



10 years and counting

What the future holds

Merlin's tenth anniversary is a time for reflecting on what has been achieved but more importantly it is an opportunity to look to the future. Merlin has grown very quickly and it is an exciting time for the organisation as we look to build on our successes, learn from our mistakes and continue our good work.

Geoff Prescott joined Merlin as Chief Executive in January 2002. As he approaches the end of his first year at the helm he talked to Response about the past twelve months and about at where Merlin goes from here.

How would you describe your first year with Merlin?

My first year has been exciting, extremely interesting and really quite pleasurable. I think it has seen quite a change around in the way that management processes have been organised.

One of the most interesting things has been in terms of the humanitarian work we do. We have shown that we have the ability to expand the number of places we work and also the number of exploratory assessment missions we have been able to do. Going to places such as; Burkina Faso, Angola, Somalia, Guinea and Malawi all suggest that

we have been very active. We have also added Georgia and the Palestinian Occupied Territories to our programme list. We've been busy and by the end of the year we also hope to be able to get into Iraq, Nepal and Ethiopia.

In 2002 we have had a larger financial turnover than ever before and with the hard work done on putting new systems and formats in place it looks as though we can continue this trend, bringing in more money and running more programmes. We have a good team of people in the field and in the office and we have the right skills and attributes to do a good job. There is a very clear direction within the organisation of where we want to be going and a lot of people here have put in a huge amount of time and effort to get us there.

What are the immediate plans and the issues to address in the near future?

We plan to have a big drive to attract more funds from independent sources in the next 18 months. In the future, ECHO (European Commission's Humanitarian Aid Office) and other institutional government-based donors [who fund contracts for the majority of Merlin's programmes] would like to start to link the size of contracts for pro-

grammes with the amount of reserves [private unattached money] that the organisation has. Therefore, it is essential that we push to build these up substantially and the only way to do this is through independent funding from individuals, companies and trusts.

On a humanitarian level it is important to be more and more detached from political agendas. The biggest challenge facing us, and the rest of the humanitarian world, is being affected by the compromise between the mission and the political demands that we are all put under. One of these is the issue of the military getting closely involved in aid operations which then compromises our impartiality. To deal with this, we concentrate on our humanitarian principles. Our duty is to save lives and alleviate suffering and we stick to this making our own decisions based on our own assessments and try to be impartial and neutral. We don't take sides, our only concern is the beneficiaries who are suffering and we therefore don't get involved with the politics. Neutrality has become quite unfashionable over the years and people have been taking sides more and more.

Profile building is another key thing for Merlin at the moment. I think a high profile is important for a number of reasons: The higher profile you have the more

effect and credible your advocacy will be. Profile can draw attention to the wider picture beyond our shores and make the public more aware and raise its consciousness. Ultimately profile goes hand in hand with money and the more we are known to be doing a good job, the more independent funding and support we will gain. In the past profile hasn't been a priority, but there is a clearer idea now that profile building is an integral part of what we are doing.

Where would you like to see Merlin in one and five years time?

In one year, a whole lot richer and in five years, even more better off. It sounds cynical but because our systems, processes, people and ability are already there, the amount of funding we get is the main thing that underlies and can change everything. The more we have, the more secure our future will be and the more we can do. In five years we would like to be at the stage where at least 50% (at present under 15% of our funding comes from these sources) of all our projects are being paid for by independent funding, giving us greater independence and therefore the ability to better serve our beneficiaries.

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Merlin - the early years

Merlin's first programmes were in the war-torn countries of Sarajevo and Nagorno-Karabakh in 1993. Since then Merlin teams have worked in over 30 countries, providing primary health care, fighting diseases and rehabilitating health infrastructures.

Nicholas Mellor, a founder who still plays an active role as a trustee, gives us his personal account of the birth of Merlin.

