zones namely in Perak, Pahang, Sabah, Sarawak, Kelantan, Johor and Selangor. 526 participants comprising of UiTM students and UiTM staff from the 7 zones participated in the program.

The training sessions conducted comprised of:

- Volunteer Induction Program
- Disaster Risk Management
- Coordination in Humanitarian Relief and Response
- Building Resilient Community
- Community Based Disaster Risk Reduction Management Training of Trainers
- School Preparedness Program Training of Trainers

Upon the completion of the program in April 2016, all 305 participants from UiTM are now qualified to conduct SPP and CBDRRM training as trainers.



BRC Train of Trainers on town mapping concept



Identifying capacity and vulnerability



Town mapping activity

EMERGENCY MEDICAL TEAM TRAINING PROGRAMME (LECTURE)

PROJECT	LOCATION	NO. OF BENEFICIARIES
EMERGENCY MEDICAL TEAM TRAINING PROGRAMME (LECTURE)	Hospital Universiti Kebangsaan Malaysia (HUKM) Cheras, Kuala Lumpur	78
OBJECTIVES	DURATION	ACCOMPLISHMENTS
<ul style="list-style-type: none"> Identify each volunteers' roles in responding to emergency situations and form an Emergency Medical Team of volunteers. Equip volunteers on the skills and knowledge of emergency management system responses in crisis and non-crisis areas. 	<ul style="list-style-type: none"> 19th - 20th March 2016 23rd - 24th July 2016 	78 participants were equipped on the skills and knowledge of emergency management system responses in 2 lecture sessions.

The purpose of this module was to ensure that MERCY Malaysia's volunteers would be able to fully understand the Emergency Response System throughout emergency situations efficiently and proactively. The lecture sessions also lead towards creating a complete set of MERCY volunteer group which are well equipped with emergency response skills and knowledge in theory. Among the topics presented were on Stress Awareness, Security and Communication, SPHERE standards, logistic consideration, emergency procedures and patterns of injury in the field as well as Field Hospital procedures and processes.

Upon completion of the training, all participants were invited to join the Field Training Exercise (ERU-FTX) which will require all participants to apply the theories and understanding of Emergency Responses into practice.



Participants photo opportunity



Volunteer Management Department session



Group discussion during workshop



A lecture by Dr Shalimar EXCO of MERCY Malaysia

EMERGENCY MEDICAL TEAM TRAINING EXERCISE (FTX) PROGRAM

PROJECT

EMERGENCY MEDICAL TEAM TRAINING EXERCISE (FTX) PROGRAM

OBJECTIVES

- Provide the opportunity for different working groups of the Emergency Medical Team (EMT) to work together, plan and implement a full EMT set-up

- Strengthen the team spirit and work ethics amongst participants of the EMT

LOCATION

Felda Residence Trolak, Perak

DURATION

30th September - 2nd October 2016

ACCOMPLISHMENTS

60 participants are now prepared both physically and mentally to be deployed as front-liners to any MERCY Malaysia medical and humanitarian relief missions.

NO. OF BENEFICIARIES

60

The training is structured to prepare volunteers to be deployed for any MERCY Malaysia's medical and humanitarian relief missions to any disaster area whether during crisis or non-crisis situation. The main focus during the 3-day training is for the volunteers to be able work as a group to plan and implement a full EMT set-up.

By the end of the program, all of the participants/volunteers are now prepared both physically and mentally to be deployed as front-liners to any MERCY Malaysia's medical and humanitarian relief missions during the emergency phase and to face any challenges that may arise during the mission.



Interview session



Mapping activity



Rescue Team

HUMANITARIAN LOGISTICS MANAGEMENT TRAINING

PROJECT

HUMANITARIAN LOGISTICS MANAGEMENT TRAINING

OBJECTIVES

- Train a group of Emergency Response Team to be logistics coordinator as an extended arm to logistics team for responding to both domestic and international disasters.
- Equip new and existing volunteers with practical knowledge of managing logistics in the humanitarian environment.

PROJECT PARTNER(S)

HELP Logistics from the Kuehne Foundation

LOCATION

Ambassador Row Hotel Suites, Kuala Lumpur

DURATION

20th – 23rd October 2016

ACCOMPLISHMENTS

Trained 8 MERCY staff and 16 volunteers with practical Logistics and Supply Chain Management knowledge in the Humanitarian environment.

NO. OF PARTICIPANTS

24

This pilot programme was initiated by Help Logistics, a subsidiary arm of the group Kuehne Foundation as their effort to provide Logistics Humanitarian Assistance in the area of knowledge transfer and capacity building. The training was aimed at teaching firm and practical Logistics and Supply Chain Management knowledge by providing a detailed picture of the humanitarian system in emergency relief as well as long term development context. That included a general introduction to different types of disasters, disaster life cycle, actors involved and various types of responses.

The 4-day training was divided into classroom modules, warehouse practical exercises and a supply chain simulation board game. Procurement, transportation, warehousing and distribution were some of the topics covered under this course. The experiential sharing by volunteers who responded to the recent Nepal Earthquake, Kelantan Floods and Typhoon Haiyan gave the rest of the team an insight into the realities of a humanitarian relief work through the eyes of their fellow volunteers. Finally, a visit to the warehouse at UNHRD and a humanitarian supply chain simulation board game called "High energy biscuit" wrapped up the course with volunteers calling it the most informative, valuable and fun training with a mix of both theory and practical approach.



Forklift handling training



Participants at the WFP warehouse for warehouse management training



Group discussion before presentation activities



Volunteers sharing experience session on logistic during emergency response

MERCY MALAYSIA AND THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

PROJECT

MERCY MALAYSIA AND THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

1. DISASTER RISK MANAGEMENT
2. RAPID HUMANITARIAN LOGISTICS MANAGEMENT

OBJECTIVES

- Understand the principles of disaster risk reduction and response and encourage coordinated approach to disaster response.
- Enhance capacity and efficiency of humanitarian/relief workers by familiarising participants to tools and cross cutting issues in disaster response and disaster risk reduction.
- Develop and nurture the holistic concept for disaster management through Total Disaster Risk Management.

- Provide an overall and detailed picture of the humanitarian system and logistics management in emergency relief operations for participants.
- Establish a core team readily deployable for logistics activities from warehouse, transportation, asset movements, asset set up and exit plan.

