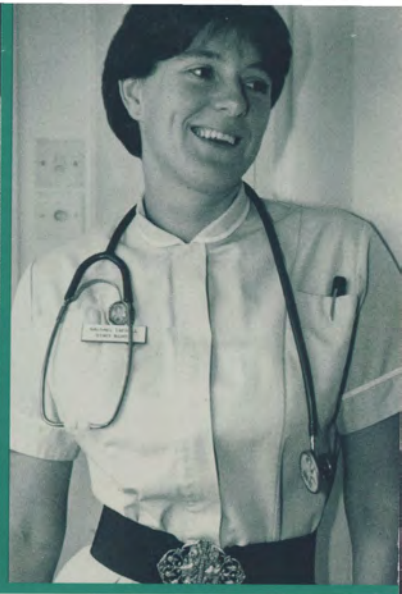
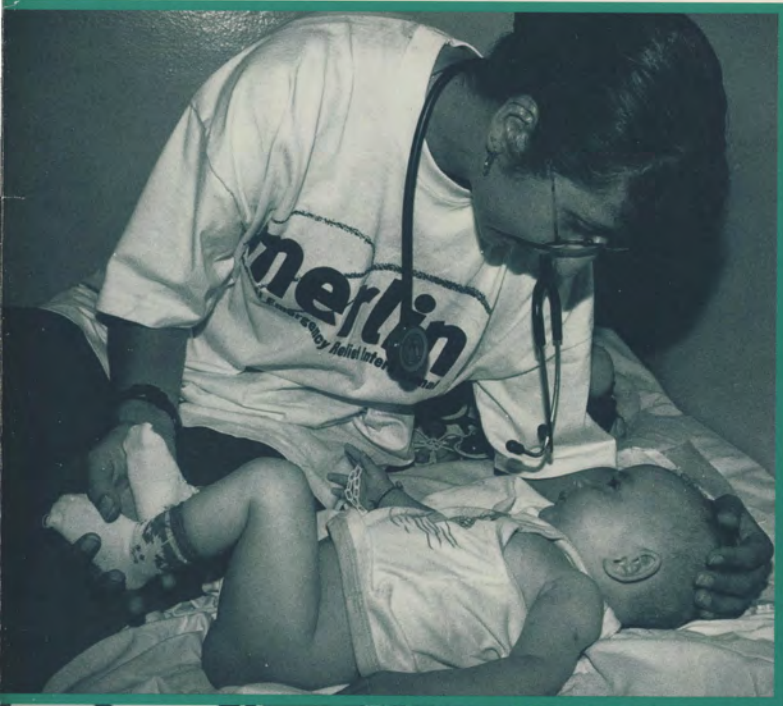
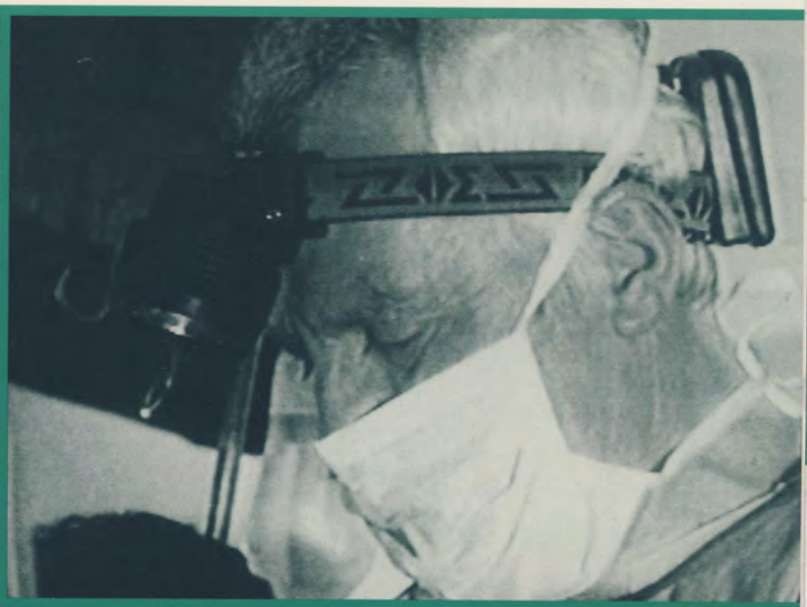


A lot can happen in 72 hours

merlin
Medical Emergency Relief International





MERLIN is a British medical charity which provides emergency medical relief in disaster zones worldwide.

Our programmes are carefully targeted to provide high quality medical care where it is needed most.

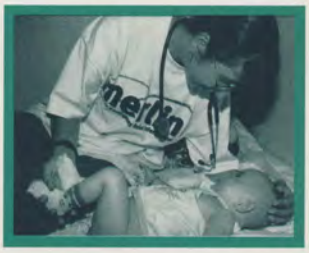
We can respond to a disaster anywhere in the world within 72 hours.

90p out of every £1 donated to MERLIN is spent on providing emergency medical relief.

"There is a major role for Britain's doctors and nurses in disaster zones overseas. I welcome the emergence of MERLIN as a highly professional British organisation which deploys medical volunteers quickly and effectively."

SIR DONALD ACHESON, PRESIDENT OF THE BRITISH MEDICAL ASSOCIATION

MERLIN stands for ...



Medical When our doctors and nurses reach a disaster zone, their mission is to save lives, care for the sick and prevent the spread of disease. They also help local health services to return to self-sufficiency. Everything they do is based on a professional assessment of medical needs. They pride themselves on the quality of their medical care.