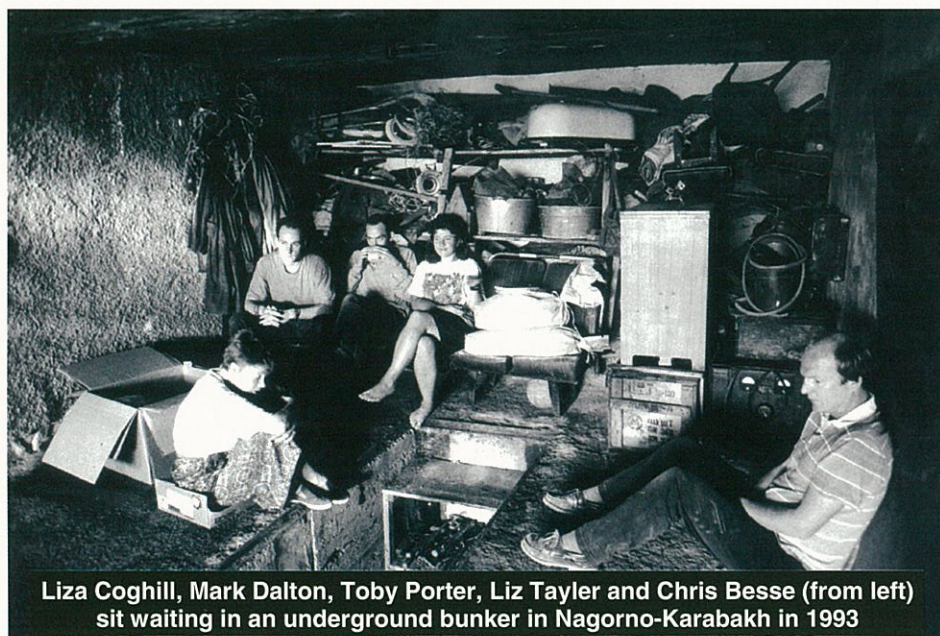
It was 1980, the start of a monsoon and a queue of TB patients had formed outside the Red Cross hospital in the rain. Two Australian doctors had taken the last six months off work to volunteer in this hospital in Dharamsala, in the foothills of the Himalayas. Here many Tibetan refugees continued to eke out a living, having fled into India in the face of the Chinese invasion of Tibet 30 years earlier. On my way to join them I had stood in Kabul airport on a stop-over flight and witnessed the build up of Russian forces in Afghanistan. I left wondering what would happen to the Afghan refugees that had just begun to flood into Pakistan.

Four years later I returned to Afghanistan, this time with a French team working on a vaccination programme in the parts of the country controlled by the Mujedhedins. The Mujedhedins and villagers helped run secret supply routes into the country and provided protection for the doctors, nurses and others who set off to work from caves and huts hidden in the mountains. The lasting impression from this trip was of the courage, dignity and hospitality of the people we lived amongst and whose lives we shared for a few months, before returning to the peace and stability of the world outside Afghanistan's borders.

It was as humbling as it was inspiring. It was an affirmation of the fact that where there is life there is hope. Strangers wherever we worked came to offer us whatever food they had, or the safety of a corner of their mosque to sleep in. It was striking how their concern was not what they could receive from us, but what they could give. With little food or medicine, it was disease that was taking a much greater toll than the trauma of war. Their resilience in the face of such suffering made the question of 'why so little was being done for them?' even more pressing.

The answer lay partly in the difficulty of operating in such places and partly in the lack of an organisation in Britain dedicated to responding to such medical crises. It was not for lack of people prepared to undertake such missions. Other people also recognised the need. Christopher Besse, with whom I set out for Bucharest during the revolution in Christmas of 1989 taking a vanload of surgical supplies, was one of them. The mission was arranged on the spur of the moment and lasted just two weeks, but it changed our lives.

Three years later we both found ourselves working in Kurdistan where we met Mark Dalton – a logistics expert who had spent much of his life working on relief operations and also shared our vision. Once again we were humbled and inspired by the courage and resourcefulness of the people we were working with. One of them was Emad, a Kurdish refugee who worked in the clinic in the refugee camp. He had fled his village in Iraq, with his father, mother, young sister and fiancée for the relative security of Iran. His four brothers were dead or imprisoned in Baghdad. They set off to cross the mountains into Iran. Their journey lasted four weeks with little food and no protection from the cold nights. He had watched his own village being burnt and then his group of refugees found themselves bombed as they fled towards the Iranian frontier. But it was the cold that took the greatest toll. Emad's mother, sister and fiancée died on the way. His father died a week after they reached a refugee camp in Iran. Emad heard of the arrival of a medical team, and offered to work as a translator and porter, caring for the survivors. People like Emad embodied the triumph of the human spirit of men, women and children in war zones, suffering from hunger, disease, displacement and often in constant danger of death. When Christopher, Mark and I left Iran, we resolved to set up Merlin to serve and work for such people and to provide a channel for people to volunteer their skills where it matters most.