PROJECT DONOR(S)

Malaysian Ministry Of Foreign Affairs (MOFA)

PROJECT PARTNER(S)

Malaysian Ministry Of Foreign Affairs (MOFA)

LOCATION

InterContinental Hotel, Kuala Lumpur

DURATION

- 15th – 19th August 2016
- 19th - 23rd September 2016

ACCOMPLISHMENTS

21 participants received training on disaster risk reduction and response in 1 training session.

35 participants were trained on Humanitarian Logistics Management in 1 training session.

NO. OF PARTICIPANTS

56

BACKGROUND

The Malaysian Technical Cooperation Programme (MTCP) was first initiated at the 1st Commonwealth Heads of Government Meeting (CHOGM) in Sydney in February 1978 and officially launched on 7th September 1980 at the Commonwealth Heads of State Meeting in New Delhi, India, to signify Malaysia's commitment to the South-South Cooperation. MTCP forms part of the commitment of the Malaysian Government towards the promotion of technical cooperation among developing countries, strengthening of regional and sub-regional cooperation, as well as nurturing collective self-reliance among developing countries.

In a move to further enable MTCP to spread its wings wider and stronger, the Malaysian Government decided to transfer the MTCP from the Economic Planning Unit (EPU), Prime Minister's Department to the Ministry of Foreign Affairs (MOFA) beginning 1st January 2010. Since its commencement, more than 30,600 participants from 142 countries have benefitted from the various programs offered under MTCP.



MERCY MALAYSIA AND THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

MERCY MALAYSIA'S EFFORTS/ ACTIVITIES

This annual training is organized by MERCY Malaysia and supported by MOFA. Participants who applied for the course were also approved and selected by both MERCY Malaysia and MOFA. In 2016, 21 participants from the Asian Region joined the 5-day training programme.

The programme this year was launched by Mr. Beh Ching Chye, Principal Assistant Secretary, Malaysian Ministry of Foreign Affairs and closed by Dato' Dr. Ahmad Faizal Mohd Perdaus, President of MERCY Malaysia. Speakers were from MERCY Malaysia, United Nation's Office for the Coordination of Humanitarian Affairs (OCHA), International Committee of the Red Cross (ICRC), International Federation of the Red Cross (IFRC) and World Food Programme (WFP). Among the topics presented were on Disaster Response Preparedness and Coordination Mechanism, Civil Military Coordination, Sphere Standards, Psychosocial Intervention in Emergencies, International Humanitarian Law, Humanitarian Logistics site visit, Corporate, Government and NGO collaborations as well as needs assessment.



