ANNUAL REPORT 2025

Meaningful Action, Sustainable Resilience

26 years of humanitarian service

mercy MALAYSIA

Meaningful Action, Sustainable Resilience

For 26 years, MERCY Malaysia has evolved its humanitarian approach to deliver meaningful action that bridges immediate relief with long-term development and resilience. Recognising that crisis response and future preparedness are deeply interconnected, our programmes are intentionally designed and executed with discipline, grounded in evidence, shaped by experience, and driven by community partnership. Beyond providing timely aid, MERCY Malaysia focuses on reducing vulnerabilities, strengthening local capacity, and fostering community ownership, ensuring that every intervention not only addresses urgent needs but also builds more self-reliant, resilient communities over time.

Annual Report 2025 — Contents

Royal Patron	7
President's Message	9
Mission Statement	13
Strategic Objectives	14
Governance	16
Affiliations	27
Humanitarian-Development Nexus	33
Media Engagement and Outreach	34
Global Presence 2025	36
Executive Summary	38
Treasurer's Report	48
Condensed Audited Financial Information	50
Governance, Risk Management, Compliance	52
2025 Key Donors	54
Year in Review — Malaysia	58
Year in Review — International	118
Our Work in Southeast Asia	120
Our Work in South Asia	142
Our Work in Middle East and North Africa	154
Special Features	168
Malaysia Refugees Healthcare Programme (QFFD Project)	170
Fundraising and Awareness Events 2025	172
Volunteer Events 2025	180
Volunteer Stories	190
Get Involved	196
Financial Statements	200
Our Team	239
Our Volunteers	244

His Royal Highness Paduka Seri Sultan of Perak Darul Ridzuan Sultan Nazrin Shah

Ruler of the State of Perak, Malaysia and Royal Patron of MERCY Malaysia

"The scale of human suffering is not shrinking. Our ambition to address it must grow."

For 26 years, MERCY Malaysia has worked with dedication and compassion to protect the world's most vulnerable people. That record of service deserves recognition. So too does the honesty required to acknowledge that, despite these efforts, humanitarian need has not diminished; it has increased and deepened.

The conflicts driving displacement and suffering today are rarely straightforward. They are compounded by extreme weather events, famine, disease, poor sanitation and entrenched poverty, and underwritten by political strife. These are not isolated pressures; they are symptoms of a deeper imbalance between human activity and the natural systems on which all life depends. Each factor amplifies the others, creating cycles of crisis that overwhelm the capacity of any single response. When available funding is consumed entirely by immediate relief, nothing remains for the longer-term investment that might prevent the next emergency.

This is the central challenge of our time. Reactive humanitarianism, however well-executed, cannot by itself break these cycles. Sustainable progress requires that emergency response and long-term development go hand in hand; that local communities are not merely assisted but genuinely equipped to lead their own recovery; and that national governments adopt resilience strategies before crisis strikes, not after.

I call on all those with the means and the influence to act to commit to this broader vision: sustainable, inclusive investment in human resilience, extended without discrimination of faith, nationality or circumstance. MERCY Malaysia has demonstrated what principled humanitarian action looks like. The moment now demands that this principle be matched with the resources and political will it deserves.

Dato' Dr. Ahmad Faizal Mohd. Perdaus

President

"Communities are not passive recipients of aid, but partners in shaping their future."

As MERCY Malaysia crosses our 26-year mark of delivering humanitarian service, we are reminded that at the heart of every crisis are people — families facing uncertainty, communities navigating loss, and individuals striving to rebuild their lives with dignity. This understanding continues to guide our work, especially in a time when humanitarian challenges are becoming more complex, prolonged, and deeply interconnected.

In 2025, we responded to emergencies with urgency, delivering critical assistance to those affected. But beyond immediate relief, we remained equally focused on how our efforts can support recovery, restore dignity, and strengthen the ability of communities to move forward with confidence. Our work is guided by our commitment to the Humanitarian-Development Nexus (HDN), where response is not an endpoint, but part of a broader journey towards resilience and sustainable recovery.

A key feature of the Annual Report 2025 is demonstrating how this commitment is translated into impact, where, prior to deployment, our teams conduct assessments to design and deliver programmes that intentionally connect immediate response with longer-term outcomes. In addition, this year's report highlights our contribution to the United Nations Sustainable Development Goals (SDGs) — SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality, SDG 6 (Clean Water and Sanitation), SDG 10 (Reduced Inequalities), and SDG 17 (Partnerships for the Goals). Our SDG framework reflects how MERCY Malaysia's efforts contribute to global priorities to advance health, wellbeing, and resilient communities.

To do this effectively, our teams on the ground continue to strengthen our interventions, with response plans increasingly informed by data and evidence, shaped by lessons from the field, and grounded in the realities of the communities we serve. This disciplined approach also ensures that we use resources and donor contributions responsibly — maximising impact where it matters most. The initial assessment is a critical step, allowing us to better understand needs, measure impact, and ensure that our efforts are not only timely but meaningful and lasting.

At the centre of this work are people. Our staff and volunteers bring compassion, professionalism, and a deep sense of responsibility to every mission. Our partners, across government, civil society, and the private sector, enable us to reach further and respond more effectively. And our donors place their trust in us to deliver assistance with integrity and accountability. Most importantly, the communities we serve are not passive recipients of aid, but active participants in shaping solutions that uphold their dignity, rights, and aspirations.

As we continue to grow and evolve, MERCY Malaysia is committed to further enhancing its governance and accountability frameworks to strengthen transparency, improve organisational effectiveness, and uphold the trust placed in us by our stakeholders.

As we look ahead, we remain committed to strengthening this approach to bridge immediate response with longer-term resilience through programmes that are thoughtfully designed and carefully delivered. We will continue to listen, to learn, and to work alongside communities to ensure that our actions today contribute to a more prepared and equitable future.

The journey of the past 26 years has been made possible by the collective efforts of many. As we move forward and continue to evolve, we do so with humility, purpose, and a shared commitment to humanity. We remind ourselves to place people, dignity, and impact at the centre of all that we do.


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Mission Statement

Provide excellence in medical assistance, and build climate and disaster resilient communities to reduce humanitarian burden through meaningful humanitarian action.

Strategic Objectives

Impactful Humanitarian and Development Programmes

Stronger commitment to close the humanitarian-development divide, designed to achieve broad-based and meaningful impact.

Resource Optimisation for Organisational Excellence

Development and optimisation of human capital, assets, systems and other resources, with specific and measurable competencies through a people-centred approach.

Sustainable and Diversified Financing

Development of sustainable financing to ensure growth of the organisation through new, innovative and diversified sources.

Enhanced Leadership and Advocacy

Strategic utilisation of effective knowledge management and communication that catalyses humanitarian leadership and advocacy.

Governance

The Board of Trustees (BOT) and the Executive Council (Exco) serve as the cornerstones of governance at MERCY Malaysia, ensuring the organisation remains accountable, transparent, and aligned with its humanitarian mandate. Their primary role is to provide strategic oversight, safeguard ethical leadership, and uphold rigorous checks and balances to maintain operational excellence.

Comprising renowned humanitarians and experienced professionals, both entities uphold strong governance frameworks, enabling the organisation to remain agile, ethical, and mission-driven. Their leadership ensures accountability, enhances decision-making processes, and strengthens institutional resilience, allowing MERCY Malaysia to continue delivering exceptional medical and humanitarian aid to communities in need.


DR FAISAL
mercy

Board of Trustees

The BOT sets the long-term strategic direction, ensuring MERCY Malaysia's policies, financial decisions, and programmatic efforts adhere to principled humanitarian standards.

Y.A.Bhg. Toh Puan Dato' Seri Hajjah Dr. Aishah Ong

YBhg. Prof. Dato' Elizabeth Lee Fuh Yen

YBhg. Tan Sri Johan Jaaffar

YBhg. Prof. Emeritus Tan Sri Dato' Dzulkifli Abdul Razak

YBhg. Tan Sri Datuk Wira Azman Haji Mokhtar

YBhg. Dato' Sudha Devi K.R. Vasudevan

YBhg. Tan Sri Dato' Tan Boon Seng @ TS Krishnan Tan

YBhg. Tan Sri Rastam Mohd. Isa

Shariah Panel

Dr. Hj. Razli Ramli

Ahmad Lutfi Abdull Mutalip

Mohammad Khairi Saat

Executive Council 2023 – 2026

The Exco plays a pivotal role in monitoring performance, reinforcing institutional integrity, and ensuring MERCY Malaysia's resources are utilised effectively to maximise impact.

President
Dato' Dr. Ahmad Faizal Mohd. Perdaus

Vice President I
Prof. Dr. Shalimar Abdullah

Vice President II
Razi Pahlavi Abdul Aziz

Vice President III
Dr. Mohamed Ashraff Mohd. Ariff

Honorary Secretary
Prof. Dr. Nazimah Idris

Acting Assistant Honorary Secretary
Dr. Peter Gan Kim Soon

Honorary Treasurer
Reza Abdul Rahim

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Dr. Khamarrul Azahari Razak

Ts. Dr. Dzulkarnaen Ismail

Sr. Dr. Syed Abdul Haris Mustapa

Ex-Officio
Dr. Abdul Rahman Ahmad Badayai

Datuk Dr. Heng Aik Cheng

Assoc. Prof. Azlina Wati Nikmat

Dr. Soh Yih Harng

Dr. Zool Raimy Abdul Ghaffar

Mohd. Radzi Jamaludin

Vivegananthan Rajangam

Dr. Siti Maisarah Ahmad

Society Members

As a non-profit organisation, MERCY Malaysia is committed to upholding good governance, ensuring transparency, accountability, and ethical leadership in all aspects of its operations.

As a registered society, we are governed by the Societies Act (1966) and the Constitution of MERCY Malaysia, ensuring compliance with legal and regulatory frameworks. In adherence to the Act, our financial statements are made publicly accessible and tabled at our Annual General Meeting (AGM).

Held annually, the AGM provides a vital platform for members to review financial statements, discuss key matters, and participate in governance decisions, including voting for or standing as a candidate for the Exco.

We deeply value the engagement and support of our members. Their participation strengthens transparency, accountability, and the integrity of our humanitarian work, ensuring MERCY Malaysia remains principled, mission-driven, and responsive to the communities we serve.

Life Members

Dr. Abd Aziz

Dr. Hj. Abd Rani Osman

Dr. Abdul Latiff Mohamed

Dr. Abdul Malik Abdul Gaffor

Dr. Abdul Muin Ishak

Abdul Rahim Abdul Majid

Major (R) Abdul Rashid Mahmud

Dr. Abdul Razak K.V. Koya Kutty

Dr. Abdul Wahab Tan Sri Khalid Osman

Abu Aswad Alhaji Joned

Afidalina Tumian

Ahmad Faezal Mohamed

Dato' Dr. Ahmad Faizal Mohd. Perdaus

Ahmad Ismail

Ahmad Zaidi Ahmad Samsudin

Dr. Aini Fahriza Ibrahim

Assoc. Prof. Dr. Datin Aishah Ali

Aishah N. Abu Bakar

Dr. Al-Amin Mohamad Daud

Alex Lai

Dr. Aminudin Rahman Mohd. Mydin

Dr. Amir Adham Ahmad

Ir. Amran Mahzan

Anas Hafiz Mustaffa

Dr. Anbarasu Ramalingam

Anita @Ani Abdul Malek

Major (R) Hj. Anuar Abdul Hamid

Dato' Dr. Ashar Abdullah

Dr. Ayu Akida Abdul Rashid

Azah Harun

Dr. Azizah Arshad

Azlin Hashima Mt. Husin

Dr. Azlina Wati Nikmat

Ar. Azman Zainonabidin

Hj. Azmil Hj. Mohd. Daud

Azry Mohd. Ali

Datin Azura Ibrahim

Badorul Hisham Abu Bakar

Balakrishnan A/L Amathelingam

Balvinder Kaur Kler

Dr. Basmullah Yusof

Benjamin Chai Phin Ngit

Dr. Bilkis Abd Aziz

Bybiana Anak Michael

Chai Chin Pee

Che Tah Hanafi

Dr. Cheong Yee Tsing

Prof ChM. Dr. Collin G. Joseph

Damina Khaira

Dr. Dilshaad Ali Hj. Abas Ali

Ts. Dr. Dzulkarnaen Ismail

Edward Hew Cheong Yew

Dr. Ehfa Bujang Safawi

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Fairuz Ashikin

Fara Suzeera Abdul Rashid

Farah Abdullah @ Farah Hamzah

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Faridah Akmar Ibrahim

Faridah Osman

Fatimah Mahmood

Dr. Fauziah Hj. Mohd. Hassan

Fauziah Md. Desa

Fawzia Hanoum Ariff

Fuziah Md. Zain

Dr. Ghazali Abdul Wahab

Dr. Gunalan A/L Palari @Arumugam

Gunasegaran Doraisamy

Habibah @ Norehan Haron

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Hanita Ramuy

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Harlina Mohamed Lani

Prof. Harmandar Singh Naranjan Singh

Ir. Hasman Ibrahim

Datin Hasnah Hanapi @ Hanafi

Dr. Hasri Samion

Prof. Dr. Helen Benedict Lasimbang

Datuk Dr. Heng Aik Cheng

Ho Tze Hock

Prof. Dr. Humairah Samad Cheung

Ibrahim Umbichi Moideen

Dr. Isabel Fong Lim

Jamelah Mohd. Ibrahim

Jamilah Shaikh Mohd. Jain

Tan Sri Dr. Jemilah Mahmood

Dr. Jitendra Kumar A/L S.N. Tejani

Justina Eddy

K. Sockalingam

Kamariah Mohamad Kontol

Kamaruddin Ibrahim

Kamarul Azahar Mohd. Razali

Kamaruzaman Abdullah

Kamat Norit

Khairul Anuar Jaafar

Dr. Khamarrul Azahari Razak

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Kursiah M. Razali

Lai Fui Boon

Lau Seth Kiong

Dr. Liaw Yun Haw

Liew Kiew Lian

Lili Suriani Mian

Lily Kartina Karim

Lim Eng Pitt

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Lok Shui Fen @ Adrian Lok

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Musa Mohd. Nordin

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Dr. Nasuha Yaacob

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Nazri Md. Yusof
Niraku Rosmawati Ahmad
Nizar Abd. Jalil
Nizreen Nordin
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Noor Filzah Zubir
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Noor Hayatti Ismail
Dr. Noor Ibrahim Mohamed Sakian
Noor Rita Abdul Ghani
Noorizan Abd. Aziz
Noorman Sulaiman
Nor Azaha Osman
Nor Azleena Abd Rahman
Nor Azmawati Bachik
Nor Azreena Aluyi
Nor Azrina Azlan
Nor Faizah Abdullah
Nor Hayati Abdul Hamid
Nor Jasmin Lokman
Nor Mazrina Abdul Manan
Nor Rohaini Abd. Hamid
Nor Suhaida Hajenan
Nor Suhaila Mohamd Noor
Noraida Mohamed Shah
Noraini Mohamad Ali
Noraini Mohamed
Dr. Noranzah M. Taib
Norhafizah Ramli
Norhasimah Ismail
Norina Abdullah
Norisah Abdullah
Norizan Ahmad
Norliana Mohd. Ali
Normala Hassan
Normas Norhayati Mustafa
Norrizah Abd. Malik
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Norsham Abu Bakar
Norsuhaimah Samsudin
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Nozilar Abdul Karim
Nur Davina Skymmar Abd. Moein
Nur Dini Jennifer Abdullah
Nur 'Eliza Rosli
Nurulhuda Ismail
Osman Mia
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Ow Lu Yee
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Prema Devi Selvadurai
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Raja Nor Asiah Raja Hussin
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Razuki Ibrahim
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Rohaida Ali
Dr. Rohana Jaafar
Rohani Mat Saman
Roniyuzam Abd Malek
Roro Dewi Majhita Mamat
Rosdi Mohammad
Rosleena Anin Rozalee @ Zahari
Roszita Ismail
Rozana Rusli
Ruhaniah Mohd. Derus
Ruhayah Md. Derus
Saadiah Daud

Sakbiah Din

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Salamah Mahamudin

Salawati Md. Yusoff

Saliyati Suhaimi

Saliyaty Dora Md. Ramly

Salwah Daud

Sazlyana Safiee

Shaiful Azmi Yahaya

Dr. Shamsudin Kamaruzaman

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Sharifah Muhairah Shahabudin

Datin Sharifah Nor Haron Alhabshi

Shazharn Muhammad Zain

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Dr. Shelina Oli Mohamed

Siti Hajar Minani Othman

Siti Hawa Altaf Ismail

Siti Hindun Abd Rahman

Siti Khadijah Abd Ghani

Siti Muawanah Hj. Lajis

Siti Noor Ali Shibramulisi

Siti Norhayati Md. Nor

Siti Norjinah Moin

Siti Sarah Md. Zhahir

Sitiza Harim

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Solihah Hj. Isa

Subramaniam A/L Thanimalai

Suryani Kamaruddin

Syed Yaziz Syed Yusof

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Dr. Tengku Mohd. Ariff Raja Hussin

Dr. Timothy Cheng Tsin Jien

Ummu Harieza Abd. Aziz

Vivian Wong Wei Ling

Dr. Wan Fadhilah Wan Ismail

Wan Hasfizal Wan Mohamed

Wan Jaihaniza Sheikh Mohd. Jamaludin

Wan Mazwin Wan Mansor

Wan Muhaizan Wan Mustaffa

Wan Muliyadi Wan Sulaiman

Wan Nur Nafisah Wan Yahya

Wan Nurdiyana Wan Mahyuddin

Wan Rafidah Awang Isa

Wan Zakiah Wan Yusof

Wong Kah Kiet

Wong Poh Ting

Woo Khai Yeen

Yanti Mohd. Yasim

Yasmin Yahya Nassim

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Yusmawati Md. Yusoff

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Zailina Ahmad Jailani

Zain Ariffin Ismail

Zainal Fitri Abdul Aziz

Dr. Zainal Fitri Zakaria

Zainudin Hj. Ahmad

Zaiton Md.

Zaitun Husin

Zaleha Mokhtar

Zalina Nusee

Zamri Hj. Rahman

Zamzuri Hj. Abd Rashid

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Zuraidah Abdullah

Zuraidah Kamaruddin

Zuridah Hayati Abd. Hamid

Dr. Zurina Mohamad


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Affiliations

AADMER PARTNERSHIP GROUP (APG)

APG bridges ASEAN's work in disaster management and the key stakeholders within civil society organisations. It supports the implementation of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) to ensure increased participation and understanding within the communities they serve.

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

ALNAP is a global network of NGOs, UN agencies, members of the Red Cross/ Crescent Movement, donors, academicians, networks and consultants dedicated to learning how to improve response to humanitarian crises, with the aim to make the system perform better and be more accountable.

alnap.org

ASEAN COORDINATING CENTRE FOR HUMANITARIAN ASSISTANCE ON DISASTER MANAGEMENT (AHA CENTRE)

The AHA Centre is an inter-governmental organisation which aims to facilitate cooperation and coordination among ASEAN Member States with the United Nations and international organisations for disaster management and emergency response in ASEAN.

ahacentre.org

ASEAN SAFE SCHOOLS INITIATIVE (ASSI)

ASSI was established under the purview of the ASEAN Committee on Disaster Management Working Group on Prevention Mitigation to promote and facilitate a safe and secure learning environment for children in ASEAN. Among its key activities is teaching children in schools about risks in their local areas, which helps build awareness and capacities.

aseansafeschoolsinitiative.org

ASIA PACIFIC REFUGEE RIGHTS NETWORK (APRRN)

APRRN is an open and growing network of civil society organisations and individuals from 38 countries committed to advancing the rights of refugees and others in need of protection in the Asia Pacific region. It does so through joint advocacy, capacity strengthening, resource sharing and outreach.

aprrn.org

ASIAN DISASTER REDUCTION AND RESPONSE NETWORK (ADRRN)

ADRRN is a network of national and international NGOs from countries across the Asia Pacific region. Its main aim is to transform Asia into a resilient region through promoting coordination, information sharing and collaboration for effective and efficient disaster reduction and response in the region.

adrrn.net

CORE HUMANITARIAN STANDARD ON QUALITY AND ACCOUNTABILITY (CHS)

CHS sets out nine commitments for humanitarian and development actors to measure and improve the quality and effectiveness of their assistance. The CHS places communities and people affected by crisis at the centre of humanitarian action.

corehumanitarianstandard.org

GENEVA CENTRE OF HUMANITARIAN STUDIES (CERAH)

CERAH is a unique teaching, research and humanitarian exchange platform for humanitarian action, and is a joint Centre of the Graduate Institute of International and Development Studies and the University of Geneva.

humanitarianstudies.ch

GLOBAL HEALTH CLUSTERS

The Global Health Cluster exists to support Health Clusters/Sectors in countries. There are over 900 partners at country level of which 66 partners engage strategically at global level. These partners include international organisations and UN agencies, nongovernmental organisations, national authorities, affected communities, specialized agencies, academic and training institutes and donor agencies.

who.int/health-cluster

GLOBAL NETWORK OF CIVIL SOCIETY ORGANISATIONS FOR DISASTER REDUCTION (GNDR)

GNDR is the largest international network of civil society organisations working to strengthen resilience and reduce risk in communities worldwide. The GNDR 1,200-strong network comprises grassroot and local community groups as well as national, regional and international organisations.

gndr.org

INTER-AGENCY STANDING COMMITTEE (IASC)

IASC, the longest-standing and highest-level humanitarian coordination forum of the UN and non-UN organisations is to ensure the coherence of preparedness and response efforts, formulate relevant policies and agree on priorities for strengthened humanitarian action.

interagencystandingcommittee.org

INTERNATIONAL COUNCIL OF VOLUNTARY AGENCIES (ICVA)

ICVA is a global network of nongovernmental organisations whose mission is to make humanitarian action more principled and effective by working collectively and independently to influence policy and practice. ICVA's main focus areas are forced migration, humanitarian coordination, humanitarian financing and cross-cutting issues.

icvanetwork.org

SPHERE

Sphere is a worldwide community which brings together and empowers practitioners to improve the quality and accountability of humanitarian assistance. The Sphere Handbook is one of the most widely known and internationally recognised sets of common principles and universal minimum standards in humanitarian response.

spherestandards.org

WORLD HEALTH ORGANIZATION (WHO)

WHO is a global organisation that promotes health, keeps the world safe and serves the vulnerable. WHO focuses on primary health care to improve access to essential medicines and health products, train the health workforce, advise countries on labour policies, support people's participation in national health policies and improve monitoring data and information to attain sustainable financing and financial protection.

who.int

WHO EMERGENCY MEDICAL TEAMS (EMT)

The purpose of the WHO EMT initiative is to improve the timeliness and quality of health services provided by national and international Emergency Medical Teams and enhance the capacity of national health systems in leading the activation and coordination of rapid response capacities in the immediate aftermath of a disaster, outbreak and/or other emergency.

who.int/emergencies/partners/emergency-medical-teams

UNITED NATIONS CHILDREN'S FUND (UNICEF)

UNICEF is a UN agency responsible for providing humanitarian and developmental aid to children worldwide. UNICEF's efforts focus on enhancing childhood and maternal nutrition, improving sanitation, promoting education, providing immunisation and emergency relief in response to disasters and providing immunisations.

unicef.org

UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL (ECOSOC)

ECOSOC serves as the UN's central forum for discussing international economic and social issues and formulating policy recommendations addressed to member states and the UNs system. It brings people and issues together to promote collective action for a sustainable world.

ecosoc.un.org

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

UNHCR is the UN agency mandated to protecting and assisting refugees, forcibly displaced communities, and stateless people around the world. Its mandate is to aid and protect refugees, as well as assist refugees in voluntary repatriation, local integration or third country resettlement.

unhcr.org

UNITED NATIONS POPULATION FUND (UNFPA)

UNFPA is the UN agency for sexual and reproductive health. Its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

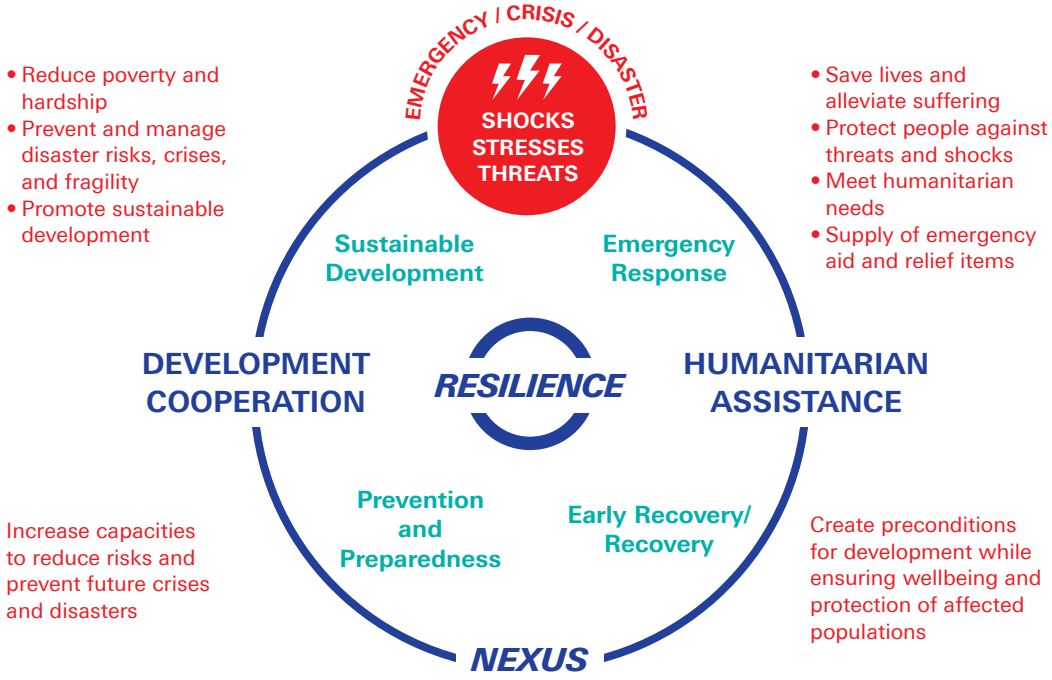
unfpa.org

Humanitarian-Development Nexus

HDN

The Humanitarian-Development Nexus (HDN) is a strategic approach that bridges short- and mid-term humanitarian responses with long-term development solutions, ensuring that interventions not only address immediate needs but also tackle systemic vulnerabilities. By integrating human well being, peacebuilding, economic prosperity, and sustainable solutions, HDN strengthens coordination and enhances the effectiveness, resilience, and lasting impact of humanitarian efforts. MERCY Malaysia's HDN approach fosters synergies between humanitarian aid and development initiatives, ensuring holistic, collaborative, and community-driven responses. By co-creating sustainable outcomes with affected communities and stakeholders, MERCY Malaysia delivers multidisciplinary interventions that go beyond relief — building resilience, enhancing preparedness, and facilitating effective partnerships that empower communities to withstand shocks and future disasters.

For a humanitarian NGO, embracing HDN requires shifting from traditional emergency response to a comprehensive, forward-looking strategy — one that not only provides aid but transforms lives, ensuring long-term stability, dignity, and recovery for vulnerable populations.



Media Engagement and Outreach

In 2025, media engagement played a pivotal role in advancing MERCY Malaysia's visibility and outreach. Strategic coverage across local media such as Astro Awani and New Straits Times, alongside international platforms including Al Jazeera and Reuters, enabled the organisation to communicate its humanitarian impact effectively while fostering greater engagement with donors, partners, and the wider public.

Media Coverage Highlights

Local Media: Featured in leading Malaysian outlets including Bernama, The Star, New Straits Times, Astro Awani, Utusan Malaysia, Harian Metro, Sinar Harian, RTM, TV3, Malay Mail and The Edge Malaysia.

International Media: Covered by global platforms including Al Jazeera, Reuters and ABC.

Key Impact Metrics

- 705 media items across print, broadcast, digital, and outdoor platforms including TV and billboards
- Coverage across Malaysia and select countries where MERCY Malaysia is present

Social Media Presence

MERCY Malaysia complemented its media engagement efforts through active digital outreach, enabling timely sharing of humanitarian updates, emergency appeals, programme highlights, and initiatives to wider audiences across key social media platforms in static, video, and podcast formats.

Key Impact Metrics

- Average of 300 posts per quarter across five active social media platforms
- Audience engagement rate was strongest for video and reel formats (25%) compared to static and infographic content

STRATEGIC IMPACT

Strengthened public awareness and visibility of MERCY Malaysia's humanitarian missions

Reinforced credibility and trust among donors, partners, and stakeholders

Expanded reach to regional and international audiences, further enhancing MERCY Malaysia's profile and impact


mercy
MALAYSIA
MERCY For All

Global Presence 2025

From Meaningful Action to Sustainable Resilience: Stewarding Humanitarian Leadership Across Borders

14 countries served in 2025

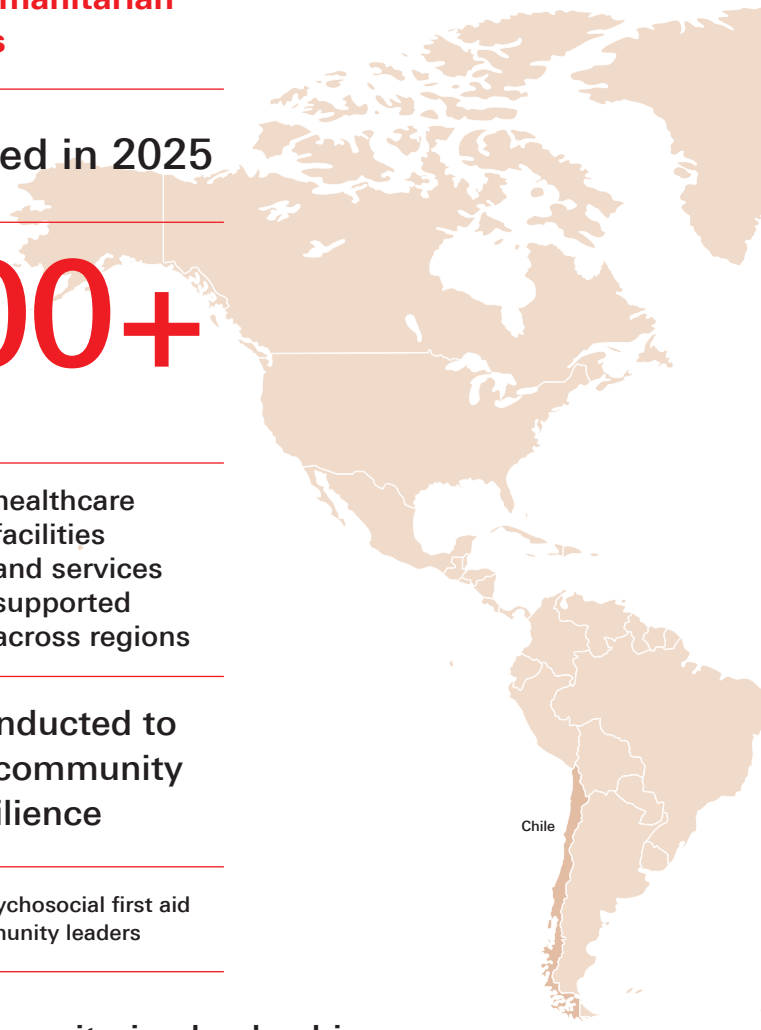
500,000+
people served

622
volunteers mobilised

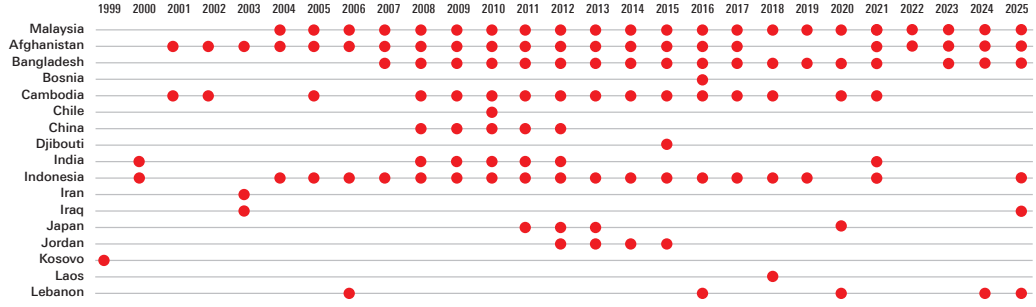
23 healthcare facilities and services supported across regions

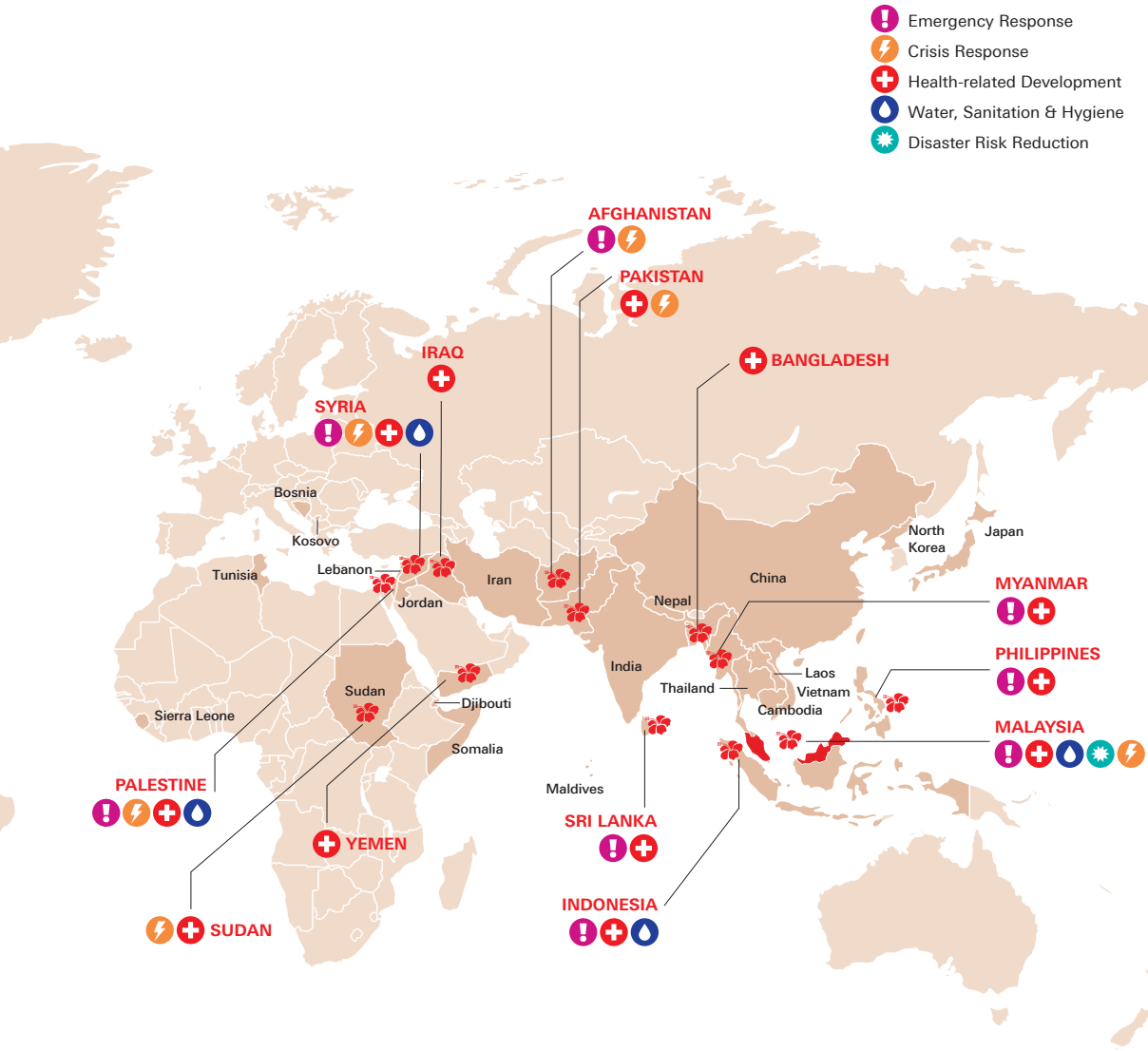
22 sessions conducted to strengthen community disaster resilience

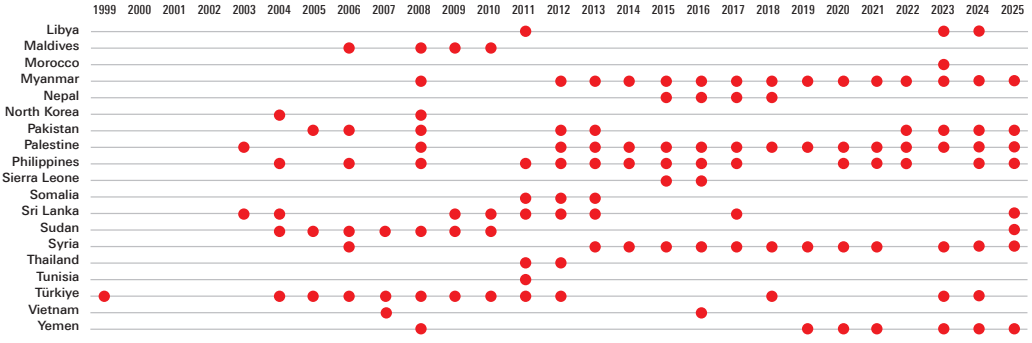
4 sessions conducted to develop psychosocial first aid skills among healthcare and community leaders



26 years of stewarding humanitarian leadership




Emergency Response
Crisis Response
Health-related Development
Water, Sanitation & Hygiene
Disaster Risk Reduction
AFGHANISTAN
PAKISTAN
IRAQ
BANGLADESH
SYRIA
Bosnia
Kosovo
Tunisia
Lebanon
Jordan
Iran
China
North Korea
Japan
Nepal
MYANMAR
India
PHILIPPINES
Laos
Thailand
Vietnam
Cambodia
Sudan
Djibouti
Sierra Leone
Somalia
MALAYSIA
PALESTINE
Maldives
SRI LANKA
YEMEN
INDONESIA
SUDAN


1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025
Libya
Maldives
Morocco
Myanmar
Nepal
North Korea
Pakistan
Palestine
Philippines
Sierra Leone
Somalia
Sri Lanka
Sudan
Syria
Thailand
Tunisia
Türkiye
Vietnam
Yemen

EXECUTIVE SUMMARY

The humanitarian landscape in 2025 remained complex and increasingly unpredictable.

