



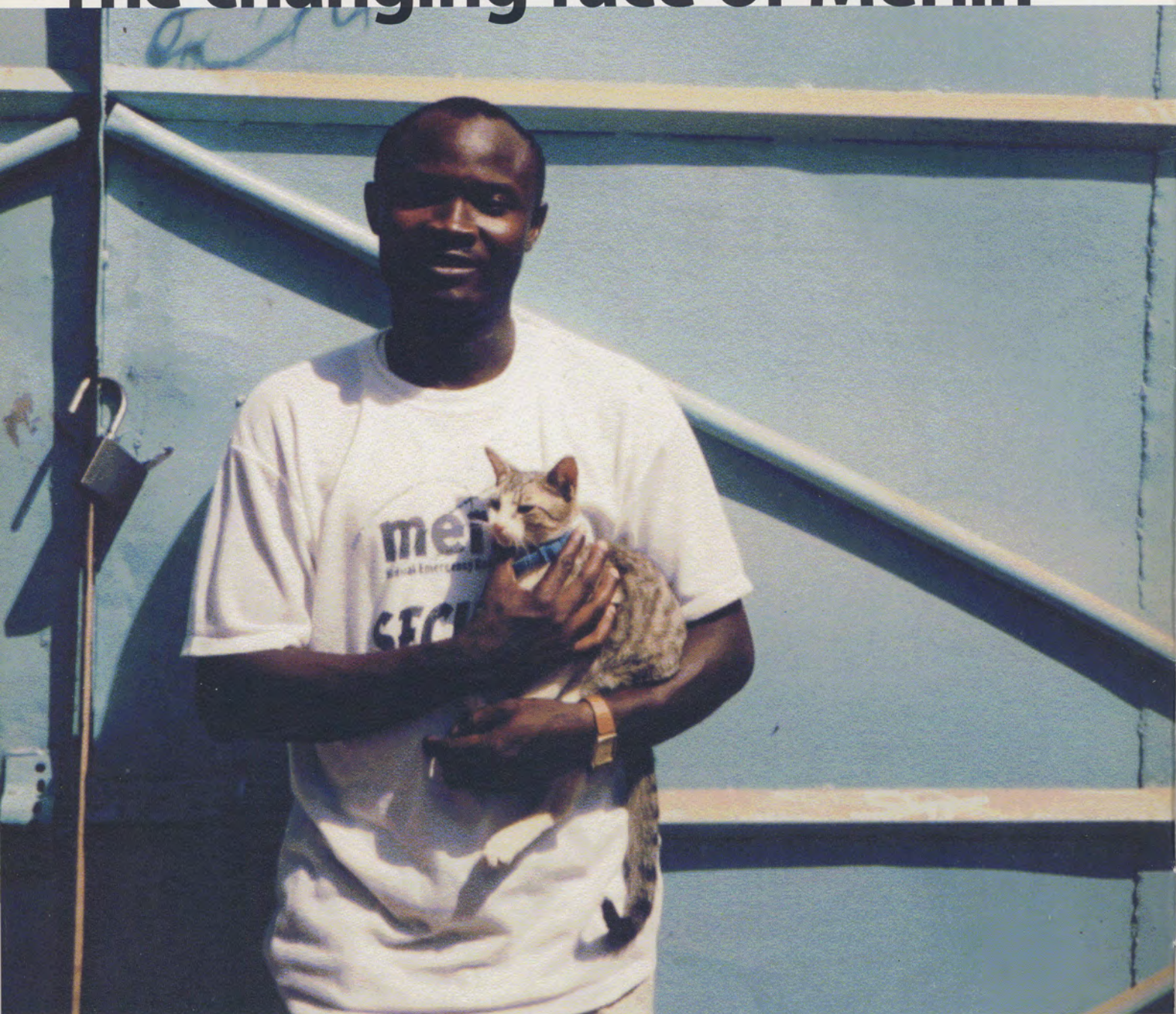
# Health Care in Crises

Annual Review 2000/2001





# The changing face of Merlin



*Kenema, Sierra Leone*



Merlin was founded early in 1993 and since then we have helped tens of thousands of vulnerable people in some of the world's poorest and most disadvantaged countries. Our programmes have generally focussed on primary healthcare, immunisation, health education, control of infectious disease, training and the rebuilding of healthcare infrastructures. We are increasingly recognised for our expertise in several key fields notably malaria, tuberculosis and Lassa fever. Our reputation and profile are high amongst the NGOs with whom we work, our donors and those who benefit from our work. It is an achievement of which we can all be proud. However we operate in a rapidly changing world and in the last two years we have extensively restructured to ensure that we are able to meet our existing responsibilities and are flexible enough to adapt to change.

The single most important advance over the last year has been the change in our operating remit to 'providing health care in crises'. This recognises that many of the programmes in which we are now involved are in areas where there are long term, chronic crises. Some are developmental in nature. The change in remit has opened up new opportunities and we are now developing programmes in fields such as HIV/AIDS and Mother and Child Health. We are seeking to build a portfolio of projects that are divided between emergency responses, post crisis rehabilitation and disease control.