Participants at Wisma Putra



Closing speech by Dato Dr Ahmad Faizal Mohd Perdaus President of MERCY Malaysia



Discussion during workshop



Participants during workshop



Town watching activities





ACKNOWLEDGEMENTS

SECRETARIAT AS OF MAY 2017



Ir Amran



Zu Mian



Norazam



Aizat



Anis



Yesotha



Azarul



Azie



Herman



Rizal



Shah



Fazrin



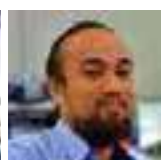
Shafiqah



Nusrat



Aini



Abdullah



Hafiz



Hanafiah



Zuridah



Hasnizan



Jefry



Said



Hazimi



Badlizan



Kamaraslaily



Syahril



Khalil



Lili



Masniza



Normaliza



Hamizah



Siti



Nada



Nasyriq



Qurratu



Rachel



Radzi



Rijal



Ross



Ain



Saufi



Shahira



Soad



Suhana



Rosita



Aishah



Syahirah



Syafa



Hisyam



Syed



Visan



Zila



Zuri



Zubaidah



Edna



Sayidah

SECRETARIAT AS OF MAY 2017

DATO' DR AHMAD FAIZAL MOHD PERDAUS
President

IR AMRAN BIN MAHZAN
Acting Executive Director

NUR AINI AHMAD
Personal Assistant

ZURAI DAH MIAN
Director of Strategic Planning and Development

NORAZAM BIN AB SAMAH
*Director,
Strategic Programme Development*

QUALITY & ACCOUNTABILITY DEPARTMENT

ROSSIMAH BINTI MOHAMED
Head

YESOTHA A/P BALAKRISHNAN
M & E Cum Compliance Officer

SYAH QURRATU 'AINI BINTI SAHRANI @ SHAHRAN
M & E Officer

FINANCE

MOHAMMAD RIZAL BIN OTHMAN
Head

NOORAZILA BINTI AHMAD
Senior Finance Officer

AJENGSYAFATUN BINTI BISRI
Finance Assistant

NOR ZURI AZIELA BINTI JAMALUDDIN
Finance Assistant

HAMIZAH BINTI MD. RITHZA
Finance Assistant

KAMAROSLAILY BINTI KAMID
Finance Assistant

HUMAN RESOURCE & ADMINISTRATION SERVICES DEPARTMENT

SYED REZA HELMY AL ATTAS
Manager - HRAS

MUHAMAD KHALIL HUSAINI BIN YA'AKOB
Senior Officer, HR

FAZRIN SUZAIN BIN SUPIAN
Senior Procurement Officer

SITI ZALEHA BINTI ABDULLAH
Senior Admin & Training Officer

MOHD SO'AD BIN ABDUL SHUKOR
IT Officer

NUR BADLIZAN ZAHIRA BINTI JUHARI
HR Officer

SH. SHAFIQA BINTI SY. TOKO KHAIRUDDIN
Admin Assistant

HASNIZAN BIN HASHIM
Dispatch cum Office Support

SAYIDAH BINTI KAMIL
Office Assistant

COMMUNICATIONS & FUNDRAISING DEPARTMENT

AZIZAH BINTI MOHD NASIR
Senior Fundraising & Events Officer

SYAHIRAH SULASTRI BINTI ASMAN
Communications Officer

MOHAMAD HERMAN BIN ABDULLAH
Web Master & Social Media Officer

NUR SHAHIRA BINTI MOHD NASIR
Communications & Fundraising Assistant

SUHAILI BINTI HASSAN
Fundraising & Event Officer

MUHAMAD SAUFI BIN MUHAMAD SANI
Donor Management Officer

HUMANITARIAN DEVELOPMENT CENTRE

SHAH FIESAL BIN HUSSAIN
Head

VOLUNTEER MANAGEMENT DEPARTMENT

NUR HISYAM BIN AZIZ
State Chapter Liaison Officer

NOOR AIN ZAIRA BINTI HASNAN
Volunteer Management Officer

MOHD HAZIMI BIN CHE ABDUL RANI
Volunteer Management Officer

STATE CHAPTER

EDNA BINTI SALUMBI
*Programme Officer
(Sabah Chapter)*

IVY LINUS GIBUN
*Programme Assistant
(Sabah Chapter)*

ROSITA ANAK PETER
*Programme Officer
(Sarawak Chapter)*

PROGRAMME DEVELOPMENT & OPERATION

MOHAMMAD SAID ALHUDZARI BIN IBRAHIM
Head

NADA ABDULWASEA MOQBEL AL AGHBARI
Senior Programme Admin Service

MUHAMMAD ABDULLAH BIN ABD WAHAB ISHARI
Senior Programme Officer MEENA

NUSRAT BINTI HASSAN
Programme Officer

YAO RACHEL
Programme Officer

NORMALIZA BINTI MOHD NASIR
Programme Officer

KHAIRUR RIJAL BIN JAMALUDDIN
Programme and Admin Service Assistant

SECRETARIAT AS OF MAY 2017

BUILDING RESILIENT COMMUNITIES (BRC)

MOHD HAFIZ BIN MOHD AMIRROL
Head of Project - Building Resilient Community (BRC)

SITI ZURIDAH BINTI MOHD RAIS
Senior Disaster Risk Reduction Officer

MD HANAFIAH BIN DANI
Programme Officer

WAN ANIS AFEEQA BINTI WAN
MOHAMMAD AZHAR
Programme Officer DRR

MUHAMMAD AIZAT BIN MOHAMMAD
NAZLI
Programme Officer DRR

SHAHIRIL BIN IDRIS
Programme Assistant

HEALTH UNIT

MASNIZA BINTI MUSTAFFA
Health Coordinator

SUHANA BINTI SHAHRUM
Health Program Officer

ZUBAIDAH BINTI BUJANG
Health Program Officer

LOGISTICS, SAFETY & SECURITY DEPARTMENT

CHAN VISAN
Deputy Head

MOHD RADZI BIN MOHD REDZUAN
Senior Logistics Officer

MOHAMAD NOR NASYRIQ BIN MUHYIDDIN
Logistics Officer

MOHD JEFRI BIN ABDUL RAHMAN
Logistic Officer

THE ASIAN DISASTER REDUCTION AND RESPONSE NETWORK (ADRRN)

AISHAH SABRINA ABDUL JALAL
Administrator ADRRN Secretariat

FIELD OFFICE**AFGHANISTAN**

MR. FAZAL UMAR AGHA
Country Manager

MR. MUHAMMAD HASHAM
Project Coordinator/HR

MR. MUHAMMAD YOUNAS
Amin/ Finance officer

MR. ENAYAT ULLAH
MD Doctor

MR. JAVEED AHMAD
MD Doctor

MISS. HABIBA "PASOON"
Midwife

MRS. SHAKEELA "ANEES"
Midwife

MISS AMINA "AMANI"
Nurse

MR. FIDA MUHAMMAD "SAHAR"
Lab Technician

MR. MUHAMMAD HAROON
Pharmacist

MR. MUHAMMAD NADAR
Male Vaccinator

MISS. SAKREENA
Female Vaccinator

MR. SHEER MUHAMMAD
Driver 1

MUHAMMAD KARIM
Driver 2

MUHAMMAD SADIQ
Security Guard 1

MR. MUHAMMAD DAUD
Security Guard 2

MRS. BIBI FATIMA
Cleaner

MRS. BIBI GUL CHEHRA
Cleaner

MR. GHULAM FAROOQ
MLC (Teacher)