In Malaysia, and across the regions, communities faced a growing number of climate-related disasters, alongside ongoing socio-economic pressures that continue to shape vulnerability. Floods, storms, and earthquakes disrupted lives and livelihoods, often in areas already facing limited access to essential services.

In response, MERCY Malaysia continued to provide timely and needs-based assistance, guided by its Humanitarian-Development Nexus (HDN) approach, an approach that recognises the importance of linking immediate humanitarian response with longer-term development efforts. This ensures that interventions not only address urgent needs but also contribute to sustained recovery and resilience. By working across this continuum, MERCY Malaysia supports communities to rebuild their lives while strengthening systems that reduce future vulnerability. Throughout the year, MERCY Malaysia's work contributed to several United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG 6 (Clean Water and Sanitation), SDG 10 (Reduced Inequalities), and SDG 17 (Partnerships for the Goals).

Emergency Response and Humanitarian Relief

In 2025, MERCY Malaysia responded to several emergencies in Malaysia and across the world, working alongside local partners and authorities to reach affected communities.

One of the most significant responses followed the Myanmar earthquake in March 2025, which caused widespread damage to homes, infrastructure, and health facilities. Emergency Medical Teams (EMTs) were deployed to support local health services, providing outpatient care, essential medicines, and referrals for more serious conditions. Beyond the immediate response, efforts were aligned with ongoing recovery priorities, supporting the gradual restoration of local health systems. These interventions contributed to SDG 3 (Good Health and Well-being).

Later in the year, MERCY Malaysia responded to Typhoon Kalmaegi, which affected parts of the Philippines. With communities experiencing flooding, displacement, and disruption to basic services, the response focused on providing clean water, hygiene support, temporary shelter, and psychosocial care, while laying the groundwork for recovery through community engagement and coordination with local actors. These efforts supported SDG 6 (Clean Water and Sanitation).

Within Malaysia, the organisation assisted communities affected by seasonal flooding and localised emergencies such as Putra Heights pipeline explosion. Support included relief distribution, basic healthcare services, and psychosocial support, particularly for vulnerable groups such as children and older persons. Our ongoing recovery work with several communities also entered new phases, and support continued for these communities to strengthen their disaster preparedness and resilience. All our interventions, where possible, were linked to longer-term support mechanisms, helping communities move beyond immediate recovery.

Across all responses, MERCY Malaysia worked to ensure that assistance was inclusive, context-appropriate, and aligned with longer-term recovery pathways.

Health Systems Strengthening and Medical Outreach

Health remained a key area of focus in 2025, reflecting the organisation's commitment to bridging emergency care with longer-term health system strengthening.

Programmes supported the rehabilitation and upgrading of health facilities and equipment, alongside the deployment of mobile clinics to reach remote and underserved communities. In parallel, training and capacity-building initiatives for local healthcare providers helped strengthen the continuity and quality of care.

These efforts illustrate the HDN approach in practice where emergency medical support transitions into sustained improvements in healthcare access and delivery. By strengthening local systems, MERCY Malaysia contributes to more resilient health services that are better equipped to respond to future crises.

These interventions contributed to SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities).

Water, Sanitation and Hygiene (WASH)

Access to safe water and sanitation remained a priority across both emergency and longer-term programming.

In the immediate aftermath of disasters, MERCY Malaysia supported the provision of safe water through filtration systems, water distribution, and hygiene kits. WASH interventions help reduce the risk of waterborne diseases and support basic living conditions.

Beyond emergency response, efforts focused on restoring and strengthening community water systems, alongside promoting sustainable hygiene practices through community engagement. This continuity ensures that short-term interventions contribute to longer-term improvements in public health and community resilience.

These efforts contributed directly to SDG 6 (Clean Water and Sanitation).

Resilience, Preparedness and Climate Adaptation

In 2025, MERCY Malaysia continued to support communities in strengthening their capacities to prepare for and respond to future risks.

Programmes focused on community awareness, preparedness planning, and capacity building, enabling local stakeholders to better understand and manage risks. These efforts were complemented by initiatives that support climate adaptation, particularly in areas increasingly affected by extreme weather events.

By linking preparedness efforts with recovery and development, MERCY Malaysia's work reflects a more integrated approach to resilience — one that supports communities not only in responding to crises, but also in reducing future vulnerabilities.

DISASTER RISK REDUCTION INTERVENTIONS

- Building Resilient Communities
- Resilient Health Infrastructure
- School Preparedness Programme
- Community-Based Disaster Risk Management
- Local Government Units
- Private Sector Participation

Psychosocial First Aid for Mental Health

Recognising the often less visible but lasting impact of crises, MERCY Malaysia continued to strengthen its mental health and psychosocial support (MHPSS) initiatives in 2025. Efforts focused on building the capacity of healthcare professionals, frontline responders, and community leaders to develop the skills needed to deliver appropriate psychosocial support, particularly in disaster-affected and high-risk settings.

Through training, technical support, and community-based programmes, MERCY Malaysia supported the integration of MHPSS into both emergency response and longer-term recovery efforts. This approach enables early identification of psychosocial needs, promotes community resilience, and ensures that support systems remain in place beyond the immediate aftermath of crises. By strengthening local capacity, these initiatives contribute to more sustainable and inclusive recovery, in line with SDG 3 (Good Health and Well-being).

Partnerships and Capacity Building for Sustainable Development

Partnerships remained central to MERCY Malaysia's work in 2025. The organisation worked closely with local partners, governments, and regional networks to ensure that responses were coordinated, relevant, and sustainable.

Capacity-building initiatives were targeted to support local responders and institutions, strengthening their ability to manage future emergencies and sustain development gains. This includes supporting locally-led action and reducing long-term dependency on external assistance. Sustainable development within the HDN approach aims to create long-term, resilient communities by addressing the root causes of vulnerability and promoting inclusive and locally driven growth. This phase integrates environmental, social, and economic factors to ensure lasting progress.

Looking Ahead

The experiences of 2025 reinforce the importance of approaches that bridge humanitarian response and development efforts. As risks continue to evolve, particularly in the context of increasing climate volatility and protracted crises, MERCY Malaysia remains committed to strengthening its HDN approach to ensure that immediate relief and assistance are effectively connected to longer-term recovery, resilience, and sustainable development.

By working alongside communities and partners, we aim to support inclusive, locally driven pathways aligned with the Sustainable Development Goals.

We acknowledge that at the centre of these efforts are the communities themselves. We thus seek to understand their resilience, their priorities, and their capacity to adapt and move forward in the face of uncertainty.

Treasurer's Report

The Executive Council remains committed to maintaining the highest standards of governance, transparency and financial accountability. Robust internal controls, regular financial monitoring, independent external audits and prudent risk management practices continue to guide the stewardship of donor funds entrusted to the organisation.

For the financial year ended 31 December 2025, the financial statements were audited by Jeffrey Suffian, Chartered Accountants, who expressed an unqualified opinion that the financial statements present a true and fair view of the financial position and performance of the Society.

Financial Stewardship and Sustainability

The year 2025 was marked by increasing humanitarian needs across multiple regions, requiring MERCY Malaysia to maintain both operational agility and sound financial stewardship. Despite global economic uncertainties and a challenging fundraising environment, the organisation remained financially resilient, recording a surplus of RM2.38 million and strengthening its accumulated funds position to RM37.19 million as of 31 December 2025.

This positive financial performance reflects the continued trust placed in MERCY Malaysia by our donors, partners, volunteers and supporters, whose contributions enabled us to respond effectively to humanitarian crises and development needs both locally and internationally.

Income and Resource Mobilisation

Total income for the year amounted to RM30.54 million, comprising donations, training fees, as well as investment and other operational income streams. Donation income remained the primary source of funding at RM29.29 million, demonstrating the continued confidence of individuals, corporations, foundations and institutional donors in MERCY Malaysia's humanitarian mission.

In addition, prudent treasury management and cash optimisation initiatives contributed positively to the organisation's financial position through interest income and banking management.

Delivering Humanitarian Impact

MERCY Malaysia expended RM24.04 million directly on charitable and humanitarian programmes during the year. These resources supported emergency response operations, healthcare interventions, community resilience programmes, disaster risk reduction initiatives and recovery efforts across multiple countries and vulnerable communities.

Significant humanitarian assistance was delivered in Malaysia, Palestine, Myanmar, Syria, Afghanistan, Lebanon, Sudan and other regions affected by conflict, disasters and humanitarian challenges. Through these interventions, MERCY Malaysia continued its commitment to delivering timely, effective and accountable assistance to those most in need.

Strengthening Financial Position

The Society's total assets increased to RM42.95 million compared with RM38.44 million in the previous year. Cash and cash equivalents remained strong at RM37.23 million, providing sufficient liquidity to support ongoing operations, emergency deployments and future programme commitments.

Appreciation

On behalf of the Executive Council, I would like to extend my sincere appreciation to our members, donors, corporate partners, volunteers, staff and humanitarian partners for their unwavering support and commitment throughout the year.

Your trust and generosity enable MERCY Malaysia to continue delivering humanitarian assistance, strengthening community resilience and upholding the dignity of vulnerable populations around the world. Together, we remain committed to building a more compassionate, resilient and equitable future for all.

Reza Abdul Rahim
Honorary Treasurer

Condensed Audited Financial Information

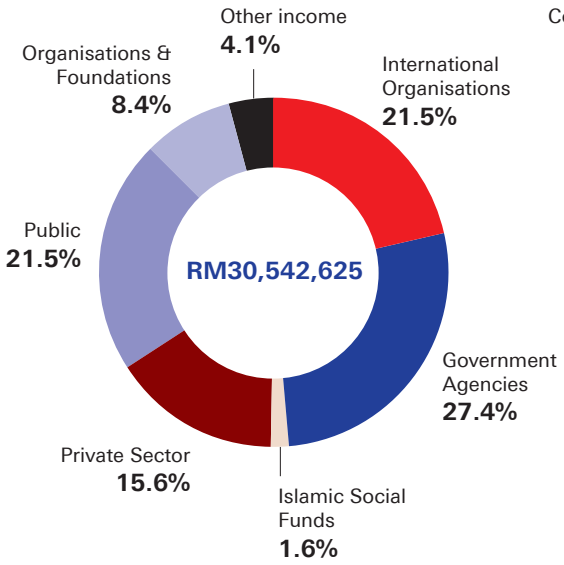
For the period ending 31 December 2025

DONATION AND OTHER INCOME	2025 (RM)	2024 (RM)
Donation		
Unearmarked	4,380,345	5,232,056
Earmarked	24,758,730	26,544,461
Reserved & Sustainability Fund	150,608	150,701
Total Donation	**29,289,683**	**31,927,218**
Other Income		
Membership Fee	—	1,220
Training Fee	35,464	—
Other Income	1,217,478	1,525,744
Total Other Income	**1,252,942**	**1,526,964**
Total Donation & Other Income	**30,542,625**	**33,454,182**

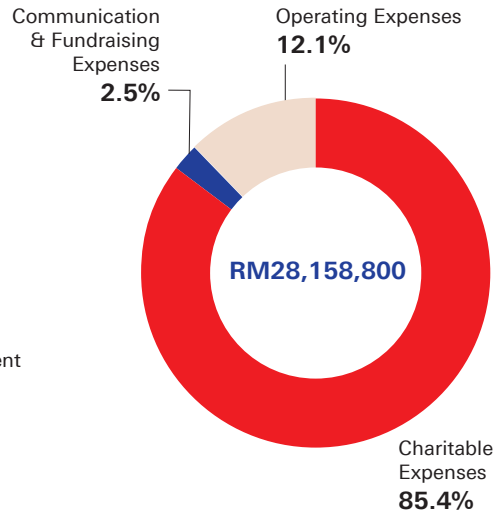
EXPENSES	2025 (RM)	2024 (RM)
Charitable Expenses		
Medical & Health Related	18,834,038	18,488,672
Shelter / NFI	327,315	987,710
Livelihood	93,248	152,779
Water, Sanitation & Hygiene (WASH)	1,393,696	1,337,631
Emergency Food Assistance	713,065	1,533,116
Disaster Preparedness	1,754,184	1,180,292
Educational Support	273,768	569,107
Realised Foreign Exchange	652,509	155,865
Total Charitable Expenses	**24,041,823**	**24,405,172**
Communication and Fundraising	**700,603**	**885,276**
Operating Expenses	**3,416,374**	**3,270,986**
Total Expenses	**28,158,800**	**28,561,434**

CHANGES IN CHARITABLE FUND	2025 (RM)	2024 (RM)
Balance as of 1 January	34,807,781	29,915,033
Surplus / (Deficit) for the year	2,383,825	4,892,748
Balance as at 31 December	**37,191,606**	**34,807,781**
Charitable Funds consist of:		
Unearmarked	6,274,338	7,099,615
Earmarked	28,879,650	25,821,156
Reserved & Sustainability Fund	2,037,618	1,887,010
Balance of Funds	**37,191,606**	**34,807,781**

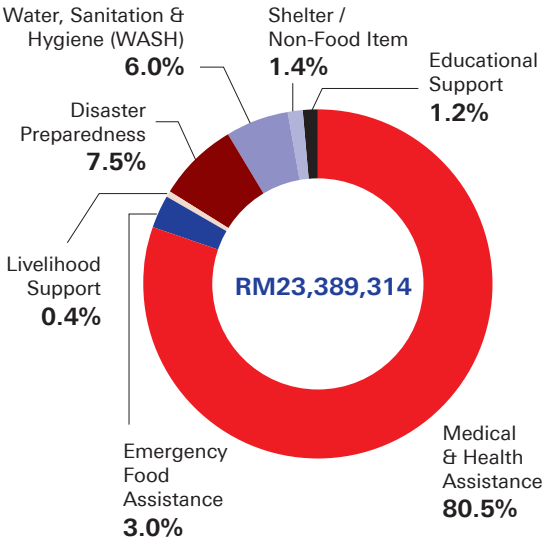
How our work is funded?



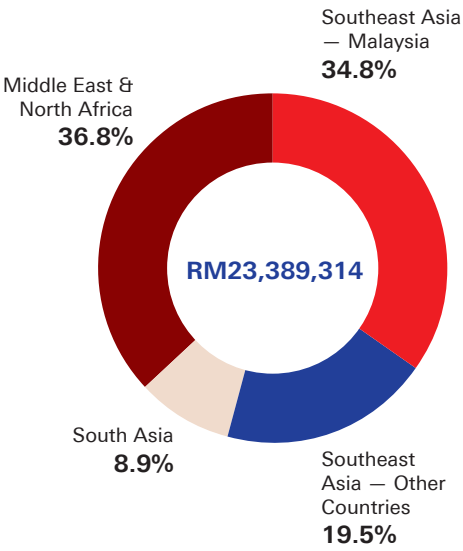
Where your giving goes?



How your giving helps?



Where your giving helps?



Governance, Risk Management, Compliance

In response to an increasingly complex and evolving third-sector landscape, MERCY Malaysia has continued to strengthen its governance, risk management, and compliance practices to support accountability, transparency, and operational effectiveness.

As part of this commitment, a dedicated Governance, Risk Management and Compliance (GRC) unit oversees key operational areas, including financial management, procurement, and organisational risk. This integrated approach enables more consistent and structured processes, supporting transparency and informed decision-making across programmes and operations.

The organisation also conducts periodic reviews of its internal control systems to identify potential gaps, address emerging risks, and implement timely improvements. These efforts are complemented by ongoing enhancements to policies, procedures, and ethical standards, ensuring that governance practices remain responsive to both operational realities and stakeholder expectations.

Anchored in its HDN approach, MERCY Malaysia recognises that strong governance is essential not only for accountability but also for sustaining impact across the continuum of response, recovery, and resilience-building. By reinforcing its compliance frameworks and institutional capacity, the organisation strengthens its ability to deliver assistance effectively, responsibly, and in alignment with its humanitarian principles.

Through these continued efforts, MERCY Malaysia upholds the trust placed in it by donors, partners, and the communities it serves, while safeguarding its credibility, sustainability, and long-term humanitarian impact.

Accounting Policy and Procedures
Accounts Payable Procedures and Guidelines
Anti-Bribery, Anti-Corruption, and Anti-Fraud Policy
Anti-Money Laundering Policy
Budgeting and Budget Control Manual
Cash Management & Bank Policy and Procedures
Child Safeguarding Policy and Procedures
Code of Conduct
Communications Policy and Procedures
Complaint Response Mechanism
Delegation of Authority Limit Policy and Procedures
Emergency & Disaster Response
Fixed Asset Management Policy
Fundraising Policy and Procedures
Gender Policy and Procedures
General Payment Process Policy and Procedures
Grievance Procedures and Guidelines
Islamic Social Fund Policy and Procedures
IT Policy & Guideline
Logistics and Warehouse Manual
Manpower Planning and Talent Management
Monitoring and Evaluation Manual
Needs Assessment Manual
Partnership Policy and Procedures
Procurement Policy and Procedures
Project Cycle Management Manual
Protection Policy
Timesheet Practice Guidelines
Vehicle Safety and Usage Policy and Procedures
Volunteer Management Manual
Whistleblower Protection Policy

Key Donors

We extend our sincere appreciation to the following donors who contributed RM50,000 and above in 2025. Their generous support has been instrumental in advancing MERCY Malaysia's humanitarian efforts and expanding our reach both domestically and internationally.

Corporate

Genting Malaysia Berhad
GPAY Network (M) Sdn Bhd
ICAP (Malaysia) Sdn Bhd
JT International Trading Sdn Bhd
myTeksi Sdn Bhd
Prisma Tegas Sdn Bhd
Shell Malaysia Ltd
Think City Sdn Bhd
ASNB Wakalah Sdn Bhd
Maybank Islamic Berhad
CIMB Group Holdings Berhad
Permodalan Nasional Berhad

Foundations & Trusts

Bersyukur Foundation
Malaysia-UN SDG Trust Fund
Myanmar Humanitarian Fund (MHF)
Yayasan Hasanah
Yayasan Raja Zarith Sofiah Negeri Johor
Yayasan Sultan Azlan Shah
Yayasan Zarith Sofiah Negeri Johor

Ministries & Government Agencies

Kementerian Luar Negeri Malaysia
NADMA

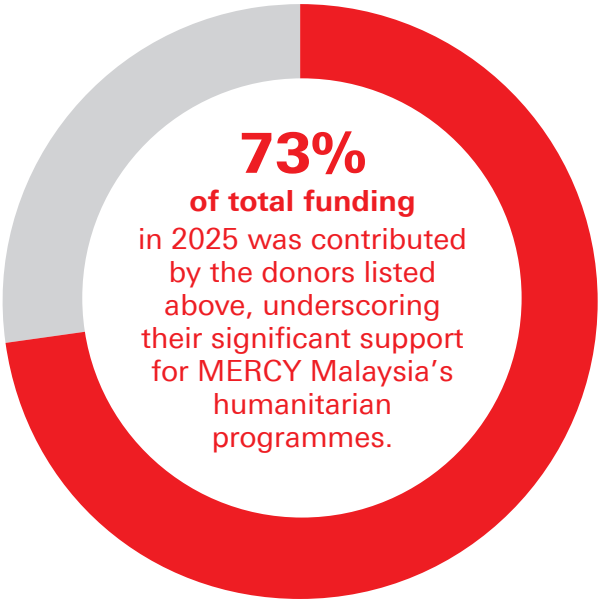
Institutions & Non-Governmental Organisations (NGOs)

Center for Disaster Philanthropy
International Rescue Committee (IRC)
Qatar Charity Berhad
The Malaysian Church of Jesus Christ of Latter-day Saints
United Nations Children's Fund
United Nations Office for the Coordination of Humanitarian Affairs
United Nations Office on Drugs and Crime

Zakat / Islamic Social Finance

Zakat Pulau Pinang

We remain equally grateful to all our valued donors whose collective generosity continues to make our work possible. Their contributions enable the delivery of timely assistance and the sustained ability to serve communities in need.




mercy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YEAR IN REVIEW

Malaysia

From Meaningful Action to Sustainable Resilience

In 2025, humanitarian needs in Malaysia were shaped by recurring climate-related disasters, persistent geographic inequities, and gaps in access to essential services. Seasonal flooding during the Northeast Monsoon displaced thousands across multiple states, placing sustained pressure on evacuation centres (PPS), public health systems, and local response capacities. At the same time, rural and remote communities, particularly in Sabah, Sarawak, and parts of Kelantan, faced ongoing barriers to healthcare, clean water, and sanitation due to difficult terrain, limited infrastructure, and low health literacy. The growing visibility of mental health and psychosocial needs further underscores the cumulative nature of crises, alongside the need for stronger preparedness and risk reduction.

Within this context, MERCY Malaysia's response in 2025 focused on delivering meaningful action, i.e., timely and targeted interventions, while building sustainable resilience through system strengthening, local capacity, and community ownership. Guided by our Humanitarian-Development Nexus (HDN) approach, programmes were designed as connected pathways linking immediate relief with recovery, preparedness, and long-term resilience across healthcare, WASH, psychosocial support, and disaster risk reduction.

YEAR IN REVIEW: MALAYSIA

In the midst of disruption, safe spaces allow children to play, learn, and feel secure again.

Emergency Response and Humanitarian Aid: Delivering Meaningful Action in Moments of Crisis

Rapid mobilisation during the Northeast Monsoon floods enabled the timely delivery of life-saving assistance to affected communities across multiple states through coordinated emergency response operations during the Northeast Monsoon floods. Our experiences and past collaborations with national and district disaster management platforms facilitated early deployment that ensured support reached high-need temporary evacuation centres (PPS) efficiently.

Interventions included integrated medical services, Psychological First Aid (PFA), child-friendly activities, and the distribution of essential relief items such as hygiene kits, food, clean water, and dignity supplies. These immediate efforts addressed urgent needs in a coordinated and context-responsive manner.

Beyond immediate relief, communities were stabilised during displacement. Psychosocial support helped individuals manage stress and uncertainty, while safe spaces for children restored routine and a sense of normalcy.

This integrated approach not only protected health and safety in the moment, but also laid the groundwork for recovery — demonstrating how timely action contributes to longer-term resilience.

Healthcare and WASH: Restoring Essential Services and Stability

Healthcare and WASH interventions played a central role in stabilising communities beyond the immediate crisis. Mobile clinics and outreach programmes extended essential services to underserved populations, improving access to early diagnosis, treatment, and referrals through mobile health clinics and community outreach services. These efforts helped bridge last-mile gaps while strengthening health-seeking behaviour.

Complementing this, WASH initiatives addressed both immediate and structural needs through the provision of safe water supply systems and sanitation facilities in affected communities.Providing and prioritising safe sanitation facilities in evacuation centres improved safety and dignity, reducing risks associated with movement during unsafe conditions.

In rural communities, improved water systems shifted households from coping and rationing to stable, reliable access.

A defining feature across these interventions was the emphasis on community ownership. Through *gotong-royong* approaches and capacity building, communities actively participated in constructing and maintaining systems, strengthening long-term sustainability and resilience.

From unsafe and uncertain conditions, families were able to access clean and dignified sanitation. This improved both safety and wellbeing.

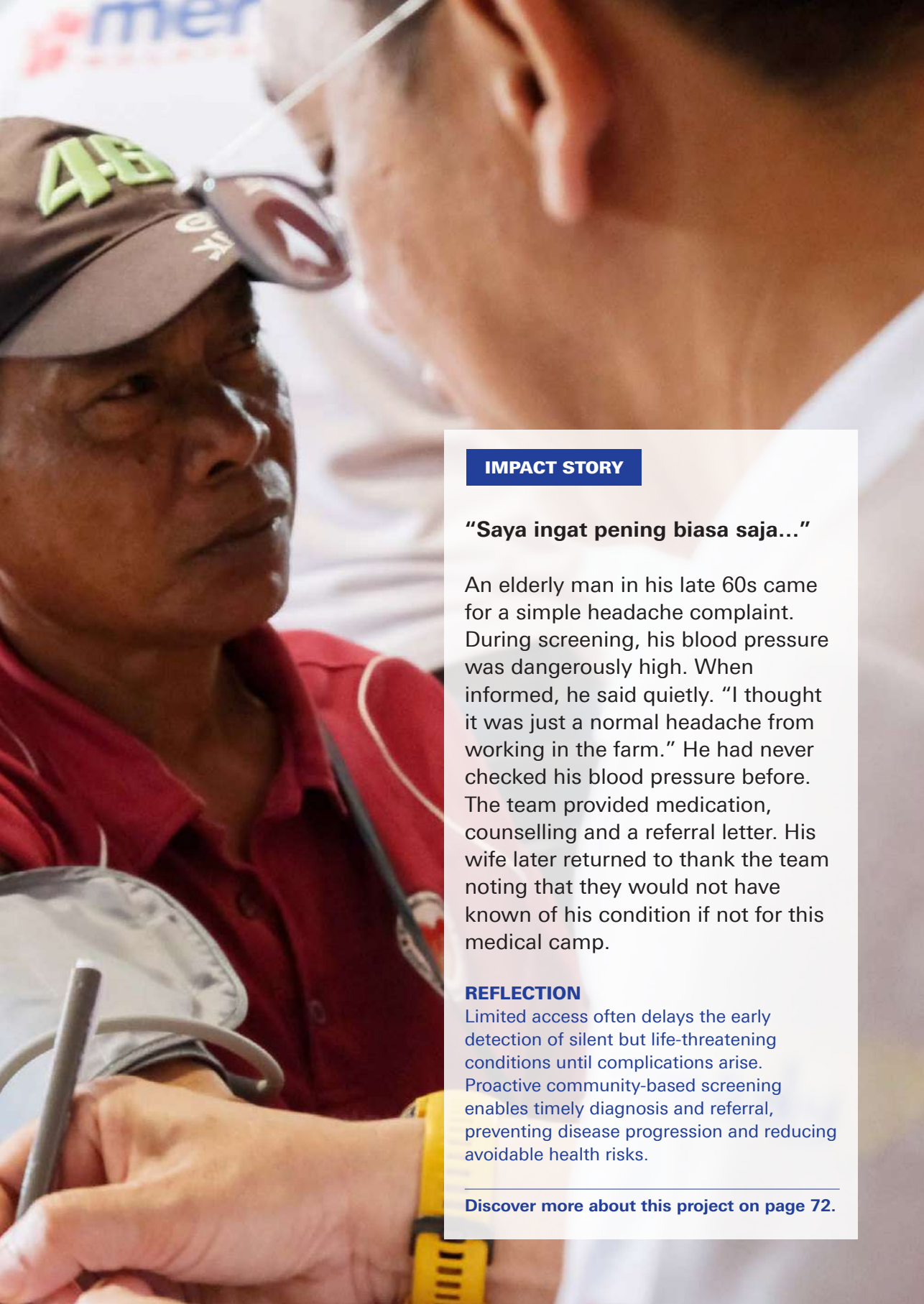
Communities moved from vulnerability and disruption towards stability, dignity, and self-reliance.

From Action to Resilience: Strengthening Systems and Prepared Communities

Across emergency response, healthcare, and WASH interventions, a clear pattern emerged — meaningful action creates the conditions for sustainable resilience. Communities were not only able to stabilise more quickly, but also be better positioned to recover and adapt.

This approach to MERCY Malaysia's responses, which is reinforced by disaster risk reduction (DRR) efforts focused on preparedness, risk awareness, and resilient systems through initiatives such as community-based preparedness programmes, resilient health infrastructure development, and locally driven solutions, demonstrates our maturity as a 26-year-old organisation. We see our efforts help reduce future vulnerabilities while strengthening response capacity at both community and institutional levels.

Whether through restoring dignity in evacuation centres, expanding access to healthcare, enabling reliable water systems, or strengthening preparedness at community and institutional levels, our interventions demonstrate the value of an integrated approach. By linking immediate assistance with long-term improvements in systems, infrastructure, and local capacity, MERCY Malaysia's work in 2025 reflects a practical application of the HDN approach, where meaningful action today builds the foundation for sustainable resilience tomorrow.



IMPACT STORY

“Saya ingat pening biasa saja…”

An elderly man in his late 60s came for a simple headache complaint. During screening, his blood pressure was dangerously high. When informed, he said quietly. “I thought it was just a normal headache from working in the farm.” He had never checked his blood pressure before. The team provided medication, counselling and a referral letter. His wife later returned to thank the team noting that they would not have known of his condition if not for this medical camp.

REFLECTION

Limited access often delays the early detection of silent but life-threatening conditions until complications arise. Proactive community-based screening enables timely diagnosis and referral, preventing disease progression and reducing avoidable health risks.

Discover more about this project on page 72.

Healthcare and Medical Outreach

Primary Healthcare Mobile Clinic for Indigenous Community in Gua Musang, Kelantan

PROJECT PARTNERS
- ASNB Wakalah
- Pejabat Kesihatan Daerah (PKD) Gua Musang

STATUS
Completed

WHEN
April 2025 – March 2026 (12 months)

WHERE
Gua Musang, Kelantan

SDGs

Mobile clinics were organised in various communities in the Gua Musang district, with activities focused on primary healthcare delivery, early detection, treatment, and health promotion for remote Orang Asli communities.

Mobile clinics play an important role within MERCY Malaysia's HDN approach by bridging immediate healthcare needs with longer-term system strengthening. By supporting local medical outreach capacity and extending services to hard-to-reach communities, they ensure continued access to essential care while contributing to improved disease surveillance, reporting, and structured referral pathways strengthening continuity of care and building local capacity for more resilient health systems.

Key Outputs

- 6 mobile clinic sessions conducted
- 557 patients treated
- 175 households reached
- 248 children received treatment/ consultation on growth, nutrition, and immunisation
- 2 referrals made to government health facilities
- 6 health education sessions conducted attended by 318 participants

Project Impact

The mobile clinics helped improve access to essential healthcare services for the Orang Asli communities living in geographically isolated areas, reducing barriers related to distance, transport cost, and limited health awareness. Accessibility to basic healthcare has positive impact on the community by:

- Improving early detection of chronic diseases, maternal risks, and child malnutrition.
- Reducing untreated health conditions that could escalate into emergencies.
- Increasing community health awareness through consistent education sessions.
- Strengthening referral pathways between remote communities and public health facilities.

Healthcare and Medical Outreach

Northeast Monsoon Flood Response and Preparedness 2025/2026

PROJECT PARTNERS

- Permodalan Nasional Berhad
- Yayasan Raja Zarith Sofiah Negeri Johor
- Ahib Bazaar
- GTP Network Sdn Bhd, Dommal Food Services Sdn Bhd
- Gpay Network (M) Sdn. Bhd.
- Yayasan Astro Kasih
- Aishop Online Solution Sdn. Bhd.
- B Lingo Communication
- Ce Global Marketing and Sourcing Sdn. Bhd.
- SMC Marketing and Advertising Sdn. Bhd.
- TikTok Malaysia
- Maxis
- Government agencies including welfare departments, district offices, district health officers, land offices and respective district emergency command centres.

STATUS
Completed

WHEN
1 November 2025 – 31 March 2026

WHERE
Kedah, Kelantan, Pahang, Perak, Perlis, Sabah, Sarawak, Selangor

This response to aid victims of floods involved rapid mobilisation and coordination between MERCY Malaysia headquarters, state teams, and district authorities. The early deployment to Kelantan and Perlis allowed MERCY Malaysia to immediately integrate into coordination platforms led by Pusat Kawalan Operasi Bencana (PKOB) alongside agencies such as the Angkatan Pertahanan Awam Malaysia (APM) and the Welfare Department. This alignment ensured that assistance was not duplicated and that resources were directed to overcrowded evacuation centres (PPS) with the most urgent needs. The response included deployment of mobile clinics at several PPS offering medical services, as well as support in terms of Psychological First Aid (PFA) and Child Friendly Activities (CFA).

HDN

From a HDN perspective, the flood response demonstrated the value of early coordination and locally anchored action in delivering timely and dignified assistance. Rapid mobilisation enabled MERCY Malaysia to integrate into established coordination platforms and work alongside local authorities, ensuring that support was targeted, complementary, and responsive to priority needs. The integration of medical care, PFA and CFA supported not only immediate relief, but also the protection of dignity, wellbeing, and continuity of care for affected communities, while strengthening local systems for future response.

SDGs

Key Outputs

- 277 patients treated at three evacuation centres (PPS) in Kelantan
- 510 children participated in Child-Friendly Activities (CFA)
- 53 individuals received Psychological First Aid (PFA)
- 787 people received Non-Food Items (NFI)
- 17,831 people received in-kind donations
- 44 individuals received food and cleaning items

Project Impact

Timely access to essential services and humanitarian support significantly improved the wellbeing of flood-affected communities. Access to healthcare was strengthened through mobile clinics deployed in evacuation centres. On-site medical services reduced barriers to treatment, prevented the deterioration of health conditions, and alleviated pressure on overstretched local health facilities. PFA also helped individuals manage distress, anxiety, and trauma during displacement. At the same time, CFA created safe and structured spaces where children could learn, play, and regain a sense of normalcy, supporting their emotional recovery and resilience.

Distribution of non-food items, in-kind donations, as well as food and cleaning supplies enhanced safety, hygiene, and dignity within evacuation centres. These enabled families to maintain personal dignity despite challenging circumstances.

Health and Medical Outreach

Bridging the Gap, Healthcare for Rural Communities

PROJECT PARTNERS
- The Malaysian Church of Jesus Christ of Latter-day Saints (LDS)
- Malaysian Maritime Enforcement Agency
- SK Pulau Tigabu
- Local community leaders

STATUS
Completed

WHEN
January – December 2025 (12 months)

WHERE
Sabah, Malaysia

Mobile clinics were organised in various rural communities in four districts in Sabah (Tongod, Kudat, Pitas and Telupid). The activities of the clinic focused on primary healthcare delivery, early detection, treatment, and health promotion for remote and rural communities.

Project Impact

This project improved access to essential healthcare for rural communities facing geographical and financial barriers by bringing services directly to them.

Early detection of health conditions and better access to treatment were achieved through mobile clinics, where community health awareness was also strengthened through practical health talks and demonstrations. Issues touched in the sessions included proper medication use, Pap smear screening, cancer awareness and management of common conditions such as head lice.

Strong coordination between MERCY Malaysia, medical volunteers and local communities enabled smooth implementation and high community turnout reflected trust and strong demand for such medical services.

SDGs

Key Outputs

- 8 mobile clinic sessions conducted
- 2,549 patients treated
- 2,300 hygiene kits distributed
- 7 health education sessions conducted attended by 318 participants

IMPACT STORY

"Participating in this medical mission was a deeply meaningful and transformative experience. From the very beginning, I was struck by the sense of purpose and unity shared among the volunteers, as well as the gratitude and warmth expressed by the communities we served. It was incredibly humbling to witness firsthand how something as simple as relieving dental pain or providing basic oral care could bring such a profound sense of relief and joy to patients who may not have regular access to dental services. This mission was not just about giving; it was about growing. It left a lasting impact on me personally and professionally, and I would wholeheartedly encourage others to take part in future missions."

— Dentist, in Mission to Kg Kawayoi Ulu Pinangoh, Tongod (Mission 2)

Mobile clinics play an important role within MERCY Malaysia's HDN approach by bridging immediate healthcare needs with longer-term system strengthening. By supporting local medical outreach capacity and extending services to hard-to-reach communities, mobile clinics ensure continued access to essential care while contributing to improved disease surveillance, reporting, and structured referral pathways strengthening continuity of care and building local capacity for more resilient health systems.

HDN

Health and Medical Outreach

Cleft Lip and/or Palate Corrective Surgery

PROJECT PARTNER
The Malaysian Church of Jesus Christ of Latter-day Saints (LDS)

STATUS
Ongoing

SERVICE RECIPIENTS
Affected communities

WHEN
January 2025 – May 2026 (18 months)

WHERE
Sabah, Malaysia

The programme aimed to provide corrective surgery to those born with cleft lip or cleft palate. The implementation of the programme required a holistic and multidisciplinary approach to care, encompassing not only corrective surgery but also speech therapy, ear, nose and throat (ENT) screening, orthodontic evaluation, Alveolar Bone Grafting (ABG), orthognathic surgery, as well as lip and nose revision procedures.

Partnership with six public hospitals to deliver the corrective surgeries as well as collaboration with NGOs for case identification and referral pathways, opened access to corrective surgery for underserved patients. The surgeries were held at the following hospitals:

- Hospital Queen Elizabeth, Kota Kinabalu
- Hospital Wanita dan Kanak-Kanak, Kota Kinabalu
- Hospital Keningau
- Hospital Lahad Datu
- Hospital Tawau
- Hospital Duchess of Kent, Sandakan

A public health awareness session complemented the programme, to increase local knowledge and raise awareness on cleft lip and palate.

SDGs

Key Outputs

- 60 patients underwent corrective surgery
- 1 public awareness session conducted attended by 30 participants

Corrective surgery for underserved communities represents a strong HDN approach, where immediate life-changing medical interventions are delivered alongside efforts to strengthen local health systems. While outreach surgeries address urgent unmet needs by restoring mobility, function, and dignity to individuals affected by treatable conditions, they are also designed to build long-term capacity through training of local medical teams, improved referral pathways, and strengthened surgical and rehabilitation services. Delivered through coordinated partnerships, the approach ensures that patients are identified early, treated safely, and supported through recovery. Over time, this integrated model improves equitable access to essential care, and embeds more resilient, locally sustained systems for corrective surgical services.

HDN

Project Impact

The project expanded its reach through strong partnerships and collaboration with various parties, thus benefitting and serving a larger number of underserved communities. For those patients receiving surgery, the programme has delivered life-changing impact, not only physically but also psychologically. Beyond restoring function and appearance, the corrective surgery has significantly improved patients' confidence, self-esteem, and social integration, enabling them to lead fuller and more dignified lives.

Health and Medical Outreach

Medical Camp for Underprivileged Community

PROJECT PARTNERS
- MetLife Foundation
- Health District Office of Sri Aman, Sarawak

STATUS
Ongoing

WHEN
December 2024 – December 2025 (13 months)

WHERE
Sarawak, Malaysia

The medical camp saw mobile clinics and health awareness sessions organised in Kampung Banting, Lingga, and Kampung Nanga Sumpa, Lubok Antu, in the district of Sri Aman, Sarawak. The remote location of these villages made medical support a logistical challenge for many of the local villagers.

The mobile clinics provided general health screening, maternal and child health checks, non-communicable disease (NCD) screening (hypertension, diabetes), health education, and medication supply in one location. The camp also offered sessions on health awareness and hygiene to the community members aimed at raising awareness and changing mindsets on the need for medical consultation and health management.