Emergency Our rapid response teams arrive during the critical first phase of disasters, when local infrastructures have collapsed and people are at their most vulnerable. We intervene in many kinds of emergencies, from natural disasters – such as flooding – to the man-made devastation of war. We specialise in relief and reconstruction, not long-term development. Once an emergency has stabilised, we hand over to competent local or international organisations. But we continue to monitor events in case of future need.

Relief We help some of the world's most vulnerable people: in the refugee camps of Rwanda, the bombed-out cellars of Chechnya, the mountains of Afghanistan. Increasingly, we are called upon to care for refugees and people displaced within their own countries. We also act to prevent disasters from happening, typically by vaccinating against epidemics.

International We help people wherever they need us, regardless of politics, race or religion. We continuously monitor international troublespots, so that we can respond wherever and whenever the need arises.

"**MERLIN** is one of Britain's boldest and most go-ahead charities."

BARONESS CHALKER,
MINISTER FOR OVERSEAS DEVELOPMENT

In the next 72 hours

the MERLIN rapid response teams in action

1. Monitoring

Potential troublespots worldwide are constantly monitored for early warnings of an emergency. MERLIN is on call 24 hours a day for news from regional offices, field workers, international contacts and media sources. (Photo: receiving news from Sri Lanka)

2. Evaluation

When disaster strikes, a rapid evaluation team is flown in to assess medical needs. Their findings determine MERLIN's response and may identify needs to be met by other specialist agencies. The evaluators take basic medical kits to start work at once. (Photo: surveying bombed hospitals in Chechnya)

anything could happen –

3. Response

Meanwhile in London, the programme team is selected and equipped to go. Teams usually comprise a doctor, nurse, logistician and administrator, plus specialists as required. All are volunteers, selected for their professional skills and personal commitment. Medicines, radios and vehicles are rushed to the disaster zone, ready for their arrival. Once in the field, the teams provide immediate medical care for the victims of disaster.
(Photo: loading supplies at Manston Airport)

4. Collaboration

Throughout the programme, MERLIN teams work with local health services and other international agencies to ensure the best use of resources. They train health staff, rebuild hospitals and supply medicines and equipment to local medical authorities.
(Photo: monitoring malnutrition in Sierra Leone)

5. Handover

The team stays in the field until the situation has stabilised, typically for 6 months. After the crisis, they regenerate the local health infrastructure through medical training and management support. Progress is constantly monitored and performance reports are submitted to donors. Then the team returns home and MERLIN waits for the next call.
(Photo: handing over vaccine refrigerators in Grozny)

"**MERLIN's** staff have brought commendable commitment, enthusiasm and energy to bear in many emergencies. In such crises, it is important that all of those providing relief collaborate together to meet human needs. This can only enhance all our efforts."

DAVID BRYER, DIRECTOR OF OXFAM UK

MERLIN's impact is designed to last beyond the immediate crisis. Our programmes are emergency interventions, but we aim to leave a long term legacy. This is based on 3 principles:

Sustainability

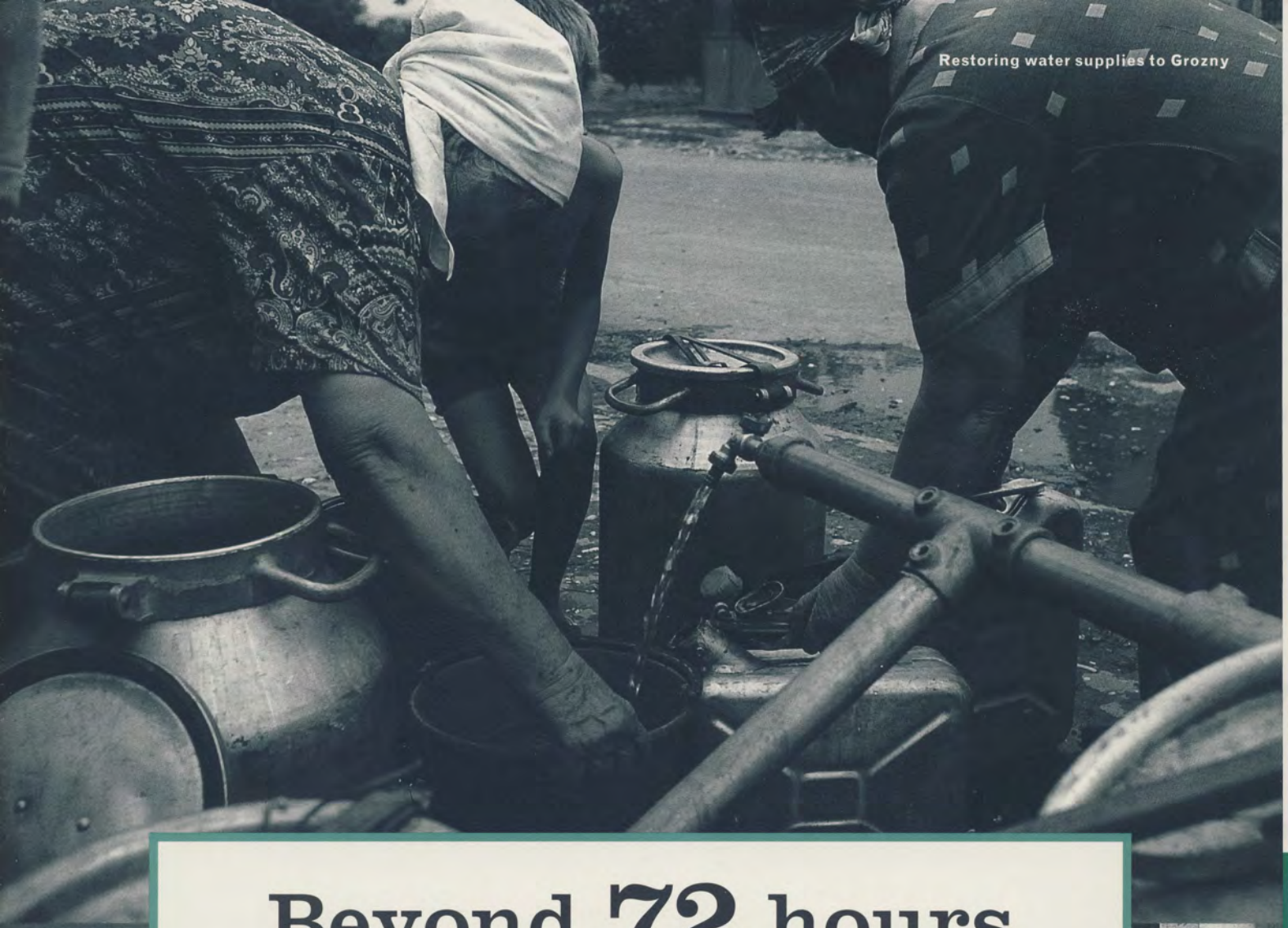
We rebuild capacity in local health services, through rehabilitating medical buildings, training staff and consolidating management structures. Our objective is to achieve self-sufficiency for local services.

