



Australian Relief & Mercy Services Ltd

ABN 84 008 643 258

Annual Reports

2010 - 2011



Australian Relief & Mercy Services Ltd is a member of the Australian Council for International Development (ACFID) and is a signatory to the ACFID Code of Conduct.

The Code requires members to meet high standards of corporate governance, public accountability and financial management.

More information about the ACFID Code of Conduct can be obtained from Australian Relief & Mercy Services Ltd and from ACFID at:

Website: www.acfid.asn.au Email: code@acfid.asn.au
Tel: (02) 6285 1816 Fax: (02) 6285 1720



ARMS partners with the World Relief Overseas Fund by acting as its agent for the delivery of aid and development projects.

More information about World Relief can be obtained from the World Relief website.

Website: www.worldrelief.org.au Email: info@worldrelief.org.au



ARMS is a member of Missions Interlink; a network of Australian Christian organizations engaging in cross-cultural and global development.

Website <http://www.missionsinterlink.org.au> Email mi@ea.org.au



The Board of Australian Relief & Mercy Services has endorsed the Make Poverty History Campaign (formerly known as the Fair Share campaign) which is being run by a large group of concerned aid agencies under the auspices of the Australian Council For International Development (ACFID).

This campaign seeks to encourage the Australian Federal Government to increase its aid budget and to embrace policies that will help to reduce world poverty by half by 2015. Australia has committed itself to achieving what have been termed the Millennium Development Goals (MDG). These are as follows;

Millennium Development Goals

Goal 1: Eradicate extreme poverty and hunger

- * Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.
- * Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Goal 2: Achieve universal primary education

- * Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Goal 3: Promote gender equality and empower women

- * Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015.

Goal 4: Reduce child mortality

- * Reduce by two-thirds between 1990 and 2015, the under-five mortality rate.

Goal 5: Improve maternal health

- * Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Goal 6: Combat HIV/AIDS, malaria, and other diseases

- * Have halted by 2015 and begun to reverse the spread of HIV/AIDS.
- * Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Goal 7: Ensure environmental sustainability

- * Integrate the principles of sustainable development into country policies and program and reverse the loss of environmental resources.
- * Halve, by 2015, the proportion of people without sustainable access to safe drinking water.
- * Halve, by 2015, the proportion of people without access to adequate sanitation.
- * Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers.

Goal 8: Develop a global partnership for development

- * Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.
- * Address the Least Developed Countries' special needs.
- * Address the special needs of landlocked and small island developing states.
- * Deal comprehensively with developing countries' debt. In cooperation with the developing countries, develop decent and productive work for youth.
- * Provide access to affordable essential drugs in developing countries.
- * Make available the benefits of new technologies—especially information and communication technologies.

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Company Directory

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Email info@arms.org.au

Office of the National Director **National Director - David Skeat**
PO Box 878
Burnie, Tas 7320
Email dauids@arms.org.au

Adelaide **Manager - Marion Winn**
Cambodian Harvest
P.O. Box 658.
MORPHETTVALE, SA 5162
Email:rtc@arms.org.au

Perth **Directors - Peter Brownhill / Kathy Kennedy**
P.O. Box 8501
Perth Business Center
Perth WA 6849
Phone (08) 9328 5321 Fax (08) 9328 1324
Email: dir_office@ywampert.org.au

Townsville **Director - Ken Mulligan**
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Townsville Qld 4810
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Email: kenm@reeftooutback.com

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Bomaderry NSW 2541
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Email:helene@arms.org.au

RescueNet **National Co-ordinator - Mark Cockburn**
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Parramatta BC
Parramatta NSW 2150
Phone: (02) 9890 4222 Fax: (02) 98904211
Email: mark@rescuenet.org.au
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Darwin **Director - Jen Keatch**
P.O. Box 290
Darwin NT 0801
Phone / Fax (08) 8981 2424
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Australian Capital Territory **Director - Dianne Clark**
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Watson ACT 2602
Phone: 02 6241 5500 Fax 02 6241 6098
Email: canberra@arms.org.au

Newcastle Office **Director - Will Knight**
7 Beeson St.
Cardiff South NSW
Phone: 02 4953 6609
Email: wilk@arms.org.au

Board Of Directors

David Skeat (National Director)

Cert I V Emergency Medical Technician - (First Response - Cairns, Queensland)

National Director Mercy Ministries Youth With A Mission Australia. David has a background in teaching with specialisation in Early Childhood. He has also worked in the area of appropriate technologies and is a qualified Emergency Medical Technician.

He has participated at board level for Mercy Ships Australia and has served as Chairman of Marine Reach Australia. David is a member of the National Executive of Youth With A Mission Australia. He has served on the boards of Co-Aid and Mercy Link Inc and of World Relief Australia. David was formerly the Director of Youth With A Mission Albury. He is now based in Burnie, Tasmania where he also serves in a voluntary capacity with the Tasmanian SES.

Steve Aherne (Director)

National Director, Youth With A Mission Australia and is an Assistant regional Director for Youth With A Mission International. Has participated at board level for Mercy Ships Australia. Steve serves on a number of boards, and is based in Melbourne.

Peter Brownhill (Director)

State Director for YWAM Western Australia and the Northern Territory. Foundation member of the work of the Institute for the Nations in Western Australia. Peter lives and works in Perth.

Tom Hallas (Director)

Asia/Pacific Field Director for Youth With A Mission International. Member of Youth With A Mission's International Leadership Team. Based in Canberra.

Chris Harrison J.P. (Director)

Formerly the Director of Youth With A Mission Darwin. He currently works as a staff development officer with Youth With A Mission in Adelaide. He was formerly chairman of the Evangelical Alliance in Darwin. Based in Adelaide South Australia.

Jen Keatch (Director)

Cert I V Education of Intellectual Handicapped (Burwood State College, Victoria)

Jen has a background working with children with disabilities and also has worked for the Anglican Church as a community worker specializing in disadvantaged families. As well as leading ARMS Darwin Jen is studying Community Development.

Ken Mulligan (Director)

Director of Youth With A Mission Townsville. Ken has a farming background. Established the national ministry of Mercy Ships Australia, currently involved in training and management. Based in Townsville.

Wendy Radford (Director)

Wendy is the Board representative from Cambodian Harvest. Wendy has vast experience having worked Asia and Central Asia for many years. Wendy now lives in Adelaide with her family and works as a school counsellor.

Kathy Kennedy (Director)

Kathy has a nursing background and is actively involved in medical projects world wide. She has a passion for Primary Health Care and founded the IPHC in Perth as well as the Birth Attendant school, both of which are recognised by YWAM's training arm, the University of the Nations. Kathy lives in Perth.

Nik Mathews (Director)

Bachelor of Arts Honors Degree, Business with Economics (University of Central Lancashire), 1995

Nik is the ARMS National Operations Manager. He has a background in Relief and Development. He has previously worked for Youth With A Mission Mercy Ministries International based in Bangkok and also spent 8 years working for Mercy Ships International, based in Europe.

Kris Thomson (Director)

Kris is the former Base Director of YWAM Adelaide and South Australian State Director. He has served overseas in Indonesia and has a passion for alternative technologies, and in the development of internet resources. Kris comes from a farming background and currently lives in Newcastle. Kris resigned from the ARMS Board 31/12/2010

Dianne Clark (Director)

Dianne is the Operations Director of YWAM Canberra. She has a strong interest in staff development and in reaching out to the poor and needy.

Will Knight (Director)

Will is a former farmer who now works as Co-Director of YWAM Tribe to Tribe a ministry that specializes in reaching out to Aboriginal Communities. He also is a member of the State Emergency Services in NSW.

Ministries & Projects

Australian Mercy Fund -(National Office)
Bali Orphanage (Darwin)
Birth Attendant School -(Perth)
Bumese IDP Project -(National Office)
Buzz Off Malaria Campaign (National Office)
Cambodian Harvest (formerly Reverse The Curse) -(Adelaide)
Child Immunization Project -(Townsville)
Child Sponsorships- (National Office /Perth / Darwin)
Chongqing Child Care Project (Perth)
Community Development School -(Perth)
East Timor / Bali Projects -(Darwin)
Donna McDermid Memorial Fund- (National Office)
Emergency Relief Projects- (National Office)
Home of the Open Heart (National Office)
Karen Refugee Projects- (National Office)
KidsArk- (National Office)
Main Course Cafe -(Shoalhaven / Canberra)
Malaria Project (National Office)
Medical Boomerang Teams- (Perth)
Perth Community Development Project -(Perth)
Primary Health Care School -(Perth)
Primary Health Care Seminars(National Office)
RescueNet- (National Office/ Sydney)
Thailand Primary Health Care Projects- (National Office)
West Timor Relief (Darwin)

Associated Ministries & Organizations

ACFID (Australia)
Cambodian Harvest (Cambodia)
Destiny International
Donors Without Borders (Australia)
Free Burma Rangers (Thailand)
Home Of The Open Heart (Chiang Rai Thailand)
Karen Department of Health and Welfare (Thailand)
Kid's Ark (East Timor)
Living Water Development (Australia / Myanmar)
Marine Reach (New Zealand)
Micah Network (Australia)
Partners Relief & Development (Chiang Mai - Thailand)
Project LIFE (Bangkok - Thailand)
World Relief Australia
YWAM Medical Ships
Youth With A Mission (Australia)



Overseas Offices

East Timor - PO Box 151 Dili, East Timor
Cambodia - PO Box 486 Phnom Penh, Cambodia
People's Republic of China - Chongqing (Contact with the China Office is made through ARMS Perth)

ARMS Charter

Australian Relief & Mercy Services Ltd (ARMS) has been set up with the express purpose of providing direct relief to persons in any country who are suffering, distress, misfortune, destitution, helplessness and necessitous circumstances.

ARMS is a non-governmental/non-profit organization that is governed by an elected board which is elected from its membership. Elections happen once every calendar year.

ARMS is funded through public donations, and through the seeking of grants and corporate donations from the business sector. All funds that are received into ARMS are subject to a yearly independent audit that meets the standards of the Australian Council For International Development (ACFID).

ARMS uses the services of volunteers who donate their time to ARMS to achieve its goals.

All ARMS workers are trained to uphold the dignity of those to whom they have been sent to serve.

ARMS does not give preference on the basis of nationality, gender, ethnicity, creed, or religion.

ARMS is willing to cooperate with all governments and other non-government organizations for the common good of those in need.

ARMS believes firmly in the values of integrity and accountability in all its dealings.



Capstone Statement

ARMS - people who care helping people in need.

Company Outline



Australian Relief & Mercy Services Ltd (ARMS) is a non profit charitable company, limited by guarantee and incorporated in the ACT, with registered offices in Melbourne, Perth, Darwin, Adelaide, Townsville and the Sunshine Coast.