SDGs

Key Outputs

- 768 patients treated
- 316 households received hygiene kits
- 18 trainings sessions conducted
- 1,800 participants received health awareness training

Why mobile clinics matter?

- Many elderly villagers live with undiagnosed chronic illnesses.
- Health literacy remains low among rural communities.
- Transportation remains the biggest barrier to continuous care.
- The large turnout among villagers shows strong need for periodic medical outreach services.

Mobile clinics play a critical role within MERCY Malaysia's HDN approach by bridging immediate healthcare access with longer-term system strengthening. By bringing services directly to underserved communities, they not only address urgent health needs but also build trust and confidence in the healthcare system, reducing fear and hesitation in seeking care. Regular engagement enables early detection of illnesses and strengthens disease prevention efforts, while structured referral pathways ensure patients receive timely follow-up and continued treatment. At the same time, these outreach efforts support local capacity, enhance surveillance and reporting, and contribute to more responsive, resilient health systems.

Project Impact

The project allowed the early detection of chronic health situations, and promoted an awareness among villagers on the importance of good hygiene and health management. Meeting with doctors also reduced fear of medical consultation among some villagers.

Early detection: Inaccessibility to medical services meant that many of the local villagers had never seen a doctor before. The medical camps discovered several cases of villagers with high blood pressure and uncontrolled diabetes, but were unaware of their conditions. Immediate referral letters were issued to the nearest district hospital.

Health awareness shift: After health talks on hygiene and chronic disease management, many elderly participants asked follow-up questions, showing increased awareness and willingness to change habits.

Building confidence in the healthcare system: Some villagers shared that they rarely visit clinics due to cost and distance. The presence of MERCY Malaysia built confidence and reduced fear of medical consultation.

Health and Medical Outreach

Sabah Emergency Response

PROJECT PARTNERS
- District Offices
- Jabatan Perkhidmatan Kebajikan Am (JPKA)

STATUS
Completed

WHEN
January – December 2025 (12 months)

WHERE
Sabah, Malaysia

Emergency response post-floods were delivered to four districts — Kota Marudu, Penampang, Beaufort and Membakut — in the State of Sabah in East Malaysia. The response included the distribution aid to victims sheltering in the temporary flood evacuation centres, including hygiene kits, diapers, milk, baby milk powder, drinking water, as well as cleaning and dignity kits and emergency lights.

SDGs

Project Impact

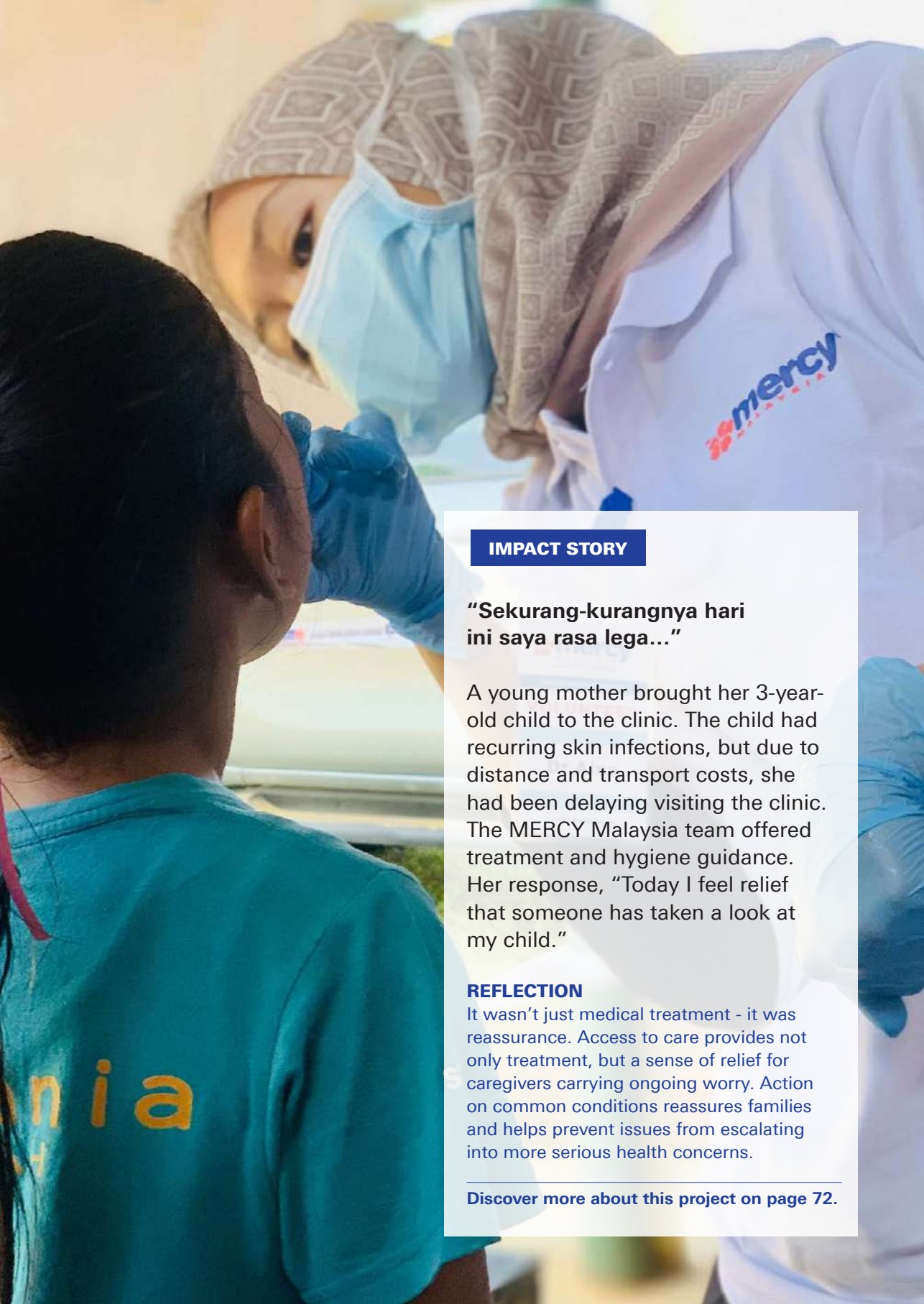
The delivery of emergency aid post-flooding helped to provide essential relief items and dignity to affected communities, who felt that their needs were promptly addressed during the disaster. The availability of Child Friendly Spaces at the centres serve to provide activities and distraction for children in the shelters.

Key Outputs

- 1000+ hygiene kits distributed
- 300 non-food relief items distributed
- 5 Child Friendly Spaces conducted at evacuation centres to provide relief and support to affected children

HDN

Emergency aid following any floods or disasters provide essential relief items that safeguard the health, safety, and dignity of affected communities. Emergency aid typically involves the provision of safe water, hygiene kits and essential food items to address immediate needs of those affected. This support, delivered timely helps stabilise emotions, reduces further vulnerabilities, and creates a foundation for early recovery. The affected persons will feel less stress, and thus may be better positioned to rebuild and adapt in the aftermath of the disaster.



IMPACT STORY

“Sekurang-kurangnya hari ini saya rasa lega…”

A young mother brought her 3-year-old child to the clinic. The child had recurring skin infections, but due to distance and transport costs, she had been delaying visiting the clinic. The MERCY Malaysia team offered treatment and hygiene guidance. Her response, “Today I feel relief that someone has taken a look at my child.”

REFLECTION

It wasn’t just medical treatment - it was reassurance. Access to care provides not only treatment, but a sense of relief for caregivers carrying ongoing worry. Action on common conditions reassures families and helps prevent issues from escalating into more serious health concerns.

Discover more about this project on page 72.

WASH

Malaysia Flood Recovery Response 2024/2025

PROJECT PARTNERS
- Permodalan Nasional Berhad (PNB)
- Pejabat Pendidikan Tumpat
- Pejabat Daerah Tumpat

STATUS
Completed

WHEN
1 February 2025 – 31 December 2025 (11 months)

WHERE
Tumpat, Kelantan

Restoration of essential water and sanitation services for Sekolah Kebangsaan Simpangan, a flood-affected area to help stabilise daily life after prolonged disruption. The rehabilitation of toilet units, and water supply system both improved access to safe and functional sanitation facilities and consistent water access to meet school's daily operations.

Key Outputs

- 8 toilets restored
- 1 unit of clean water supply infrastructure rehabilitated (construction of water tank and additional water storage facilities)
- 224 students and 29 teachers received daily access to clean toilets and water for their sanitation needs

SDGs

WASH interventions in schools bridge immediate recovery needs with longer-term improvements in health and learning environments. The restoration of water and sanitation facilities ensures access to clean water and safe hygiene practices, reducing health risks while restoring dignity for students and teachers. By supporting the continuity of school operations and strengthening everyday practices, these efforts contribute to safer, more resilient learning spaces. Strong collaboration between school authorities, local stakeholders, and implementation teams further reinforces local capacity, enabling sustained benefits beyond the immediate post-disaster period.

Project Impact

The restoration of water and sanitation facilities, and access to clean water help at reducing hygiene-related health risks and restoring dignity to the school community (students and teachers) affected by the floods. These facilities are now supporting healthier practices within the community and school environment. The project showed that strong cooperation between school authorities, local stakeholders, and implementation teams, can enable timely and smooth completion of WASH infrastructure despite post-disaster logistical challenges. The availability of working toilets and clean water improves the health, safety, and learning conditions of students and teachers, thereby supporting the community as they continue their recovery process.

WASH

WASH Programme in East Malaysia

PROJECT PARTNERS
- Malaysia UN SDG Trust Fund
- Health District Offices in targeted locations

STATUS
Ongoing

WHEN
September 2024 – June 2026

WHERE
Sri Aman and Serian, Sarawak; Pitas, Sabah

Since 2024, MERCY Malaysia has been working alongside the communities of Kampung Langkang Ilir and Kampung Tenggang Punda in Sarawak, and Kampung Pauh Bongkol and Kampung Maringgan in Sabah to improve their access to clean and reliable water, ensure availability of safe sanitation facilities, and improve their water security.

The initiative is a collaboration with the village communities and district health offices, and involves the rehabilitation/construction of water supply systems and communal toilets as well as capacity building trainings on water resource management for local community members.

Villagers in the project locations depended primarily on mountain watersheds and rainwater for their daily water needs. However, these sources frequently dry up during the prolonged dry season, which typically occurs between February and October. As a result, many households are forced to travel long distances to purchase expensive bottled water, while others resort to unsafe and contaminated sources such as stagnant ponds and streams. This water insecurity directly undermines food security, as limited and unreliable water supply constrains agricultural production for both household consumption and income generation.

SDGs

Key Outputs

Completed

- 1 Gravity Feed System (GFS) constructed in Kampung Tenggang Punda (rehabilitation of damaged existing rural water supply system)
- 1 unit of communal toilets (with 4 cubicles) constructed in Kampung Tenggang Punda

Ongoing

- Construction of 3 water supply systems in Pitas, Sabah and Sri Aman, Sarawak
  1. Kampung Maringgan, Pitas
  2. Kampung Pauh Bongkol, Pitas
  3. Kampung Langkang Ilir, Sri Aman
- Construction of 3 units of communal toilets (with 4 cubicles) in 3 villages (listed above)
- Capacity building session with community planned to be conducted in 2026

Improved reliable access to safe water (reducing dependence on unsafe and costly alternatives) strengthens community wellbeing and resilience. Households will experience improved health and greater time security, enabling communities to dedicate more time and resources to cultivating nutritious food (strengthening household food security) and reducing the risks of waterborne disease, malnutrition, and preventable illness among vulnerable populations.

HDN

Project Impact

The project delivered benefits that extend beyond access to water. By reducing the need for households to spend money on bottled water or travel long distances to secure water for daily use, families can redirect their time and resources towards education, livelihoods, and other essential needs. Improved sanitation facilities and community-led water management also contribute to healthier living conditions and strengthen local capacity to sustainably manage water resources, supporting long-term resilience in the face of recurring dry seasons and climate-related challenges.

LEARNING INSIGHT

Community Empowerment through "Gotong-Royong"

Taking into consideration local contextual and administrative procedures, the planned contractor-implementation shifted to a community gotong-royong approach. While this required changes in the project implementation plans to ensure adherence to local requirements and safety procedures, this approach saw communities taking ownership and developing practical skills to manage and maintain their own water systems, ensuring sustainability beyond project completion. This community involvement in establishing and ensuring safe water serves as a foundation for long-term food security, public health, and social wellbeing.

WASH

Improving Access to Clean Water for Rural Communities in Malaysia

PROJECT PARTNERS
- Yayasan Hasanah
- Gua Musang Health District Office

STATUS
Completed

WHEN
February 2025 – February 2026 (13 months)

WHERE
Gua Musang, Kelantan

SDGs

Villagers in Kampung Jerek were frequently exposed to water shortages and poor water quality as a result of heavy rains causing debris that blocked water systems and resulting in dirty, unsafe and unreliable water supply. Households were forced to store and ration water for daily use, villagers had to frequently clean blockages, and families had to resort to purchasing clean bottled water for daily use and consumption. This project, a collaboration with the village communities and district health office, involved the rehabilitation of existing water supply systems, and capacity building sessions on water resource management for local community members.

Key Outputs

- 1 Gravity Feed System (GFS) constructed (rehabilitation of damaged existing rural water supply system)
- 1 capacity building session on rural water supply management
- Development of Water Safety Plan for the village

"With clear and strong water flow, bathing now feels comfortable and motivating rather than stressful."

Improved reliable access to safe water, including functioning taps in homes, safe and reliable water supply, improves daily activities such as bathing, laundry, cooking, and cleaning. Such changes bring major relief and restores dignity for families. Water quality is also related to improvements in health and hygiene, where households typically report fewer cases of skin problems and greater confidence in using tap water for personal hygiene. Improved water availability also enables better sanitation practices, including more regular cleaning of toilets and shared facilities.

HDN

Project Impact

A significant change observed was the shift from coping with water shortages to stable and normal daily living. This project improved health, safety, and dignity by providing reliable access to clean and sufficient water, removing the daily uncertainty that previously shaped household routines. Families no longer need to ration water or rely on unsafe sources during rainfall and peak usage hours. Improved water quality enabled better hygiene practices and reduced water-related health risks, restoring confidence in using tap water for daily needs.

Households reported the ability to bathe, cook, and clean without disruption or stress, even during periods of high demand. One resident shared that water is no longer a constant worry for her family, marking a transition from anxiety and compromise to comfort and security. The project reduced daily pressure on households, lowered water-related expenses, and restored a sense of normalcy and dignity in everyday life for the community.

The project also strengthened community capacity through the development of a Water Safety Plan and training on rural water supply management, supporting long-term sustainability and preparedness.

WASH

WASH Construction Projects at Two Temporary Evacuation Centres (PPS)

PROJECT PARTNERS
- NADMA
- Besut Department of Social Welfare

STATUS
Completed

WHEN
October 2025 – February 2026 (6 months)

WHERE
Besut, Terengganu

Having insufficient toilet and bathing facilities was a key challenge for temporary evacuation centers (PPS) set up to accommodate flood affected communities. Flood victims sheltering at the PPS would typically seek to use the toilets in nearby houses requiring houseowners to open up their toilets for use by the public.

This project involved the construction of two buildings with sanitation facilities adjacent to two PPS in Kampung Bekok and Kampung Pancur in Jertih, making available additional communal facilities whilst significantly reducing the burden on houseowners from having to allow public the use of their toilets.

Two buildings were constructed with toilets and bathrooms. One of the buildings also included a porch area, providing an additional safe and comfortable space to shelter, rest and pray, while waiting for the flood to subside.

SDGs

Project Impact

The project delivered significant improvements in safety, health, and dignity for evacuees by providing accessible, clean, and reliable sanitation facilities. It reduced the need for movement during unsafe conditions, lowering risks of accidents and harm, while helping to prevent waterborne diseases and maintain basic hygiene. The availability of public and well-maintained facilities restored a sense of comfort and dignity (particularly for women, children, and vulnerable groups) and helped ease stress during displacement. Beyond immediate relief, the facilities have strengthened community preparedness for future floods and continue to serve surrounding households, providing lasting benefits to daily sanitation and overall wellbeing.

From a HDN perspective, the project demonstrates how well-designed emergency interventions can deliver immediate protection while contributing to longer-term community resilience. By investing in durable sanitation facilities and working closely with local stakeholders, the initiative supports both current evacuation needs and future preparedness, reducing vulnerability to recurring floods. This integrated approach ensures that humanitarian assistance not only addresses urgent gaps, but also strengthens local systems and infrastructure, thereby enabling communities to recover more effectively and maintain improved living conditions over time.

Key Outputs

2 communal toilet facilities constructed at temporary evacuation centres (PPS)

- 1 four-door building with 2 toilets and 2 bathrooms
- 1 two-door building with 1 toilet, 1 bathroom and 1 covered porch

YEAR IN REVIEW: MALAYSIA

Disaster Risk Reduction as an Advanced Core Intervention Strategy

In 2025, Disaster Risk Reduction (DRR) was part of MERCY Malaysia's strategy to shift efforts from reactive response to proactive, risk-informed resilience building. Through integrated initiatives spanning community resilience, livelihoods, education, and health systems, DRR programmes strengthen local capacities to better anticipate, withstand, and recover from disasters. Grounded in evidence, partnerships, and community participation, these efforts contributed to more resilient systems and reduced vulnerabilities across high-risk communities.

DRR INTERVENTIONS IN 2025

Resilient Health Infrastructure (RHI)

Resilient Health Infrastructure (RHI), focuses on strengthening the capacity of healthcare facilities to anticipate, withstand, and continue functioning during and after disasters. By integrating risk assessments, emergency preparedness planning, and system-level improvements, hospitals are better equipped to maintain critical services, protect patients and staff, and respond effectively to surge demands during crises.

Through targeted training, simulation exercises, and the development of evidence-based resilience roadmaps, healthcare personnel are empowered to institutionalise preparedness within daily operations. Supported by strategic partnerships and aligned with national systems, RHI contributes to more robust, adaptive health facilities — ensuring continuity of care while reinforcing the broader resilience of the health system and the communities it serves.

Key Outputs

78 hospital staff trained

Evidence-based resilience roadmaps developed for 2 hospitals

Projects in 2025

Two projects completed with hospitals in Kelantan, in partnership with CIMB and PNB

(see pages 88–90)

School Preparedness Programmes (SPP)

School Preparedness Programmes (SPP) position schools as key entry points for community-based disaster risk reduction by embedding practical preparedness, risk awareness, and response planning within the school ecosystem. Through structured training, simulations, and drills, students and teachers are equipped with the knowledge and skills to respond effectively during emergencies, while gaining a deeper understanding of local risks and safety measures.

A strong emphasis on Training-of-Trainers (ToT) models enables teachers, volunteers, and partner institutions to cascade knowledge and sustain preparedness efforts over time. By strengthening school-level systems, fostering multi-stakeholder partnerships, and promoting local ownership, SPP helps cultivate a culture of safety that extends beyond the classroom, reinforcing resilience across families and the wider community.

Key Outputs

80+ volunteer facilitators trained, creating a nationally distributed DRR facilitator network

Projects in 2025

Projects conducted in 12 schools in Kelantan, Sarawak and Perak, in partnership with Shell, AIA, UiTM, and state government agencies

(see pages 91–97)

Community-Based Disaster Risk Management

Community-Based Disaster Risk Reduction (CBDRM) places communities at the centre of identifying, understanding, and managing the risks they face. It emphasises participatory approaches where local knowledge is combined with technical expertise to assess vulnerabilities, map hazards, and develop practical preparedness and response measures. It also includes conducting comprehensive evidence-based assessments to provide insights for development of interventions.

By strengthening local capacities, fostering ownership, and promoting inclusive decision-making, CBDRM enables communities to act early, reduce disaster impacts, and sustain resilience over time, while complementing and strengthening broader institutional disaster management systems.

CBDRM also includes the Training of Trainers programme, where community leaders, students and volunteers are given training on specific DRR modules, increasing local or regional preparedness capacity. Those trained also act as a ready and competent pool of MERCY Malaysia volunteers.

Key Outputs

525 people received training

12 programmes including 4 Training of Trainers

8 modules delivered

Safe Zones and Action Plans collaboratively developed

Resilience Living Lab Study Report published

Projects in 2025

In 2025, CBDRM programmes included classroom training, public outreach, and practical workshops targeted benefitting different audiences. Communities gained access to knowledge, skills and technologies that helped build resilience and self-dependency.

(see pages 98–117)

Disaster Risk Reduction

Resilient Health Infrastructure

HDN

Resilient Health Infrastructure (RHI) reflects a HDN approach by strengthening the ability of healthcare systems to anticipate, withstand, and continue functioning during disasters while maintaining essential services. Through evidence-based assessments, capacity building, and institutional engagement, the programme shifts hospitals from reactive crisis response to proactive, risk-informed preparedness. By embedding resilience into governance structures, operational planning, and infrastructure decision-making, RHI contributes to continuity of care and reinforces the broader resilience of communities that depend on these facilities.

Across two hospital sites in 2025, the RHI programme focused on establishing baseline resilience, strengthening staff capacity, and developing actionable roadmaps for improvement.

The project established a comprehensive baseline of each hospital's resilience through field assessments, followed by a two-day workshop that trained multidisciplinary staff in disaster risk reduction, risk mapping, and simulation exercises. These activities informed the development of an evidence-based RHI report, which outlines key vulnerabilities and priority interventions, forming the basis for a targeted implementation plan aligned with the hospital's needs.

Field assessments and multi-day workshops equipped over 70 healthcare personnel across departments with practical skills in risk mapping, disaster simulation, and resilience planning, while also generating evidence-based reports to guide prioritised interventions. A key outcome was the institutionalisation of preparedness through designated resilience focal points and strengthened disaster management structures, enabling knowledge to be cascaded to over 600 hospital staff collectively. These efforts enhanced cross-departmental coordination, improved understanding of flood-related risks and system vulnerabilities, and fostered strong multi-agency collaboration — laying the foundation for scalable healthcare resilience across flood-prone settings.

SDGs

Disaster Risk Reduction — RHI

RHI for Hospital Tengku Anis, Pasir Puteh

PROJECT PARTNERS
- CIMB
- Jabatan Kesihatan Negeri Kelantan (JKNK)
- Hospital Tengku Anis, Pasir Puteh

WHEN
February 2025 – June 2026 (17 months)

WHERE
Pasir Puteh, Kelantan

STATUS
Ongoing

Key Outputs

- 2 field assessments conducted
- RHI Baseline Report produced on hospital's resilience indicators and vulnerabilities
- 1 two-day Resilient Hospital Workshop conducted
- 38 participants from all major departments in hospital trained on DRR, resilience framework, hospital risk mapping, and disaster simulation in workshop
- 10 priority evidence-based interventions were recommended to the hospital management a clear roadmap for resilience enhancement

Project Impact

The RHI initiative significantly strengthened the hospital's institutional capacity by shifting the approach from reactive crisis management to a proactive, risk-informed preparedness approach. Through training and the establishment of departmental resilience focal points, knowledge and improved practices were cascaded across the wider hospital workforce, embedding disaster preparedness into routine operations and governance structures. Staff now have a clearer, data-driven understanding of risks, supported by practical tools such as hazard mapping and simulations.

At the systems level, the programme enhanced organisational resilience and cross-departmental coordination, enabling the hospital to better anticipate, respond to, and recover from flood-related disruptions while maintaining critical services. Strong multi-agency collaboration and evidence-based planning have also provided a clear roadmap for resilience improvements, positioning the initiative as a scalable model for strengthening healthcare resilience across other high-risk settings. The hospital leadership demonstrated strong commitment by selecting a high-impact project as the priority intervention for immediate implementation.

Disaster Risk Reduction — RHI

RHI for Hospital Tumpat

PROJECT PARTNERS
- PNB
- Ministry of Health, Malaysia
- Jabatan Kesihatan Negeri Kelantan (JKNK)
- Tumpat Hospital

STATUS
Ongoing

WHEN
February 2025 – June 2026 (17 months)

WHERE
Tumpat, Kelantan

Project Impact

The RHI initiative catalysed a shift in how disaster preparedness is understood and practised within the hospital, moving it from a technical function to a shared institutional responsibility. By engaging multiple departments and empowering staff as resilience focal points, the programme fostered stronger internal coordination and ownership, ensuring that preparedness is integrated into everyday decision-making rather than activated only during crises.

Beyond internal systems, the initiative also strengthened the hospital's ability to plan strategically for future risks. With clearer visibility of vulnerabilities and priority actions, hospital leadership is now better positioned to invest in targeted improvements and sustain resilience efforts over time. The collaborative model further demonstrates how coordinated partnerships can support more adaptive, future-ready healthcare systems in disaster-prone settings.

Key Outputs

- 1 field assessment conducted
- 1 two-day Resilient Hospital Workshop conducted
- 40 participants from all major departments in hospital trained on DRR, resilience framework, hospital risk mapping, and disaster simulation
- RHI Baseline Report produced on hospital's resilience indicators and vulnerabilities

Disaster Risk Reduction

School Preparedness Programme

The School Preparedness Programme (SPP) reflects a strong Humanitarian-Development Nexus approach by combining immediate knowledge-building with longer-term resilience within school communities. Through hands-on, participatory learning, students and staff move beyond passive awareness to actively identifying risks, planning responses, and practising coordinated actions through scenario-based drills. These activities address critical gaps in disaster knowledge while equipping school communities with practical skills to respond effectively to multiple hazards and health risks.

HDN

From a longer-term perspective, SPP strengthens systems by embedding preparedness, risk awareness, and preventive health practices within the school environment. By fostering early understanding of disaster risks, climate impacts, and hygiene behaviours, the programme contributes to sustained behaviour change and positions schools as hubs for wider community resilience. This integrated approach not only enhances immediate safety but also builds a generation that is better prepared, informed, and capable of reducing future disaster and health vulnerabilities.

SDGs

Why Schools?

School-based programmes are high-leverage DRR interventions

Training students who live in flood-prone areas creates direct household and community resilience multiplier effects.

High percentage of students have limited knowledge of disasters and disaster response.

Schools dual role as PPS evacuation centres makes community disaster training critical for disaster management.

Disaster Risk Reduction — SPP

SPP in SMK Tatau, Sarawak

PROJECT PARTNER
Shell

STATUS
Completed

WHEN
9 November 2025

WHERE
Sekolah Menengah Kebangsaan Tatau, Tatau Baru, Sarawak

A one-day intensive workshop was conducted in Sekolah Menengah Kebangsaan (SMK) Tatau in Sarawak due to the school's documented history of flood exposure and its gazetted role as a temporary flood evacuation centre (PPS).

The programme included a five-module training for 11 and 12 year-old students covering Disaster Early Warning, School Risk Mapping, Action During Disaster, Climate Change, and Clean Hands Healthy Lives.

A disaster risk mapping was also conducted in collaboration with staff and students within the school compound. This was complemented with training for emergency response.

Key Outputs

- 50 students (11 and 12 year-old) engaged in capacity-building sessions
- 5 structured learning modules delivered
- 1 school risk map co-created by staff and students through participatory mapping
- 37 pre- and post-assessment surveys completed (74% response rate of which 14 boys and 23 girls)
- 6 Emergency Response Teams formed and trained (Info-guard, Search and Rescue, Firefighter, Medical, Evacheroes, Carebuddies)

Project Impact

The comprehensive one-day practical hands-on programme allowed students and staff to transition from passive learners to active safety contributors by co-creating a risk map of their school compound identifying flood-prone areas, blocked drainage, and evacuation routes. Students also successfully performed scenario-based disaster drills across three scenarios (floods, earthquakes, fires) in assigned team roles, and engaged in climate change model building, gaining some tangible understanding of carbon offsetting.

A hand hygiene compliance activity "Clean Hands, Healthy Lives" brought awareness on reducing the risk of communicable disease transmission in the school environment.

Overall, the training addressed the disaster knowledge gap where a pre-assessment showed 65% students had insufficient disaster knowledge, while post-assessment indicated 100% acknowledgement of learning something new.

Disaster Risk Reduction — SPP

SPP in Perak Tengah

PROJECT PARTNERS
- Jabatan Belia dan Sukan Negeri Perak
- Pejabat Pendidikan Daerah Perak Tengah
- Pengurusan Sekolah Daerah Perak Tengah
- UiTM Cawangan Perak

STATUS
Completed

WHEN
17 December 2025
14 January 2026
(1 month)

WHERE
- SMK Seri Iskandar, Perak Tengah
- SMK Layang-Layang Kiri, Parit
- SMK Seri Londang, Bota

Workshops were conducted for students of three schools in the Perak Tengah districts — SMK Seri Iskandar, Perak Tengah, SMK Layang-Layang Kiri, Parit and SMK Seri Londang in Bota.

The programme covered eight modules for students including School Preparedness, Hygiene and Health, Grab Bags, Early Warning, Risk Mapping, and Climate Change. It also included training staff on safety procedures and the need for immediate action during emergencies, covering knowledge on personal safety, evacuation procedures, and crisis communication.

Key Outputs

- 81 students participated from three schools (29 from SMK Seri Londang, 30 from SMK Seri Iskandar, 22 from SMK Layang-Layang Kiri)
- 8 training modules delivered — School Preparedness, Hygiene and Health, Grab Bags, Early Warning, Risk Mapping, and Climate Change
- Simulations for natural disasters (floods and earthquakes) conducted
- Evacuation drills and safety talks completed

Project Impact

After the programme, students demonstrated an increased level of readiness. Their confidence increased in handling early interventions and did not panic in emergency simulations. Training on proper management and response during emergencies has shown to vastly reduce the risk of injury or panic during critical situations.

High student interest in learning was observed, and successful transfer of knowledge fostered a positive approach to safety culture where the school community practises vigilance and responsibility for mutual safety. The schools proposed making this programme an annual activity and expanding participation to include parents and the local community.

Disaster Risk Reduction — SPP

SPP in Tumpat, Kelantan

PROJECT PARTNERS
- AIA Malaysia
- Universiti Teknologi MARA (UiTM) Kelantan
- Tumpat District Office

STATUS
Completed

WHEN
March – September 2025 (6 months)

WHERE
Tumpat, Kelantan

A series of workshops were conducted for students of six schools in the district of Tumpat, Kelantan. The schools were SK Seri Neting, SK Padang Mandol, SK Simpangan, SK Bendang Pa'Yong, SK Teluk Jering, and SMU (A) Nurul Huda Kajang Sebidang. All six schools are officially gazetted as temporary evacuation centres (PPS) in cases of flooding.

The programme was conducted in two formats — four sessions for Training of Trainers (ToT), and two sessions of SPP workshops, each workshop covering three schools.

- ToT sessions: four 2-day sessions held on 10 – 11 May 2025, 23–24 May 2025, 19 August 2025 and 17 September 2025
- SPP in schools: two 1-day workshops held on 13 March 2025 (SK Seri Neting, SK Padang Mandol, SK Simpangan), and 25 May 2025 (SK Bendang Pa'Yong, SK Teluk Jering, SMU (A) Nurul Huda Kajang Sebidang)

The SPP programme covered eight modules, specifically developed for engagement with students.

Key Outputs

- 342 students trained across six schools in disaster preparedness and health
- 2 SPP programmes conducted
- 8 modules delivered
- 60+ trained volunteer facilitators from UiTM deployed across six schools
- 8 capacity-building modules delivered
- 4 ToT sessions conducted
- 80 UiTM volunteers trained

MERCY Malaysia's SPP modules

Module 1: School Preparedness
Hazard, vulnerability, and capacity concepts

Module 2: Disaster Early Warning
Rapid-response exercises for floods, earthquakes, fires, storms, lightning, tsunamis

Module 3: Action During Disaster
Role-based emergency simulation (Info-guard, Search & Rescue, Firefighter, Medical, Evacheroes, Carebuddies)

Module 4: Clean Hands, Healthy Lives
MOH-compliant hand hygiene practices

Module 5: School Risk Mapping
On-site hazard identification using cameras and mapping tools

Module 6: Hygiene and Health Practices
Disease prevention before, during, and after disaster

Module 7: Grab Bag
Emergency kit assembly and preparedness planning

Module 8: Climate Change
Urban green ratio modelling (1:3 human-tree; 1:6 vehicle-tree)

LEARNING INSIGHT

Youth-to-Family Knowledge Transfer

SPP programme design explicitly empowers students as "agents of change" who disseminate preparedness knowledge to their households. Each of the 342 trained students potentially influences four to five family members thus the indirect programme outreach is an estimated 1,500 to 2,000 additional community members.

Disaster Risk Reduction

Community-Based Disaster Risk Management

SDGs

From a HDN perspective, Community-Based Disaster Risk Management programmes link immediate risk reduction with longer-term resilience by strengthening both individual capabilities and community systems. While participants are better equipped to respond to hazards in the short term, the establishment of local knowledge, structures, and early awareness contributes to sustained behavioural change. By integrating community and school ecosystems, the approach fosters a more coordinated, locally driven model of preparedness that reduces vulnerability and supports long-term resilience.

HDN

Development of Disaster Risk Reduction (DRR) Strategies for Community Capacity Building and Advocacy in Kuala Kangsar

PROJECT PARTNER
Think City

STATUS
Completed

SERVICE RECIPIENTS
Affected communities

WHEN
January – September (10 months)

WHERE
Kuala Kangsar, Perak

Key Outputs

- 81 students participated from three schools (29 from SMK Seri Londang, 30 from SMK Seri Iskandar, 22 from SMK Layang-Layang Kiri)
- 8 training modules executed
- School Preparedness, Hygiene and Health, Grab Bags, Early Warning, Risk Mapping, and Climate Change
- Simulations for natural disasters (floods and earthquakes) conducted
- Evacuation drills and safety talks completed

A combined project encompassing training sessions for Community-Based Disaster Risk Management (CBDRM) and School Preparedness Programme was implemented across Mukim Sayong and Mukim Kota Lama Kiri in Perak adopted an inclusive, community-wide approach to strengthening disaster preparedness.

Through participatory methods such as risk mapping, awareness sessions, and practical planning exercises, the programmes engaged adults, women, and youth with tailored content reflecting their roles and vulnerabilities. Complementary school-based sessions introduced age-appropriate preparedness knowledge, ensuring that disaster awareness is embedded early while reinforcing a shared sense of responsibility across the community.

Three programmes (two CBDRM sessions and one SPP session) were conducted at each district. As an effort towards comprehensiveness and inclusivity, the contents and delivery of each programme was targeted at community members from different age groups and demographics.

Project Impact

The programme resulted in measurable improvements in disaster awareness and preparedness across both community members and students. Participants demonstrated stronger understanding of local risks, with communities able to identify safe zones, document seasonal hazards, and develop practical action plans. Among women participants, there was a notable increase in confidence and knowledge, particularly in understanding disaster risks, health implications, and their role in supporting family and community preparedness.

At the school level, students showed significant gains in preparedness, including clearer understanding of appropriate actions during disasters, awareness of evacuation points, and knowledge of emergency contacts. Overall, the combined community and school-based approach strengthened readiness at multiple levels — enhancing individual capability, reinforcing community structures, and building a more informed and prepared population.

Disaster Risk Reduction — CBDRM

DRR for Community Capacity Building — Sayong District

WHEN
- CBDRM: 17 May 2025
- CBDRM for Women: 20 July 2025
- SPP: 25 May 2025

WHERE
Kuala Kangsar, Perak

Key Outputs and Impact

3 programmes and **118** participants

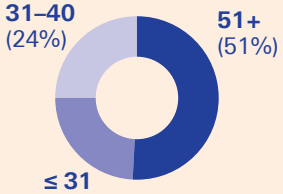
PROGRAMME 1: CBDRM Training

Total trained
41 participants

Gender
68% female

32% male

Age group



POST TRAINING

46%
understanding of disaster risk management improved from 36% to 46%

2 safe zones
identified through risk mapping; community action plans developed with potential partners

PROGRAMME 2: CBDRM Training for Women

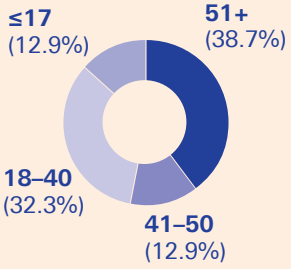
POST TRAINING

95%
women understood disaster risks and types; aware of health threats and prevention practices; and felt confident supporting their families during disasters

Total trained
31 participants

Gender
100% female

Age group



PROGRAMME 3: SPP Training

Total trained:
46 participants

Gender:
57% female

43% male

Age group:
15 year old students

POST TRAINING

78%
disaster preparedness increased from 39% to 78%

88%
knowledge of appropriate actions increased from 46% to 88%

93%
awareness of assembly points increased from 24% to 93%

78%
knowledge of emergency contacts increased from 39% to 78%

Building Community Resilience through Collective Action and Shared Knowledge

The strength of a collaborative, multi-stakeholder model in delivering effective disaster risk reduction brings together NGOs, government agencies, academic institutions, and subject matter experts to co-develop and implement relevant, community-centred interventions. This approach not only enhances the quality and applicability of programme content but also strengthens coordination, shared ownership, and alignment across sectors key to building sustainable community resilience. This experience highlights the value of leveraging diverse partnerships, including academic networks and volunteer ecosystems, to scale expertise and delivery capacity.

MERCY Malaysia welcomes and encourages similar collaborations with public, private, and academic partners, recognising that collective action and shared knowledge are essential to advancing resilient, disaster-prepared communities.