Collaboration not duplication

We co-ordinate closely with local authorities and other international agencies in the field. We do not duplicate work already being done by others. This co-operative approach allows us to focus clearly on our own area of proven expertise – medical relief.

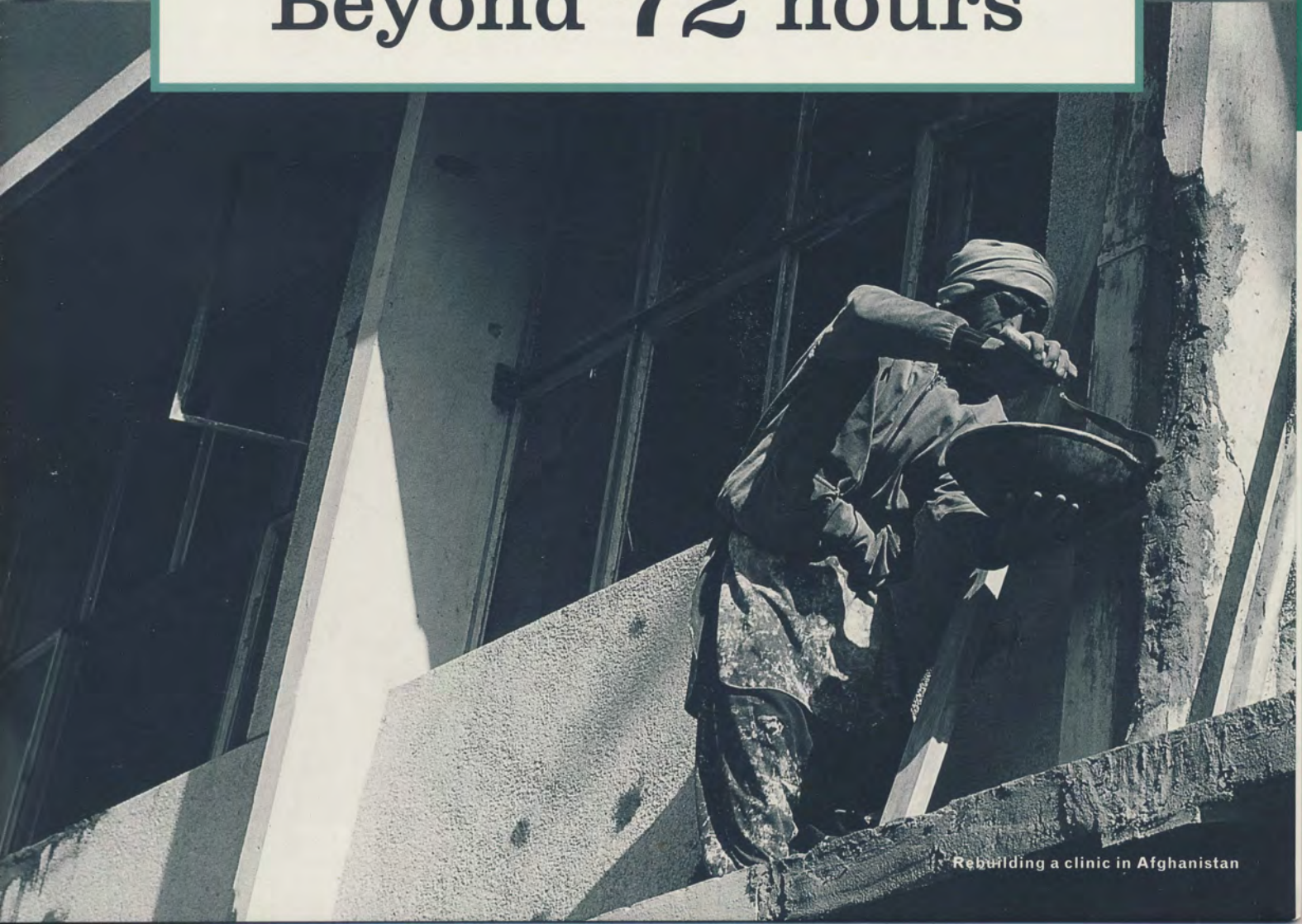
Responding to real needs

We base our programmes on careful evaluations of medical needs, from first-hand reports by qualified staff. We try to ensure that all our work is evidence-based. Throughout our time in the field, we undertake health surveys and performance monitoring to ensure that our work remains relevant and flexible in a changing situation. By identifying and meeting real needs, we aim to make a lasting impact.