Liza Coghill, Mark Dalton, Toby Porter, Liz Tayler and Chris Besse (from left) sit waiting in an underground bunker in Nagorno-Karabakh in 1993

The seeds of Merlin had been sown in many places, from Dharamsala and Kabul to Kurdistan, and by many people: Those two Australian doctors, Christopher Besse, Anne Spoerry (who had pioneered the flying doctor service in East Africa) and Caroline Cox whose advocacy and relief work with Christian Solidarity International has been an enormous inspiration to us all.

In 1993 Merlin was set up, with the support of Caroline Cox, Diana Barran and Martin Griffiths as trustees. We sought to provide a lifeline to the most vulnerable whose life may be endangered by conflict, disease or natural disasters that offers both compassion and competence, and to reach out 'always a little further'.

Merlin's role in fighting wars

When we think about war, we tend to think about the horrors of killing. But with the exception of genocide, where the intention is to try and kill everybody, in most wars more people die from war than are killed in fighting.

Here we go, I hear you say, yet another academic playing with words. But the difference between dying and being killed in war is an important one. Recognising this distinction is at the heart of Merlin's mission and shapes its particular humanitarian contribution in armed conflicts.

Reports of terrible massacres and atrocities are how we tend to hear about death and suffering in war. Many thousands of people are murdered in this way in today's wars and such images may lead us to assume that most people who die in war are killed. But the truth is usually rather different in African and Asian civil wars.

Most of what medics call the "excess mortality" resulting from these wars comes not from direct violent attacks but the indirect impact of these policies of massacre and atrocity. This kind of violence is deliberately intended to terrify, disperse and dispossess the civilian population. If you and your family were ever unlucky enough to experience such a war, it is far more likely that you would be made to die rather than be killed.



So how would you be made to die? First you might be forced from your home or have your home and your assets destroyed or looted. Then you would have to move and flee to safety, sometimes more than once. Usually, you would be moving along with many others and finally congregate in terrible conditions in some make-shift camp. Destitute and deprived of your livelihood, your impoverishment would be extremely fast. The unsanitary conditions of your flight and displacement would rapidly combine with your increased poverty to put you and your family's health at risk from infectious diseases and hunger.

If you were able to stay in your home, it is likely that your livelihood would still be seriously affected. If not actually destitute, you would become increasingly impoverished and at risk of disease while the local clinics and hospitals that once gave you some support would be destroyed, abandoned or have no supplies.

The fact is that most wars are also public health emergencies and that destitution, impoverishment and disease usually kill more people than guns, bombs and machetes.

Merlin understands this truth. That is why its approach to health in war is so strategic. It seeks to address the public health emergency of war by getting close to the communities affected and working with them to repair and build up the health systems that can support them. This means disease control, vaccination and treatment. Above all, it means good on-going health management so that supplies and expertise from Merlin can be used by local authorities, medical staff and community leaders to sustain their own health services. And so, they need not be made to die by war.

It is one of the great strengths of Merlin that it has resolutely focused on this approach to public health in war. It has not sought a high profile role. Instead it has adopted a steady, long-term policy that accompanies war-torn communities as they face the potentially fatal health risks that violence has forced upon them.

The other great strength of Merlin is that it does not just see people's health in war as a medical problem. Merlin staff are not just health "tekies" who come and do a job. Much more than this, Merlin has developed a real humanitarian philosophy that drives its work and inspires its staff. This philosophy is based on the idea of human rights and the laws of war. These internationally agreed laws make it clear that those pursuing war and organised violence have obligations to the civilian population to maintain basic standards of humane treatment.