INDONESIA

RICHARD HOTMA YOKO SIMANJUNTAK
Local Programme Officer

MYANMAR

MR VLADIMIR ARCILLA HERNANDEZ
Country Director

SU WAI MON
Finance and Admin Officer

WIN LAE LAE NAING
Finance and Admin Assistant

SANDAR
Part-time Office Cleaner

SHALOM
Programme Officer

DR. KYAW SAN HTUN
Team Leader

DR. MYO MYINT
Medical Officer

DR. YE LIN HTUN
Medical Officer

DR. PHYU HNIN AYE
Medical Officer

DR. SAW YADANAR
Medical Officer

DR. LAI LAI AUNG
Medical Officer

DR. PYAE PHYU AUNG
Medical Officer

EI PHYU THWE
Nurse

EAIN DRAE PHYU
Health Assistant

ZAN YE KO
Health Assistant

THU NAING
Health Assistant

BABY SOE
Health Assistant

AUNG AUNG
Office Assistant

SECRETARIAT AS OF MAY 2017

MYO MYO KYI

Mid Wife

KAP THAND LIANG

Project Assistant

DAW YI YI THAN

Cook

MARMOH

Nightguard of TKP Subcentre

MG MIN HTUN

Community Health Worker - OTG

KHIN MG WIN

Community Health Worker - OTG

KYAW THU

Community Health Worker - OTG

U KYAW MYINT

Community Health Worker - BTP

HLAKYAW 1

Community Health Worker - BTP

HLAKYAW 2

Community Health Worker - BTP

OSAMA

Community Health Worker - BTP

MG MG TIN

Community Health Worker - KDK

SEIN MOE KYAW

Community Health Worker - KDK

KYAW AYE

Community Health Worker - KDK

AUNG THAN

Community Health Worker - KDK

PALESTINE

DR. KHAMIS ELESSI

Senior Health & Humanitarian Adviser

ENAS QANDEEL

Program Officer

PHILIPPINES

ARACELI C. VIQUIERA

Manager

MA. FELQUITA A. TAGALOG

Program Officer

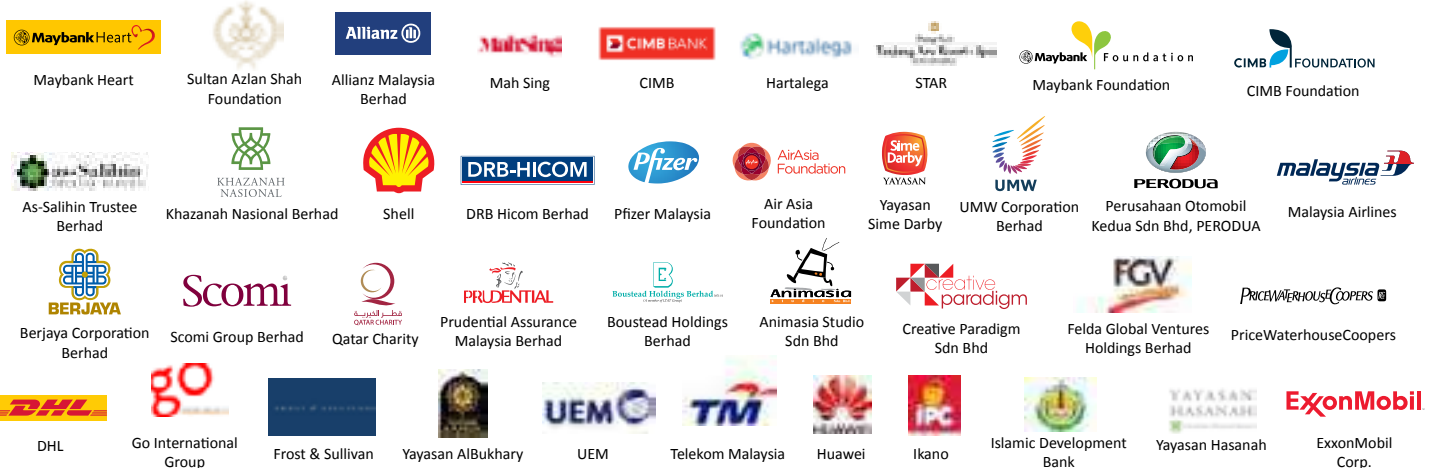
ERMELIO T. PALAJOREN

Driver

COLLABORATIONS

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.

CORPORATE



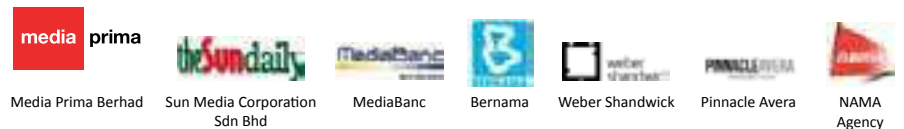
ACADEMIC & NETWORKING INSTITUTIONS



EMBASSIES/COUNTRIES



MEDIA



ORGANISATIONS



SOCIETY MEMBERS

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

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

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

LIFE MEMBERS

Abd Aziz, Dr.
 Abd Rani Osman, Dr. Hj.
 Abdul Latiff Mohamed, Dr.
 Abdul Malik Bin Abdul Gaffor, Dr.
 Abdul Muin Ishak, Dr.
 Abdul Rahim Abdul Majid
 Abdul Rashid Mahmud, Major R
 Abdul Razak K.V. Koya Kutty, Dr.
 Abdul Wahab Bin Tan Sri Khalid Osman, Dr.
 Abu Aswad Alhaji Joned
 Afidalina Tumian
 Ahmad Faizal Mohd. Perdaus, Dato' Dr.
 Ahmad Ismail
 Ahmad Zaidi Ahmad Samsudin
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 Badorul Hisham Bin Abu Bakar
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 Musa Mohd. Nordin
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 Noor Janah Abdullah
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 Nooraini Mohamed Ismail, Dr.
 Nor Halimahtun Hassan Maasom
 Nor Hazla Mohamed Hafiah, Dr.
 Nor Idawaty Ibrahim, Dr.
 Nor Khairiah Md. Kenali, Dr.
 Nora Azizi Uzir
 Noraini Md. Desa

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Anis Hazwani Munajar

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Azura Ahmad

Azyan Yusra Kapi

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Elizabeth Tan Hong Tin

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Gunasundary A/P Subramaniam

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Hafizah Md Noor, Dr.

Hafizah Mohd Latif

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Halimatus Saadiah Mat Saad

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Hamidah Salleh

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Hanisah Mahmood

Haslina Normohamed

Hasliza Talib

Hidayah Ibrahim

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Ida Nianti Mohd Zain

Iffah Nabilah Ibrahim

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 Thum Chern Choong
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 Wong Su Yuen
 Wong Yen Jun
 Yanese Ayne Bin Musarang
 Yeoh May Jee
 Zackry Zulkarnain Zahedi
 Zafrah Hani Mohamad, Dr.
 Zahabiya Mohamed Hussain, Dr.
 Zaidatul Shakila Mohamad Ashari
 Zaidi Mohamed
 Zainun Mamat
 Zarikh Hafizah Saqina Zuberi
 Zarith Nadiyah Mashor
 Zuraini Basri

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 Carolyn Yin Chue Wai, Dr.
 Che Mahmud Mohd Nordin
 Chng Lay Ling, Dr.
 Fadzrul Abbas Mohamed Ramlee, Dr.
 Foo Kok Wee
 Hariyati Shahrina Abdul Majid, Dr.
 Intan Sabrina Mohamad, Dr.
 Jitendra Kumar Shantilal N. Tejani, Dr.
 Kathiravan Purmal, Dr.
 Khairul Helmy Mohamad
 Lai Hou Yee, Dr.
 Lew Chee Kong, Dr.
 Mohamad Hanafi Ramli, Ir.
 Mohamed Hafizudin Abdullah Sani, Dr.
 Mohamed Noor Suleiman
 Mohammad Fadzli Saari
 Mohammad Iqbal Omar, Dr.
 Mohd Adib Mat Aril
 Mohd Nor Fadly Osman
 Mohd Razib Basiron
 Muhammad Azrin Mohd Asihin, Dr.
 Muhammad Faris Sidek
 Muhammad Hapis Jamil
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 Ng Hom Wei, Dr.
 Ng Kwee Peng, Dr.
 Ni Ni Win, Dr.
 Norzila Mohamed Zainudin, Dr.
 Sazalina Mohd Saleh
 Tengku Muhammad Ridzaudhin Tengku
 Abdul Halim, Dr.
 Thuraiaraj A/L Manoharan
 Tye Sue Kiat
 Vimahl Dass A/L Paramanandam, Dr.
 Yusof Hassim, Sr.





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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	No. 4, Jalan Langgak Golf, Off Jalan Tun Razak, 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

Opinion

We have audited the financial statements of MERCY Malaysia ("the Society"), which comprise the statement of financial position as at 31 December 2016, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, as set out on the following

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Society as at 31 December 2016, and of its financial performance and its cash flows for the year then ended in accordance with Malaysian Financial Reporting Standards, International Financial Reporting Standards and the requirements of the Societies Act, 1966 in Malaysia.