To fulfil our role we need to be financially stable and much progress has been made in this direction. The costs of running the London HQ have fallen dramatically over the last year and our fund raisers have exceeded their targets. However we are still far from having the kind of funds that allow us to operate independently. Increasingly, donors prefer to give money to large (often UN) agencies. Our reputation in our fields of expertise is such that we have several times been sought out by such agencies to act as implementing partners. Happily we have been able to do so without compromising our essential beliefs and our remit but we need to move to greater financial independence.

Our recent Annual General Conference highlighted how far we have come in the last year. We have the people and the skills to tackle the changes we see around us. We will continue to assist where our skills can make a difference and where the local population has invited us to help. We will continue in our responsibility to build sustainable health care systems and will work with existing and new partners in government, the international community and civil society to intensify our efforts.

I am most grateful to all the staff of Merlin, both in the UK and abroad, for their support in the often difficult changes that have had to be made. They have risen to the challenges admirably. My warm thanks also go to all our supporters, both private and corporate for their continued faith in what we do and the way we do it. This report shows what we have achieved in the last two years. We look forward eagerly to the next.



*Warren Lancaster*

Warren Lancaster  
Chief Executive



Tajikistan

Too often those in the world most in need of medical attention are those with no access to it. Merlin has a unique ability to deliver health care in crisis situations: on occasion where others are unwilling or unable to step in. Its volunteer teams of doctors, nurses and healthcare professionals are supported by specialist training and an in-depth knowledge of security and communications issues, and backed by access to specialist medical expertise. In every case, Merlin makes a real and lasting difference, not just in terms of immediate help but in creating long-term locally sustainable programmes.

The Trustees would like to thank Warren Lancaster and the whole Merlin team for another year of outstanding contribution to the alleviation of suffering and to thank too all who have supported this work and made it possible.

George Cox  
Chairman of the  
Board of Trustees





# Merlin's world

## RUSSIA (1)

Where Tomsk Region in Siberia

Programme *Control of TB for civilian population and in prisons*

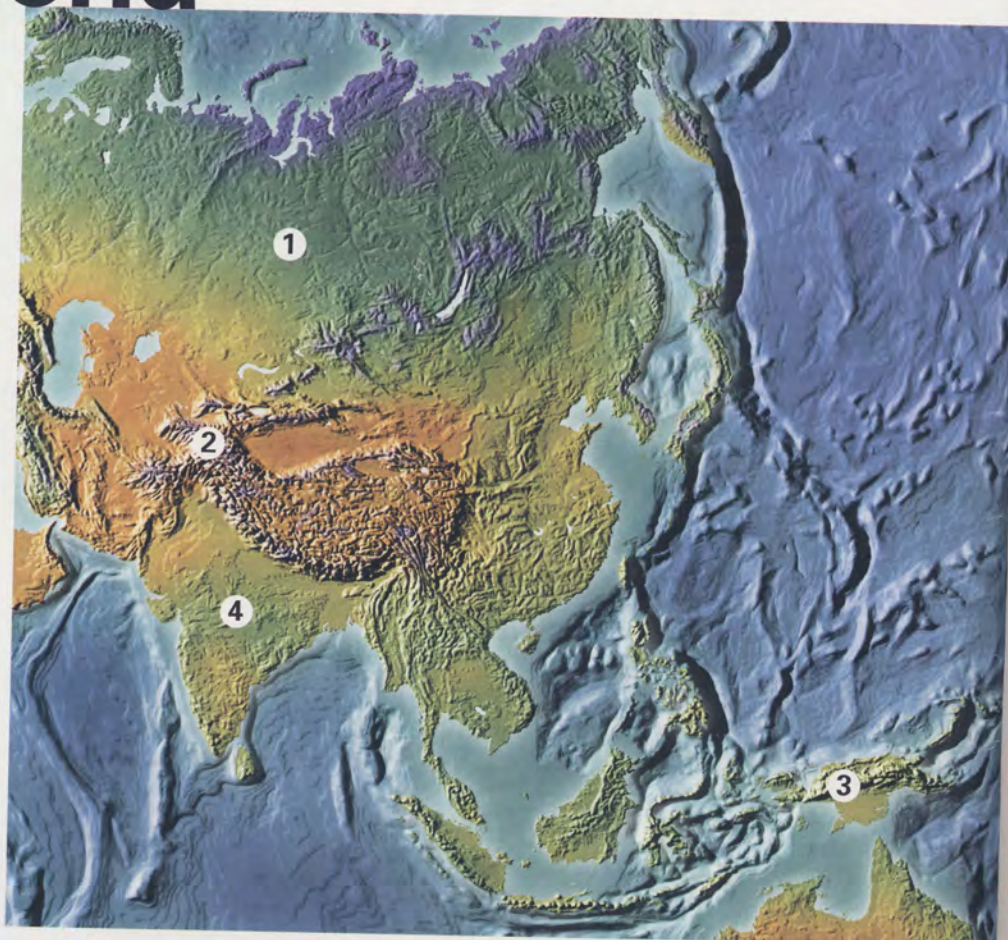
Target population 1 million

### Innovations

- One of the first Russian programmes to integrate cost-effective WHO-recommended TB control strategies into the existing structure
- Social and personal support for indigent patients and discharged prisoners
- The first Russian programme to embark on drug-resistant TB therapy