Merlin is quite clear that the devastating attack on people's health in so many wars is a violation of their human rights. As members of a humanitarian health agency, Merlin staff take their responsibilities seriously as advocates for people's rights in war - reporting violations and arguing for the warring parties' active respect for the standards of human rights and humanitarian law.

The last ten years have seen a massive rise in the number of international aid agencies and a significant increase in funding for humanitarian work in war. This growth has been accompanied by criticisms: that many of these NGOs are not professional enough; that they are not strategic in their approach but simply chase donors' money from one emergency to the next; that humanitarian aid can perpetuate war, and that much western aid is colonialism all over again and disempowers national and community initiatives.

Much of this is healthy criticism. Merlin seems constantly alert to it and is able to show that its commitment to people's health in war is consistent, empowering and long-term. Merlin currently estimates that its work covers the health of over ten million people. That is a lot of people who might have been made to die in war but who are still alive today.

Dr Hugo Slim is a Reader of International Humanitarianism at Oxford Brooks University and has recently joined Merlin as a patron.

A nine year impact on tuberculosis

Tuberculosis has been a major killer for many hundreds of years. The advent of antibiotics in the 1940's and 1950's was hailed as a major medical break through of the 20th century, and many believed that TB would soon be a disease of the past. However, after HIV/Aids, TB is still the leading infectious disease killer worldwide. It is responsible for 2-3 million avoidable deaths each year, and affects a further estimated 8 million people globally.

TB is a disease that disproportionately affects the poor and vulnerable— the homeless, the malnourished, drug addicts, HIV positive patients and the unemployed. Russia is included in the 22 high burden TB countries (which together account for 80% of cases worldwide), and there are particular problems within the prison sector.



A community health education class

Russia has a long tradition of TB control, and until the collapse of the Soviet Union in the early 1990's it was well funded, and TB rates were declining. However, by the mid 1990's TB rates were increasing at an alarming pace. Merlin began working on TB control in Tomsk Oblast, Western Siberia, in 1994 and were the first international non-governmental organisation to undertake such a programme in Russia. This is currently the longest running Merlin programme worldwide.

Throughout this programme we have worked closely with the Tomsk TB Services, the prison authorities, the federal ministries of Health and Justice, and Central TB Research Institute of the Russian Academy of Medical Sciences, to develop a strategy for TB control that is appropriate and acceptable. Together with our national and international partners we have developed a method of TB control that combines the best practices of traditional Russian approaches with the most appropriate aspects of the WHO (World Health Organisation) strategy for TB control, known as DOTS – Directly Observed Therapy, Short-Course. This programme became an official federal pilot project following endorsement by the Ministry of Health in 1997.

Much of the Tomsk programme is now focussed on non-clinical aspects of TB control, including personnel training, health education for patients and the general population, and social support. Merlin has been working with the local TB services to provide training courses in TB detection, diagnosis and treatment for general medical personnel, as they are often the first port of call when a patient feels unwell. As a result, the number of patients who are identified by the general medical services, and have been treated by them on an out-patient basis continues to rise in Tomsk, and is a model for other regions who are keen to increase cure rates.

Health education is another important activity that was introduced by Merlin and our local partners. People being aware of the signs and symptoms of TB is important in ensuring that patients can access the care that they need when they need it. Patients and their contacts want, and need, to know more about their illness and its treatment, and how to minimise the risks of infecting others. This also has

the added bonus of reducing the stigma that patients often face in the community.

Social support has proved vital in ensuring that the most vulnerable patients come for treatment. This involves offering basic food packages at the end of the week to those patients who have taken all of their doses of medication, counselling patients and their families, providing second hand clothing and shoes and looking for housing and employment. A particular success of the Tomsk TB control programme is the follow-up of prisoners who have been released while still having treatment. It is important that they continue to take their drugs for a full course of treatment (typically 6-9 months). They are offered counselling so that their social support needs can be met when they leave prison. Counselling and health education is also offered to family members and other contacts. As a result, more than 80% of ex-prisoners in Tomsk continue and finish their treatment upon release, compared to a follow-up rate of less than 40% before Merlin introduced this intervention in 1998. Furthermore, the success of this work has been widely adopted by other internationally supported TB programmes in Russia.