Australian Relief & Mercy Services Ltd is the mercy ministry arm of Youth With A Mission Australia.

ARMS is dedicated to the relief of people suffering hardship and distress both within Australia and overseas and does so through a National Fund and International Fund that have been set up in accordance with the provisions of the Income Assessment Act 1997. Donations to the work of ARMS within Australia are tax deductible.

All ARMS staff give their services and expertise without charge. They maintain their personal support from people who believe in the value of their ministry.

ARMS has many expressions of its ministry some of which include, training, emergency relief, provision of medical supplies, project grants, child sponsorships, community development, ministry to the homeless, family counselling and the provision of primary health care.

ARMS relies on the generosity of the church, the corporate sector, small business, and the public in general for the finances necessary with which to run its ministry.

Mission Statement

As a Christian organization that sees Christ as the ultimate expression of God's mercy, ARMS outlines its commitment to mercy ministries in the following statements;

1. To exemplify the love and compassion of God to a needy world.
2. To restore wholeness and hope to broken lives.
3. To empower and support families in crisis.
4. To equip people through training and skills development.
5. To serve communities by sharing resources.
6. To Mobilise people to help the poor and the needy





Australian Mercy

For some time now the Board of Australian Relief & Mercy Services Ltd has wanted to launch a new branding for the company that would help it in its communication both the

corporate world and its donor base.

The term ARMS is providing us with some brand confusion and we received hate mail because other groups called ARMS have made comments in the media and had people say they will not give to us because they don't want to give money to an organization that buys guns. Let me say categorically that we don't buy guns but the fact is that the name ARMS has an association with guns and ammunition is confusing potential donors who are not familiar with us. As a Board we have wanted to make a clear statement of who we are and what we do that cannot be confused.

After a protracted process the Board came up with the name Australian Mercy. It is a shortening of Australian Relief & Mercy Services that says it all. Australian is who we are, Mercy is what we do. We are not changing our constitution to reflect this change, just adopting a branding in the same way that Coke is a branding of the Coca Cola company or the 40 Hour Famine is a branding of World Vision.

Our first move was to trademark this name, which unexpectedly entangled us in a legal dispute with an American charity who challenged our right to use that name. After some negotiation on this matter the issue was resolved in our favour and we now own the trademark Australian Mercy.

The delays that were caused by the trademark dispute greatly delayed the launch of Australian Mercy and many things had to be put on hold until the issue was resolved in our favour. Now that we own our trademark we are keen to quickly move ahead.

In the coming months our website will be changing and the domain ams.org.au and australianmercy.org will point to the same site. An Australian Mercy logo is under development and over the coming months we will be launching Australian Mercy as our new branding. Focus on Mercy will re-emerge and eventually will have a new format. We are hopeful that by the time the 2011 / 2012 financial year ends that the Australian Mercy.

The Board anticipates that by changing our branding we will give ourselves a distinctive that cannot be confused with other groups and be confused in ways that would be counterproductive to what we are trying to achieve.

National Director



MINISTRY REPORTS 2010 / 2011

National Director's Report

By David Skeat

Restructuring ARMS

2010 /2011 has been a huge year for ARMS in which we have witnessed the biggest structural changes that ARMS has ever seen.

The Board has been going through a process of trying to restructure itself so that it runs more efficiently and can better serve the interests of the company. Our goal was to reduce the Board size, introduce a functioning Advisory Board and structure Board meetings so that at least one 3 day retreat could happen each year whereby Directors could look more closely at how the company runs improve our policy development and project delivery. For the past 12 months this process has been happening and at the beginning of the 2011 – 2012 financial year the new structure comes into place.



This means that several Directors will have retired as at the end of the financial year 2010 – 2011. These are Tom Hallas, Ken Mulligan, Peter Brownhill, Kathryn Kennedy, Steve Aherne, Will Knight, and Wendy Radford. ARMS is very grateful for the hard work that these directors have put in over many years. Tom Hallas was a foundational member of the company back in 1988. However we have not lost the talent of these former directors altogether, most of them have volunteered to serve on the ARMS Advisory Board so that the pool of accumulated wisdom is still available to us. I would like to publicly say thank you to all of these people for the outstanding work they have done in making ARMS what it is today. We are greatly indebted to you.

The structural changes to ARMS do not stop at the Board, we have also re-established our National Office, and moved it from Melbourne to Port Kembla in NSW. This move gives us access to a greater number of volunteer staff who can help with the day to day running of the Company. Already the move has paid dividends in helping us to catch up on our administrative backlog.

Two resignations were also received in the financial year that affected our operations. Nik Matthews resigned as National Operations Manager, Nik remains on the Board but was not able to continue in the role which was based in Melbourne. Nik did an outstanding job and we miss him but totally understand his circumstances. Jan Smith our Accounts Manager for the last 10 years also has retired. Jan's



husband had retired from his job and we wish her and her husband Des a very happy retirement together. It was not possible to find the replacements necessary for these resignations and in the process of the restructure; we did lose contact with our donor base, which had ongoing effects on our income for the year.

The good news is that the restructure has given us the opportunity to launch our new branding Australian Mercy. In the coming year ARMS will be relaunching its websites, Focus On Mercy and other communication under the name of Australian Mercy.

The simple fact is that in the coming 12 months ARMS will look and operate differently to what it did 12 months ago and project delivery, compliance and governance will be greatly improved through the restructure.



National Office Relocation.

In this past year we have seen the National / Registered office of ARMS relocate to Port Kembla NSW the new contact information is as follows;

2 Wentworth St (PO Box 132)
Port Kembla NSW 2505

Ph: 02 4274 1090
Fax 02 4274 9909
Email info@ams.org.au

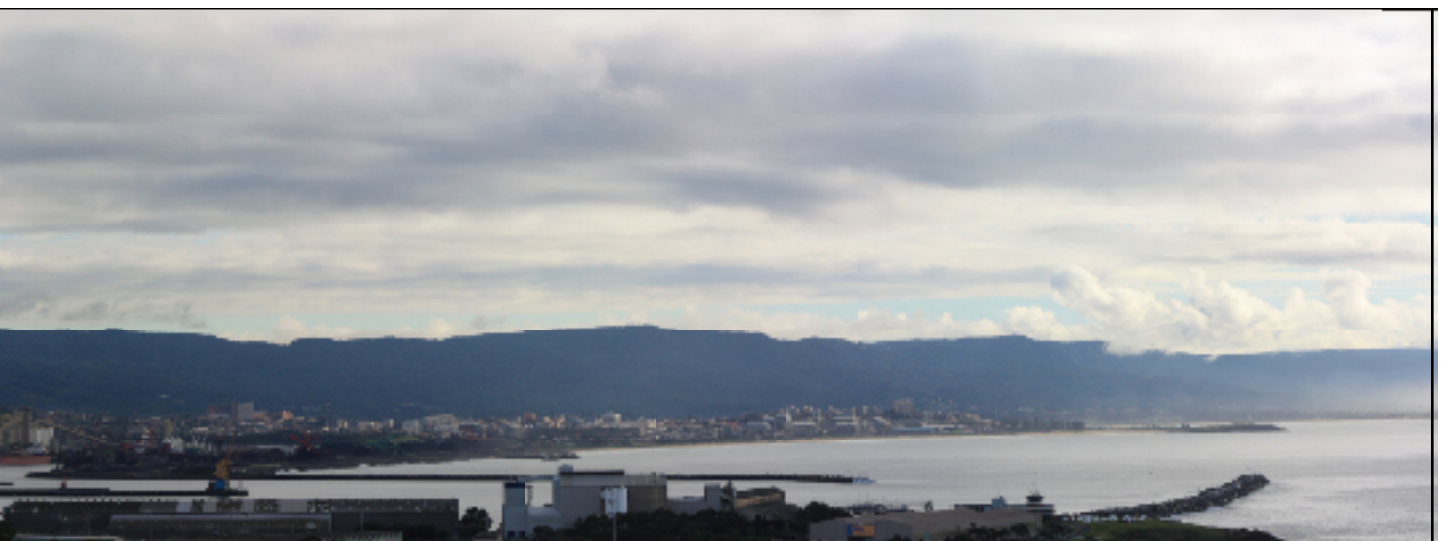
The National Director David Skeat still lives in Tasmania his contact details are;

PO Box 878
Burnie Tasmania 7320

Email davids@arms.org.au

The ARMS presence in Melbourne has closed but the PO Box at Surrey Hills North will remain open for 12 months and mail sent to 1 Kent Rd Surrey Hills will be redirected to Port Kembla.

The new arrangement in Port Kembla is working well and ARMS is fast making up for the time lost in the transition of the National Office. The new Board is working well and a review of our procedures and processes is under way.



Donors Without Borders

In November 2009 the ARMS Board made the decision to be part of the Donors Without Borders Philanthropic Initiative a project that provided in-kind donations of HIV medicines to Australian charities who could disperse these to registered projects overseas.

The ARMS Board saw that through this initiative many projects that we have contact with in Africa and Asia could benefit. ARMS moved forward with this project and saw many hundreds of thousands of dollars of HIV medicines donated – these medicines were donated to a project we had registered in Burundi.



Unfortunately we have had to withdraw from the initiative for legal reasons. (A statement on this matter appears later in these reports.)

ARMS thanks Donors Without Borders for their kind assistance in providing these much needed medicines to people who are living with HIV/AIDS in Burundi.

Karen Projects

In 2010–2011 ARMS provided funding for both Pehlu's orphanage and Corinna's preschool in Mae-la camp. These projects continue to care for traumatized and abandoned children from the Burma conflict.

Children in the preschool continue to thrive and children cared for by Pehlu and Sunday in the orphanage receive excellent care, unfortunately as the children grow and leave school there are no jobs they can go to so many of the young women marry and become teenage mothers. This is not uncommon in Mae-la camp and is one of the great tragedies of the current situation. Many of the youth in camp are with out hope.



In the coming 12 months ARMS will be taking on the funding of a middle school in the camp but there needs to be more done to help give the youth in the Mae-la camp a sense of purpose and a hope for the future.



ARMS continues to be concerned about the security and continued safety of refugees living in the Mae-la camp.

Policy changes by the Thai government have greatly restricted out access to the camps and Thai media carry articles that condone the forceful repatriation of masses of refugees back inside Burma which would be a death sentence to many. Many of the refugees are terrified and are desperately seeking help.

International policy with regard to asylum seekers makes it difficult for the refugees to emigrate to other countries such as Australia.



ARMS is seeking more funding to increase the work it can do for these projects.

ARMS National Office Trust Funds.

ARMS has 3 investment funds that have been set up to fund specific activities of its work.

Donations made into these funds are invested into ethical unspeculative investments and the proceeds from these investments are available to the ARMS Board to use as defined by the fund's foundation document.