Basis for opinion

We conducted our audit in accordance with approved standards on auditing in Malaysia and International Standards on Auditing. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence and Other Ethical Responsibilities

We are independent of the Society in accordance with the By-Laws (on Professional Ethics, Conduct and Practice) of the Malaysian Institute of Accountants ("By-Laws") and the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants ("IESBA Code"), and we have fulfilled our other ethical responsibilities in accordance with the By-Laws and the IESBA Code.

Information Other than the Financial Statements and Auditors' Report Thereon

The Executive Committee of the Society are responsible for the other information. The other information comprises the information included in the annual report but does not include the financial statements of the Society and our auditors' report thereon.

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 (continued)

Information Other than the Financial Statements and Auditors' Report Thereon (continued)

In connection with our audit of the financial statements of the Society, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements of the Society or our knowledge obtained in the audit or otherwise appears to be

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Executive Council for the Financial Statements

The Executive Committee of the Society are responsible for the preparation of financial statements of the Society that give a true and fair view in accordance with Malaysian Financial Reporting Standards, International Financial Reporting Standards and the requirements of the Societies Act, 1966 in Malaysia. The executive committee are also responsible for such internal control as the executive committee determine is necessary to enable the preparation of financial statements of the Society that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements of the Society, the Executive Committee are responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the executive committee either intend to liquidate the Society or to cease operations, or have no realistic alternative but to do so.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements of the Society as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with approved standards on auditing in Malaysia and International Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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 (continued)

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

As part of an audit in accordance with approved standards on auditing in Malaysia and International Standards on Auditing, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements of the Society, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Executive Committee.
- Conclude on the appropriateness of the Executive Committee use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements of the Society or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements of the Society, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Executive Committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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 (continued)

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

Date: 02 May 2017



AZUDDIN BIN DAUD
Partner
2290/07/18/(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 2016

The Executive Council have pleasure in submitting their report and the audited financial statements of the Society for the financial year ended 31 December 2016.

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	Ar. Mohamad Ayof bin Bajuri
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)
(Registered under the Societies Act, 1966)
(Society No.: 1155)

Statutory information on the financial statements

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

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

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

- i) that would render the amount of bad debts written off inadequate to any substantial extent or that would render it necessary to make any provision for doubtful debts, in the financial statements of the Society, or
- ii) that would render the value attributed to the current assets 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 2016 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.

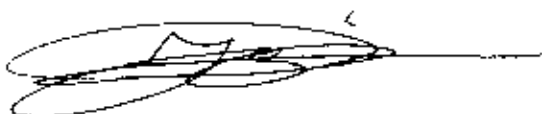
STATEMENT BY EXECUTIVE COUNCIL

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 2016 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

Kuala Lumpur,

Date: 02 May 2017



YM RAJA RIZA SHAZMIN RAJA BADRUL SHAH

Honorary Secretary

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 02 May 2017)



AR. MOHAMAD AYOF BIN BAJURI

BEFORE ME:



Blok 6-B, Tingkat 6, Menara Hidayah,
Jalan 3/27A, Seksyen 1, Wangsa Maju,
53300 Kuala Lumpur.

02 MAY 2017

FINANCIAL STATEMENTS

PERSATUAN BANTUAN PERUBATAN MALAYSIA
(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)
(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 2016

	Note	2016	2015
		RM	RM
INCOME			
Donations	4	10,357,615	21,567,171
Annual fund raising dinner	5	-	223,804
Membership fee	6	6,480	2,770
Other income	7	453,017	579,461
		<u>10,817,112</u>	<u>22,373,206</u>
Less : EXPENSES			
Charitable expenditure	8	(17,009,965)	(19,290,115)
Operating expenses	9	(3,052,896)	(3,371,116)
		<u>(20,062,861)</u>	<u>(22,661,231)</u>
DEFICIT FOR THE FINANCIAL YEAR		<u>(9,245,749)</u>	<u>(288,025)</u>

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

FINANCIAL STATEMENTS

Statement of financial position as at 31 December 2016

	Note	2016	2015
		RM	RM
ASSETS			
Non-current assets			
Property, plant and equipment	10	615,054	876,127
Current assets			
Inventories	11	182,540	167,148
Other receivables	12	1,115,271	1,346,148
Cash and cash equivalents		10,812,953	19,422,198
		<u>12,110,764</u>	<u>20,935,494</u>
Current liability			
Other payables and accruals		<u>365,841</u>	<u>205,895</u>
		<u>365,841</u>	<u>205,895</u>
Net current assets		<u>11,744,923</u>	<u>20,729,599</u>
NET ASSETS		<u>12,359,977</u>	<u>21,605,726</u>
Financed by:			
Charitable funds		<u>12,359,977</u>	<u>21,605,726</u>
MEMBERS FUND		<u>12,359,977</u>	<u>21,605,726</u>

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

FINANCIAL STATEMENTS

PERSATUAN BANTUAN PERUBATAN MALAYSIA
(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)
(Registered under the Societies Act, 1966)
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Statement of changes in charitable fund for the financial year ended 31 December 2016

	2016	2015
	RM	RM
Balance as at 1 January	21,605,726	21,893,751
(Deficit)/Surplus for the year	<u>(9,245,749)</u>	<u>(288,025)</u>
Balance as at 31 December	<u>12,359,977</u>	<u>21,605,726</u>
Charitable funds are consist are :-		
Unrestricted fund	988,857	5,057,313
Restricted funds :-		
Bangladesh	7,816	7,816
Bosnia	-	686,455
Cambodia	179,916	-
India	12,758	12,758
Indonesia	155,534	-
Iraq	27,589	27,589
Japan	21,742	21,742
Malaysia	2,988,082	5,527,841
MMUK	22,133	179,785
Myanmar	-	129,504
Nepal	1,821,926	1,836,151
Palestine	5,044,940	6,992,637
Sierra Leone	16,953	-
Sudan	10,097	6,788
Somalia	-	22,208
Special Project - ADDRN	54,268	277,417
Sri Lanka	19,461	25,940
Syria	987,905	668,329
Yemen	-	125,453
	<u>11,371,120</u>	<u>16,548,413</u>
	<u>12,359,977</u>	<u>21,605,726</u>