### Local capacity building

- Developing Tomsk Regional TB Training Centre
- Providing creative TB education for the general public
- Increasing pharmaceutical control capacity and laboratory management



## TAJIKISTAN (2)

Where Khatlon Region; Pjangan River Islands

Programmes *Access to healthcare in the poorest areas of Khatlon Oblast; Roll Back Malaria; Refugee health in the Pjangan River Islands*

Target population 2 million

### Unique work with Afghan Refugees

We are the only NGO providing health care to 10,000 Afghans stranded on two Pjangan River islands

### Achievements

- 81 health centres are being provided with free drugs to combat infectious diseases
- A TB control programme is being developed at the request of the Tajik Ministry of Health
- A malaria prevalence survey has been conducted in six regions

### Local capacity building

- We have distributed community education materials in six regions
- We have supplied laboratory equipment and trained local health professionals



Training in Tajikistan





Congolese children

### EAST TIMOR (3)

**Where** All thirteen districts  
**Programme** *Emergency control of malaria and other vector-borne diseases*  
**Target population** 876,000

#### Achievements

- We were invited by WHO to co-ordinate all anti-malaria activities in East Timor – the first time an NGO has been entrusted with such a role
- Six malaria surveys were conducted and several drug-effectiveness research projects have been completed
- Health centres have been equipped and 10,000 nets have been stockpiled for emergencies

#### Local capacity building

- Staff trained in each district in selective spraying and microscopy

### SERBIA (5)

**Where** *Belgrade*  
**Programme** *Emergency supplies to vulnerable families; Rehabilitation of Public Health Facilities*  
**Target Population** 1 million

#### Achievements

- We have been working with a local NGO, *Bread of Life* and have distributed food and hygiene parcels to 100,000 people, including refugees from Bosnia and Croatia and people from Kosovo
- We are supplying four of the largest Belgrade hospitals with basic supplies and technical medical repairs

#### Local capacity building

- The partner NGO, *Bread of Life*, receives financial and managerial support, logistical know-how, resources, fundraising and training in implementing programmes to international standards



### INDIA (4)

**Where** Gujarat, Kachchh District  
**Programme** *Post-Earthquake rehabilitation in Gujarat*  
**Target Population** 50,000

#### Achievements

- As a DEC partner, and following a rapid assessment of health needs, Merlin's team has constructed new or rehabilitated old health facilities, providing fourteen health centres, a maternity ward, a blood bank and Ministry of Health offices in Bhuj
- A comprehensive hygiene education programme has been provided as one of the most effective anti-disease measures
- Creative street-theatre shows have been used to attract a large number of the population, especially children

#### Local capacity building

- We have trained local staff to continue the health programmes after Merlin's exit from India
- Surveillance programmes will assist in detection and control of water-borne disease when the monsoon season arrives

### ALBANIA (6)

**Where** Tirana  
**Programme** *Rehabilitation of Public Health Facilities*  
**Target population** 1.5 million

#### Achievements

- Six laboratories have been re-constructed and supplied with new equipment

#### Local capacity building

- Training of health staff for six public health laboratories



# Merlin's world

## GUINEA (1)

Where Kissidougou and Dabola districts

Programme *Anti-malaria programme in refugee camps*

Target Population 80,000

### Achievements

- We have been invited by WHO to help prevent the spread of malaria in special refugee camps built away from fighting areas
- Merlin staff have been deployed to spray camps before refugees arrive – a pre-emptive anti-malaria method not used before

### Local capacity building

- Local spray teams are being recruited and trained (50 people)
- Merlin is working with partners to minimise mosquito breeding sites through improved drainage
- 131 local health workers have been trained in malaria case management
- Community education is provided to encourage prompt recognition of malaria symptoms

## SIERRA LEONE (2)

Where Freetown area and Kenema District

Programme *Health and nutritional support for the war affected population; Malaria control programme, Lassa fever ward*

Target population 1 million

### Achievements

- Support of a paediatric ward, fourteen peripheral health units, four emergency clinics and mobile units
- Health provision to three Internally Displaced People's camps (35,000 people)
- 35,000 children were immunised against measles
- Running a unique Lassa Fever ward

### Local capacity building

- Disease prevention training for local health personnel
- Community education about Lassa Fever prevention
- Enhancing understanding and disseminating the NGO Code of Conduct to make aid efforts more efficient