Restoring water supplies to Grozny

Beyond 72 hours

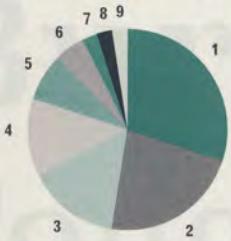


Rebuilding a clinic in Afghanistan

Bringing relief around the world

In 1996 we spent £4m on providing medical relief for the victims of disasters around the world

Who we helped



1. Chechnya £1.2m
2. Rwanda £0.9m
3. Sierra Leone £0.6m
4. Afghanistan £0.5m
5. Siberia £0.3m
6. Sri Lanka £0.2m
7. Tajikistan £0.1m
8. Yemen £0.1m
9. Iran £0.1m

Saving lives in 1996

1. **Chechnya:** trucking nearly 2 million litres of clean water in Grozny per week; running emergency medical convoys into Grozny during the bombardment; supplying border health posts as 15,000 civilians flee the civil war; supporting 40 polyclinics with medicines, water, sanitation and management.
2. **Rwanda:** providing emergency care for 575,000 refugees from Zaire; in Zaire establishing cholera clinics in Goma, supplying medicines to Mugunga refugee camp, and setting up way-stations for refugees walking home; in Rwanda setting up a tent hospital for 15,000 displaced people on Zaire border, providing a surgeon and surgical team in Gisenyi town, and reactivating village health posts in Gisenyi district.
3. **Sierra Leone:** controlling an epidemic of Lassa fever; running feeding centres for displaced people in Kenema and Freetown.
4. **Afghanistan:** delivering medicines across the Hindu Kush mountains; setting up mother-and-child clinics in Farah; vaccinating against measles in the mountain villages of Badakhshan; reopening health centres in Faizabad and Farah.
5. **Siberia:** fighting a tuberculosis epidemic which is increasing by 10% per year, by introducing World Health Organization-style control measures into Russia.
6. **Sri Lanka:** training over 300 health workers on east coast; providing a surgeon and surgical team in Ampara; supplying medical materials throughout the country including Jaffna and Trincomalee.
7. **Tajikistan:** regenerating health services after civil war; supplying clinics with medicines, clean water and sanitation; establishing a disease surveillance system; fighting epidemics of malaria and typhoid.
8. **Yemen:** responding to epidemics caused by flash flooding; repairing clinics and distributing medicines; establishing a disease surveillance system.
9. **Iran:** distributing blankets and bedding to 18,000 Kurdish refugees sleeping rough on freezing mountains.

Medical excellence

January: The international Pierre Straus Prize for paediatrics is awarded to MERLIN for its child-to-child healthcare project at Ndosho Orphanage, Zaire (see page 10).

At fever pitch

June: The rare and deadly virus Lassa fever breaks out in war-torn Sierra Leone, killing 40% of patients at its height. MERLIN establishes a special Lassa isolation ward and ambulance service, working with the World Health Organization, the US Centers For Disease Control and the Sierra Leone government to prevent the epidemic from spreading.

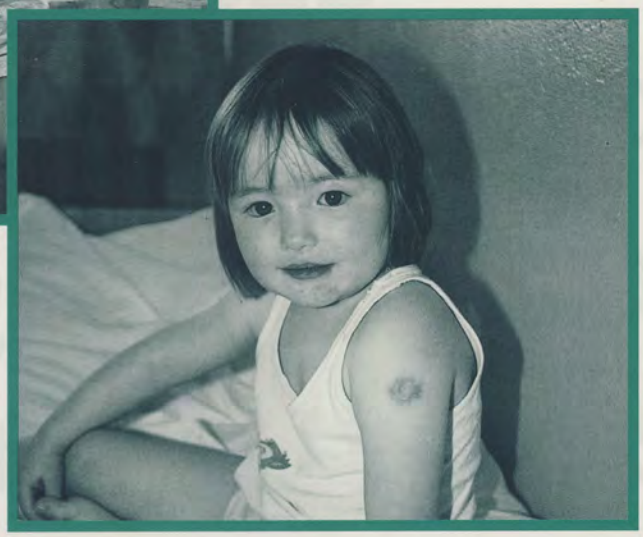
Lifeline under fire

August: Intensive fighting in Grozny, Chechnya, traps 400,000 civilians in their homes. MERLIN runs medical convoys into the city, providing bandages, antibiotics and medical supplies for the only doctors still working in the ruined city. The team supplies emergency health posts south of the city as 50,000 civilians flee.

Bringing relief around the world

Programmes and evaluations in 1995

and successes



Meeting of minds

October: Tuberculosis experts from Britain and Russia are brought together at an international conference in London, organised by MERLIN as part of its programme to control a tuberculosis epidemic in Siberia.

