

# SUPPORTING THE NATION

A Humanitarian Response to the COVID-19 Pandemic



This Public Report aims to generate insights on the impact and reach of MERCY Malaysia's efforts and contributions in the fight against COVID-19.

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Lessons from the Pandemic



A healthcare worker, likely a doctor or nurse, is shown in a clinical setting. They are wearing a blue protective gown, a blue surgical mask, and glasses. A stethoscope is around their neck. They are leaning over a patient, whose head is partially visible on the left. In the background, there are hospital beds and other medical equipment, suggesting an intensive care or ward environment.

**We are very happy to be working with everyone; the public, private sector, other aid agencies, the government, partners and volunteers of MERCY Malaysia in reducing the humanitarian burden the country is facing now.**

**We hope by doing so, we would have conducted substantive as well as qualitative and quantitative programmes that will help not just the front line medical and non-medical workers, but also poor families especially those among the asnaf and B40 income group and those living in poor dwellings, the elderly, refugees, stateless children, persons with disability, and other groups with low or no access to health information and services.**

**Dato' Dr Ahmad Faizal Mohd Perdaus**  
**President of MERCY Malaysia, June 2020**

***On multi-sectoral cooperation in the battle against COVID-19***





MERCY Malaysia would like to record our thanks and appreciation to all those involved in the planning, execution and delivery of MERCY Malaysia's COVID-19 Strategic Preparedness and Recovery Plans throughout 2020 and 2021. These include, but are not limited to:

**Government of Malaysia**  
**Medical and Non-medical Front liners**  
**Sponsors and Donors**  
**Implementation Partners**  
**Executive Board Members**  
**Members of MERCY Malaysia's Board of Trustees and Executive Council**  
**MERCY Malaysia's Management Team and Secretariat**  
**Volunteers**  
**Well-wishers**

“We are living in an age of the **greatest pandemic** the world has seen for the last **100** years, the **COVID-19 pandemic**. This is a pandemic which we need to fight together, and for all that to happen we need all sections and sectors to be involved.

At a **strategic level**, I sincerely hope all **agencies** and **experts** can come together and share options and agree to disagree even on trivial matters. If this is not the time to do so I don't know when is the right time... At the ground level, we must have a balanced approach - **government, agencies, people, and organisations** all, equalising priorities between **life and livelihoods**. ”

President, MERCY Malaysia  
February 2021





# EXECUTIVE SUMMARY

*Overview of MERCY Malaysia's COVID-19 Emergency Response and Recovery Efforts*

This section presents an Executive Summary of MERCY Malaysia's major initiatives undertaken in response to the COVID-19 pandemic needs from March 2020 to December 2021. It provides insights on operational performance, as well as the results and impacts of these initiatives.

# EXECUTIVE SUMMARY



**Throughout most of 2020 and 2021, Malaysia, as a nation, was in a tough battle against the spread of the deadly COVID-19.** Beginning with the first local confirmed case of COVID-19 in early February 2020, and the declaration of the first Movement Control Order (MCO) on 18 March 2020, the country has since been through various spikes in COVID-19 cases and various forms and levels of MCOs, which have directly and indirectly affected the lives, livelihood and well-being of the society and people. As at 31 December 2021, the country had recorded a total of 2,758,086 confirmed cases, and 31,487 deaths.

The World Health Organisation (WHO) declared COVID-19 as a pandemic on 11 March 2021. At the very beginning of the first spike of cases in March 2020, the government of Malaysia and the Ministry of Health (MOH) had directed their focus on mitigation measures to curb the further increase in positive cases in the country through social distancing and MCOs. However, as the cases started increasing, the Malaysian

healthcare system found itself in an uphill battle and started to feel the strain of the developing pandemic. MERCY Malaysia, as the leading humanitarian non-governmental organisation in the country, was among the parties mobilised to support the Malaysian government in combatting the crisis situation.

MERCY Malaysia launched its **COVID-19 Pandemic Fund** in March 2020. The COVID-19 Pandemic Fund was intended to support medical services and the essential needs of marginalised groups within the country. All aid assistance and deliverables were coordinated with the MOH, the National Crisis Preparedness and Response Centre (CPRC), and the National Agency for Disaster Management (NADMA).

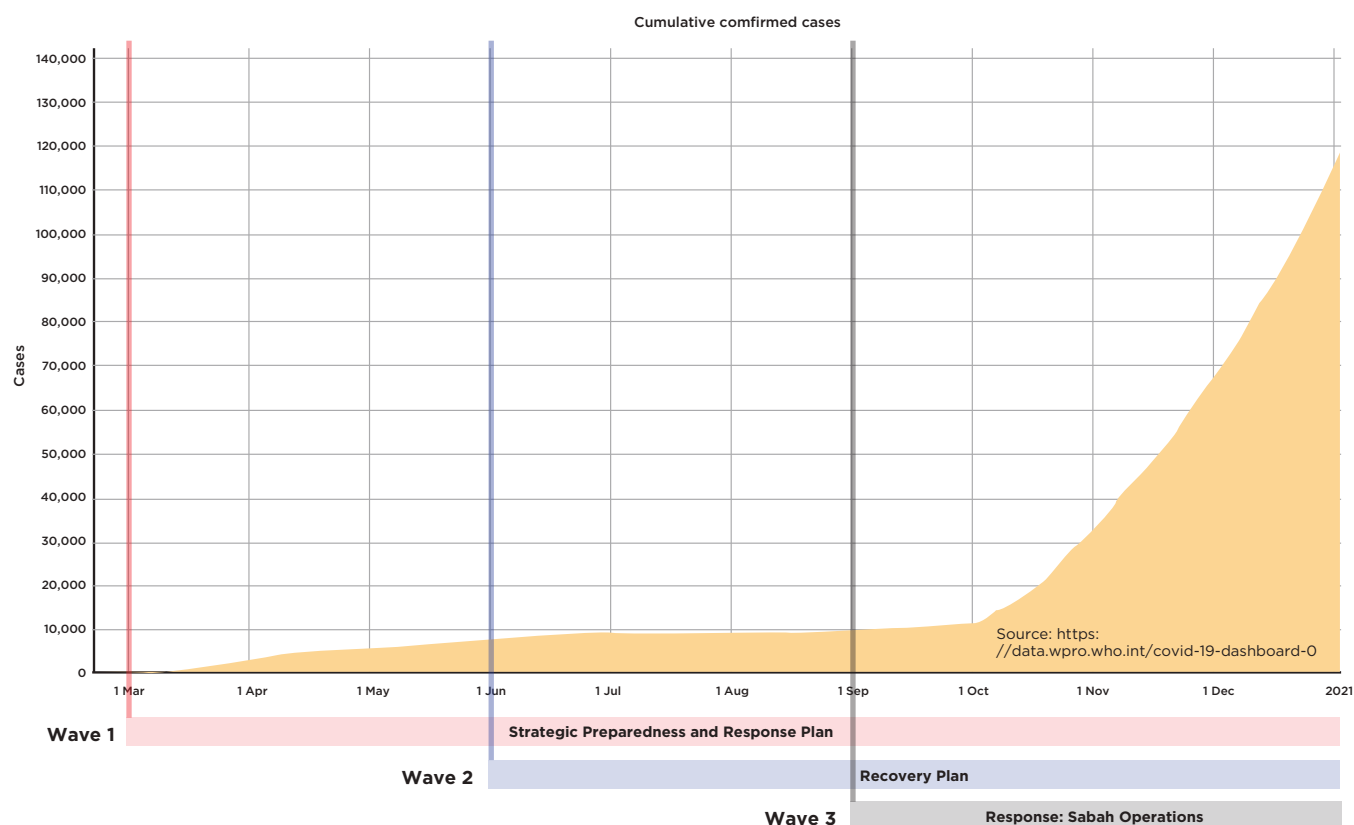
Until 31 December 2021, this dedicated fund has collected donations totalling RM42,120,583 from corporate and individual donors. The funds collected were used to provide critical emergency response and crucial support in the fight against COVID-19, as well as implement various initiatives and interventions to facilitate the nation's recovery from the pandemic. These support and interventions were implemented in the five waves throughout 2020 and 2021, mobilising the participation of over 4,500 volunteers.



*MERCY Malaysia's COVID-19 Pandemic Fund was launched on 18 March 2020 as cases began to rise in Malaysia. The fund has since been used to support the strained healthcare system and medical services, alongside the essential needs of marginalised groups. MERCY Malaysia continues to **highlight the importance of leaving no one behind in pandemic containment plans**, as marginalised and vulnerable communities (including refugees and migrant workers, the elderly and bedridden and the B40) and the environment they live in can be hot spots for the rapid spread of the virus consequently endangering overall public health in Malaysia.*



## 2020: Humanitarian Emergency Response and Recovery



### Wave 1: STRATEGIC PREPAREDNESS AND RESPONSE PLAN (SPRP) March 2020 - December 2020

MERCY Malaysia's SPRP, a nine-month plan (March – December 2020) was launched for humanitarian assistance to be delivered within a continuous cycle of Total Disaster Risk Management (TRDM) that focuses on prevention, preparedness, response, and recovery. The SPRP was aimed to assist governmental efforts to curb the spread of the virus through the provision of support directly to healthcare facilities such as the COVID-19 Assessment Centres (CAC) and the COVID-19 treatment centres (PKRC) alongside alleviating the burden felt by various community members (i.e., those from different economic groups, vulnerable groups and refugees). Humanitarian aid was delivered in the form of items ranging from dry-ration support, essential non-food items, hygiene kits to the provision of mental health and psychosocial support.

### Wave 2: RECOVERY June 2020 - December 2020

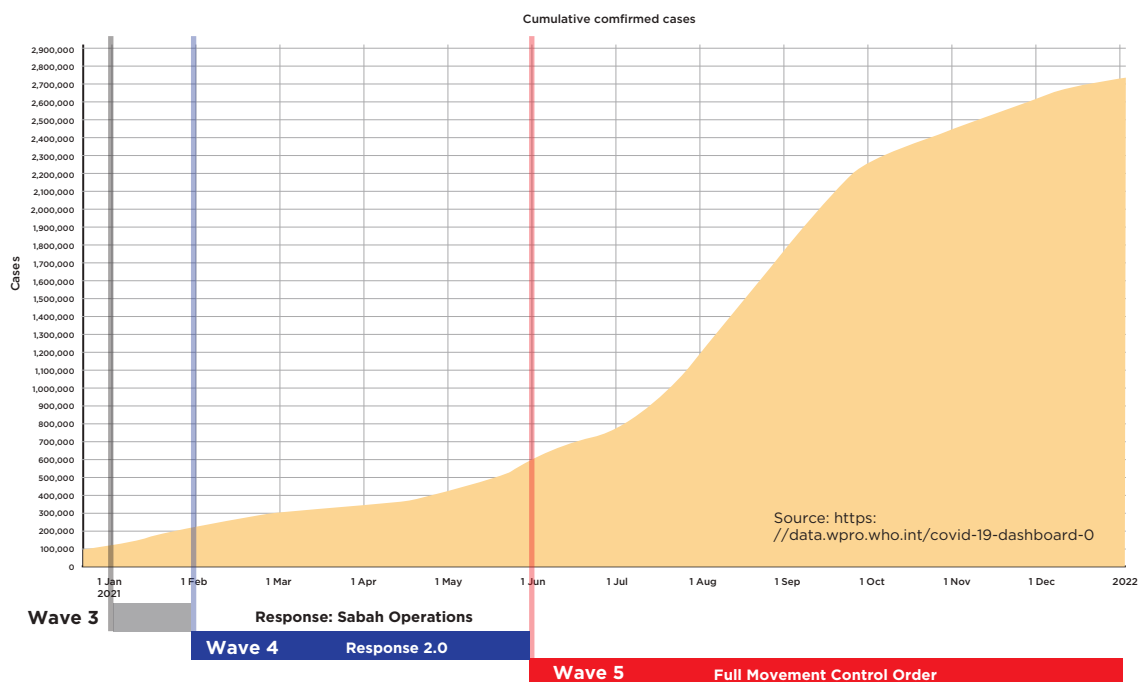
A long-term COVID-19 Recovery Plan was launched in June 2020, complementing the SPRP, to address the recovery needs that extended far beyond the provision of direct aid. The main aim of the recovery phase was to address the changing needs and priorities of the society as it continued to adapt and transition to living within the post-COVID “new norms”.

### Wave 3: RESPONSE: SABAH OPERATIONS September 2020 - February 2021

An alarming rapid surge in daily cases and new infections in Sabah in September 2020 necessitated immediate humanitarian intervention. This response by MERCY Malaysia is known as the **Third Wave: Sabah Operations** (September 2020 – February 2021), and was aimed to support the government to reduce morbidity, mortality and social impacts of the outbreak's third wave. These interventions helped by preventing or slowing transmission and ensuring communities affected by the outbreak were able to maintain access to basic social services and support themselves in dignity throughout the course of the outbreak.



## 2021: Full Movement Control Order



### Wave 4: RESPONSE 2.0 February 2021 - June 2021

The Third Wave in Sabah had catapulted the number of COVID-19 cases resulting in infections spreading to all states throughout Malaysia. As a consequence, 2021 saw the uncontrollable rising of cases and increasing numbers of daily deaths. The healthcare and front line services in Malaysia were stretched to unprecedented levels. In February 2021, the Government announced the commencement of the National COVID-19 Immunisation Programme (PICK). MERCY Malaysia's Response 2.0 specifically aimed at responding to the MoH's requests to assist health facilities and centres to make both COVID-19 assessment tests and COVID-19 vaccines more accessible to vulnerable groups living in urban areas (including refugees, migrant workers, stateless) as well as people living in remote/hard-to-reach areas.

### Wave 5: FULL MOVEMENT CONTROL ORDER (FMCO) June 2021 - December 2021

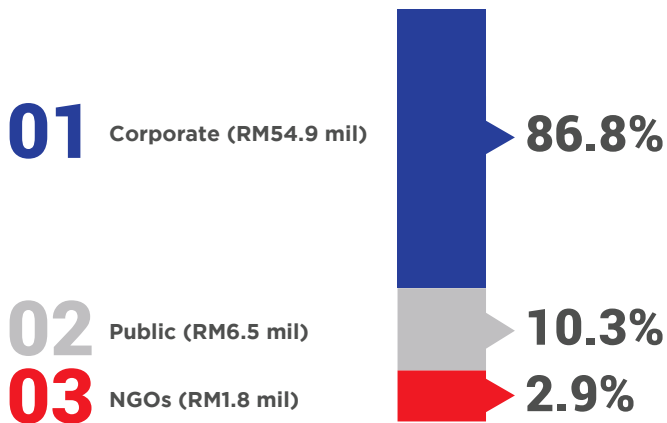
The FMCO was put in effect by the Malaysian Government starting 1 June 2021, a decision made after the country recorded over 8,000 daily cases, and active infections reached a staggering tally of 70,000 cases. The continued spike in daily cases had caused havoc on the capacity of hospitals to treat COVID-19 patients nationwide and what was more concerning at the time was that the current wave of infections was identified to involve the possibility of stronger and deadlier variants. Malaysia's infection rate (R-naught) count had also continued to climb past 1.0, and the country saw more cases compared to previous worst-case scenario forecasts made on the country's infection rate.

The country's population also suffered from negative economic, financial and health impacts from the Movement Control Orders put in place by the Government.

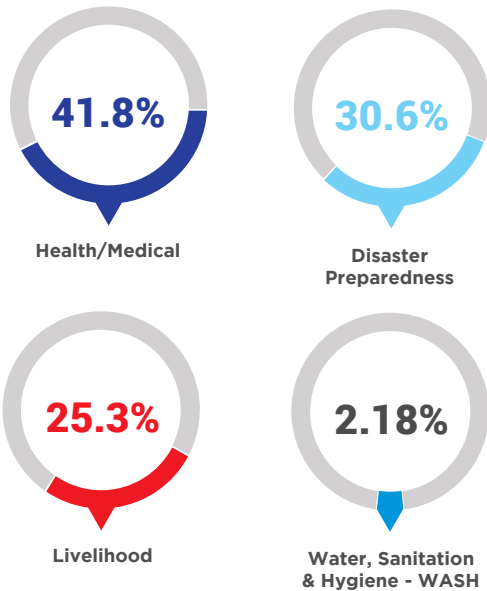
In response, MERCY Malaysia activated its FMCO Preparedness and Response Plan to help sustain the country's healthcare system by providing assistance and support to the Health Ministry to expand the capacity of hospitals nationwide. Aside from hospital surge capacity, the plan also included supporting the livelihoods and well-being of affected communities, and home as well as mobile vaccination efforts.





TOTAL FUNDS COLLECTED AND DONOR PROFILE  
(Corporate, Individual)

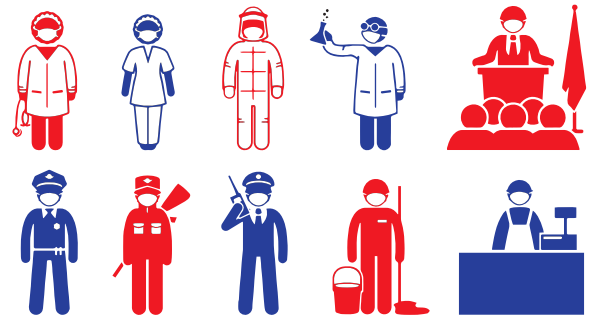
## WHERE THE FUNDS WENT (Category of deliverables)



## WHERE THE FUNDS WENT (distribution by phase)



## BENEFICIARY PROFILES



Front liners



Healthcare Facilities



Local Governments



Schools



Marginalised Communities

## WHERE THE MONEY WENT



Peninsular Malaysia  
Sabah & Sarawak

**RM42.1** Million  
on increasing healthcare capacity

**4,500++** Volunteers

**16**  
Videos  
Produced

**65**  
Ventilators  
Provided





# WAVE 1: EMERGENCY RESPONSE

Strategic Preparedness and Response Plan

This section presents the details and deliverables of  
MERCY Malaysia's COVID-19 Strategic Preparedness and Response Plan (SPRP)

 **mercy**  
MALAYSIA  
www.mercy.org.my



March 2020 – June 2020



RM 15.97 M



800,000++ beneficiaries



**21 communities**  
Vulnerable communities and  
marginalised groups



**504 locations**  
Throughout Malaysia

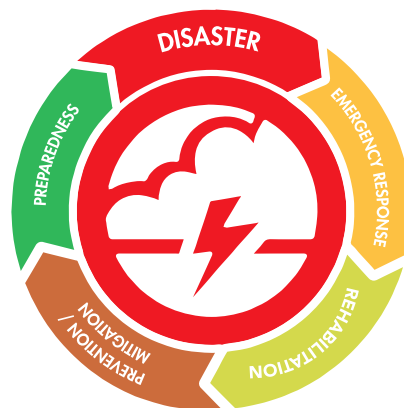
# STRATEGIC PREPAREDNESS AND RESPONSE PLAN (SPRP)

**MERCY Malaysia's Strategic Preparedness and Response Plan (SPRP)** was launched in March 2020 to assist the Malaysian government's efforts to curb the spread of the virus through the provision of direct support to healthcare facilities as well as various community groups to alleviate their stresses arising from the evolving pandemic. These communities were predominantly those familiar with MERCY Malaysia, including vulnerable groups from among the urban poor, rural areas and refugees. Humanitarian aid was provided in various forms – ranging from dry-ration support, essential non-food items, hygiene kits to the provision of mental health and psychosocial support.

All aid assistance and deliverables under the SPRP were implemented in coordination with the Ministry of Health (MOH), the National Crisis Preparedness and Response Centre (CPRC), the National Agency for Disaster Management (NADMA), the Department of Social Welfare Malaysia, and many other agencies, partners, and stakeholders. MERCY Malaysia's aid and efforts were funded by the COVID-19 Pandemic Fund.

The SPRP was a plan for humanitarian assistance to be delivered within the framework of MERCY Malaysia's Total Disaster Risk Management (TDRM) approach, where emergency response focuses on the core elements of Prevention, Preparedness, Response and Recovery.

*The SPRP was a plan for humanitarian assistance to be delivered within the framework of MERCY Malaysia's Total Disaster Risk Management (TDRM) approach, where emergency response focuses on the core elements of Prevention, Preparedness, Response and Recovery.*



*The Total Disaster Risk Management (TDRM) approach is in line with the Hyogo Framework for Action (HFA), which was adopted by 168 countries at the 2005 UN World Conference on Disaster Reduction in Kobe, Japan. MERCY Malaysia adopts the TDRM approach to our work where disaster risk management is applied to all the phases of the disaster management cycle, from:*

- 1) Emergency Response (a critical, life-saving phase to ensure that effective response when a disaster occurs;*
- 2) Recovery and Rehabilitation (efforts to help affected communities return to their normal daily lives;*
- 3) Prevention and Mitigation (efforts to prevent or mitigate damage when a disaster strikes; and*
- 4) Preparedness and Readiness (helping everyone to be resilient for future disasters).*



## SPRP Targets

Illustration 1 provides an overview of the SPRP, as well as its intended and actual deliverables.

9

Support Services/  
Components



months intensive  
operations



500,000  
aid recipients impacted  
directly or indirectly



33 Preparedness  
and Response  
Activities



RM40.5M  
financial requirements

# WAVE 1 - SPRP Components

Critical preparedness, readiness and response support actions for MOH and CPRC



**Component 1**


**Funds Spent**  
RM 2.4 M

**Locations**  
Across Malaysia – all 14 states

**Type of Aid**  
Special medical equipment, non-medical items and health supplies

**Beneficiaries**  
MOH and healthcare facilities

Operational supplies and logistics support



**Component 2**

**Funds Spent**  
RM 5.8 M

**Locations**  
Across Malaysia – all 14 states

**Type of Aid**  
Operational support items, PPE items, human resource support

**Beneficiaries**  
COVID-19 operational centres and health facilities

Livelihood and logistics support to at-risk communities



**Component 3**


**Funds Spent**  
RM 7.3 M

**Locations**  
324 locations

**Type of Aid**  
Food supplies and Ramadhan food packs

**Beneficiaries**  
Targeted communities

Mental health and psychosocial support (MHPSS)  
(for Waves 1-3)



**Component 5**


**Funds Spent**  
RM 0.147 M

**Locations**  
Across Malaysia – all 14 states  
Specific focus on Sabah, and Klang Valley

**Type of Aid**  
MHPSS support

**Beneficiaries**  
Targeted communities and wider public

Information, education and communication (IEC) / awareness campaign



**Component 6**


**Funds Spent**  
RM 0.024 M

**Locations**  
Physical at identified locations and online

**Type of Aid**  
Awareness materials and Campaigns

**Beneficiaries**  
Targeted communities and wider public

Epidemics / pandemics risk reduction



**Component 7**

**Funds Spent**  
RM 0.285 M


**Locations**  
7 identified locations

**Type of Aid**  
Disinfection-related services

**Beneficiaries**  
At-risk and targeted communities

Due to the needs assessment at the time, the programmes in the following SPRP components were implemented in subsequent waves as follows:

Infection prevention and control / water, sanitation and hygiene



**Component 4**

Implemented in Wave 2


Auxiliary support for quarantine centres and field hospitals



**Component 8**

Implemented in Wave 5

Targeted mass COVID-19 testing



**Component 9**

Implemented in Wave 2, 3 and 4





# COMPONENT 1: Critical preparedness, readiness and response support actions for MOH and CPCR

Funds Spent	Type of Aid	Locations	Category
RM 2.4 million	1,486 Special medical equipment, non-medical items and health supplies	128 Health facilities	Medical and social sector front liners

## Objective:

**Support MOH to ensure continuity of health and nutrition services throughout the response period**

## Intervention:

Provide assistance to health facilities and staff members as part of the larger goal of infection prevention and control.

## Description:

COVID-19 quickly shifted from an epidemic to a pandemic. With limited knowledge, locally and around the world, on managing and containing the spread of the virus, the 1st wave of COVID-19 cases put hospitals under heavy pressure, and there was an increased urgent need for more medical equipment to cater to the rise in patient admissions. This was especially true for institutions that were specifically designated to treat COVID-19 patients. Hospitals and healthcare facilities across the country faced severe shortages of special medical equipment such as ventilators, Powered Air Purifying Respirator (PAPR) and non-medical items like scrubs, tables and fans, impacting the national healthcare system's ability and efficacy to meet the needs and demands of the growing number of confirmed COVID-19 cases.

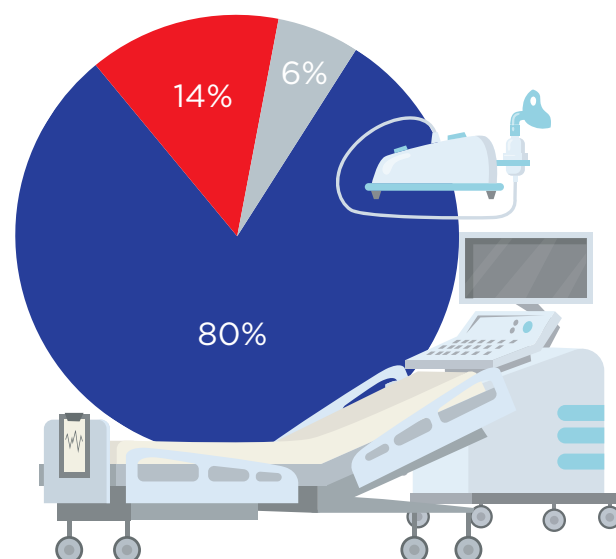
Supply of Special Medical Equipment to Hospital Kuala Lumpur



Supplies were delivered to 119 hospitals, 5 medical clinics, 1 health centre, 1 health office and other facilities such as QFFD Clinic Ampang and Detention Centre Bukit Jalil. The supplies were delivered to hospitals across all 14 states.