## LIBERIA (3)

Where Nimba County, Grand Bassa and River Cess

Programme *Disease control for indigenous communities and refugees*

Target population 1 million

### Achievements

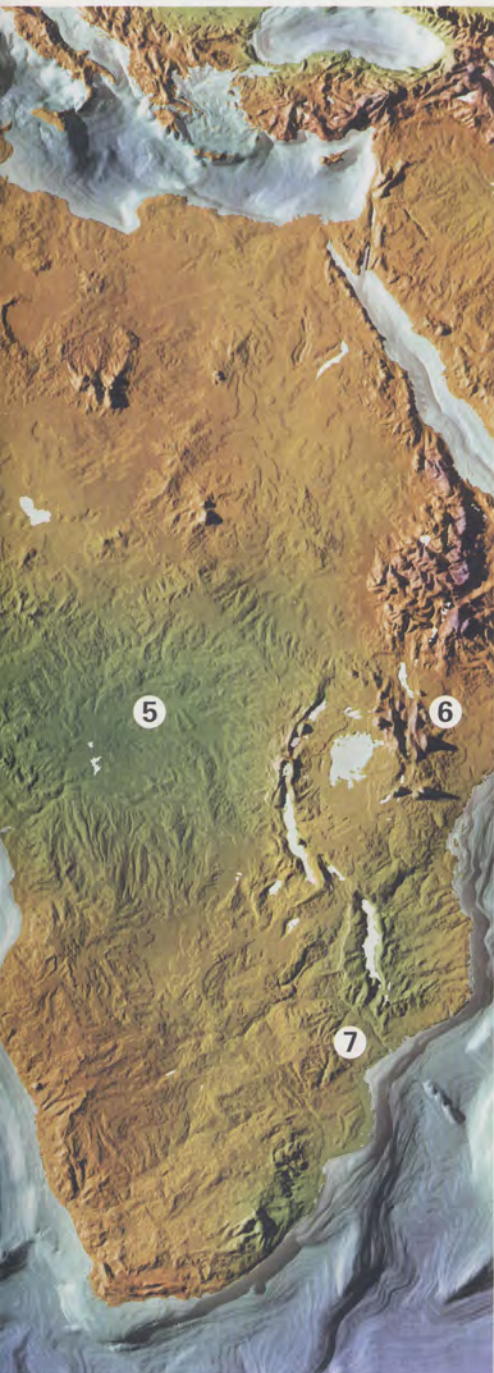
- 149 community health workers have been trained. They have been given bicycles to reach remote villages – this network fought yellow fever and eight measles epidemics in just one year
- Over 27,000 mosquito nets distributed using a new concept of cost sharing
- Healthcare provided to Sierra Leonean refugees in Liberian camps
- Reproductive health programmes have been started

### Local capacity building

- Health education has been provided to 4,000 people
- 856 traditionally trained midwives and birth attendants had refresher courses







#### **NIGERIA (4)**

Where Nassarawa and Plateau States  
Programme *Response to a Lassa  
Fever Outbreak*

##### **Achievements**

- As the only NGO specialising in Lassa Fever treatment, Merlin was invited by WHO to perform an outbreak investigation and supply essential drugs
- Nigerian health requirements have been assessed in four states and the report disseminated in order to stimulate assistance

##### **Local capacity building**

- We are sharing the results of investigations and proposed plans with the local health authorities and the Federal Ministry of Health

#### **KENYA (6)**

Where Kisii and Gucha, Nyanza Province  
Programme  
*Malaria prevention programme*  
Target Population 1 million

##### **Achievements**

- Rapid assessment was carried out to define the local malaria strain
- 66,500 houses were sprayed by 20 locally trained sprayers
- 300,000 protective bednets were distributed
- 46,000 people were treated in 142 locations

##### **Local capacity building**

- Merlin is training Ministry of Health staff in malaria diagnostics, surveillance and the management of outbreaks
- We have mobilised 52 local community groups to develop malaria awareness

#### **EAST DEMOCRATIC REPUBLIC OF CONGO (5)**

Where Maniema Province and  
Kasai Oriental

Programme *Health assistance  
to war affected population*

Target population 800,000 people  
including 30,000 Internally Displaced  
People (IDPs)

##### **Achievements**

- Maintaining emergency capacity to fight epidemics of malaria, measles and cholera
- Supporting a network of 72 community health centres and six district hospitals
- Assessing health needs and providing care to local and IDP communities

##### **Local capacity building**

- *Safe Motherhood* classes in fifty-two health centres to improve pre and antenatal care
- Supporting the District Health Management

#### **MOZAMBIQUE (7)**

Where Sofala Province

Programme *Emergency assistance to  
flood affected population in Sofala Province*  
Target population 250,000 people