Our volunteers in 1995

Philip Astley
Jessica Barry
Serge Beliard-Castebert
Robert Bennett
Shaun Bickley
Michael Brewin
Andrea Brezovsek
Jonathan Brooks
Sally Brown
Theresa Catherall
Baljit Cheema
Daniel Coyle
Harvey Davies
Ailsa Denney
Vincent Diamond
Sean Drysdale
Charles Easmon
Andrew Featherstone
Alistair Fernie
James Foote
Timothy Forster
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Rendt Gorter
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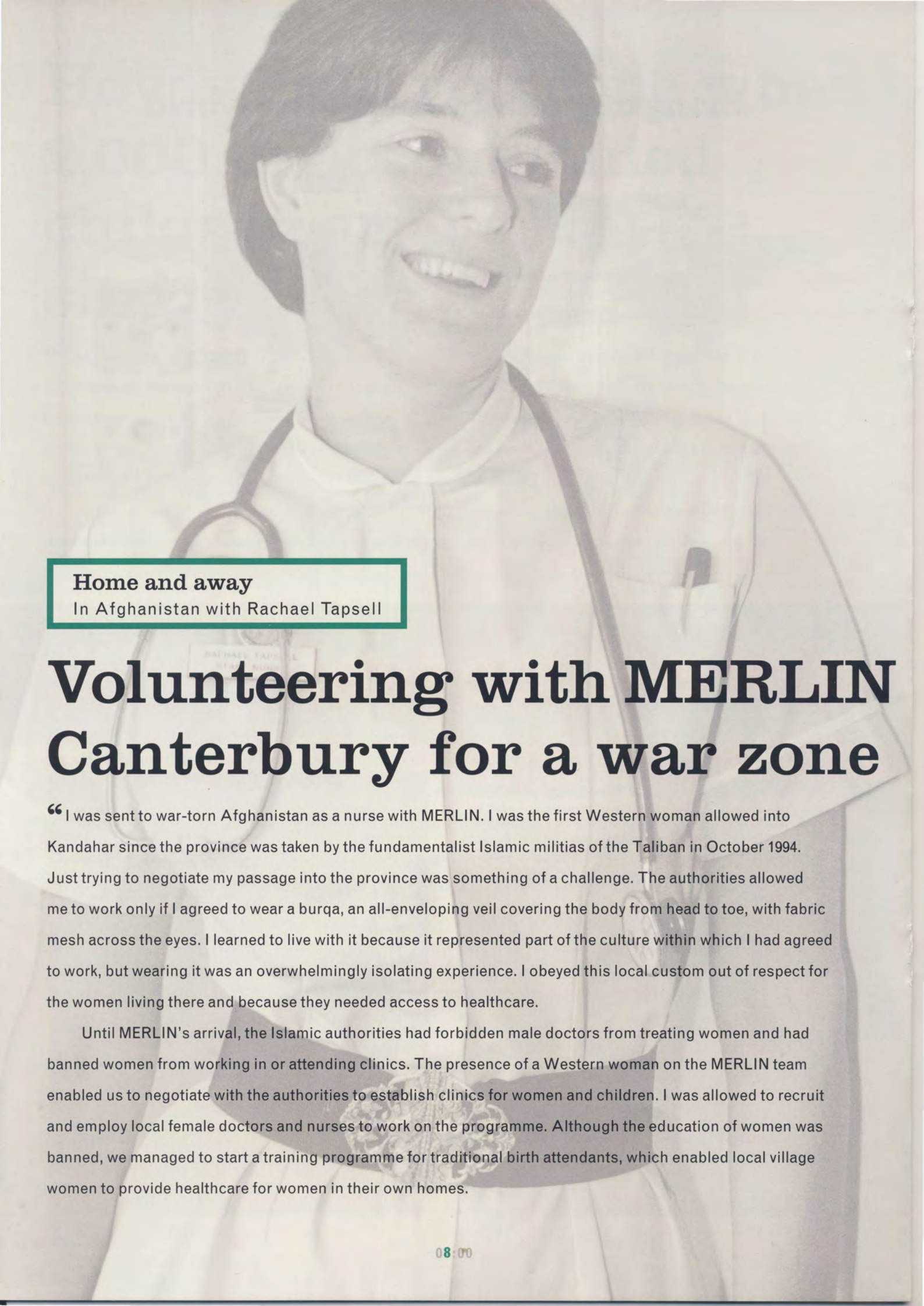
Caroline Grindey
Sarah Hall
Kenny Hamilton
Tim Healing
Sam Higginson
Gayle Humphrey
Nicholas Ignatenko
Julie Johnson
Hilary Jones
Paul Keen
Reginald Kingston
Marguerite Koefman
Simon Little
Colin Mackay
Samantha Magne
Louise Melluish
Henrietta Miers
Jim Needell
David Newall
Marion O'Reilly
Sera Orzel
Jonathan Patrick
Michael Pelly
Julie Pereira
Stephen Pern
Andrew Porter
Toby Porter
Alison Poulter
Valerie Powell
Ingrid Rayson
Paul Richards
Polly Richards
Michael Roe
Melissa Sargaison
Andrew Scheiner
Sheila Sears
Hazel Simpson
Isabel Simpson
Peter Sinclair
Diane Smith
Alistair Story
Rachael Tapsell
Derrick Tate
Caroline Teale
Notburga Timmermans
Rebecca Trafford-Roberts
Mija Ververs
Fraser Wares
Charlotte Warren
Nicholas Weatherill
Elizabeth Westaway



Home and away
In Afghanistan with Rachael Tapsell

Volunteering with MERLIN Canterbury for a war zone

"I was sent to war-torn Afghanistan as a nurse with MERLIN. I was the first Western woman allowed into Kandahar since the province was taken by the fundamentalist Islamic militias of the Taliban in October 1994. Just trying to negotiate my passage into the province was something of a challenge. The authorities allowed me to work only if I agreed to wear a burqa, an all-enveloping veil covering the body from head to toe, with fabric mesh across the eyes. I learned to live with it because it represented part of the culture within which I had agreed to work, but wearing it was an overwhelmingly isolating experience. I obeyed this local custom out of respect for the women living there and because they needed access to healthcare.

Until MERLIN's arrival, the Islamic authorities had forbidden male doctors from treating women and had banned women from working in or attending clinics. The presence of a Western woman on the MERLIN team enabled us to negotiate with the authorities to establish clinics for women and children. I was allowed to recruit and employ local female doctors and nurses to work on the programme. Although the education of women was banned, we managed to start a training programme for traditional birth attendants, which enabled local village women to provide healthcare for women in their own homes.