The ARMS ACTA Disaster Trust has been set up with ANZ Trustees. This trust provides funds for ARMS disaster relief work. ARMS specifically uses this money to fund its RescueNet disaster response ministry.

The Australian Mercy Fund provides funds that can be used to help initiate projects or provide small grants to projects that have a specific project related need.

The Donna McDermid Memorial Fund is the newest investment fund and has been set up by ARMS to provide funds to projects that are dealing with gender injustice and sexual abuse in the developing world.

Donations to these funds can be made through the ARMS National Office.

Table 1

<u>ARMS ACTA Disaster Trust</u>	
(Established 2006)	
Total donations received since 2006.	49,380.00
Total payments made to ARMS since 2006.	8,053.82
Market value of fund at April 30, 2010.	50,040.10
Donations received 2010 - 2011	0
Dividend received 2009 - 2010	2,289.17

ANZ Trustees have placed these funds into an ethical portfolio that includes a significant share component. Therefore the value of the trust fluctuates in accordance to the market value of the shares.

Table 2

<u>The Australian Mercy Fund</u>	
2009 - 2010	
Invested Income	20,500.00
Holding Account	7,129.23
Disbursement Account	4,605.28
Total	32,234.51

In 2010 - 2011 The AMF made no disbursements of funds.

Table 3

<u>The Donna McDermid Memorial Fund</u>	
Bal B/ Fwd	7,064.32
Donations	654.65
Interest received	139.83
Sub Total	7,858.80
Expenses	0
Total	7,858.80

In 2010 - 2011 the Donna McDermid Memorial Fund made no disbursements to projects.

The major one time set up cost for DMMF was for website development.



Campaign Report 2010 - 2011

By David Skeat

In 2010 /2011 Buzz focussed the majority of its efforts on its work inside Burma and Thailand, a second year of funding was received from a donor in Singapore who wished to remain anonymous. ARMS is very grateful for this funding as it has helped us to establish responsible programs on the ground in Thailand and Burma that are saving lives. This report is partially the feedback we have given to the donor to show them what their generosity is accomplishing in the lives of the Burmese people.

The grant empowers Buzz Off to work in the following areas;
Training and Education, Treatment, Prevention, within Myanmar (Burma).



Training on the Thai / Burmese Border

The Malaria training was done on 2 fronts. Firstly training was done by reinforcing Malaria content in the ARMS Primary Health Care Seminars that are run in Thailand close to Mae Sot. In 2010 /2011 these seminars attracted 12 students and we run on site within the Mae La refugee camp. (At the time of the running of this year's seminar the camp hospital was irregularly treating patients owing to the doctors being in dispute with the camp authorities.

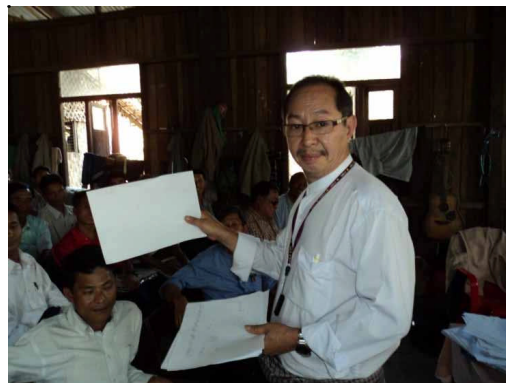
These seminars run for 4 weeks. Funds from the grant made sure that training resources for this course were available and each student received instruction on Malaria, its diagnosis, treatment and prevention. Students were trained to use the Rapid Diagnostic Tests and haemoglobin testing as well as the treatment of nets, and diagnosis and treatment of Malaria.

Training on the Thai / Burmese border area was also given to medics. Two microscopy courses involving 12 medics were run in 2010 /11 the most recent in February 2011. The microscopy course helps health care workers to improve their microscopy skills, and maintain their microscopes in harsh tropical conditions.

As a result of this year's course we are producing a small flip chart to help medics more readily identify malaria using a microscope. As previously reported we are asking the Faculty of Bio-Medicine at the University of Tasmania for help in finding high resolution pictures that can be used in this project.

The larger microscopy course was run in Mae Sariang in a classroom situation. The second course was in a personal mentoring environment with 4 medics close to Mae Sot in a clinic environment and provided on site coaching for them.

The Microscopy and diagnosis training is run by Mr Robin Walesa a retired Bio medical scientist who has also had extensive experience as a health care trainer.





Training in Mandalay, Lashio and Sittwe

This year Buzz Off ran three seminars in 3 states that trained 165 malaria workers. An extensive report on this training was lodged in February 2011.

Based on our experiences last year, we were only expecting approx 30 students per seminar, the nearly doubling of the numbers of attendees put a lot of pressure on us as a training staff and on our prepared resources.

However, two important things happened as a consequence of this year's training.

Firstly it was our first opportunity to introduce the flip charts that were developed last year – these were very successful and all students were given a set to use in the villages. Work on more training resources is in the pipeline.

The second thing that was a direct result of these seminars was the further development of partnerships with local groups. One group (a team of young doctors working out of Mandalay) have already taken RDT testing kits and haemoglobin testing out into the remote villages and used them for malaria diagnosis.

We have now a MOU in place with this group of doctors and are awaiting the paper work from a second group in Sittwe. We are still working on engaging the group in Lashio but communication is harder there.

At this time we are seeking to rewrite the training manual and will have it completed and translated by the end of the year. The new training manual will also focus on nutrition issues as there is a direct correlation between diet and the impact that malaria has on the human body.

In the next year more resources will be available for seminar attendees and will be passed on to already working graduates.

We are about to launch an office in Yangon which will co-ordinate the networks that are being established.

The seminar format that we outlined in last year's report remains the same except for the inclusion of the nutrition component and we have now also included a net treatment workshop as part of the seminar where participants actually treat a net. This hands on component proved helpful to many of the students this time around in Burma some find the LLIN nets too expensive to buy and see the treatment of ordinary nets as a good alternative.

Buzz Off will continue to distribute LLIN nets but we are looking at the possibility of also encouraging normal net treatment where communities do not have access to LLIN nets.

Saw Marcus Winn is remaining with us and has also recruited a second etymologist Mr Mau Mau Win (no relation) to assist with the seminar presentation – both Dr Winn and Mr Win will help us in the rewriting of the training manual.



In the rewriting of the manual we are convinced that the content must be overlaid with a broad approach to Malaria training – have not trained over 250 people we feel that it is important that wide overlays in the training program cover issues that all intersect on the issue of Malaria. Dealing with this disease is more than medication and mosquitoes. For instance nutrition is an essential factor with Malaria. Those who have a healthy diet will handle the disease better than those who are already anaemic. People who have had Malaria as a general will recover faster if they return to a nutritious diet. In our Sittwe seminar some delegates told us that it was their cultural tradition to give a woman who has just given birth a diet of bean leaves, salt and water in order to deal with the “bad blood”. This diet will give both mother and child a poor start and if the mother is recovering from malaria will seriously disadvantage her recovery. We have covered these areas from the start but we feel that in the new handbook we need to emphasise these matters as much as we emphasise the areas of mosquito management, diagnosis, treatment and prevention.

Treatment

The treatment side of the program was broken into 4 main sections. Procurement and distribution of mosquito nets; procurement and distribution of anti-malarial medication; procurement and distribution of Rapid Diagnostic Testing kits (RDTs) and the procurement and distribution of haemoglobin testing kits. Some funds were set aside to help cover the costs of freight. From early in the program it became apparent to us that there was a need to extend this part of the program to include the procurement and distribution of Haemoglobin testing kits as well as the medications mentioned above.

Last year we thought that there would be a greater emphasis in providing diagnosis via the distribution of RDTs, however 2010/2011 proved to be a year in which there was a greater need for prevention amongst the IDP communities and so our emphasis shifted to the provision of LLIN nets.



Mosquito Net Distribution

Buzz Off distributes Dawa Nets to the IDPs; these nets are made by Tana Netting and are close to full registration as approved LLIN nets. They are the best nets that are available in Thailand.

Over the past 12 months Buzz Off has distributed 8200 LLIN nets and 20 ITN single nets in the Buzz Off seminars. The vast majority of nets (7200) were distributed in the IDP camps with 1020 nets distributed through the Buzz Off seminars held in Mandalay, Lashio, and Sittwe.

Buzz Off distributes mainly family sized LLIN nets as family units tend to sleep under each net. However we were requested to provide some smaller single sized nets 2000 LLIN nets provided by Buzz Off were single nets the rest were family sized. The majority of nets would have provided protection for up to 5 people at a time.

In the IDP camp emphasis was given to supplying new arrivals with nets so as to lessen the chance of doubling up on net recipients from last year.

Net prices were budgeted at US\$10 per net but the actual price was closer to US\$7.10 per net which freed up funds in the budget to buy more nets.

The 1000 Permanent LLIN nets that were purchased from Vestergaard Frandsen in Yangon were significantly more expensive than the Daiwa nets we supply the IDP communities. Vestergaard Frandsen say that the in-country costs which include import duties is the reason for the extreme price difference. We managed to get the price reduced from approx AUD14 per unit to just over \$AUD10 per

unit. We are hopeful that as we order more nets from Vestergaard Frandsen that the price of units will continue to be reduced. The reality is that even at \$AUD10.00 a unit that is the cheapest LLIN that is available inside in Myanmar.

Rapid Diagnostic Tests

Buzz Off is now using and distributing the Carestart RDT. Our research shows that out of all the RDTs currently on the market this test rates the highest in its effectiveness.



A very good variation of this product is called "Lab in a pack" which is a complete single test complete with buffer, lancet and alcohol wipe. This means distribution of the test is more flexible and can be distributed in smaller numbers rather than having to distribute whole boxes at a time..

However Carestart is not readily available in Thailand and Burma yet so in some cases we have had to distribute and use other RDTs such as Paracheck. We hope to fully transition those working with us to Carestart as they become more readily available.

In this 12 month period ARMS expended \$AUD10,700 on RDTs this bought 6020 individual RDT tests which were mainly used in IDP clinics and in IDP camps by trained personnel. Approx 1000 RDTs were distributed into the networks we are establishing in Burma. The individual cost of each test is approx \$AUD1.78.

One network reported that the 1250 RDTs they received from us were enough to supply 7 mobile health clinics and 8 medical units used by relief teams.

At time of writing this report all the figures from the clinics have not as yet arrived but we believe that most if not all the RDTs have been used.

Through the seminars run in Mandalay, Lashio and Sittwe another 100 tests were distributed to the medical team that is in Mandalay these were paid for as part of the General Training Expenses part of the budget. These have been used. (300 RDTs were bought to help train people how to use them)



Medications

The Buzz Off Campaign distributed \$AUD20,073 in medications, the majority of these funds were spent on artemisinin-based combination therapy (ACT), some funds were used to buy injectable quinine for the treatment of Pf malaria and Chloroquine for the treatment of Pv Malaria. Some support medications such as iron tablets, vitamins, and paracetamol were also bought with these funds.