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

FINANCIAL STATEMENTS

Cash flow statement for the financial year ended 31 December 2016

	Note	2016 RM	2015 RM
Cash flows from operating activities			
Deficit for the year		(9,245,749)	(288,025)
Adjustments for:			
Depreciation		215,587	219,221
Gain on disposal of property, plant and equipment		(1,019)	-
Loss on disposal of property, plant and equipment		37,974	-
Property, plant and equipment written off		537,959	-
Interest income		(279,250)	(476,614)
Deficit before working capital changes		(8,734,498)	(545,418)
Changes in working capital:			
Decrease in inventories		(414,724)	59,518
Increase in other receivables		230,877	(156,603)
Decrease in other payables		159,946	(215,727)
Cash used in operating activities		(8,758,399)	(858,230)
Interest received		279,250	476,614
Net cash used in generated from in operating activities		<u>(8,479,149)</u>	<u>(381,616)</u>
Cash flow from investing activity			
Purchase of property, plant and equipment	13	(145,719)	(283,882)
Proceed from disposal of property, plant and equipment		15,623	-
Net cash used in investing activity		<u>(130,096)</u>	<u>(283,882)</u>
Net decrease in cash and cash equivalents		(8,609,245)	(665,498)
Cash and cash equivalents at beginning of the year		<u>19,422,198</u>	<u>20,087,696</u>
Cash and cash equivalents at end of the year	14	<u><u>10,812,953</u></u>	<u><u>19,422,198</u></u>

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)
(Registered under the Societies Act, 1966)
(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.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of significant accounting policies (continued)

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
Classification and Measurement of Share-based Payment Transaction (Amendments to MFRS 2)	1 January 2018
Financial Instruments (IFRS 9 as issued by IASB in July 2014) (Amendments to MFRS 9)	1 January 2018
Disclosure of Interests in Other Entities MFRS 12 (Annual Improvements to MFRSs 2014-2016 Cycle)	1 January 2017
Revenue from Contracts with Customers	1 January 2018
Revenue from Contracts with Customers (Clarifications to MFRS 15)	1 January 2018
Leases MFRS 16 *	1 January 2019
Sales or Contribution of Assets between an Investors and its Associates or Joint Venture MFRS 128 * (Annual Improvements to MFRSs 2014-2016 Cycle)	1 January 2018
Investment Property * (Amendments to MFRS 140)	1 January 2018

* not related to the Society's nature of business

The Society plan to adopt the above pronouncements when they become effective in the respective financial periods. These pronouncements are expected to have no significant impact to the financial statements of the Fund upon their initial application.

NOTES TO THE FINANCIAL STATEMENTS

PERSATUAN BANTUAN PERUBATAN MALAYSIA
(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)
(Registered under the Societies Act, 1966)
(Society No.: 1155)

1. Summary of significant accounting policies (continued)

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.

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

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.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of significant accounting policies (continued)

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.

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.

NOTES TO THE FINANCIAL STATEMENTS

PERSATUAN BANTUAN PERUBATAN MALAYSIA
(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)
(Registered under the Societies Act, 1966)
(Society No.: 1155)

1. Summary of significant accounting policies (continued)

1.5 Financial assets

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.

NOTES TO THE FINANCIAL STATEMENTS

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

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

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.

NOTES TO THE FINANCIAL STATEMENTS

PERSATUAN BANTUAN PERUBATAN MALAYSIA
(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)
(Registered under the Societies Act, 1966)
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1. Summary of significant accounting policies (continued)

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.

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.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of significant accounting policies (continued)

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

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.

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.

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)

1.13 Foreign exchange (continued)

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 31.12.2016	RM 31.12.2015
1 US Dollar	4.4860	4.2920
1 Brunei Dollar	3.0996	3.0356
1 Pakistan Rupee	0.0430	0.0409
1 Sri Lanka Rupee	0.0302	0.0291
1 Australian Dollar	3.2304	3.1338
1 Euro	4.7204	4.6918
1 Japanese Yen	0.0384	0.0356
1,000 Indonesian Rupiah	0.3323	0.3110
100 Philippine Peso	0.0904	0.0915
1 Singapore Dollar	3.0996	3.0355
1 Swiss Franc	4.4006	4.3419
1 Pound Sterling	5.5322	6.3607
100 Thai Bhat	0.1253	0.1192
1 Taiwan New Dollar	0.1383	0.1306
100 India Rupee	0.0660	0.6461
1 Bangladesh Taka	0.0568	0.0536

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.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of significant accounting policies (continued)

1.14 Employee Benefits (continued)

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.

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.

NOTES TO THE FINANCIAL STATEMENTS

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2. Financial instrument (continued)

2.1 Financial risk management policies (continued)

2.1.2 Credit risk (continued)

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.

2.2 Fair value information

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.

NOTES TO THE FINANCIAL STATEMENTS

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

	2016 RM	2015 RM
Unrestricted funds		
ADRRN	125,980	1,079,723
General donation	1,626,568	2,315,325
MY Mercy run	80,435	-
Yasmin Ahmad fund	30,037	10,911
	<u>1,863,020</u>	<u>3,405,959</u>
Restricted funds:-		
Afghanistan	28,744	7,714
Cambodia	310,000	-
Philippines	253,076	15,152
Bosnia	-	1,535
Indonesia	1,048,687	-
Korea	100,000	-
Palestine	358,938	2,111,461
Syria	1,531,050	724,506
Malaysia relief fund	2,307,533	9,949,809
Myanmar	2,437,197	1,809,593
Nepal	112,673	3,231,849
Sudan	3,677	4,544
Somalia	3,020	5,049
Yemen	-	300,000
	<u>8,494,595</u>	<u>18,161,212</u>
Total donation	<u>10,357,615</u>	<u>21,567,171</u>

5. Annual fund raising dinner

	2016 RM	2015 RM
Income received	-	383,968
Less: Fundraising costs	-	(160,164)
	<u>-</u>	<u>223,804</u>

NOTES TO THE FINANCIAL STATEMENTS

6. Membership fee

	2016 RM	2015 RM
Entrance fee	300	150
Life membership	6,000	2,500
Ordinary membership	180	120
	<u>6,480</u>	<u>2,770</u>

7. Other income

	2016 RM	2015 RM
Interest received	279,250	476,614
Sale of merchandise	409	3,746
Others	173,358	99,101
	<u>453,017</u>	<u>579,461</u>