## Hospital Expansion Supplies

80%	14%	6%
<b>Non-medical Supplies:</b>	<b>Special Medical Equipment:</b>	<b>Hospital Supplies:</b>
Bedding	Oxivent Ventilators	ICU Monitors
Canopy tents	Powered Air Purifying Respirators (PAPR)	Infusion Pumps
Tables and Chairs	Puritan-Bennets	Intubation
Fans	Ventilators	Optichambers
Clothes racks		Video Laryngoscopes
Shoe racks		Vital Sign Monitors
Scrubs		





## COMPONENT 2: Operational supplies and logistics support

### Funds Spent

RM  
5.8 million

### Type of Aid

44,070 Operational support items  
710,159 PPE items

### Beneficiaries

275,433

### Category

Healthcare workers, B40 groups, social sector workers, higher education staff, NGOs, volunteers (medical and non-medical)

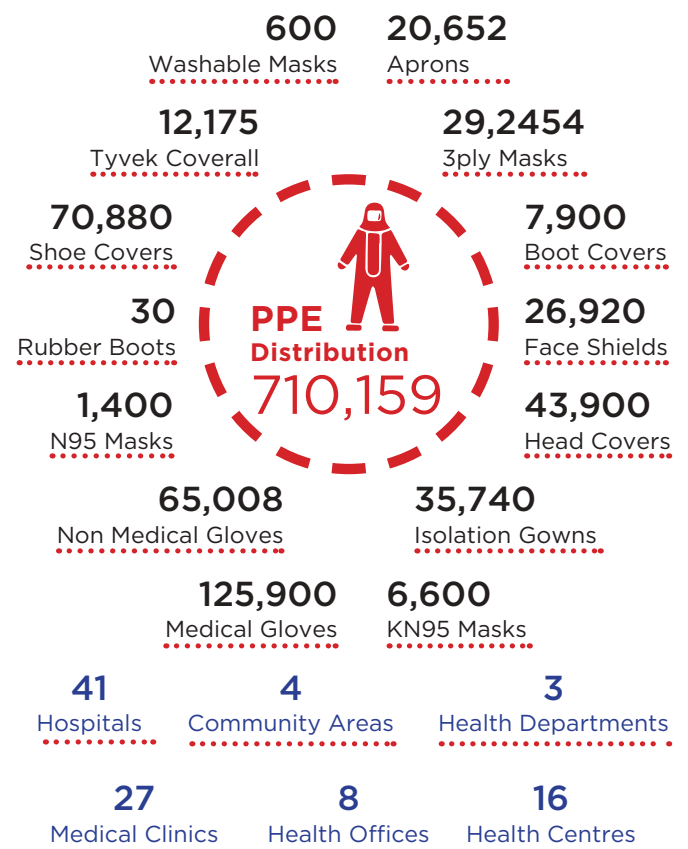
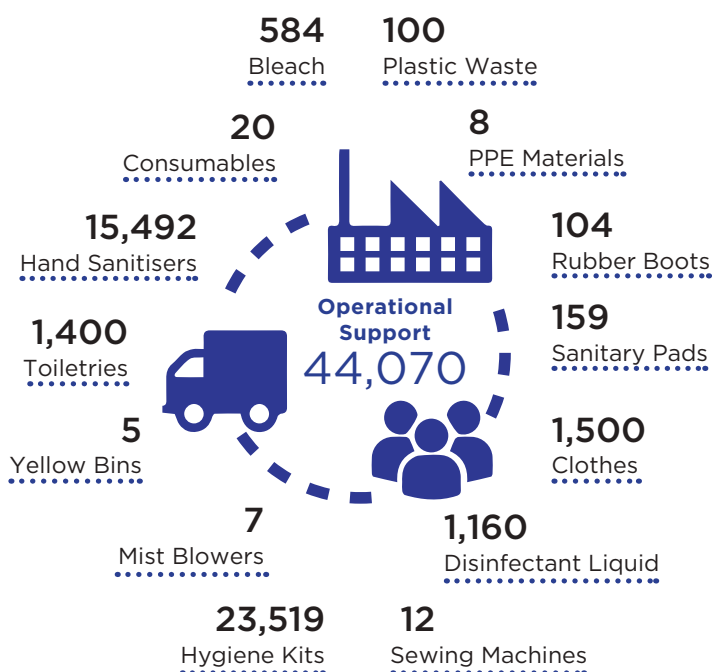
### Objective:

Provide operational support through the delivery of supplies and management of logistics based on request from operational centres and health facilities across Malaysia.

### Intervention:

Provision of essential operational support items, essential non-food items, hygiene kits, and human resource support.

The production and distribution of Personal Protective Equipment (PPE) to COVID-19 facilities and front liners (health and non-health) became a critical component of the SPRP. Due to the extensive global demand, PPEs were short in supply. In response, MERCY Malaysia proactively mobilised its staff and volunteers to produce PPEs from scratch. The dedicated team tirelessly began to procure material, start designing, cutting and sewing the PPEs to be distributed to the health facilities nationwide. The team also mobilised individuals from the B40 community to participate in the PPE sewing project, giving them a much-needed employment opportunity and allowing them to feed their families.





Distribution of PPE at Greenwood Medical Centre, Perak



Distribution of PPE to Tuanku Jaafar Hospital, Seremban





## COMPONENT 3: Livelihood and logistics support to at-risk communities

Funds Spent	Type of Aid	Locations	Beneficiaries	Category
RM 7.3 million	40,935 Livelihood support packs	324	204,675	B40, medical and non-medical front liners, elderly people, women and children in shelters, orphans, disabled, indigenous, poor/asnaf, dwarves, refugees, migrants, tourists, quarantine centres

### Objective:

Provide livelihood support to targeted and vulnerable communities in both urban and rural areas.

### Intervention:

Provision of essential non-food items, test-kits, hygiene kits, and cleaning kits.

### Description:

The MCO which started on 18 March 2020 saw the closure of almost all sectors including economic, social, education, with only essential services were allowed to operate. Reduced economic activity which impacted the income of many employees in the related sectors, some being given unpaid leave while others being laid-off.

In helping to ease their situations, MERCY Malaysia provided 40,935 food packs including 6,024 Ramadhan food packs under the Ramadhan Relief programme. The food packs reached 276 local and 24 refugee communities, 9 hospitals, 1 medical clinic and 14 social sectors. Food packs were also given to volunteers and front liners serving during the period.

Food packs were distributed in various phases:

Phase	Date
1. MCO Phase 1	18 — 31 March 2020
2. MCO Phase 2	1 — 14 April 2020
3. Phase 3	15 — 28 April 2020
4. Phase 4/ Ramadhan Relief	29 April — 12 May 2020
5. MCO Phase 5	13 May — 9 June 2020

Distribution of Ramadhan Food Packs





## COMPONENT 5: Mental Health and Psychosocial Support (MHPSS)

Note: This section covers MHPSS initiatives across Waves 1, 2 and 3 (March 2020 to December 2021). Due to the ongoing needs, some of the initiatives remain active into 2021.

Funds Spent	Type of Aid	Beneficiaries	Category
RM 146.6 thousand	Face-to-face and online sessions	23,861	Medical and non-medical front liners, B40, caregivers, children, elderly, volunteers, wider public

### Objective:

Provide psychosocial support to promote the mental health and well-being of targeted and vulnerable communities and help them weather the stresses and struggles arising from the pandemic.

### Intervention:

MHPSS services and awareness on coping mechanisms through public helplines, consultations, webinars, online sessions and information dissemination, including social media live sessions.

### Description:

While COVID-19 was in essence a health crisis, its impact extended to beyond those in the healthcare systems. The pandemic and MCO were felt differently by different groups of people. Front liners and volunteers were physically and mentally fatigued. Vulnerable communities were financially and economically stretched. These stresses negatively impacted individuals, families and communities, and the country saw increasing rates of depression, domestic violence, aggression and even suicide. MERCY Malaysia identified prevention and mitigation efforts as a crucial need at this critical time.

### MHPSS INTERVENTIONS

- Mental Health and Psychosocial Support Hotline
- Psychological First Aid (PFA) training
- Self-care webinar series (Facebook Live)
- Mental health consultation services for frontline workers
- Mental health awareness video project
- Caring for Elderly (Geriatric) Workshop



### Psychosocial Support Helpline and Sabah Hotline

A critical and essential activity conducted by the MHPSS Team was the establishment of psychosocial support and mental health helpline to provide all Malaysians access to emotional and psychosocial support. The Helpline aimed to provide Psychological First Aid (PFA) to those who are impacted by the pandemic and offer mental health and well-being support in a safe and confidential online setting.



MERCY Malaysia increased access to psychosocial support through physical and online consultation sessions to front liners and patients.

### A NEW MISSION EVERY DAY

I was assisting the Mental Health & Psychosocial Support team with the Hotline and Facebook LIVE series for the first two months of Covid-19.

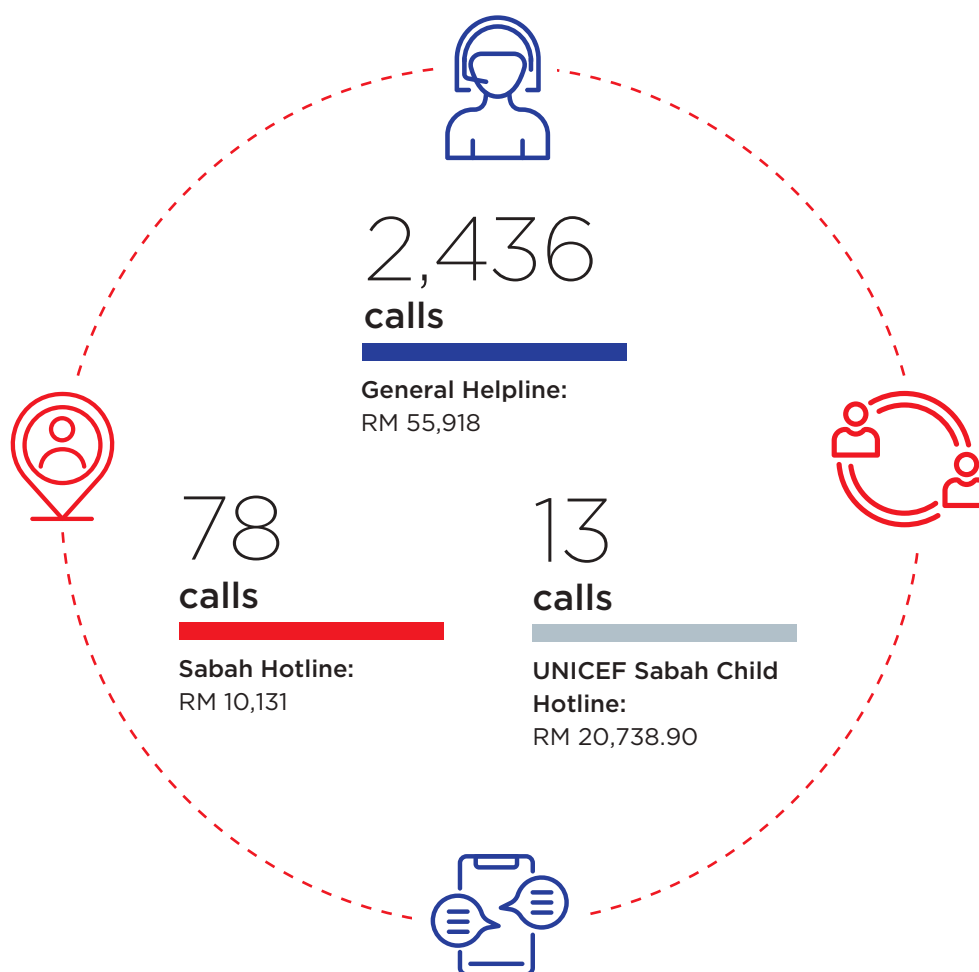
We faced new challenges every day, but managed to overcome them as a team. I discovered the importance of Self Care in order to continue the mission successfully.

Norfazirah Fairuz  
Coordinator @MHPSS Hotline





The total expenditure for the overall helpline service was RM86,788.64



*\* figures reflect calls received in Waves 1, 2 and 3 until the latter part of 2020.*

The General Helpline remains active in 2021 as the MHPSS team has identified that there is continuous need for mental health and psychosocial support.



#### Another Level of Help: Tele-Psychology

Prior to the COVID-19 emergency helpline services, MERCY Malaysia had in place a tele-psychology programme to meet the need for more psychological support and counselling issues. The experiences in Tele-Psychology enabled the MHPSS team to extend the Helpline service to include Tele-Psychology sessions to callers who were in need of further intervention. The team offered brief sessions to callers with mild to moderate mental health issues or symptoms. The purpose of Tele-Psychology in this context was to help these callers cope with their issues while waiting for proper psychotherapy or counselling sessions at hospitals or clinics. **34 sessions were conducted up till the end of December 2020. To fulfil the need of clients, this service remains ongoing until end of year 2021. It has, as at end October 2021, utilised expenditure of RM5,876.**

*News article highlighting the Sabah MHPSS hotline from the Malay Mail alongside a promotional poster published by Astro Awani.*

## UNICEF SABAH CHILD HOTLINE

In December 2020, during the Third Wave response in Sabah, MERCY Malaysia, supported by UNICEF, established the Sabah Child Hotline. The Hotline was set up to provide mental health and psychosocial support to children in Sabah, especially the stateless children. Looking at the data, it was noted that the response to the Hotline was extremely low. Feedback received by the MHPSS team from the PFA providers and some stateless children concluded that the low calls to the Child Hotline can be attributed to four factors:

1. Stigmatisation towards the Hotline service (fear of arrest or investigation from authorities)
2. Limited or no mobile credit
3. Lack of promotion on the Hotline service
4. Poor mental health literacy

To overcome these limitations, and with the easing of MCO restrictions in 2021, the MHPSS team conducted site visits to three targeted Alternative Learning Centres - Sekolah Alternatif Semporna, Sekolah Alternatif Tawau and Rumah Ngaji Anak Gelandangan Semporna.



**155 students, including 97 female teenagers, attended the programmes, which predominantly focused on relaxation modules and activities delivered in a manner which was suitable and fun for children to learn and practice. In tandem with promotion of the Child Hotline project, the team conducted mental health awareness activities and distributed hygiene kits (including 219 reusable children-size face masks and 97 reusable sanitary pads). A total of 170 UNICEF Child Sabah Hotline flyers were distributed to the students and teachers.**

Overall, the students' feedback was positive towards the mental health awareness talks. The majority of them were fully engaged, interacted with speakers and participated throughout the programme. This may indicate that they were able to capture the information that was delivered in the programme. The volunteers also found that the school teachers were very helpful and were committed to the programme, and the good rapport developed with the teachers that may have contributed to the success of this very meaningful effort to benefit the stateless children in Sabah.

Among the feedback from students and teachers present during the programme include:

***"Saya rasa tak sabar mahu telefon nombor hotline ini!"***

Student, Sekolah Alternatif Semporna

***"Aku akan buat semua teknik yang kakak dan abang ajar hari ini. Sangat best!"***

Two 14 year-old teenagers, in loud and confident voices.

***"Aktiviti bunga dan lilin sangat membantu dalam pernafasan saya."***

Student, Sekolah Alternatif Tawau

***"The programme was great. Really grateful that MERCY Malaysia offered this mental health awareness talk to the children in this school. It's good that they learn what stress is and how to cope and manage it. Definitely gonna be useful for them in future."***

Teacher Azwan, Sekolah Alternatif Tawau

***"I'm happy to see NGOs coming in to do educational workshops for the kids! Will be great if MERCY Malaysia is able to offer educational workshops on hygiene."***

Teacher, Rumah Ngaji Anak Gelandangan Semporna

***"Ini adalah pertama kali saya tengok tuala wanita yang boleh dibasuh dan diguna kembali."***

Female student, Sekolah Alternatif Semporna

***"Sebelum ini belum ada orang pernah datang ke sekolah kami untuk bagi barang-barang kesihatan. Jadi, cikgu-cikgu di sini sangat berbesar hati dan bersyukur kerana pihak MERCY Malaysia membuat program untuk anak-anak kami dan juga memberi kami barang kesihatan terutama sekali pelitup muka."***

Teacher, Rumah Ngaji Anak Gelandangan Semporna

***"Sebagai seorang cikgu, saya rasa aktiviti-aktiviti yang pihak MERCY Malaysia ajar dan kongsi kepada pelajar-pelajar di sini sangat bermanfaat. Saya juga boleh ajar kepada pelajar-pelajar yang lain."***

Teacher Hidayah, Sekolah Alternatif Tawau



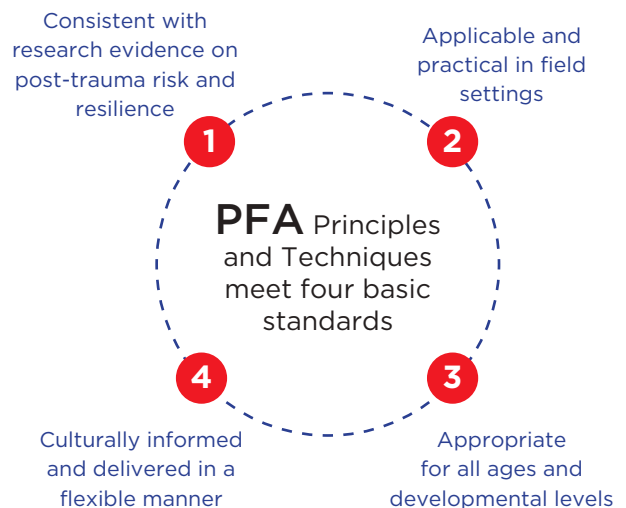
## Psychological First Aid (PFA) Training

**Estimated expenditure: RM26,106.20**

Psychological First Aid (PFA) is a training programme developed to assist any person or group impacted by a crisis. It is an evidence-based approach designed to reduce the initial distress caused by traumatic events (such as disasters or terrorism) and to foster short- and long-term adaptive functioning and coping capabilities in children, adolescents, adults, and families. MERCY Malaysia's PFA training is designed to be dynamic and inclusive, and can be delivered in diverse settings.

PFA training was provided to adult practitioners, children and adolescents to introduce the basic concepts and principles of PFA. Twenty sessions were conducted attended by 480 participants from among BeKind Malaysia, MERCY Malaysia's volunteers and medical and non-medical front liners.

A post-training assessment showed that the majority of participants found the session meaningful and important, especially after the COVID-19 outbreak. Front liners, for example, felt that the PFA skills and knowledge better equipped them to respond to persons who were affected by the pandemic.



*PFA training sessions conducted on Zoom by the MHPSS team*

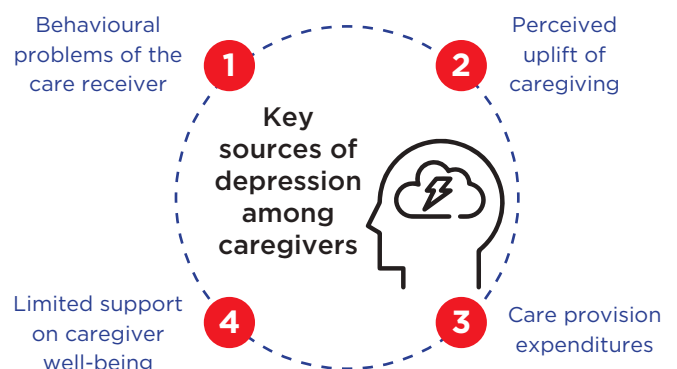


## Caring for Elderly (Geriatric) Workshop

**Estimated expenditure: RM 4,493.90**

Findings indicate that caregivers who have low social support and who have been providing long-time care for the geriatric with neurocognitive disorders show high risk of getting psychological distress or depression.

MERCY Malaysia's Caring for the Elderly workshops sought to fill this gap by providing training sessions for caregivers. Geriatric care workshops were conducted for **70 caregivers with four sessions** per workshop.





## Facebook Live and Zoom Webinar sessions

**Estimated expenditure: RM 6,213.00**

A major change brought about by the pandemic and ensuing MCOs was that care programmes which had previously prioritised face-to-face counselling and treatment sessions shifted to online and remote sessions. MERCY Malaysia conducted many MHPSS sessions on Facebook Live and Zoom Webinar as an initiative to educate individuals and public on mental health, stress management, and coping strategies. These sessions shared inspirational stories and perspectives from the people in hopes of helping reduce normal distress responses to COVID-19 from exacerbating into more serious mental health issues such as anxiety, depression and post-traumatic stress disorder (PTSD).

It is important to note that a significant portion of these online engagement sessions were carried out during the Recovery Wave of MERCY Malaysia's COVID-19 response, at the time when the Malaysian society had started to learn and adapt to the 'new normal'. In total, 42 Facebook Live sessions were conducted from March to December 2020, receiving a combined total of 16,064 viewers. As the sessions were streamed on MERCY Malaysia's main social media platforms, the recording of the sessions are available to other audiences. Positive feedback from viewers showed that they found the content useful and relevant to their daily life issues and concerns. The sessions helped to facilitate people's personal capabilities to adapt to the 'new normal' life.



*A MERCY Malaysia MHPSS session conducted on Zoom, and streamed via Facebook Live*

## MHPSS Consultation Services for Front Liners and Healthcare Workers

**Estimated Expenditure: RM 5,100.00**

There is no doubt that front liners are the superheroes of our time. It is important to note that despite being amongst the most psychologically resilient group of people, doctors, nurses and medical support staff are not immune to psychological trauma from the continuous exposure to the ongoing crisis. Constantly being in the first line of defence against COVID-19 had taken its toll on the physical well-being and mental health of the country's front liners. The Malaysian Health Director-General Tan Sri Dr. Noor Hisham Abdullah confirmed this highlighting that battling the pandemic had taken a toll on health care / front line workers, many of whom experienced physical and mental exhaustion resulting from increased workload, stress, and anxiety brought about by the sudden and uncontrolled spike in the number of COVID-19 cases in the country.

MERCY Malaysia's MHPSS team provided an avenue for health care workers to access mental health consultation sessions, offering five free consultation sessions to front liners. As of December 2020, a total of 45 front liners have benefitted from this service. This initiative was extended to 2021 due to ongoing need.



*MHPSS support for front liners at Hospital Tengku Ampuan Rahimah.*

### MERCY Malaysia's Partners in Mental Health Consultation Sessions:

- HELP University Centre for Psychological and Counselling
- Mental Illness Awareness and Support Association
- MyPsychology
- Pusat Pakar Psikologi Jiwadamai
- SOLS Health
- Turning Point Integrated Wellness Sdn. Bhd.



### Mental Health Video Awareness

**Estimated expenditure: RM 10,700.00**

MERCY Malaysia's MHPSS Video Awareness project aimed to act as a medium to raise mental health awareness among the public and specific community groups in facing the COVID-19 pandemic. The videos were designed to create awareness and understanding on how to cope with psychological issues during the outbreak, including simple coping strategies. The content was produced in an engaging and easy-to-digest manner.

Two awareness videos were produced – a general video targeted at the general public (all ages) to highlight methods on how to cope with psychological issues during pandemic, whilst the second video was developed specifically as a communication for children with special needs. **In four months, both videos managed to garner approximately 3,651 viewers.**





# COMPONENT 6: Information, education and communication, and awareness campaigns

## Funds Spent

RM  
24.2 thousand

## Beneficiaries

149,000

## Type of Aid

Information packs in local languages, 6 awareness videos, 10 COVID-19 response videos, 27 awareness posters, 136 social media posters, 1 online database COVID-19 asset.

## Category

School communities (including parents and caregivers), local village communities, construction industry workers and wider public.

## Objective:

Production and dissemination of information, education and communication (IEC) material aimed to raise awareness on the pandemic risks and risk control and mitigation strategies, including best hygiene and social practices.

## Intervention:

Production and distribution of materials in local languages and in local dialects to ensure uptake of important risk communication messaging.

## Description:

Access to accurate and timely information is vital in times of crisis. Reducing misinformation about COVID-19 and encouraging people to reach out to authorities are important elements of controlling the transmission of the virus. MERCY Malaysia, supported by corporate bodies and non-profit community organisations, reiterated communications by the authorities through IEC materials in printed, audio, video and online formats. A dedicated portal was established for continuous public messaging on COVID-19.