##### **Achievements**

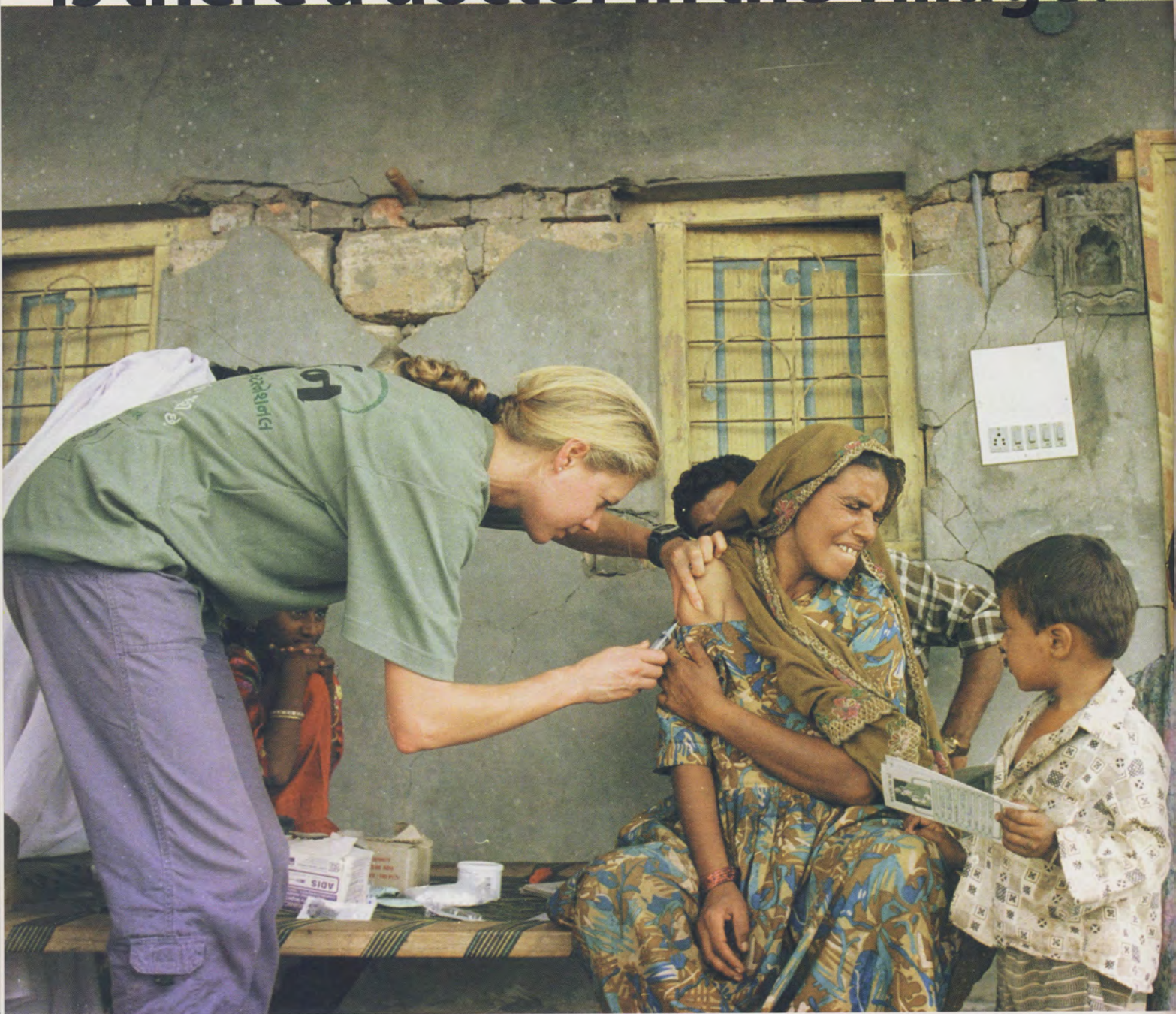
- Re-vitalising 35 health facilities and setting a new health post for IDP
- Providing free drugs, clean water and latrines
- Managing healthcare provision for the IDP settlers in the Guara-Guara camp

##### **Local capacity building**

- Health and hygiene community education in six urban districts



# Is there a doctor in the village?



*Stephanie Cook visiting post-earthquake Gujarat*





On 26 January 2001, a major earthquake occurred north east of the city of Bhuj, one of the poorest areas in the state of Gujarat, India, killing over 20,000 people and damaging homes, schools, and hospitals. Six months later, two days after winning the World Championships, the Olympic Gold Medallist Dr Stephanie Cook travelled to the region to promote Merlin's role in the relief effort. A strong supporter of Merlin, Stephanie is a fully qualified doctor and started back in a West Country hospital the day after returning from India. In her own words, she recounts her eight days between jobs:

**Monday 23 July** – I set off from London this morning to begin my next adventure, the perfect way to spend my transition period in going from international athlete to doctor. I was looking forward to seeing how Merlin was re-establishing health facilities and promoting health and hygiene in the aftermath of the disaster.

**Tuesday 24 July** – I arrived in Bhuj this morning and started to see for the first time the impact of the earthquake – piles of rubble and gaping cracks in the walls of anything left standing. There was no time for rest as a hygiene promotion slide show was put on tonight and attracted quite a gathering. It was all a rather surreal experience to go from standing on the top of the podium in Somerset to being in an earthquake stricken village.

**Wednesday 25 July** – In the morning it was off to visit one of the local doctors, on call 24 hours a day for about 10,000 people. Our arrival drew a large crowd once more and the clinic was soon back in action with me lending a hand. There seemed to be some confusion over my identity as a few cries of Steffi Graf were heard – I guess tennis is somewhat better known than modern pentathlon in India!

**Thursday 26 July** – Distributing chlorine tablets and educating groups on hygiene issues using flip charts comprised today's activities. One of the main problems is diarrhoea, due to unclean water, but a lack of latrines, and cultural resistance to using them, results in and spreads infection. We also met up with the midwife, and soon the area was awash with screaming kids – how do they know you're about to stick a needle in them?

**Friday 27 July** – I was by now getting to know the local staff, many of whom narrowly escaped death and lost their livelihoods. What struck me most about the people I've met so far has been their optimism, and even though many of the families lost virtually everything, the communities are working together to rebuild their lives.

**Saturday 28 July** – An urgent repair to one of the temporary water supplies showed me that it is so easy to take clean water for granted. It is not until it is unavailable that you realise how difficult it can be to supply the most fundamental things in life. Tonight, we reinforced hygiene messages through street theatre, presenting a family's story and demonstrating how simple measures like covering food to prevent flies and mosquitoes getting to it, help to prevent the spread of disease.