After a while, the authorities allowed MERLIN to establish mother-and-child health clinics in the government hospital and in six village health centres. Here we could offer ante and post natal care, monitor children's growth and screen all children attending the clinics for health problems. We established a health education programme and taught local female health workers how to give basic health care. They gave lectures to women on the importance of nutrition, breast feeding, birth spacing and vaccination. Lack of information on such subjects has contributed to Afghanistan having one of the highest infant mortality rates in the world.

meant swapping a ward in in Kandahar

At a time when the southern provinces of Afghanistan were going through dramatic political and military changes, our programme concentrated on providing essential healthcare to the most vulnerable groups in the community. Our work also enabled local professionals to practise the skills for which they had been trained years before. Many women doctors had been trained and educated in Kabul during the 1980s, but because of the present conflict and rising religious fundamentalism, they were simply unable to work.

At the end of my six months in Kandahar, the principle of equal access to healthcare for women had been widely accepted. I realised that the Islamic authorities had been testing me and their stereotype of Western women. Fortunately, it appeared that I had passed their test. The rules on Western women wearing the burqa were lifted and MERLIN nurses are now wearing simple headscarves.

The mission was a profound experience for me as a free-minded, educated, Western woman. We led the way forward, not only in providing health services, but also in providing a model of advocacy and empowerment for the basic rights of women. MERLIN continues to work in Taliban-held territories, and the progress which we have made is a reflection of the professionalism and dedication of all the volunteers who have worked on this programme."

How would you cope when 2,000 unaccompanied children arrive in a single week?

In Zaire with Dr Paul Eunson

"That was the question which faced my team one terrible afternoon during the Rwandan civil war. At that time, I was MERLIN's medical co-ordinator in Goma, Zaire. I had been given three months' leave from my job as a senior registrar in Birmingham. After seeing the scenes of disease and despair on television, I knew that I had the skills and experience to be able to help. But what I found at the Ndosho orphanage was worse than I could have imagined.

In the space of a single week, over 2,000 children were brought in, orphaned or alone, fleeing from the war in Rwanda. They were traumatised and vulnerable. They had witnessed terrible violence. They were separated from their parents. Many were hungry and sick. Each day more children were brought in by lorry, some already dead, the rest in poor condition.

The camp was unnaturally quiet for a place with 2,000 children. They were not talking, laughing or even crying. This raised concerns that they would develop post-traumatic stress syndrome, which could inhibit their physical and psychological rehabilitation.

Our priority was to support the orphanage staff and local volunteers in controlling and treating dysentery and cholera, developing a nutritional care programme, and vaccinating the children against measles and meningitis. We also had to provide them with some kind of structure to their new lives, within the context of their own culture, which might protect them from post-traumatic stress disorder.

The children lived in huts and tents, and in each group we appointed the older ones as leaders. They looked after the day-to-day needs of the younger ones. They supervised regular washing and the use of latrines, and regulated access to drinking water all day and night. With help from health workers, they identified children suffering from diarrhoea and gave them oral rehydration treatment.

This gave all the children something to occupy their minds and someone to whom they could relate. For the older children, it provided a role and some status in the camp. For the younger ones, it partially mirrored home life before the war.

As an extension of this approach, we decided to adopt the technique of "child-to-child" care to control an outbreak of dysentery, which was spreading through the orphanage despite our use of the usual antibiotics and health education lessons.

We put dysentery education into the hands of the children. Each hut was encouraged to compose their own song and mime to explain how dysentery could be prevented. The children were wildly enthusiastic about this. We held a Dysentery Song Contest in which they competed for prizes. Some produced costumes, some made drums. They sang and danced and put over their health message in a manner that was natural to their culture and easily understood by all the children. Their songs were broadcast on a local radio station to other camps.

One week after the children started their self-education programme, the incidence of new cases of dysentery and diarrhoea began to fall. Diarrhoeal disease never again reached epidemic proportions in Ndosho.

In time we were able to hand the project over to a local manager and, one year later, we revisited the orphanage to see how they had progressed. Thankfully, most of the children had left. The validity of the child-to-child approach was recognised by the Pierre Straus Association, who awarded their international prize for paediatric care to our programme at Ndosho.”

Photo: Dr Paul Eunson leads the Dysentery Song Contest

"**MERLIN** is one of Britain's boldest and most go-ahead charities."

BARONESS CHALKER,
DISASTERS EMERGENCY COMMITTEE

£200
buys an emergency medical kit to treat 1,000 people

£50
buys antibiotics to cure 10 people with meningitis

£10
buys oral rehydration salts to save 10 children from cholera

As this report shows, our volunteers are saving lives all over the world. This could not happen without the support of our donors.

Help us to continue our work, by making a donation today. You can find out how on the last page of this report. But please don't delay – the need is urgent.

Thank you

We would like to thank everyone who has supported MERLIN in the four years since we were founded. Without their help, our work would not have been possible.

As well as the many organisations listed here, we are extremely grateful to all our individual donors, who are too numerous to mention by name.