Disaster Risk Reduction — CBDRM

DRR for Community Capacity Building — Kota Lama Kiri District

Key Outputs and Impact

3 programmes and **207** participants

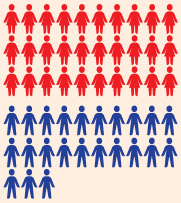
PROGRAMME 1: CBDRM Training

WHEN
- CBDRM: 17 May 2025
- CBDRM for Women: 20 July 2025
- SPP: 6 August 2025

WHERE
Kuala Kangsar, Perak

Total trained:
53 participants

Gender:
57% female



43% male

Age group:
31–40 (>50%)

POST TRAINING

41%
understanding of disaster risk management improved from 38% to 41%

3 safe zones
identified through risk mapping; seasonal changes and risk documented

PROGRAMME 2:
CBDRM Training for Women

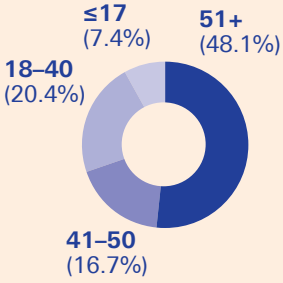
POST TRAINING

75%
women understood disaster risks and types; aware of health threats and prevention practices; and felt confident supporting their families during disasters

Total trained
54 participants

Gender
100% female

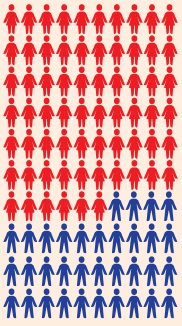
Age group



PROGRAMME 3: SPP

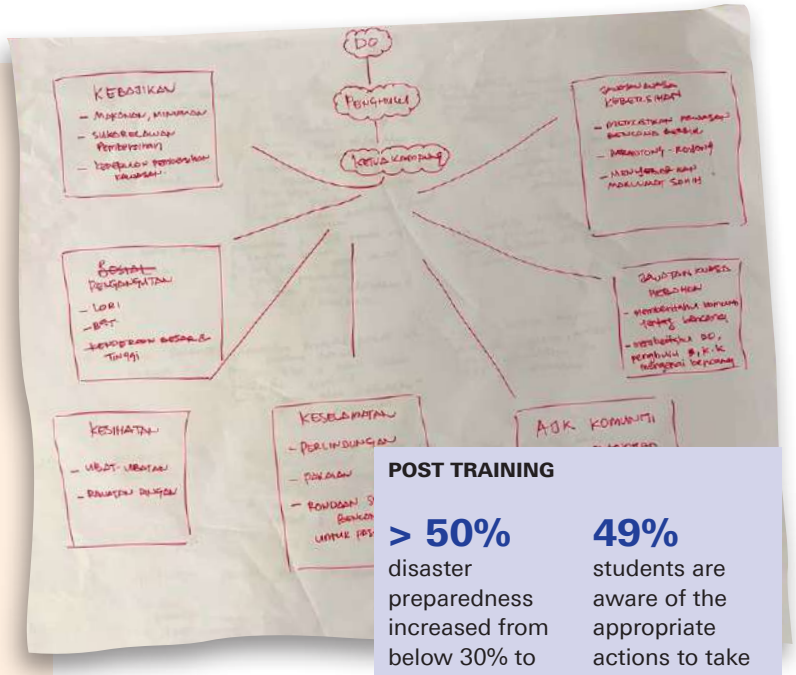
Total trained
100 participants

Gender
66% female



34% male

Age group
11–12 year olds



POST TRAINING

> 50%
disaster preparedness increased from below 30% to >50%

49%
students are aware of the appropriate actions to take during disasters

Disaster Risk Reduction — CBDRM

CBDRM: Living Within the Doughnut In Ipoh

PROJECT PARTNER
Sunway Center for Planetary Health (SCPH)

STATUS
Completed

WHEN
1 January – 30 June 2025 (6 months)

WHERE
Ipoh, Perak

The CBDRM programme was implemented for the residents of Taman Desa Impian, Ipoh, a flood-prone community to strengthen local preparedness through a participatory and context-driven approach.

Designed around real community experiences, the programme engaged residents in risk mapping, awareness-building, and action planning, while incorporating elements of environmental stewardship and planetary health. The use of hands-on activities, experience sharing, and simplified, localised modules ensured accessibility and relevance, enabling participants to better understand local hazards, seasonal patterns, and their roles in reducing risk.

This project supports Ipoh's aspiration to become Asia's first Doughnut Economy City by translating the principles of the Doughnut Economics framework - which balances human wellbeing with environmental sustainability — into local action. Through collaboration, systems thinking, and community-driven solutions, it promotes a more resilient, inclusive, and regenerative model of development for the city and its communities.

SDGs

17 PARTNERSHIPS FOR THE GOALS

HDN

This programme reflects a strong HDN approach as it addresses immediate vulnerabilities while strengthening long-term community resilience. It equips communities with the knowledge and tools to respond more effectively to recurring floods, while fostering local ownership, coordination, and preventive action. By integrating environmental awareness, community participation, and multi-stakeholder collaboration, the approach supports a shift from reactive coping mechanisms to proactive risk reduction and enables communities to become more self-reliant and better prepared for future shocks.

Project Impact

The programme led to measurable improvements in disaster awareness and preparedness, with participants demonstrating stronger understanding of risk management, clearer recognition of local hazards, as well as the ability to identify safe zones and develop community action plans. Community voices highlighted persistent gaps in early warning systems, infrastructure effectiveness, and access to timely assistance, reinforcing the importance of locally driven solutions. Increased awareness of environmental practices, such as proper waste management, also contributed to reducing underlying risk factors linked to flooding.

Key Outputs

- 21 residents trained in CBDRM (33% female, 67% male, with more than 75% aged 50 and above)
- Understanding of disaster preparedness and disaster risk management increased from 45% to 49%
- 1 safe zone was identified through risk mapping
- Increased awareness of seasonal climate and health trends and ability to develop action plans with potential partners

Disaster Risk Reduction — CBDRM

Environment and Ecosystem-Based Disaster Risk Reduction (Eco-DRR) through Nature-Based Solutions in Hulu Langat

PROJECT PARTNER
The Habitat Foundation (THF)

STATUS
Completed

WHEN
February 2024 – October 2025 (20 months)

WHERE
Hulu Langat, Selangor

The Eco-DRR community garden initiative in Taman Sri Nanding, Hulu Langat was introduced as a nature-based approach to strengthen resilience while addressing environmental and livelihood challenges in flood-prone areas. Taking into consideration previous experiences of flooding in Hulu Langat, the programme supported residents in transforming underutilised land into a productive and safer shared space, combining practical agriculture with environmental learning.

Through hands-on activities, participants were introduced to sustainable practices such as soil management, vegetation for erosion control, and the use of simple technologies like solar energy and alternative water sources. The initiative was designed not only to improve the local environment but also to foster community ownership and long-term stewardship.

SDGs

"We have gained a better understanding of the benefits of IoT and the advantages of solar energy applications in private gardens, while also supporting the adoption of renewable energy technologies."

— Participant, Taman Sri Nanding

Project Impact

The programme had multiple tangible and intangible impacts. First, the initiative helped communities better understand how natural solutions can protect their surroundings, particularly in reducing riverbank erosion and flood-related risks.

Beyond technical knowledge, participants expressed a sense of pride and ownership in seeing previously unused spaces transformed into productive, safer areas for community use. The garden also created opportunities for small but meaningful economic relief, with produce contributing to household needs and potential income generation. At the same time, shared activities strengthened relationships among residents, building a stronger sense of unity and collective responsibility for maintaining both the environment and the initiative.

Key Outputs

- 18 community members participated
- Increased community knowledge on role of vegetation in stabilising riverbanks and mitigating erosion risk and property damage during monsoon season
- Adoption of renewable energy solutions (solar power systems and borehole water supply) identified and used as a cost-effective strategy to reduce electricity and domestic water expenses
- Strengthened collaboration and opportunity to learn about best and sustainable agricultural practices
- Increased self-sufficiency where proceeds from the sale of agricultural produce can be reinvested into the project for continuous improvement

HDN

From a HDN perspective, nature-based projects is another method linking immediate risk reduction with long-term environmental and economic resilience. By leveraging nature-based solutions, such projects address underlying vulnerabilities such as flood risks and resource constraints while strengthening community capacity and ownership.

The integration of environmental stewardship, livelihood opportunities, and collaborative partnerships supports a shift towards sustainable, locally driven resilience, which allow communities to understand and be better equipped to manage risks, sustain their environment, and adapt to future climate challenges.

Disaster Risk Reduction — CBDRM

Comprehensive Community Demographic, Post-Disaster Needs, Risk and Resilience Assessment & Programme Feasibility Study

PROJECT PARTNERS
- Yayasan Hasanah
- Department of Orang Asli Development (JAKOA)
- Ketua Kampung and Local Orang Asli Community Members

STATUS
Completed

WHEN
July 2025 – December 2025 (Component 1)

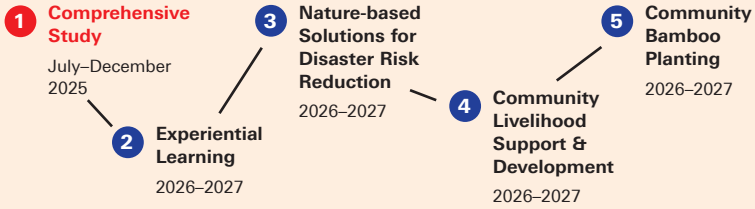
Full project duration: July 2025 – June 2027 (24 months)

WHERE
Hulu Langat, Selangor

Since 2021, MERCY Malaysia has been working alongside the communities of Batu 18, Batu 20 (Sg. Lui) and Batu 21 (Sg. Gabai) in Hulu Langat to support their journey toward long-term recovery and resilience.

The 24-month Resilience Living Lab (RLL) initiative is a multi-stakeholder collaborative approach that combines technical expertise and local community knowledge to strengthen disaster resilience. It facilitates a holistic resilience assessment by combining research, continuous learning, capacity building and community-led programmes, and insights gained help ensure the programme delivered remains relevant and responsive to the community's evolving needs.

Resilience Living Lab Hulu Langat
A five-component comprehensive and collaborative assessment and support for community resilience



Key Outputs

- 200 survey respondents from 6 communities (57% women, 43% men)
- 25 focus group participants from 4 community groups
- 4 Key Informant Interviews (KII) with village leaders and JAKOA representatives
- 8 Community Research Assistants (RAs) trained and deployed (1 day training)
- 2 Orang Asli community enumerators trained for face-to-face data collection
- 2 reports produced — Inception Report (November 2025) and Final Study Report
- Flood hazard maps and settlement risk maps produced for Batu 18, Batu 20, and Batu 21

HDN

The RLL Community engagement must begin at research design, not at project implementation stage, and field assessments produce better results with local community participation and consultation. An evidence-based plan will ensure that aid delivered is properly identified and will benefit the targeted beneficiaries.

SDGs

Project Impact

Component 1 of this project helped to assess the situation and needs of the Orang Asli communities post-flooding in 2021, with the aim to enhance local livelihoods and develop lasting foundation for disaster risk prevention and reduction.

Scan QR code to download report

Disaster Risk Reduction — CBDRM

Launching: Kesiapsiagaan Kementerian Pendidikan Malaysia Menghadapi Monsun Timur Laut 2025/2026

PROJECT PARTNER
Ministry of Education, State of Johor

STATUS
Completed

WHEN
27 October 2025

WHERE
Johor Bahru, Johor

MERCY Malaysia, as a leading organisation active in emergency response and disaster risk reduction participated in this education-focused exhibition in Johor as an effort to create awareness and outreach to the general public, including a large and diverse student audience, supported by educators and institutional representatives.

MERCY Malaysia's booth utilised interactive materials, visual aids, and guided explanations to simplify DRR concepts for students of varying age groups. This was complemented by Q&A segments and token-based incentives to encourage learning outcomes and retention.

Our presence doubled as a stakeholder engagement platform with other exhibitors from among agencies, NGOs, and education stakeholders, facilitating discussions on potential collaboration and cross-sectoral initiatives.

Other participating agencies included the National Disaster Management Agency (NADMA), Ministry of Education (KPM), and various government agencies from Johor State including the Education Department, Angkatan Pertahanan Awam, Arkib Negara Malaysia, Angkatan Tentera Malaysia, Jabatan Pengairan dan Saliran, Jabatan Bomba dan Penyelamat, Jabatan Kesihatan, Jabatan Meteorologi, as well as Jabatan Kebajikan dan Masyarakat. NGOs present included Yayasan Ehsan Johor, Yayasan Didik Negara, Guru Insani Malaysia Johor and Sukarelawan Institusi Perguruan Malaysia (IPGM).

Project Impact

MERCY Malaysia's visibility at the exhibition strengthened public awareness and understanding on disaster risk reduction and our work in preparedness, DRR and response, particularly among students. Being physically present helped to translate complex concepts into accessible and engaging learning experiences.

Interactive tools, guided explanations, and participatory activities enhanced knowledge retention and encouraged proactive thinking around preparedness and risk mitigation. Beyond individual learning, the platform also fostered meaningful engagement with educators and institutional stakeholders, supporting the integration of DRR awareness within the education ecosystem.

Key Outputs

- MERCY Malaysia participated as an exhibitor in the campaign launch
- Strengthened awareness of DRR preparedness and risk reduction
- Promoted visitor interaction and engaged students, educators, and visitors effectively
- Strengthened MERCY Malaysia's credibility in the DRR education space
- Expanded opportunities for partnership with related agencies and stakeholders

HDN

From a HDN perspective, public engagement platforms contribute to early risk reduction by building awareness and preparedness among future generations while strengthening cross-sector collaboration. By engaging students, educators, government agencies, and civil society in a shared platform, the programme promotes a coordinated approach to resilience-building that extends beyond immediate response. This reinforces long-term behavioural change, supports institutional alignment, and advances a more connected, whole-of-society approach to disaster preparedness.

IMPACT STORY

Sustainability Breakthrough: The Bamboo Discovery

Field observation revealed houses in Batu 21 surrounded by bamboo sustained minimal damage during the 2021 floods while surrounding structures were severely affected. MERCY Malaysia's assessment traced this to elevated terrain and bamboo root systems. This breakthrough evidence from the community produced an insight (that top-down assessments may miss) and formed the cornerstone of Component 5 (Community Bamboo Planting) of the programme.

For the full report, see pages 108–109.

Disaster Risk Reduction — CBDRM

Pilot Programme: Training of Trainers for RAKAN NADMA

PROJECT PARTNER
National Disaster Management Agency Malaysia (NADMA)

STATUS
Completed

WHEN
December 2024 – February 2025 (3 months)

WHERE
Johor Bahru, Johor

The RAKAN NADMA Training of Trainers (ToT) Pilot Programme was implemented to strengthen national disaster preparedness through capacity building and multi-agency collaboration. The programme brought together participants from government agencies, NGOs, and community networks, providing structured training on disaster management systems, CBDRM processes, and operational coordination. Through a combination of technical briefings, simulations, case studies, and experience sharing, the programme offered practical insights into real disaster scenarios while reinforcing the roles of different stakeholders within the national disaster management framework. It also included basic training on the Defence Geospatial Information Management (DGIM), an integrated digital platform for DRR preparedness and management in Malaysia.

From a HDN perspective, the programme bridges immediate response capacity with longer-term system strengthening by building a coordinated and capable network of actors across sectors. It enhances preparedness not only at the individual level but also within institutions and partnerships, enabling more effective, timely, and aligned disaster response. By embedding community-based approaches within national systems and fostering sustained collaboration, the initiative supports a more integrated, scalable, and resilient disaster management ecosystem.

HDN

Key Outputs

- 4 series of ToT training conducted
- 72 participants from NADMA, state agencies and communities trained
- 1 NADMA Partner training module developed and tested in pilot sessions
- 5 facilitators participated in the development and delivery of the programme

Project Impact

The programme delivered measurable improvements in participants' understanding of disaster management systems and community-based approaches, with many gaining working knowledge of the DGIM reporting system, NADMA coordination structures, and the seven CBDRM processes. Participants reported stronger preparedness and confidence in planning and implementing community-level interventions, supported by exposure to real disaster data and trends, including increasing flood frequency. The training also contributed to the development of a more capable national facilitator network, bringing together participants from multiple states and sectors, and strengthening coordination across government, NGO, and community actors.

In addition, the programme reinforced operational readiness through practical learning, including simulation exercises and case-based discussions that addressed real challenges such as access to evacuation centres and inter-agency coordination. It also supported large-scale volunteer mobilisation and reporting efforts, with partners contributing to the management of relief items and engagement of volunteers in national disaster response systems. Overall, the programme strengthened both individual competencies and system-level coordination, contributing to more consistent, informed, and timely disaster preparedness and response.

Disaster Risk Reduction — CBDRM

Training of Trainers (ToT) on Disaster Risk Reduction

PROJECT PARTNERS
- UiTM MERCY Resilient Community Center (UMRCC)
- UiTM Cawangan Perak
- UiTM Cawangan Johor
- UiTM Cawangan Kelatan
- UiTM Cawangan Pulau Pinang

STATUS
Completed

WHEN
June – October 2025

WHERE
Johor, Kelantan, Penang

The two-day residential Training of Trainers (ToT) programme for Disaster Risk Reduction was designed to build a scalable pool of capable facilitators equipped to deliver community- and school-based resilience programmes. Through a structured curriculum combining CBDRM and SPP, participants received both theoretical and hands-on technical training on risk mapping, disaster action planning, early warning, and simulation-based drills. The programme emphasised experiential learning, enabling participants to develop localised risk assessments, emergency plans, and facilitation skills that can be directly applied in real-world settings.

Beyond technical training, a key purpose of the ToT approach is to strengthen long-term resilience by creating a multiplier effect. By equipping participants the ability to independently cascade knowledge to communities and schools, MERCY Malaysia is fostering stronger local ownership of disaster preparedness. Supported by strategic institutional partnerships and a consistent facilitation model, the programme contributes to a growing, nationwide network of trained volunteers and practitioners, enhancing the reach, consistency, and sustainability of disaster risk reduction efforts.

SDGs

10 REDUCED INEQUALITIES

17 PARTNERSHIPS FOR THE GOALS

Project Impact

The ToT programme is a successful model towards establishing a decentralised and scalable preparedness network by building a geographically distributed pool of trained facilitators who can respond within their own communities, reducing reliance on centralised deployment. Through the partnership with the UiTM network of campuses and its cascade model, the trainees are positioned to extend DRR knowledge and skills to over a thousand additional community and school members, significantly amplifying outreach and local preparedness capacity.

At the systems level, the programme strengthens institutional resilience by embedding DRR within academic networks and fostering collaboration across government, NGO, and university partners. This creates a more coordinated, locally anchored approach to disaster preparedness, supporting sustained capacity beyond individual interventions and aligning with broader HDN goals.

ToTs in 2025

3
ToT programmes completed in three states
— Johor, Pulau Pinang, Kelantan

6
training days
covering CBDRM and SPP standardised training modules

61
students trained
(prospective MERCY Malaysia volunteers)

5
CBDRM modules delivered
— knowledge sharing, group activities, risk mapping, disaster action planning, and CBDMC formation

7
subject matter experts
deployed per sssion

6
SPP modules delivered
— school preparedness, risk mapping, early warning, grab bag, hygiene and health, and climate change

HDN

From a HDN perspective, the ToT programme bridges the need for longer-term system strengthening by building a sustained pipeline of trained facilitators who can support communities before, during, and after disasters. The training equips participants with practical skills for early warning, response, and risk reduction. Participants typically transition to serve among the pool of MERCY Malaysia's volunteers, thus this initiative enables faster, more coordinated local action during crises reducing reliance on external responders.

At the same time, the programme contributes to longer-term development outcomes by institutionalising knowledge transfer and embedding disaster risk reduction within communities and schools. Through the cascade model, locally trained facilitators continuously expand outreach, strengthen community structures such as CBDMCs, and promote preventive practices. This creates a scalable and self-sustaining approach to resilience, where preparedness is not a one-off intervention but an ongoing, locally driven process.

ToT Session at UiTM Johor Branch — Segamat Campus

WHEN 12–13 June 2025

Key Outputs

- 29 students trained
- 4 subject matter experts

ToT Session at UiTM Penang Branch — Permatang Pauh Campus

WHEN 14–15 July 2025

Key Outputs

- 30 lecturers trained
- 6 subject matter experts

ToT Session at UiTM Kelantan — Branch Machang Campus

WHEN 8–9 October 2025

Key Outputs

- 30 lecturers trained
- 4 subject matter experts

Benefits of Training of Trainers programmes

Replicable & Scalable Model: Standardised multi-state delivery

Portable Programme Design: Adaptable across diverse contexts

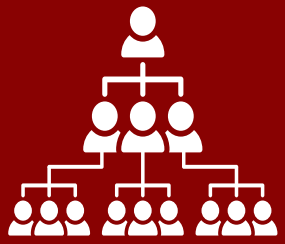
Action-Oriented Learning: Practical tools and structures

Strengthened Volunteer Pipeline: Direct pathway to volunteers

Cross-Sector Learning: Diverse participants enhance learning

Resource-Efficient Delivery: Low-cost partnership-driven rollout

Expanding National Reach: Multi-state programme expansion



UiTM MERCY Resilient Community Centre (UMRCC)

WHAT?

A centre to provide essential resources, training, and support to the local communities, fostering a culture of preparedness and adaptive capacity in the face of potential disasters and challenges.

WHEN?

Established in June 2025

WHY?

- To enhance community wellbeing and preparedness by establishing a comprehensive hub for resilience-building activities.
- To improve the overall resilience of the community by providing access to resources, training, and information.

HOW?

- Facilitate community-led initiatives, promote health and safety practices, and offer support during emergencies.
- a platform for research and collaboration between academia, local authorities, and community members.

YEAR IN REVIEW

International

Advancing Resilience Through Meaningful Humanitarian Action

In an increasingly complex global humanitarian landscape, MERCY Malaysia's international interventions in 2025 reflected both the urgency of immediate response and the importance of building longer-term resilience in communities affected by disasters, conflict, displacement, and fragile healthcare systems. Across Southeast Asia (SEA), South Asia, and the Middle East and North Africa (MENA), MERCY Malaysia delivered humanitarian assistance in some of the world's most challenging operational environments — from floods, earthquakes, and typhoons to protracted conflicts and large-scale displacement crises.

MERCY Malaysia's strength after 26 years of operating as an international humanitarian organisation lies in its ability to mobilise rapidly while remaining deeply grounded in technical expertise, coordination, and local partnerships. The organisation's multidisciplinary teams, including emergency medical personnel, mental health and psychosocial support (MHPSS) specialists, WASH experts, logisticians, and humanitarian coordinators, enable timely and adaptive responses across highly diverse contexts. Longstanding partnerships with governments, local authorities, hospitals, universities, ASEAN mechanisms, UN agencies, and humanitarian actors further strengthens operational access, coordination, and locally anchored implementation.

Healthcare and medical outreach remained a defining pillar of MERCY Malaysia's international work in 2025. Interventions increasingly adopted integrated approaches that combined emergency healthcare, MHPSS, rehabilitation, WASH, nutrition, community protection, and capacity building, recognising that humanitarian crises are rarely isolated or short-term. Alongside delivery of immediate relief, many interventions simultaneously focused on strengthening healthcare systems, local response capacities, and institutional resilience through infrastructure rehabilitation, technical training, healthcare workforce development, and community-based preparedness initiatives.

Holding strongly to MERCY Malaysia's commitment to the Humanitarian-Development Nexus (HDN) approach, we advocate for meaningful action that extends beyond emergency aid to support sustainable resilience, local ownership, and continuity of essential services. The organisation's international work also contributes directly to several Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 6 (Clean Water and Sanitation), SDG 10 (Reduced Inequalities), and SDG 17 (Partnerships for the Goals), reinforcing the role of humanitarian action in advancing dignity, wellbeing, and resilience for vulnerable communities worldwide.

2025
Our Work in Southeast Asia

In 2025, MERCY Malaysia's Southeast Asia (SEA) humanitarian interventions reflected a strong regional focus on integrated healthcare, emergency response, MHPSS, and community resilience in protracted crisis and disaster-affected settings. Across Indonesia, Myanmar, and the Philippines, the organisation responded to escalating humanitarian needs driven by floods, landslides, earthquakes, typhoons, conflict, displacement, and prolonged social instability.

Healthcare and medical outreach formed the largest component of interventions, particularly in Myanmar's Rakhine State, where prolonged displacement and conflict continued to strain already fragile health systems. Multiple projects focused on sustaining access to life-saving healthcare services for internally displaced persons (IDPs), host communities, and vulnerable populations through mobile clinics, maternal and child health services, nutrition support, chronic disease management, communicable disease screening, and disability-inclusive healthcare. MHPSS, Explosive Ordnance Risk Education (EORE), and harm reduction initiatives were increasingly integrated into healthcare programming, reflecting the complex protection and psychosocial needs emerging from protracted crises.

Emergency response remained another major focus area in 2025, particularly in response to large-scale disasters in Aceh, Myanmar, and the Philippines. Rapid deployments delivered humanitarian relief, shelter assistance, WASH interventions, emergency medical support, psychosocial care, and mobile healthcare services to affected populations. At the same time, interventions increasingly incorporated early recovery and resilience-building components, such as restoring healthcare services, strengthening local volunteer capacity, and supporting community-based response systems.

A notable trend across the region was the growing emphasis on MHPSS and local capacity strengthening. Training programmes in Indonesia and the Philippines focused on Psychological First Aid (PFA), responder wellbeing, and community-based psychosocial support, while partnerships with local authorities, universities, NGOs, and ASEAN mechanisms reinforced more coordinated and locally anchored humanitarian action. Overall, the 2025 SEA portfolio demonstrated a shift towards integrated, people-centred responses that combine immediate humanitarian assistance with longer-term resilience and systems strengthening.

Indonesia

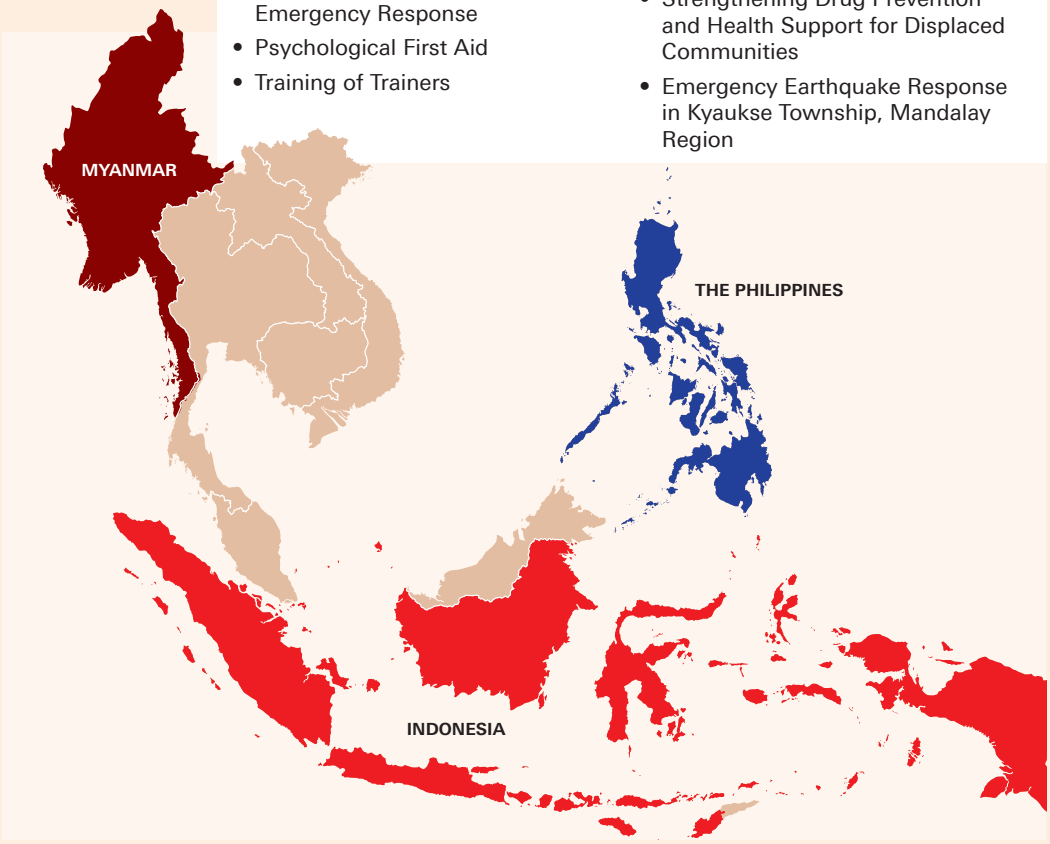
- Sumatra–Aceh Flood and Landslide Emergency Response
- ASEAN ERAT MHPSS Refresher Course

The Philippines

- Earthquake Emergency Response
- MHPSS and Shelter Assistance
- Typhoon Tino & Uwan Emergency Response
- Psychological First Aid
- Training of Trainers

Myanmar

- Addressing Health Disparities Amidst Rakhine State's Conflict Landscape
- Enhancing Access to Integrated Health, Nutrition and WASH Services
- Enhancing Access to Integrated Health, Nutrition and Perinatal Mental Health Services for Women and Children
- Strengthening Drug Prevention and Health Support for Displaced Communities
- Emergency Earthquake Response in Kyaukse Township, Mandalay Region



Indonesia — Healthcare and Medical Outreach

Sumatra-Aceh Flood and Landslide Emergency Response

PROJECT PARTNERS
- Consulate General of Malaysia, Medan
- MER-C Indonesia
- Human Initiative (HI)
- Universitas Sumatera Utara (Malaysian student volunteers)
- Local authorities including Dinas Kesehatan Aceh Tamiang and district government offices

STATUS
Ongoing

WHEN
4 December 2025 – Ongoing

WHERE
Aceh, Indonesia

SDGs

Severe floods and landslides across Aceh and North Sumatra, Indonesia in late November and early December 2025 resulted in large-scale disasters and humanitarian impacts. The extent of devastations recorded: 883 deaths; 520 missing persons; 4,200 injured; 121,500 houses damaged; 281,300 displaced persons in Aceh Tamiang; 270 health facilities damaged; 10 hospitals non-functional and 405 bridges affected.

MERCY Malaysia deployed a team to conduct a Rapid Assessment and Relief Response and provide emergency response aid. Relief assistance delivered include food packs, hygiene kits, kitchen kits, shelter repairs and WASH interventions, health support in terms of medical equipment supplies, mobile clinics, as well as psychosocial support. The response successfully transitioned from rapid assessment to targeted relief operations within days of deployment, enabling immediate humanitarian assistance to the most affected communities.

The Aceh response combined immediate life-saving assistance with early recovery efforts that supported the restoration of essential services and community stability. While relief operations addressed urgent needs such as food, healthcare, shelter, WASH, and psychosocial support, interventions such as mobile clinics, support to healthcare facilities, and shelter repairs also contributed to continuity of care and safer recovery for affected communities. The response further highlighted the importance of locally coordinated action and multi-stakeholder collaboration in disaster settings. Working closely with local authorities, volunteers, and communities enabled faster, more targeted assistance while strengthening local response capacity and resilience for future emergencies.

HDN

Key Outputs

- 1,150 food packs distributed to families in four localities
- 1,250 hygiene kits distributed to families in four localities
- 20 water tanks installed (7,500 litres each) at 15 communal points
- 40 children benefitted from hygiene promotion and psychosocial activities
- 2 healthcare facilities supported to restore services post-disaster
- 186 units of medical equipment and medicines provided to support primary and emergency healthcare services
- 652 patients from seven villages treated at mobile clinics
- 125 families received kitchen kits as household support
- 94 temporary shelters set up
- 31 households received shelter repair

Project Impact

The speed of MERCY Malaysia's response to this emergency situation contributed to stabilising humanitarian conditions in severely affected communities through several key outcomes:

- Immediate food assistance provided to isolated villages cut off by floods and landslides.
- Restoration of basic healthcare services through mobile clinics and the operationalisation of Klinik Abah.
- Improved access to safe water through deployment of communal water tanks.
- Protection of vulnerable groups, particularly women and children, through hygiene support and psychosocial activities.

This was made possible through strong collaboration between MERCY Malaysia, the Malaysian Consulate in Aceh, as well as communities and volunteers on the ground.

LEARNING INSIGHT

No Humanitarian Mission Stands Alone

The mission demonstrated the effectiveness of a whole-of-nation humanitarian approach, combining diplomatic support, volunteer mobilisation, and partnerships with local humanitarian organisations. Daily coordination meetings with partners, including MER-C Indonesia and local government agencies, enabled real-time decision-making and adaptive operational planning.

Indonesia — Healthcare and Medical Outreach

ASEAN ERAT MHPSS Refresher Course

PROJECT PARTNERS
- ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre)
- ASEAN Emergency Response and Assessment Team (ASEAN ERAT)

STATUS
Completed

WHEN
9 – 13 June 2025

WHERE
Bali, Indonesia

This refresher training combined a simulation to crisis response with the foundations and core principles of Psychological First Aid (PFA), aiming to strengthen the psychosocial response capacity of ASEAN emergency responders. The training applied scenario-based simulations and team-based exercises aligned with real ASEAN disaster response deployments. Participants also completed pre- and post-training competency self-assessments focusing on operational readiness, applied PFA skills, and responder resilience.

SDGs

Project Impact

This project strengthened regional disaster response capacity by integrating MHPSS into ASEAN's rapid emergency mechanisms, including:

- Improved operational readiness of ASEAN ERAT responders to deliver safe and ethical psychosocial support either during response or at the workplace.
- Strengthened cross-border coordination on MHPSS, promoting common standards and response protocols.

Key Outputs

- 46 participants trained from various ASEAN countries

Strong collaboration between ASEAN countries help align format and method of response and delivery between countries and agencies. The focus on MHPSS into disaster response enhances responder resilience, reduces burnout and psychological distress during prolonged deployments. The health and wellbeing of responders is critical in longer deployments, and responders being able to support recipients and each other brings positive impact on the quality and success of humanitarian aid missions.

HDN

Myanmar — Healthcare and Medical Outreach

Addressing Health Disparities Amidst Rakhine State's Conflict Landscape

PROJECT PARTNER
World Health Organization (WHO)

STATUS
Completed

WHEN
15 May 2024 – 14 May 2025 (12 months)

WHERE
Sittwe Township, Rakhine State, Myanmar

Since March 2012, MERCY Malaysia in partnership with the Rakhine State Health Department (SHD) of Sittwe has conducted mobile clinics in various villages in Rakhine as well as in IDP camps. Currently MERCY Malaysia with the close coordination with Rakhine State Health Department and Sittwe Township Health Department, is providing health care services in 3 health facilities, and IDP camps in Sittwe township with the funding from Myanmar Humanitarian Fund, UNICEF, United Nations Office on Drugs and Crime and General Fund. During 2025, we also responded to earthquake affected people in Kyaukse Township, Mandalay Region.

SDGs

3 GOOD HEALTH AND WELL-BEING

10 REDUCED INEQUALITIES

HDN

From a HDN perspective, this long-term intervention combined immediate life-saving healthcare with longer-term efforts to strengthen community protection, preparedness, and continuity of care in a fragile conflict-affected setting. While mobile clinics and health facility support addresses urgent medical needs among displaced and vulnerable populations, integrating MHPSS and EORE components help communities better cope with ongoing risks associated with conflict, displacement, and insecurity. It reinforces local health system resilience through close coordination with health authorities and partners, ensuring sustained service delivery and improved preparedness during high-risk periods such as the wet season. By integrating healthcare, protection, and risk awareness within a community-based approach, interventions support both immediate humanitarian needs and longer-term resilience for affected populations.

Key Outputs

Mobile Clinic

- 39,726 patients had received life-saving health care consultations
- 1,200 pregnant women receive ante-natal care services
- 979 individuals (men and women) received family planning support
- 82 women received life-saving delivery care
- 12,139 patients received life-saving medical treatments for chronic diseases
- 2,968 patients had been received secondary health care services
- 497 individuals received psychosocial consultations
- 388 Explosive Ordnance Risk Education (EORE) sessions conducted, equipping 3,633 individuals with lifesaving information
- 214 persons with disabilities received treatment
- 6,555 patients supported through donation of medical supplies to health partners on the ground

Project Impact

The 12-month intervention delivered integrated life-saving healthcare services to internally displaced persons (IDPs), vulnerable populations, conflict-affected communities, and host communities in Sittwe Township. Through mobile clinics, support to health facilities, and outreach in IDP camps, tens of thousands of patients received essential healthcare services including primary care, maternal and reproductive health, chronic disease management, trauma and injury care, delivery support, and secondary healthcare referrals. The programme also ensured continuity of care during high-risk periods by strategically positioning medicines and medical supplies ahead of the wet season to enable faster response and uninterrupted access to treatment. Beyond healthcare delivery, the intervention strengthened community protection and wellbeing through integrated MHPSS and EORE. Psychosocial consultations helped individuals cope with the stresses associated with displacement and conflict, while EORE sessions equipped communities with potentially life-saving knowledge to reduce risks associated with explosive remnants in affected areas. Continued collaboration with local health authorities and health partners further supported the sustainability of healthcare access and response capacity in a fragile humanitarian setting.

Myanmar — Healthcare and Medical Outreach

Enhancing Access to Integrated Health, Nutrition and WASH Services

PROJECT PARTNER
World Health Organization (WHO)

STATUS
Ongoing

WHEN
21 May 2025 – 20 July 2026 (14 months)

WHERE
Sittwe Township, Rakhine State, Myanmar

From a HDN perspective, the project combined immediate life-saving healthcare with longer-term efforts to strengthen protection, community resilience, and continuity of care in a fragile conflict-affected setting. While integrated health services addressed urgent medical, nutritional, and psychosocial needs among displaced and vulnerable populations, interventions such as MHPSS, EORE, disability-inclusive support, and WASH improvements also helped communities better manage ongoing risks and improve overall wellbeing.

HDN

Through close coordination with local health authorities and the health cluster, the project contributed to sustaining healthcare access and strengthening local response capacity despite prolonged humanitarian challenges. By integrating healthcare, protection, nutrition, and risk awareness within a community-based approach, the intervention supported both immediate humanitarian response and longer-term resilience for affected communities.

SDGs

This 14-month project delivers integrated life-saving healthcare services to IDPs, vulnerable populations, conflict-affected communities, and host communities in Sittwe Township, Rakhine State. Healthcare services include primary and reproductive care, maternal and child health, chronic disease management, trauma care, delivery and newborn care, surgical support, and communicable disease response, delivered in coordination with local health authorities and the health cluster.

The project also integrates MHPSS, EORE, nutrition screening and treatment for children under five, and improvements to WASH infrastructure in health facilities, including toilet and handwashing facilities renovation.

Key Outputs

- 29,964 patients had received life-saving health care consultations
- 1,496 pregnant women receive ante-natal care services
- 1,104 individuals (men and women) received family planning support
- 140 women received life-saving delivery care
- 8,978 patients received life-saving medical treatments for chronic diseases
- 2,018 patients received secondary health care services
- 215 individuals received psychosocial consultations
- 512 Explosive Ordnance Risk Education (EORE) sessions conducted, equipping 4,568 individuals with lifesaving information
- 167 persons with disabilities received treatment
- 3,540 children aged between 6–59 months screened for malnutrition
- 8 children treated for malnutrition
- 4,568 people gained inclusive access to WASH services

Project Impact

The project significantly improved access to integrated, life-saving healthcare services for crisis-affected and vulnerable communities. Nearly 30,000 patients received essential healthcare consultations, including maternal and reproductive health services, chronic disease management, nutrition screening, psychosocial support, and secondary healthcare referrals. The intervention was particularly important for vulnerable groups such as pregnant women, children, persons with disabilities, and conflict-affected populations, helping to address immediate health needs while promoting more equitable access to care.