8. Charitable expenditure

	2016 RM	2015 RM
Afghanistan	680,075	509,421
Assessment	-	10,691
Bangladesh	-	83,622
Bosnia	1,079,515	96,937
Cambodia	99,084	-
DRR	-	717,090
Indonesia	788,285	13,003
Korea	73,046	-
Malaysia	6,049,315	7,800,134
Myanmar	2,495,773	1,485,298
Nepal	115,630	1,072,514
Pakistan	-	13,554
Palestine	2,270,741	3,778,418
Philippines	275,432	422,426
Sierra Leone	1,491,223	1,587,650
Somalia	35,957	11,638
Special project - ADRRN	<u>349,131</u>	<u>987,102</u>
Balance carried forward	15,803,207	18,589,498

NOTES TO THE FINANCIAL STATEMENTS

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8. Charitable expenditure (continued)

	2016 RM	2015 RM
Balance brought forward	15,803,207	18,589,498
Sri Lanka	6,479	-
Syria	1,058,370	556,071
Yemen	141,909	144,546
Total charitable expenditure	17,009,965	19,290,115

9. Operating expenses

	2016 RM	2015 RM
Gain on foreign exchange	(268,480)	(20,211)
Accommodation	166,325	86,956
Advertisement and promotion	2,314	7,367
Air fare	360,129	162,683
Audit fee	16,000	13,000
Bank charges	14,554	40,826
Depreciation	78,589	170,043
EPF (Note 16)	72,792	168,368
Food and beverages	39,217	34,049
Gain on disposal of property, plant and equipment	(1,019)	-
Gift and souvenir	9,649	16,484
Goods and service tax	18,540	16,397
Grant for MMUK	157,651	-
Hotel ballroom/Venue expense	67,475	51,556
Insurances	149,425	108,118
License of commercial rental	-	366
Loss on disposal of property, plant and equipment	24,087	-
Medical (Note 16)	18,763	29,318
Membership fee	15,981	11,603
Mission volunteer pack	20,398	-
Office rental	188,481	156,860
Other expenses administration	2,150	400
Photocopy machine rental	3,189	4,747
Postage and courier	7,661	5,952
Balance carried forward	1,163,871	1,064,882

NOTES TO THE FINANCIAL STATEMENTS

9. Operating expenses (continued)

	2016 RM	2015 RM
Balance brought forward	1,163,871	1,064,882
Printing and stationeries	68,768	96,310
Professional fee	406,221	218,633
Publication expenses	13,178	26,423
Repair and maintenance - it equipment	68,169	47,394
Repair and maintenance - motor vehicle	13,562	12,520
Repair and maintenance - office	177,483	85,736
Repair and maintenance - office equipment	10,480	13,729
Roadtax and insurances	3,434	2,727
Salaries, allowances and wages (Note 16)	948,844	1,578,746
Small equipment	5,306	13,618
SOCOS (Note 16)	6,939	14,305
Staff uniform	1,024	5,461
Staff welfare	1,612	1,873
Telephone, fax and internet	70,043	60,937
Training	26,587	40,259
Travelling and transportation	33,691	60,526
Utilities	30,644	25,672
Visa	2,649	1,305
Work permit	391	60
	<u>3,052,896</u>	<u>3,371,116</u>

10. Property, plant and equipment

Cost	Balance at 1.1.2016 RM	Additions RM	Disposal RM	Written off/ transfer RM	Balance at 31.12.2016 RM
Air conditioner	15,595	-	-	(3,870)	11,725
Computer and EDP	1,034,675	124,724	(76,334)	(95,989)	987,076
ERU - Asset equipment	467,590	402,469	-	(519,334)	350,725
Equipment	8,000	-	-	-	8,000
Furniture and fittings	250,064	-	(3,324)	(188,382)	58,358
Medical equipment	72,853	-	-	-	72,853
Motor vehicle	915,137	-	(275,427)	-	639,710
Office equipment	347,605	17,858	(600)	(251,659)	113,204
Renovation	592,178	-	-	(312,967)	279,211
Security equipment	9,000	-	-	-	9,000
	<u>3,712,697</u>	<u>545,051</u>	<u>(355,685)</u>	<u>(1,372,201)</u>	<u>2,529,862</u>

NOTES TO THE FINANCIAL STATEMENTS

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10. Property, plant and equipment (continued)

	Balance at 1.1.2016	Depreciation charge	Disposal	Written off/ transfer	Balance at 31.12.2016
Accumulated depreciatic	RM	RM	RM	RM	RM
Air conditioner	13,763	713	-	(3,297)	11,179
Computer and EDP	921,422	45,324	(76,196)	(15,379)	875,171
ERU - Asset equipment	43,216	44,014	-	(48,351)	38,879
Equipment	1,582	1,600	-	-	3,182
Furniture and fittings	248,995	750	(3,321)	(188,123)	58,301
Medical equipment	72,851	-	-	-	72,851
Motor vehicle	860,894	43,504	(275,424)	-	628,974
Office equipment	241,811	25,610	(77)	(214,222)	53,122
Renovation	423,038	54,072	-	(312,959)	164,151
Security equipment	8,998	-	-	-	8,998
	<u>2,836,570</u>	<u>215,587</u>	<u>(355,018)</u>	<u>(782,331)</u>	<u>1,914,808</u>

	2016	2015	Depreciation charge 2015
Net book value	RM	RM	RM
Air conditioner	546	1,832	1,275
Computer and EDP	111,905	113,253	49,182
ERU - Asset equipment	311,846	424,374	43,132
Equipment	4,818	6,418	1,582
Furniture and fittings	57	1,069	3,008
Medical equipment	2	2	-
Motor vehicle	10,736	54,243	43,504
Office equipment	60,082	105,794	22,925
Renovation	115,060	169,140	54,613
Security equipment	2	2	-
	<u>615,054</u>	<u>876,127</u>	<u>219,221</u>

11. Inventories

	2016 RM	2015 RM
<u>At cost:</u>		
Dental clinic	82,148	44,637
Flood preparedness	2,435	-
Merchandise	31,264	52,713
Mobile clinic	66,693	69,798
	<u>182,540</u>	<u>167,148</u>

NOTES TO THE FINANCIAL STATEMENTS

12. Other receivables

	2016 RM	2015 RM
Other debtors, deposits and prepayment	515,984	462,119
Advance to mission members and basecamp	599,287	884,029
	<u>1,115,271</u>	<u>1,346,148</u>

13. Purchase of property, plant and equipment

During the financial year, the Society acquired property, plant and equipment with an aggregate cost of RM 545,049 (2015:RM283,882) of which RM 399,332 (2015:RM NIL) was being reclassify from charitable expenditure project. Cash payment of RM 145,717 (2015:RM 283,882) were made to purchase property, plant and equipment.