## Key IEC Materials:

- 27 posters in local languages and dialects
- 136 social media posters
- Printed information packs in different languages and dialects
- 6 COVID-19 awareness and response videos
- Media engagements and briefings
- Dedicated portal for public messaging



English



Bahasa Malaysia



Sabah



Sarawak



Tamil



Mandarin

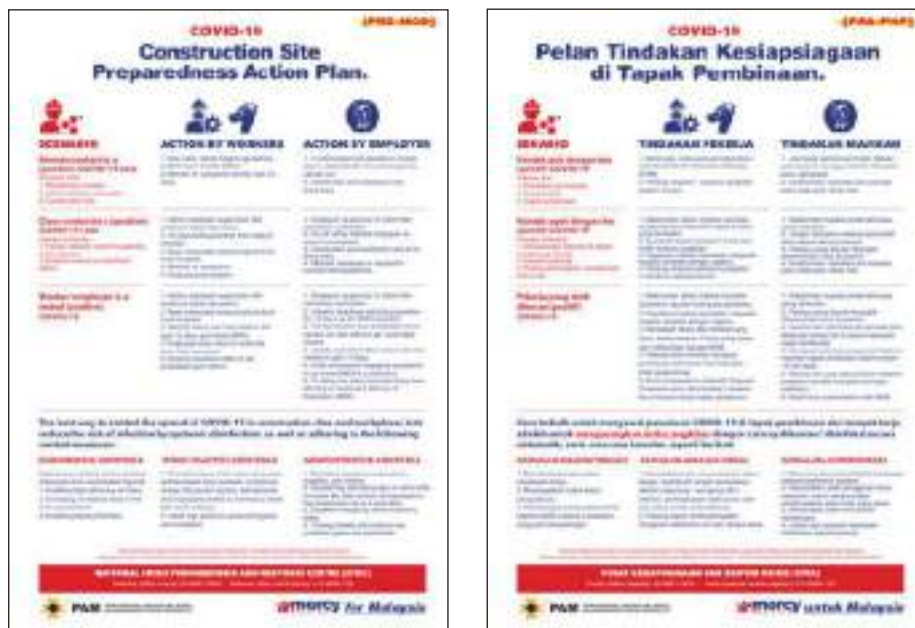
Risk reduction posters  
produced in 6 languages



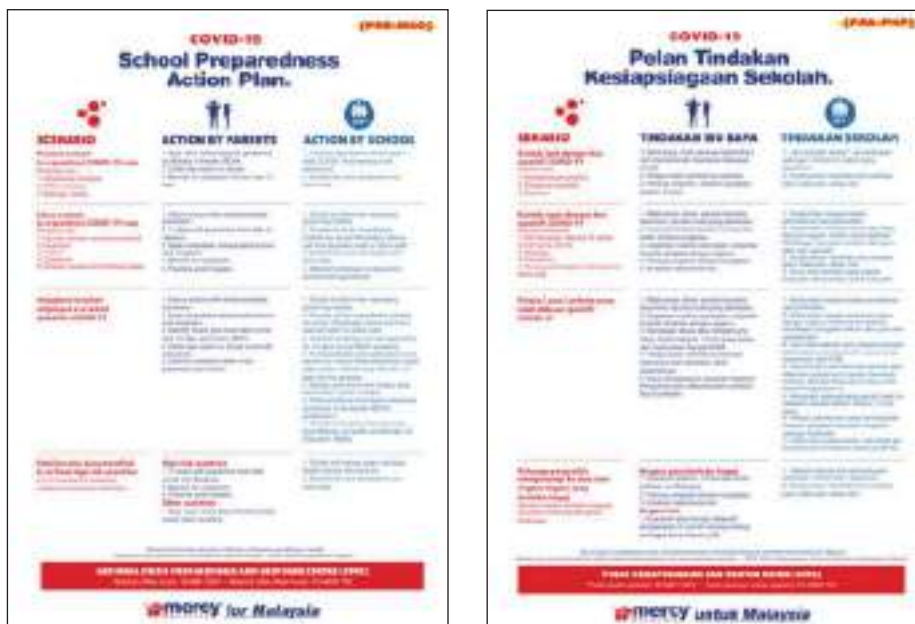
Posters on Risk Reduction and Preparedness in English and Bahasa Malaysia



General Public



Construction Site



School



Poster for Eid al-Fitr, which was celebrated during the Conditional Movement Control Order (CMCO) highlighting importance of adhering to governmental SOPs outlined in 2020 for the festive period



IEC posters were distributed along with food pack aid (Component 5) in Sabah

## Dedicated Portal for Public Messaging

Total expenditure: RM 7,000.00

The importance of online and social media platforms formed an important aspect of MERCY Malaysia's response plan as they provide a quick, efficient and easy-to-digest way to disseminate information to a wider audience. Under the Emergency Response plan, MERCY Malaysia established a platform for continuous improvement on COVID-19 public messaging. The microsite became the primary communication medium for MERCY Malaysia's COVID-19 Response and Recovery operations, where the donors and public were able to access regular status updates on the collection, disbursement and distribution of the COVID-19 Fund, download IEC materials to be used and implemented at their respective sites (schools, offices, premises, sites, etc.), and get updated information from official sources and authorities.

### The platform provided transparency on the status of MERCY Malaysia's COVID-19 operations



Critical figures

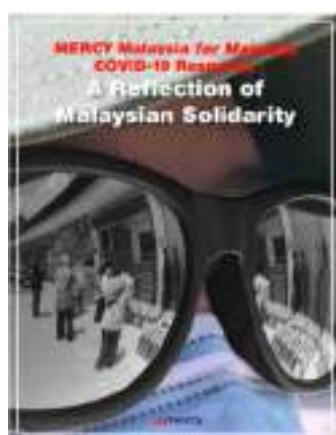


Donations tracker



Distribution mapping

### Awareness campaign - IEC materials such as reports and posters were made available on the portal to be used by the public



DOWNLOAD



DOWNLOAD





## COMPONENT 7: Epidemics / Pandemics Risk Reduction

Funds Spent	Type of Aid	Location	Category
RM 285.8 thousand	Disinfection-related services	7	At-risk communities (refugees), governmental quarters, state-based emergency response agencies

### Objective:

To provide direct support in the scaling up of the country's readiness and response operations through educating communities on Pandemic Risk Reduction (PRR) awareness and strengthening the communities' capability to manage risks in emergency situations that may arise from potential future hazards.

### Intervention:

Disinfection services of four identified sites and disinfection supplies to three state-based emergency response agencies

### Description:

Part of MERCY Malaysia's Total Disaster Risk Management (TDRM) approach includes an element known as Building Resilient Communities (BRC). In the case of the COVID-19 pandemic, conducting continuous education to communities on PRR was not feasible during initial response due to the MCO restrictions thus they were only conducted during the Recovery phase (see Chapter 2). As such, efforts under this component focused on disinfection services at identified locations to ensure the safety of communities and operations at these locations.

### Disinfection services

MERCY Malaysia conducted IHQ1 and IHQ2 type disinfection services at four locations – two community learning centres for Rohingya refugees and two government-related locations, including ILKAP, which was at the time designated as a quarantine centre. The refugees' community learning centres were selected to ensure children and youth were able to continue their lessons in a safe environment.

MERCY Malaysia also supported the needs of health facilities and responding agencies such as the fire rescue department by supplying disinfectant items. These agencies were involved in the disinfection of public areas and homes/surrounding areas of people diagnosed with COVID-19. A total area of 133,895m<sup>2</sup> had been disinfected.



Disinfection services conducted at Pejabat Daerah & Tanah Hulu Langat and ILKAP, Selangor



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M A

# WAVE 2: RECOVERY

COVID-19 Recovery Plan

This section presents the details and deliverables of MERCY Malaysia's COVID-19 Recovery Plan.



June 2020 – December 2020



RM 3,578,477



213,363 beneficiaries



21 communities  
vulnerable communities  
and marginalised groups



200++ locations  
Throughout Malaysia



# SECOND WAVE: RECOVERY

With cases reduced to a more controllable level, and the MOH, CPRC and NADMA more confident of the nation's ability to manage the crisis, MERCY Malaysia's work shifted from emergency response and support, to a multisectoral, sustainable and inclusive **COVID-19 Recovery Plan**. In mid-2020, after the initial panic and unprecedented turmoil caused by the spread of the coronavirus worldwide, concerted efforts by all parties under the guidance and coordination of the MOH, CPRC, NADMA saw positive effects, and the country was able to maintain a steady state of transmission control, and public health services had sufficient capacity to sustain the intermittent spikes and appearances of new clusters. Drawing lessons from its vast experiences in delivering humanitarian aid to communities affected by catastrophes, MERCY Malaysia now continued its active and dynamic interventions towards supporting a longer-term COVID-19 recovery plan, which addresses a diverse range of recovery

needs that extend far beyond direct aid. A large part of the Recovery Plan was aimed at helping alleviate the burdens faced by vulnerable and at-risk groups affected by the MCOs. The plan also complements the ongoing SPRP efforts with the addition of with key principles and practices to guide recovery planning. It is important to highlight however that due to the dynamism of the pandemic and the resulting hike in the number of COVID-19 cases in Malaysia in the later part of the 2020, MERCY Malaysia had to adapt to the situation at hand and reallocate certain resources outlined in the Recovery Plan to support the Third Wave Emergency Response in Sabah. This will be covered in the following chapter.

## COVID-19 Recovery Plan Objectives

1. Ensure smooth transition from emergency to **rehabilitation and development** addressing the changing needs and priorities
2. Help protect and **improve community's resilience** from the current crisis to better preparedness for the next wave and/or pandemic outbreak
3. Push forward **sustainable outcomes** for existing and new programmes
4. Ensure **operational sustainability** of MERCY Malaysia's COVID-19 Strategic Preparedness and Response Plan



## Recovery Plan Targets



**6** Recovery Plan targets



**33** recovery activities



**500,000**  
aid recipients impacted  
directly or indirectly

**6** months intensive operations



**RM15.5M**  
financial requirements

# RECOVERY PLAN COMPONENTS



## **Recovery 1** Community-based pandemic risk reduction and management

**Funds Spent**  
RM 0.32 M

**Locations**  
Physical (at identified  
locations), and online

**Type of Aid**  
Community engagement and  
capacity building

**Beneficiaries**  
Targeted communities



## **Recovery 2** Infection prevention and control/water, sanitation and hygiene (WASH)

**Funds Spent**  
RM 0.56 M

**Locations**  
106 schools, across Malaysia

**Type of Aid**  
Water, Sanitation and  
hygiene (WASH)

**Beneficiaries**  
School children



## **Recovery 3** At-risk community's livelihood support

**Funds Spent**  
RM 1.09 M

**Locations**  
50 locations – 10 centres and  
40 distribution centres

**Type of Aid**  
Livelihood support, PPE  
production project, hygiene  
and food packs

**Beneficiaries**  
Targeted communities



## **Recovery 4** Critical preparedness, readiness and operations support

**Funds Spent**  
RM 1.11 M

**Locations**  
36 locations, across Malaysia

**Type of Aid**  
Logistical, operations and  
health facility support

**Beneficiaries**  
Health facilities, and  
detention/quarantine centres



## **Recovery 5** Targeted COVID-19 testing for at-risk communities

**Funds Spent**  
RM 0.49 M

**Locations**  
4 locations in Kuala Lumpur,  
Selangor and Sabah

**Type of Aid**  
COVID-19 testing

**Beneficiaries**  
At-risk and vulnerable  
communities



## **Recovery 6** Mental health and psychosocial support (MHPSS) (for Waves 1-3)

**Funds Spent**  
RM 0.147 M

**Locations**  
Across Malaysia – all 14 states  
Specific focus on Sabah, and  
Klang Valley

**Type of Aid**  
MHPSS support

**Beneficiaries**  
Targeted communities and  
wider public



# RECOVERY 1:

## Community-based pandemic risk reduction and management

### Funds spent

RM  
**0.32** million

### Type of Aid

Capacity building and awareness programmes and resources

### Locations

**6** physical locations  
Virtual and web-based programmes and resources

### Beneficiaries

Community members, local responders, district representatives, schoolchildren

### Objective:

Strengthen readiness and capacity of response operations of communities to manage future risks of emergencies from various hazards

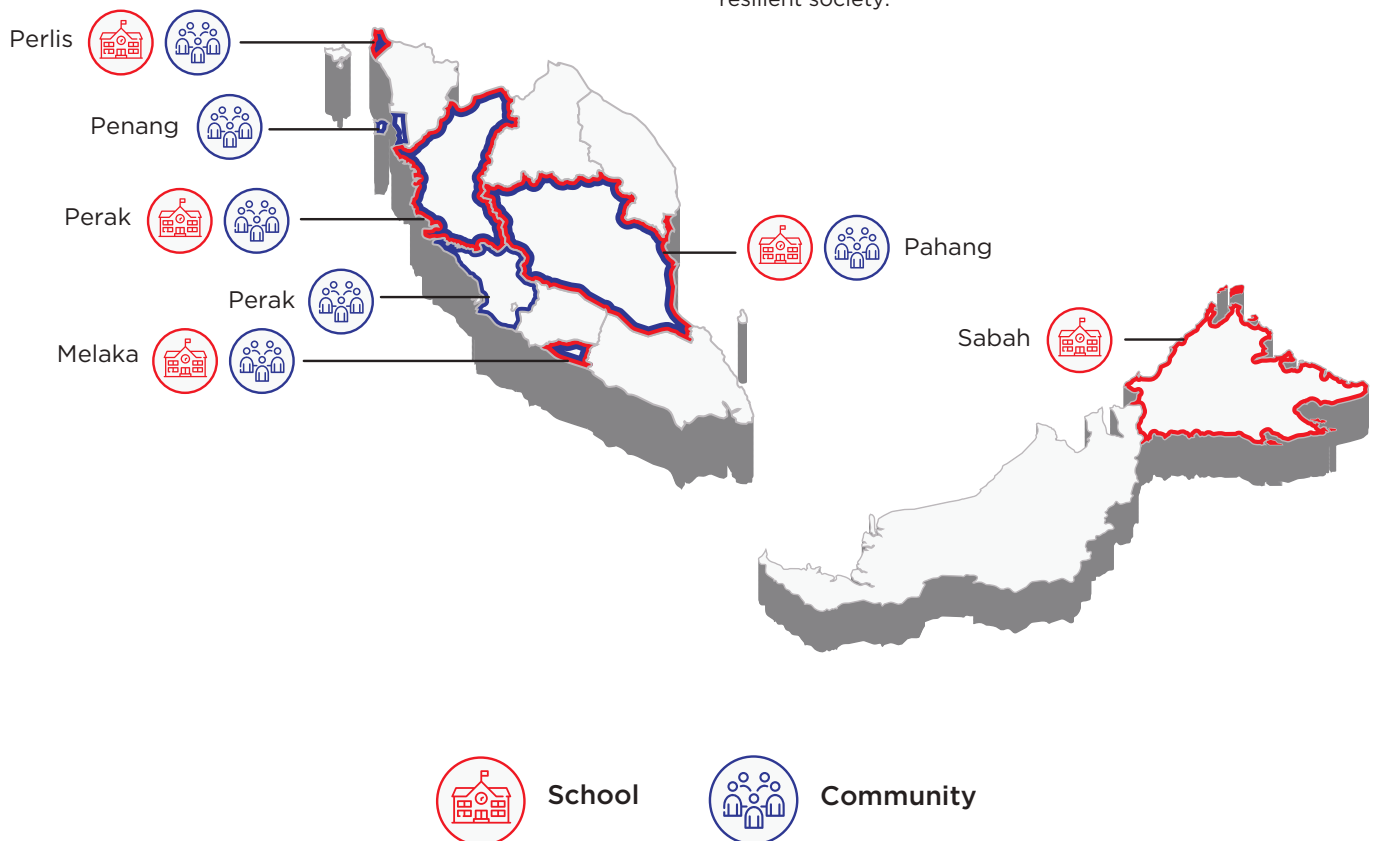
### Intervention:

Capacity building in the form of disaster risk reduction and preparedness programmes to communities and schools to reinforce important information and skills needed during and/or after a disaster.

### Description:

#### Community Preparedness Programmes

Empowerment of communities is one of the key criteria highlighted by the Government of Malaysia during the formulation of its exit plan from the Conditional MCO in mid-2020. Community empowerment is aligned with MERCY Malaysia's Building Resilient Communities (BRC) approach that emphasises the vital role of communities as the first line response in any disaster or emergency situation, including the current, and any future risk of the COVID-19 pandemic. With this in mind, community-based pandemic risk reduction (CBPRR) and community-based disaster risk management (CBDRM) programmes were initiated to enhance and strengthen the capacity and roles of community members adversely affected during the pandemic to develop a more resilient society.





## School Preparedness Programmes

Schools are an important element of any community. Whilst most COVID-19 strategies are focused on communities, especially adults, the silent impact of this pandemic on children and the education sector is less evident. To ease the return of students and teachers to schools, MERCY Malaysia developed a set of modules that incorporate public health, mental health and awareness about pandemic risks with the aim of providing evidence-based knowledge and tools to school communities on pandemic and disaster management. The school preparedness programmes equip the school community with knowledge related to the response and management of pandemics and disasters, as well as issues related to mental health well-being.

MERCY Malaysia's BRC team working in tandem with the Ministry of Education, developed modules exploring topics relevant to the ongoing crisis and best practices for the future going forward. The team planned to conduct pandemic risk reduction and health education activities in 15 schools, as well as to 10,000 individuals from at-risk and vulnerable communities. However, due to the MCO restrictions, many of these programmes had to be delivered virtually.



*Pandemic Risk Reduction and Preparedness Workshop conducted in Kampung Permata Kundang, Selangor*

## Urban Resilience Programmes

A comprehensive Disaster Risk Reduction Management (DRRM) framework forms the foundation for effective disaster response, both at the national and local levels. Such a framework, especially when developed and expanded in a collective, participatory manner, enables the inter-operability of stakeholders at all levels. For example, such framework include Response Plans which outline actions to be taken in response to emergencies in accordance with strategic and, in most cases, legal frameworks, as well as Standard Operating Procedures (SOPs) prepared with corresponding easy-to-use checklists and templates.



*Pandemic Risk Reduction and School Preparedness Programme, attended by 20 students, at Sekolah Kebangsaan Mesilou, Kundasang, Sabah. The Kampung Mesilou community had, in 2015, been affected by a mud landslide triggered by the Ranau earthquake. They have since built up community resilience and have successfully resumed tourism activities - their main source of income. As part of the programme, the school was also provided a hand washing kiosk, (see Recovery 2) and students were given awareness on the importance of hand washing as a key public health intervention in curbing the spread of COVID-19 virus.*

MERCY Malaysia conducted an Urban Resilience against Pandemic Risk programme with the Penang local government stakeholders involved in the process of developing Special Area Plans. These stakeholders include the Penang Hill Corporation, PLAN Malaysia and the Penang Executive Councillors holding local government housing, urban and rural planning portfolios, as well as other related local agencies in the island such as Jabatan Perhutanan and Jabatan Perhilitan.

## CONSERVATION

NO	SEKTOR	CADANGAN SKOP KAJIAN BERDASARKAN TOR	CADANGAN TAMBAHAN SKOP KAJIAN
1	<b>MERCY Malaysia</b> Pengurusan Risiko Bencana Alam • Pengurusan semasa dan selepas bencana	Tiada	<ul style="list-style-type: none"> <li>• Analisis kawasan-kawasan berisiko bencana.</li> <li>• Analisis impak pembangunan dan carrying capacity pelancong terhadap alam sekitar.</li> <li>• Mengenalpasti sistem pemantauan dan pencegahan risiko bencana.</li> <li>• Menyediakan sistem kecemasan dan menyelamatkan jika berlaku bencana (Pengurusan Kecemasan)</li> <li>• Penyediaan Pelan Pengurusan Risiko Bencana</li> </ul>

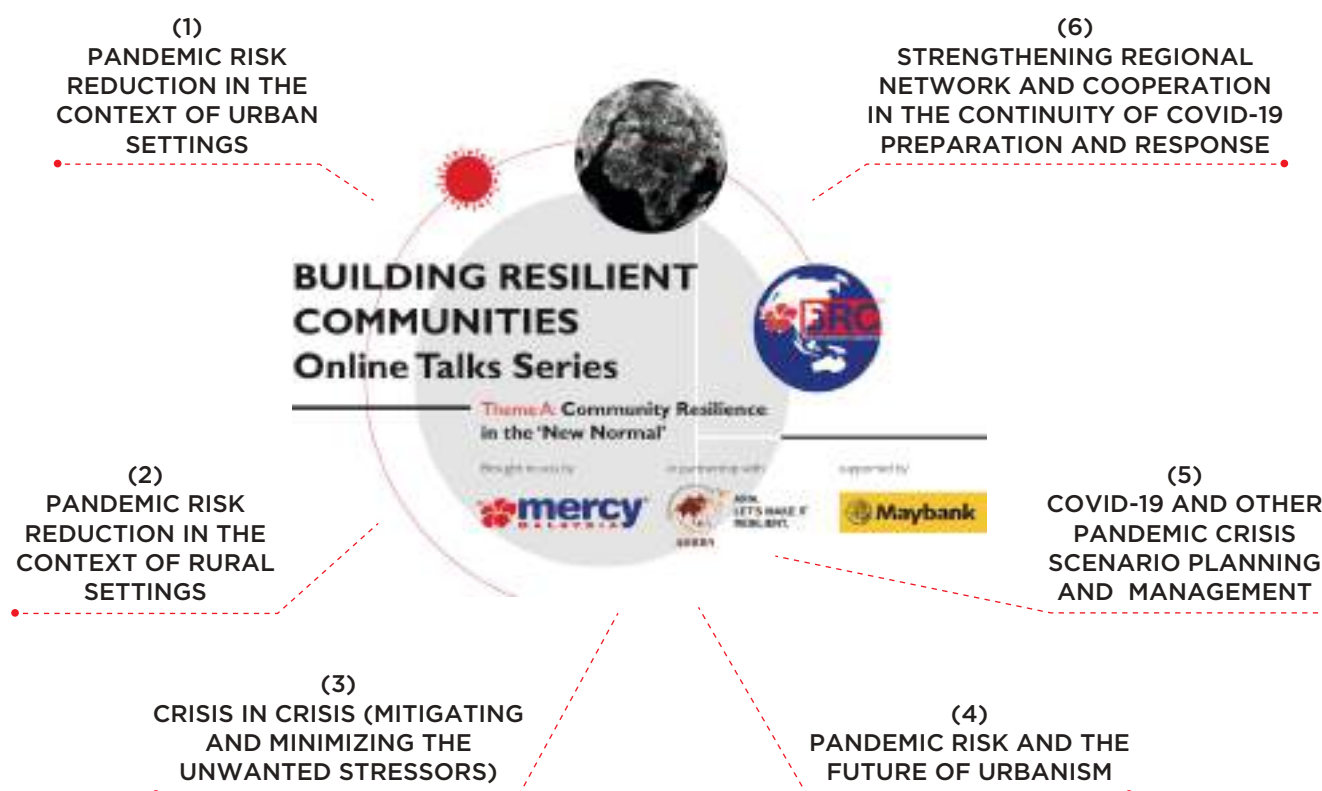
*A snapshot of the Penang Hill's DRRM strategic framework which forms the overarching structure, including defining the authorities and high-level designation of roles and responsibilities, which correspond to a more detailed hierarchy of response plans.*

## Disaster Risk Reduction Webinars

In partnership with the Asian Disaster Risk Reduction Network

As part of the CBDRM plan, an online talk series of six webinars were organised in partnership with the Asian Disaster Reduction and Response Network (ADRRN). The series saw subject matter experts and practitioners from the humanitarian, civil society, urban planning, medical and financial management sectors in Malaysia and the Asian region discussing the strategies adopted by respective countries to reduce the transmission of COVID-19, the diverse needs of the communities that arose due to the pandemic, and outlined the need to rebuild an improved concept to be inculcated in the recovery and development process post-pandemic.

Whilst discussions saw key differences in the response and recovery phases of the respective countries in the Asian region, converging issues such as importance of mental health well-being, social safety nets for the most vulnerable, dissemination of evidence-based information, transparency in communicating and integration of public health into urban planning and disaster risk reduction framework, highlighted how the way forward is crucial to mitigate the lasting impacts of this pandemic for everyone involved.



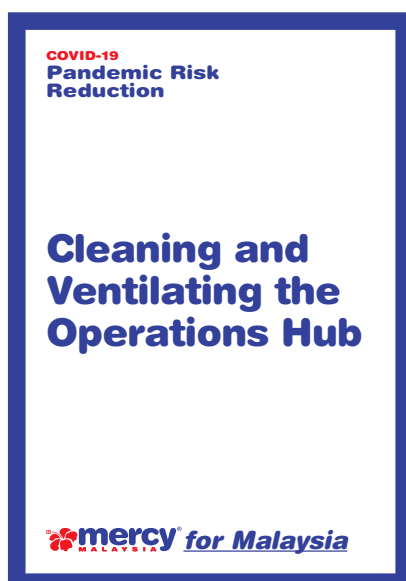
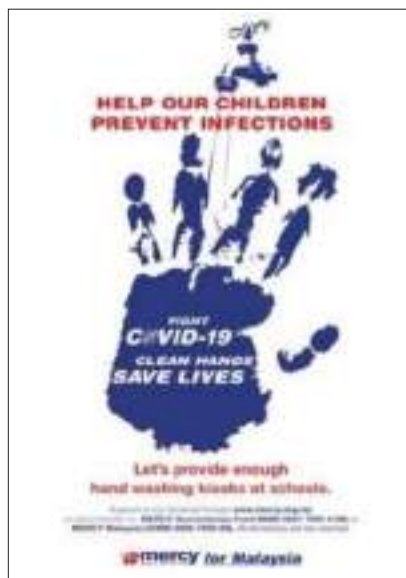
## IEC Materials – Effective risk communication resources and community engagement (RCCE)

With the support of various media and communication partners, MERCY Malaysia produced IEC and RCCE materials to promote the dissemination of accurate information to support the CBPRR and CBDRM initiatives. These IEC materials were specifically designed to help organisations, communities, families, and individuals to better understand CBDRM in the context of the COVID-19 pandemic. The posters aimed to facilitate the visualisation of the elements and steps in CBDRM, such as risk assessment, contingency planning, DRRM planning, and simulation drills, and encourage them to think outside the box and put these in the context of their respective communities' socio-economic and cultural settings.