Beyond direct treatment, the project strengthened community protection and resilience through family planning support, nutrition interventions, disability-inclusive services, and EORE. Together, these efforts contributed to safer, healthier, and more informed communities, while reinforcing a comprehensive and inclusive approach to healthcare delivery in fragile humanitarian settings.

Myanmar — Healthcare and Medical Outreach

Enhancing Access to Integrated Health, Nutrition and Perinatal Mental Health Services for Women and Children

PROJECT PARTNER
United Nations International Children's Emergency Fund (UNICEF)

STATUS
Ongoing

WHEN
17 September 2025 – 16 September 2026 (12 months)

WHERE
Sittwe Township, Rakhine State, Myanmar

This 12-month project delivers integrated life-saving healthcare services to the IDP community, helping to improve access to health, nutrition and mental health for women and children within the Sittwe IDP camps and host communities. The project partnered with UNICEF for technical guidance and staff training.

SDGs

Key Outputs

- 475 pregnant women received antenatal care (at least once during pregnancy), micronutrients, Vitamin B1 and iron-folic acid supplementation
- 78 births attended by skilled health personnels from MERCY Malaysia's medical volunteers
- 191 children aged between 6-59 months screened for malnutrition
- 1,688 children under 5 years old with diarrhoea received ORS + Zinc according to national protocols
- 2,341 children under 5 years old (including newborns) received medical consultation
- 4,504 community members received access to basic healthcare services
- 112 women screened for mental health during perinatal
- 36 women with perinatal mental health conditions received non-specialist consultation

From a HDN perspective, the project combined immediate maternal and child healthcare support with longer-term efforts to sustain essential health services in a fragile setting. Through continued hospital support, mobile clinics, and outreach to IDP camps, the intervention strengthened continuity of care, improved community wellbeing, and reinforced local healthcare capacity for vulnerable and displaced populations.

Project Impact

The project significantly strengthened access to maternal, newborn, and child healthcare services for crisis-affected and displaced communities, ensuring continuity of essential care in a fragile humanitarian setting. Pregnant women received antenatal care, nutritional supplementation, and safe delivery support, while newborns and young children benefited from postnatal care, nutrition screening, and treatment for common childhood illnesses. These interventions contributed to safer pregnancies, improved child health outcomes, and reduced risks associated with maternal and neonatal complications. It also advanced more integrated and people-centred healthcare by incorporating perinatal mental health screening and sustaining healthcare delivery through hospital support, mobile clinics, and outreach services in IDP camps and underserved areas. By maintaining healthcare access for Rohingyan communities and internally displaced populations, the intervention helped address critical service gaps while strengthening community wellbeing and resilience amid prolonged humanitarian challenges.

Myanmar — Healthcare and Medical Outreach

Strengthening Drug Prevention and Health Support for Displaced Communities

PROJECT PARTNER
United Nations Office on Drugs and Crime (UNODC)

STATUS
Completed

WHEN
August 2025 – January 2026 (6 months)

WHERE
Sittwe Township, Rakhine State, Myanmar

This six-month project aimed to increase the access to preventative drugs and treatment services among illegal drug abusers in the IDP camps and host communities in Sittwe Township. Simultaneously, the project focused on delivering health education and harm reduction, screening of HIV, Hepatitis B and C services, as well as referral services for psychiatric interventions for mental health cases.

SDGs

Key Outputs

- 1,357 caregivers of children aged 10–15 years old received awareness on parenting skills
- 407 drug-users received necessary healthcare
- 240 individuals consented to screening for HIV, Hepatitis B and Hepatitis C
- 84 individuals with mental health concerns received necessary support and care

Project Impact

The project strengthened access to inclusive healthcare and psychosocial support for vulnerable and displaced communities in Sittwe Township, particularly among individuals affected by drug dependency, prolonged displacement, and social instability. Through consultations, infection screening, and mental health support, the intervention addressed critical gaps in access to care for people who use drugs, while also supporting early detection and management of communicable diseases such as HIV and viral hepatitis.

At the family and community level, parenting awareness sessions equipped caregivers with knowledge and skills to foster safer and more supportive home environments for children and adolescents living in high-stress humanitarian conditions. By integrating harm reduction, mental health support, health education, and family-focused interventions, the project contributed to improved wellbeing, reduced vulnerabilities, and stronger community resilience within a protracted crisis setting.

From a HDN perspective, the project addressed immediate health and psychosocial needs while strengthening longer-term community resilience and protective support systems within a protracted displacement setting. By integrating harm reduction, mental health support, communicable disease screening, and caregiver education, the intervention promoted more inclusive and people-centred healthcare for vulnerable populations often underserved in humanitarian contexts. At the same time, strengthening community-level coping mechanisms and awareness, helps families and communities better manage the social and psychological impacts of prolonged displacement, poverty, and substance abuse. This integrated approach supports both immediate wellbeing and longer-term social resilience in fragile settings.

Myanmar — Healthcare and Medical Outreach

Emergency Earthquake Response in Kyaukse Township, Mandalay Region

PROJECT PARTNERS
- Kyaukse District General Administrative Department
- Kyaukse District Health Department

STATUS
Completed

WHEN
30 March – 15 May 2025 (6 weeks)

WHERE
Mandalay Region, Myanmar

Following the devastating earthquake in Myanmar, MERCY Malaysia deployed an Emergency Medical Team (EMT) to Kyaukse Township, Mandalay Region, to provide immediate humanitarian and healthcare assistance to affected communities. In collaboration with local authorities and health departments, the intervention combined humanitarian relief distribution with hospital-based care and mobile medical outreach to remote villages. Services included healthcare consultations, psychosocial support, physiotherapy, and emergency medical assistance for earthquake-affected populations.

SDGs

Key Outputs

- 1,000 humanitarian kits to 1,000 households distributed
- 2 emergency medical teams deployed
  - 10 Malaysian medical professionals stationed at Kyaukse General Hospital
  - 5 local medical staff operating mobile clinics in remote villages
- 2,924 patients received healthcare consultation and treatment
  - 1,170 patients treated at Kyaukse Hospital, including 8 psychological and 31 physiotherapy cases
  - 1,754 patients reached through mobile clinics in remote areas of Kyaukse Township

From a HDN perspective, the intervention combined immediate emergency relief with efforts to sustain healthcare access and strengthen local response capacity following the earthquake. While humanitarian kits and emergency medical services addressed urgent survival and recovery needs, the deployment of hospital-based and mobile medical teams also supported continuity of care for affected and hard-to-reach communities. Through collaboration with local authorities and health partners, the response reinforced coordinated community-based healthcare delivery and strengthened local systems during a period of severe disruption. The integration of medical care, psychosocial support, and physiotherapy contributed not only to immediate recovery, but also to longer-term resilience and wellbeing among affected populations.

Project Impact

The intervention strengthened access to essential healthcare and humanitarian assistance for earthquake-affected communities, particularly vulnerable households and underserved populations in remote areas. A total of 1,000 households received humanitarian kits, while nearly 3,000 patients accessed medical treatment through hospital support and mobile clinics. The deployment also expanded access to psychosocial support and physiotherapy services, helping affected individuals cope with trauma, injury, and recovery following the disaster. Through coordinated collaboration with local authorities and healthcare partners, the response contributed to faster relief delivery and continuity of care during a critical emergency period.

The Philippines — Healthcare and Medical Outreach

Earthquake Emergency Response — MHPSS and Shelter Assistance

PROJECT PARTNERS
- Department of Health (DOH), Philippines
- St. Paul University Philippines (SPUP)
- Cebu Roosevelt Memorial College (CRMC)
- Local Government Units in Cebu Province

STATUS
Completed

WHEN
1 – 14 October 2025 (2 weeks)

WHERE
San Remigio, The Philippines

On September 30, 2025, a strong magnitude 6.9 earthquake struck Cebu and nearby provinces. According to the National Disaster Risk Reduction and Management Council (NDRRMC), the earthquake and associated landslides had resulted in eight deaths, 403 injuries, and about 8,900 displacements, affecting approximately 520 thousand people (132 thousand families) across Davao and Caraga Regions. Reported damages include around two thousand houses (298 totally damaged), as well as full or partial destruction of nine bridges and 37 road sections. MERCY Malaysia delivered an emergency response mission with integrated humanitarian assistance combining Mental Health and Psychosocial Support (MHPSS) and emergency shelter support.

For MHPSS support, key activities included:
- Psychological First Aid (PFA) orientation sessions
- Stress management and coping skills workshops
- Child-Friendly Space (CFS) activities for internally displaced children
- Capacity-building training for local volunteers

Key Outputs

MHPSS
- Four CFS activities conducted
- 350 children reached through psychosocial activities
- 49 local volunteers trained
- 605 individuals reached through PFA and psycho-social support
- Collaboration with Department of Health, Department of Social Welfare and Development (DSWD), SPUP and CRMC

Shelter Assistance
- Emergency shelter support extended to 57 households
- 57 tents distributed
- 5 affected barangays supported
- Distribution of tents and tarpaulins to displaced families across four districts

From a HDN perspective, the intervention combined immediate humanitarian assistance with longer-term community resilience and capacity strengthening. While emergency shelter support and psychosocial interventions addressed urgent protection, wellbeing, and recovery needs following the disaster, the programme also invested in training local volunteers and strengthening community-based support systems to ensure continued care beyond the emergency phase. Through collaboration with local authorities, educational institutions, and community actors, the initiative reinforced local preparedness and response networks, enabling communities to better anticipate and respond to future crises. This integrated approach supports both immediate recovery and the development of more resilient, locally sustained disaster response capacities.

HDN

SDGs

Project Impact

The intervention supported affected communities through a combination of immediate relief and longer-term resilience-building efforts following the disaster. MHPSS activities provided emotional relief and psychosocial care to affected individuals, particularly children and displaced families coping with trauma and uncertainty. At the same time, emergency shelter assistance helped improve safety and living conditions for families whose homes had been damaged or destroyed.

Beyond immediate assistance, the mission strengthened local preparedness and response capacity through collaboration with local authorities, volunteers, and educational institutions. By equipping community-based actors with psychosocial support skills and strengthening local response networks, the intervention contributed to more sustainable and locally driven disaster preparedness efforts, supporting stronger community resilience for future emergencies.

The Philippines — Healthcare and Medical Outreach

Typhoon Tino & Uwan Emergency Response

PROJECT PARTNERS
- Municipal Government of San Luis, Aurora Province
- Municipal Disaster Risk Reduction and Management Council (MDRRMC)
- Municipal Department of Social Welfare and Development Office (MDSWDO), San Luis
- Provincial Government of Aurora
- Wesleyan University Philippines
- Local leadership and community volunteers in Barangay Dibut

STATUS
Completed

WHEN
10 – 23 November 2025 (2 weeks)

WHERE
Aurora Province, The Philippines

In November 2025, MERCY Malaysia responded to the humanitarian crisis caused by Typhoons Tino and Uwan, which brought destructive winds, heavy rainfall, flooding, and storm surges across several regions of the Philippines.

MERCY Malaysia delivered an emergency response mission with integrated humanitarian assistance combining MHPSS and emergency shelter support.

For MHPSS support, key activities included:

- PFA orientation sessions
- Stress management and coping skills workshops
- Child-Friendly Space (CFS) activities for internally displaced children
- Capacity-building training for local volunteers

SDGs

Key Outputs

MHPSS

- 237 children were examined for psychosocial wellbeing
- 57 PFA sessions conducted benefitting 57 people

Shelter Assistance

- 400 Emergency shelter and cleaning kits distributed to households
- 57 tents distributed
- 5 affected barangays supported
- Distribution of tents and tarpaulins to displaced families across four districts

From a HDN perspective, the intervention combined immediate protection and shelter assistance with longer-term psychosocial and community resilience support. While emergency aid addressed urgent safety, wellbeing, and displacement needs, the training of local volunteers and provision of psychosocial support helped strengthen local capacity to continue supporting affected communities beyond the emergency phase.

Activities in Child Friendly Spaces

- Psychosocial play activities
- Group exercises and games
- Art and colouring sessions
- Hygiene and behavioural awareness activities
- Emotional expression and coping support

Project Impact

The intervention supported affected communities through a combination of immediate relief and longer-term resilience-building efforts following the disaster. MHPSS activities provided emotional relief and psychosocial care to affected individuals, particularly children and displaced families coping with trauma and uncertainty. At the same time, emergency shelter assistance helped improve safety and living conditions for families whose homes had been damaged or destroyed.

Beyond immediate assistance, the mission strengthened local preparedness and response capacity through collaboration with local authorities, volunteers, and educational institutions. By equipping community-based actors with psychosocial support skills and strengthening local response networks, the intervention contributed to more sustainable and locally driven disaster preparedness efforts, supporting stronger community resilience for future emergencies.

The Philippines — Healthcare and Medical Outreach

Psychological First Aid — Training of Trainers

PROJECT PARTNERS
- St. Paul University Philippines (SPUP)
- Community Development Center Foundation, Inc. (SPUP-CDCFI)

STATUS
Completed

SERVICE RECIPIENTS
Intended:
Women from underprivileged communities

WHEN
1 January – 31 March 2025 (3 months)

WHERE
Cagayan, Philippines

MERCY Malaysia implemented the Psychological First Aid — Training of Trainers (PFA-ToT) programme in the Philippines in collaboration with St. Paul University Philippines (SPUP). The initiative was designed to strengthen community-based mental health and psychosocial support systems by developing a pool of trained local facilitators capable of cascading PFA knowledge within their respective communities.

The training aimed to address the growing need for psychosocial support in disaster-affected settings by equipping participants with practical skills to recognise distress, provide psychological support, and refer individuals to appropriate services.

The training focused on key PFA competencies including:

1. Recognising individuals experiencing distress
2. Providing supportive listening
3. Delivering immediate psychosocial support
4. Referring individuals to appropriate services
5. Applying the PFA principles of Look, Listen, and Link

SDGs

Key Outputs

- 1 Training of Trainers programme conducted
- 24 participants trained from among community mobilisers, faculty members, and educators

HDN

From a Humanitarian-Development Nexus perspective, the PFA-ToT programme strengthened immediate psychosocial response capacity while building longer-term community resilience and support systems. By training local facilitators to recognise distress, provide basic psychological support, and cascade knowledge within their communities, the programme supports more sustainable, locally driven mental health preparedness and recovery in disaster-affected settings.

Project Impact

The training delivered capacity-building to strengthen local response capabilities for mental health and psychosocial support during disasters, which established a local pool of trained PFA facilitators capable of cascading training within their communities.

Significant improvements in knowledge and confidence among participants was recorded. Pre- and post-training assessments demonstrated measurable increases in competencies across all nine PFA skill areas, most notably knowledge of what not to say or do during crisis situations, ability to support team members and practice self-care and appropriate responses when assisting individuals in distress.

The training improved community preparedness for responding to psychological distress during disasters, strengthened local mental health support systems through trained facilitators capable of cascading knowledge, and created greater awareness of psychosocial wellbeing as an essential component of disaster recovery.

2025
Our Work in South Asia

In 2025, MERCY Malaysia's South Asia interventions focused strongly on healthcare system support, emergency medical outreach, psychosocial care, and humanitarian response for communities affected by disasters, displacement, and prolonged humanitarian challenges across Afghanistan, Pakistan, and Sri Lanka. The regional portfolio reflected a balance between immediate emergency assistance and longer-term health system strengthening, with a particular emphasis on maternal and child health, mobile healthcare delivery, WASH support, and capacity building for healthcare professionals.

Afghanistan remained a major focus area due to ongoing humanitarian vulnerabilities, displacement, and healthcare system pressures. Multiple interventions centered on sustaining access to critical healthcare services for women, children, and internally displaced populations through hospital support, mobile clinics, maternal and neonatal healthcare, psychosocial support, and WASH interventions. Healthcare infrastructure strengthening also featured prominently through medical equipment support, construction of a new comprehensive health centre, and specialised medical training programmes conducted under the Malaysian Technical Cooperation Programme (MTCP), reflecting a strong focus on long-term healthcare resilience and South-South cooperation.

Emergency response operations in Pakistan and Sri Lanka were driven by severe climate-related disasters, including monsoon floods, glacial flooding, and Cyclone Ditwah, which displaced communities and disrupted access to healthcare, water, shelter, and essential services. MERCY Malaysia's responses prioritised rapid assessments, mobile healthcare services, relief distribution, public health awareness, psychosocial support, and protection-focused assistance for vulnerable communities.

Across the region, healthcare and psychosocial support emerged as the dominant thematic focus, with MHPSS increasingly integrated into emergency and recovery programming. Many interventions also reflected a stronger Humanitarian-Development Nexus (HDN) approach by combining immediate aid delivery with investments in healthcare capacity, sustainable WASH systems, institutional strengthening, and community resilience. Partnerships with governments, universities, humanitarian organisations, and local actors further reinforced collaborative and locally anchored approaches to humanitarian response and recovery in South Asia.

Afghanistan

- Healthcare Revitalisation Programme
- Specialised Training for Medical Practitioners
- Afghanistan Earthquake Response Programme

Pakistan

- Pakistan Monsoon Floods 2025: Rapid Assessment & Emergency Response

Sri Lanka

- Sri Lanka Emergency Response 2025: Rapid Assessment & Emergency Response

Afghanistan — Healthcare and Medical Outreach

Healthcare Revitalisation Programme

PROJECT PARTNERS
- Ministry of Foreign Affairs Malaysia (MOFA), Malaysia
- Ministry of Public Health, Afghanistan
- Public Health Directorate, Nangarhar
- Hesar Shahi Comprehensive Health Centre (CHC)

STATUS
Ongoing

SERVICE RECIPIENTS
Intended:
Women from underprivileged communities

WHEN
January 2025 – Ongoing

WHERE
Kabul, Afghanistan

Critical maternal and neonatal healthcare services for women continue to be ongoing humanitarian challenges in Afghanistan. As a tertiary care centre, Malalai National and Specialized Women Hospital in Kabul serves as a referral hub for patients nationwide, and is one of only three government hospitals with a dedicated fistula ward. The 200-bed hospital handles an average of 50 caesarean sections daily, and offers gynaecological, prenatal and postnatal, labour and delivery, and neonatal intensive care. Ninety three percent of its staff are female, including 87 medical doctors, 27 medical consultants, and 30 medical trainers. Despite this, the demand for skilled maternal care far surpasses the available resources. This project aims to enhance the hospital's efficiency, capacity, and ability to provide life-saving care through the provision of essential medical equipment. The project also intends to develop a new medical facility called the Hester Shahi Comprehensive Health Centre (CHC).

As of December 2025, approximately 63% of the construction phase of the Hesar Shahi CHC has been completed. Despite facing key challenges, including bureaucratic delays and local approval processes, MERCY Malaysia successfully obtained the necessary approvals in May 2025, enabling construction to commence in June 2025.

SDGs

From a HDN perspective, the project addresses immediate maternal and neonatal healthcare needs while contributing to longer-term health system strengthening in a fragile humanitarian setting. Supporting critical hospital infrastructure and medical capacity helps sustain essential healthcare services for women and newborns, particularly in contexts where access to skilled maternal care remains limited. The planned development of a new comprehensive health centre further reflects a longer-term commitment to sustainable healthcare access and resilience. By combining emergency healthcare support with investments in healthcare infrastructure and institutional capacity, the project contributes to more resilient and locally sustained health services for vulnerable populations.

Key Outputs

Intended

1. Procurement of medical equipment is ongoing, with staff training planned to ensure safe and consistent use, as well as project maintenance
2. 63% of construction phase completed by end December 2025

Project Impact

The project strengthened access to critical maternal and neonatal healthcare services for women in Afghanistan by supporting one of the country's key referral hospitals for specialised women's healthcare. The provision of essential medical equipment helped improve the hospital's operational efficiency and capacity to manage high patient volumes, including complex deliveries, emergency obstetric care, and neonatal services. This contributed to safer maternal healthcare delivery and improved continuity of care for women and newborns requiring specialised treatment.

The initiative also supports longer-term healthcare access through plans to establish the Hesar Shahi Comprehensive Health Centre (CHC), aimed at expanding healthcare coverage and reducing pressure on tertiary-level facilities. Together, these efforts contribute to strengthening healthcare infrastructure and improving access to life-saving services for vulnerable women and communities.

Afghanistan — Healthcare and Medical Outreach

Specialised Training for Medical Practitioners

PROJECT PARTNERS
- Malaysian Technical Cooperation Programme, Ministry of Foreign Affairs (MOFA), Malaysia
- Ministry of Public Health, Afghanistan

STATUS
Completed

SERVICE RECIPIENTS
Health and medical personnel

WHEN
3 – 16 August 2025 (2 weeks)

WHERE
Kabul, Afghanistan

The Malaysian Technical Cooperation Programme (MTCP) is a programme under the Ministry of Foreign Affairs (MOFA), Malaysia for the sharing of Malaysia's development expertise with developing nations through training, scholarships, and technical assistance. One of the purposes of the MTCP is to promote South-South cooperation through short-term technical training and workshops to government officials and professionals.

The training was conducted by subject matter experts from Malaysia to medical professionals including surgeons, obstetricians and gynaecologists, orthopaedic specialists, and anaesthesiologists. Three specialised medical training programmes were conducted:

1. Emergency Surgical and Trauma Care
2. Perioperative Anaesthesia Simulation and Regional and Epidural Anaesthesia Perioperative Application in Obstetrics and Gynaecology Cases
3. Laparoscopy (Basic and Intermediate Levels)

Training methods included classroom lectures, live demonstrations, operating theatre practical sessions, simulation-based training, and case-based discussions.

SDGs

Key Outputs

- 82 healthcare professionals trained

Project Impact

The programme strengthened the technical competencies and clinical preparedness of healthcare professionals through specialised, hands-on training in emergency surgical care, anaesthesia, and laparoscopic procedures. By combining simulation-based learning, live demonstrations, and practical operating theatre exposure, participants enhanced their ability to manage complex medical and surgical care more effectively and safely within their respective healthcare settings. Beyond individual skills development, the training contributed to improved quality of care, patient safety, and clinical decision-making capacity among participating medical professionals. The programme also encouraged knowledge exchange and professional networking among practitioners from different countries, supporting longer-term improvements in healthcare delivery and specialised medical services.

From a HDN perspective, the programme reflects the importance of long-term capacity strengthening and South-South cooperation in building more resilient healthcare systems. By equipping healthcare professionals with specialised skills and practical expertise, the initiative supports stronger local response capabilities and more sustainable healthcare outcomes beyond immediate humanitarian interventions.

As an implementing partner under the MTCP framework, MERCY Malaysia contributed to regional knowledge-sharing and technical cooperation between developing countries, reinforcing collective capacity, institutional partnerships, and shared resilience within the healthcare sector.

Afghanistan — Healthcare and Medical Outreach

Afghanistan Earthquake Response Programme

PROJECT PARTNERS
- Zakat Pulau Pinang
- Ministry of Public Health, Afghanistan
- Public Health Directorate, Nangarhar, Afghanistan

STATUS
Completed

WHEN
7 September 2025 – 28 January 2026 (6 months)

WHERE
Kunar Province, Afghanistan

MERCY Malaysia implemented a phased humanitarian response in Afghanistan focused on supporting internally displaced communities in Zayli Baba IDP Camp and strengthening healthcare services at Nangarhar Regional Hospital (NRH) in Jalalabad. The intervention combined mobile primary healthcare (prioritising women and children), maternal health support, psychosocial services, WASH improvements, and hospital support to address urgent humanitarian needs while supporting service continuity and early recovery.

SDGs

Key Outputs

- 157 psychosocial support sessions conducted
- 3,432 medical consultations delivered
- 109 new mothers given antenatal care (ANC) visits
- 15 referrals to referral health facilities.
- Solar-powered water system supplying up to 89,000 litres/day, supporting over 1,000 displaced families implemented
- Funds allocated for medical equipment and medical training to support capacity building in one medical facility

From a HDN perspective, the project combined immediate humanitarian assistance with longer-term efforts to strengthen healthcare and WASH systems in a fragile displacement context. While emergency healthcare, psychosocial support, and water access addressed urgent needs among displaced populations, investments in hospital capacity, sustainable WASH infrastructure, and inter-agency coordination contributed to more resilient and locally sustained service delivery. By supporting both community-level interventions and institutional strengthening, the project helped bridge emergency response with longer-term recovery and resilience-building efforts.

Project Impact

The project improved access to essential healthcare, psychosocial support, and safe water for displaced and vulnerable communities, particularly women and children living in IDP camps. Mobile healthcare and maternal health services helped address immediate health needs, while psychosocial support activities strengthened emotional wellbeing among affected populations. At the same time, solar-powered WASH systems and planned infrastructure upgrades improved access to safe and sustainable water sources for displaced families. The intervention also contributed to strengthening healthcare capacity through support for medical equipment and training at Nangarhar Regional Hospital, helping reinforce healthcare service delivery in a resource-constrained and post-disaster setting.

Pakistan — Healthcare and Medical Outreach

Pakistan Monsoon Floods 2025 — Rapid Assessment and Emergency Response

PROJECT PARTNERS
- Seraimas
- Al-Khidmat Foundation, Pakistan

STATUS
Completedl

WHEN
10 – 17 September 2025 (1 week)

WHERE
Islamabad & Punjab, Pakistan

Relentless monsoon rains and glacial floods across Pakistan caused widespread devastation, resulting in significant loss of lives, large-scale displacement, and severe damage to homes, infrastructure, crops, and livelihoods. Flood-affected communities faced urgent humanitarian needs, including shortages of safe water, food, shelter, healthcare, and increased risks of disease outbreaks in affected areas.

In response, MERCY Malaysia conducted a rapid humanitarian assessment and relief mission across multiple flood-affected provinces, combining stakeholder coordination, community engagement, public health support, and targeted humanitarian assistance. Relief efforts included the distribution of hygiene and dignity kits, mosquito nets, food aid, children's kits, and medical supplies, alongside disease prevention and vector-control awareness activities for vulnerable communities.

Key Outputs

- 6,675 medical relief items distributed
- 100 food relief items distributed
- 300 hygiene kits distributed
- 200 mosquito nets and repellents distributed
- 50 dignity kits distributed
- 50 children's kits distributed

Project Impact

The response helped improve immediate safety, hygiene, and wellbeing for flood-affected communities living in high-risk and underserved areas. Relief distributions supported vulnerable households in managing the impacts of displacement, stagnant floodwaters, and heightened public health risks, while disease awareness campaigns strengthened community knowledge on prevention and health protection. Ground assessments and community consultations also provided important insights into evolving risks and humanitarian needs, supporting more targeted and context-sensitive response planning.

At the same time, the mission strengthened coordination and information-sharing among humanitarian, government, and community stakeholders. Engagements with national agencies, local organisations, and affected communities contributed to better situational understanding and reinforced collaborative approaches to disaster response and preparedness.

SDGs

From a HDN perspective, the intervention combined immediate humanitarian relief with early efforts to strengthen preparedness, coordination, and community resilience in flood-affected areas. While emergency aid addressed urgent public health, hygiene, and protection needs, rapid assessments and stakeholder engagement supported longer-term risk understanding and more coordinated disaster management planning. By integrating community engagement, public health awareness, and collaboration with national and local partners, the response contributed not only to immediate relief efforts but also to strengthening locally informed and multi-stakeholder approaches to disaster preparedness and resilience-building.

HDN

Sri Lanka — Healthcare and Medical Outreach

Sri Lanka Emergency Response 2025 — Rapid Assessment and Emergency Response

PROJECT PARTNERS
- Islamic Relief Committee (ISRC)
- All Ceylon Young Men's Muslim Association (YMMA)

STATUS
Completed

WHEN
7 – 17 December 2025 (10 days)

WHERE
Puttalam District, Sri Lanka

Following Cyclone Ditwah and the severe flooding that affected more than 1.5 million people across Sri Lanka, MERCY Malaysia implemented a humanitarian response programme focused on delivering essential primary healthcare and psychosocial support services to flood-affected communities in Puttalam District. Through mobile clinic operations and community-based activities, the intervention addressed urgent health needs among vulnerable populations affected by displacement, damaged infrastructure, and limited access to healthcare services.

Key Outputs

- 8 flood-affected locations benefitted from mobile clinic deployment
- 3,285 patients treated in mobile clinics
- 423 patients treated during a single-day mobile clinic operation
- 342 children and adolescents benefitted from CFS activities and MHPSS sessions

SDGs

From a HDN perspective, the intervention combined immediate healthcare and psychosocial assistance with longer-term efforts to strengthen community resilience and recovery following the floods. While mobile clinics addressed urgent medical needs in underserved areas, the integration of MHPSS and community-based support activities helped communities better cope with the social and emotional impacts of the disaster. By delivering services directly within affected communities and supporting continued access to care during a period of disruption, the programme reinforced local recovery efforts and contributed to more resilient, community-centred health support systems.

Project Impact

The intervention significantly improved access to essential healthcare services for flood-affected communities by bringing medical consultations, treatment, medication, and health education directly to underserved villages and temporary settlements. Mobile clinics treated thousands of patients for common flood-related illnesses and chronic conditions, helping reduce health risks and improve continuity of care in areas where access to functioning health facilities was disrupted.

The integration of Mental Health and Psychosocial Support (MHPSS) and Child Friendly Space (CFS) activities also enabled the programme to address the emotional and psychological impacts of the disaster, particularly among children and vulnerable families. By combining healthcare with psychosocial support, the intervention contributed to improved wellbeing, strengthened coping capacities, and supported early recovery and resilience within affected communities.

2025: Our Work in Middle East and North Africa

The Middle East and North Africa (MENA) region remains one of the most volatile landscapes globally, characterised by prolonged humanitarian crises and some of the most complex conflicts in recent history. In 2025, MERCY Malaysia's interventions in the region focused heavily on sustaining healthcare services, strengthening health systems, and supporting conflict-affected communities living amid prolonged humanitarian crises. Across Gaza, Syria, Sudan, Iraq, and Lebanon, the organisation responded to complex and protracted emergencies driven by armed conflict, displacement, infrastructure collapse, political instability, and severe disruptions to public services. Healthcare and medical outreach emerged as the dominant thematic focus across the region, complemented by WASH support, rehabilitation services, psychosocial support, healthcare capacity building, and institutional strengthening.

Gaza remained MERCY Malaysia's largest and most intensive operation in the region, where interventions extended beyond emergency relief to include the sustained delivery of healthcare, rehabilitation services, food security, WASH support, and community resilience amid ongoing conflict and large-scale displacement. Specialised medical deployments, rehabilitation support for children with severe injuries and amputations, caregiver training, and integrated WASH interventions reflected a growing emphasis on continuity of care and locally anchored support systems in a protracted crisis environment.

In Syria and Iraq, interventions increasingly focused on rebuilding and strengthening healthcare infrastructure through hospital rehabilitation, dialysis support, construction of a primary healthcare centre, and provision of lifesaving medical equipment. Meanwhile, in Sudan, MERCY Malaysia re-established its humanitarian presence after more than a decade through a large-scale healthcare needs assessment mission that informed future mobile clinic programming and strengthened engagement with national health authorities.

A key regional trend in 2025 was the growing focus on healthcare workforce development and strengthening local capacities. In Lebanon, a specialised training programme equipped Palestinian healthcare providers and frontline responders with practical skills in emergency trauma care, maternal health, MHPSS, and infection control, reinforcing community-based response capacity amid ongoing regional instability.

Overall, the 2025 MENA portfolio reflected a strong HDN approach, combining immediate humanitarian assistance with investments in healthcare infrastructure, local workforce capacity, institutional coordination, and long-term system resilience in some of the world's most fragile and conflict-affected settings.

Iraq

- Establishing Primary Health Care Centre

Lebanon

- Capacity Building for Palestinian Healthcare Providers and Frontline Responders (held in Lebanon)

Palestine

- Gaza Emergency Response 2025: Restoring Health, Supporting Resilience

Sudan

- Sudan Emergency Response: Needs Assessment Mission

Syria

- Health Facilities Rehabilitation and Medical Equipment Assistance Programme

Iraq — Healthcare and Medical Outreach

Establishment of Primary Health Care Centre

PROJECT PARTNERS
- Ministry of Foreign Affairs (MOFA), Malaysia
- Help the Needy Charitable Trust
- Ministry of Health, Iraq
- Governor's Office of Anbar
- Department of Health, Anbar

STATUS
Completed

WHEN
February – August 2025 (6 months)

WHERE
Anbar Governorate, Republic of Iraq

This project aimed to establish (construct) a Primary Health Care Centre (PHCC) that would benefit an estimated 7,000 displaced persons in Bzeibiz, and 12,500 residents of the Bzeibiz community. Bzeibiz is a town in Fallujah District on the border between the Baghdad and Anbar governorates.

The construction of a fully equipped PHCC will strengthen access to essential healthcare services for conflict-affected communities. Developed to replace temporary and damaged healthcare facilities, the centre includes consultation rooms, a laboratory, pharmacy, dental and vaccination rooms, as well as supporting utilities and management offices. The initiative aimed to improve the continuity and quality of healthcare delivery, enhance operational efficiency for medical personnel, and provide safer, more reliable access to healthcare services for surrounding communities in a challenging humanitarian environment.

Despite delays and challenges in obtaining approvals, the building construction was completed in six months, and was officiated on 12 October 2025.

Key Outputs

- A one-storey permanent building constructed as a primary health centre
- The centre comprised eight rooms (two consultation rooms, laboratory, pharmacy, dental room, bandaging room, vaccination room and management office), complete with HVAC air conditioning, electrical and water supply systems
- Upgrading of an existing toilet facility adjacent to the building

From a HDN perspective, the project moved beyond short-term humanitarian assistance by restoring permanent and sustainable access to essential healthcare services for displaced and host communities. While the PHCC addresses immediate healthcare needs among vulnerable populations, the construction of resilient health infrastructure and provision of continuous primary care also contribute to longer-term community wellbeing, public health resilience, and reduced pressure on emergency response systems. By aligning the centre with the Ministry of Health standards and supporting locally accessible healthcare services, the project strengthens institutional capacity and promotes more sustainable, community-based healthcare delivery. This intervention reflects the importance of combining humanitarian response with long-term development investments to support recovery, resilience, and social stability in displacement-affected settings.

SDGs

Project Impact

The construction of the new Primary Health Care Centre (PHCC) significantly improved access to essential healthcare services for approximately 7,000 internally displaced persons (IDPs) and 12,500 residents in surrounding communities, restoring a reliable source of primary healthcare in Bzeibiz. The facility now provides critical services including medical consultations, vaccinations, laboratory testing, dental care, wound management, and access to essential medicines, helping reduce untreated illnesses and preventable health risks among vulnerable populations.

The growing utilisation of the centre reflects its importance within the community, with 836 patients recorded in December 2025, increasing to 1,517 patients in January 2026, and 863 patients in February 2026. Constructed according to Ministry of Health standards, the PHCC incorporates safe and resilient infrastructure features including proper electrical systems, ventilation, HVAC, waterproofing, and fire safety systems, ensuring a safe and sustainable healthcare environment for both patients and healthcare workers. The project also contributes to multiple Sustainable Development Goals (SDGs), particularly in strengthening healthcare access, resilient infrastructure, social inclusion, and multi-stakeholder partnerships.

Lebanon — Healthcare and Medical Outreach

Capacity Building for Palestinian Healthcare Providers and Frontline Responders

PROJECT PARTNERS
- Ministry of Foreign Affairs (MOFA), Malaysia
- Al-Shifaa Association for Medical and Humanitarian Services

STATUS
Completed

WHEN
28 July – 23 August 2025 (21 days)

WHERE
Beirut, Lebanon

The Malaysian Technical Cooperation Program (MTCP)) is a programme under the Ministry of Foreign Affairs (MOFA), Malaysia to promote the sharing of Malaysia's development expertise with developing nations through training, scholarships, and technical assistance. MERCY Malaysia implemented a capacity-building programme in Lebanon for Palestinian healthcare providers and frontline responders affected by the ongoing conflict in Gaza and surrounding areas. The training aimed to strengthen emergency healthcare response, psychosocial support, maternal and child health services, and infection prevention capacities among healthcare workers and community responders serving displaced and conflict-affected populations.

The programme delivered specialised training across four thematic areas — Emergency and Trauma Care, MHPSS, Maternal and Child Health, and Infection Control and Antimicrobial Resistance Management — using a blended approach of lectures, simulations, hands-on practical sessions, and group discussions. Training equipment and medical simulation tools were also donated to support continued skills practice and future local capacity development.

SDGs

Key Outputs

- 326 participants trained, including Palestinian, Lebanese, and Syrian healthcare and frontline responders
- Participants represented 30 healthcare and community-based institutions
- 11 specialised training topics delivered across four key healthcare themes
- 11 units of medical training equipment donated, including life-support mannequins, AED trainers, airway simulators, and trauma response kits
- 96% of participants rated the training highly relevant to their daily work, while 98% reported improved confidence in applying the skills learned

From a HDN perspective, the programme focused on strengthening local human capital and frontline response capacity within a protracted conflict context where healthcare systems and responders remain under sustained pressure. Rather than relying solely on external humanitarian deployments, the intervention invested in developing locally anchored skills, knowledge, and training resources that can continue supporting affected communities over the longer term.

By combining emergency care, MHPSS, maternal health, and infection control training within one integrated programme, the initiative contributed to more resilient, community-based healthcare support systems for displaced and vulnerable populations. The programme also reinforced cross-border humanitarian collaboration and partnerships, supporting locally led preparedness and response capacity amid ongoing regional instability.

Project Impact

The programme strengthened the technical and psychosocial response capacities of healthcare providers and frontline responders supporting Palestinian and conflict-affected communities. Participants gained practical skills in emergency response, trauma care, maternal and child health, infection control, and MHPSS, improving their confidence and preparedness to manage complex humanitarian and medical situations within resource-constrained settings.

Beyond technical competencies, the training also strengthened trust, peer learning, and psychosocial awareness among participants, many of whom were operating under prolonged conflict-related stress. The highly practical and inclusive training approach empowered both clinical and non-clinical participants to contribute more effectively within their communities, while donated simulation equipment helped support continued local learning and future training sustainability.