In 2001, Tomsk achieved another first in Russian TB control by starting an internationally recognised treatment programme for multi-drug resistant TB (MDR TB). MDR TB is an increasing problem in Russia, and is related to poor treatment and patient management (which occurred in the mid-1990's due to lack of drugs and other resources). It is significantly more complicated and expensive to treat. In 2000, the WHO set up an international expert panel, called the "Green Light Committee" to assess potential MDR TB treatment programmes, and to allow them to access the necessary drugs at vastly discounted prices. The Tomsk programme received "Green Light Committee" approval in March 2001, and became the first such programme to be approved in Russia, and one of only 6 approved programmes worldwide.

Merlin will leave Tomsk in Spring 2003, almost 9 years after we first started working there. We are leaving because we are no longer needed! The Tomsk TB Services are committed to sustaining and developing the programme further. They will be offering training to other regions based on their practical experience in implementing and developing TB control interventions.

Merlin is not stopping our work with TB, we will be using the experience that we have gained in Tomsk to develop similar programmes in Russia (in Nizhny Novgorod region) and other countries of the former Soviet Union, including Georgia and Tajikistan. We hope to continue our partnership with the Tomsk TB control programme as a training site for the whole region. So although the programme will close in March 2003, its impact and achievements will continue to influence good TB control elsewhere for many years to come.

New initiatives in the Middle East

Merlin has launched a project to provide health care to Palestinians in areas of the West Bank where movement is heavily restricted. This innovative programme is in response to the increasing health problems of much of the population who do not have access to medical facilities.

Merlin's programme, which is run in collaboration with MAP (Medical Aid for Palestinians), will provide access to health care for these vulnerable areas by supplying mobile medical teams facilitated by international medical staff, rehabilitating and restocking existing health centres and clinics and training local people in isolated villages to administer basic healthcare.

An assessment of the problems, carried out in May 2002, concluded that limited freedom to move and access health services is the main threat to health in the Palestinian Occupied Territories. While some urban areas seem well provided for, the rural districts, like those west of Ramallah, currently find it very difficult to leave isolated villages and travel to health facilities in the larger towns. Similarly, Palestinian health professionals, in most instances, are unable to travel from the towns to the villages. Access and freedom of movement is noticeably easier for foreign nationals.

The mobile teams will fill the present vacuum in health care provision and will offer essential services such as primary health care, maternal and child health support and basic emergency treatment. They will identify those in need of more specialised care and co-ordinate referral for them. There will also be a social worker as part of the team who will set up and facilitate community psychosocial programmes.

Most of the drugs needed for basic health care are generally available in central stocks but the provision of these essential medicines to rural health centres has been limited. Merlin international staff, with their increased access, will transport these supplies to the centres, equipping them for three to six months whilst two medical staff from each of these centres will be given a four week training course in emergency resuscitation and an updating of basic surgical skills used to stabilise patients.

Alex Brans, Merlin's Operations Manager for the Palestinian Occupied Territories, on returning from a visit to Ramallah said: "The competence of the Palestinian health professionals is not in question, the problem lies in the ability to physically carry out their jobs. It is important that international humanitarian health agencies, such as Merlin, maintain an impartial and neutral presence and assist in providing access to the people who would otherwise not be able to receive this service."

Merlin's Ramallah programme is the first of many plans to start working in new countries where there are clear health care crises, as we build on the successes of the last ten years and look to grow in the next ten.



A clinic on the outskirts of Ramallah



TB laboratory in Tomsk

Sam Perkins was the country manager for Russia for three years between 1999—2002.

Prince Harry shows support to Merlin

Merlin was the proud recipient of royal approval in September when Prince Harry made two public displays of support for our organisation and our work.

On Thursday 12th the young Prince joined Merlin at an activities morning in the Osmani School, Tower Hamlets. This was followed by the announcement that he was to donate the proceeds of the syndication of his official birthday photographs to Merlin.