The design and language used in the PRR and DRRM posters were aimed at communicating clear messages to its targeted communities. The materials were distributed in print format in the programmes conducted under MERCY Malaysia's COVID-19 operations, and published online for larger audience to access and use.



*IEC posters distributed during the training of trainers and pandemic risk reduction and preparation workshop (Perak Chapter)*



*PRR and DRRM designs based on architectural drawings brought new and fresh perspectives to MERCY Malaysia's IEC resources.*





# RECOVERY 2: Infection prevention and control / water, sanitation and hygiene (WASH)

Funds spent	Type of Aid	Locations	Beneficiaries	Category
RM <b>0.56</b> million	Hand washing kiosks, hygiene items and awareness materials	<b>106</b> schools	<b>105,600</b>	School children

## Objective:

Provide technical and educational guidance on water, sanitation, hygiene and health care that is relevant to COVID-19 and pandemics, support at-risk communities to ensure continuity of health and nutrition services, and promote WASH practices within communities to prevent virus transmission.

## Intervention:

Provision of hand washing kiosks in schools to increase schools' capacity to prevent virus transmission and distribution of hygiene and sanitation items and awareness materials.

## Description:

Water, Sanitation and Hygiene (WASH) is one of the largest projects during the Recovery wave. However, as the transportation and installation of kiosks required physical movement of people and materials, its implementation under the Conditional Movement Control Order (CMCO) restrictions was particularly challenging. The installation of hand washing kiosks was complemented by awareness promotion on good hygiene practices and provision of additional items and IEC materials. The latter were designed to deliver easy-to-understand guidance on best hygiene practices to reduce infection risks with regards to the pandemic.



*Hand washing kiosk in one of the schools. Consistent maintenance of good hand hygiene is a critical part in preventing the spread of COVID-19.*



## TARGET

- Promote good handwashing practices
- Deliver **100** handwashing kiosks in **100** schools across Malaysia



## DELIVERABLES

- **106** hand washing kiosks
- **176** posters and flyers produced and disseminated in schools
- **8,000** facemasks
- **212** bottles disinfecting bleach
- **2,800** bottles sanitisers



## BENEFICIARIES

- **106** schools
- **105,600** beneficiaries



## RECOVERY 3: At-risk community's livelihood support

### Funds spent

RM  
**1.09** million

### Type of Aid

Livelihood support – PPE production project and food packs

### Locations

**10** sewing centres  
**40** food distribution locations

### Beneficiaries

Community members, local responders, district representatives, schoolchildren

### Objective:

Provide livelihood support to targeted communities affected by the MCO and pandemic.

### Intervention:

Create income opportunity through production (sewing) of personal protective equipment (PPE), and provision of essential dry-ration support in the form of food packs to lessen burden of families and individuals affected by the MCO.

### Description:

#### Essential food aid at time of need

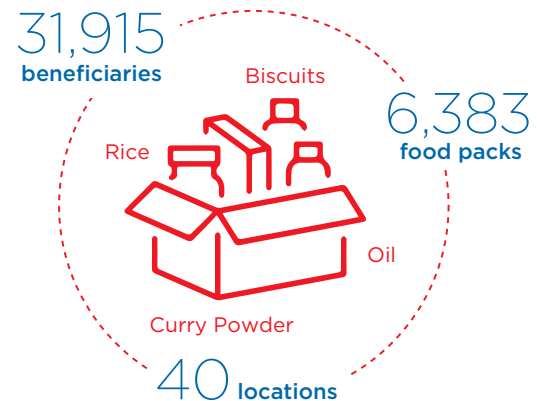
The coronavirus not only threatened the lives of the communities, it also affected their livelihoods. In responding to the loss or reduction in income due to the limitation on economic activities imposed by the lockdown, MERCY Malaysia provided dry-ration support to affected communities. In total, 6,383 food packs consisting of items such as oil, biscuits, curry powder and rice were distributed to affected families equating to approximately 31,915 beneficiaries. It is important to note that despite food packs bringing only short-term relief, the recipients mentioned that they serve to lessen the families' burdens at the time.

#### Two-prong intervention: Livelihood support through sewing of PPE

PPE was in significant demand in the early days of the pandemic with health facilities throughout the country not able to meet the demand for PPE required by the front liners in the fight against COVID-19. Responding to this critical need, MERCY Malaysia took the initiative to establish sewing centres for the production of PPE for front liners. These MERCY Malaysia centres utilised RM348,227.00 to produce over 50,000 pieces of PPE items during this Recovery phase. This PPE production project served two goals – to provide much needed PPE supplies to front liners, and just as important, it provided the much-needed livelihood support to the B40 community who worked at the sewing centres, where it was successful in providing financial assistance to reduce the financial impact of the pandemic for the B40 group. It is important to note that this two-pronged results could not have been achieved without the help of MERCY volunteers, who were very engaging and supportive in accomplishing the goals of this intervention.



A lady sewing PPE at one of the sewing centres



### Success Stories from Sewing Centres



*"I worked as a tailor to support my family of five... COVID-19 and the MCO forced me to close my shop. This programme allowed me to obtain some income to support my family."*

**Chen Yoke Lai, 60, Tanjung Malim**



*"I was dismissed as a contract cleaner and had to support eight people in my family. My husband, 63, was not allowed to work due to heart disease. My daily routine starts at 4am, making and selling cakes until 2pm, before returning home for lunch with my husband. I then work at the sewing centre until 5 pm. Sewing these PPE allows me to increase my income; besides, I gain sewing knowledge. If there is a chance in the future, maybe I will take sewing orders at home. However, for that purpose, I will need help and capital to buy sewing equipment."*

**Rozita binti Yahya, 55, Tanjung Malim**



# RECOVERY 4:

## Critical preparedness, readiness and operations support

Funds spent	Type of Aid	Locations	Beneficiaries	Volunteers
RM 1.1 million	Logistical, operations and health facility support.	36 locations	Vulnerable communities, hospitals and health facilities, detention and quarantine centres, and social sector centres.	491 volunteers

### Objective:

Support other response and recovery components in terms of logistics and facilities.

### Intervention:

Critical logistical support for delivery of PPE and medical and operations equipment, and health facility support.

### Description:

Apart from the medical front liners, MERCY Malaysia had a strong logistics team which was mobilised to serve the Malaysian community as a part of critical preparedness, readiness and operations support. In addition to deliveries

to hospitals and health facilities, the logistics team made 165 deliveries to distribute food packs, PPE and hand washing kiosks.

The work of volunteers also deserves a mention for the vital role they played in this Recovery component of MERCY Malaysia's COVID-19 operations. These volunteers courageously exposed themselves to the unknown risks of the coronavirus despite being given the choice to stay at home. These volunteers displayed capabilities that were far beyond their areas of comfort and expertise in contributing their energy and resources to MERCY Malaysia's pandemic recovery efforts. (See their Stories of Compassion in Chapter 6 of this report)



#### PPE Stockpiling and Distribution

RM 348,227

During the Recovery period, MERCY Malaysia's logistics team had proactively started preparedness and response actions for future COVID-19 response efforts, including stockpiling of PPE items. When the third wave struck Sabah in October 2021, the team had stockpiled 282,899 PPE sets. These were distributed to the front liners in Sabah, benefiting approximately 56,579 front liners.

The PPEs included gloves, 3-ply face masks N95 face masks, hood covers, head covers, isolation gowns and aprons.

The stockpiling measures succeeded in easing the flow of operations in Sabah, especially at the early stages of emergency response, until more items could be procured.



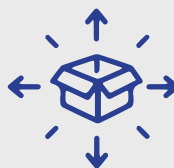
#### Delivery of Medical Equipment

RM 420,000

MERCY Malaysia channelled critical medical equipment to Sabah in response to the urgent demand to treat the increasing influx of COVID-19 patients in the state. Priority was put on the procurement and delivery of 144 medical equipment i.e., 102 cartridges, 34 Powered Air-Purifying Respirators (PAPR), 8 High Flow Nasal Cannulas (HFNC).

The delivery helped to increase the capacity to fight COVID-19 in hospitals including:

- Jabatan Kesihatan Negeri Sabah
- Tawau Hospital
- Queen Elizabeth Hospital, Kota Kinabalu
- Duchess of Kent Hospital, Sandakan



#### Operations Support

RM 266,270

Other than medical equipment, operational support was also critical to allow smooth-running of response efforts. 16,554 operational support items were distributed to approximately 16,692 beneficiaries.

The items include:

- Rubber boots
- PPE Items
- Hygiene Kits
- Hand Sanitisers
- Sanitary Pads
- Sewing machines
- Toiletries
- Towels
- Yellow Bins



#### Health Facility Support

RM 75,000

The escalation in the number of cases required hospitals to increase their capacities. MERCY Malaysia facilitated the procurement of tents, ceiling fans, chairs, laptops and other equipment that facilitated the construction of temporary areas for this purpose.

The aid served to increase capacity of hospitals, health facilities and mass COVID Assessment Centres (CAC).





# RECOVERY 5: Targeted COVID-19 testing for at-risk communities

## Funds spent

RM  
**0.49** million

## Type of Aid

Targeted COVID-19 testing for at-risk communities

## Locations

**3** health facilities Kuala Lumpur, Selangor and Sabah

## Beneficiaries

**8** at-risk communities – citizens and non-citizens

## Objective:

To support the government to conduct targeted COVID-19 testing support among at-risk communities.

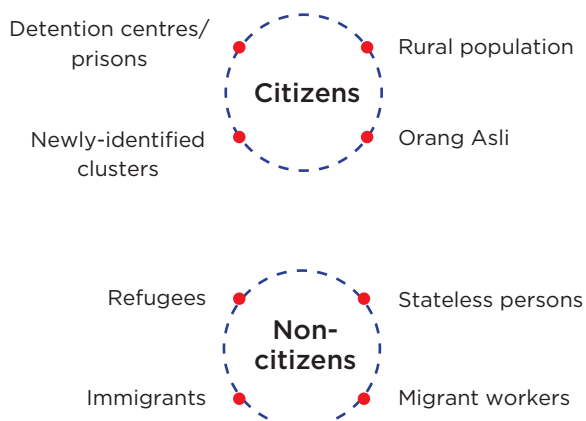
## Intervention:

COVID-19 testing support among targeted at-risk communities as an early intervention in tracing the spread of the coronavirus.

## Description:

A proactive measure by the MOH was to conduct targeted COVID-19 swab tests as an early intervention in identifying the spread of the coronavirus among at-risk groups. This is significant as many of these communities either lacked necessary funds and means to access existing COVID-19 testing carried out by governmental authorities, which is equivalent to RM490,000 to the aforementioned high-risk and vulnerable groups nationwide.

## At-risk communities



## Swab tests conducted

**2,812** COVID-19 swab tests conducted

**RM490,000**



COVID-19 testing conducted in Sabah



COVID-19 testing for refugees and migrant workers at the QFFD Clinic in Ampang, Kuala Lumpur





# WAVE 3: RESPONSE

Sabah Operations

The Response in Sabah was necessitated by the spike in positive cases and increasingly alarming rate of virus transmission in September and October 2021. This section presents the details and deliverables of MERCY Malaysia's Third Wave Strategic Preparedness and Response Plan



**October 2020 - February 2021 \***



**RM 5.74 M**

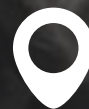


**200,000++ beneficiaries**



**9 communities**

Health facilities, local agencies, at risk and vulnerable communities, COVID-19 patients



**Sabah,  
Malaysia**

\* This report covers the Recovery Plan deliverables and outputs until end December 2020



# THIRD WAVE: RESPONSE – SABAH OPERATIONS

The alarming spike in COVID-19 cases and increase in the coronavirus infection rate witnessed by the country in the last quarter of 2020 was predominantly the result of the Sabah State elections held in September 2020. The number of cumulative cases in the state had increased to 91.5% from 808 cases on nomination day (11 September) to 1,547 cases on polling day (26 September). Four weeks later, on 24 October 2020, Sabah recorded 11,285 cumulative cases, becoming the first state in Malaysia to record over 10,000 positive cases.

During this crucial time, the state faced the critical challenge of equipping front liners the needed PPEs, securing medical equipment for ICU patients, mobilising additional health care manpower, providing spaces in quarantine centres, offering psychosocial support, and conducting COVID-19 testing and while at the same time supporting the livelihoods of communities (local and non-local) affected by the ongoing MCO.

The unpredictable nature of this outbreak in an increasingly interconnected society demanded intensive scaling up of preparedness and response measures to manage the different risks and vulnerabilities as they continued to develop.

The third wave saw the full force of Malaysian generosity as NGOs, corporate companies, religious groups and individuals from across the country stepped up and extended their support to the MOH, specifically the Sabah Health Department. MERCY Malaysia launched its COVID-19 Third Wave Strategic Preparedness and Response Plan (3rd Wave SPRP) in October 2020. The operational objective of the 3rd Wave SPRP was to contribute in reducing morbidity, mortality and social impacts of the outbreak's third wave by preventing or slowing down the rate virus transmission and helping to ensure communities affected by the outbreak maintain access to basic social services and can support themselves in dignity throughout the course of the outbreak.



## Third Wave SPRP Targets

**3**  
component

**4**  
Goals



**250,000**  
aid recipients impacted  
directly or indirectly



**06**  
months intensive  
operations

**21 Activities**



**RM7.5 M**  
financial requirements



## Third Wave SPRP Goals

1. **Infection and prevention control**
2. Equip rapid-responders in **investigations, contact tracing and testing**
3. Reduce pandemic risk through **good health and hygiene practices**
4. Ensure **food security and livelihood protection** to reduce risk of hunger and mental stress.

# 3<sup>rd</sup> Wave SPRP Components

## GOAL 1



### 1. Infection prevention and control

## GOAL 2



### 2. Equip rapid-responders in investigations, contact tracing and testing

## GOAL 3



### 3. Reduce pandemic risk through good health and hygiene practice

## GOAL 4



### 4. Ensure food security and livelihood protection to reduce the risk of hunger and mental stress

Component	Goals	Funds spent	Locations	Type of Aid	Beneficiaries
<b>Component A</b> Critical preparedness, readiness and response support action	1 2 3	RM 3.03 M	15 districts, across Sabah	Hospital capacity expansion (medical and non-medical equipment), PPE and food packs, manpower support	Hospitals, health facilities, local agencies, front liners, COVID-19 patients and vulnerable communities
<b>Component B</b> At-risk-community's livelihood and psychosocial support and logistics	3 4	RM 0.79 M	10 districts, across Sabah	PPE production and distribution, food packs, test kits and hygiene kits distribution MHPSS support	Medical and non-medical front liners, local agencies, COVID-19 patients, at-risk and targeted communities
<b>Component C</b> Epidemics/ pandemics risk reduction	1 2 3	RM 1.70 M	7 locations, across Sabah	COVID-19 testing	Targeted communities and wider public
<b>COVID-19 Operations Hub</b>	1 2 3 4	RM 0.22 M	The MERCY Malaysia and Sabah COVID-19 Operations Hub were critical to ensure the smooth coordination and delivery of the Third Wave: Sabah Response plan.		



## Critical preparedness, readiness and response support action

Funds spent	Type of Aid	Locations	Volunteers	Beneficiaries
<b>RM3.03</b> million Hospital expansion: • <b>RM1.23</b> million Operations support: • <b>RM1.80</b> million	Provision of medical and non-medical equipment and operational support	Throughout Sabah	<b>100</b> medical and non-medical	<b>B40</b> , vulnerable communities, estate workers, single mothers, children, indigenous and stateless communities, patients in hospitals and quarantine centres

### Objective:

To help increase the capacity of hospitals, healthcare facilities and local authorities in their response and management of the pandemic outbreak.

### Intervention:

Mobilisation of resources and volunteers to support the procurement and delivery of medical and non-medical equipment, operational support, food packs and hygiene kits, as well as support early identification efforts through COVID-19 testing.

### Description:

#### Hospital Expansion Support

Hospital expansion, in the form of medical and non-medical equipment, was one of the vital support outputs provided by MERCY Malaysia during the Third Wave response.

Until mid-November 2021, MERCY Malaysia has delivered 485 medical equipment worth RM1,092,853. These equipment were critical to provide primary care for Sabah COVID-19 patients, such as high-flow nasal cannula (HFNC) to support oxygen therapy for hypoxemic patients, and avoid intubation among patients with acute hypoxemic respiratory failure.

Other vital equipment include digital blood pressure sets, Powered Air-Purifying Respirators (PAPR), pulse oximeters, thermometer with and without stands, which were delivered

to help increase the capacity of designated healthcare facilities and district health offices.

Targeted hospitals and health district offices were also equipped with non-medical items such as fans, furniture, beddings, consumables, kettles, printers and laptops. These non-medical equipment were delivered to these health facilities to ease the smooth flow of their operations, especially in light of the new hospital procedures that needed to be observed in managing COVID-19 cases and potential cases.



High Flow Nasal Cannula and Syringe pumps delivered to health facilities of Sabah



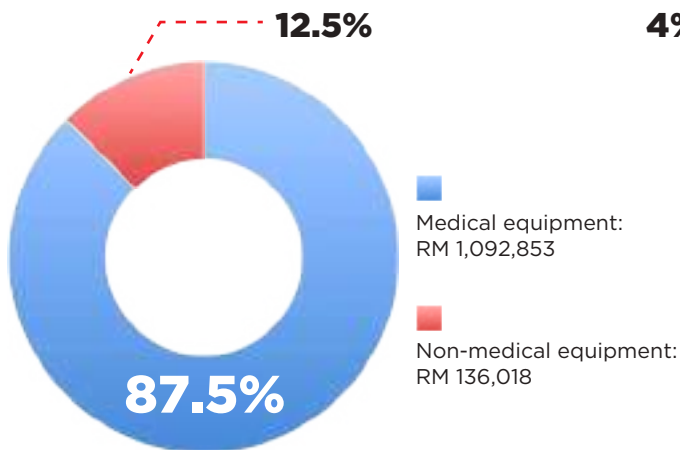
Handover of 5,000 units of Viral Transport Medium (VTM) to Pejabat Kesihatan Kawasan Lahad Datu to assist in COVID-19 testing (see Component C below)



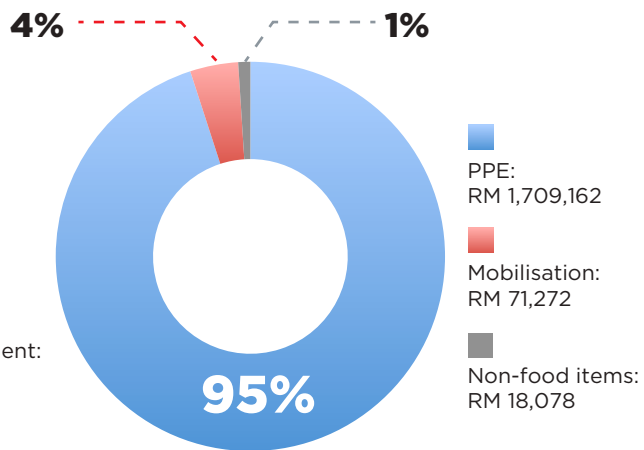
300 units Pulse Oximeters delivered to Jabatan Kesihatan Negeri Sabah (JKNS)



## DISTRIBUTION OF FUNDS



Hospital expansion: 40.6%

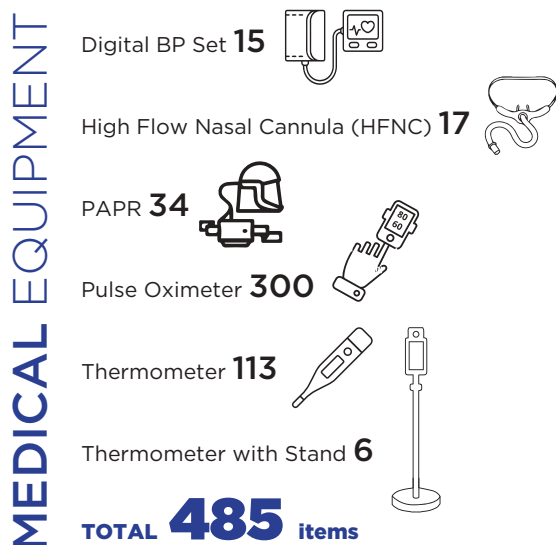


Operations support: 59.4%

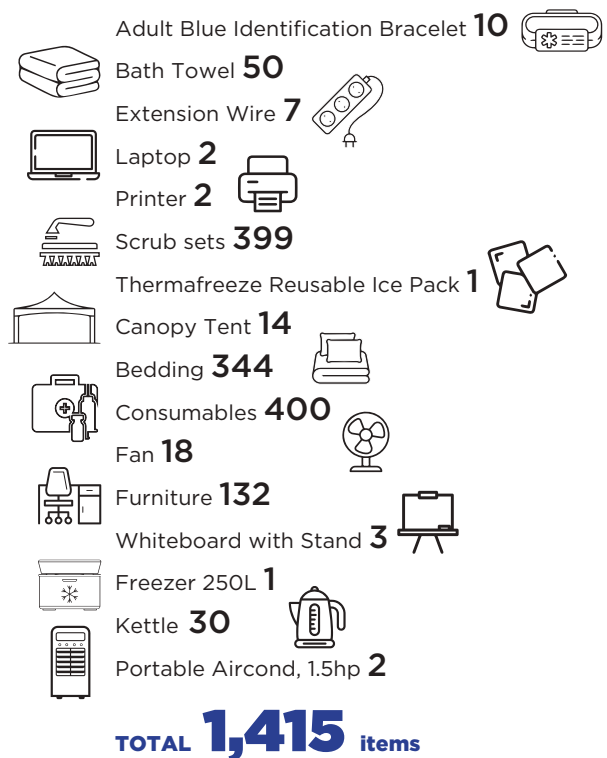
## TYPES OF EMERGENCY AID

- Medical equipment • Non-medical equipment • PPE • Non-food items • Food packs • Hygiene kits •
- MHPSS support • COVID-19 testing • Manpower support •

## HOSPITAL EXPANSION MEDICAL EQUIPMENT



## NON-MEDICAL EQUIPMENT



Non-medical equipment support to hospitals and health facilities under JKNS



Mist Blower



Canopies



Chillers and fans

## Operational and Logistics Support

**Mobilisation of volunteers** – A critical challenge faced by many areas was a shortage of manpower in managing the COVID-19 pandemic. MERCY Malaysia mobilised 100 volunteers to undertake tasks such as logistics, PPE sewing, data entry, social-media management, and medical duties. These volunteers came from all over Sabah.

**Supply of PPEs** – Another key challenge faced by many health facilities and local authorities in COVID-19 management is having a sufficient and consistent supply of the much-needed PPEs. PPEs are crucial for protecting the health and safety of health workers, medical and non-medical front liners. Similarly, they were need by those working in prison and detention centres. In response to a shortage in PPE supply, MERCY Malaysia established a PPE Sewing Centre in Sabah in collaboration with Jabatan Kemajuan Masyarakat (KEMAS), replicating the successful model of a similar sewing centre in Kuala Lumpur. The Sabah sewing centre executed the PPE sewing project, and its subsequent distribution. For such a large demographic area such as Sabah, this initiative would not have been possible without further support and coordination with state authorities, and assistance from the Royal Malaysian Air Force.



*Volunteer-in-Action: Distribution of food packs to the Sabah East Coast areas*

### TOTAL SPENDING:

RM1,709,162

### TOTAL BENEFICIARIES:

102,452

**LOCATIONS COVERED:** 15 districts (Kunak, Kota Belud, Kota Kinabalu, Kota Marudu, Kudat, Labuan, Lahad Datu, Papar, Penampang, Pitas, Putatan, Semporna, Tuaran, Tandek, Tawau)

**COMMUNITIES SERVED:** Front liners, MKN, Pasukan Gerakan Udara, Pulapol, Pusat Perubatan ATM, Pusat Didikan OKU

### PPE DISTRIBUTED:

346,760  
items

	2ply Mask	5,700	
	3ply Mask	71,950	
	Apron Coverall	18,830	
	Boot Cover	22,030	
	Face Shield	24,550	
	Head Cover	13,000	
	Hood Cover	11,350	
	Isolation Gown	22,420	

	KN95 Mask	3,890	
	Medical Glove	58,200	
	N95 Mask	34,780	
	Non Medical Glove	16,000	
	Shoe Cover	31,650	
	Surgical 3ply Face Mask	500	
	Tyvek Coverall	11,910	

Volunteers distributing much-needed PPEs to identified facilities in Sabah



*Hospital Kudat*



*Pejabat Kesihatan Penampang*



*Penjara Wanita Kepyayan*

**Essential non-food items** – The provision of non-food items was also deemed as an essential need as it supported the overall operations of the COVID-19 quarantine centres and health agencies in Sabah. MERCY Malaysia delivered a total of 18,078 items were under this aid category, benefitting front liners, COVID-19 patients and public agencies. The items included those needed to carry out disinfection activities at designated red zone buildings and areas (usually undertaken by the state's infectious disease units). Essential non-food item support successfully reduced the burden of the governmental agencies, such as health departments, and ensured that its workers, patients and the overall community were better served and cared for more efficiently.