Palestine — Healthcare and Medical Outreach

Gaza Emergency Response 2025: Restoring Health, Supporting Resilience

PROJECT PARTNERS
- Emergency Medical Team Coordination Cell (EMTCC), World Health Organization (WHO)
- Ministry of Health, Gaza

STATUS
Completed

WHEN
January 2025 – January 2026 (12 months)

WHERE
Gaza Strip, Palestine

MERCY Malaysia continued delivering long-term medical and healthcare support services in Gaza through the deployment of Specialized Care Teams (SCTs), primary healthcare services, mobile physiotherapy support, and hospital equipment assistance. Implemented in coordination with the World Health Organization Emergency Medical Team Coordination Cell (WHO-EMTCC) and humanitarian response clusters, the intervention aimed to strengthen emergency healthcare delivery and continuity of care in an extremely fragile and conflict-affected setting. Five of these teams were deployed in 2025.

The programme combined direct medical services with health system strengthening efforts, including the installation of life-saving medical equipment in key hospitals and the deployment of specialised medical teams to support overwhelmed healthcare facilities. Despite ongoing operational and security challenges, the intervention maintained essential healthcare services and reinforced Gaza's emergency health response capacity.

HDN

In a protracted conflict environment such as Gaza, humanitarian response cannot rely solely on short-term emergency interventions. The programme therefore focused on maintaining functional health and community support systems amid continuous disruption, displacement, and infrastructure collapse. By reinforcing hospital operations, supporting rehabilitation and home-based recovery, and improving access to safe water and sanitation, the intervention helped communities retain a degree of stability, dignity, and continuity in daily life despite prolonged crisis conditions. The intervention also demonstrated the importance of adaptive and locally integrated humanitarian models in complex conflict settings. Through collaboration with local healthcare workers, caregivers, humanitarian coordination mechanisms, and community networks, the programme strengthened locally anchored capacities that can continue functioning even during periods of heightened insecurity and restricted access.

Key Outputs

Cumulative for duration October 2023 to December 2025

- A total of 127 days offering 4,446 life-saving services in Gaza
- 204,254 received healthcare services
- 559,990 benefited from WASH services
- 69,532 received food security and nutrition aid
- 74,378 benefited from shelter and settlement services
- 1,826 received cash-based assistance
- 172 children with severe injuries and amputations received rehabilitation support
- 365 caregivers trained allowing a shift from facility-based dependency to home-supported recovery

SDGs

Project Impact

The intervention helped restore access to essential healthcare services in Gaza at a time when much of the health system remained severely disrupted. Through specialised medical deployments, rehabilitation and physiotherapy services, hospital support, and integrated healthcare interventions, MERCY Malaysia contributed to addressing critical gaps in trauma care, maternal health, chronic disease management, mobility rehabilitation, and emergency medical response for conflict-affected communities.

Rehabilitation support for children with severe injuries and amputations, alongside training to caregivers, helped shift recovery from facility-based dependency towards more sustainable home-supported care. Beyond immediate relief, the programme strengthened local health system capacity by equipping referral hospitals with life-saving medical equipment, supporting specialised training, and reinforcing structured coordination mechanisms under WHO-EMTCC. The integration of emergency medical teams with local staff capacity-building helped ensure continuity of services even after international teams rotated out, reflecting a shift from short-term emergency assistance towards more sustainable healthcare system reinforcement in an active conflict setting.

The intervention also improved community wellbeing and resilience through food assistance, shelter and winterisation support, as well as enhanced access to safe water, sanitation, and hygiene (WASH) services for displaced populations. WASH interventions help reduce waterborne disease risks in high-density displacement settings, while broader humanitarian support contributes to safer living conditions, improved recovery outcomes, and greater dignity for vulnerable communities facing prolonged humanitarian hardship.

Understanding International Humanitarian Law

International Humanitarian Law (IHL), also known as the law of war or the law of armed conflict, is a set of rules that seeks to limit the effects of armed conflict for humanitarian reasons. Rooted primarily in the four Geneva Conventions of 1949 and subsequent international agreements, IHL establishes protections for civilians and those who are not, or are no longer, participating in hostilities, while also regulating the means and methods of warfare.

At its core, IHL aims to preserve human dignity during times of conflict. It requires all parties involved in armed conflict to distinguish between civilians and combatants, and to ensure that humanitarian assistance and essential civilian services are protected. Medical personnel, ambulances, hospitals, clinics, and humanitarian workers are afforded special protection under IHL, recognising their critical role in saving lives and alleviating suffering during crises.

Why is IHL significant for MERCY Malaysia, especially the severely conflict-affected Gaza?

For MERCY Malaysia, IHL is deeply relevant as humanitarian and medical response operations are often carried out in conflict-affected environments such as Gaza, Sudan, Syria, Afghanistan, and other fragile settings. Upholding humanitarian principles of humanity, neutrality, impartiality, and independence is essential to ensuring that aid reaches those most in need regardless of race, religion, nationality, or political affiliation. These principles also help safeguard humanitarian access and the safety of healthcare workers and humanitarian personnel operating in volatile conditions.

As a medical humanitarian organisation, MERCY Malaysia recognises the importance of protecting healthcare systems during conflict. Hospitals and medical facilities must remain safe spaces where civilians can access life-saving treatment without fear of attack or disruption. Damage to healthcare infrastructure not only affects immediate emergency care, but also weakens long-term public health systems, disproportionately impacting women, children, the elderly, and other vulnerable groups.

In increasingly complex humanitarian crises, respect for IHL remains fundamental to protecting civilian lives, maintaining humanitarian access, and preserving human dignity amid conflict and displacement.

On 19 March 2025, MERCY Malaysia issued a press release related to the situation in Gaza where the President urged all parties to prioritise the protection of civilians, ensure unimpeded humanitarian access, and uphold their obligations under international law.calling for all parties to fight for and uphold international humanitarian law. He stated, *"... the deliberate targeting of densely populated areas and the obstruction of humanitarian aid are flagrant violations of international humanitarian law. The world cannot remain silent in the face of these atrocities."*

Scan QR code to read full press release

Sudan — Healthcare and Medical Outreach

Sudan Emergency Response: Needs Assessment Mission

PROJECT PARTNERS
- Sudan Federal Ministry of Health
- State Ministries of Health
- Red Sea, Khartoum, Al Jazira, White Nile
- Humanitarian Aid Commission, Sudan
- Embassy of Republic of Sudan in Malaysia

STATUS
Completed

WHEN
5 – 22 August 2025

WHERE
Sudan

MERCY Malaysia conducted a humanitarian assessment and coordination mission across four priority states in Sudan to evaluate healthcare needs and identify suitable areas for future intervention following prolonged conflict and widespread disruption to essential services. The mission included visits to more than 40 health facilities and institutions, including referral hospitals, maternal and paediatric facilities, laboratories, dialysis centres, and primary healthcare clinics, alongside coordination engagements with federal and state authorities, humanitarian agencies, and operational NGOs.

SDGs

While primarily assessment-focused, the mission also responded to urgent healthcare needs identified during field visits through the provision of critical medical and infrastructure support, including oxygen concentrators, solar power systems, and laboratory equipment to selected health facilities facing severe shortages. The deployment marked MERCY Malaysia's official humanitarian re-entry into Sudan after more than a decade, helping rebuild institutional partnerships and informing the planning of future healthcare interventions, including mobile clinic operations scheduled for 2026.

- **States Assessed:** Red Sea State (Port Sudan, Haiya), Khartoum State (Omdurman), Al Jazira State (Wad Madani, Al Hasaheisa), White Nile State
- **Sites Assessed:** Hospitals, teaching hospitals, dialysis centres, paediatric facilities, primary healthcare clinics, laboratories

Key Outputs

- Four assessments conducted across four priority states
- 40+ health facilities and institutions visited
- Coordination engagements with federal and state authorities, humanitarian agencies, and NGOs
- Priority geographic areas and facilities identified
- 2 oxygen concentrators delivered to strengthen clinical capacity
- Solar panel system and microscope provided to Soba Al La'utah Clinic to support restoration of essential services amid electricity shortages

From a HDN perspective, the mission reflected the importance of linking emergency humanitarian response with longer-term recovery planning and institutional engagement in conflict-affected settings such as Sudan. The broader assessment and coordination process focused on understanding systemic vulnerabilities and identifying sustainable pathways for future intervention. By combining rapid needs assessment, targeted support, and operational planning, the mission bridged immediate humanitarian concerns with longer-term health system recovery and resilience-building efforts.

Project Impact

The mission provided critical situational insights into the humanitarian and healthcare challenges facing conflict-affected communities in Sudan, particularly in areas experiencing displacement, damaged infrastructure, and severe shortages of medical resources. Through extensive assessments and stakeholder engagements, MERCY Malaysia identified urgent needs and priority intervention areas in primary healthcare, maternal and child health, infectious disease control, and WASH services, helping lay the groundwork for more targeted and effective future humanitarian programming. The deployment also delivered immediate support to overstretched health facilities through the provision of oxygen concentrators, solar power systems, and laboratory equipment to help strengthen emergency and paediatric care capacity, improve continuity of essential health services to vulnerable and displaced populations. The mission also successfully re-established MERCY Malaysia's operational presence and institutional relationships in Sudan.

IMPACT STORY

Even One Equipment Makes an Impact

A key milestone occurred during the handover of an oxygen concentrator to Al Hasaheisa Paediatric Teaching Hospital, where oxygen shortages had restricted treatment for children with respiratory illnesses and severe malnutrition. The equipment immediately strengthened paediatric care capacity.

Syria — Healthcare and Medical Outreach

Health Facilities Rehabilitation and Medical Equipment Assistance Programme

PROJECT PARTNERS

- Ministry of Foreign Affairs (MOFA), Malaysia
- Ministry of Health, Syria
- Aleppo Health Directorate and Al Razy Hospital
- Hama Health Directorate and Hama National Hospital
- Honorary Consul General of Malaysia in Syria

STATUS
Ongoing

WHEN
15 December 2023 – 15 June 2025 (18 months)

WHERE
Aleppo and Hama Governorates, Syria

MERCY Malaysia implemented a healthcare infrastructure rehabilitation and strengthening project in Syria focused on improving access to lifesaving medical services in conflict-affected communities. The intervention included the construction of a three-storey emergency and surgical complex at Al Razy Hospital in Aleppo, as well as the provision and installation of haemodialysis machines at Hama National Hospital to strengthen renal care services for vulnerable patients.

Implemented in close coordination with the Syrian Ministry of Health, health directorates, hospital management, and Malaysian stakeholders, the project aimed to restore and strengthen critical healthcare capacity amid prolonged conflict, infrastructure damage, and resource shortages. The programme also incorporated technical training, hospital coordination, and adaptive project management to sustain implementation despite political transitions and operational challenges.

SDGs

Project Impact

The project significantly improved access to lifesaving healthcare services for conflict-affected communities in Syria by strengthening both emergency and specialised medical care capacity. The installation of haemodialysis machines at Hama National Hospital enabled more patients to receive regular and timely dialysis treatment in a cleaner, dedicated, and properly equipped environment, reducing overcrowding and improving patient safety and dignity. At the same time, the construction of the emergency and surgical complex at Al Razy Hospital represents a major investment in long-term healthcare recovery and resilience in Aleppo. Beyond physical infrastructure, the project strengthened institutional coordination, local ownership, and healthcare system continuity through close collaboration with Syrian health authorities, hospital teams, and local technical personnel. The visible improvements in healthcare infrastructure also contributed to renewed public confidence and hope within communities affected by years of conflict and instability.

HDN

From a HDN perspective, the project reflects a transition from short-term humanitarian relief towards longer-term healthcare system recovery and institutional strengthening in a protracted conflict setting. Rather than establishing parallel emergency systems, the intervention focused on restoring and expanding existing public healthcare infrastructure and capacity through hospital construction, medical equipment support, and technical training for local healthcare personnel. The programme also demonstrated the importance of sustained partnerships, adaptive coordination, and local ownership in fragile and politically complex environments. By combining immediate lifesaving healthcare support with investments in resilient infrastructure, workforce capacity, and institutional collaboration, the project contributes to more sustainable healthcare access and long-term community resilience in Syria.

Key Outputs

- Construction of a three-storey emergency and surgical complex at Al Razy Hospital, Aleppo has reached over 50% completion
- 10 haemodialysis machines delivered and operationalised
- Dialysis services commenced immediately at Hama National Hospital
- Technical training provided to local dialysis staff to support sustainability and local operational capacity

Special Features


mercy
MALAYSIA

SPECIAL FEATURE: Selangor, Malaysia — Healthcare and Medical Outreach

Malaysia Refugees Healthcare Programme (QFFD Project)

PROJECT PARTNERS
- Qatar Fund for Development (QFFD)
- Qatar Charity Berhad,
- Yayasan Kebajikan Negara (YKN)
- Malaysian Relief Agency (MRA)
- IMARET

STATUS
Ongoing

SERVICE RECIPIENTS
Vulnerable communities

WHEN
Phase 1:
2019 – 2024
Interim Phase:
January – August 2025
Phase 2:
September 2025 – August 2027

WHERE
Ampang and Kajang, Selangor, Malaysia & Klang Valley Area

SDGs

The Malaysia Refugees Healthcare Programme, supported by the Qatar Fund for Development (QFFD), is a long-term humanitarian initiative addressing persistent health inequalities among refugees, asylum-seekers, and underserved host communities in the Klang Valley. Now in its sixth year, the programme reflects an ongoing, high-need intervention that continues to bridge critical gaps in access to affordable and quality healthcare.

This long-term project which started in 2019 entered Phase 2, transitioning from the interim phase in mid 2025.

Centred around two primary healthcare clinics in Ampang and Kajang, the programme delivers essential services including preventive care, treatment, immunisation, and medical referrals. These services are complemented by mobile clinics that extend outreach to hard-to-reach populations, as well as health promotion and education initiatives that empower communities with knowledge on hygiene, mental health, and reproductive health.

Implemented in close coordination with the Ministry of Health Malaysia and the UNHCR, the programme aligns with national health priorities while addressing the unique needs of displaced populations. A structured referral system further ensures continuity of care through access to specialised services at government facilities.

As the programme transitions beyond its initial phase, it continues to strengthen inclusive healthcare delivery, reinforce community resilience, and contribute to a more equitable health ecosystem — demonstrating that sustained, collaborative efforts are essential in addressing complex and protracted humanitarian needs.

QFFD CLINIC OVERVIEW IN 2025

Total Patients
11,131
patients treated in 2025

Total Antenatal Cases
1,625
antenatal cases supported in 2025

PATIENTS BY CLINIC (2025)

QFFD Ampang Clinic
6,177
patients

QFFD Kajang Clinic
4,954
patients

WHO WE SERVE

- Refugees
- Asylum-seekers
- Vulnerable Malaysian communities

QFFD CLINIC LOCATIONS

ANTENATAL CASES BY CLINIC (2025)

QFFD Ampang Clinic
1,263
patients

QFFD Kajang Clinic
362
patients

Data for the period of January – December 2025

OUR COMMITMENT

Providing inclusive, quality and affordable healthcare for a healthier and more resilient community.

Key Outputs

- **11,131 patients received healthcare services** through the QFFD Ampang and Kajang Clinics in 2025
- **1,625 antenatal cases supported** through maternal health consultations and referral pathways
- Continued provision of affordable primary healthcare consultations for refugees, asylum-seekers, and vulnerable host communities
- Access to essential medicines and follow-up care for acute and chronic medical conditions
- Strengthened coordination with public health facilities through referrals to nearby government clinics and hospitals
- Facilitated access to antenatal care services for pregnant refugee women through structured referral mechanisms
- Supported continuity of care through referrals for patients requiring specialised or advanced medical treatment
- Continued collaboration with humanitarian and public health stakeholders to support inclusive healthcare access for vulnerable populations

Project Impact

QFFD Ampang and Kajang Clinics are dedicated to delivering essential healthcare services, ensuring access to quality medical care for refugees, Malaysian citizens, and underserved communities alike. The clinics offer affordable yet high-quality medical services, making healthcare more accessible to those who need it most.

The QFFD clinic's work in providing access to healthcare to refugees and asylum-seekers helps protect public health in Malaysia by preventing the spread of communicable diseases and addressing health issues before they escalate into larger public health crises.

HDN

SPECIAL FEATURE

Fundraising and Awareness Events 2025

Fundraising and awareness events play an important role in strengthening public engagement with MERCY Malaysia's humanitarian mission. Beyond raising financial support, these events create opportunities to foster empathy, increase awareness of humanitarian issues, and encourage collective action among individuals, communities, corporate partners, and volunteers. Through campaigns, public outreach activities, and community-driven initiatives, MERCY Malaysia continues to build a stronger culture of compassion, solidarity, and shared responsibility in supporting vulnerable communities locally and globally.

Together for Gaza

8 February 2025

Voices for Gaza: Hope After the Ceasefire was organised to highlight the resilience and strength of Gaza's communities in the aftermath of conflict. Through conversations with volunteers, advocates, and public figures, the podcast shared frontline perspectives on the humanitarian situation while providing insight into MERCY Malaysia's ongoing relief and recovery efforts on the ground. The event helped to raise public awareness on the challenges faced by affected communities in Gaza, while encouraging greater global solidarity and collective action in support of recovery, rebuilding, and humanitarian assistance for Palestine.

Scan QR code to view the Podcast Video

Press Conference — The Return of Specialised Care Team 5 from Gaza

5 May 2025

MERCY Malaysia organised a press conference to welcome the safe return of the Specialised Care Team 5 (SCT 5) from Gaza, Palestine after they completed a one-month humanitarian medical mission under the World Health Organization Emergency Medical Team Coordination Cell (WHO EMTCC) framework. From 27 March to 26 April 2025 the SCT 5 mission focused on delivering critical trauma and emergency care services amid the ongoing humanitarian crisis in Gaza. The team provided medical assistance at Al-Shifaa Hospital, Al-Nasser Hospital, and Kuwait Specialty Hospital, supporting overwhelmed healthcare facilities and communities affected by the conflict. SCT 5 also played a role in strengthening international humanitarian coordination efforts on the ground while sharing firsthand insights into the humanitarian situation faced by the people of Gaza. The press conference received strong support and attendance from various local media, whose coverage helped amplify the realities faced by Palestinians and highlight the urgent humanitarian needs in Gaza. Through extensive media reporting and interviews, the event successfully raised public awareness, strengthened solidarity efforts, and reinforced the importance of continued humanitarian support for Palestine.

Photobook Talk — Humanitarian Stories: Behind the Lens of a Changing World

24 May 2025

Humanitarian Stories: Behind the Lens of a Changing World, is a special photobook talk commemorating 25 years of humanitarian service and impact worldwide. The session featured powerful visual stories capturing moments of hope, resilience, and humanity from communities affected by crises and disasters across the globe. Moderated by MERCY Malaysia volunteer, Jahabar Sadiq, the talk offered deeper insights into the raw realities faced on the frontlines of humanitarian response through photographs and personal reflections. The talk helped raise public awareness and appreciation for humanitarian efforts in an increasingly complex and changing world.

Gaza Mosque Fundraising Initiative

4 & 17 July 2025

MERCY Malaysia conducted Gaza Mosque Fundraising Initiatives through two special post-Maghrib sharing sessions aimed at providing the public with deeper insights into the humanitarian situation in Gaza and MERCY Malaysia's ongoing relief operations on the ground. The talks highlighted the challenges faced by affected communities, the organisation's humanitarian response efforts, and the importance of continued public support for Palestine. The sharing sessions served as a platform to strengthen community awareness and solidarity, while encouraging contributions towards humanitarian and recovery efforts in Gaza. Through the engagement of mosque congregations and local communities, the initiative successfully amplified awareness and reinforced the spirit of collective humanitarian action.

Official Handover Ceremony of Medical Equipment to the Neurosurgical Critical Care Unit, Hospital Raja Permaisuri Bainun

20 September 2025

MERCY Malaysia officially handed over medical equipment worth RM340,200 to the Neurosurgical Critical Care Unit (NCCU) at Hospital Raja Permaisuri Bainun, Ipoh in a ceremony officiated by Tuanku Zara Salim, the Queen Consort of Perak. The contribution formed part of MERCY Malaysia's ongoing efforts to help strengthen the public healthcare system and enhance the capacity of critical neurosurgical care services. Equipment donated included portable ventilators, ICU patient monitors, fluid management systems, and DVT pumps to support the delivery of specialised and critical patient care. Through this initiative, MERCY Malaysia reaffirmed its commitment to supporting accessible, quality, and effective healthcare services for communities in need.

Art For Humanity: Gaza Art Auction 2025

28 September 2025

Art for Humanity is a curated humanitarian art auction that brings together Malaysian artists, collectors, and philanthropists to raise critical funds for Gaza. By blending artistic expression with purpose, the initiative transforms creativity into meaningful humanitarian action through the showcase of exclusive artworks and collectibles.

The 2025 edition, supported by CIMB as venue partner and Cult Gallery as curator, drew a full house and strong engagement from Malaysia's arts and philanthropic communities. The event raised RM854,000, reflecting continued public commitment towards humanitarian assistance for Gaza. Proceeds will support medical rehabilitation, food security, and public health initiatives through MERCY Malaysia's response.

Building on the inaugural 2024 auction, which raised RM1.2 million, the initiative has already delivered tangible impact. Previous funds enabled the deployment of five Emergency Medical Teams under the World Health Organization EMT Type 1 — Fixed certification, providing critical medical care and support in affected areas.

Art for Humanity demonstrates how art can serve as a catalyst for solidarity — mobilising resources and translating generosity into meaningful impact for communities in need.


mercy
CIMB
CULT
Art for Humanity
A Fundraising Auction for Gaza


MYR 100,000.00
Sold
Ahmad Zakii Anwar
Choose, 2025
Acrylic on linen, 69 x 69 cm
100% proceeds to MERCY Malaysia's Gaza Relief Fund
CIMB

SPECIAL FEATURE

Volunteer Events 2025

Volunteer training and capacity-building programmes remain a critical component of MERCY Malaysia's humanitarian preparedness and long-term resilience efforts. As a mature humanitarian organisation with over two decades of operational experience, MERCY Malaysia recognises that effective humanitarian response requires not only committed volunteers, but also well-trained personnel equipped with the technical, operational, and leadership competencies needed to navigate increasingly complex crises and community needs. The organisation's continued investment in structured volunteer development reflects its broader commitment to humanitarian leadership, localisation, and professional standards in humanitarian action.

Through specialised trainings such as HEAT, VIP, Child Friendly Space (CFS), MMTTRR, and MHPSS initiatives, volunteers are exposed to practical field realities, humanitarian principles, psychosocial support approaches, safety protocols, and technical competencies that strengthen both individual readiness and organisational response capacity. These programmes help build a confident, ethically grounded, and locally rooted volunteer network capable of responding effectively across humanitarian, emergency response, recovery, and community development settings.

By empowering volunteers to become trainers, facilitators, technical focal points, and community advocates, MERCY Malaysia continues to strengthen a resilient volunteer ecosystem that supports both immediate humanitarian needs and longer-term community wellbeing, recovery, and resilience.

Volunteer Induction Programme (VIP)

WHEN

7 programmes in April, May, August, November & December 2025

VOLUNTEERS

203 (medical and non-medical)

The Volunteer Induction Programme (VIP) is a compulsory training programme designed to equip newly registered MERCY Malaysia volunteers with essential knowledge of the organisation's humanitarian mandate, governance, operational processes, and Code of Conduct. Participants are introduced to key humanitarian principles, including the Sphere Standards, to ensure they are ethically grounded and operationally prepared before participating in missions or programmes. Facilitated by staff and experienced volunteers, the programme also provides practical insights into field realities and volunteer responsibilities. In 2025, seven sessions were conducted nationwide in Perak, Kuala Lumpur, Kelantan, Sarawak, Johor, and Sabah, reaching a total of 203 participants and strengthening volunteer readiness across the organisation. The VIP is the first point of contact for many new volunteers, and it continues to play a vital role in strengthening MERCY Malaysia's volunteer readiness by ensuring that all new members are well-oriented, ethically grounded, and operationally prepared before participating in humanitarian missions.

DATE	STATES	PARTICIPANTS
27 April 2025	Perak	22
17 May 2025	Kuala Lumpur	71
16 August 2025	Kelantan	24
23 August 2025	Sarawak	20
29 November 2025	Kuala Lumpur	19
3 December 2025	Johor	24
20 December 2025	Sabah	23

Mental Health Awareness Training of Trainers (ToT)

WHEN
2 days on 12 – 13 April 2025

VOLUNTEERS
32 (medical and non-medical)

PARTNER
MetLife

MERCY Malaysia, with the support of MetLife, conducted a two-day Mental Health Awareness Training of Trainers (ToT) programme in Kuching, Sarawak to strengthen the capacity of volunteers in delivering community-based mental health awareness initiatives. The training equipped 32 volunteers with knowledge on basic mental health concepts, psychosocial wellbeing, stress coping mechanisms, and facilitation skills through interactive learning, group exercises, and mock teaching sessions.

The programme strengthened volunteers' confidence in discussing mental health topics with communities and improved readiness to support psychosocial needs during emergencies and development programmes. By empowering local facilitators and reducing reliance on external trainers, the initiative also contributed to longer-term community resilience, local ownership, and more sustainable mental health support systems in Sarawak.

MERCY Malaysia Technical Team Rebuilding and Reconstruction (MMTTRR) Programme 2025

WHEN

5 sessions from July to September 2025

VOLUNTEERS

26 (technical)

The MERCY Malaysia Technical Team Rebuilding and Reconstruction (MMTTRR) Programme 2025 was organised to strengthen the preparedness and technical capacity of MERCY Malaysia's volunteers in engineering, architecture, construction, logistics, and WASH for post-disaster recovery operations. Through workshops, mentoring sessions, technical briefings, and simulation exercises, participants gained practical exposure to damage assessment, safe shelter design, disaster risk reduction, and reconstruction planning. Supported by a multidisciplinary team of technical experts, the programme fostered peer learning, collaboration, and operational readiness among volunteers. Conducted between July and September 2025, the programme engaged 26 technical volunteers and reinforced MERCY Malaysia's commitment to building a skilled and resilient technical volunteer network for future humanitarian reconstruction efforts. Participants received professional mentoring, enhanced technical skills, and recognition and prioritisation for future deployment opportunities. By strengthening volunteer technical capacities and promoting build-back-better approaches, the programme also supports the HDN by linking immediate recovery efforts with longer-term community resilience and sustainable rebuilding post-disaster.

IMPACT STORY

Reconstruction that Supports Livelihoods

A female beneficiary's monthly income grew from RM1,500 to RM3,500 after reopening her food stall. She reopened her stall after receiving reconstruction support for her stall, which was swept away by floods. Stories such as this provide evidence for MERCY Malaysia to continue providing similar support to other victims.

For the full report, see pages 108–109.

Hostile Environment Awareness Training (HEAT) 2025

WHEN
3 days on 30 October to 2 November 2025

VOLUNTEERS
31 (medical and non-medical)

PARTNER
Malaysia Peacekeeping Centre (MPC)

MERCY Malaysia conducted the Hostile Environment Awareness Training (HEAT) 2025 programme to strengthen the preparedness and operational readiness of volunteers for deployment in humanitarian and medical relief missions and complex humanitarian environments. The training equipped participants with essential knowledge and practical skills required to operate effectively in complex emergency environments, while also enhancing resilience, teamwork, leadership, and decision-making under pressure. Modules covered humanitarian field operations, safety and security, communication, needs assessment, negotiation techniques, and simulation exercises. A total of 31 volunteers, comprising medical and non-medical participants, attended the programme, supported by experienced trainers and volunteers who shared valuable field insights and operational expertise.

MHPSS Symposium 2025

WHEN

10 October 2025

VOLUNTEERS

50 (medical and non-medical)

In conjunction with World Mental Health Day, MERCY Malaysia organised the MHPSS Symposium 2025 to strengthen awareness, collaboration, and volunteer engagement in MHPSS within humanitarian settings. As mental health and psychosocial needs continue to increase across humanitarian crises, disasters, and emergency response missions, the symposium reinforced the growing importance of integrating wellbeing and psychosocial care into holistic humanitarian action. The programme also reflected MERCY Malaysia's long-standing commitment to MHPSS, which has remained a core component of its humanitarian response for more than 20 years.

The symposium gathered approximately 50 participants from government agencies, NGOs, academia, professional associations, and mental health professions and featured keynote sessions, panel discussions, networking engagements, and a gallery walk showcasing MERCY Malaysia's MHPSS initiatives. The symposium also supported efforts to strengthen professional collaboration, expand volunteer engagement, and re-engage experienced practitioners to enhance MERCY Malaysia's future MHPSS response capacity and community wellbeing initiatives. Sharings of real-life field experiences by existing volunteers gave participants a better understanding of the realities, challenges, and emotional demands of delivering MHPSS support in humanitarian and emergency response settings. MERCY Malaysia will be publishing the proceedings of this symposium in 2026.

Child Friendly Space (CFS) Training 2025

WHEN

2 days on 29 – 30 November 2025

VOLUNTEERS

15 (medical and non-medical)

The Child Friendly Space (CFS) Training strengthened volunteers' knowledge, practical skills, and confidence in establishing safe, structured, and supportive environments for children affected by crises and emergency situations. The training emphasised the importance of child protection, psychosocial wellbeing, and creating nurturing spaces that help children regain a sense of normalcy, safety, and emotional security during times of distress and displacement.

Participants gained hands-on exposure to designing and managing Child Friendly Spaces, including identifying potential risks, implementing safety and safeguarding protocols, and ensuring activities aligned with humanitarian principles and child protection standards. Through interactive exercises, group discussions, and simulations based on real emergency scenarios, volunteers were able to practise child-centred engagement approaches, group facilitation, play-based learning activities, and basic emotional support techniques tailored to children in crisis settings.

The training also encouraged participants to better understand children's behavioural and emotional responses during emergencies, while strengthening their ability to respond with empathy, sensitivity, and appropriate care. By the end of the programme, volunteers demonstrated improved operational readiness and practical capability to support children in humanitarian contexts, applying both theoretical understanding and hands-on strategies to maintain a safe, inclusive, and nurturing environment for young beneficiaries and their caregivers.

Engaging for Wellbeing
In times of crisis and uncertainty, child-friendly spaces provide more than just a safe place to play — they help children regain a sense of normalcy, comfort, and emotional security. Through care, creativity, and human connection, these spaces support healing, resilience, and hope for children affected by trauma and disasters.

SPECIAL FEATURE

Volunteer Stories

Behind every response and intervention by MERCY Malaysia are the stories of volunteers who dedicate their time, energy, and compassion to serve communities in need. Their experiences reflect the impact of humanitarian action on affected communities, but more often than not, they reflect inspiring stories of personal growth, resilience, and sense of purpose gained through volunteering. These stories capture the spirit of humanity, teamwork, and service that continues to drive MERCY Malaysia's mission forward.

"I realised that education should not be seen as secondary in humanitarian response. It is part of psychological care. It helps children regain rhythm, rebuild confidence, and reconnect with stability."

— Adib Harris

Education Beyond the Classroom

For educator Adib Harris, volunteering with MERCY Malaysia during the Putra Heights relief response became more than an act of service - it was a deeply personal experience that reshaped his understanding of education, healing, and humanity. Following the pipeline explosion in Putra Heights in April 2025, Adib joined relief efforts at the temporary evacuation centre, where he witnessed not only the physical impact of the disaster, but also the emotional distress experienced by affected children and families.

What stood out most to him was MERCY Malaysia's structured psychosocial and educational support for children amidst the chaos of emergency response. Recognising the emotional needs of displaced children, Adib drew upon his experience as a STEM educator to conduct interactive learning activities aimed at restoring joy, curiosity, and emotional comfort. Through simple science-based activities such as making homemade ice cream, children were able to laugh, play, and reconnect with a sense of normalcy during an uncertain time.

The experience reinforced his belief that humanitarian response extends beyond physical aid and emergency relief. It also highlighted the importance of emotional wellbeing, safe spaces, and compassionate human connection in helping communities recover from crisis. Inspired by the experience, Adib expressed his commitment to continue volunteering with MERCY Malaysia in future educational and psychosocial support initiatives, bringing hope and healing to children and communities affected by emergencies.

A Mission of Hope and Humanity

During his 2025 deployment to Gaza with MERCY Malaysia, Mohd. Dhiya Hafreez Kamil experienced firsthand the realities of humanitarian response in one of the world's most challenging crisis environments. Unexpectedly entrusted to lead the team after the original team leader was denied entry, he took on the responsibility of coordinating operations and supporting medical teams working under immense pressure. Beyond the hardships of the mission, Dhiya was deeply inspired by the resilience and hope demonstrated by the affected communities, who continued to support one another despite immense loss and uncertainty. The mission reinforced his belief in the importance of humanitarian service and the collective responsibility to bring hope, dignity, and support to communities affected by conflict and crisis.

"This experience taught me the importance of staying positive even in the most difficult circumstances and never giving up when others depend on you."

— Dhiya Hafreez

A Transformative Journey of Personal Growth

In 2025, Nur Sabrina Muhammad Nawi's journey with MERCY Malaysia evolved from participating in the School Preparedness Programme (SPP) Training of Trainers (ToT) to becoming a certified trainer herself. Beyond technical knowledge and facilitation skills, the experience taught her deeper values of empathy, teamwork, and compassionate leadership. Through volunteering, she learned that true leadership is not only about directing others, but also about listening, understanding, and supporting one another through challenges.

Reflecting on the spirit of volunteerism, Sabrina shared that the word *sukarelawan* is rooted in both *suka* (passion) and *rela* (willingness) — values that shaped the team's culture of solidarity and mutual care. The experience strengthened her belief that true strength lies in togetherness, empathy, and serving others with sincerity. Her experience highlights how volunteerism can become a transformative journey of personal growth, leadership, and humanity, while strengthening community preparedness and resilience through collective action.

> "MERCY Malaysia did not just train me to become an educator, but shaped me into a more empathetic person who understands that true strength lies in standing together and supporting one another."
>
> **— Nur Sabrina**

Becoming A More Compassionate Person

As a volunteer with MERCY Malaysia Sabah Chapter, the experiences gained throughout 2025 became a meaningful journey of learning, connection, and personal growth. Through community engagements and humanitarian activities, the volunteer was exposed to the rich cultural diversity of Sabah, gaining deeper appreciation for the customs, languages, and ways of life of different ethnic communities. The experience also created opportunities to work closely with volunteers from diverse backgrounds, strengthening teamwork, friendship, and a shared spirit of service. Interactions with villagers across different age groups - from children to the elderly — left a lasting impression through their sincerity, warmth, and resilience. Pius' journey highlights how volunteerism extends beyond service delivery, fostering empathy, cultural understanding, and stronger human connections while nurturing a deeper commitment to community and humanitarian action.

"Interacting with villagers across different age groups and diverse backgrounds has enhanced my cultural knowledge and communication skills. More importantsly, I have become a more compassionate, patient, and grateful individual."

— Pius

A Journey of Faith, Sacrifice, and Humanity in Gaza

For operating theatre nurse, Siti Norashikin, her 2025 Gaza Emergency Response mission with MERCY Malaysia was far more than a humanitarian deployment - it became a deeply personal journey of sacrifice, gratitude, and spiritual reflection. Motivated by a desire to serve communities in greatest need, she also dedicated every effort and hardship throughout the mission as a prayer for her father, who was battling stage four colon cancer at the time. Serving in Al-Shifa Hospital alongside Palestinian medical teams and international volunteers from Norway and Australia, she worked under extremely limited and high-pressure conditions, where every moment in the operating theatre demanded resilience, calmness, and quick decision-making. Witnessing the destruction, hardship, and strength of the people of Gaza profoundly changed her perspective on life, gratitude, and human endurance. The mission taught her invaluable lessons about compassion, faith, perseverance, and appreciating the presence of loved ones and the peace and stability of Malaysia. Her father has since passed on, and she continues to hold onto the belief that every sacrifice, effort, and prayer made in service of humanity is never in vain.

> “I returned from Gaza not only as a nurse, but as a daughter and mother carrying home the meaning of patience, syukur, and love beyond words.”
>
> **— Siti Norashikin**

Get Involved

Be Part of Something Meaningful

In serving communities in need, we not only change lives — we are changed ourselves.

Volunteering with MERCY Malaysia is an opportunity for personal and professional growth. While serving others, volunteers gain valuable knowledge, practical experience, leadership skills, and deeper insight into humanitarian and community issues. Many discover new strengths, build meaningful connections, and develop a stronger sense of purpose through the experiences they share on the ground.

Our volunteers come from all walks of life, bringing with them unique skills, experiences, and perspectives. Together, they help deliver emergency response, healthcare services, community programmes, advocacy initiatives, fundraising activities, and operational support both in Malaysia and around the world. Their passion and commitment allow MERCY Malaysia to reach communities in need quickly, effectively, and compassionately.

"Humanitarian work is not only about giving help, but about building hope, understanding, and humanity together."

At MERCY Malaysia, volunteers and donors are more than supporters — they are an essential part of our humanitarian mission. Every act of service, no matter how big or small, has the power to bring relief, hope, and dignity to communities facing hardship and crisis.

Our Volunteers

605 new volunteers registered in 2025

Medical
297
volunteers

Non-medical
308
volunteers

Volunteers deployed for missions in 2025

Domestic
556
volunteers

International
138
volunteers

Note: Numbers deployed include duplication of volunteers across various missions.

MERCY Malaysia is committed to ensuring that every volunteer feels prepared, supported, and valued. Through induction programmes, trainings, briefings, and engagement sessions, volunteers are equipped with the skills and understanding needed for their roles. We also prioritise volunteer welfare and safety, recognising that humanitarian work can sometimes take place in demanding environments.

Whether you contribute your expertise, your time, or your support, there is a place for everyone at MERCY Malaysia. Together, we can create meaningful impact and build stronger, more resilient communities for the future.

Benefits of Volunteering

Personal Growth

- Builds a sense of purpose and fulfilment
- Boosts confidence and self-esteem
- Encourages personal growth and resilience
- Pushes you beyond your comfort zone

Skills & Experience

- Develops valuable knowledge and practical skills
- Improves communication and social skills
- Enhances career exposure and job opportunities

Wellbeing & Life Experience

- Brings joy, fulfilment, and meaningful experiences
- Provides new perspectives and life lessons
- Creates memorable and rewarding experiences

Community & Connections

- Strengthens community connections
- Creates new friendships and professional networks
- Inspires empathy and compassion
- Allows you to make a positive difference in the lives of others

"I Want to Volunteer!"

Volunteers are expected to uphold MERCY Malaysia's mission and objectives, and to carry out their duties with the highest standards of compassion, professionalism, and care. They are also expected to maintain good physical and mental wellbeing, adhere to the Code of Conduct, and remain accountable to MERCY Malaysia, donors, beneficiaries, employers, and fellow volunteers. Above all, sincerity remains fundamental in all aspects of service.