Microscopy costs.

These were actually higher than what they appear, so of the travel costs that is part and parcel of the training budget as they were all in the same trip. The training of the clinic workers and the maintenance of their equipment is providing better diagnosis in remote areas. Much work has been done by Robin Wales to get all microscopes to be stored safely so that they are fungus free and that they last longer in the extreme condition in which they are used.

Airtight plastic boxes have been bought in which to store the microscopes and these have been renovated for the job. Buzz Off bought stains and slides and other lab items over the 12 month period.

These costs will be higher next year as we produce the small flip chart for medics working in the field which are being trained to use microscopes. We believe these small charts will improve identification of parasites and thus improve diagnosis. These charts will be approx A5 or A6 in size and be in full colour with a spiral binding and waterproof paper. The working title is "What Am I Looking At?"

The Microscopy program has continued to be an important program for medics working in IDP areas. We are not aware of any other such programs that are running in this region of the border.

Haemoglobin Testing

It has been hard for us to track down Haemoglobin testing kits in-country and so all the kits that we have distributed we have carried in by hand.

Generally speaking the most efficient way for us to obtain these kits is to buy them overseas and have them delivered to the country in which we want to use them, (if that is possible) or to have them delivered to Australia and we take them with us when we travel on site. We are seeking a more expedient solution to this as we come into 2011-2012.



The testing kits are very easy to use and highly accurate. They help identify anaemia; once identified it can then be effectively treated. Diet is the best way to prevent anaemia but a boost can be given to the system through the taking of iron tablets.



The funds not spent in this area have been held over and will be used to import more haemoglobin testing kits into Thailand and Burma at a later date.

Treatments

The Malaria parasites on the Thai/Burmese border have become resistant to some major medicines that are commonly used to treat Pf malaria. Resistance to artemisinin has been observed on both the Thai/Cambodian and Thai/Burmese borders. Resistance seems to naturally occur through a spontaneous change in the parasite, however this can be sped up by under treating a patient.

Generally clinics recommend three or four day treatments for Pf malaria these treatments dramatically reduce the numbers of Pf parasites in the blood and if the immune system is strong the white blood cells should kick in to clean up the remaining parasites. However as some of the parasites have only been partially treated by the medication if they are sucked out by a mosquito and reinjected into another person the partially treated parasite passes on to its progeny a higher resistance to the medication that was used to treat it. Thus resistance spreads. It is far better to use an antimalarial for a longer period and make sure all the parasites are killed than to under treat and risk the parasites becoming resistant to medication. For this reason we are encouraging our partners to adopt a longer treatment regime. This will cost more money but will prolong the use of the medications in the treatment of Malaria.



2010/2011

Buzz Off reached many thousands of potential Malaria victims and saved many lives. The distribution of 8220 nets was a great result, and far in excess of last year's figure. If we calculate the each family sized net protected 5 people and each single one then net then the numbers of people protected through this year's net distribution are as follows;



Testing and Treatment

The networks that we feed into keep figures on a 6 monthly cycle. The only figures that are available at this time are those for July 1 – December 31, 2010.

This is because of the capacity of the BUZZ Off program to respond flexibly and meet the existing needs on the ground. We expected the emphasis to be on testing those affected by malaria this year but the overwhelming need was to prevent malaria through the use of nets.



One of the networks BUZZ Off works with has reported that up to the end of April 2011 they recorded 944 people with malaria symptoms that were treated as malaria where no diagnosis was available. Where RDT testing was available they saw 747 confirmed cases of Pf malaria with no cases Pv malaria recorded.

A second network BUZZ Off supports uses both the microscope coaching we offer as well as RDTs reported that in the period July 1 – December 31, 2010 they confirmed 4,018 cases of Malaria. 2,221 were people who presented

with signs of malaria and were treated without testing being available to confirm diagnosis. 1,444 cases of Pf malaria (*Plasmodium falciparum*) were diagnosed using RDTs and microscopy. 353 cases of Pv (*Plasmodium vivax*) was also diagnosed. This is about an 80% occurrence rate of the Pf malaria in this region.

A third network has recently been able to send in their testing figures and have confirmed that between July 1, and December 31, 2010 they treated 4,374 cases of malaria. There were 3,149 presumptive malaria treatments but where they were able to identify the malaria types, they revealed 884 with Pf malaria and 341 with Pv malaria. This shows a 72% occurrence of the deadly Pf malaria.

The fourth network has finally been able to get their results to us. They report treating 4,260 people, with 2,002 presumed to have malaria, 1,661 with Pf malaria, and 597 with Pv malaria. Their report is for the 6 months from July 2010 to Dec 2010. Again the breakdown of the results reveals 72% of tested cases are the deadly Pf malaria.

Since February 2011, up to 100 cases of malaria in remote Burma through the Mandalay medical team were diagnosed and treated.

The deadly *Plasmodium falciparum* (Pf) is responsible for around 60% of all malaria infections and 90% of all malaria deaths, ***Plasmodium vivax* (Pv)** on the other hand is responsible for about 30% of all malaria infections but less than 10% of all deaths. These two species of parasite represent the vast majority of malaria cases on the planet.

Presumptive cases: cases where no diagnostics were available but the patient showed symptoms of malaria and were treated for malaria.

Given the lack of medical resources in remote areas of Burma particularly in the IDP settings, the lack of nutrition and presence of anaemia are a serious health concern that will add to malaria's deadly impact. Therefore we factored each confirmed Pf malaria case treated as a life saved.



We also count 50% of undiagnosed cases and 10% of cases of Pv malaria as a life saved. The presence of Pf malaria in unconfirmed cases is in all probability much higher than 50% and the figure is therefore conservative.

It should be noted that the figures in Networks 2, 3 and 4 are only for 6 months and in all reality could be 50% higher again.

We conclude that the Buzz Off campaign in Burma has helped to save a minimum of 9,014 lives in IDP areas and 100 lives in remote Burma. (This means because of BUZZ Off's malaria treatment, over 13,000 deaths have been prevented)

We also suggest that as the teams inside Burma that are in IDP areas become better resourced that this figure will significantly grow.

Western Papua

Buzz Off has also been providing small grants to clinics in the Western Papua (Irian Jaya- Indonesia). The health networks that we are in contact with there have reported to us that effective anti-malarial medications are too expensive for local clinics to afford. Hence the use of lesser effective medications by remote clinics increases the death toll from Pf malaria which is the most common malaria in the region.



Buzz Off is providing small cash grants to these clinics that pay for the more effective medications. We are also needing to raise funds to improve testing and run malaria education programs.

Mozzie Net Bank

Buzz Off has also seen significant net distribution in Australia with nets going out of the country with travellers who are going to Malaria endemic regions. Tasmanian based travel agent Travel With A Cause are buying LLIN nets through ARMS Mozzie Netbank initiative and selling them to their clients who take them as gifts to people who are without a net. Last year Travel With A Cause distributed over 100 OI set nets through this program.



Primary Health Care Seminar Report

By Marion Wilbraham



This year we were again invited to hold the Primary Health Care seminar inside the Mae La Refugee Camp from 7th to 25th February. The course was compacted into 3 weeks, which proved to be insufficient for regular role play practice experience.

ARMS again provided the lunch time meal each day, and provided the seminar at no cost to the students.

Twenty seven students were graduated and 12 of these were mature age students. The lectures were interpreted into both the Burmese & Karen languages, and the medication dosage chart was translated into Burmese, which will be reproduced for future courses.



We held a full day clinic with 73 patients coming for help. Five "Doctor groups" of five/six students each, did excellent work with patient history taking; but lacked confidence to suggest a diagnosis. Geoff Masters & his wife Keren gave valuable assistance as supervisors & with relating personally with patients.

One student was found to have very high BP. She was provided with 1mth medication, with 2mths to be provided at relevant time.

We have been asked to run a Teachers Training Seminar next year during the school vacation, with the intention of having health education in the Camp schools.



The teachers were David Skeat, Robin Wales, Geoff Masters & Marion Wilbraham; we stayed in Mae Sot & traveled to the camp each day. A truck hired for the last week was a wonderful luxury, and we were able to transport school stationary supplies from Mae Sot for the coming term.

Our aim is to help the students understand that many health problems can be reduced or even avoided by the use of hygiene, immunization, good nutrition principles, and early diagnosis. We encourage them to put into practice, in their own lives what they have learned, and to share their knowledge with other people living nearby.

Our principle in this ministry is 'little bit, by little bit'.

Microscopy Ministry Report

By Robin Wales



After teaching for the second week of the ARMS PHC seminar at Mae La Camp during the last week of April, I continued with Buzz off microscopy and other things from May 1st to 21st.

The first week of May was spent repairing KDHW clinic microscopes, Eh Kalu had these brought in to Mae Sot and I repaired them in the Partners office there. Most were affected by fungus growth in lenses and prisms, some damaged in other ways. I cleaned and serviced them all, replaced some oil immersion objectives, cleaned fungus from prisms in binocular heads where possible, but some of these are perma-

nently etched. Six of the seven microscopes I worked on were restored to good usable condition. We had given boxes for storage of microscopes with silica gel to prevent fungus damage but in some cases the microscopes had to be removed from them when escaping from the enemy. I went to Chiang Mai during this time and bought microscopy supplies including mirrors, and Sulphur for scabies treatment for the PHC seminar.

I returned to Mae La during the last week of the school to help with Clinicpracs. We supplied mosquito nets for the students and for Pehlu and Corina. I also spent a night with Em and Napoleon at Mae Salit Kee and gave 50 nets and some RDTs and Haemoglobin kit to Em for her ministry to women on both sides of the border through Mothers' Union of the Anglican Church. Some nets were also left in Mae Sot for KDHW.

Chris Dolan from partner took me and two of the repaired microscopes to Mae Sariang the last week I was there. Gyi Gyi, a good Karen friend is in charge of health care and IDP clinics in Northern Karen State had asked if I could repair their microscopes and come to Mae Sariang to help clinic workers from inside Burma with Malaria microscopy. We did this in his KDHW base, as well as teaching, I checked their findings in blood smears from clinics for accuracy and quality of staining, showed them some rarer types of malarial parasites and helped improve their preparation of blood smears. I met Dr Bert White, a Pathologist who owns a private Med Lab in NZ, he had a house in Chiang Mai but has now moved near to Mae Sariang and lives there for part of the year. He helps Gyi Gyi a lot with teaching and provides stains, slides etc for their clinic use.