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The Telegraph
Tolley Publishing
Tullet & Tokyo
UAP Provincial Insurance
S G Warburg & Co
Willis Corroon Group
Wogen Group

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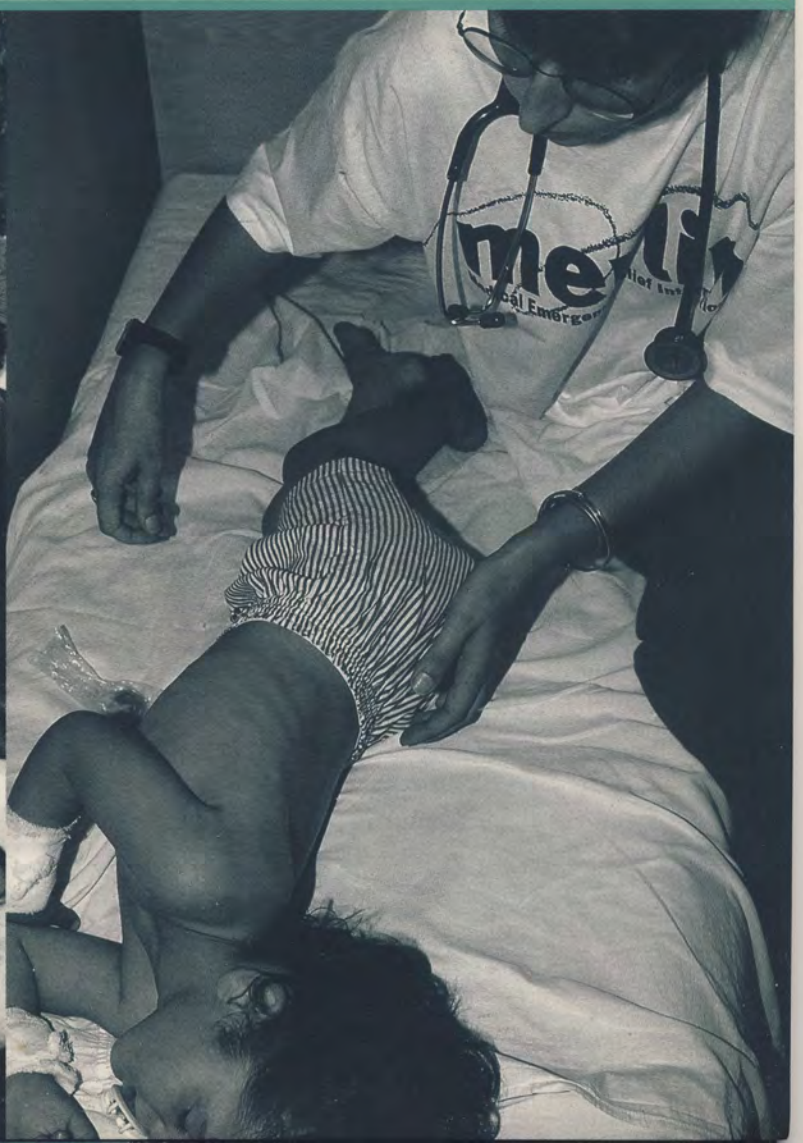
Astor Foundation
Austin & Hope Pilkington Trust
Bankers Trust
Baring Foundation
Batchworth Trust
Beatrice Laign Trust
Bernard Sunley Charitable Foundation
PG & NJ Boulton Trust
Bulldog Trust
Alan Cadbury Charitable Trust
Clothworkers Foundation
Collier Charitable Trust
Craigmyle Charitable Trust
De Clermont Charitable Company
De La Rue Charitable Trust
Dibb Lupton Broomhead Charitable Trust
E Dennis Armstrong Trust
Ebenezer Trust Fund
Ernest Kleinwort Charitable Trust
Colin & Anna Frizell Charitable Trust
Garnett Charitable Trust
G E Birtwistle Memorial Trust
Giedroyc Charitable Trust
Russell & Mary Foreman 1980 Charitable Trust
Hobhouse Charitable Trust
J G Hogg Charitable Trust
James McNab Trust
Jerwood Foundation
Laspen Trust
Leach No. 14 Trust
Lewis Family Trust
Linbury Trust
Lorne House Trust
Lloyds Charitable Trust
E M MacAndrew Trust
Maple Durwell Trust
E D & F Man Charitable Trust
Mark Gilbey Memorial Trust
Minet Employees Charitable Trust
The Morel Trust
Network Foundation
Pennywell Charitable Trust
PF Charitable Trust
Reuter Foundation
Rich Foundation
Mr C A Rodewald's Charitable Settlement
D M G Roper Charitable Trust
Rotary International
Silverman Charitable Trust
Sobell Foundation
Soros Foundation
B D Tomlins Charitable Trust
Twickel Fund
Verdon-Smith Family Charitable Settlement
Wellcome Trust
Welton Foundation
Westcroft Trust
World Care Trust Fund
World Memorial Fund
Worshipful Company of Grocers

Schools and colleges
Broughton Gifford Primary School
Croydon High School
Eton College
Ferrers School
Gilnahirk Primary School
Hawthorns Primary School
Hereford Cathedral Junior School
Kent Institute of Art & Design
Lynncroft Primary School
Monk's Walk School
Radley College
St George's School, Herts
St Mary Redcliffe & Temple School
St Thomas Aquinas Catholic School
Thomas's School

Religious organisations
All Saints Church, Cockermouth
Buttermere PCC
Dean & Chapter of Chichester
Church of St Swithun
Convent of Poor Clares
Donnington PCC
Parish of Holy Trinity
Lorton Parish Church
St Cecilia's Abbey
St Columb Major PCC
St Columba's Church of Scotland
St Francis of Assisi
St Katherine's PCC
St Mark's Church Ampfield
St Mary's Chuch, Oxford Barracks
St Mary Abbot's Church
United Benefice of the Itchen Valley
Worth Abbey
Wythall Baptist Church

Other organisations
1 Battalion Coldstream Guards
Caiyside Charity Carnival
Folly Fly Fishers
Hillside Rotary Club
IDS Solidarity Group – University of Sussex
Kelso Medical Group Practice
RCN Association for Care of Elderly People (ACE)
Rotary Club of Oxford
Stonegate Choral Society
Theatre in Trust
Thornton Heath Health Centre
United Nations Association – Church Stretton Branch
Women's Fellowship – Acton Baptist Church

Help where it's needed Please contact our fundraising team to discuss how you can help us to bring life-saving relief for those who need it most. We have the professional expertise – but we can't do it without your support.