14. Cash and cash equivalents

	2016 RM	2015 RM
Cash in hand	65,591	7,892
Cash at bank	5,061,595	10,073,623
Deposits with licensed banks	5,637,539	9,340,683
	<u>10,764,725</u>	<u>19,422,198</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.

16. Staff costs (Note 9)

	2016 RM	2015 RM
EPF and SOCSO	79,731	182,672
Medical	18,763	29,318
Salaries and allowances	948,844	1,578,747
	<u>1,047,338</u>	<u>1,790,737</u>

Number of employees (excluding Executive Council) at the end of financial year

	<u>46</u>	<u>50</u>
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NOTES TO THE FINANCIAL STATEMENTS

PERSATUAN BANTUAN PERUBATAN MALAYSIA
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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.

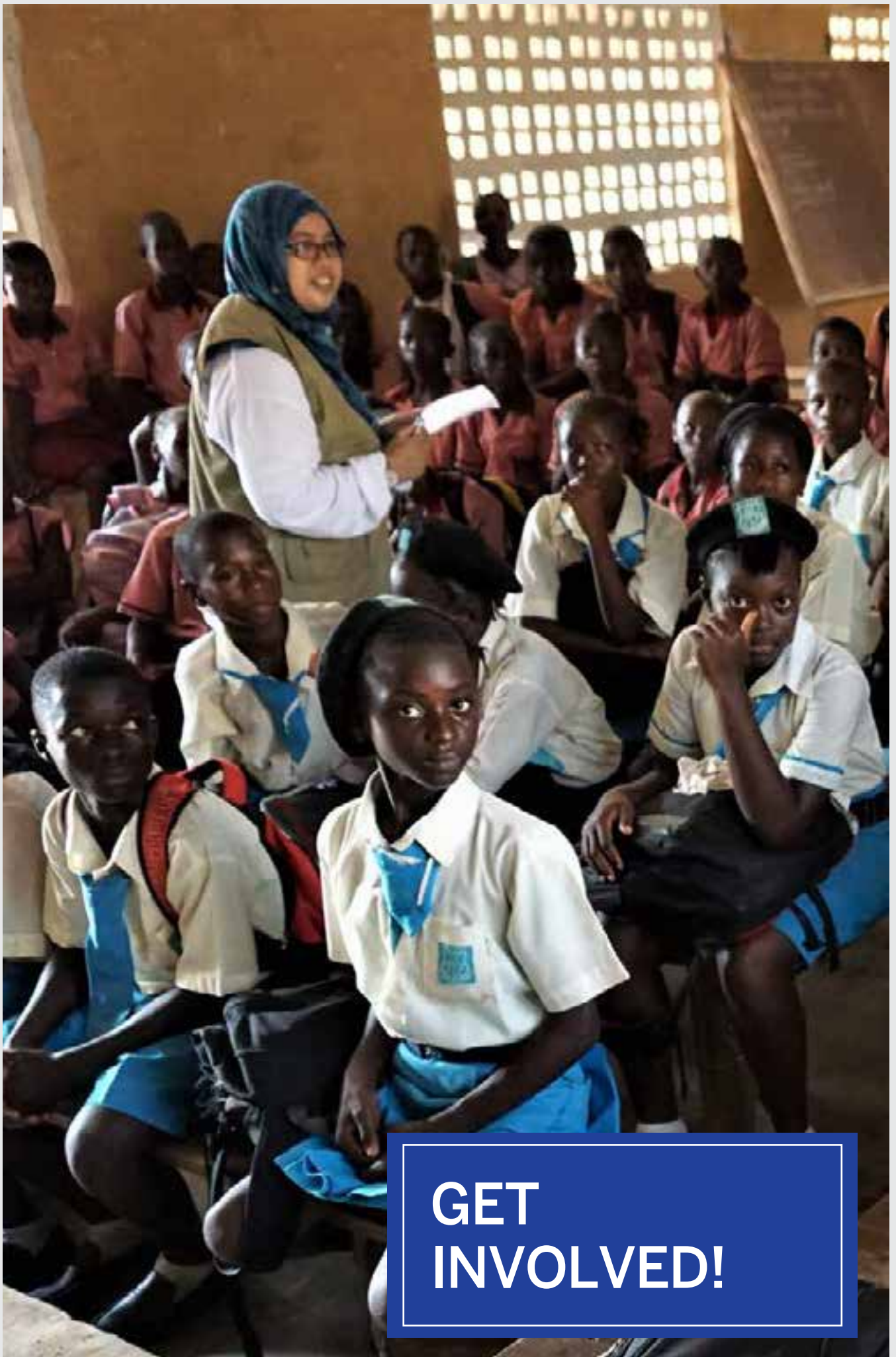
17.2 Net gains and losses arising from financial instrument

	2016 RM	2015 RM
Deposits placed in a licensed bank	279,250	474,660
Cash and cash equivalent	1,738	1,954
	<u>280,988</u>	<u>476,614</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 2016 RM	Fair value 2016 RM	Carrying amount 2015 RM	Fair value 2015 RM
Financial assets categorised as loans and receivables:				
Other receivables	598,433	598,433	642,486	642,486
Deposits placed in a licensed bank	5,637,539	5,637,539	9,340,683	9,340,683
Cash and cash equivalent	<u>5,175,414</u>	<u>5,175,414</u>	<u>10,081,515</u>	<u>10,081,515</u>
	<u>11,411,386</u>	<u>11,411,386</u>	<u>20,064,684</u>	<u>20,064,684</u>
Financial liabilities measured at amortised cost:				
Other payables	<u>365,841</u>	<u>365,841</u>	<u>205,895</u>	<u>205,895</u>



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- Fundraisers

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- Writers

COMMUNICATIONS



DISASTER RISK REDUCTION (DRR)

- Teachers / Tutors
- School Counsellors
- Trainers

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

MEDICAL VOLUNTEERS



TECHNICAL TEAM

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

- Warehouse Management
- Emergency Response
- Administrative Support

LOGISTICS



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NOTES

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