Burma/Thailand/Vietnam Jan 14 to Feb 27th 2011

Burma Jan 15 to Feb 4

David Skeat, Marion Wilbraham and I, met in Rangoon on Jan 15th and for the next three weeks held malaria teaching seminars for Church and Community Health workers in three States in Myanmar: -- Mandalay Division in Mandalay, Northern Shan State in Lashio, and Sittwe, on the bay of Bengal in Rakhine State, which reaches to Bangladesh. We had over 160 students including some from most of the Burmese ethnic groups, and from villages with no Health clinics or access to medical help. The certification we have given them will enable them to help in places where the Military Govt would previously have prevented this. Most villages are Buddhist, animistic, or controlled by witch doctors.

Thailand/Vietnam Feb 5 to 27

We arrived in Mae Sot Mae Sot on Sat Feb 5th and the PHC seminar lead by Marion started Mon 6th. David taught at the school on Monday and Tuesday while I repaired Microscopes in the Partners office to take to Gyi Gyi in Mae Sariang for use in Northern Karen state IDP clinics. On Wednesday we hired a truck and David drove us to Mae Sariang to deliver them.





We met Dr Jonathan and took a microscope to his clinic in a Karen Village before Mae La on the way and had discussions with him and his Lab Tech who will be using it. We also visited Pehlu, and then had lunch at Mae Salit with our good friends Em and Napoleon. Em was hoping to translate at our PHC school in Mae La but couldn't because her father had to have one eye taken out at Mae Sot hospital, she has him at home and changes the dressing every day. She is getting Ler Bwey's microscope back and will do malaria testing at home in Mae Salit Kee. The clinic site was previously used in an area now in DKBA territory.

All went well in Mae Sariang. I taught some of Gyi Gyi's health workers, checked stained malaria slides, and more microscopes he has there, on Thursday and we returned to Mae Sot on Friday.

I spent Saturday with Dr Jonathan Nield in his Karen village clinic teaching his microscopist how to use the microscope we gave them. They will also be bringing in blood smears from surrounding areas on both sides of the border for testing.

Dr Jonathan gave me all the contact details for buying Artesunate through a friend in Hanoi. He took me to catch the night bus to Bangkok on Friday night.

The trip to Vietnam went well, Hanoi was much bigger than I expected and takes a long time to get to and out of the city centre, there seem to be millions of motorbikes either filling the roads or parked and taking up most of the available roadside space, but lots of buses, trucks and cars including taxis and three wheel motor and pedal bike taxis too. I arrived there on Sunday afternoon and found the cafe belonging to Mrs Hang, the lady who could arrange to buy Malaria medicine for us. There was no one who could speak English, but her sister who was working there contacted her and we had a very pleasant time with Mrs Hang and her sister and mother. She managed to get me 600 treatment packs of 12 Artesunate tablets for Malaria for \$420. If we could get genuine Artesunate the same as this for use on the border in Thailand the same number would cost \$2,300. I stayed in a hotel very near their Cafe, it was good and only cost \$20 per night. The medicine wasn't taken to the hotel until Tuesday morning, and Mrs Hang organised some sightseeing for me on Monday and Tuesday morning.

I flew back via Bangkok to Chiang Mai on Wednesday and unfortunately had a box of 360 of the medicine packs confiscated by Thai Customs. I gave the documentation for the confiscated ones to Partners in Chiang Mai and they were able to get them back for 10,000 Baht. They and Free Burma Rangers will use them to treat drug resistant Malaria among refugees and IDPs in many areas in Burma. Overall, including the extra they paid, this has still worked out very cheap for genuine Artesunate - \$1.26/12 tab pack compared with \$3.83 if they could get it in Thailand.

Now that I have the procedure sorted out, it will be much easier in future. I was looked after very well by Mrs Hang and her family, Chris Dolan at Partners in Mae Sot said the only problem this time was coming through Immigration in Chiang Mai instead of Bangkok.

I bought sulphur for the school, and the stain and other microscopy things Em needs, in Chiang Mai on the way back to the border, she and Ler Bwey will look at Malaria slides from the Mae Salit area at Napoleon and Em's home in Mae Salit Kee.

SMRU have stopped doing clinics in Mae Salit, and the IDP clinics in Burma where Ler Bwey worked in an area now in enemy territory.

I went to SMRU in Mae Sot on Friday to get some new positive Malaria slides for teaching. Dr Rose McGready there, who looks after deliveries and Pre and Postnatal care in the SMRU hospital in Mae La refugee camp, told me they are seeing a definite decrease in Malaria on the border.

After another Friday night bus trip to Bangkok I flew out for home on Feb 27th.

ARMS Darwin Annual Report 2011

By Jen Keatch



ARMS Darwin is grateful for the on-going support and gifts for projects in Timor Leste. Funds have regularly been sent for the Health and Nutrition project in Sidara which assists mothers with young babies as well as the elderly in this village.

Kid's Ark School in Hera now has 198 children in attendance from Pre-school up to Grade 4. Donations of toys, educational supplies, handcrafted wooden toys and school uniforms have again been of great assistance to provide for the children attending Kid's Ark School. These children are healthy and well and appreciate the opportunity to attend school and receive a nutritious meal each day at this school in their local community of Hera, East Timor.



Teams regularly come through Darwin as they travel over to Timor and also provide volunteer assistance for the various projects in these communities.

The toilet project in Weberek has now been completed successfully with most families in the village participating and taking responsibility for the building of the bathroom and toilet buildings for each home.

Another successful project in Weberek is the micro-enterprise group for women. These women are designing, sewing and hand stitching items which can be sold in Timor or to groups passing through. This project has been handed over to the group who meet twice weekly in the community and also work on individual projects at home.



RescueNet Activity Report

By Mark Cockburn

RescueNet (RN) has been extremely busy on an international front since our last report.

As you are probably aware, RN responded to the Haiti crisis, with an international Team consisting of four members from Europe, two from America and three from Australia. We combined with Mercy Works for part of the time and with the University of Miami, and all totalled we worked with hundreds of people and even saved the life of one person who had been trapped under house rubble for ten days!

In the abovementioned report, I made mention that in November of 2010, we would be conducting an inaugural meeting of delegates from Europe, US and Australia to establish an International Council. This Council (which is directly responsible to the Global Leadership Team) has now come into effect and its role is to standardise procedures, protocols, policies, etc and have oversight of all present and future RN Regional Councils.

We also combined with Marine Reach and sent a small Team into Christchurch New Zealand following the first earthquake there. As a St John Ambulance officer, our NZ Coordinator Richard Betts led that Team and again they ministered to hundreds of people.

In response to the Japanese earthquake and following tsunami, we sent two members into Japan to see if it was possible to get permission for a full Team response but sadly due to Japanese Government restrictions, we were unable to respond on that occasion.

However, we are still currently keeping a close eye on the events in Libya and Syria for a possible response.

Training-wise, in May '11 we ran our first, and very successful RN Training course at the new Marine Reach Training Centre in New Zealand, and hope to pick up at least four more members.

RN in Europe will be running their first Training Course in Switzerland in late September, and RN in the States will be conducting their next course in October.

All in all, we have enjoyed a very successful year and look forward to even greater things in the coming months!

ARMS Perth Report May 2010 - April 2011

By Elsbeth McClure



Community Development Programme (CDP)

We have had a busy and fruitful year with the Community Development Programme. Despite the fact that our staff numbers have been lower, we have been able to serve the most families ever in this last 12 month period! We've served **184** families in **94** suburbs in Perth!

We have been able to do this with the help of other YWAM staff and community volunteers. We continue to have great favour with both government and non-government organization, with referrals from **50** different organizations.

Since the beginning of the programme in 1988, we have assisted 1,935 families in Perth!

A struggling mother

"Last year we went to see a woman whose home had been broken into and robbed. Vandals came and bashed down her door bashing her and leaving her with extreme fear and not willing to venture out of the house. When I met her, she had a lot of fear, emptiness and a cluttered house. Very quiet, struggling to eat anything and very closed. I chatted with her and told her about my own life. After many visits, I managed to get her to walk out of the house and down the street for a walk. I said goodbye to her not knowing if I would see her again. But this year I did, about five months later. I went to her house and she was totally different, like something had changed within her. She didn't seem as fearful. Helping people get back on their feet again, is a great privilege with this work.



A letter from an ARMS client's relatives

"Dear Members of ARMS, Thank you so much for coming and cleaning David's unit. You did a fantastic job and the unit looks great. You have taken a big burden off our shoulders, we are not in very good health ourselves, and find it difficult to come and help David as much as we would like. Your assistance is very dearly appreciated.



Neighbour Care

This year has been a year of solidly establishing Neighbour Care. Providence Church has taken on and cared for 6 families in the city. They have now expressed interest in more of their people training and commencing ministry in this area! So that's great news.

We also have a couple of other churches who are expressing interest in the NC training.

Altogether it's been a busy year with the ministry leaders being in and out, marriages, babies

and outreaches.... But God has been faithful and the ministry continues from strength to strength!



Medical Boomerang

Nepal October 31 – November 23 2010



This team had 14 people - several nurses, 4 primary healthcare workers and 2 doctors (one of whom was also a pharmacist).

We had a great outreach. Nepal is so beautiful.

Ministry:

We had a total of 12 clinics. They were held in a variety of places – schools, churches, a run down clinic and a mobile clinic where we walked from house to house offering healthcare. Know that these people will be followed up.



We worked in Kathmandu, and then moved west and were situated in some of the more remote areas. It was a wonderful opportunity for us to see some of the contrasts of Nepal. In the majority of the clinics, we had many helpers who were able to translate for us. We would split up, in pairs or singularly, and with the help of a translator, talk to people about their needs. We would then give appropriate education and medicines.

Overall: We gave healthcare to 1185 people and education to 838 people.



A word from some of the volunteers; *One of the things I have appreciated about being on a Medical Boomerang mission trip from Perth is learning the principle of multiplication. I had been on several previous trips where I was the only medical person or doctor and saw all the patients myself. My first team leader, Clare, said "But what about multiplication and teaching others what you know?" It has been a joy to come on 6 Med Boomtrips and to work with nurses, radiology techs, PHC workers, ambulance attendants and Red Cross workers. God has blessed me and I love being part of a team. Sue*

For me, as a primary health care worker who works long term in a developing nation, I have really enjoyed the opportunity to work alongside of doctors and nurses and other health care professionals on the Med Boomtrip. I have learned so much from them and I feel that I now have more to offer the poor communities where I work long term. Christine

Simple Health Care in Marromeu, Mozambique

By Melissa Birch



Promoting basic health education using simple health messages. Working with the government, local health care workers and/or community members to attain a measurable decrease in illness and death over 24 months.

We do this through an initial seminar. The trainees do follow-up with teaching twice a week in their local communities. Health care trainers visit after 6 months for further training and to measure the goal.