Volunteers distributing essential non-food items to identified facilities in Sabah

## TYPES OF PROVISIONS

	Bath Towel <b>17</b>	
	Hand Towel <b>200</b>	
	Batik Sarung <b>400</b>	
	Hand Sanitiser (1L) <b>1,900</b>	
	Hand Sanitiser (500ml) <b>9,401</b>	
	Hand Sanitiser (with paddle) <b>3</b>	
	Disinfectant Liquid <b>126</b>	
	Disinfectant Wipes <b>71</b>	
	Rubber Slippers <b>9</b>	
	Hygiene Item <b>767</b>	
	Cleaning Item <b>155</b>	
	Sprayer Pump (3L) <b>1</b>	
	Mist Blower <b>11</b>	
	Medical consumables <b>5,002</b>	
	Germisep Tablet <b>15</b>	
<b>Total 18,078 items</b>		



Hygiene items to Pusat Kuarantin Hospital Labuan



Hand sanitiser stands for front liners in Kota Kinabalu



Stand Thermometer to Pasukan Gerakan Udara, Kota Kinabalu





## At-risk-community livelihood and psychosocial support and logistics

### Funds spent

**RM0.79**  
million

### Type of Aid

Livelihood support in the form of food packs, hygiene kits, and psychosocial support.

### Locations

**50** locations  
- 10 centres  
- 40 distribution locations  
**10** districts

### Beneficiaries

**B40**, vulnerable communities, estate workers, single mothers, children, indigenous and stateless communities, patients in hospitals and quarantine centres

### Objective:

To provide individuals and families from identified communities temporary relief from the burden of losing income due to the MCO in the form of food packs, hygiene kits and psychosocial support.

### Intervention:

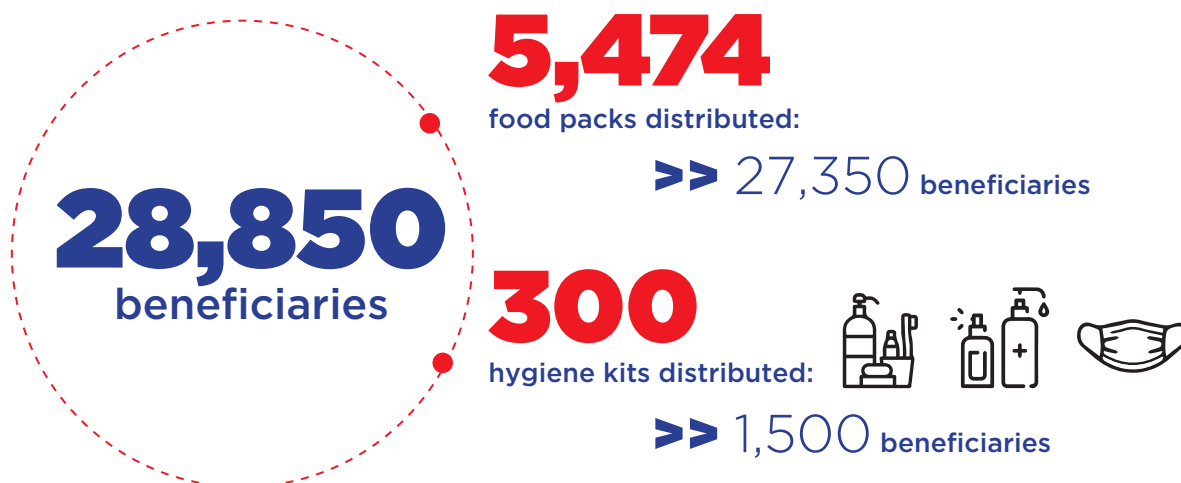
Mobilisation of volunteers to assist in the distribution of food and hygiene kits to identified communities, and setting up psychosocial support hotline.

### Description:

#### Livelihood Support to Affected and Vulnerable Communities

The restrictions on economic activities due to the MCO consequently left a significant negative impact on the wider community – and this burden was most felt by those who

suffered losing their jobs and means of income, in particular the small traders, construction labourers, sawmill workers and other daily wage workers. In addition, those in squatter areas, estates and a large number of migrants also faced the brunt of the pandemic. To relieve their burdens, MERCY Malaysia distributed food packs to the communities and families in need. Based on needs assessment, the food packs were designed to last between two to four weeks and included items such as milk powders for families with children over the age of two. Alongside food, especially within the context of a pandemic, it is imperative that individuals take good care of their personal hygiene; hand hygiene for one, as highlighted by numerous international health organisations such as WHO is a critical component in not only fighting COVID-19 but also preventing the spread of other diseases. As such, in tandem with the distribution of food packs, MERCY Malaysia also distributed 300 hygiene kits.



Distribution of food packs



Kampung Serudong Baru, Tawau



Housing areas, Kota Kinabalu



Vulnerable communities, Kota Kinabalu

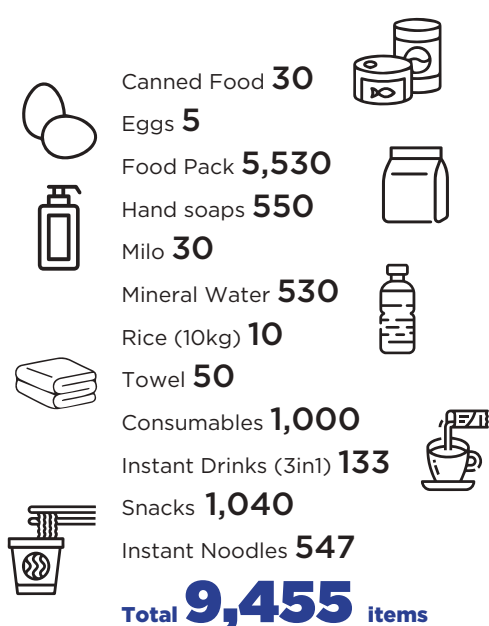
## Food Provisions to Patients in Hospitals and Quarantine Centres

Food essentials and hand soaps were seen to have a positive impact on patients in hospitals and those in COVID-19 quarantine centres respectively. The patients had additional food items while in quarantine/ recovering from the virus, while the quarantine centre were able to maintain good levels of hygiene and sanitation.

**7,905** food items | **1,550** consumables and hand soaps

**6,100** beneficiaries – 3 hospitals and quarantine centres and communities living in districts under Targeted Enhanced Movement Control Order (TEMCO)

### TYPES OF PROVISIONS



### Mental Health and Psychosocial Support (MHPSS) for Sabah

MHPSS was a key element of the Third Wave Response in Sabah. MERCY Malaysia extended its tele-psychology Hotline specifically for those in Sabah – which offered provide mental health and psychosocial support to those affected by the pandemic and MCO. A separate hotline was set up in collaboration with UNICEF specially targeted at supporting children. Site visits to affected communities as well as online and virtual support. (See pages 16 & 17 in Wave 1 for details.)



## Epidemics/ pandemics risk reduction

### Funds spent

RM1.70  
million

### Type of Aid

COVID-19  
testing

### Locations

7 locations

### Beneficiaries

At-risk communities which have an active cluster or are in red zones

### Objective:

Early identification and active testing of COVID-19 cases in high-risk communities to help prevent or slow virus transmission.

### Intervention:

Provide test kits and manpower support to conduct COVID-19 testing among high-risk communities, in consultation with the Sabah Health Department.

### Description:

The uncontrolled outbreak in Sabah consequently led to state authorities performing mass and mobile COVID-19 testing to communities in an effort to control and curb the rate of transmission. This exercise resulted in overstretching and backlog in the MOH's health laboratories. MERCY Malaysia stepped in and supported authorities by conducting COVID-19 testing programmes in red zones, partnering with private health laboratories to analyse and provide the test results. VTM and RTK testing kits were delivered to various areas such as Papar, Semporna, Lahad Datu and Tawau in order to assist and ease the burden of the work of the active case detection unit.

### Types of COVID-19 tests conducted

**TOTAL 33,100 tests**

- 30,600 Viral Testing Medium (VTM)
- 1,000 Rapid Test Kit (RTK)
- 1,500 RT-PCR (polymerase chain reaction)



COVID-19 Screening Test was done in local communities in collaboration with Pejabat Kesihatan Kawasan (PKK).



Kampung Penimbawan and Tenghilan Tuaran



Kampung Tombongon, Kiulu





# COVID-19 Operations Hub

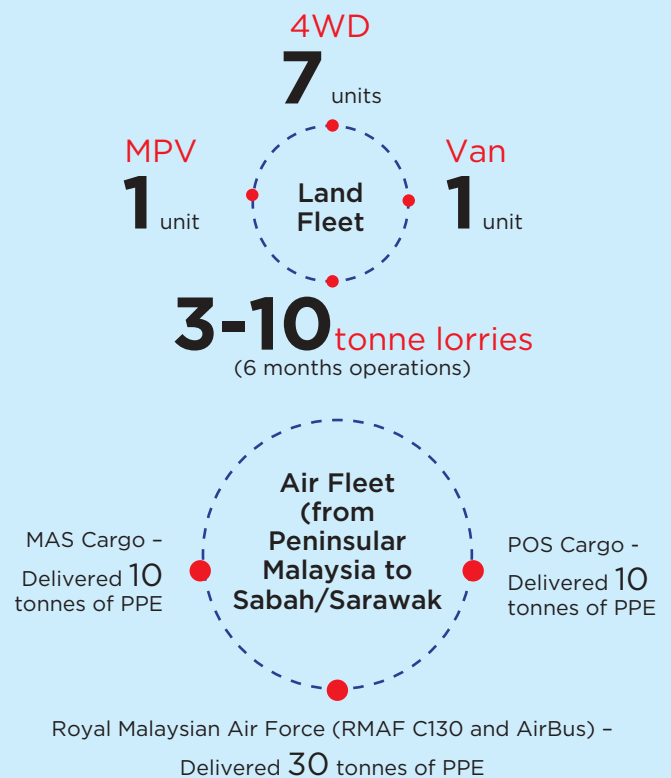
Funds spent	Type of Aid	Types of Operational Support	Beneficiaries
<b>RM0.22</b> million	Operational Support for the Third Wave Operations	<b>2,766</b> activities Representation, planning, coordination, logistics, administration, and finance activities	MERCY Malaysia's COVID-19 Operations Hub (MCOH) and Sabah COVID-19 Operations Hub (SCOH)

A critical success factor for any humanitarian response operation is a physical, fully-functioning and efficient operations centre to control and coordinate all response and relief efforts. Thus having a COVID-19 operations centre is crucial for the smooth-running of MERCY Malaysia's emergency response in terms of representation, planning, coordination, logistics, administration and finance, and in preventing any unnecessary issues from occurring. MERCY Malaysia's COVID-19 Operations Hub (MCOH) had been established since the first wave of Emergency Response in 2020.

The MCOH was instrumental in providing the logistics and coordination support to the on-ground fleet. Manned by five logistics staff and assisted by over 20 volunteers, the centre delivered 2,766 operations support activities handling almost 150 tonnes of relief items including PPE, food and non-food items and equipment to various places in Malaysia including Sabah. The items were delivered via land and air.

A Sabah COVID-19 Operations Hub (SCOH) was established in November 2020 to manage and support the Third Wave Emergency Response efforts. Similar to MCOH, its key roles were representation, planning, coordination, logistics, administrative tasks and finance. The SCOH operated for six months, until April 2021.

## Fleet Management



Staff and volunteers loading and unloading items to be sent from West Malaysia to Sabah



Planning and team communication is critical to ensure the safety and well-being of volunteers and staff





# WAVE 4: RESPONSE 2.0

Providing Critical Support

This section presents the details and deliverables of MERCY Malaysia's COVID-19 Response 2.0



February 2021 - June 2021



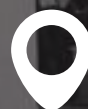
RM 1,747,345



30,100 beneficiaries



**21 communities**  
Hospitals, district offices and  
vaccination centers



**88 locations**  
Throughout Malaysia



# FOURTH WAVE: RESPONSE 2.0

The Third Wave in Sabah had catapulted the number of COVID-19 cases in early 2021, resulting in infections spreading to all states throughout Malaysia. As a consequence, more and more patients were sent to hospitals and health facilities and an alarming number of cases and daily deaths were recorded in the first half of 2021. In efforts to control the spread of infection and the appearance of new clusters, the government ramped up efforts to test at-risk and vulnerable communities. In this regard, MERCY Malaysia was requested to assist the testing of the refugee, migrant worker and stateless communities.

Efforts had been underway by the government to procure and introduce COVID-19 vaccines to the Malaysian front liners, those are high-risk of contracting the virus, and the general public. The National COVID-19 Immunisation Programme (PICK) was announced to commence on 21 February 2021, and again MERCY Malaysia was approached to support vaccine administration efforts. PICK had set a target for 80% of the Malaysian population to be vaccinated by end of 2021.

Relief items such as medical equipment, food packs, operational support worth RM 1,747,344 directly and indirectly benefitting 30,100 beneficiaries, hospitals, district health office and vaccination centers in 14 states.

## RESPONSE 2.0

### OBJECTIVE

**MERCY Malaysia's Response 2.0 focused on responding to MoH's requests to assist health facilities and COVID-19 assessment and vaccination centres and make COVID-19 testing and vaccines more accessible to vulnerable groups living in urban areas (including refugees, migrant workers, stateless) as well as people living in remote/hard-to-reach areas.**



## Response 2.0 Targets



**4** Response Components



Support to be provided to all **14** states across Malaysia


**6** months intensive operations



**RM1.5M**  
financial requirements

# RESPONSE 2.0 PLAN COMPONENTS

Critical preparedness and response support for hospitals, COVID-19 Assessment Centres (CACs), COVID-19 Quarantine and Treatment Centres (PKRCs), COVID-19 Vaccination Centres (CVCs), and District health offices (PKDs)



**Component 1**

**Funds Spent**  
RM 992.1 K

**Locations**  
15 health facilities in Kuala Lumpur, Selangor, Johor, Melaka, Pahang and Penang

**Type of Aid**  
Provision of operational equipment and hardware to expand capacity of health facilities to manage COVID-19 cases

**Beneficiaries**  
Health facilities  
5 hospitals, 9 CVCs and 1 PKD

Operational supplies and logistics support



**Component 2**

**Funds Spent**  
RM 245.5 K

**Locations**  
59 facilities across Malaysia

**Type of Aid**  
Provision of operations supplies

**Beneficiaries**  
Health facilities and detention centres  
Hospitals, health centres, CVCs, PKDs, CACs and detention centres

At-risk communities



**Component 3**


**Funds Spent**  
RM 404.4 K

**Locations**  
14 locations in Kuala Lumpur, Selangor, Negeri Sembilan, Melaka and Terengganu

**Type of Aid**  
Livelihood support - food aid

**Beneficiaries**  
Affected Communities  
B40, indigenous, refugee and single mother communities

State COVID-19 Operations Hub (SCOH) and MERCY Malaysia's COVID-19 Operations Hub (MCOH)



**Component 4**

**Funds Spent**  
RM 104.4 K

**Locations**  
Kuala Lumpur and Sabah

**Type of Aid**  
Representation, planning, coordination, logistics, administration and finance activities

**Beneficiaries**  
MERCY Malaysia's COVID-19 Operations



# COMPONENT 1: CRITICAL PREPAREDNESS, READINESS, AND RESPONSE SUPPORT ACTIONS FOR HOSPITALS, CACS, PKRCS, CVCS and PKDS

## Funds spent

RM  
**922.1** thousand

## Type of Aid

Provision of operational  
equipment and hardware

## Locations

5 hospitals, 9 CVCs and 1 PKD  
in Kuala Lumpur, Selangor, Johor,  
Melaka, Pahang and Penang

## Beneficiaries

Health facilities

## Objective:

Support health and medical facilities through the provision of operational equipment and hardware to increase and expand their capacities to treat COVID-19 patients.

## Intervention:

Operational support to health facilities.

## Description:

As more people were coming to, or being sent, to hospitals and health facilities for COVID-19 treatment, testing and vaccination, these facilities found themselves overwhelmed

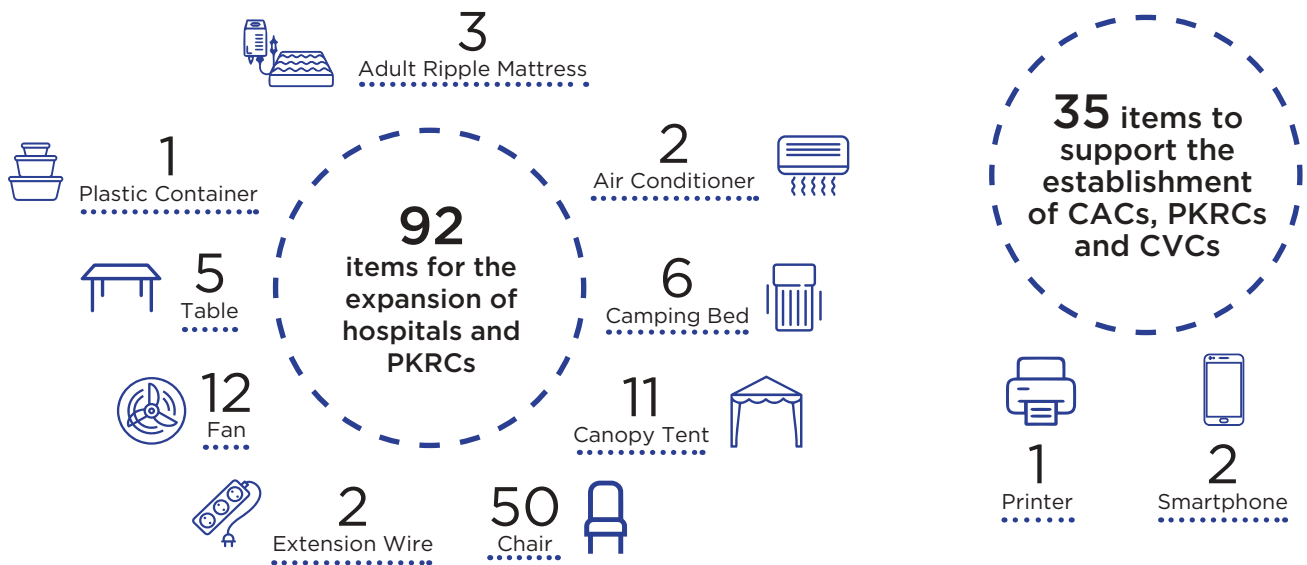
and under-equipped to deal with the increased volume of people coming to their doors. Various relief items and equipment were provided to expand their physical space, as well as help increase their administrative and medical capacities to accommodate more people. These included both medical and non-medical items. These relief items managed to serve five hospitals, nine vaccination centres and one district health office located in six states (Johor, Melaka, Pahang, Penang, Kuala Lumpur, and Selangor).





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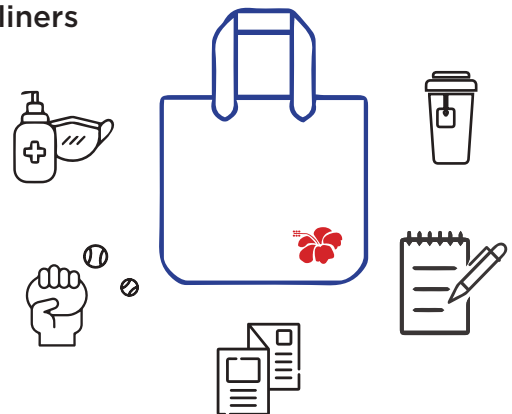
## Hardware and non-medical equipment



2

## Mental health and psychosocial support to front liners

MHPSS online consultations  
MHPSS kits - **50** units





## COMPONENT 2: OPERATIONAL SUPPLIES SUPPORT AND LOGISTICS

### Funds spent

RM  
**245.5** thousand

### Type of Aid

Provision of operations  
supplies

### Locations

**59** locations - hospitals, health  
centres, CVCs, PKDs, CACs and  
detention centres across Malaysia

### Beneficiaries

Health facilities and detention  
centres

### Objective:

To ensure the continuity of health services as an important  
part of infection prevention and control.

### Intervention:

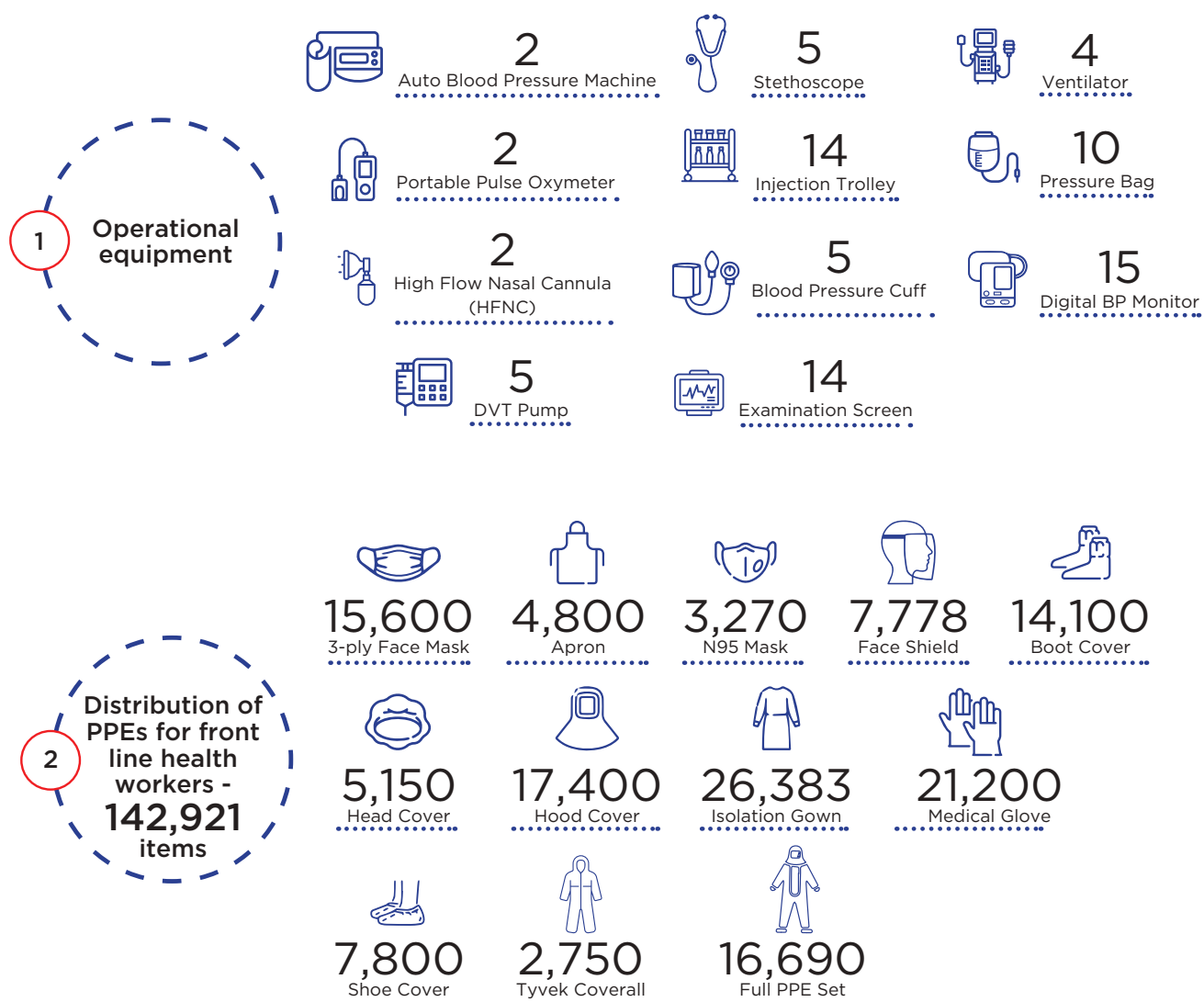
Provision of essential supplies to support operations at  
screening, monitoring, swabbing sites.

### Description:

The continuity of primary health services provided by the  
hospitals and health centres are critical in ensuring the health

and well-being of communities. This need is amplified during  
the pandemic as the health facilities were required to increase  
their services to provide crucial COVID-19 services to detect,  
manage and contain the virus, at the same time continue  
providing non-COVID-19 related services to the general  
public. This response components supports MoH by increasing  
operational capacity at the screening, monitoring, swabbing,  
vaccination centres.

## TYPE OF AID





3  
Essential  
non-food and  
hygiene items  
to hospitals  
and PKRCs -  
**14,881**  
items



**240**  
Alcohol Wipes



**968**  
Hand Sanitiser



**200**  
Hand Towel



**7,567**  
Disinfectant



**170**  
Hygiene Kit



**5,500**  
Non-Medical Glove



**140**  
Toiletries



**96**  
Toothbrush





## COMPONENT 3: AT-RISK-COMMUNITY

### Funds spent

RM  
**404.4** thousand

### Type of Aid

**2,512** food packs  
distributed

### Locations

**14** locations in Kuala Lumpur,  
Selangor, Negeeri Sembilan, Melaka  
and Terengganu

### Beneficiaries

12,560 individuals from affected  
communities - B40, indigenous,  
refugee and single mothers

### Objective:

To provide livelihood support to targeted communities financially affected by the ongoing movement control orders.