A team of Merlin employees were at the Osmani School to run an educational programme for a class of 10 and 11 year olds. During the morning the children were given an insight into the plight of refugees in the countries where we work by visiting different activity stations. Prince Harry joined the class for almost an hour.

Three stations concentrated on the topics of health, water and hygiene and shelter and food. As well as having the issues described to them in a realistic and easy to understand manner the groups were all given the chance to take part in practical tasks. The activities saw the children, and the Prince, tasting 'plumpinut', a peanut paste fed to people who are suffering from malnutrition, climbing inside a mosquito net, carrying buckets of water on their heads and mixing and trying ORS a solution made up of sugar, salt and water given to children suffering from dehydration and diarrhoea.

Anna Moden, who helped organise the morning, said: "The whole thing seemed to go really well. The children looked like they were really enjoying themselves and seemed to be genuinely interested in by the stories and information they were hearing about. Prince Harry was fantastic, he joined in and was not afraid to take part in anything. He too looked like he was having fun."



As well as making visits to a number of charities to mark his 18th birthday, Prince Harry also had a selection of official portraits taken of him by photographer Mario Testino. These pictures were syndicated to the national and international media. It was later announced that the commission paid for the use of these would be donated to Merlin because the Prince wanted to support a small and little-known charity.

Merlin Chief Executive Geoff Prescott said: "We are greatly honoured by this recognition of our nine years of hard work away from the lime light, bringing health care to millions of people affected by wars and disease. To have the support of the Prince means a lot to everyone involved with Merlin and we hope he will continue to follow our progress as we celebrate our tenth anniversary in 2003."

Merlin's efficient reputation means that, like any other donation, the funds will go a long way towards providing healthcare to some of the worlds' most vulnerable people.

More pictures of the day at the Osmani School can be found on the Merlin Website www.merlin.org.uk



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So why should people support Merlin?

First of all it is because what we are doing is actually very good, it is an altruistic and intrinsic good. Secondly the quality of what we do is high - we are concentrated in our niche within health care. By supporting Merlin people are supporting an agency that is really focused on the health care issues. When people choose to support Merlin they are doing so with the knowledge that they are supporting a group of people who are themselves very committed to what they are doing. Not only are we focused but we are also highly efficient. There are not many humanitarian organisations that can boast spending 93 pence of every pound directly on programme costs.

Finally, from your recent perspective, how would you describe the first ten years?

I would say meteoric growth. Hopefully this will also be fitting for the next decade as well. From having two small missions in the first year to now ten years later to be in ten countries at the moment and to have been in a total of 30 altogether. I think that is quite remarkable in ten years and says a lot about the people who have been and are still involved with Merlin but also about the humanitarian needs that still exist throughout the world. Maybe my last point is a negative thing but it shows that there is a need for agencies such as ourselves, which is a shame actually.

Development team
development@merlin.org.uk

HOW CAN YOU HELP MERLIN?

Regular Giving

Setting up a monthly standing order provides security for Merlin with the knowledge that there will a certain amount of guaranteed independent funding.

Corporate giving

Recommend Merlin to your employers to be your company's 'charity of the year' or to invite us in to talk about the possibility of setting up a payroll giving scheme.

London Marathon

Merlin has a number of places in this years marathon. If you know anyone who would like to run and raise money for us then get in contact.

Get On-line

Providing us with your email address will not only save us on postage and printing costs but will also mean that you can receive monthly update sheets keeping you in the know about Merlin activities.

Fundraising events

Whether it is trekking across the Sahara or holding a community fete, arranging an event that can raise funds for Merlin is both fun and rewarding. If you think you can hold an event please contact the fundraising department.

Spread the word

It is important that Merlin increases our independent funding, so that we can continue to grow and be successful. You can help by introducing Merlin to your friends, relations and colleagues. If you would like us to send someone an information brochure then please let us know.

Work for us

Working for Merlin can be very rewarding. Either working as a volunteer in our London office or going out to one of our programmes as a doctor, nurse, accountant or logistician.

Merlin, 5-13 Trinity Street, Borough, London, SE1 1DB
Tel: 020 7378 4888 Fax: 020 7378 4899
Email: hq@merlin.org.uk www.merlin.org.uk