Seminar in Marromeu, Mozambique for two weeks

Topics:

- How do we learn
- Nutrition (food groups)
- Baby's First Food (weaning foods)
- Anaemia
- Hand Washing and Hygiene
- Diarrhoea and ORS
- Cough and Cold
- Fever Reduction
- 10 Danger Signs in Pregnancy
- Feeding a Sick Child
- Nutrition in Pregnancy



Seminar participants: 18

As a simple health care team from Perth we worked alongside the IPHC and worked with YWAM Marromeu.

We had 18 participants and 15 who regularly attended the seminar and received packages at the end of the seminar with the booklets and posters for each topic covered. We ran the seminar out of a classroom in the hospital which is a 45 min walk from the YWAM base. The seminar ran for 3 hours each afternoon for 2 weeks. Many of our seminar participants had been involved with courses in YWAM

The participants were given some time to practice teaching the health topics covered using picture posters for oral learners. They went throughout the hospital and taught various patients and relatives of patients in the different wards. The students really took a hold of these opportunities and were eager to teach. At times it was difficult to call them all back to the class to continue with the lessons.

The hospital location was a bit of a challenge as there was not much space in the classroom for our dramas and interactive teaching style but we improvised using an outside grass area. As well, the number of topics we covered were a lot for the amount of time we had. Our host will follow up with the participants to do further teaching where there wasn't full understanding of the information covered. Some of the participants have already put into practice teaching others the lessons they learned, using their posters. One young man has been regularly going into a nearby community to teach them the various topics and even demonstrated the making of Oral rehydration solution and has been able to provide that for a family in need. Another woman who was a part of the seminar, and who volunteers with YWAM, went along with the IPHC to villages in the delta region and would bring her Simple Health Care posters with her. In one of these situations she was able to teach a young mother how to take care of the cough and cold that her child had.

Along with running the seminar, during the mornings we were able to do ministry both in the hospital and in the community. Some of us from the SHC team, along with some IPHC students/staff, would volunteer in the hospital, doing rounds, doing primary health care, and visiting the patients. We got involved in wound care, immunizations and baby weighing, caring for the malnourished babies, and even participated in some births in the labour ward.

Simple Health Care – Inhassunge, Mozambique - May 2011, 2 weeks

By Melisa Birch

Participant numbers: Morning Class- 10 Afternoon
Class- 30

We were welcomed onto an island called Inhassunge in Mozambique to teach Simple Health Care. These seminars are for oral learners. The teaching technique and style is specifically directed toward these types of learners in the developing world. Our host had attended the first seminar we did in Marromeu, and then we accompanied us to Inhassunge. The team on this island had already started a milk program for HIV+ mothers as well as a ministry to take care of the widows. The team has a vision for primary health care on the island and the establishment of a laboratory. Our host carries the passion for this vision and has been trusting for a way to do primary health care on the island, he has already started with primary health care by cleaning the feet of a couple of women with Filariasis and we were able to teach him some wound care.

Witch doctors control most of the health care on this island as there is very little medical help with one hospital and two doctors for 100,000 people. The government is unable to invest or does not invest in this island and the needs of the people. This is seen through the lack of development on the island even though it is only a short (15 min) ferry ride from Quelimane on the mainland (a major city in Mozambique). Our participants were very grateful for our willingness to come and teach them as many Mozambicans will not come to the island, it is an ignored place due to the strong presence of witchcraft.

Apart from the first day of the seminar, we ran both the morning and afternoon seminar in a small hut on the property where our hosts lived. The participants came from nearby, some as far as a 45 minute bike ride away. We had 10 people who regularly attended the morning seminar and 30 people who regularly attended the afternoon seminar.

There were many traditional beliefs that came up throughout the time that the people practiced as directed by the witchdoctor, such as, lemons are bad for your blood, bananas cause your teeth to rot, eggs cause worms, and colostrum (first breast milk) makes your baby's stomach swell and the baby can die. Traditions are hard to change, but we keep telling the truth on essentials such as "ALL breast milk is good for you baby", then children don't needlessly have to die.

The participants were all eager to learn and some asked good questions seeking more in-depth knowledge. Our host will be able to do further teachings with the participants and they selected certain participants to receive the seminar packages (with the booklets and posters), they are already preparing to do a second seminar on the other side of the island.

We heard stories from the participants of them putting into practice the things we were teaching such as, ways to relieve cough and cold symptoms and hand washing as well as teaching their families and neighbours when they went home each day.

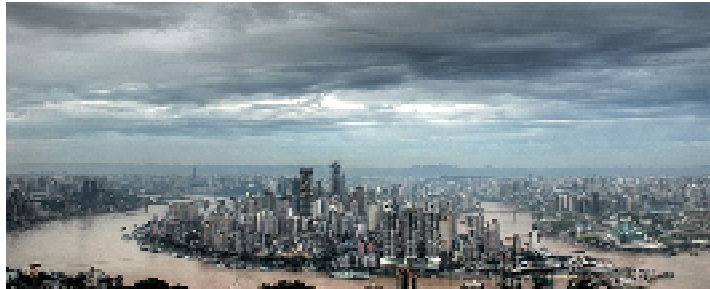
One of our participants shared his gratitude: *"I want to thank you for coming to this island... Since you came I have been thinking how can I change the Island. From the first lesson I was beginning to realize that we have so much death and disease here because people don't eat right. Even now I can see in myself a difference in how I thought before and how I will do different in the future."*



ARMS China Report

By Will McGirr

Orphanage Empowerment Program



Staff Training

ARMS has been providing training for the workers at Jiang Jin SWI to try to improve the quality of care for the children. Two of the workers have continued to receive training in basic physical therapy and special education for disabled children. In addition, all of the ARMS workers have undergone training to try and ensure the living atmosphere and care for the children is upbuilding and healthy.

This has included training in

- * health and hygiene
- * behavior management
- * good work ethic
- * communication
- * working with special needs children

Training for treating congenital club feet

We were able to take the doctor from Fuling SWI with us to Gulin to have her trained along with our workers in how to non-surgically fix children who are born with club feet. After this we together treated the first baby (Fu Le Fen) to receive this highly successful method of casting and bracing from that orphanage. We hope to be able to offer this treatment for other children in the Chongqing municipal area who have club feet. Fu Le Fen was adopted by an American family in January 2011.



Long Long, 3, (here with a volunteer) was assessed and successfully treated for polycystic kidney disease through ARMS and was quickly adopted by a local Chinese family.



Moses, 4, was severely malnourished and in need of cleft palate surgery when we met him. He has thrived in foster care for these four years and is awaiting adoption.



A few of our international staff and volunteers with four of the children who have been in long term foster care this year. January 2011.

Education Opportunities for Disabled Children

We have been able to facilitate 2 older children going to specialized schools for children with special needs.

Li Jing Jing (Age 16, F) has cerebral palsy that affects her movement, but not her cognitive ability. She is now attending school in Nanning. She returns each school holiday to the orphanage. At the school she is learning self help skills, computing, music, and literacy skills. We hope after receiving this training she will be able to have her adult life in an independent living situation.



Li Jing Jing, now attending a school in Nanning specializing in care for children with cerebral palsy

“Li Jing Jing has really grown in confidence while she has been in her new school. Before she had no real exposure to life outside of the orphanage. Now her teachers say that she is a blessing to her school. She has learned how to confidently direct taxi drivers, and start to venture out. She is starting to see that there is a purpose for her life, and she can hope for more than to live in the orphanage the rest of her life.”

Yuan Zhi Meng (Age 16, F) came to the orphanage at age 13 having received little education or opportunity as she is completely blind. She is now supported to attend the Chongqing School for the Blind.



Yuan Zhi Meng, now attending Chongqing School for the Blind

We hope to provide more opportunities for children like this in the future. We have also provided some training for a teacher for the children who live at the JJSWI, and hope to have specialists provide training for teaching children with special needs in the Fuling SWI in the future.



Jin Fu Xiao, 5, received treatment and surgery for hypospadias, spent just over 2 years in foster care, and this year was adopted by an American family. Here he is celebrating his 5th birthday at home in the U.S.



2010 - 2011 Statistics

Children who benefitted from foster care	16
Children placed into long term foster care	9
Children adopted (locally & internationally)	4
Children who received ARMS funding for surgery	5
Children placed in specialized schools	2
Long term local volunteers	19
International staff and volunteers	7

Medical assistance for those in need.

We have been privileged to facilitate the medical treatment of many children in 2010 and 2011. Children have received treatment for various conditions, some of which are documented in the Foster Care Register below. Some of this has been one time surgery and some includes ongoing physical therapy to help the children receive the maximum possible growth and health.

In addition, we have helped to provide funding or connections for 5 other children: two needing cleft palate surgery, one child needing reconstructive surgery of the anus, one needing ear surgery, and one needing heart surgery.

We have organized for 2 teams of international paediatric medical professionals to come to assess and help with physiotherapy for the disabled children. We have also been able to get consultations for many unusual disabilities both in Chongqing, and internationally.

Foster Care

In 2010 we placed 6 children in long-term foster care and had 2 children in short term foster care for medical treatment. In 2011 we have placed 3 children in long term foster care, and had 2 children in short term foster care for medical treatment. Two of these children were adopted locally and 2 were adopted internationally.



2007



2011

We have observed that children placed in long term foster care have benefited from this type of family love and interaction. They have all increased in their language and social skills, as well as growing and developing well. The foster families involved have all been volunteers and, aside from the allotted orphanage stipend, have not received payment for their services. ARMS has provided assessment of families, follow up visits, and communication with the SW's about the progress of the children.

We focus on finding foster care for children who have medical conditions that make it hard for them to be adequately cared for in an institutionalized setting.

We see this as an incredible opportunity to intervene in the lives of children in need of specialist care. Some of the children were returned to the orphanage after receiving needed treatment, or if after assessment it was found that the children had a

“When Jin Fu Hu (pictured here) first came into foster care he was extremely underweight and at four years old still unable to walk.

Over a long period of time of seeing different doctors we eventually learned that he had water on the brain and his pituitary gland had been so damaged that there wasn't much expectancy that he would be able to produce the growth hormones he needed to grow. His diligent foster parents worked very hard and over two years of care were able to see him start walking. Despite what the doctors said about his growth we have seen him start to grow out of his clothes and shoes. He is completely different from the scared, angry, shy little boy that we brought out of the orphanage. Now he is full of joy and affection, reaching out to be held and cuddled.”