In return, MERCY Malaysia is committed to sharing its vision and mission, fostering professionalism in volunteerism, and providing appropriate training, as well as ensuring the welfare and security of volunteers throughout their deployment.

REGISTER TODAY
and begin making a meaningful impact. Scan to volunteer with us.

www.mercy.org.my/get-involved

Financial Statements
31 December 2025

Society No. PPM-020-14-16091999

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

(Registration under the Societies Act, 1966)

REPORTS AND FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2025

Contents	Page
Corporate Information	i-ii
Executive Council Report	1 - 2
Statement By Executive Council	3
Statutory Declaration By Treasurer	3
Independent Auditors' Report	4- 6
Statement of Financial Position	7
Statement of Profit or Loss and Other Comprehensive Income	8
Statement of Changes in Accumulated (Charitable) Fund	9
Statement of Cash Flows	10-11
Notes to the Financial Statements	12 - 33

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

(Registration under the Societies Act, 1966)

CORPORATE INFORMATION

Domicile	:	Malaysia
Currency	:	Ringgit Malaysia
Legal Form	:	Non-Governmental Organization (NGO) Registered Society
Member of the Executive Council:		
President	:	Dato' Dr. Ahmad Faizal Mohd Perdaus
Vice President I	:	Prof Dr Shalimar Binti Abdullah
Vice President II	:	Mr. Razi Pahlavi Bin Abdul Aziz
Vice President III	:	Dr. Mohamed Ashraff Bin Mohd Ariff
Honorary Secretary	:	Prof. Dr Nazimah Binti Idris
Assistant Honorary Secretary	:	Dr. Peter Gan Kim Soon
Honorary Treasurer	:	Mr. Reza Bin Abdul Rahim
Council Members	:	Ts. Dr. Dzulkarnaen Bin Ismail Sr. Dr. Syed Abdul Haris Bin Syed Mustapa Dr. Khamarrul Azahari Bin Razak
Co-opted Members	:	Datuk. Dr. Heng Aik Cheng Dr. Soh Yih Harng Dr. Zool Raimy Bin Abdul Ghaffar Mr. Vivegananthan A/L Rajangam Mr. Mohd Radzi Bin Jamaludin Dr. Siti Maisarah Binti Ahmad Dr. Abdul Rahman Bin Ahmad Badayai
Registered Office	:	1st Floor, MCOBA Building 42 Jalan Syed Putra 50460 Kuala Lumpur
Business Address	:	1st Floor, MCOBA Building 42 Jalan Syed Putra 50460 Kuala Lumpur

PERSATUAN BANTUAN PERUBATAN MALAYSIA
(MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)
(Registration under the Societies Act, 1966)

CORPORATE INFORMATION (CONT'D)

Auditors	:	Jeffrey Suffian (AF 1963) Chartered Accountants
Principal Banker	:	CIMB Bank Berhad Malayan Banking Berhad RHB Bank Berhad Bank Islam (M) Berhad

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

(Registration under the Societies Act, 1966)

EXECUTIVE COUNCIL'S REPORT

The Executive Council have pleasure in presenting their report together with the audited financial statements of the Society for the financial year ended 31 December 2025.

PRINCIPAL ACTIVITIES

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

RESULTS OF OPERATIONS

The results of operations of the Society for the financial year are as follows:

	RM
Surplus for the financial year	**2,383,825**

Executive Council

The Executive Council of the Society in office at any time during the financial year and since the end of the financial year up to the date of this report are:

President	:	Dato' Dr. Ahmad Faizal Mohd Perdaus
Vice President I	:	Prof Dr Shalimar Binti Abdullah
Vice President II	:	Mr. Razi Pahlavi Bin Abdul Aziz
Vice President III	:	Dr. Mohamed Ashraff Bin Mohd Ariff
Honorary Secretary	:	Prof. Dr Nazimah Binti Idris
Assistant Honorary Secretary	:	Dr. Peter Gan Kim Soon
Honorary Treasurer	:	Mr. Reza Bin Abdul Rahim
Council Members	:	Ts. Dr. Dzulkarnaen Bin Ismail Sr. Dr. Syed Abdul Haris Bin Syed Mustapa Dr. Khamarrul Azahari Bin Razak
Co-opted Members	:	Datuk. Dr. Heng Aik Cheng Dr. Soh Yih Harng Dr. Zool Raimy Bin Abdul Ghaffar Mr. Viveganantha A/L Rajangam Mr. Mohd Radzi Bin Jamaludin Dr. Siti Maisarah Binti Ahmad Dr. Abdul Rahman Bin Ahmad Badayai

OTHER STATUTORY INFORMATION

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

EXECUTIVE COUNCIL'S REPORT (CONT'D)

I. to ascertain that action had been taken in relation to the writing-off of bad debts and the making of provision for doubtful debts and satisfied themselves that all known bad debts had been written-off and that adequate provision had been made for doubtful debts; and

II. to ensure that any current assets which were unlikely to be realised in the ordinary course of business including the value of current assets as shown in the accounting records of the Society have been written down to an amount which the current assets might be expected so to realise.

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

I. which would render the amount written-off for bad debts or the amount of the provision for doubtful debts inadequate to any substantial extent; or

II. which would render the values attributed to current assets in the financial statements misleading; or

III. which have arisen which would render adherence to the existing method of valuation of assets or liabilities of the Society misleading or inappropriate; or

IV. not otherwise dealt with in this report or financial statements which would render any amount stated in the financial statements misleading.

At the date of this report, there does not exist:

I. any charge on the assets of the Society which has arisen since the end of the financial year which secures the liabilities of any other person; or

II. any contingent liability which has arisen since the end of the financial year.

No contingent or other liability has become enforceable or is likely to become enforceable within the period of twelve months after the end of the financial year which, in the opinion of the Executive Council, will or may affect the ability of the Society to meet its obligations when they fall due.

In the opinion of the Executive Council:

I. the results of the operations of the Society during the financial year were not substantially affected by any item, transaction or event of a material and unusual nature; and

II. there has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely to affect substantially the results of the operations of the Society for the financial year in which this report is made.

AUDITORS' REMUNERATIONS

The total amount paid to or receivable by the auditors as remuneration for their services for the current financial year as auditors of the Society is RM 28,000.

Signed in accordance with an Executive Council's Resolution dated 4th June 2026.

DATO' DR. AHMAD FAIZAL BIN MOHD PERDAUS
President

PROF. DR. NAZIMAH BINTI IDRIS
Honorary Secretary

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

(Registration under the Societies Act, 1966)

STATEMENT BY EXECUTIVE COUNCIL

We, The President and Honorary Secretary of Persatuan Bantuan Perubatan Malaysia (Malaysian Medical Relief Society) (MERCY Malaysia) state that, in our opinion, the financial statements are drawn up in accordance with the approved accounting standards in Malaysia and the requirements of the Societies Act 1966 in Malaysia so as to give a true and fair view of the financial position of the Society as of 31 December 2025 and of its financial performance and cash flows for the financial year then ended.

Signed on behalf of the Executive Council in accordance with a resolution of the Executive Council.

DATO' DR. AHMAD FAIZAL BIN MOHD PERDAUS
President

PROF. DR NAZIMAH BINTI IDRIS
Honorary Secretary

Kuala Lumpur,
Dated: 4th June 2026

STATUTORY DECLARATION BY TREASURER

I, **REZA BIN ABDUL RAHIM** (NRIC No. 750922-10-5283), the Honorary Treasurer primarily responsible for the financial management of **PERSATUAN BANTUAN PERUBATAN MALAYSIA (MALAYSIAN MEDICAL RELIEF SOCIETY) (MERCY MALAYSIA)**, do solemnly and sincerely declare that the financial statements are to the best of my knowledge and belief, correct and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declarations Act, 1960.

Subscribed and solemnly declared by the abovenamed, **REZA BIN ABDUL RAHIM** at ~~Kuala Lumpur~~ Petaling Jaya Selangor on this date of 4th June 2026)

REZA BIN ABDUL RAHIM

Before me,

PESURUHJAYA SUMPAH
NO : B 628
ROZITA BINTI ZAHARI
01.01.2024 – 31.12.2026
MALAYSIA

UNIT 3A10, LEVEL 3A, BLOK A, PUSAT PERDAGANGAN PHILEO DAMANSARA II, JALAN 16/11, OFF JALAN DAMANSARA, 46350 PETALING JAYA, SELANGOR DARUL EHSAN

A Member Firm of
The Malaysian Institute of Accountants

JeffreySuffian AF1963
Chartered Accountants

805, Level 8, Blok E
Phileo Damansara 1
Jalan 16/11, Off Jalan Damansara
46350 Petaling Jaya, Selangor

Tel : 03 - 7660 3915
Email : info@jeffreyco.com.my

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

(Registration under the Societies Act, 1966)
Society No. PPM-020-14-16091999

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Persatuan Bantuan Perubatan Malaysia (Malaysian Medical Relief Society) (MERCY Malaysia), which comprise the statement of financial position as at 31 December 2025, and the statement of profit or loss and other comprehensive income, statement of changes in accumulated (charitable) funds and statement of cash flows for the financial year then ended, and notes to the financial statements, including a summary of significant accounting policies, as set out on pages 7 to 33.

In our opinion, the Society financial statements give a true and fair view of the financial position of the Society as at 31 December 2025, and of its financial performance and its cash flows for the financial year then ended in accordance with the approved accounting standards in Malaysia and the requirements of the Societies Act 1966 in Malaysia.

Basis for Opinion

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

Independence and Other Ethical Responsibilities

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

Information Other than the Financial Statements and Auditors' Report Thereon

The Executive Council of the Society are responsible for the other information. The other information comprises the Executive Council's Report but does not include the financial statements of the Society and our auditors' report thereon.

Our opinion on the financial statements of the Society does not cover Executive Council's Report and we do not express any form of assurance conclusion thereon.

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

Society No. PPM-020-14-16091999

(Registration under the Societies Act, 1966)

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

In connection with our audit of the financial statements of the Society, our responsibility is to read the Executive Council's Report and, in doing so, consider whether the Executive Council's Report is materially inconsistent with the financial statements of the Society or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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

Responsibilities of the Executive Council for the Financial Statements

The Executive Council of the Society is responsible for the preparation of financial statements of the Society that give a true and fair view in accordance with approved accounting standards in Malaysia. The Executive Council are also responsible for such internal control as the Executive Council determine is necessary to enable the preparation of financial statements of the Society that are free from material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the financial statements of the Society, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

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

Society No. PPM-020-14-16091999

(Registration under the Societies Act, 1966)

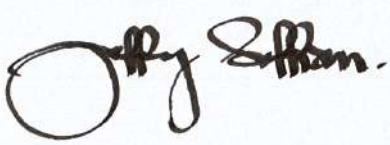
Auditors' Responsibilities for the Audit of the Financial Statements (Cont'd)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Executive Council.
- Conclude on the appropriateness of the Executive Council's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements of the Society or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements of the Society, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

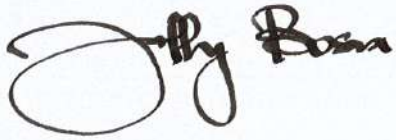
We communicate with the Executive Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Other Matter

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



JEFFREY SUFFIAN
Firm No.: AF 1963
Chartered Accountants



JEFFREY BIN BOSRA
02595/07/2027 J
Chartered Accountant

REF: 1DAFF799E46B2

Dated: 4th June 2026
Petaling Jaya, Selangor Darul Ehsan

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A Member Firm of
The Malaysian Institute of Accountants

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

(Registration under the Societies Act, 1966)

STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2025

	Note	2025 RM	2024 RM
NON-CURRENT ASSETS			
Property, plant and equipment	5	**676,883**	801,657
Investment in associate	6	**49**	49
Total non-current assets		**676,932**	801,706
CURRENT ASSETS			
Inventories	7	**42,007**	45,646
Other receivables	8	**4,997,068**	1,771,974
Cash and cash equivalents	9	**37,230,289**	35,821,224
Total current assets		**42,269,364**	37,638,844
TOTAL ASSETS		**42,946,296**	**38,440,550**
FINANCED BY:			
Accumulated (charitable) funds		**37,191,606**	34,807,781
		37,191,606	34,807,781
NON-CURRENT LIABILITY			
Deferred income	10	**2,320,774**	-
Total non - current liability		**2,320,774**	-
CURRENT LIABILITY			
Payables	11	**3,433,916**	3,632,769
Total current liability		**3,433,916**	3,632,769
Total Liabilities		**5,754,690**	3,632,769
TOTAL ACCUMULATED FUNDS AND LIABILITIES		**42,946,296**	**38,440,550**

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

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

(Registration under the Societies Act, 1966)

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2025

	Note	**2025** **RM**	2024 RM
Income			
Donations	12	**29,289,683**	31,927,218
Membership/training fee	13	**35,464**	1,220
Other income	14	**1,217,478**	1,525,744
		30,542,625	33,454,182
Expenses			
Charitable expenses	15	**(24,041,823)**	(24,405,172)
Communication and fundraising	16	**(700,603)**	(885,276)
Operating expenses	17	**(3,416,374)**	(3,270,986)
		(28,158,800)	(28,561,434)
Surplus for the financial year representing total comprehensive income for the financial year		**2,383,825**	4,892,748

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

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

(Registration under the Societies Act, 1966)

STATEMENT OF CHANGES IN ACCUMULATED (CHARITABLE) FUNDS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2025

	2025 RM	2024 RM
Balance as at 1 January	34,807,781	29,915,033
Surplus for the year	2,383,825	4,892,748
Balance as at 31 December	**37,191,606**	**34,807,781**
Charitable funds consist of:		
Unearmarked funds:		
General funds	2,754,366	2,720,157
Unearmarked program funds	2,785,191	3,787,755
Building fund	734,781	591,703
Reserved and sustainability funds	2,037,618	1,887,010
	8,311,956	8,986,625
Earmarked funds:		
Afghanistan	1,716,912	1,853,668
Bangladesh	28,904	29,024
Iraq	-	187294
Islamic Social Funds (ISF)	2,002,522	2,043,725
Lebanon	29,460	-
Libya	36,017	36,017
Pakistan	43,354	100,573
Palestine	11,767,942	9,045,907
Philippines	37,630	93,164
Malaysia	4,592,899	5,258,619
Morocco	21,721	6,998
Myanmar	558,691	1,144,242
Syria	7,524,888	4,434,954
Sudan	212,596	-
Sri Lanka	139,075	-
Turkiye	151,049	1,471,165
Vietnam	7,634	-
Yemen	8,356	115,806
	28,879,650	25,821,156
	37,191,606	**34,807,781**

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

(Registration under the Societies Act, 1966)

STATEMENT OF CASH FLOWS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2025

	Note	**2025**	2024
		RM	RM
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus for the financial year		**2,383,825**	4,892,748
Adjustment for:			
Depreciation of property, plant and equipment		**219,558**	187,941
Interest income		**(470,522)**	(555,440)
Written off inventories		**-**	3,090
Written off property, plant and equipment		**-**	3,361
Operating surplus before working capital changes		**2,132,861**	4,531,700
Changes in inventories		**3,639**	(26,035)
Changes in receivables		**(3,225,094)**	(1,018,340)
Changes in payables		**(198,853)**	722,140
Changes in deferred income		**2,320,774**	-
Cash generated from operating activities		**1,033,327**	4,209,465
Interest received		**470,522**	555,440
Net change in operating activities		**1,503,849**	4,764,905
CASH FLOWS FROM INVESTING ACTIVITY			
Purchase of property, plant and equipment		**(94,784)**	(289,707)
Net change in investing activity		**(94,784)**	(289,707)
NET CHANGE IN CASH AND CASH EQUIVALENTS		**1,409,065**	4,475,198
CASH AND CASH EQUIVALENTS BROUGHT FORWARD		**35,821,224**	31,346,026
CASH AND CASH EQUIVALENTS CARRIED FORWARD	**I**	**37,230,289**	35,821,224

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

(Registration under the Societies Act, 1966)

NOTE

I. Cash and cash equivalents

Cash and cash equivalents included in the statement above comprise the following amounts:

	2025	2024
	RM	RM
Cash and bank balances	**20,481,244**	29,140,982
Fixed deposit with licensed banks	**16,749,045**	6,680,242
	37,230,289	35,821,224

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

(Registration under the Societies Act, 1966)

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2025

1. GENERAL INFORMATION

The Society is a private limited liability Society, incorporated and domiciled in Malaysia.

The principal place of operation is located at 1st Floor, MCOBA Building, 42 Jalan Syed Putra, 50460 Kuala Lumpur.

The Society is principally engaged in the business of providing medical relief, sustainable health related development and disaster risk reduction activities for vulnerable communities.

There have been no significant changes in the nature of the principal activities during the financial year.

2. BASIS OF PREPARATION OF FINANCIAL STATEMENTS

2.1 Statement of Compliance

The financial statements of the Society have been prepared in accordance with approved accounting standards in Malaysia ("Malaysian GAAP") issued by the Malaysian Accounting Standards Board ("MASB") and the requirements of the Societies Act 1966 in Malaysia.

2.2 Basis of Measurement

The measurement bases applied in the preparation of the financial statements include historical cost, recoverable value, realisable value and fair value. Estimates are used in measuring these values.

2.3 Functional and Presentation Currency

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

2. BASIS OF PREPARATION OF FINANCIAL STATEMENTS (CONT'D)

2.4 Significant Accounting Estimates and Judgements

The preparation of the financial statements in conformity with Generally Accepted Accounting Principles ("GAAP") requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

Significant areas of estimation, uncertainty and critical judgements used in applying accounting principles that have significant effect on the amount recognised in the financial statements are described in the following paragraphs:

(i) Impairment of property, plant and equipment (Note 5) –the Society assess impairment of property, plant and equipment when there is an indication that the carrying amount of an asset may be impaired, the asset's recoverable amount, being the higher of its fair value less costs to sell and its value-in-use ("VIU"), will be assessed. The assessment of the recoverable amounts involves a number of methodologies. In determining the VIU of an asset, being the future economic benefits to be expected from its continued use and ultimate disposal, the Society make estimates and assumptions that require significant judgements. While the Society believe these estimates and assumptions of VIU such as discount rate, Income growth and costs of sales could be reasonable and appropriate, changes on these estimates and assumptions of VIU could impact the Society's financial position and results.

(ii) Depreciation of property, plant and equipment (Note 5) – the cost of property, plant and equipment are depreciated on a straight-line basis over the assets' useful lives and lease term respectively. Management estimates the useful lives of these property, plant and equipment to be within 4 to 99 years based on past experience with similar assets or/and common life expectancies of the industries. Changes in the expected level of usage and technological developments could impact the economic useful lives and the residual values of these assets resulting in revision of future depreciation or amortisation charges. Depreciation of bearer plants is charged so as to write off the cost of mature plantations, using the straight-line method, over the estimated useful lives of 20 years or over the lease period, whichever is shorter.

(iii) Income and cost of sales recognition – Income is recognised as and when control of the service is transferred to customers and it is probable that the Society will collect the consideration to which it will be entitled in exchange for the service that will be transferred to customer.

2. BASIS OF PREPARATION OF FINANCIAL STATEMENTS (CONT'D)

2.4 Significant Accounting Estimates and Judgements (Cont'd)

(iv) Impairment loss on receivables – the Society accounts for expected credit losses and changes in those expected credit losses at each reporting date to reflect changes in credit risk since initial recognition. The Society uses simplified approach for measuring the loss allowance at an amount equal to lifetime expected credit loss ("ECL") for trade receivables, contract assets and loan receivables.

(v) Provision of post-employment benefit obligations – the provision is determined using actuarial valuation prepared by an independent actuary. The actuarial valuation involved making assumptions about discount rate, future salary increases, mortality rates, resignation rate, disability rate and normal retirement age. As such, this estimated provision amount is subject to significant uncertainty.

3. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The significant accounting policies are set out below.

3.1 Property, Plant and Equipment

All items of property, plant and equipment are initially recorded at cost. The cost of an item of property, plant and equipment is recognised as an asset if, and only if, it is probable that future economic benefits associated with the item will flow to the Society and the cost of the item can be measured reliably.

Subsequent to recognition, property, plant and equipment, except for freehold land and capital work-in-progress, are measured at cost less accumulated depreciation and accumulated impairment losses, if any. The cost of an item includes expenditure that is attributable to the acquisition of the item. Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Society and the cost of the item can be measured reliably.

When significant parts of property, plant and equipment are required to be replaced in intervals, the Society recognises such parts as individual assets with specific useful lives and depreciation, respectively. The carrying amount of the replaced part is then derecognised. Likewise, when a major inspection is performed, its cost is recognised in the carrying amount of the asset as a replacement if the recognition criteria are satisfied. All other repair and maintenance costs are recognised in surplus and loss as incurred.

Freehold land has an unlimited useful life and is therefore not depreciated.

Capital work in-progress representing assets under construction, is also not depreciated as these assets are not yet available for its intended use. Depreciation of other property, plant and equipment is computed on a straight-line basis to write down the cost of each asset to its residual value over the estimated useful life, at the following annual rates or periods:

	Rate
Air Conditioner	20%
Computer and electronic data processing	20%
Equipment	20%
Emergency response unit (ERU) equipment	10%
Furniture and fittings	20%
Medical equipment	15%
Motor vehicle	20%
Office equipment	12%
Renovation	20%

3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

3.1 Property, Plant and Equipment (Cont'd)

The residual values, useful lives and depreciation method are reviewed at each financial year end, and adjusted prospectively, if appropriate, to ensure that the amount, method and period of depreciation are consistent with the expected pattern of consumption of the future economic benefits embodied in the items of property, plant and equipment.

The carrying values of property, plant and equipment are reviewed for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising from the difference between the net disposal proceeds, if any, and the net carrying amount is recognised in surplus and loss in the financial year the asset is derecognised.

3.2 Investment in Associates

Investment in associates is stated at cost less accumulated impairment losses, if any.

An associate is an entity in which the Society has significant influence over the financial and operating policy decisions but does not have control or joint control. Dividend income from associates is recognised in profit or loss when the right to receive payment is established.

3.3 Impairment of Non-Financial Assets

At each reporting date, the Society reviews the carrying amounts of its non-financial assets to determine whether there is any indication of impairment. If any such indication exists, impairment is measured by comparing the carrying amounts of the assets with their recoverable amounts.

For intangible assets not yet available for use, the recoverable amount is estimated at the end of each reporting period, or more frequently if events and circumstances indicate that the carrying amount may be impaired, either individually or at the cash-generating unit ("CGU") level.

An asset's recoverable amount is the higher of an asset's fair value less costs to sell and its value in use ("VIU"). For the purpose of assessing impairment, assets that do not generate independent cash inflows are grouped at the lowest levels for which there are separately identifiable cash inflows, being CGUs.

In assessing VIU, the estimated future cash flows expected to be generated by the asset or CGU are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset or CGU.

Where the carrying amount of an asset or CGU exceeds its recoverable amount, the asset or CGU is written down to its recoverable amount. The impairment loss is recognised as an expense in surplus or loss in the period in which it arises.

Where an impairment loss is recognised for a CGU, the loss is allocated to the assets of the CGU on a pro-rata basis based on the relative carrying amounts of the assets, unless the CGU includes goodwill, in which case the impairment loss is allocated first to goodwill and then to the other assets on a pro-rata basis.

3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

3.3 Impairment of Non-Financial Assets (Cont'd)

At each reporting date, the Society assesses whether there is any indication that previously recognised impairment losses may no longer exist or may have decreased. A previously recognised impairment loss is reversed if, and only if, there has been a change in the estimates used to determine the asset's recoverable amount since the last impairment loss was recognised. The carrying amount of the asset is increased to its recoverable amount, provided that the increased carrying amount does not exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised previously. Such reversal is recognised in surplus or loss. Impairment losses recognised for goodwill are not reversed.

3.4 Financial Instruments

Financial assets and financial liabilities are recognised when the Society becomes a party to the contractual provisions of the instrument.

Financial assets and financial liabilities are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than those measured at fair value through surplus or loss) are added to or deducted from the fair value on initial recognition. Transaction costs directly attributable to financial assets and financial liabilities measured at fair value through surplus or loss are recognised immediately in surplus or loss.

Where the fair value of a financial asset at initial recognition differs from its transaction price, the difference is recognised in surplus or loss only when the fair value is evidenced by observable market data. Trade receivables that do not contain a significant financing component are measured at the transaction price.

I. Financial assets

The classification of financial assets is determined at initial recognition and is not subsequently reclassified, except in rare circumstances when the Society changes its business model for managing financial assets. In such cases, reclassification is applied prospectively from the first day of the first reporting period following the change.

Financial assets measured at amortised cost

Financial assets are measured at amortised cost if they are held within a business model whose objective is to hold assets in order to collect contractual cash flows, and the contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Interest income is recognised using the effective interest method. The effective interest method is a method of calculating the amortised cost of a financial instrument and allocating interest income over the relevant period using the effective interest rate, being the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset.

3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

3.4 Financial Instruments (Cont'd)

I. Financial assets (Cont'd)

Financial assets measured at fair value through profit or loss (FVTPL)

Debt instruments are measured at fair value through other comprehensive income when the financial assets are held both to collect contractual cash flows and for sale purposes, and where the contractual terms give rise on specified dates to cash flows representing principal and interest on the principal amount outstanding.

Interest income, impairment losses and foreign exchange gains or losses are recognised in profit or loss. Other fair value changes are recognised in other comprehensive income.

Financial assets measured at fair value through profit or loss (FVTPL)

Financial assets that do not meet the criteria for measurement at amortised cost or fair value through other comprehensive income are measured at fair value through profit or loss.

Changes in fair value are recognised in profit or loss in the period in which they arise.

Impairment of financial assets and contract assets

The Society recognises an allowance for expected credit losses on financial assets measured at amortised cost and contract assets, where applicable.

Expected credit losses represent the estimated present value of cash shortfalls over the expected life of the financial instrument.

For receivables and contract assets, the Society measures loss allowances based on lifetime expected credit losses, taking into consideration historical loss experience, current conditions and forward-looking information.

Trade receivables and contract assets are grouped based on shared credit risk characteristics and days past due. Contract assets, which relate to unbilled work in progress, are assessed to have similar risk characteristics to trade receivables, and therefore the same expected loss rates are applied.

For other financial assets, including other receivables and amounts due from related companies, the Society recognises lifetime ECL when there has been a significant increase in credit risk since initial recognition. If credit risk has not increased significantly, impairment is measured at an amount equal to twelve-month ECL.

At each reporting date, the Society assesses whether financial assets measured at amortised cost are credit-impaired. A financial asset is considered credit-impaired when one or more events that have a detrimental impact on the estimated future cash flows have occurred, such as default or significant financial difficulty of the debtor.

3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

3.4 Financial Instruments (Cont'd)

I. Financial assets (Cont'd)

Impairment of financial assets and contract assets (Cont'd)

Financial assets are written off when there is no reasonable expectation of recovery. Subsequent recoveries of amounts previously written off are recognised in surplus or loss.

Cash deposits and bank balances are placed with reputable financial institutions with high credit ratings and no history of default. Accordingly, the Society does not expect any significant credit losses arising from these balances.

Derecognition of financial assets

The Society derecognises a financial asset when the contractual rights to the cash flows expire, or when the asset is transferred and substantially all the risks and rewards of ownership are transferred to another party. Where the Society neither transfers nor retains substantially all the risks and rewards and continues to control the asset, the Society recognises its retained interest and an associated liability.

On derecognition of a financial asset (other than those measured at FVTPL), the difference between the carrying amount and the consideration received is recognised in profit or loss.

II. Financial liabilities

Financial liabilities measured at fair value through profit or loss (FVTPL)

Financial liabilities are initially measured at fair value, net of transaction costs, and are subsequently measured at amortised cost using the effective interest method where the time value of money is significant. Interest-bearing borrowings are measured at amortised cost, and interest expense is recognised using the effective interest method over the term of the borrowings.

Derecognition of financial liabilities

The Society derecognises financial liabilities when, and only when, its obligations are discharged, cancelled or expire. The difference between the carrying amount of the financial liability derecognised and the consideration paid is recognised in profit or loss.

3.5 Inventory

All inventories are measured at the lower of cost and net realisable value (which is the estimated selling price less costs to complete and sell). Cost comprises purchase price and directly attributable costs of bringing the inventories to their present location and condition. Cost is determined on the first in first out basis. Net realisable value is determined on an item-by-item basis or on group of similar items basis.

3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

3.6 Deferred income

Deferred income represents funds received in advance from donors, grantors or other parties for specific programmes, projects or activities where the related conditions, obligations or performance requirements have not yet been fulfilled. Deferred income is initially recognised as a liability in the statement of financial position upon receipt of the funds. The income is subsequently recognised in profit or loss on a systematic basis over the periods in which the Society recognises the related programme expenses or fulfils the associated obligations and conditions.

Funds received that are unconditional in nature and without specific future performance obligations are recognised immediately in profit or loss when the Society obtains the right to receive the funds and the amount can be measured reliably.

Any unutilised portion of project or programme funds at the reporting date is retained as deferred income until the related obligations are fulfilled or the funds are returned to the donor, where applicable.

3.7 Sustainable reserve fund

The sustainability reserve fund is a designated fund set aside to support the organizations day to day operations in the event of unforeseen shortfalls that could impar MERCY Malaysia ability in managing operations.

The funds will be built up to an adequate level, ensuring that is sufficient to sustain certain operating components of MERCY Malaysia towards a certain period.

The sustainability reserve is not intended to replace a permanent loss of funds or to support an ongoing budget gap. The sustainability reserve fund serves as dynamic role and will be viewed and adjusted in response to internal and external changes, subject to review and approval by the Executive Council overseeing and administering the fund.

3.8 Income recognition

Income is recognised when it is probable that the economic benefits associated with the transaction will flow to the Society and the amount of income can be measured reliably.

3.8.1 Donation

Donation income is recognised in profit or loss when the Society obtains the right to receive the donation and the amount can be measured reliably.

3.8.2 Interest income

Interest income is recognised using the effective interest method on a time proportion basis over the relevant period.

3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

3.9 Membership subscription and admission fee

Ordinary membership subscription fees are recognised as income on a time-apportioned basis over the membership period. Subscription fees received relating to future financial periods are recognised as subscription fees received in advance under current liabilities in the statement of financial position.

Life membership fees are recognised as income upon admission of the member.

Admission or entrance fees are recognised as income upon acceptance of membership application and when the Society obtains the right to receive payment

3.10 Cash and cash equivalents

Cash and cash equivalents consist of cash on hand, balances and deposits with banks and highly liquid investments which have an insignificant risk of changes in fair value with original maturities of three months or less and are used by the Society in the management of their short-term commitments. For the purpose of the statement of cash flows, cash and cash equivalents are presented net of bank overdrafts and pledged deposits.

3.11 Charitable funds

Charitable funds consist of Unearmarked Fund and Earmarked Funds. Unearmarked Fund is a general fund that is available for use at the Executive Council's discretion in furtherance to the objectives of the Society. Earmarked Funds are subject to particular purposes imposed by the donor or by nature of appeal. They are not available for use in other Society's activities or purposes.

3.12 Employment benefits

The Society recognises a liability when an employee has provided service in exchange for employee benefits to be paid in the future and an expense when the Society consumes the economic benefits, arising from service provided by an employee in exchange for employee benefits.

I. Short-term employee benefits

Wages and salaries are usually accrued and paid on a monthly basis and are recognised as expenses, unless they relate to cost of producing inventories or other assets.

Paid absences (annual leave, maternity leave, paternity leave, sick leave etc.) are accrued in each period if they are accumulating paid absences that can be carried forward, or in the case of non-accumulating paid absences, recognised as and when the absences occur.
Surplus sharing and bonus payments are recognised when, and only when, the Society has a present legal or constructive obligation to make such payments as a result of past events and a reliable estimate of the obligation can be made.

II. Post-employment benefits - defined contribution plans

The Society makes statutory contributions to approved provident funds and the contributions made are charged to surplus or loss in the period to which they relate. When the contributions have been paid, the Society has no further payment obligations.

3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

3.13 Foreign Exchange

I. Foreign currency ~ foreign currency transactions

The Company determines its functional currency (a currency of the primary economic environment in which the entity operates) and measures its results and financial position in that functional currency.

Translation of Foreign Currency Transactions

The transactions denominated in foreign currencies are translated and recorded at the rates of exchange prevailing at the respective dates of transactions. At the end of each reporting period, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the end of the period (i.e. the closing rates). Non- monetary items carried at fair values that are denominated in foreign currencies are retranslated at the rates prevailing at the dates the fair values were determined. Non-monetary items that are measured at their historical cost amounts continue to be translated at their respective historical rated and are not retranslated.

All exchange differences arising on settled transactions and on unsettled monetary items are recognised in surplus or loss in the period except for: (i) loans and advances that form part of the net investment in a foreign operation; and (ii) transactions entered into in order to hedge foreign currency risks of net investments in foreign operations

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

	2025 RM	2024 RM
Foreign Currency		
1 US Dollar	**4.0610**	4.4600
1 Sri Lanka Rupee	**0.0131**	0.0153
1 Australian Dollar	**2.7134**	2.7732
1 Euro	**4.7607**	4.6402
100 Myanmar Kyat	**0.1940**	0.2130
1 Japanese Yen	**0.0259**	0.0285
100 Indonesian Rupiah	**0.0244**	0.0276
1 Philippine Peso	**0.0689**	0.0771
1 Singapore Dollar	**3.1572**	3.2810
1 Swiss Franc	**5.1149**	4.9385
1 Pound Sterling	**5.4537**	5.5962
1 Thai Baht	**0.1285**	0.1310
1 India Rupee	**0.0452**	0.0522
1 Bangladesh Taka	**0.0327**	0.0352

4. SOURCES OF ESTIMATION UNCERTAINTIES

The measurement of some assets and liabilities requires management to use estimates based on various observable inputs and other assumptions. The areas or items that are subject to significant estimation uncertainties of the Society are as follows: -

4.1 Loss Allowances of Financial Assets

The Society recognises loss allowances for financial assets measured at amortised cost using the expected credit loss ("ECL") model in accordance with MFRS 9 Financial Instruments. The measurement of ECL requires management to apply judgement and estimates based on historical credit loss experience, current conditions and forward-looking information. For trade receivables and contract assets, the Society applies the simplified approach and recognises lifetime ECL, while for other financial assets, loss allowances are measured at either 12-month or lifetime ECL depending on whether there has been a significant increase in credit risk since initial recognition. Actual credit losses may differ from these estimates and such differences may have a material impact on the Society's financial position and results.

4.2 Depreciation of Property, Plant and Equipment

The cost of an item of property, plant and equipment is depreciated on the straight-line method or another systematic method that reflects the consumption of the economic benefits of the asset over its useful life. Estimates are applied in the selection of the depreciation method, the useful lives and the residual values. The actual consumption of the economic benefits of the property, plant and equipment may differ from the estimates applied and this may lead to a gain or loss on an eventual disposal of an item of property, plant and equipment.

5. PROPERTY, PLANT AND EQUIPMENT

	At 01.01.2025 RM	Additions RM	Disposals RM	At 31.12.2025 RM
Cost				
Air conditioner	18,615	1,399	-	**20,014**
Computer and electronic data processing	266,864	15,317	-	**282,181**
Equipment	27,156	8,353	-	**35,509**
Emergency response unit (ERU) equipment	600,112	-	-	**600,112**
Furniture and fittings	8,422	-	-	**8,422**
Medical equipment	75,045	-	-	**75,045**
Motor vehicle	662,698	-	-	**662,698**
Office equipment	48,876	36,769	-	**85,645**
Renovation	409,122	32,946	-	**442,068**
	2,116,910	94,784	-	**2,211,694**

	At 01.01.2025 RM	Additions RM	Disposals RM	At 31.12.2025 RM
Accumulated Depreciation				
Air conditioner	13,169	2,582	-	**15,751**
Computer and electronic data processing equipment	191,626	36,817	-	**228,443**
Emergency response unit (ERU) equipment	8,197	6,745	-	**14,942**
Furniture and fittings	241,469	59,981		**301,450**
Medical equipment	4,521	799		**5,320**
Motor vehicle	71,217	2,400		**73,617**
Office equipment	572,442	21,704		**594,146**
Renovation	35,755	6,324		**42,079**
	176,857	82,206		**259,063**
	1,315,253	219,558	-	**1,534,811**

	2025 RM	2024 RM
Carrying Amount		
Air conditioner	**4,263**	5,446
Computer and electronic data processing	**53,738**	75,238
Equipment	**20,567**	18,959
Emergency response unit (ERU) equipment	**298,662**	358,643
Furniture and fittings	**3,102**	3,901
Medical equipment	**1,428**	3,828
Motor vehicle	**68,552**	90,256
Office equipment	**43,566**	13,121
Renovation	**183,005**	232,265
	676,883	801,657

6. INVESTMENT IN ASSOCIATE

	2025 RM	2024 RM
At cost:		
- Unquoted shares in Malaysia	**49**	49

The detail of the associate, which is incorporated in Malaysia, is as follows:

Name of Company	Principal Activity	Effective Equity Interest 2025 %	Effective Equity Interest 2024 %	Financial year end
Mercy Center of Humanitarian Development Sdn. Bhd.	Training, education, event & Management	**49**	49	31 December

7. INVENTORIES

	2025 RM	2024 RM
At Cost: -		
Merchandise	**36,771**	40,410
Mobile Clinic	**5,236**	5,236
	42,007	45,646

8. OTHER RECEIVABLES

	2025 RM	2024 RM
Accrual interest fixed deposit	**103,768**	-
Receivables	**3,425,260**	996,872
Deposit and prepayments	**374,189**	375,466
Advance to mission members and basecamp	**844,404**	216,239
Amount due from associate	**249,447**	183,397
	4,997,068	1,771,974

The amount due from associate is unsecured, interest-free and has no fixed terms of repayment.

9. CASH AND CASH EQUIVALENTS

The Society's cash management policy is to use cash and bank balances, money market instruments, bank overdrafts and short-term trade financing to manage cash flows to ensure sufficient liquidity to meet the Society's obligations.