### Intervention:

Provision of essential food aid to support livelihood.

### Description:

The tumultuous times of the country being in and out of lockdown for almost one year had caused many from

among the vulnerable communities to lose their jobs or face reduction in income. The alarming increase in positive COVID-19 cases and deaths on a daily basis showed no sight of any easing of the restrictions. The situation put increased pressure on the survival of families. Through this response component, MERCY Malaysia helped to serve and provide livelihood support to underserved communities in Malaysia.



*MERCY Malaysia's food aid was critical in providing immediate relief to families financially affected by the pandemic*



## COMPONENT 4: STATE COVID-19 OPERATION HUB (SCOH) AND MERCY MALAYSIA COVID-19 OPERATION HUB (MCOH)

Funds spent	Type of Aid	Locations	Beneficiaries
RM 105.4 thousand	Enhancing operational capacity to support MERCY Malaysia's functions	14 locations in Kuala Lumpur, Selangor, Negeeri Sembilan, Melaka and Terengganu	Affected communities - B40, indigenous, refugee and single mothers
<p><b>Objective:</b> To enhance operational capacity to support MERCY Malaysia COVID-19 Response 2.0.</p> <p><b>Intervention:</b> Optimising the established facilities of the COVID-19 Operations Hubs at the central and state levels to effectively deliver Response 2.0 activities.</p> <p><b>Description:</b> Having an functional and strategic operations hub is crucial in any emergency response effort. The MERCY Malaysia COVID-19 Operations Hub (MCOH) and Sabah COVID-19</p>			
<p>Operations Hub (SCOH), both established in previous waves (see page 49) are central in managing the organisation's COVID-19 response in terms of representation, planning, coordination, logistics, administration and finance. They also contribute to greater efficiency and effectiveness in staffing and fleet management, as well as in rental and maintenance of equipment and office supplies.</p>			



Anticipating the greater need for PPEs, MERCY Malaysia had embarked on a proactive PPE procurement and stockpiling project at the MCOH in the recovery wave (see page 36). This ready supply of PPEs allowed MERCY Malaysia to provide immediate response and distribute PPE items to 4,324 front liners in this fourth wave. The operation centres served to facilitated more efficient coordination and delivery of MERCY Malaysia's assistance to targeted front liners and communities.







# WAVE 5: THE HEIGHT OF THE PANDEMIC

Full Movement Control Order

This section presents the details and deliverables of MERCY Malaysia's Full Movement Control Order (FMCO) Preparedness and Response Plan



May 2021 – December 2021



RM 8.67 M



213,363 beneficiaries



21 communities  
vulnerable communities



250++ locations  
Across Malaysia

# FIFTH WAVE: PREPAREDNESS AND RESPONSE



**Treatment for critical COVID-19 patients necessitated facility expansion and health care operational support to lessen the stress on hospitals and health facilities nationwide.**

The Government of Malaysia again announced and implemented a second full lockdown for the country from 1 June 2021. The decision for the Full Movement Control Order (FMCO) was made after the country crossed the 8,000 mark in daily cases and active infections had reached a staggering 70,000 cases. The spikes in daily and active cases caused extreme stress on hospitals nationwide, increasingly diminishing their capacities to treat COVID-19 patients.

An extremely alarming feature of this fifth wave was the possibility of stronger and deadlier variants of the COVID-19 virus emerging on the scene, which would be catastrophic to the stability of pandemic management efforts nationwide. Malaysia's infection rate (R-naught) had also continued to climb, past the benchmark 1.0, and the country's statistics showed more actual cases compared to worst-case scenario forecasts previously projected by the authorities.

Responding to this scenario, and in keeping in line with its aim to support the nation in the fight against COVID-19, MERCY Malaysia activated its **Full Movement Control Order Preparedness and Response Plan (FMCO-PRP)** to help support the country's healthcare system from total collapse,

where assistance and support would be given to the Health Ministry to raise the capacity of hospitals nationwide.

This project was known as MERCY Malaysia's Hospital Surge Capacity programme.

Harnessing on its previous and extensive 20-year experience in crisis and emergency preparedness and response, MERCY Malaysia's assessment team went to work to identify the immediate impacts of the FMCO to the country. An immediate response plan was then designed based on the findings, with programme components put in place to help cushion the impacts identified (see next page).

As with all NGOs efforts during this time, the aid assistance and deliverables were coordinated with the Ministry of Health, CPRC, NADMA, and the Department of Social Welfare Malaysia (JKM). MERCY Malaysia also worked (and continues to do so) closely with the COVID-19 Immunisation Task Force (CITF) for programmes on vaccination.

# FMCO Impact and Proposed Response Components

Impact of FMCO to the country	Response plan components
Demand for medical facilities expansion support to help treatment and quarantine	Health facility expansion
Higher health and medical support for critical COVID-19 patients at hospitals and treatment centres	Health care operational support
Increased need for reliable, continued, and regular basic necessities and livelihood assistance	Distribution of food and non-food items to support basic needs
Growing need for capacity support and resource mobilisation to the country's COVID-19 Immunisation Task Force (CITF)	Support National COVID-19 Immunisation Programme (PICK)
Increased reports of mental health issues like depression, loneliness and anxiety among community and health-care workers	Psychological First Aid (PFA) support to front liners, school children and teachers
Risk communication challenges including confusion and frustration over the COVID-19 crisis, FMCO, access to vaccines and related circumstances	Risk communication and community engagement (RCCE).

The response components are aligned with, or are a continuation of, the components of MERCY Malaysia's COVID-19 SPRP and Recovery Plans implemented in 2020. A new component critical in this fifth wave was supporting the national immunisation initiative or PICK. The PICK is of priority as its key aim is to bring the country towards achieving herd immunity.

## Full Movement Control Order Preparedness and Response Plan (FMCO-PRP)



### FMCO-PRP Targets

**6**  
components



**16**  
response activities



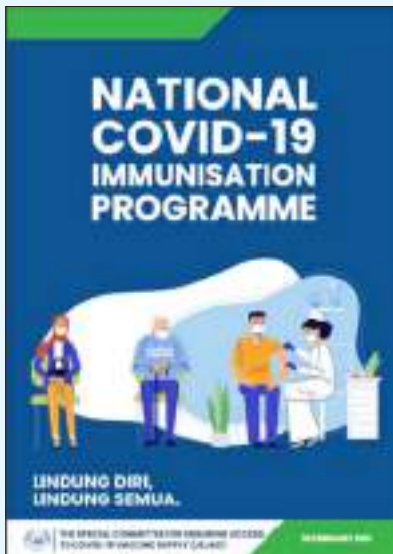
**08**  
months intensive  
operations



**RM7.5 M**  
financial requirements



# National COVID-19 Immunisation Programme (PICK)



***“A whole-of-Government and whole-of-society approach has been adopted, which involves numerous Ministries and Government Agencies, State Governments, Non-Governmental Organisations (NGOs), the private sector and members of the community to ensure the programme achieves its target.”***

YB Dato' Sri Dr Adham Baba Minister of Health Malaysia  
YB Khairy Jamaluddin Minister of Science, Technology and Innovation  
Co-chairs of the Special Committee for Ensuring Access to COVID-19 Vaccine Supply (JKJAV)

The PICK was launched by the Malaysian government on 18 February 2021, and the first dose was administered on 24 February 2021. By end December 2021, the country had achieved over 75% vaccination of its total population, and booster doses have started to be administered.

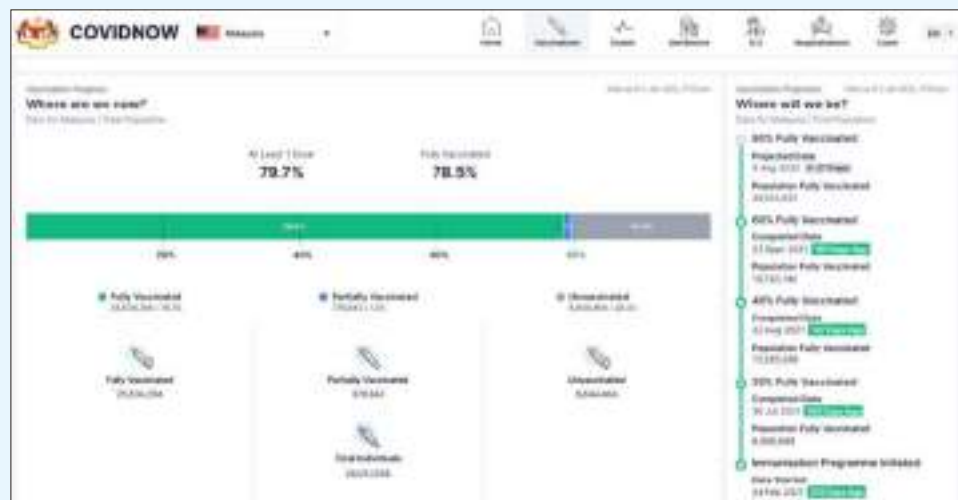
In July and August 2021, the daily vaccines administered was between 400,000 to 500,000 doses, peaking at 582,368 doses on 28 July 2021.

Source:  
<https://covidnow.moh.gov.my/vaccinations/>



Statistics on 5 January 2022 show the vaccination rate in Malaysia was 78.5% fully vaccinated (with two doses). The Ministry of Health projects to achieve 80% of country's population fully vaccinated by August 2022.

Source:  
<https://covidnow.moh.gov.my/vaccinations/>









# MERCY Malaysia supports COVID-19 Immunisation Task Force (CITF)

MERCY Malaysia mobilised its dedicated team of volunteers to provide the much-needed support to the CITF in the aim to achieve herd immunity. The medical and non-medical volunteers were dispatched to serve the community in many Vaccination Dispensing Centres (or Pusat Pemberian Vaksin - PPV). The volunteers started conducting door-to-door vaccination in June 2021, focusing on people who were unable to go to the designated PPVs for their vaccine shots. These include bedridden, disabled and sick patients.

This **high value - high impact** programme directly supported the national immunisation programme, contributing to increasing community resilience towards achieving herd immunity for the country.



# FMCO-PRP Components

Component	Funds spent	Locations	Type of Aid	Beneficiaries
<b>Health facility expansion</b>  <b>Component 1</b>	RM 4.8 M	13 hospitals in Sabah, Selangor, Melaka, Johor, Penang and Sarawak	Provision of medical and COVID-19 related equipment and facilities	Hospitals and health facilities
<b>Healthcare operational support</b>  <b>Component 2</b>	RM 0.46 M	88 locations, across Malaysia	Operational and manpower support	Hospitals, health facilities, front liners and targeted communities
<b>Food and non-food items to support basic needs</b>  <b>Component 3</b>	RM 1.03 M	103 locations, across Malaysia	Basic support in terms of food and non-food items	At-risk communities and front liners
<b>National COVID-19 Immunisation Programme</b>  <b>Component 4</b>	RM 1.32 M	36 locations, across Malaysia	Mobilisation of volunteers	Vaccination centres and health facilities
<b>Psychological First Aid (PFA) support to front liners, school children and teachers.</b>  <b>Component 5</b>	RM 0.85 M	Physical and online sessions/ training, as well as virtual help lines and consultation sessions	Mental health and psychosocial support and consultation, as well as physical and online training	Vulnerable groups Children and families from vulnerable communities
<b>Risk communication and community engagement (RCCE).</b>  <b>Component 6</b>	RM 0.03 M	Physical and online (social media, website and MERCY Malaysia's activities)	Pandemic risk reduction programmes and production and dissemination of RCCE messages	General public and targeted communities

## HERD IMMUNITY

### What is Herd Immunity?

Herd immunity is the indirect protection from an infectious disease, where a sufficient proportion of the population has achieved immunity against a certain disease through vaccination.

### Why we need Herd Immunity?

Herd immunity > significantly reduces the opportunity for the disease to spread within the community.  
Herd immunity > offers protection to those in the community that cannot be vaccinated such as new-borns and those with contraindications for the vaccines.

### How to achieve Herd Immunity?

A substantial proportion of the population would need to be vaccinated. For COVID-19, it is very likely that countries will require at least 75-85% of the population to be vaccinated.





# COMPONENT 1: Health facility expansion

## Funds spent

RM  
**8.14** million

## Type of Aid

Provision of medical and COVID-19 related equipment and facilities

## Locations

13 hospitals in Sabah, Selangor, Melaka, Johor, Penang and Sarawak

## Beneficiaries

Hospitals and health facilities (ICU/wards/ assessment centres, low-risk quarantine centres and vaccination centres)

## Objective:

To help increase the capacity of hospitals and health care facilities in their response and management of the sudden spike of COVID-19 cases.

## Intervention:

Procurement, delivery and setting-up of medical equipment and COVID-19 facilities such as field hospitals, Pusat Kuarantin dan Rawatan COVID-19 (PKRCs), COVID-19 Assessment Centres (CACs) and Pusat Pemberian Vaksin (PPVs)

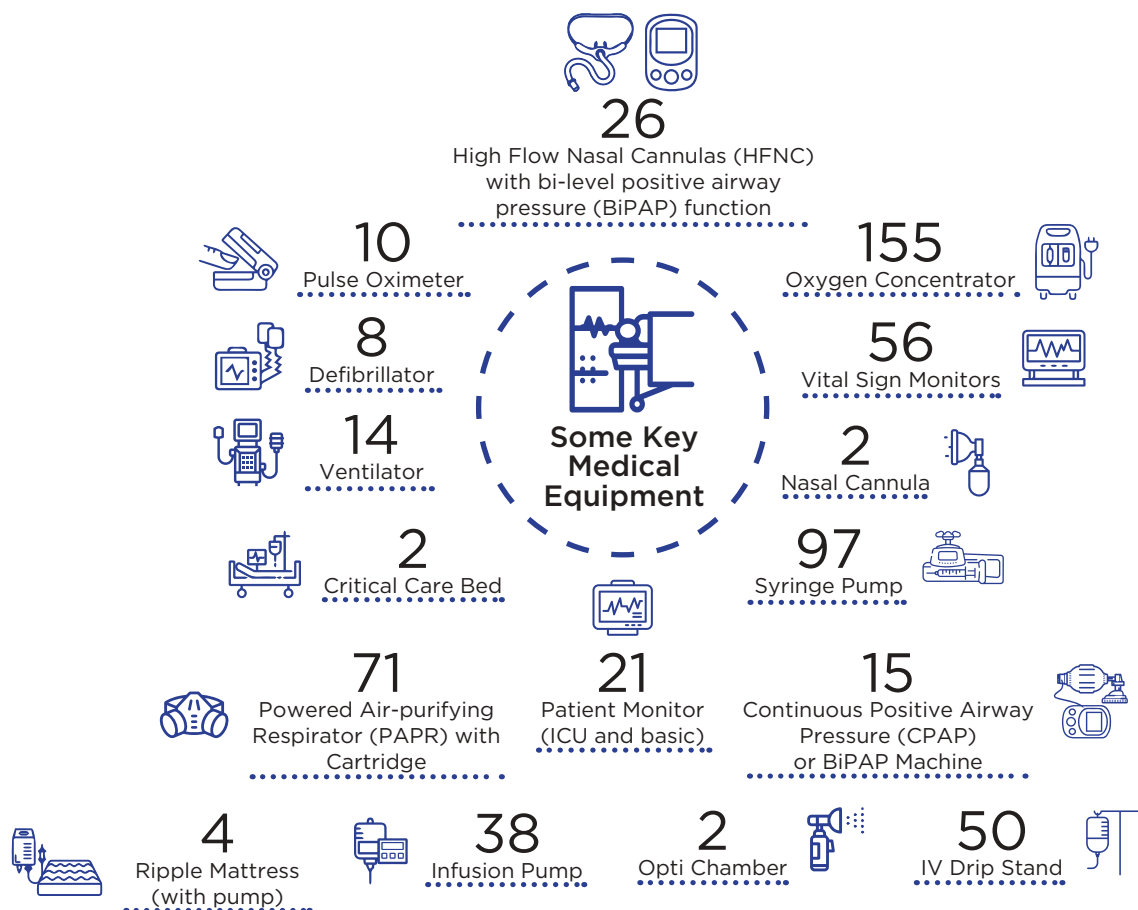
## Description:

The huge spike in cases in 2021 stretched the resources of many hospitals and health care facilities in terms of both scarcity of equipment and space, greatly diminishing their capabilities to provide the needed services and urgent health care needed by the huge increase in the number of patients admitted for COVID-19 daily.

## Hospital Expansion:

### Increasing treatment areas and facilities

**RM 4.5 million** spent on providing medical equipment to hospitals and health facilities that were in dire need of specialised and costly medical equipment.



## **Hospital Expansion: Increasing treatment areas and facilities**

The existing hospital space and facilities were insufficient to meet the patient demands. MERCY Malaysia supported by expanding the hospital's capacity through the setting up of new spaces to receive, provide care and treat incoming patients, including the setting up of transit ICU field hospitals. Funds were utilised to facilitate this expansion through, among other things, the purchase of tents, beds, chairs, tables, fans, air-conditioning units, EMT (emergency medical team) assets, laptops, electronic tablets, handphones, chillers, refrigerators, pillows, blankets and bedsheets.



## **MERCY Malaysia's Hospital Surge Capacity: Generosity at time of need**

On the one hand, MERCY Malaysia's emergency response teams were on the ground supporting the hospitals which were grappling with the stress of insufficient resources and facilities to meet the needs of those brought to their doors. The emergency situation became even more pronounced with further spikes in the number of cases being sent to hospitals and health facilities.

On the other hand, MERCY Malaysia was still receiving generous funds from corporate donors for the purpose of assisting in the efforts to expand the capacity of the hospitals and health care facilities treating COVID-19 patients. A big-hearted donation received in July 2021 allowed MERCY Malaysia to further increase the number of hospital expansion projects to hospitals and health care facilities, aptly named the 'hospital surge' project.

The continuous funds received has allowed MERCY Malaysia to continue supporting the nation's recovery efforts as the country moved from the FMCO into the Recovery 2.0 phase of the pandemic in 2021.



*Field hospital (with 100-bed capacity) constructed at Hospital Tengku Ampuan Rahimah, Selangor*



Field hospital constructed at Labuan Hospital, Sabah, in coordination with the Malaysian Armed Forces

	Hospital	State	Duration (Month)	Cost (RM/million)	Expansion (Type of Facility)
1	Hospital Tengku Ampuan Rahimah	Selangor	4	1.819	COVID-19 transit ward for ETD (for category 4 & 5) 100-bed capacity
2	Hospital Umum Sarawak	Sarawak	3.5	0.543	COVID-19 transit ward for ETD (for category 1 & 2) 100-bed capacity
3	Hospital Melaka & JKN Melaka	Melaka	3.5	0.452	COVID-19 transit ward for ETD (for category 2 & 3) 100-bed capacity
4	Hospital Labuan	Sabah	1	0.337	Field ICU ward (for category 1 & 2), in collaboration with Malaysian Armed Forces 100-bed capacity
5	Hospital Miri	Sarawak	2	0.200	COVID-19 transit ward for ETD (for category 1 & 2) 100-bed capacity
6	Hospital Kulai	Johor	2	0.134	COVID-19 step-down unit
7	Hospital Bukit Mertajam	Penang	1	0.086	Increase existing ETD capacity additional 100-beds
8	Hospital Seberang Jaya	Penang	2	0.073	COVID-19 transit ward for ETD (for category 1 & 2) 100-bed capacity
9	Hospital Kuala Lumpur	Kuala Lumpur	-	0.249	Conversion of old paediatric ward to COVID-19 ward 100-bed capacity
10	Hospital Kuala Lumpur	Kuala Lumpur	-	1.489	Conversion of maternity ward to COVID-19 staff ward 64-bed capacity
11	Hospital Sultanah Nur Zahirah & JKN Terengganu	Terengganu	-	0.133	PKRC Bersepadu (COVID-19 transit ward for category 2 & 3 with comorbidity, and category 4 treatment)
12	Hospital Temenggong Seri Maharaja Tun Ibrahim, Kulai	Johor	-	0.12	COVID-19 step-down Unit





## COMPONENT 2: Healthcare operational support

### Funds spent

RM  
**0.56** million

### Type of Aid

Operational and manpower support to MOH and health facilities

### Locations

**88** locations, Kuala Lumpur, Selangor, Johor, Pahang, Perak, Penang, Johor, Sabah, Melaka, Negeri Sembilan, Kelantan

### Beneficiaries

Hospitals, health facilities, front liners and targeted communities

### Objective:

To support MOH in ensuring the continuity of health services by increasing the manpower capacity for screening, vaccinating, and monitoring, as well as providing essential supplies which are required in efforts for infection prevention, control and response.

### Intervention:

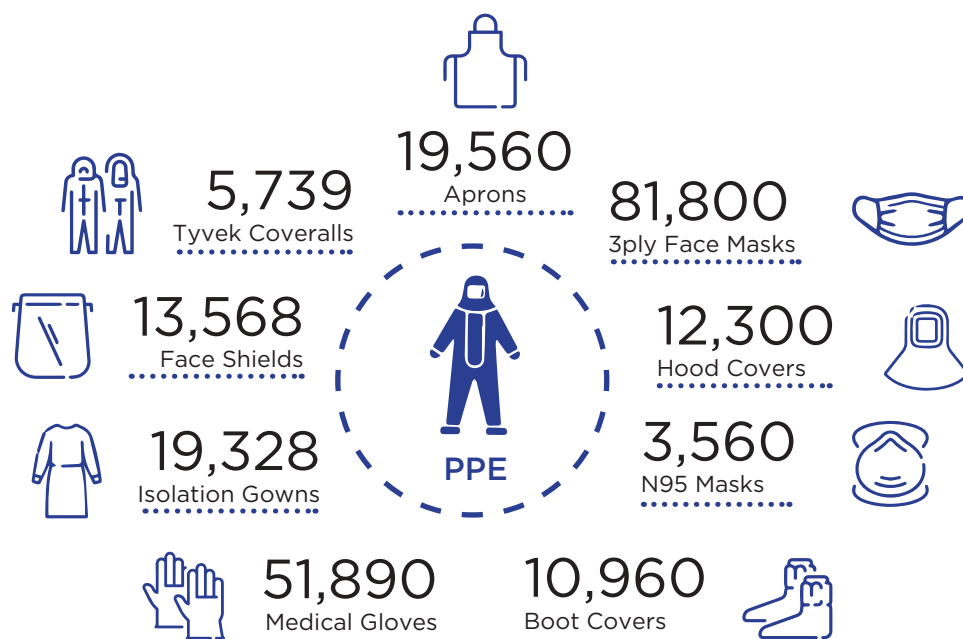
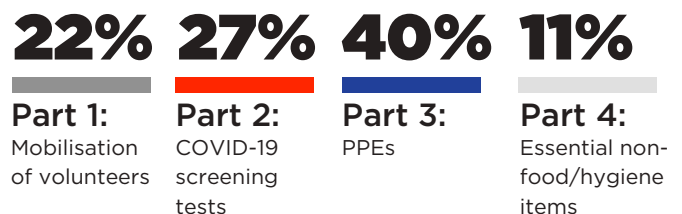
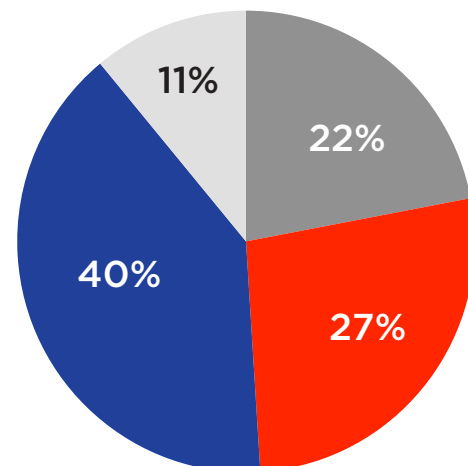
Provision of PPE, COVID-19 tests and non-medical equipment as well as operational support items and volunteers for medical and non-medical tasks.

### Description:

The spike in cases in 2021 also resulted in a huge shortage of operational resources to support the continuous work and activities of front liners and response efforts. There were shortages in manpower supply, as well as non-medical items such as PPE, COVID-19 test kits and hygiene items such as sanitisers, soaps, disinfectants, medical consumables and cleaning items.

**4,334** volunteers were mobilised throughout the whole FMCO period.

### TYPES OF OPERATIONAL SUPPORT



*PPEs delivered to 88 locations in various states – hospitals, health departments and health facilities, CACs, local authorities and agencies, quarantine centres, vaccination centres, schools and educational institutions, vulnerable group associations etc.*



*CAC, Klinik Kesihatan Batu Arang, Selangor*



*Ibu Pejabat Polis Daerah Putrajaya*



*PPV Bagan Datoh Perak*



*Hospital Labuan, Sabah*



*Pejabat Kesihatan Daerah Kuala Kangsar, Perak*



## COMPONENT 3:

### Food and non-food items to support basic needs

Funds spent	Type of Aid	Locations	Beneficiaries
RM <b>1.025</b> million	Livelihood support - food packs	<b>103</b> locations across Malaysia	At-risk communities

#### Objective:

Provide livelihood support to targeted communities affected by the FMCO and pandemic.