Foster Care Register 2010-2011

	Name, age, sex	Reason for foster care placement	Length of foster care	Current status
1	金福西 4 years M	Severe malnutrition, and cleft palette surgery	4 years	Still in foster care, awaiting adoption
2	金福楠 DOB: 2010/10/29 F	Surgery for spinabifida and tethered spinal cord	2 ½ years	Still in foster care, awaiting adoption
3	金福销 DOB: 2008/04/02 M	Hypospadias testing, treatment, and surgery	2 ½ years	Adopted to family in USA
4	金福虎 DOB: 2004/01/10 M	Mental and physioal delay, and inability to walk or stand	5 years	In long term foster care. Able now to walk, do sign language, and interacts well with people.
5	金福桥 DOB: 2009/07/06 M	Treatment for chronic skin condition – (Ichthyosis)	1 ½ years	Still in foster care.
6	金福龙 3 years F	Assessment and treatment for PKD – Polycystic kidney disease	4 months	Adopted by Chinese family
7	金福讯 DOB: 2010/04/11 F	Born undersize and not putting on weight	4 months	Adopted by Chinese family
8	金福智 DOB: 2009/04/18 M	Testing and treatment for Hep B	1 week	Back in JJ SWI
9	金福磊 DOB: 2010/04/01 M	Heart defect and cleft palette surgery	9 months	Still in foster care, awaiting adoption
10	金福近 DOB: 2010/02/10 F	Assessment for heart defect	1 week	Back to JJ SWI, died 5 months later
11	福乐纷 DOB: 2010/02/15 F	treatment – casting and bracing for club feet	1 week assessment + 6 months in care	Adopted to USA family
12	盼盼 4 years M	Treatment for severe burns on head and face	2 month	In long term foster care
13	金福 DOB: 2009/10/20 M	Assessment for Heart defect, downs syndrome	2 days	Back in JJ SWI
14	金福栋 DOB: 2011/02/18 M	Born premature and undersize, Down's Syndrome	1 month	Still in foster care, working to put on weight, awaiting adoption
15	苏佳生 DOB: 2008/10/15 M	Assessment and treatment for epilepsy	2 days	Back in JJ SWI
16	福乐梅 DOB: 2010/12/14 F	Assessment for leg development problems	1 week assessment + recently placed in foster care 2 weeks	Currently in foster care receiving ongoing casting and physiotherapy, awaiting adoption

Volunteer Training

There are many kindhearted Chinese people who want to help improve the lives of the children in the SWI's. We provide training for those people who are willing to commit themselves long term to volunteer work in the SWI's. We will recruit, assess applicant suitability, and then supervise groups of volunteers to help in the orphanages.

We believe this has provided a valuable interaction between the children and these people from the community, as people have generously helped with their expertise (some are health professionals), or have become involved with foster care, or have provided help for specific children.

There have been 19 long term local volunteers working with us over the last 12 months.



4 Foreigners And Their Chinese Orphans”

ARMS Foster Home Featured In Local Magazine



As a result of the friendship of one of our international staff with a woman working for a local fashion magazine, our foster home was featured in an article in their November 2010 issue. As a consequence of this publicity, we have had an influx of local people interested in our work. We have had many people visit the foster home in response to the article. Some people just want to help any way they can so they busy themselves with dishes or laundry. Others are looking for a chance to find out what it is like to care for children like ours and simply want to talk. Most people have never had any contact with an orphan nor have they any idea of the number of orphanages in our city. This article has given us an incredible open door to make known the needs of orphans in China and introduce people to the opportunities they have to help.

International Staff

- Stephanie Webster (manager)
- Rachel McGirr (Coordinator)
- Sarah Moodie (Children's Advocate)
- Jamie Kaihoi (Education and Training Services Coordinator)

International Volunteers Who Live Locally

- Tamara Walter (Physiotherapist)
- Joann Chua (Nurse)
- Rachel Way (Art Therapist, Early Childhood Educator)
- Paula Dixon (Midwife)

Report on Ark International (Thailand)

By Sopo Fakaua

Basic Health Care Program



We have had a regular of 30 kids attending our program. We had hosted a Christmas fun activity day for the kids to just to play games and role plays about 60 kids attend. Since February of 2010 we have moved our meeting place from the side streets in the Slum to the 'Kings Park' which is only a short walk for the kids and it's been an awesome location to host our basic health care teaching and. We also provide at the end of the program healthy snack, milk and a Multi-vitamin. We now have another community in the same area join us, which now we have 45 kids each Wednesday afternoons.

Sport program

Called Changing Lives Forever 'Naksuu Tigers' is the name of the rugby team - its a rugby academy that we partner with another rugby legend from Canada. Together we want to empower these kids and encourage them also through discipleship and character building. We ran a Sports camp November last year and introduced the concept of this rugby academy - we had over 150 kids at the 2 day Sport Camp. We started the Naksuu rugby this March and we have 5 communities that get together for this; we provide transportation to pick up the kids and also to return them back home. One of them is an orphanage that is a Government run boys home. We have an average of 80 kids that attend our program - we do provide breakfast, snacks and lunch for them. We have started once a week teaching English at this Boys home that attends our Sports program.

Counseling Seminars

The last seminar that we ran in Thailand was late July until mid August last 2010 where we hosted a seminar on 'How to counsel Children that have been sexually abused?' We hosted the first one in Bangkok and 35 people attended and then we hosted one up in Chiang Mai and we had 60 people attend the seminar. We then ran our first seminar in the border of Cambodia and we had a huge turn out, we didn't expect 72+ people attended - we only confirmed 25-30 people, but coming close to the day it started we had more than we expected.



CAMBODIAN HARVEST DRIED FRUIT CO. LTD. DIRECTOR'S ANNUAL REPORT (Formerly RTC Cambodia)

By Marion Fromm



The past twelve months have seen some significant improvement in the business side of Cambodian Harvest Dried Fruit Co. Ltd. For eight months, we were blessed with excellent financial advice from BenCorp Asia. They estimated that by increasing production and sales four times it would bring us to break even point. We discontinued working with BenCorp at the end of December, because of their harsh attitude concerning our focus on business as a mission and their request that we abandon our ministry involvement. Their poor relationship skill with people with disability was demeaning to our staff. As a ministry to the land mine survivors and giving them employment is the purpose of our business, we could not agree with this request, so we parted on amicable terms.

Management Team: *Bunthoeun Cheng, Administrator, Bunthoeun Thong, Factory Manager, Marion Fromm, Director, Ny Sun, Packaging supervisor, BunLeng Lay, Factory Supervisor & Leang Ouk, Assistant Factory Manager*

Factory Production

Bunthoeun Thong tackled what was needed to improve the production flow and streamline activities and increased the amount of fruit processed per month by four times throughout the mango season. To achieve this, two new dehydrators were installed each with one third increased capacity. With six dehydrators running twenty four hours a day we were able to process sixty three tons of fresh mangos, resulting in 13 tons of Glacé Mango in stock for the coming year. We commend an amazing achievement by the staff, who worked long and hard to achieve this result. However, this result came at a huge cost in purchasing fresh fruit, sugar and packaging materials. Donations do not nearly cover such a production level and we were blessed by a private loan of \$45,000 to sustain this level of production for the mango season. This loan is being repaid at \$500 per month.



To offset this increased expense, our sales for the period have more than doubled, but sales must increase much more in this year to cover this expense and perhaps bring us to a breakeven point by early next year.

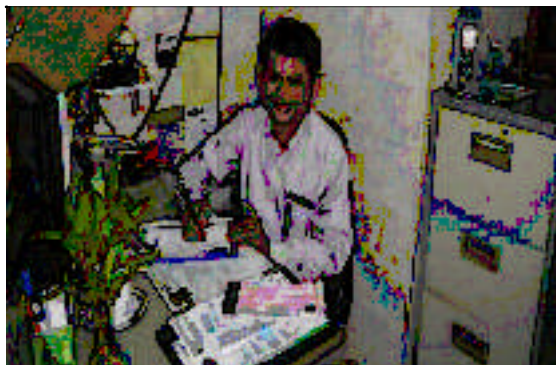
Administration, Sales and Marketing

Bunthoeun Cheng has proved to be a very capable Administrator and Noun is capably acting as Accountant, under the supervision of Bunthoeun Cheng, while she finishes her Accountancy Degree. Three new sales staff were hired in January and February. Sreyny and Thany have degrees in Marketing and Bun is completing his degree in the coming year. Sreyny is responsible for marketing in Phnom Penh. Bun is responsible for marketing in Sionoukville as well as deliveries and debt collection in Phnom Penh. Thany is our receptionist and Factory Door sales lady. This team is working very well and they quickly fitted in with all the staff even though none of them have a disability. It has proved impossible to find university trained staff with a disability. We are hoping that increased education will result in more education being available to the poor and ultimately university education will become available to the

disabled. We are pleased to report that there is less discrimination for them in the workplace because the Government has requested that businesses employ at least one person with a disability. Sales in the past year increased 79.4%, which is excellent for the local economy. Export sales are due to begin to Japan and Singapore early in July. Many expensive documents have been purchased from the

Ministry of Health to give accreditation for export. More documents are needed from the Ministry of Industry and the Ministry of

Commerce before we can send the first orders overseas. Inspections by the Ministry of Health and the Ministry of Labor have taken place successfully. All staff had to be registered and interviewed by the Ministry of Labor to complete this process. It all seems endless, pointless and an exercise in Government fundraising and corruption!



Seim Reap Office

Kim San and Tepy are doing a wonderful job of marketing in Seim Reap and they have increased our sales there considerably over the past year.

Sixth Anniversary Party

On October 1st we had a staff party to celebrate six years of ministry to the land mine survivors. We used this occasion to give Awards of Excellence to four staff, Ny, Leang, Bun Leng and Heng. They have each served for five years or more. We will institute a system of honoring deserving staff on an annual basis.

Board Members

Alice McCann became Chairwoman of the RTC Board in Adelaide, but subsequently resigned because of her husband's ill health. Dean Paterson succeeded her as Chairwoman and he has filled that role very capably. Wendy Radford joined the Board when Alice resigned. Wendy has had years of experience in leadership roles with YWAM and we are blessed by the expertise she brings. Olivia Harman also joined the Board and she is managing the website and helping with fundraising. John Wilkins also joined us and he brings engineering expertise and business management skills to the Adelaide Board. Needless to say, the Board is much stronger and better equipped to assist the ministry in Cambodia.



New Factory property

Twenty two tons of mangos were harvested from the farm and none of the fruit was lost because of rain damage this year. Because of a much cooler dry season the trees produced two crops, which made production easier, as all the fruit did not ripen at once, as in the previous year. Electricity was recently connected to the farm, which will make pumping water from the wells much easier for the farm staff. Two farmers were employed, and Theng lives there with his wife and baby. There has been no money, as yet, to erect a much needed security fence at a cost of \$45,000.

Finances

Donations to Reverse The Curse have improved a little over the past year but not nearly as much as we are believing for, although the Lord continually supplies all our need. Marion Winn manages the financial administration in Adelaide and she is doing an excellent work of sending cash transfers through to ARMS and Cambodia. World Relief has been prompt to send our tax deductible donations on to us and we thank Kris Thompson for his assistance with this and reports to World Relief on our behalf. Only a few small donations come in for the new factory so far.