	2025 RM	2024 RM
Cash in hand	**706,398**	646,579
Cash at Bank	**19,774,846**	28,494,403
Deposits with licensed bank	**16,749,045**	6,680,242
	37,230,289	35,821,224

Foreign currency exposure profile at the year end are as follows :

Cash and bank balance:

	2025 RM	2024 RM
Euro	**641,295**	236,126
Kyat	**63,469**	371,971
US Dollar	**4,116,529**	4,172,379

Deposits with licensed banks:

	2025 RM	2024 RM
Euro	**-**	386,180
US Dollar	**3,108,958**	1,230,476

10. DEFERRED INCOME

	Unutilised brought forward RM	**Allocation RM**	**Utilised during the year RM**	**Unutilised carried forward RM**
2025				
Healthcare for Refugees in Malaysia	**-**	**2,790,251**	**469,477**	**2,320,774**
	-	**2,790,251**	**469,477**	**2,320,774**

11. PAYABLE

	2025 RM	2024 RM
Sundry payables and accruals	**1,713,381**	3,632,769
The foreign currency exposure profile of payable (US dollar)	**1,720,535**	1,821,235
	3,433,916	5,454,004

12. DONATION

Unearmarked funds: -

	2025 RM	2024 RM
General Donations	**3,976,797**	4,687,758
Islamic Social Fund	**403,513**	352,256
Yasmin Ahmad fund	**35**	42
	4,380,345	5,232,056

Earmarked funds: -

	2025 RM	2024 RM
Afghanistan	**1,501,172**	2,410,855
Bangladesh	**-**	31,322
Cambodia	**-**	44,000
Lebanon	**561,089**	51,535
Libya	**-**	914
Pakistan	**196,893**	9,070
Palestine	**7,179,885**	9,038,439
Philippines	**20,717**	25,200
Malaysia	**7,156,362**	11,707,357
Morocco	**14,723**	1,361
Myanmar	**2,720,468**	3,046,619
Nepal	**-**	1,000
Syria	**5,013,987**	2,259
Sumatera	**252,675**	-
Sudan	**60,507**	-
Sri Lanka	**68,829**	-
Türkiye	**-**	166,598
Vietnam	**7,634**	-
Yemen	**3,789**	7,932
	24,758,730	26,544,461

	2025 RM	2024 RM
Sustainability Reserve Fund	**150,608**	150,701
TOTAL DONATION	**29,289,683**	**31,927,218**

13. MEMBERSHIP/TRAINING FEES

	2025 RM	2024 RM
Membership fees	**-**	1,220
Training fees	**35,464**	-
	35,464	1,220

14. OTHER INCOME AND MERCHANDISE SALES

	2025 RM	2024 RM
Accrual interest fixed deposit	**103,768**	-
Gain on foreign exchange	**81,280**	330,723
Hibah	**122,935**	-
Internal project	**-**	4,180
Interest received	**366,754**	555,440
Income from bank sweeping arrangement	**180,497**	-
QFFD clinic registration fee	**317,180**	574,081
Net sale of merchandise	**5,586**	5,052
Other	**39,478**	56,268
	1,217,478	1,525,744

15. CHARITABLE EXPENDITURE

	2025 RM	2024 RM
Afghanistan	**1,637,928**	647,448
Bangladesh	**120**	41,878
Cambodia	**-**	48,580
Indonesia	**546,210**	60,290
Iraq	**221,009**	2,356
Lebanon	**531,629**	389,625
Libya	**-**	3,930
Malaysia	**8,137,702**	8,539,514
Morocco	**-**	38,866
Myanmar	**3,657,235**	3,937,353
Nepal	**-**	18,500
Pakistan	**254,112**	1,531,897
Palestine	**4,457,849**	7,447,231
Philippines	**362,446**	107,435
Reliased loss on foreign exchange	**652,509**	155,865
Syria	**2,574,053**	253,758
Sri Lanka	**179,754**	-
Sudan	**297,911**	-
Türkiye	**420,117**	853,633
Yemen	**111,239**	327,013
	24,041,823	24,405,172

16. COMMUNICATION AND FUNDRAISING EXPENSES

	2025	2024
	RM	RM
Accommodation	**3,245**	52,769
Air fare	**330**	94,912
Allowance (Note 18)	**2,760**	15,162
Bank Charges	**69,735**	59,736
Depreciation of property, plant and equipment	**6,805**	6,042
EPF (Note 18)	**52,925**	30,011
Equipment	**3,567**	22,963
Food and beverages	**4,494**	68,012
Loss in foreign exchange	**67**	697
Gift and souvenir	**16,716**	17,734
Hotel ballroom/Venue expense	**-**	4,537
Insurances	**-**	117
Medical	**-**	6,188
Mission volunteer pack	**507**	6,843
Postage and courier	**470**	1,016
Printing and stationaries	**18,663**	38,310
Professional fees	**28,005**	47,260
Publication expenses	**10,500**	84,965
Rental of item	**340**	848
Repair and maintenance – IT maintenance	**1,055**	18,810
Salaries, allowances and wages (Note 18)	**465,150**	287,327
SOCSO (Note 18)	**7,387**	4,271
Small equipment	**417**	938
Sales and service tax	**893**	34
Travelling expenses	**6,439**	11,768
Visa	**-**	916
Volunteer allowance	**133**	-
Written off inventories	**-**	3,090
	700,603	885,276

17. OPERATING EXPENSES

	2025	2024
	RM	RM
Accommodation	**15,740**	43,782
Advertisement and promotion	**3,619**	3,354
Air fare	**26,918**	76,765
Auditors' remuneration	**28,000**	20,000
Allowance (Note 18)	**10,141**	15,706
Bank Charges	**9,263**	8,286
Depreciation of property, plant and equipment	**144,618**	124,067
EPF (Note 18)	**169,197**	174,263
Equipment	**2,551**	29,646
Food and beverages	**26,648**	32,730
Gift and souvenir	**3,807**	3,001
Hotel ballroom/Venue expense	**2,648**	8,970
Insurances	**136,081**	163,519
Loss on foreign exchange	**664,250**	259,693
Medical	**62,195**	51,856
Membership fee	**63,047**	57,682
Mission volunteer pack	**(19,665)**	(3,878)
Office rental	**149,491**	151,577
Photocopy machine rental	**6,840**	6,840
Postage and courier	**1,490**	357
Printing and stationaries	**20,440**	19,488
Professional fees	**97,411**	91,433
Publication expenses		-
Rental of item	**-**	4,115
Repair and maintenance – IT maintenance	**66,272**	58,167
Repair and maintenance – motor vehicle	**27,622**	44,106
Repair and maintenance – office	**61,398**	55,606
Road tax and insurance	**13,196**	9,652
Small equipment	**2,543**	2,179
Salaries, allowances and wages (Note 18)	**1,401,694**	1,586,712
SOCSO (Note 18)	**20,981**	19,788
Sales and service tax	**24,764**	16,194
Staff uniform	**2,118**	5,447
Staff Welfare	**48,696**	2,264
Telephone, fax and internet	**36,189**	47,061
Training	**32,010**	10,284

17. OPERATING EXPENSES (CONT'D)

	2025	2024
	RM	RM
Travelling and transportation	**14,193**	17,385
Utilities	**32,876**	41,577
Visa	**6,375**	11,263
Written off property, plant and equipment	**-**	49
	3,416,374	3,270,986

18. STAFF COSTS

	2025	2024
	RM	RM
Charitable expenditure:		
EPF, SOCSO and EIS contribution	**194,833**	313,570
Salaries, allowances and wages	**4,883,468**	6,260,824
	5,078,301	6,574,394
Communication and fundraising expenses:		
EPF, SOCSO and EIS contribution	**60,312**	34,282
Salaries, allowances and wages	**465,150**	302,489
	525,462	336,771
Operating expenses:		
EPF, SOCSO and EIS contribution	**190,178**	194,051
Salaries, allowances and wages	**1,411,835**	1,602,418
	1,602,013	1,796,469
	7,205,776	8,707,634

19. CATEGORIES OF FINANCIAL INSTRUMENTS

The table below provides an analysis of financial instruments categorised as follows:

19.1 Financial Assets and Financial Liabilities Measured at Amortised Cost (AC)

	AC RM	Carrying Amount RM
2025		
Financial Assets		
Other receivables	**5,405,918**	**5,405,918**
Cash and cash equivalents	**20,481,244**	**20,481,244**
Fixed Deposit	**16,749,045**	**16,749,045**
Total financial assets	**42,678,214**	**42,678,214**
Financial Liability		
Other payables	**3,433,916**	**3,433,916**
Total financial liability	**3,433,916**	**3,433,916**
2024		
Financial Assets		
Other receivables	1,771,974	1,771,974
Cash and cash equivalents	29,140,982	29,140,982
Fixed Deposit	6,680,242	6,680,242
Total financial asset	37,638,844	37,638,844
Financial Liability		
Payables	3,632,769	3,632,769
Total financial liability	3,632,769	3,632,769

19.2 Interest Rate Risk

Cash flow interest rate risk is the risk that the future cash flow of a financial instrument will fluctuate because of changes in market interest rates. Fair value interest rate risk is the risk that the value of a financial instrument will fluctuate due to changes in market interest rates. As the Society has no significant interest-bearing financial assets, the Society's income and operating cash flows are substantially independent of changes in market interest rates. The Society's interest-bearing financial assets are mainly short term in nature and have been mostly

19. CATEGORIES OF FINANCIAL INSTRUMENTS (CONT'D)

19.3 Liquidity/Funding Risk

The Society defines liquidity/funding risk as the risk that funds will not be available to meet liabilities as they fall due. The Society actively manages its operating cash flows and the availability of funding so as to ensure that all funding needs are met. As part of its overall prudent liquidity management, the Society maintains sufficient levels of cash or cash convertible instruments to meet its working capital requirements. To ensure availability of funds, the Society closely monitors its cash flow position on a regular basis.

19.4 Credit Risk

Credit risk, or the risk of counterparties defaulting, is controlled by the application of credit approvals, limits and monitoring procedures. Credit risk is minimised and monitored via strictly limiting the Society's associations to business partners with high creditworthiness. Trade receivables are monitored on an ongoing basis via Society management reporting procedures. The Society does not have any significant exposure to any individual customer or counterparty. The Society does not have any major concentration of credit risk related to any financial instruments.

19.5 Fair Values

The carrying amounts of financial assets and liabilities of the Society and of the Society at balance sheet date approximate their fair values due to the relatively short-term maturity of these financial instruments.

20. AUTHORISATION FOR ISSUE OF FINANCIAL STATEMENTS

The financial report have been authorised for issue by the Executive Council in accordance with an Executive Council's Resolution dated 4th June 2026.

21. COMPARATIVE FIGURE

The comparative figures have been audited by a firm of chartered accountants other than Jeffrey Suffian.

Behind every moment of care is a journey of many hands.

Our responses are made possible by the dedication, coordination, and compassion of staff, volunteers and partners - working tirelessly, behind the scenes, to bring hope to those who need it most.

Our Team

MERCY Malaysia is led by the Executive Director and supported by a dedicated management team and staff who form the organisation's administrative and operational backbone. The Secretariat plays a critical role in providing strategic, financial, secretarial, administrative, communications, and coordination support, serving as a bridge between the organisation and its affiliates, donors, partners, volunteers, and beneficiaries.

Working under the guidance and oversight of the Board of Trustees and Exco members, the Secretariat ensures strong governance, accountability, and effective coordination across all levels of the organisation, in support of MERCY Malaysia's Vision and Mission.

Executive Director's Office

Ahmad Faezal Bin Mohamed
Executive Director

Mohd. Hafiz Bin Mohd. Amirrol
Deputy Executive Director

Nur Syazana Binti Kamal
Executive Assistant cum
Policy/Compliance Research Officer

Governance, Risk, and Compliance Unit

Zuraidah Binti Mian
Director of Strategic Development & Planning

Normaliza Binti Mohd. Nasir
Senior Officer Meal and Evaluation

Shariza Binti Hamzah
Grant Management & Planning

Shoji Endo
Senior Strategic Humanitarian Development Officer

Nurdiyana Syifa Binti Sanil
Knowledge Institutionalisation & Management Officer

Nurul Hanis Binti Zulkipli
Officer Meal and Evaluation

Finance Department

Haji Hakim Bin Hamzah
Director of Finance, Administration and Human Resource

Hamizah Binti Md. Rithza
Senior Finance Officer

Nor Zuri Aziela Binti Jamaluddin
Finance Officer

Muhammad Khairul Amin Bin Samion
Finance Officer

Mohamad Erfan Bin Bazli
Finance Officer

Norzalikha Binti Mohd. Zakaria
Finance Assistant

Zuzelssa Inez Nur Iman Binti Ahmad Zamzuri
Finance Assistant

Nurul Nabilah Binti Tugini
Finance Assistant

Siti Nurain Ayunie Binti Mohd. Nor
Finance Assistant

Abdul Khalid Haq Bin Mohammad Rijalul Haq
Finance Assistant

Logistic, Supplies and Security Unit

Mohd. Radzi Bin Mohd. Redzuan
Deputy Head, Logistics, Supplies & Security

Fazrin Suzain Bin Supian
Senior Logistics Officer

Faisal Azhar Bin Badly
Logistics Officer

Jasni Ramlee Bin Jusof
Logistics Officer

Muhammad Zahin Muhaimin Bin Zaidi
Logistics Assistant

Human Resource Administration and Services

Zaireen Binti Mohamed Shah
Head of Human Resource

Nur Badlizan Zahira Binti Juhari
Senior Human Resource Officer

Nur Hanani Binti Hamzah
Senior Human Resource Development Officer

Haziq Asyraf Bin Haris
Learning & Development Assistant

Hasnizan Bin Hashim
Dispatch cum Office Assistant

IT

Fadhil Bin Roslan
Senior IT Officer, Software System Infrastructure

Muhammad Ikram Bin Imbran
Senior IT Officer

Procurement

Mohammad Adib Muhaimin Bin Hamzah
Senior Procurement Officer

Mohd. Faeez Bin Mat Ramli
Senior Procurement Officer

Wan Shazana Binti Ab Aziz
Procurement Officer

Communications and Fundraising Unit (CFRD)

Communications and Strategic Engagement (CSE)

Khadeejah Binti Mohd. Shafie
Senior Communications Officer

Saiful Aimran Bin Saiful Anwar
Communications Officer

Noor Izhar Bin Ghagali
Graphic & Multimedia Designer

Nur Syaq Wanah Binti Mohd. Razali
Graphic & Multimedia Designer

Islamic Social Finance

Sharifah Farah Hidayah Binti Syed Azahar
Senior Islamic Social Finance Officer

Fundraising and Events

Aimi Zuhaili Binti Zairul Ridzwan
Senior Fundraising & Event Officer

Siti Fatimah Binti Hassan
Fundraising & Event Officer

Nurul Athirah Binti Abdul Rahman
Fundraising & Event Officer

Muhammad Zailan Bin Mohd. Zeen
Fundraising & Event Officer

Ummi Aqilah Binti Kamarulzaman
Donor Management Analyst Officer

Atisya Qistina Binti Amrul Hazarin
Donor Management Assistant

Health Department

Masniza Binti Mustaffa
Acting Head of Health

Aina Izzati Binti Muslan
Health Senior Programme Officer

Nur Maryam Binti Razmein
MHPSS Officer

Mohd. Azri Bin Zaini
Health Programme Officer

Muhammad Naqib Bin Azimi
EMT Medical Logistics Assistant

Programme Operations

Shah Fiesal Bin Hussain
Head of Programme Operations

Noorazila Binti Ahmad
Programme Operations Controller

Siti Zaleha Binti Abdullah
Senior Administrative Officer

Zullaili Bin Zainal Abidin
Technical Coordinator

Muhammad Hafizan Bin Hairul Anuar
Senior Programme Officer

Water, Sanitation, and Hygiene (WASH)

Cristina Nadia A/P C Willims Fernandez
Senior Programme Officer

Wan Anis Afeeqa Binti Wan Mohammad Azhar
Senior Programme Officer

Siti Nor Asmeera Binti Muhammad
Programme Officer

Muhammad Ariff Danial Bin Mohd. Daud
Programme Officer

Disaster Risk Reduction and Management (DRRM)

Atiqah Binti Alias
Senior Programme Officer

Muhammad Akmal Afif Bin Ahmad Subki
Programme Officer

Shahril Bin Idris
Programme Officer

South Asia

Nusrah Rabiha Binti Yunus
Senior Programme Officer

Muhammad Dzulqarnain Bin Adzmi
Programme Officer

Southeast Asia

Prabu A/L Daymudoo
Country Manager Myanmar

Nuraini Binti Rudi
Senior Programme Officer

Sarrien A/P Arpu Thaselan
Senior Programme Officer

Middle East and North Africa Region (MENA)

Arwa Mohammed Abdullah Haider
Senior Programme Officer

Khairur Rijal Bin Jamaluddin
Programme Officer

Noralia Binti Mohd. Johan
Programme Officer

Mohammed Abdulwahab Mohammed Ali Al-Sairafi
Programme Officer

Aliyyah Binti Mohd. Isa
Programme Officer

State Chapter

Sabah

Edna Binti Salumbi
Senior Programme Officer, Sabah

Isma Syafitri Binti Eddy Muhartono
Programme Officer, Sabah

Jennifer James Amandus
Programme Officer, Sabah

Sarawak

Diana Anak David Itang
Programme Officer, Sarawak

Kelantan

Maznah Binti Mohd. Adenan
Senior Programme Officer, Kelantan

Siti Nurhanisah Binti Mohd. Pakari
Programme Officer, Kelantan

Volunteer Management Department (VMD)

Mary Agnes A/P A James
Head of Volunteer Management

Noor Ain Zaira Binti Hasnan
Acting Deputy Head
Volunteer Management

Ros Izzati Binti Mohd. Halim
Volunteer Management Officer

Muhammad Fakhrul Afiq Bin Mohd. Rizal
Volunteer Management Officer

Elok Vradizza Feni Abdul Wahdi
Volunteer Management Officer, State Chapter

Farah Aqila Binti Norhuzaimi
Volunteer Management Assistant

Our Volunteers

Volunteers are at the heart of MERCY Malaysia's humanitarian work, contributing their time, skills, and dedication in service to communities in need. Guided by compassion and a strong sense of solidarity, they support a wide range of initiatives, including disaster response, healthcare services, community engagement, and advocacy.

Their readiness to step forward during times of crisis enables MERCY Malaysia to deliver timely assistance, restore dignity, and strengthen support for vulnerable populations. Through their commitment, resilience, and professionalism, our volunteers continue to play a vital role in advancing meaningful and lasting humanitarian impact.

Abbudduha Abdul Rahman

Abdul Rashid Mohd. Kashfi

Abiiynesan A/L Mathavan

Abuzar Ghifari Abd Rahman Rayapan

Adam Darwisy Muhammad Hafiz

Adib Haris

Adriana Jeofrey

Afiq Ashtar Mohd. Roslee

Ahamady Lian

Ahmad Afifi Mohd. Arshad

Ahmad Aiman Haikal Hazura

Ahmad Danish Daniel Abidin

Ahmad Fardi Sulaiman

Ahmad Faris Ngimron

Ahmad Furqhan Nurhakim Zakariah

Ahmad Izzat Arief Arief Amron

Ahmad Na'Im Mohamad Salleh

Ahmad Nasir Che Rosli

Ahmad Zulkarnain Ahmad Zaki

Ahmed Arifuddin Matjani

Aidee Shauki Hashimi

Aidil Anuar

Ainul Hannah Aysha Ainul Hafizan

Airies Kirana Mohd. Khairul Alwi

Aishah Suhaimi

Aisya Faqhieha Ahmad Fauzi

Aizat Mohd. Aziz @ Assif

Alfarina Mohd. Mustafa

Alfonso Zachariah Alau

Ali Imran Muhiddin

Ali Iskandar Roziman

Aliza Hani Mansor

Alvin Luger Anak Menji

Amanda Liew Shuet Ee

Ameera Zeti Amlee

Amily Khairina Mohamed Kamarolazwe

Amirah Nuraqilah Abdul Rahim

Amirul Muhaimin Khairul Azhar

Amni Irdina Muhammad

Anandey Singh Gachee Blanant Singh

Andrew Mukan Kilat

Anduk Anak Kayok

Andukson Anak Kayok

Ang Kuan Yu @ Alexander

Anis Athifah Arif Rifashah

Anis Fitriah Azhar

Anis Zahira Amran

Anita Abdul Malek

Annabella Ruth Edwin

Aqif Izzuddin Abdul Rahim

Arby Suali

Ariff Rizal Shah Zahir Hussein

Aris Abdillah Mohamed Kamal

Arman Zaharil Mat Saad

Ashraff Hj. Awang

Asma Senawi

Assoc. Prof. Dr. Azlina Wati Nikmat

Atiq Aqilah Azman

Atirah Husna Abdullah

Awang Abdul Malik Awang Abdillah

Awang Amir Zakwan

Azira Ibrahim

Azman Zainonabidin

Azura Aziz

Basyirah Farhana Baharin

Beatrice Hailis Sebastian

Bells Gippa @ Pius

Betty Anak Tayai

Bilkis Banu Shri Abd Aziz

Brian Kenneth Parasul

Carl Herbert Anak Noreb

Catherine Asong

Che Nurhafikah Che Hamzah

Chee Fook Wah

Cheryl John Kathil

Chew Peck Hoon

Chin Xin Yi

Christine Cheong Wan Hong

Christine Jashrin

Cilla Vera Pirid

Clara Peter Martin

Clerence Marius

Daflonia Daniel

Danial Hazim Yunos

Darwisy Asyraaf Erhan Tarmizi

Dayang Khadijah Hamdzah

Devananthan Ilenghoven

Dewi Kencana Putri Md Noor

Diana David Itang

Dinon Mohd.

Donna Rikan Dawat

Dr. Abdul Rahman Badayai

Dr. Abdullah Azam Khairuddin

Dr. Adriana Syahirah Raidee

Dr. Ahmad Afifi Mohd. Arshad

Dr. Ahmad Fadhli Ahman Badruddin

Dr. Ahmad Fadzlullah Hamzah

Dr. Aina Athirah Mhd Zukhi

Dr. Amalina Zafira Sarip

Dr. Amirah Wadhiah Abdul Wahid

Dr. Ana Vetriana Abd Wahab

Dr. Archana A/P Premkumar

Dr. Audrey Wong Ya Fui

Dr. Besree Euen Chua Angakis

Dr. Chong Kai Lin

Dr. Damia Abdullah

Dr. Dg Kamilah Syazana Abd Kadir

Dr. Dhurgaashini A/P Arsaythamby

Dr. Dinesh Rao A/L Muniandy

Dr. Dinon Mohd.

Dr. Ezzah Farhana Sulaiman

Dr. Ezzat Fahmi Ahmad

Dr. Fadya Nabiha A. S. Ahmad Shariffudin

Dr. Farid Al Hakeem Yuserrie

Dr. Farid Wong Fitri Wong Wui San

Dr. Fauziana Abd Jabar

Dr. Ferdaus Isa

Dr. Hariyati Shahrima Abdul Majid

Dr. Harizah Hatim

Dr. Ida Nianti Mohd. Zin

Dr. Jeremy Lee Ju Kuan

Dr. Jessica Grace David

Dr. Jevishya A/P Jayaprakash

Dr. Kashvin Kaur A/P Jamit Singh Parhar

Dr. Keith Tye Sue Kiat

Dr. Khairul Izwan Mohamed @ Hashim

Dr. Khairunnisa Makmon

Dr. Komalam A/P Mugunam

Dr. Kristal James

Dr. Lilawati Abdullah

Dr. Lim Chee Shien

Dr. Lim Zhi Xin

Dr. Liyana Khalisa Kula

Dr. Luther Jay Ubu

Dr. Lynncilla Shakira

Dr. Mervin George P. Mathew

Dr. Mohamad Hamim Mohamad Hanifah

Dr. Mohammed Amin Mohammed Jelani

Dr. Mohd. Najib Abd Rashid

Dr. Muhammad Haikal Ahmad Hadli

Dr. Muhammad Hairul Nizam Abd Hamid

Dr. Muhammad Izwan Ismail

Dr. Nor Asma Hafizah Hadzaman

Dr. Nor Shahirah Jaulin

Dr. Norzila Mohamed Zainudin

Dr. Nur Atikah Arbi

Dr. Nur Farahin Mohd. Din

Dr. Nur Maheedah Wirdany

Dr. Nurhidayah Zainool Abidin

Dr. Nurul Afzan Mustapha

Dr. Nurul Syazana Abdul Kadir

Dr. Punitha Segar

Dr. Rammiya A/P Wathivel

Dr. Rikan Libat

Dr. Rubinderan A/L Muthusamy

Dr. Ruzita Mustaffa

Dr. Saravanan A/L Gopalan

Dr. Saridah Mahdah

Dr. Sayyidah Insyirah Suroso

Dr. Sean Thum

Dr. Sheryl Eve Ladislaus

Dr. Shree Lekaa Devaraj

Dr. Siew Qui Hen

Dr. Siti Maisarah Ahmad

Dr. Siti Sainira Saidin

Dr. Soh Yih Hargn

Dr. Steve Maisi

Dr. Subhatra Devi A/P Supramanian

Dr. Suraya Yati Suratmin

Dr. Suzanah Abdullah

Dr. Syamsul Bahri Rosli

Dr. Sylvia Lim

Dr. Tengku Putri Zaharah Tengku Bahanuddin

Dr. Tham Yuen Wern

Dr. Umar Kamali

Dr. Vimalabarati Sekaaram

Dr. Wern Xin Ying

Dzulkarnaen Ismail

El'Dorado Chong

Elaine Lau

Eleysha Emily Huil

Elina

Emy Shahida Zulkifli

Ermawati Sukiran

Ermayanti Sukiran

Esah Nini Tajuddin

Evelyn Wong

Ezzah Farhana Sulaiman

Ezzat Fahmi Ahmad

Fadya Nabiha A.S Ahmad Sharifuddin

Fairus Fariza Zainudin

Fakhruddin Nasir

Farah Aziera Asmawi

Farah Nurhanisah Mohd. Fadhli

Farezza Hanum Rashid

Fatin Addina Nazim

Fatin Khairunnisa Fisol

Fatini Izzati Ismail

Fauziana Abd Jabar

Fazilah Pitah

Fikiy Majikun

Firas

Flora Fedilis

Flora Joseph

Foo Poh Lee

Frances Lim Chin Pei

Francis Chua Yeng Hock

Frankie Nicholas Deris

Fredy Anak Gudum

Gayatri Chandran

Genevy Johnlet
Gunasegaran Doraisamy
Haizatul Hazira Hairudin
Hamizah Haskalanti
Hanitah Harun
Harizah Hatim
Harris Hamadan
Haslin Husin
Haziq Fiqri Ahmad Sofian
Helvia Jaimol
Hendrick Lawis
Hilda Anak Entering
Hilmi Abdullah
Ihab Qawiem Muhamad Amir
Ilman Danial Mohd. Jamsari Azman
Ilman Hanif Abd Ilah
Iman Faihanah Mohd. Muhazmi
Intan Rasyiqah Rosli
Ir. Raja Nurulhaiza Raja Nhari
Irene Yap Hui Sun
Ismail Mohd. Zain
Ismail Mohd. Zain @ Spencer Cheyne
Iswandi Irwan Ismail
Ivony John
Izrahayu Che Hashim
Izzati Ilma Shamsul Azlam
Izzatul Aliah Ahmad Syarifuddin
Izzatul Asyiqin Mohd. Roszi
Izzul Kauthar Sahrul Anuar
Izzul Khautar Sahrul Anuar
Jacob Thaddeus Jesonpragash
Jameyah Sheriff
Jazzmeen Adreanna Azamzairi
Jefery Drus
Jefry Sigom Anak Enta
Jennifer James Amandus
Jennifer Vennylyn Anak Denggu
John Burung
Johnny Lajunip
Jonathan Jong Jee Heng
Josephine Anak Juni
Joshua Taylor Thomas
Josna A/P Sivabalan
Joycie Felicia Nanang
Jufiza A. Wahab
Justina Lasayung
Kamarul Al Haqq Abdul Ghani
Kartini Alir
Kathy Minggu
Khairin Khalida Khalid
Khairunnisa Asibli
Khairunnisa Maknon
Khairy Azrin Khairul Azmi
Khamarrul Azahari Razak
Komalam Mugunam
Kong Chai Lee
Laila Nabila Rosli
Lam Chee Peng
Lau Siew Ting
Lazzatul Aiman Yuslan
Lee Tze Wen
Lenny Jitah
Leslie Ikon
Lilawati Ab Wahab
Liu Kim Foo @ Jennifer
Liza Bosuin
Lizawati Abdullah
Low Tze Ken
Madina
Maizatul Farahana Mohamad
Manthira A/P Suresh
Marcos Anak Jamal
Marie Monica Anak Nyohim
Marinda Anak Steward Thaim
Martin Anak Jandom
Masni Trip
Megat Harith Johari
Melvin Anak Amuk
Miusnah Badaut
Mohamad Akmal Dawood Mohd. Roslan
Mohamad Azim Mohd. Rosly
Mohamad Faisal Abd Razak
Mohamad Fazli Mohd. Rashidi
Mohamad Khairul Azwan Abdul Mus
Mohamad Nasri Mohd. Nordin
Mohamad Shahrul Irfan Razmi
Mohamad Tahir Idris (Mike)
Mohamad Yaqin Mohamad Mahadhir
Mohamad Zakhrul Hafiez Zulfikar
Mohamed Nur Hakeem Mohamad Khapeli
Mohammad Afiq Iqbal Mohd. Azman
Mohammad Esa Hossen
Mohammad Sharin Daud
Mohammad Zulhilmi Mohd. Jumain
Mohd. Affadil Izmi Roslan
Mohd. Azizul Hakim Danial
Mohd. Daud Ishak
Mohd. Dhiya Hafreez Kamil
Mohd. Esa Hossen
Mohd. Faizal Jalil
Mohd. Khairre Abd Rahman
Mohd. Radzi Jamaludin
Mohd. Rizal Satardin
Mohd. Shafie Mohd. Ahyat
Mohd. Syafri Mohd. Daud
Mohd. Zaini Jusneh

Mohd. Zainoor Annuar Mohd. Zain

Mohd. Zikri Mohd. Zaki

Morgan Mah Tze Shiung

Moses Motogol Francis

Muhamad Danish Amsyar Ruslan

Muhamad Darwisy Haiqal Rosli

Muhamad Syafiz Ahmad Ismani

Muhammad `Alauddin Aufa Mohd. Yasri

Muhammad Adam Md Zamani

Muhammad Adam Mazuar

Muhammad Adib Ahmad

Muhammad Aidil Najmi Mohd. Fairus

Muhammad Aiman Hazim Mohd. Adley

Muhammad Aiman Irfan Amiruddin

Muhammad Aizat Mohammad Nazli

Muhammad Alief Danial Dzulkarnain

Muhammad Ameer Irfan Fadzil

Muhammad Ariffin Osoman

Muhammad Azim Mahadzir

Muhammad Danial Haikal Ibrahim

Muhammad Danish Rafiuddin Mohamad Nizam

Muhammad Darwisy Muhammad Razee

Muhammad Dzulqarnain Adzmi

Muhammad Fareez Hashimy Nor Hisham

Muhammad Faris Arman

Muhammad Faris Mazley

Muhammad Fathi Wajdi Mohammad Zaini

Muhammad Firdaus Abdul Rahman

Muhammad Firdaus Mohd. Azan

Muhammad Firdaus Irfan Mohd. Fauzi

Muhammad Hadif Isyraf Saleh

Muhammad Hapis Jamil

Muhammad Hariff Kamaruddin

Muhammad Haziq Yusnizam

Muhammad Iman Mustaqim Mustapa

Muhammad Irfan Nazri

Muhammad Irfan Nuriman Noresman

Muhammad Irfanuddin Rosli

Muhammad Irsha Danish Juhaili

Muhammad Lutffi Sidek

Muhammad Nabil Sukry

Muhammad Nabil Zikri Jamsari

Muhammad Nazhan Azhar

Muhammad Nur Ikhram Mohammad

Muhammad Nur Shafiq Noor Ismadi

Muhammad Rafiuddin Jamaluddin

Muhammad Rohisyam Rosli

Muhammad Syafiq Saiful Lizan

Muhammad Syahmi Ikram Mohd. Kadir

Muhammad Thaqif Roslan

Muhammad Zaffri Haqimi Abdul Lathif

Muhammad Zailan Mohd. Zeen

Muhammad Zulqarnain Hakimie Yusoff

Muhmammad Naqib Azimi

Mustafa Abdullah

Muzhaffar Md Isa

Nabil Haziq Nor Hisham

Nabilah Ooi Abdullah

Nabilah Safiah Mohd. Saifuddin

Najihatul Najwa Zulkornain

Najma Azman

Najwa Mat Rejab

Nancy Pilo

Narvik Yee

Nazatul Syima Saad

Nereus Musu

Ng Wan Chiew

Ngiam Ai Leng Alicia

Niswatul Syakinah Mohd. Sabri

Nitra A/P Balu

Noor Akmal Mohd. Nor

Noor' Atikah Abu Bakar

Noor Raihani Zainol

Nor Asiah Hashim

Nor Qhairunnisa Muhammad Azri

Nor Syazwin Aireena Norhazani

Norazam Ab Samah

Norazila Razni

Norazlinda Che Hussin

Norbani Mouren

Norfarah Ashikin Syilem @ Mohd. Ikhwan Peter

Norhamisah Dollah

Norhayati Paraman

Norhayati Japar

Norliza Sharmin Zakaria

Normah Podok

Norsalfarina Ariffin

Norsinar Adilun

Norsophea Najiha Mahadi

Norsyahiera Suhaimi

Norsyeila Mohd. Kamaruzaman

Noryati Mohd. Nor

Nur Adila Hasim

Nur Afiqah Hadhirah Irwan

Nur Aireen Sabrina Awazmin

Nur Akmal Izyan Mohd. Rusli

Nur Allysa Kamarulzaman

Nur Amanina Mat Najib
Nur Aqilah inti Mohd. Zulaili
Nur Athirah Muhamad Nasir
Nur Athirah Sakah
Nur Balqis Noramlan
Nur Batrisyia Auni Mohd. Suhaimi
Nur Dalila Fairuzzah Zazali
Nur Dania Nor Azmi
Nur Eiman Syahirah Che Samsol
Nur Emma Melissa Yusni
Nur Ezzati Aiza Mahat
Nur Faeqah Noordin
Nur Faiqah Hazwani Ghazali
Nur Farain Nabilah
Nur Farrah Ayunie Tumeran
Nur Fatihah Saifulizam
Nur Fatin Audryna Azhar
Nur Fie Safarina Jaiman
Nur Haffizah Suffian
Nur Hafizah Haziqah Zaharman
Nur Hasanah Abu Bakar
Nur Hasinah Iwani Mohd. Fazil
Nur Hidayah Izzati Arbain
Nur Hur Aini Mohamad
Nur Izah Mohd. Asri
Nur Liyana Aziz
Nur Liyana Shazly
Nur Liyana Masturah Mohd. Kamal
Nur Liyana Nadhirah Amran
Nur Nabiha Abdullah
Nur Nasuha Mohd. Nasir
Nur Qamarina Mohamad Hatar
Nur Qistina Marzuki
Nur Rabikha Zainuddin
Nur Sabrina Muhammad Nawi
Nur Sakeena Khairul Ezwan
Nur Satina Nafeesa Mohd. Bakri
Nur Syamilah Othman
Nur Syamimi Shamsudin
Nur Zafirah Husna Zamri
Nur Zulaikha Mohd. Hasrul
Nurain Nadhirah Zakuan
Nuraini Mohamad Ramzi
Nurdiyana Badiah Ismail
Nurdiyana Nasrudin
Nureen Aisyah Azmel Zeffry
Nurfaizatul Aliyana Mohamad Azni
Nurfarisya Hani Mohd. Rezuan
Nurfirdaus Ibrahim
Nurin Aqeelah Mohd. Khairunasai
Nurin Maisarah Ahmad Fuad
Nurnajwa Ayuni Mohamad Nasir
Nurrahil Amani Badrulhisyam
Nurshafiqah Balqis Shafie
Nurshahira Shafira
Nursyakira Naqila Hairunnizam
Nursyakirin Jantan
Nursyarah Mohd. Nawi
Nursyazianie Kansori
Nurul Akhmar Abd Latib
Nurul Aqila Mohd. Ismail
Nurul Athirah Abd. Muhamad Fazuri
Nurul Atiqah Ezzaty
Nurul Batrisyia Damia Abd Rahman
Nurul Hanisah Mohd. Zani
Nurul Haziqah Hafidzan
Nurul Hidayatus Syifa' Zullkefly
Nurul Iffah Faradiza
Nurul Iffah Ismail
Nurul Izzah Faiz Mohd. Sudin
Nurul Mirana Abdul Aziz
Nurul Nabihah Mukti
Nurul Nadia Syuhadah Irawan
Nurul Najiha Khairuddin
Nurul Najihah Noh
Nurul Qiurratuaini Sanih
Nurul Syahrina Mohd. Shahar
Nurul Umairah Idrus
Olivia Woo Yen Ling
Onn Fahrin Onn Fauzie
Padma Dewi A/P Narayanan
Paramjit Kaur A/P Pretam Singh
Parasul Basang
Philip Anak Dugat
Priscilla Bong Anak Samson Onggie
Prof ChM. Dr. Collin G. Joseph
Prof Madya Dr. Yuhainis Abdul Talib
Puteri Aliya Nurmaisara Raja Hazamir
Puteri Iman Humaira Mohammad Taufeq
Puteri Nor Atiqah Megat Mohamed Abdul Wahab
Putra Zawir Zakwan Al-Qayyum Mohd. Faizal
Putri Nurrien Balqis Manja
Qistina Balqis Azman
Raanidarseni A/P Kunasegaran
Raja Faheem Danial Raja Zariman
Raja Norameldalisha Raja Badlishah
Ramadhani Erfan Zakaria
Rasyidah Mohd. Rashid
Rasyiqin Najla Mohd. Rashid
Raziq Rafiqi Mazlee
Richard Ngu Ping Hoe
Richu Anak Naeh

Romanna Ajon
Rosalia Michael
Roseminah Peter
Rosnelifaizur Ramely
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This publication is produced by
MERCY Malaysia's Communications
& Strategic Engagement (CSE) Unit

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As a registered society, we are governed by the Societies Act and the Constitution of MERCY Malaysia. The Annual Report of MERCY Malaysia fulfils the requirement of the Societies Act (1966) for a report from the operations and financial statements to be made public and tabled at our Annual General Meeting (AGM). This Annual Report covers the period January to December 2025 to align with the financial statements for the same period.

The full version of the Annual Report and Financial Statements 2025 is available on MERCY Malaysia's Website: **https://mercy.org.my/resources**

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