**Sunday 29 July** – The entire Merlin team and their families headed to the beach. This regular trip emphasised to me the importance of rest and relaxation time where there is the temptation to be working around the clock to achieve the necessary work.

**Monday 30 July** – The last day of my journey, I am never good at saying goodbyes and leaving Bhuj was an emotional occasion. I had not expected to have become quite so involved in so many people's lives in just a week. I am looking forward to becoming a practising doctor again and hope that in the future I will have the chance to work for Merlin and help people rebuild their lives in the aftermath of crises such as this around the world.





# Does Igor have a hope?



Igor is a tall, slim guy with dark sad eyes. He is 25 and thinks that he will die soon. Igor is HIV positive, has recently developed TB and lives in the Special TB Penal Colony in the Siberian town of Tomsk.

Tomsk could be romantic if it weren't so industrial, but the surrounding countryside is beautiful. It gets very cold in the winter, sometimes  $-40^{\circ}\text{C}$  when daylight is very short in this snowy town. Tomsk has been fighting TB since the time of the Czars when white camomiles were used as a symbol of tuberculosis. *White Camomile Actions* are undertaken by those who now fight TB, the disease that is fast becoming a formidable enemy – it has increased by 42% since the collapse of communism; it infects a quarter of a million people every year; and recently drug-resistant strains developed, which are expensive and difficult to treat.

Igor is one of the victims. He says his story is typical. He grew up in nearby Tumen in a family of hard-working, decent people, qualified as a carpenter and, like many Russian men, spent three years in the army. On his return he was unemployed for several months, helping around the house, but then found a job at a furniture factory.

Getting a job has been a major event in Russia in recent years. A salary makes you sociable, it brings self-esteem, popularity, friends, and the ability to go out. Like many others, Igor was introduced to drugs by 'friends', and looking back now, he says that they had an entire system of psychological methods to strengthen the addiction. The ball started rolling: first Igor took drugs in solitude, then – started sharing needles with other people. When his boss discovered the addiction he was fired. The power of addiction is strong – he stole, robbed people on the street and led a life which inevitably landed him in court. The sentence was serious – 10 years imprisonment. Eight months later, Igor was found to be HIV positive, and then, as so often happens to people with lowered resistance in overcrowded conditions, he caught tuberculosis.

It is very difficult for Igor to come to terms with his infection and his life. Igor knows that, by the time he leaves prison there is a fair chance his tuberculosis will be cured but almost none at all that any treatment for his HIV infection will be available to him.

A Russian prison is a harsh place – "life is not your auntie" say Russian prisoners grimly. Traditionally, prison wardens do not pussyfoot around inmates: there are very few people to talk to, even fewer people who understand; there is very little money and Russians often want to spend their sparse funds on something 'nice' – such as children or schools. It takes a whole new way of looking at things to see the human tragedies in the thousands like Igor, truly victims of economic and social circumstances far beyond their control.

Merlin and its partners in Tomsk, the new generation of health and social workers who care, are committed to improving the life of civilians and prisoner patients and arresting the spread of TB. Laboratories are improved, diagnostic methods become more effective, children at school are taught how to better protect themselves, health professionals are trained, and people like Igor are supported by social workers and community nurses specifically employed by Merlin and its partners.

Perhaps Igor has something to hope for after all.





*"Doctor" Harun*

# The champion who never was

Harun was a Kung Fu teacher who had the skill and dream to go to the world championships. Instead he had to leave Afghanistan's capital, Kabul, in a hurry when in 1997 Taliban military forces stormed the city.

He made his way north to Mazar-I-Sharif, held by the anti-Taliban Northern Alliance and was harried further to Kunduz province. Then in September 2000 the Taliban arrived again – causing him and 80,000 others to flee once more, 10,000 heading towards Tajikistan.

They all ran in their summer clothes, with whatever food they could carry, as far as they could go. As the Taliban entrenched in their former villages the people came up against the Pjäng River. In the middle were flat mud and grass islands used for grazing and on the far bank the cliffs of southern Tajikistan. With firefights behind, the only option was to move forwards. Floating on rafts and using whatever small boats they could, over 10,000 people including children and old people struggled to no-mans-land in the river.

They hoped to go on again and then return home when the fighting died down. However, while the Taliban came within range to take pot shots and send over rocket grenades, the way to Tajikistan remained closed.

Harun, an educated man, wished that he had followed his brothers to Germany or Russia when he still had the chance. Instead what everyone had hoped would be a short flight from danger became a grinding nightmare. The winter drew in, and the thin clothes seemed very thin. Temperatures dropped, snow fell and food supplies dwindled. Then the snows thawed and the ground became mud. Babies were born; old people shivered; some began to die and many fell ill. Some blankets and food came from the international community, and then stopped – there was concern that combatants had intermingled in one of the other camps.

Food distribution did recommence to the most vulnerable, but it was down to people like Harun to use their skills to keep people going. He started a school for 300 boys and girls and literacy classes for adults. His language skills came into their own when Merlin gained permission from the regional authorities in October 2000 to send health teams to the islands from the Tajik side. They wanted to check the health of the people, to give the children injections against disease and to care for the sick. Harun was able to help organise his people and Merlin.