#### Intervention:

Distribution of food packs to at-risk and vulnerable communities

#### Description:

##### Essential food aid at time of need

The prolonged FMCO brought dire consequences on the income sources and livelihoods of many communities. MERCY Malaysia, through the generous donations of donors and supporters, was able to provide essential food aid to communities which are usually left in the lurch and not as easily accessible during their time of need. Food packs were also provided to ambulance drivers who worked tirelessly during the FMCO responding and transporting patients from their homes to hospitals and quarantine centres and COVID-19 facilities.



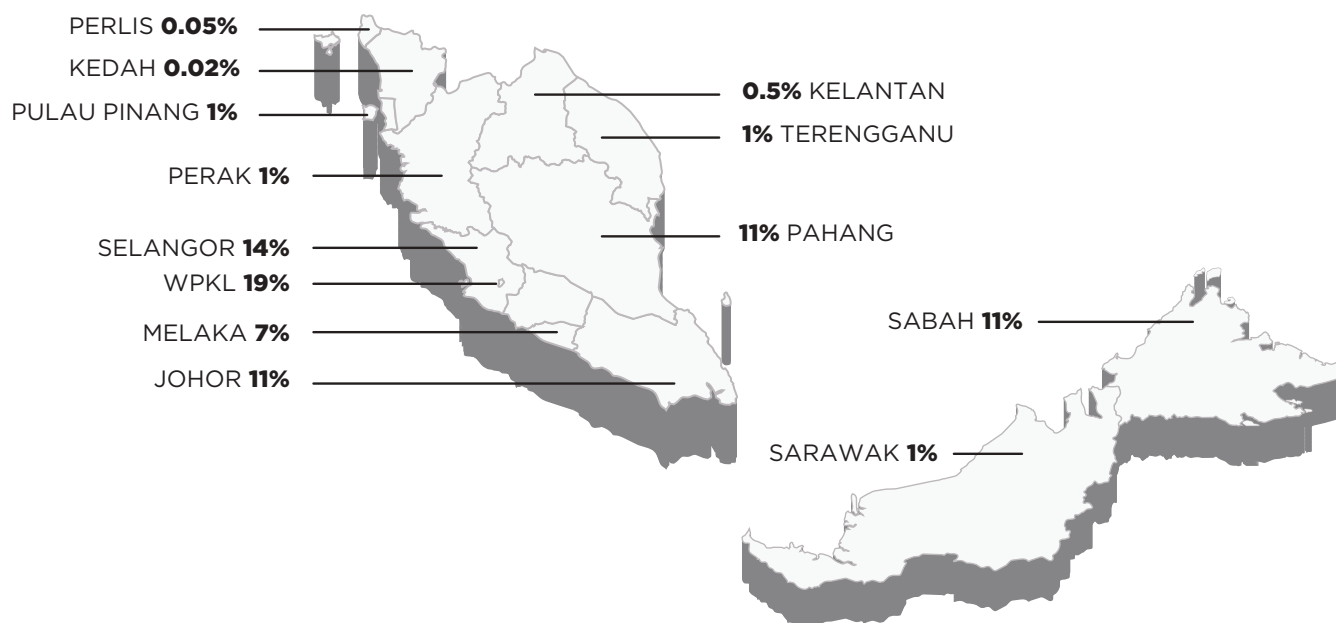
**10,250** food packs



**13** states



**8** key donors



<b>WP KL</b>	B40 communities, migrants, refugees, front liner's families
<b>SELANGOR</b>	Rural areas, B40 communities, migrants, Orang Asli
<b>JOHOR</b>	Rural areas, B40 communities
<b>SABAH</b>	Rural areas, B40 communities
<b>PAHANG</b>	Orang Asli, B40 communities, shelter homes
<b>MELAKA</b>	Front liner's families, B40 communities

<b>PERAK</b>	Shelter homes, B40 communities
<b>PULAU PINANG</b>	Refugees, B40 communities
<b>TERENGGANU</b>	B40 communities, rural areas, asnaf
<b>SARAWAK</b>	Rural areas, B40 communities
<b>KELANTAN</b>	Rural areas, B40 communities
<b>PERLIS</b>	Rural areas, B40 communities
<b>KEDAH</b>	Rural areas impacted by flood and COVID



## DISTRIBUTION OF FOOD PACKS TO COMMUNITIES



*While food packs are not a long-term solution, they provide much-needed relief and temporarily alleviate the physical and mental stresses arising from loss of income and reduced economic activities. Food packs assure that families from the at-risk and vulnerable communities are able to eat during these challenging times. Food packs also display the generosity of Malaysians (individuals and corporates alike) in helping others in times of need.*

## DISTRIBUTION OF FOOD PACKS TO FRONT LINERS





## COMPONENT 4: National COVID-19 Immunisation Programme

### Funds spent

RM  
**0.132** million  
Project is still ongoing  
until 2022.

### Type of Aid

Mobilisation of  
volunteers

### Locations

**36** locations,  
Semenanjung  
Malaysia

### Beneficiaries

Vulnerable communities,  
hospitals and health facilities,  
detention and quarantine  
centres, and social sector centres

### Volunteers

**491** volunteers

### Objective:

Support the national COVID-19 vaccination strategy of immunising 80% of total Malaysian population, towards achieving herd immunity for the country.

### Intervention:

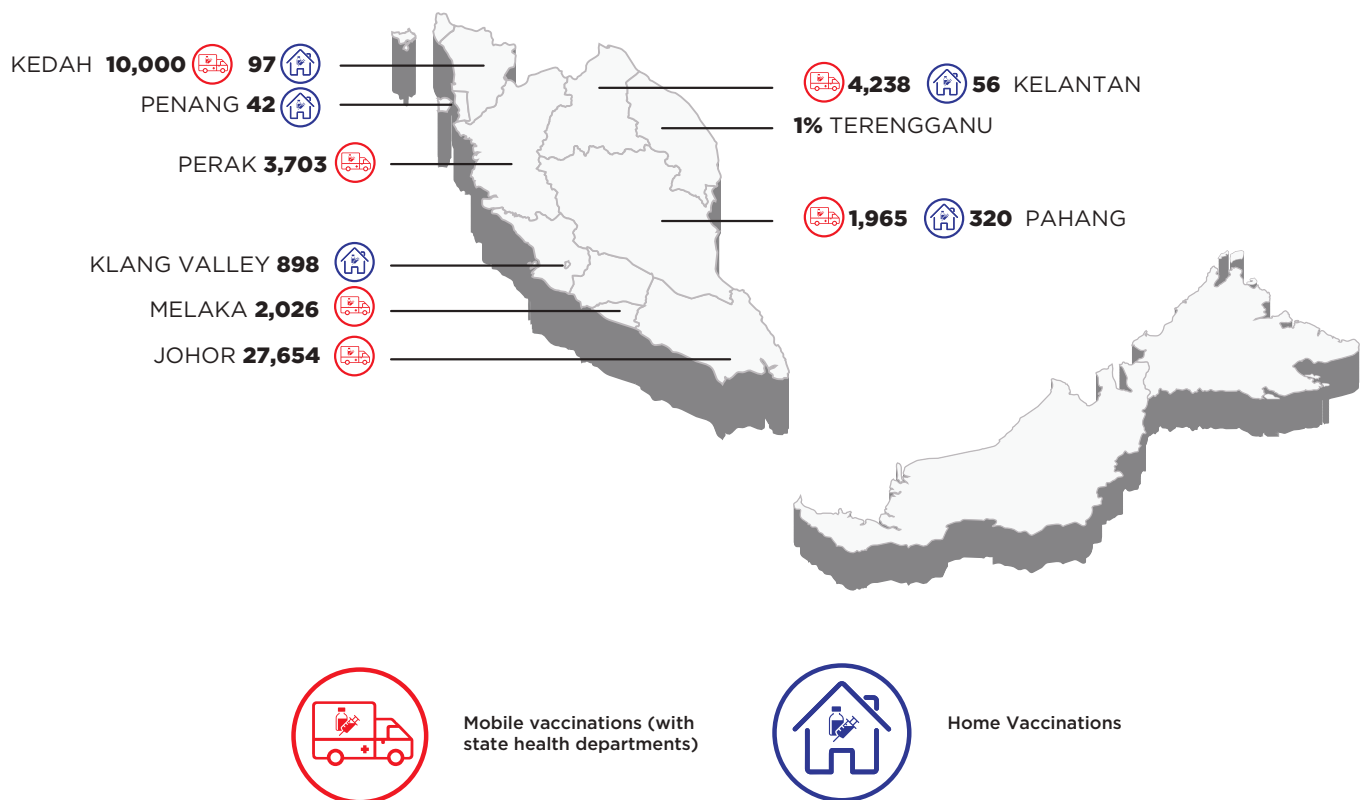
Mobilisation of state chapters (volunteers and vaccination centres) to conduct outreach and registration of citizens and non-citizens from among the vulnerable and less accessible communities to be included in the National COVID-Immunisation Programme (NCIP).

### Description:

The government launched PICK on 18 February 2021 and the first vaccination was administered on 24 February 2021. The PICK was carried out in stages based on categories and priority, starting from front liners, elderly, sick and vulnerable individuals to the general Malaysian population (citizens and non-citizens).

A key challenge in the implementation of the PICK is the outreach to those in remote locations and those undocumented, refugees, stateless, migrant and other similar communities. MERCY Malaysia, in the course of its humanitarian work as one of the leading NGOs in the country, has established a long relationship with these communities, and was thus in a good position to support the government in these outreach efforts.

With the funds received from donors, MERCY Malaysia was able to mobilise 11 state chapters (with an estimated 40 volunteers per state) to participate and conduct outreach to support the vaccination programme. Mobile vaccination clinics were organised to serve the undocumented people, refugees and stateless people in selected states, and home vaccination sessions were organised to serve the elderly, bedridden, and senior citizens.







## COMPONENT 5: Sustainable mental health and psychological support

### Funds spent

RM  
**0.584** million

### Type of Aid

Mental health and psychosocial support to communities using various mediums and touchpoints

### Locations

Physical, online and virtual help lines and consultation sessions

### Beneficiaries

**7,286** individuals including families, elderly, staff, volunteers, and general public

### Objective:

To provide mental health and psychosocial support (MHPSS) to families and communities suffering from the effects and stresses of the FMCO and COVID-19 pandemic.

### Intervention:

Physical and online training or workshops on Psychological First Aid (PFA) and other MHPSS-related topics and providing various avenues for people/communities to reach out to get support via helplines, online webinars and virtual consultation sessions.

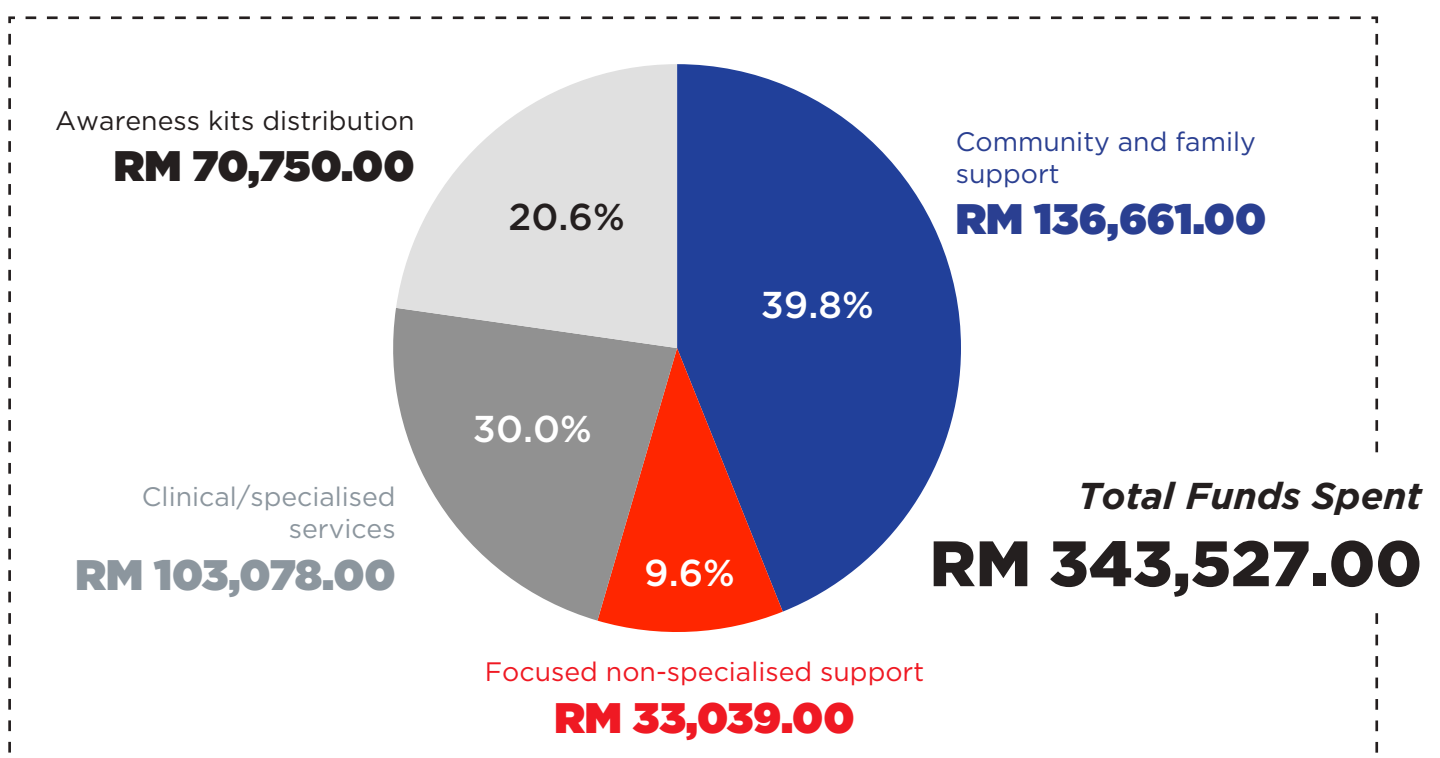
### Description:

The increasingly alarming and uncontrolled spread of the virus combined with the many pandemic-related uncertainties (such as the full lockdown that necessitated being confined in homes, limited social interactions, a halt on schooling for children, unemployment, and exposure to safety and health risks), seemed to have no clear end in sight. In anticipating the gradual impact and mental fatigue of the full lockdown on the mental health and well-being front liners and the general population, MERCY Malaysia continued its critical MHPSS interventions.

The resources and activities from the previous response and recovery plans continued to be used to create awareness and provide support for mental health and well-being. These include various avenues for people/communities to reach out to get support via helplines, online webinars and consultation/psychotherapy sessions. On top of that, physical and online training and workshops via FB Live and Zoom, on Psychological First Aid (PFA) and other MHPSS-related topics, were conducted to benefit the elderly, caregivers, adolescent, front liners and other identified groups. Communal food packs and mental health kits were also distributed to the elderly and COVID-19 patients.

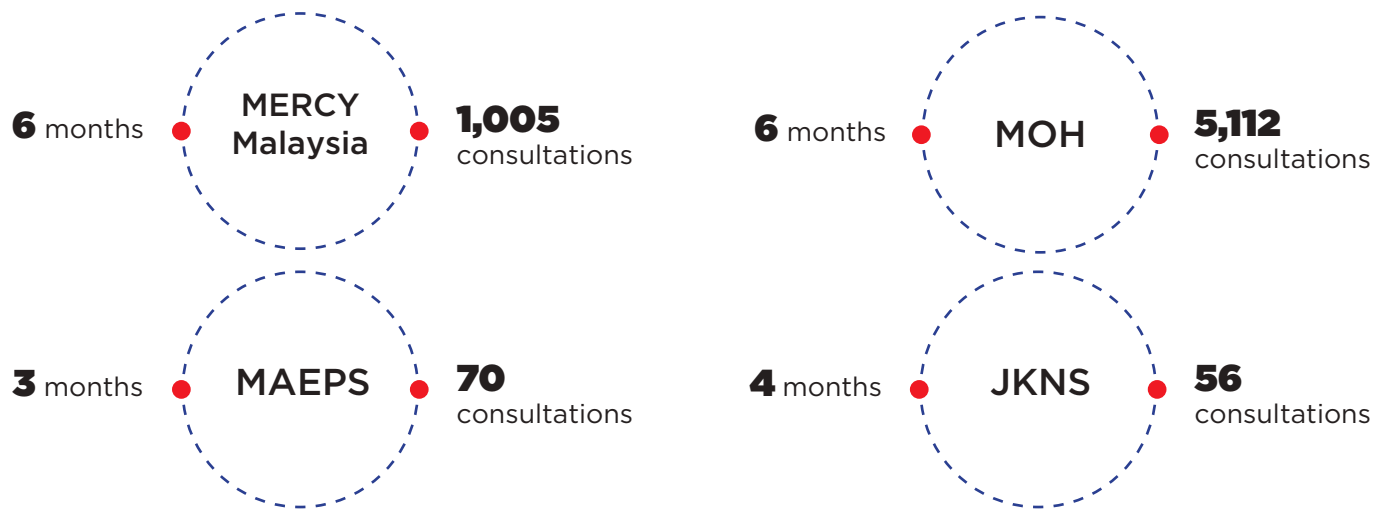


Three Workshops on Building Adolescents' Resilience were organised, attended by 242 students



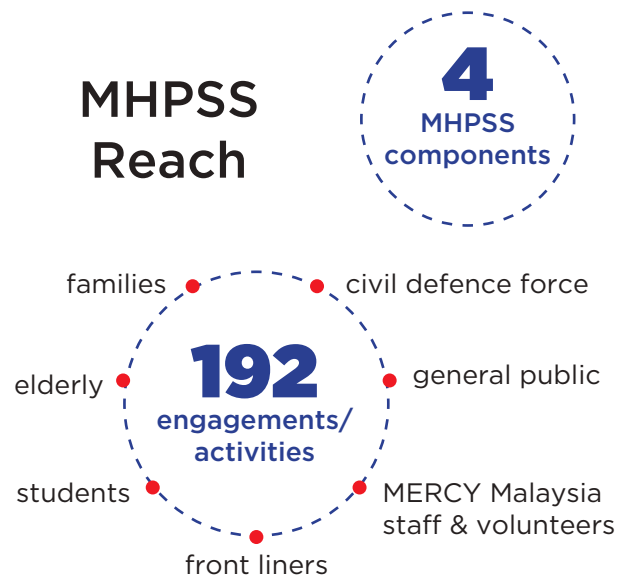


## Psychosocial Helpline Support



Psychological First Aid training was provided to Helpline volunteers and front liners. MERCY Malaysia and MOH established MHPSS Helplines to support the general Malaysian public. Two other dedicated helplines were available to support front liners at quarantine centres in Selangor - MAEPS from June to August 2021, and Jabatan Kesihatan Negeri Selangor (JKNS) Hotline from July to October 2021.

## MHPSS Reach



MHPSS COVID-19 Support Group and Registration for Group Therapy posters were posted on Facebook for greater reach and visibility.





## COMPONENT 6: Risk communication and community engagement (RCCE)

### Funds spent

RM  
**34** ++ thousand

### Type of Aid

Pandemic risk reduction programmes and production and dissemination of RCCE messages

### Locations

Physical and online (social media, website and MERCY Malaysia's activities)

### Beneficiaries

Local government authorities, at-risk communities, schools and general public

### Objective:

To support government efforts to ensure communities are well-informed on the COVID-19 risks as they transition from the recovery to the endemic phase.

### Intervention:

Production and dissemination of targeted messaging to increase awareness on COVID-19 related information, and organisation of pandemic risk reduction programmes.

### Description:

Risk communication and community engagement (RCCE) is a critical component in all MERCY Malaysia's interventions. With its high visibility in the Malaysian public space, as well as supportive community of donors, MERCY Malaysia is able to disseminate key COVID-19 related messages to targeted communities and general public.

At the same time, as part of its BRC approach, MERCY Malaysia also emphasises community engagement and preparedness to face future risks. This component therefore looks at conducting such programmes for local authorities.

A pilot pandemic risk reduction programme for at-risk communities (CBDRM-P) was conducted in 2021. However, due to the FMCO restrictions on physical gatherings, many of the targeted deliverables under this component are planned for implementation in 2022.



*The pilot CBDRM-P programme was successfully conducted in Rembau in October 2021. The programme consisted of a Training of Trainers (ToT) session for local government agencies followed by a workshop for the Kampung Tanjung Sena, Rembau community members.*









# MERCY MALAYSIA VOLUNTEERS

Stories of Compassion

Serving selflessly throughout the pandemic, the MERCY Malaysia volunteers from various backgrounds and professions are united in their goal to serve those most in need. The impact of our work can only be achieved with the generosity of donors and stakeholders and the perseverance and dedication of our valued volunteers. This section presents some stories of compassion contributed by these behind-the-scene heroes.

# VOLUNTEERS: STORIES OF COMPASSION

*“Humanitarian work, whether done on a voluntary basis or professionally, is very rewarding by itself. Whether you are a volunteer, or staff member of any voluntary organisation, there is fulfilment and reward that you cannot replace with material gain.”*

Dato' Dr. Ahmad Faizal Mohd Perdaus

**over 4,500** volunteers deployed for  
MERCY Malaysia COVID-19 operations

(as at Nov 2021)



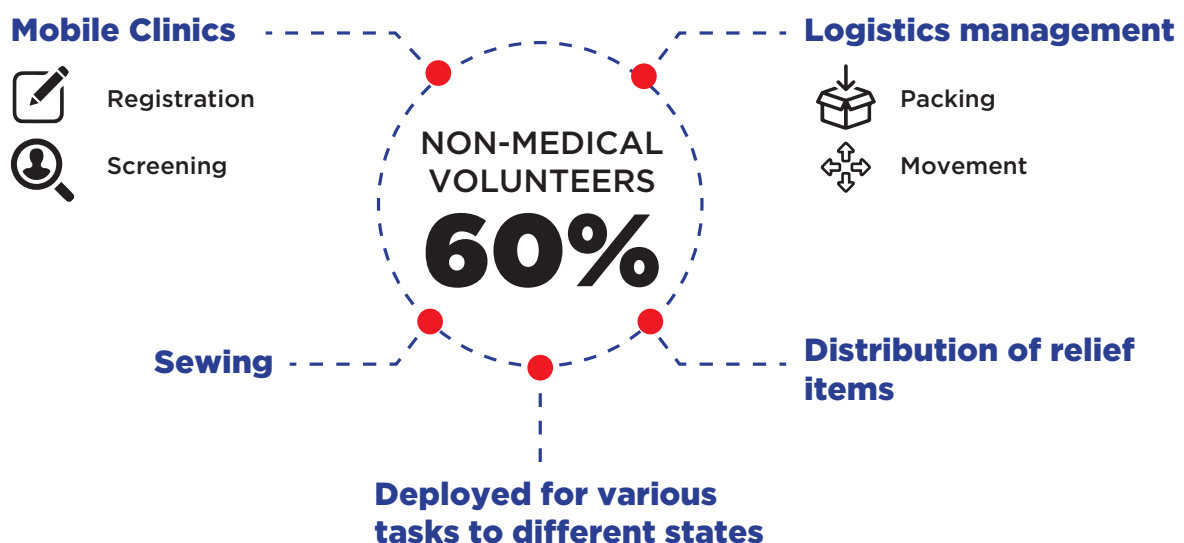
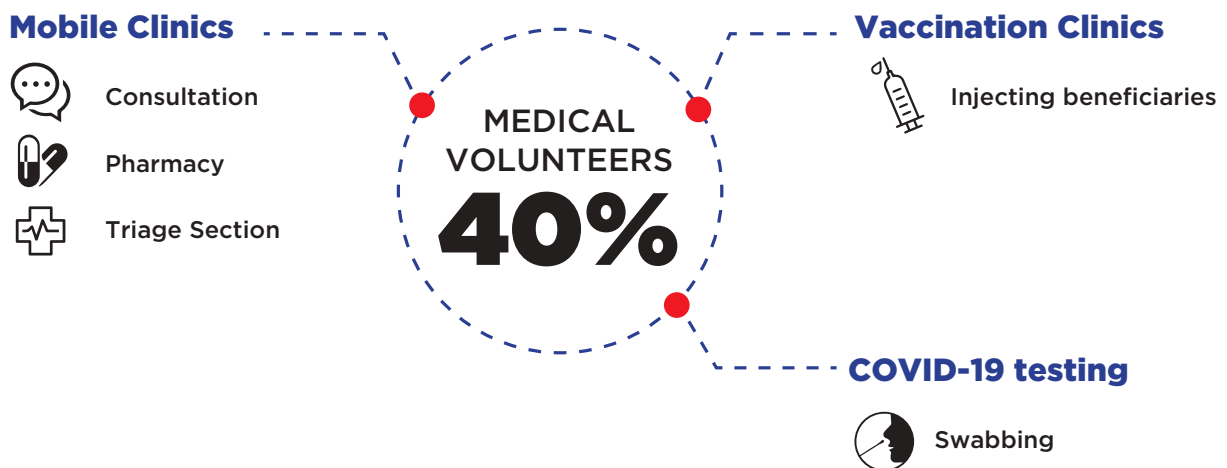
## A ROUND OF APPLAUSE

Our humanitarian heroes who have willingly put themselves on the front line to help our target communities certainly deserve a round of applause – for their commitment and perseverance through these tough times. Needless to say, without the help of our dedicated volunteers, it is impossible for MERCY Malaysia to operate in the wide-reaching capacity that we do.