"I am delighted that Glaxo Wellcome has supported MERLIN's evaluation work, allowing rapid assessment in many international disaster zones. In all our donations we seek value for money and the £128,000 which we have given to MERLIN has resulted in £2.8 million being provided from statutory sources for medical programme work in many parts of the world."

SIR RICHARD SYKES, CHAIRMAN AND CHIEF EXECUTIVE OF GLAXO WELLCOME PLC

MERLIN's financial management is characterised by value for money for ourselves and our donors. This is based on 4 guiding principles:

High leverage

- Private donations can be used to release governmental funding at a ratio of up to 1:21.
- Our programmes promote self-sufficiency and sustainability in healthcare worldwide: we use short term funding to achieve a long term result.

Low overheads

- We spend our money on operations not administration: 90% of our funds go to programme costs.
- Our organisation is small, flexible and responsive. We do not waste money on bureaucratic processes or top-heavy management.

Cost effectiveness

- We maintain careful cost control, based on prudent budgeting and meticulous auditing of programmes.
- Our funds are channelled to make maximum impact at the point of delivery – in the field. Programme objectives and teams are clearly focused to address priority needs. Careful selection of our volunteers ensures that they have the professional calibre to achieve effective results.

Partnership with the donor

- A donation to MERLIN is a powerful demonstration of corporate responsibility, which can be communicated to shareholders, staff and markets worldwide.
- We also welcome staff secondments and sponsorship in kind (such as medicines, transport, communications equipment or financial services). In return, the donor receives marketing benefits in demonstrating product and organisational affinities with our work.

Financial Summary of 1995

TOTAL INCOME

£'000	1995	1994
Donations and gifts	**237**	341
Field operations	**3,796**	2,222
Fundraising events	**47**	24
Interest receivable	**24**	17
	4,104	2,604

TOTAL EXPENDITURE

£'000	1995	1994
Direct charitable expenditure	**3,116**	2,157
Fundraising & publicity	**110**	59
Management & administration	**241**	177
	3,467	2,393

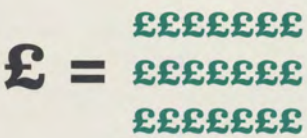
DIRECT CHARITABLE EXPENDITURE 1993-95

The above information is extracted from the financial statements for 1995, copies of which are available from the Secretary, MERLIN, 1a Rede Place, London W2 4TU. The financial statements were audited by Littlejohn Frazer, chartered accountants and registered auditors, whose report was unqualified.

How £1 is spent

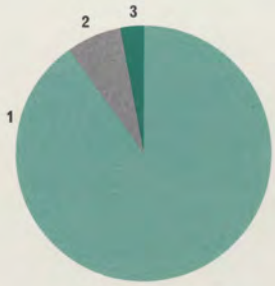
90 pence out of every £1 donated to MERLIN is spent on providing emergency medical relief overseas.

Leverage



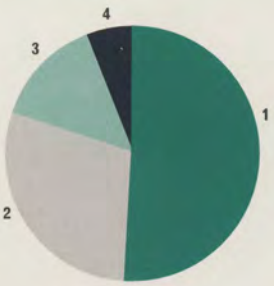
A donation to MERLIN can achieve leverage of up to 21 times the original amount. Glaxo's donations of £128,000 have funded evaluations which resulted in £2.8m of operational funding from government and other sources.

Expenditure in 1995



1. Direct charitable expenditure 90%
2. Management and administration 7%
3. Fundraising and publicity 3%

Sources of funds expended in 1995



1. European Community 51%
2. British government 29%
3. Private 14%
4. United Nations 6%

To find out how to make the best use of donations and sponsorship, please contact our Fundraising Department.

Looking towards the future

by Dr Christopher Besse, Chief Executive

When I reflect on the many images of MERLIN's work over the past three years – from the happiness and joy in the smiling children of a Zairean orphanage, to the sadness in the bleak, drawn faces of the fleeing civilians of Grozny – I feel humble.

When I remember the special moments which I have been privileged to share with our volunteers in the field – some exciting, some dangerous, some sad – I feel proud.

When I look at our extraordinary team in London – working incessantly to support increasing demands from the field, coping with frustration, anger, disappointment and success, taking each in their stride and always, always, finding that little bit of extra energy at the right time – I know we are getting there.

When I think of all this, I know that MERLIN's future is very exciting. But I am not complacent.

MERLIN was set up on goodwill, medical expertise and generous donations. These were our building blocks. Now, as we look to the future, we can see that more emergencies and new challenges will place increasing demands on our funding.

Teamwork is our essential strength and humanitarian passion our driving force. But without funding, they can achieve nothing.

Governments have already shown their whole-hearted support for our work. However, all too often, they are constrained by their political remit.

What we really need now, to sustain and develop the work which you have seen in this report, is more of that vital ingredient: independent funding. And that is where you come in . . .

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The following organisations donated their time and efforts free of charge in producing this brochure:
Design: Pauffley PRL
Typesetting: Real Time
Print and repro: Wace Corporate Print
Illustrations: Cliff Yard

Thanks to the following photographers:
Adrian Arbib, Chris Besse,
Jon Lorie, David Newall, Jon Spaull,
David Stewart-Smith, Angus Taverner

The next step

We hope that this report shows how MERLIN uses its donors' money effectively.

A donation to MERLIN really does save lives, directly and immediately.

MERLIN is an emergency relief charity. We need your support – and we need it urgently.

Please send a donation today to the address below.
Or contact our Fundraising Department for more information.

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Medical Emergency Relief International

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