Now the refugees call him "Doctor" Harun – because Merlin staff – only permitted to come on day visits – have trained him to do the simple tasks; to be able to treat common causes of sickness such as diarrhoea and keep records. He has been left stocks of medicines and dressings to dish out from his second grass hut dispensary. The first was burned by a direct hit from a Taliban shell.

Harun is still there, so are 10,000 people, and the second winter is coming. No one feels safe to go home but this time natural fortitude is lower from a year of poor and scant food. Merlin, for months the only agency assisting with healthcare on the islands, will keep on visiting for as long as it takes and reminding the world of what is going on while the UN seeks a long term solution.

*Afghans stranded for ten months in the middle of the Pjäng River*







Dr Conteh

# Dr Conteh – Lassa Fever Fighter

In 1996 doctors in Kenema, eastern Sierra Leone did not recognise what illness was killing some patients in a particularly distressing way. Fortunately for local people and thousands of refugees, Dr Aneru Conteh did know – he had last seen it in Segbwema, a town that had been behind rebel lines for several years.

Dr Conteh is internationally respected, but nowhere more than in Kenema where people know what can happen without his treatment. The disease is Lassa fever – a highly contagious and virulent virus that can lead to haemorrhage, coma and death. It is particularly severe in pregnant women, who usually lose their baby before they sometimes get better. Around 30% of people who do survive lose their hearing. Lassa fever spreads from the Mastomys rat to humans and can spread from human to human. As Dr Conteh told Merlin staff “If you have a bruise or scratch and touch a rat, it will infect. If a nurse has bare hands she can catch Lassa. Relatives who nurse at home are all at risk from Lassa.”

Dr Conteh has devoted 20 years of his professional life to caring for Lassa fever patients in his home region, on the only specialist Lassa isolation ward in Africa, in Kenema Hospital. His fight has been at great personal risk and cost, on two fronts – with the virus and with gunmen.

“At one time I fell sick with Lassa fever. I caught it treating patients outside of the Lassa ward. I knew what I had – I had the signs of Lassa, and other staff confirmed it. I behaved abnormally, knocking all of my papers across the room. I went straight on to treatment and it was three to four weeks before I recovered. Then I went straight back into work as I was the only doctor”.

Sierra Leone's civil war has hindered patients from getting to hospital, increasing fatalities. Movement of people due to fighting has helped extend Lassa to new areas around Kenema, where overcrowding makes it harder to isolate and control the disease.

“On one occasion” said Dr Conteh “the war was so intense in Kenema that I had to walk out of the town, for a distance of thirty-nine miles, leaving my things – all of them – in the house. The vehicle we had been using to bring Lassa patients to hospital was taken away. All the communications, like the radio set were also taken and some of the drugs.”

After this Dr Conteh's only option was to start again. Some resources can only be replaced with outside help. The needs will grow. As the rebel forces in Sierra Leone disarm, increased numbers of Lassa patients will come in from the bush and Dr Conteh is still one of only a few who know what to do.

Merlin has supported the fight against Lassa since 1996, in Sierra Leone, Liberia and Nigeria. We maintain the isolation ward, provide community education, train nursing staff and are currently seeking funds to construct a laboratory that will enable rapid diagnosis in Kenema and the field, greatly supporting the work of the clinical staff and assisting in efforts to find a cure.

Sierra Leone



Sierra Leone





# Finance report

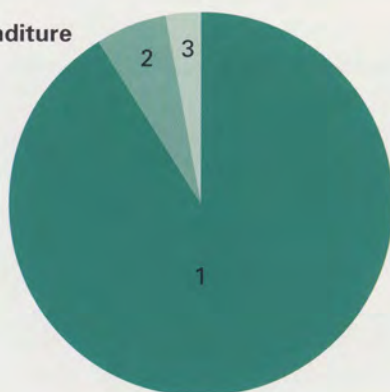
Programme expenditure by location	£000's
Albania	578
Democratic Republic of Congo	752
East Timor	372
Kenya	391
Liberia	606
Mozambique	260
Siberia	228
Sierra Leone	1,596
Tajikistan	277
Yugoslavia	162
Others	77
<b>Total programme expenditure</b>	<b>5,299</b>

Total Income	£000's
Donations and gifts	904
Field operations grants	5,584
Interest receivable	8
<b>Total</b>	<b>6,496</b>

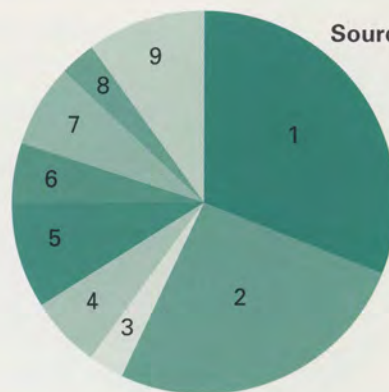
Total expenditure	£000's	%
Direct Charitable expenditure (1)	6,100	91%
Management and administration (2)	391	6%
Fundraising and publicity (3)	214	3%
<b>Total</b>	<b>6,705</b>	<b>100%</b>

Source of income in 2000		
European Union (1)	2,001,703	31%
US Government (2)	1,696,389	26%
British Government (3)	214,526	3%
Dutch Government (4)	377,598	6%
Disasters Emergency Committee (5)	551,284	9%
WHO (6)	330,576	5%
Others (7)	470,043	7%
The Community Fund (8)	180,929	3%
Donations and grants (9)	664,844	10%
Interest receivable	8,205	0%
<b>Total</b>	<b>6,496,097</b>	<b>100%</b>

Total expenditure



Source of income in 2000



The above information is extracted from the financial statements for 2000, copies of which are available from the Company Secretary, Merlin, 5-13 Trinity Street, London SE1 1DB.