It is the generosity of our donors and selfless humanitarian spirit of our volunteers that allow MERCY Malaysia to deliver quick and efficient emergency response and recovery activities in supporting the nation in

the fight against COVID-19. The dedication of our volunteers is admirable. Coming from various backgrounds, ages and professions, all MERCY Malaysia volunteers are united in their goal to serve those most in need.

From the first wave emergency response in early 2020 up to the time of printing (where MOH and related authorities are still managing the evolving developments of the pandemic, such as the new Omicron variant discovered in November 2021), our volunteers have been the backbone of most activities, in particular programmes such as distribution of food packs, hygiene kits and PPE, as well as manning quarantine and vaccination centres targeted to serve the vulnerable and at-risk communities. MERCY Malaysia's volunteers comprise of both medical and non-medical volunteers who are instrumental in our multi-pronged response approach to assist the government in alleviating the burdens of those in need.





# VOLUNTEERS STORIES: NON-MEDICAL

## Volunteer 1

**Alia Emira Ismail**  
Public Relations Specialist



## Volunteer 2

**Shaayyum Hamdan**  
Administrator



## Volunteer 3

**V3**  
Researcher

The Volunteer wishes to remain anonymous

### 1. How engaged do you feel when volunteering with MERCY Malaysia?

**Alia:** Joining MERCY Malaysia as a volunteer has got to be one of the best decisions I have ever made in my life. Through its initiative, I am truly humbled to be acquainted with people from all walks of life – the other volunteers, MERCY Malaysia staff and the underprivileged communities. I've met some volunteers who hold senior management positions (in their organisations), and yet are still willing to get their hands dirty for a good cause. I've seen MERCY Malaysia staff working night and day to not only serve the community, but also to ensure that the well-being of their volunteers are well taken care of. It has definitely been a humbling experience in getting to know all of these lovely people. Kudos to all of the MERCY Malaysia staff!

**Shaayyum:** I really enjoyed the close engagement with the MERCY Malaysia COVID-19 Operations Hub (MCOH) team.

**V3:** Throughout this volunteering journey, I honestly felt scared at times not knowing what I was exposing myself to. However, in the end, I'm glad I was able to help out those in need.

### 2. What were your feelings after actively participating in MERCY Malaysia's COVID-19 response and recovery efforts?

**Alia:** During these unique times, I was given the opportunity to join different missions i.e., the COVID Response, QFFD Mobile Clinic and also Ramadan Relief. As someone who is constantly seeking value in everything that I do, each of these missions has blessed me with a value-added experience. I'm definitely a more patient and understanding person than I was a year ago, and I have to thank MERCY Malaysia for also playing a role in my change of behaviour.

**Shaayyum:** I feel that by providing more volunteering service, I am actually able to receive more happiness.

**V3:** I had the opportunity to volunteer in the mobile clinics for refugees and those in the Projek Perumahan Rakyat (PPRs). Generally, I was impressed with the systematic way MERCY Malaysia operates. The system takes into consideration the different locations and their needs, which impacts on the number of people they're able to see/treat in such a short span of time.

### 3. What was a volunteering highlight / a standout event for you during this COVID-19 Phase? Why?

**Alia:** Every mission I joined impacted me in different ways. However, I must say the QFFD mobile clinic gave me the opportunity to sit down and get to know some of the refugees in Malaysia. I recently made friends with an Afghan refugee and through him, my family and I had the opportunity to help Edris, an 11 year-old Afghan refugee with his school fees. Without the connection made during the mobile clinic initiative, the boy might have been forced to give up his education at the learning centre. We were given the opportunity to make his future brighter.

**Shaayyum:** The most standout event to me was the Riang Ria Raya Live, where I was given the opportunity to be the host. It was posted on the MERCY Malaysia's Instagram.

**V3:** As the SOPs had to be adhered to, especially during these critical COVID-19 times, there was an incident where some beneficiaries refused to follow the SOPs or the system put in place, causing slight inconvenience to others. However, I felt that the team managed to handle and diffuse the situation very well.

### 4. What was one of the most challenging moments you faced while volunteering during the COVID-19 phase?

**Alia:** I had the chance to assist MERCY Malaysia with its Ramadan Relief mission, where we distributed food packs to the Rohingya refugees and Asnaf community. The all-ladies work force on duty that day successfully distributed 200 food packs, under the hot scorching sun, while fasting! We even had to carry the food packs all the way up three flights of stairs. Of course, the recipients were there to assist, but I have to say, exerting that much energy while fasting was really physically challenging for me.

**Shaayyum:** For me, the most challenging moment was having made the decision to volunteer, we would show up for our work, doing all the tasks assigned, every single day, without any day off. This literally continued for months. Persevere, I did!

**V3:** Yes, I did find volunteering during the COVID-19 phase challenging, to a certain extent.

### 5. How long have you been volunteering for MERCY Malaysia?

**Alia:** Almost a year now (end 2021) and I'm looking forward to more adventures with them in the future!

**Shaayyum:** I've only been actively volunteering for MERCY Malaysia for the past one year – even though I actually registered as a volunteer in 2015.

### 6. Do you think your experience volunteering with MERCY Malaysia during the COVID-19 phase has prepared you better (mentally or emotionally) in the event that another disaster should occur?

**Alia:** Oh, yes! The experience has certainly given me the chance to grow and be a better version of myself. The missions have helped me step out of my comfort zone, be more attentive towards my surroundings and communities, and shaped my thinking to always be at the ready for unforeseen circumstances. Not only that, MERCY Malaysia also provides classes such as the 'Elderly Care' online class, which have tremendously helped me in taking care of my elderly parent.

**Shaayyum:** Yes, definitely. I have become a better version of myself in various aspects

# VOLUNTEERS STORIES: MEDICAL

## **Volunteer 4** **Dr. Haziman** **Doctor**



## **Volunteer 5** **Dr. Alagi** **Doctor**



## **Volunteer 6** **Ng Li Shan** **Pharmacist**



### **1. How engaged do you feel when volunteering with MERCY Malaysia?**

**Dr. Alagi:** MERCY Malaysia treats everyone like their own family. Ever since the first time I joined the team, I have never had any awkward or unwanted feelings, and I feel so welcomed. I feel so involved in every part of the programme. The feeling is the same each time I attend.

**Ng Li Shan:** In the course of volunteering with MERCY Malaysia, I always derive my personal satisfaction from interacting and helping patients that come by to seek help from us.

### **2. What were your feelings after actively participating in MERCY Malaysia's COVID-19 response and recovery efforts?**

**Dr. Haziman:** MERCY Malaysia provides a good platform for people to volunteer and engage themselves in contributing to the community, hence providing benefits to both parties.

**Dr. Alagi:** I feel so satisfied after any engagement with MERCY Malaysia as it feels like making progress towards a bigger goal in a team. I feel so happy and proud to be with MERCY Malaysia during this petrifying pandemic.

**Ng Li Shan:** To be honest, I had some fear of exposure to COVID-19 while volunteering during this phase. However, at the same time, I still wanted to be able to assist those seeking help from MERCY Malaysia, especially during this trying time.

### **3. What was a volunteering highlight / a standout event for you during this COVID-19 Phase? Why?**

**Dr. Haziman:** Seeing the NGOs and KKM staff working as a team fighting this pandemic. I went to a massive swabbing event in PPR Kg Limau. We did not have much manpower during that time and we had to swab approximately 800 people. However, the teamwork between MERCY Malaysia and KKM staff was amazing.

**Dr. Alagi:** A highlight for me was the mobile clinics, especially those for refugees. As we know, the refugee community are helpless, especially during this COVID-19 pandemic.

**Ng Li Shan:** During their COVID-19 period, MERCY Malaysia placed high emphasis on volunteer's safety whereby we were all required to put on appropriate PPE. I was quite moved when I was told that the PPE gown was actually sewn by non-medical volunteers. People often do not realise that there are actually many other people working behind the scenes to help combat this pandemic – both healthcare and non-healthcare related.

### **4. What was one of the most challenging moments you faced while volunteering during the COVID-19 phase?**

**Dr. Haziman:** Time management. I have to admit that ever since the COVID-19 pandemic, the amount of volunteer work I did for MERCY Malaysia was slightly reduced as I had to juggle my time being a KKM front liner and still be an active volunteer. I felt worried, especially for the people and patients who would always attend our mobile clinics, as we had to reduce the number of volunteers and activities conducted.

**Dr. Alagi:** One of the most challenging things serving during this COVID-19 phase is of course strictly following the SOPs, and working with full PPE during any event.

**Ng Li Shan:** It would definitely be the fear of carrying COVID-19 infection from work to home, and vice versa.

### **5. How long have you been volunteering for MERCY Malaysia?**

**Dr. Haziman:** Almost 5 years.

**Dr. Alagi:** I started August 2020.

**Ng Li Shan:** Not very long. I have only attended a handful of mobile clinics.

### **6. Do you think your experience volunteering with MERCY Malaysia during the COVID-19 phase has prepared you better (mentally or emotionally) in the event that another disaster should occur?**

**Dr. Haziman:** Indeed, it has improved my mental and physical capabilities. Due to the huge amount of work we had to do, and especially when the cases were exponentially rising, it was a challenge to still continue the volunteer programmes, at the same time keep our volunteers safe from getting infected while making sure that the show must go on.

**Dr. Alagi:** Definitely, this is such a priceless experience, which I will remember my entire life. It has taught me how to be strong, lift one another up, and stay calm in any situation – not only mentally, but also physically and emotionally.

**Ng Li Shan:** Yes, I would think so. MERCY Malaysia was able to continuously reach out to people in need during a pandemic, and at the same time, ensure the safety of its volunteers.

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MASYARAKAT  
BERDAYA TAMAN



# THE LONG PATH TO RECOVERY

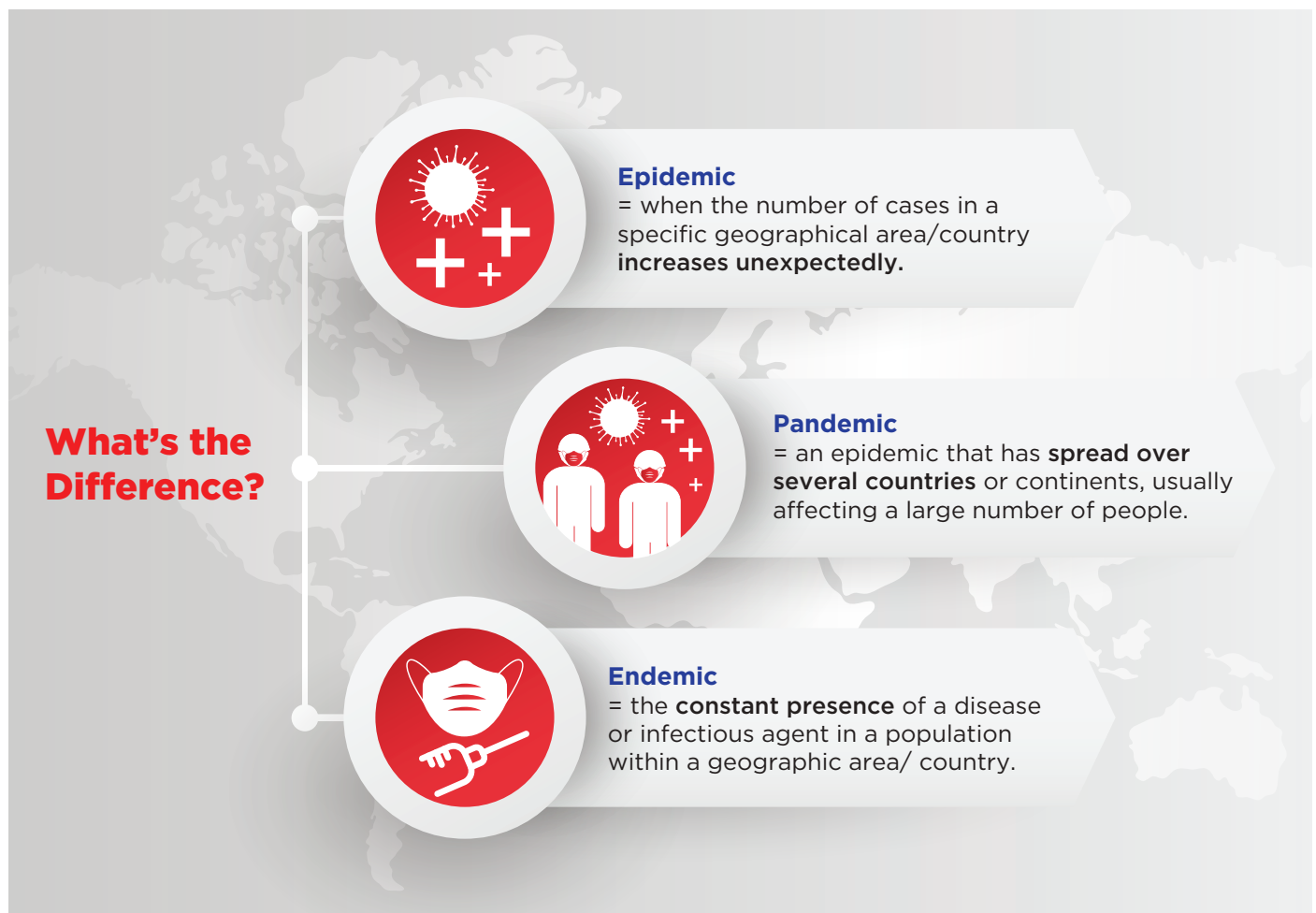
Post-pandemic Support

This section presents MERCY Malaysia's role, as a humanitarian organisation, after the Full Movement Control Order – what are the potential focus areas in preparing our communities for a post-pandemic environment.

**MASYARAKAT  
BERDAYA TAHAN**  
persediaan dan pengurangan  
risiko pandemik

## **First Things First!**

### **Endemic ≠ Zero Covid**



*"I think this virus is here to stay with us and it will evolve like influenza pandemic viruses, it will evolve to become one of the other viruses that affects us."*

**Dr. Mike Ryan,**  
**Executive Director**  
World Health Organization's Health Emergencies Programme  
7 September 2021

# THE LONG PATH TO RECOVERY: POST-PANDEMIC SUPPORT

There is increasing evidence and consensus among the scientific community and governments that COVID-19 will continue to exist and not disappear or be eradicated in the near future. This understanding means that the COVID-19 virus will continue to be present in the world as an endemic disease, similar to the influenza virus. And, as with the influenza virus, societies will learn to co-exist with the virus.

As scientists and doctors discover more and more about the virus, consensus shows that COVID-19 can become less threatening to lives with proper management in place. This can include ensuring sufficient immunity in societies, maintaining good health practices, and having in place early warning systems and procedures.

The Malaysian Government had taken a pro-active step in launching the National Recovery Plan (NRP) in July 2021, to prepare Malaysia for the new normal way of living with COVID-19 as an endemic disease.

The NRP introduces four phases of recovery from the COVID-19 pandemic, specifying the indicators for each phase, at both the state and national levels, which in turn provide evidence-based decisions on the easing of restrictions in the country.

**The NRP is aligned with  
MERCY Malaysia's Building  
Resilient Communities  
(BRC) framework.**



## Malaysia's 4 Phases of NRP

The phases of the NRP are based on 3 key indicators:

- A** Percentage of adult population vaccinated
- B** New daily cases
- C** Utilisation of ICU in hospitals

These three indicators form the basis for determining the easing of movement controls in four key areas – social, community and religious activities; education and care; business; and local and international travel. The phases are as follows:

	1	2	3	4
A		10%	40%	60%
B		<4000	<2000	<500
C		Moderate	Adequate	Adequate
S O P	Very limited movement and activities, schools and offices at home, only essential sectors allowed to operate with strict SOPs	Moderate National exams allowed and opening of some economic sectors, with strict SOPs	Adequate Physical schools, social and sports events with limited participation; opening of more business sectors and domestic travel subject to observance of physical distancing and SOPs	Adequate Easing of restrictions on social, community and religious gatherings; opening of all sectors, subject to physical distancing; and easing of restrictions on inter-state and international travel

Source: <https://pelanpemulihannegara.gov.my>

*Building Resilient Communities or BRC is a strategic approach adopted by MERCY Malaysia to complement the TDRM framework in delivering humanitarian aid. The BRC framework is a holistic approach that includes all levels of stakeholders in a community. It aims to increase the community's capacity and capability by identifying and reducing vulnerabilities and from there, build the community's resilience in social well-being and equity, environmental stewardship, and economic prosperity and continuity.*



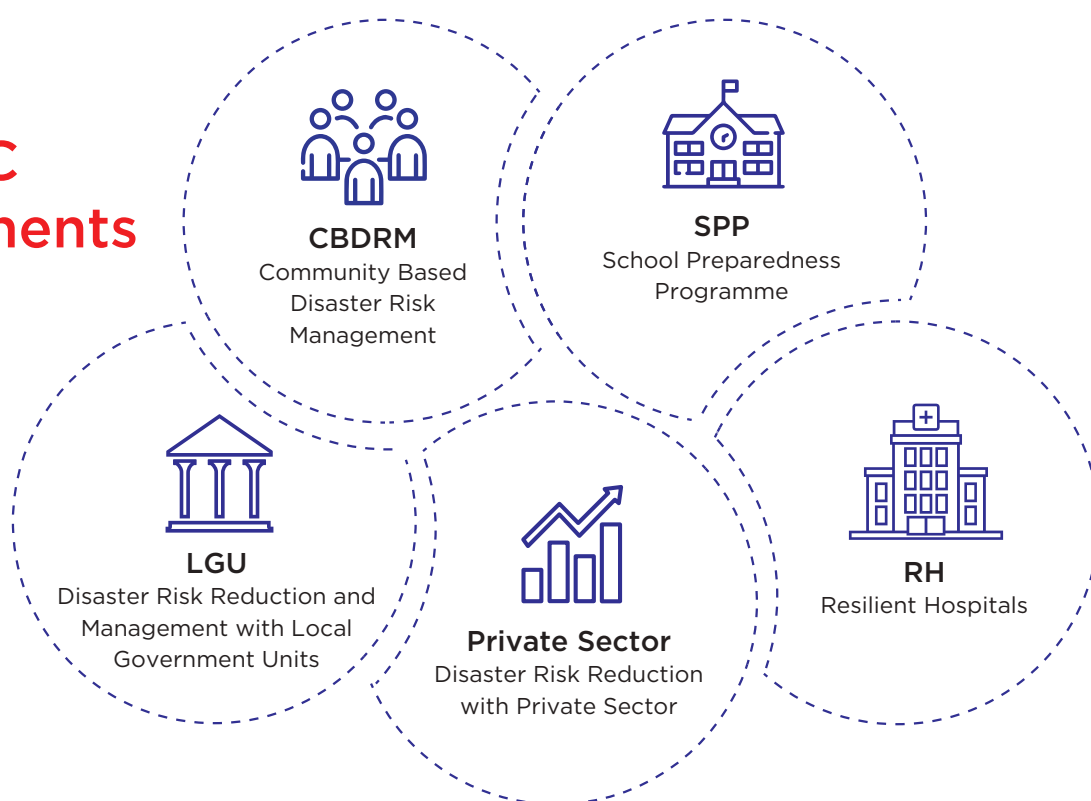
# MERCY Malaysia's Recovery 2.0

Towards the end of 2021, as many states in the country move from Stage 3 to Stage 4 of the recovery plan, MERCY Malaysia and other humanitarian organisations continue to support the nation achieve the NRP targets and facilitate the smooth transition between the phases.

Under Recovery 2.0, MERCY Malaysia's support continues into 2022. Some activities from the FMCO response plan components which had to be postponed or were delayed due to physical restrictions are now planned for implementation in 2022. This includes for example many MHPSS activities such as the PFA training (targeted public audience) and mental health awareness workshops, as well as the psychosocial helpline to continue providing a safe space for individuals to share their concerns and fears as a strategy to promote good

mental health among Malaysians. Information dissemination (IEC) and awareness campaigns will continue to ensure a consistent level of awareness and adherence to SOPs among the general public and specific communities. The IEC resources, including videos, are readily available online and can be accessed and used by schools, workplaces and community centres for their own needs and purposes. At the same time, with the emergence of new COVID-19 variants, and thus the need to administer booster shots for the population, MERCY Malaysia continues to support MOH in providing access to immunisation to those vulnerable communities in urban and remote areas, citizens and non-citizens.

## BRC Components



BRC is also about reduction of risks, and ensuring the community preparedness in schools, hospitals, local authorities and communities for future epidemic or pandemic occurrences. BRC interventions are critical to ensure the country and all parties within the country are aware and prepared for any future COVID-19 waves. In this regard, the NRP mentions the need to strengthen healthcare response and preparedness, have in place a national immunisation strategy and help for communities and businesses towards creating a more resilient, inclusive and competitive economy. MERCY Malaysia will continue its work on BRC interventions to support the Malaysian Government in the next phases of the country's post-pandemic developments.



# HUMANITARIAN RESPONSE

Lessons from the Pandemic



In this section, MERCY Malaysia shares some key challenges in delivering the COVID-19 pandemic emergency response and recovery efforts over the past two years. Some thoughts on lessons learnt and considerations for future are also included.

# HUMANITARIAN RESPONSE: LESSONS FROM THE PANDEMIC

While the previous chapters have elaborated on the challenges faced by the authorities, hospitals and health facilities, schools and communities due to COVID-19, this chapter takes a brief look at two other perspectives in the context of delivering the critical humanitarian aid to support the nation's fight against COVID-19 – the internal operations and challenges faced by MERCY Malaysia, and the bigger impact of the coronavirus on humanitarian organisations worldwide.

It must be reiterated that all the aid and efforts under MERCY Malaysia's COVID-19 initiatives were funded by the COVID-19 Pandemic Fund. It must also be reiterated that all aid assistance and deliverables were implemented in coordination with the MOH, CPRC, NADMA, the Department of Social Welfare Malaysia, and many other local authorities, agencies, partners and stakeholders.

## MERCY Malaysia's internal operations and challenges

Having said that, MERCY Malaysia faced several operational challenges operating within the COVID-19 pandemic environment. These include:

- Lack of (available) knowledge on the dangers and risks of the coronavirus made it difficult to make informed decisions
- Ensuring adherence to SOPs in all office and on-the-ground operations
- Procurement of goods and services required to deliver aid (including price and timely delivery)
- Logistics and movement of goods due to lockdown restrictions (inter-district, inter-state)
- Limited space for storage and packing of items prior to distribution
- Risk of exposing staff and volunteers to the virus
- Staff working from home, or on rotation, due to lockdown restrictions
- Connectivity issues resulting in communication challenges and glitches in delivery of online sessions/activities
- Mental fatigue amongst staff and volunteers due to the prolonged MCO
- Motivation and training of staff and volunteers
- Management of funds from donors





## Bigger impact of COVID-19 on humanitarian aid

Humanitarian aid post-pandemic, and during future pandemic situations, will be a necessity for immediate relief to (and long-term benefits of) at-risk and vulnerable communities. As such, learning from the experiences over the past two years (2020 and 2021), some factors that may be taken into consideration to facilitate the smooth delivery of humanitarian aid in the future.

### Considerations for post-pandemic aid

- **Post pandemic challenges:** Humanitarian aid is critical in supporting a post-pandemic future. The World Bank estimates that by end of 2021, there will be 111 to 149 million people living in extreme poverty due to income losses, which will put pressure on themselves and their families' financial and mental health positions. This shows the critical need of providing immediate relief, including access to food, water, shelter, hygiene, sanitation and medical supplies. These immediate relief interventions can reduce suffering and save lives. Equally as important in a post-pandemic environment are ensuring access to basic health care, protecting safety, health and well-being of front liners, access to education for children, and accelerating livelihood support to allow families to recover their sources of income and sustain their basic needs.
- **International cooperation:** Inter-governmental relations and inter-dependency between countries has never been more apparent. Potential discoveries of new COVID-19 variants and developments or increased cases in other countries will affect Malaysia's management of COVID-19 cases, its vaccination programmes, travel restrictions, supply chain management and other areas which can directly affecting the country's economy, inflation, food and medicine, and ultimately the livelihoods of its people. With MERCY Malaysia's regional and international presence in the humanitarian space, and taking into consideration its affiliations with regional and international aid organisations and participation in joint committees, it can play a role towards ensuring aid is consistently available for vulnerable communities within our populations. Vaccine inequity for example, is a global issue, in which MERCY Malaysia can play a role and create an impact.
- **Accessing those in need:** On top of continuing to provide the mainstream medical, livelihood, hygiene, sanitation, and education aid, MERCY Malaysia also has a role to play in supporting the government in the outreach to vulnerable and at-risk communities. Inevitably, there will be instances of new SOPs and policies to be embraced as we enter into the long process of returning to a form, possibly a new form, of post-pandemic normalcy.



### Considerations for future pandemic preparedness

- Strengthening multi-agency / multi-sector coordination between all parties involved in emergency pandemic response (such as an end-to-end automated pandemic management system) would facilitate timely and efficient delivery.
- Sharing of knowledge between partners and affiliated organisations may help in making more informed and evidence-based decisions.
- Humanitarian organisations need to invest in better technological infrastructure to allow them to sufficiently function in a pandemic environment.
- SOPs for humanitarian aid must be well-defined and clearly understood by staff and volunteers. Training and vigilant monitoring of staff and volunteers are critical to ensure safe operations on the ground.



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