The financial statements were audited by Littlejohn Frazer, Chartered Accountants and Registered Auditors, whose report was unqualified.

Merlin (Medical Emergency Relief International) is a registered charity no. 1016607.

Merlin Board Limited is a company limited by guarantee, Company no. 2823935.

Registered company address: 95 Aldwych, London WC2B 4JF. Financial statements for 2001 will be available in mid-2002.







1

# Get involved

Fundraising events this year:

- a 20-legged centipede from Cranfield University ran the London Marathon and then followed it up by sailing the seven seas (well, the Solent...) (1 & 2)
- the staff of St. Mary's School, Cambridge, walked the wilds of Norfolk (3)
- residents of the Harrison Homes drank their way through six soup lunches (4)
- *Merlin's New Horizons*  
Stephanie Cook MBE at Merlin's 2001 Annual General Conference (5)
- St. Cuthbert's Lorton Parochial Church Council held a harvest festival



2

**Here are some suggestions if you'd like to get involved in fundraising for Merlin:**

- **something social**  
hold a tea party, coffee morning, barbecue, bring-and-buy sale, auction
- **something together**  
with your local rotary club, church, youth club, community group
- **something at work**  
donate through your payroll, bad hair/tie day, dress down
- **something with work**  
be sponsored by suppliers, get your company to match your fundraising
- **something active**  
jump from an aeroplane, wash cars
- **something sponsored**  
slim, bike ride, swim, silence
- **something fun**  
fancy dress pub crawl, head shave, disco, race night, carol singing, karaoke, fashion show, quiz night
- **something informative**  
give a talk, link your website to ours
- **something sporty**  
football tournament, golf day



3



4

To make a donation, or to find out the many ways in which you or your organisation can support Merlin, call **020 7378 4888** or email **[fundraising@merlin.org.uk](mailto:fundraising@merlin.org.uk)**



5

**Original photography:**  
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Lindsey Lorkin, Valerie Powell,  
St. Mary's School, Cambridge.

Designed by **23red**.



# Thank you

to everyone who supported us in 2000 and 2001.



Liberia

Ashden Trust	Jersey Overseas Aid (JOA)
Australian Agency for International Development (AUSAID)	JJ Charitable Trust
Australians Caring for Refugees (AUSTCARE)	JMC Airlines
AXA Provincial Insurance plc	KeyMed
Bernard Sunley Charitable Foundation	King's Fund
Richard Bernstein	Ernest Kleinwort Charitable Trust
British Leprosy Relief	Heinz & Anna Kroch Foundation
Burdens Charitable Foundation	Beatrice Laing Trust
Cap Gemini Ernst & Young	Eric Laux
Capital International Ltd	Mark Leonard Trust
Centipede Running Club and Cranfield MBA students	Doris Lessing
Christadelphian Samaritan Fund	Lonely Planet
Charities Advisory Trust	E M MacAndrew Trust
Community Fund (National Lottery Charities Board)	James M McNab Trust
Concern	Man Group plc (E D & F Man Charitable Trust)
Control Risks Group	Mercy Corps
Cotton Trust	Merrill Lynch
Stephanie Cook MBE	Monks Walk School
Jim Crawford	Morel Trust
Department for International Development (DfID)	Netherlands Ministry for Foreign Affairs
Department of Health	News International plc
DHL International (UK) Limited	Newstead Charity
Disasters Emergency Committee (DEC)	Paget Charitable Trust
Echo International Health Services Ltd	Parthenon Trust
The Economist	Perpetual Investment Management Services Ltd
John Ellerman Foundation	Redwave Films Ltd
European Commission Directorate-General for Development (DGVIII)	Rotary Club of Wolverhampton St George's
European Commission Humanitarian Aid Office (ECHO)	Russell & Mary Foreman 1980 Charitable Trust
Eurovestech plc	Silk Route Girls
Evergreen Foundation	Trudie Sumner
Charles Ewald	TCA Synergo Limited
Government of Finland	Thomson Corporation Charitable Trust
Colin & Anna Frizzell Charitable Trust	Trusthouse Charitable Foundation
Garnet Charitable Trust	23red Ltd
GOAL	Douglas Turner Trust
Golden Bottle Trust	Union Aid Abroad (APHEDA)
Constance Green Foundation	United Nations High Commission for Refugees (UNHCR)
Lennox Hannay Charitable Trust	United Society for the Propagation of the Gospel
Headley Trust	US Agency for International Development (USAID)
Hedley Foundation	US Office of Foreign Disaster Assistance (OFDA)
HSA (Hospital Savings Association)	Virgin One
HSBC Holdings plc	RJ & HR Wheeler
Inverforth Charitable Trust	World Health Organisation (WHO)
JAR Charitable Trust	





*The future of Gujarat*



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