Staff News

Three new land mine disabled factory staff joined us this year, Rady and Sopheap as security staff, and Neang as a factory worker. Sekim joined us as a cleaner but she is not disabled. It was impossible to find a lady with disability to do such heavy cleaning. Bun Leng was promoted to Factory Supervisor last October and Leang is Assistant Factory Manager. Ny is Packaging Supervisor and she is assisted by Leang, Neng and Pesay. Heng is now Farm Supervisor as well as working as my driver and handyman. Sophal's husband Chi was dismissed at the end of April for gross disrespect to the management. Marion's Personal Assistant, Mary, was asked to leave at the end of May because she was starving herself to

death, to the point where she was no longer able to function in the office. We hospitalized her and gave her much counsel and time off to recover, but to no avail. We finally had to ask her family to come and take her home and take responsibility for her. This was a very painful time for all the staff, who did their best to encourage her to eat.

English Lessons

Judith Stanfield left for New Zealand in July and she was replaced for three months in March by Kay Draggett from Queensland. Prior to her arrival, we had been unable to get a volunteer teacher to replace Judith. Kay will not be returning to us so we are once again looking for a qualified teacher to volunteer to replace her permanently. Staff members have been taking lessons locally after work while classes are not available here. Kay was an excellent and experienced teacher who really improved the standard of English in all the staff.

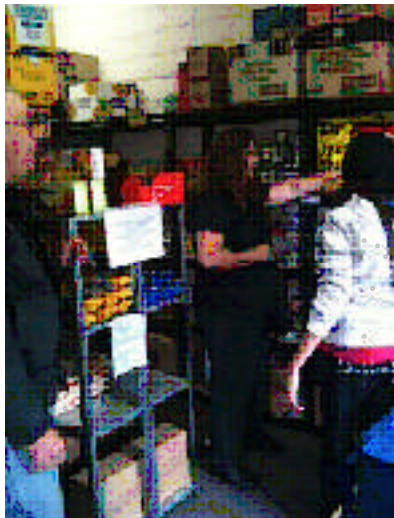


I offer sincere thanks to ARMS and the Reverse The Curse Board for all their hard work supporting us in prayer and fundraising. We look forward to more of you visiting us and seeing for yourselves the great things the Lord is doing here.

ARMS Shoalhaven Report

By Helen Esdaile

Our goal at ARMS Shoalhaven is to offer non-institutional help and hope to people doing it tough in the Bomaderry area.



We are constantly amazed at the way God provides for our needs and uses us to supply the needs of others. We offer free meals on Friday nights and Tuesday lunch times and these have become times when we can relax with people in the community and talk about issues that are important to them. The meals can now be fully funded from donations and the proceeds from the community store.

The community store is open twice a week to provide cheap groceries for people on low incomes. We obtain most of the items in the store from Foodbank NSW. Some groceries are donated by local churches and individuals and we supplement these with groceries purchased locally. We make them available to members of the community store for a small handling fee. There are many struggling families in this part of Bomaderry and the store makes a significant contribution to the well-being of many of these families.

As people come into the house that we call Number 6 many are struck by the atmosphere of acceptance and warmth that they experience. We are aware that this is the life of Jesus among those of us who are following him, and increasing numbers of our guests are making this connection.

This year we have seen significant growth in most of the areas that we can assess – discipleship, leadership, numbers of people using our facilities (especially the free meals and the community store), people who have been helped outside the regular activities, numbers of people in various growth groups and in finances.

The members of the community store and the wider community centred on Number 6 come from very diverse backgrounds including ex-prisoners, single parent families, people struggling with alcohol, drugs and gambling and people with emotional and mental issues and we have seen several make significant progress in dealing with issues in their lives. We are disappointed to see some make decisions that cause them further pain but we continue to extend hospitality and acceptance to them.

We have a wonderful team of volunteers who all contribute both to the running of ARMS Shoalhaven and to the atmosphere of acceptance that characterises our work. For much of the past year David was increasingly ill, culminating in chemotherapy for lymphoma. He was in hospital in Wollongong for the whole of April and Helen stayed in Wollongong for much of the time and visited him every day. In our absence the meals and the community store continued to operate and in fact continued to grow through the leadership and commitment of the volunteers.

We are constantly considering other ways to meet the needs of people in the Bomaderry community but we have recently been challenged to consider sending bicycles to the newly independent Republic of South Sudan. We have begun the process of contacting relevant people and looking at the feasibility of collecting and repairing bikes and getting them into South Sudan. We'll keep you posted.



ARMS Townsville - Directors Report 2010-2011

By Ken Mulligan

This past year has been a very fulfilling year, as the ARMS Townsville office partnered with the YWAM Medical Ships—Australia & PNG Ship Tour to see some wonderful outcomes not only in Australia, but also in PNG.

Australia Tour Totals

Number of people presented to	50,000+
Number of people who toured the ship	12,000+
Number of youth who heard the "I WANT TO LIVE" message	33,000+
Number of spectacles collected	24,000+
Number of school programs	140+
Number of people that heard the "I WANT TO LIVE" message through radio	4.2 Million
Number of people who saw "I WANT TO LIVE" message through television	2.9 Million
Number of people reached by newspaper	500,500

PNG Outreach Totals

Number of villages visited	16
Number of Primary Health Care Services	1,643
Number of Dentistry Procedures Services	2,062
Number of Optometry Clinic Services	1,500
Number of Education Seminars	3,819
Number of Preventative Health Resources distributed	6,113
Number of Ophthalmology Procedures	77
Number of Community Development Projects	64
TOTAL NUMBER OF SERVICES PROVIDED	15,278



One of our highlights of the year was seeing YWAM Australia receive the gift of the Pacific Link medical vessel into its new home, Australia! ARMS Townsville assisted with the ship as it began its journey with a 16-port tour along the east coast of Australia, assisting young Australians and raising awareness to the needs in Papua New Guinea. After a short break in Townsville, we saw the medical ship depart on its 2-month medical, pilot program to PNG in August/September. It was incredible to witness the richness of the cultures in PNG. We were absolutely blown away by the diverse needs and opportunities to help.

As I reflect on the past year, it has been a great year for ARMS Townsville. I am overwhelmed and grateful at how much we were able to accomplish through partnering with YWAM Medical Ships-Australia.



Ken Mulligan – Director

ARMS Canberra Annual Report 2010 to 2011

By Dianne Clark



The main focus of ARMS Canberra is the "Pantry". The Pantry was set up in July 2010. This is a ministry to provide free or low cost food to the poor and needy in our area. Since opening we have noticed a considerable impact on not only those who make use of our services but also on the staff involved. We are open every Thursday from 10.00am to 3.00pm. There are also some local churches who have contributed financially as well as giving food and other items.



We currently have 117 registrations. Each registration represents anything from a single person to a family of 8. We regularly have just under 60 visitors a week. The whole YWAM base is involved either with unloading the truck and filling the shelves on a Wednesday or serving, talking to and praying for people on the Thursday. Our aim is not just to feed the people but to make them feel welcome and listen to their stories.

Most come, not just to buy, but also to sit and have a coffee with us. Some stay for several hours giving us the opportunity to follow up from week to week to see how things are going. Often we are given the freedom to pray

Home of the Open Heart – Chiang Rai

2010 Report

By Penny Wilcox



Who: Children affected by HIV/AIDS, HIV+ single mothers with children, families in communities affected by HIV/AIDS

How many: 3 mothers and 15 children. In the community we have visited and assisted an additional 100 HIV+ people

Staff: Penny Wilcox, 9 Thai staff and 2 foreign staff

Highlights of 2010:

All of our children are now attending the local village Thai government school. They continue to develop educationally and many of our children have been involved in local competitions for English Language and Art and have received various awards for this.

The hospice continues to move forward and the building project is almost complete with work now needed to be finished mostly in regards to plumbing, electrical and then interior/fittings/furnishings.

A Community Projects Team was newly formed and began to meet and move out as a team into the Chiang Rai community and beyond to visit those affected by HIV/AIDS. This has increased our level of effectiveness to support the HIV clinics in the two local hospitals.

We have sent out a Home of the Open Heart Community Team to assist other Project Life/YWAM Ministries in the Northern Region who were affected either by floods or who needed help with building projects.

We were able to continue to network with the government authorities and private agencies in Chiang Rai and even beyond the Northern Region and also to develop stronger relationships at both the Mae Chan hospital and the Chiang Rai hospital through our Community Projects Team.

Thai staff participated in a number of Thai Government Initiated training courses run through the Social Welfare Department and increased their understanding of the issues involved with both HIV/AIDS and the documentation necessary for women and orphans in Thailand.

We were in direct communication with two young pregnant women through the local ARV clinic and hospital and were able to assist and support them with their most immediate needs.

An English language program was started at the Chiang Rai hospital both in the ARV clinic and Children's ward. This has enabled us to continue to educate the wider community as to our purpose and facilities here at our Home and to help the staff educationally through teachings on Nutrition, Child care and Healthy living practices.

**Ministry Reports from Kids Ark in East Timor and ARMS Newcastle
were not received in time for the publication of these reports.**

Audit Of Accounts



ARMS Auditors are
T.A Khoury & Co
59 George St
Burwood NSW 2134
www.tak.com.au



Statement about Donors Without Border Philanthropic Initiative

In the 2010/2011 financial year ARMS participated in the Donors Without Border Philanthropic Initiative which saw \$430,000 worth of HIV/AIDS medicines received by ARMS as in-kind donations, and \$1,820 received in cash donations. (These medicines were later disbursed to a registered HIV/AIDS project in Burundi.)

In December 2010, ARMS received notification from the Australian Tax Office (ATO) that they had reservations about the initiative and needed time to ascertain the details of the arrangement so that they could rule on its appropriateness. This was a surprise to ARMS as tax rulings had been sought and given by the ATO on the DWB arrangement before ARMS entered into this philanthropic initiative.

From mid June 30, 2010 ARMS had ceased to receive donations for this project and since December 2010 we have waited for the ATO to confirm its position on the matter. In July 2011 the ATO ruled that it would not support the arrangement in its current form.

ARMS respects that ruling and has withdrawn from the Donors Without Borders Philanthropic Initiative.

Gladly we can report that the medicines that were donated were distributed in Burundi by Metamorphic International through the auspices of the Global Development Group.

It is for this reason that the ARMS audit documents that are published in these reports show a highly inflated income figure.

In these reports, the medicines have been received as non-monetary gifts and expended as part of 'Other Overseas Project Costs' in the 2010-11 financial year. The physical transfer of the medicines to Burundi occurred in July 2011, but the financial expenditure was accrued to April 2011. This can be seen in the Balance Sheet. On the one hand, the medicines are shown as 'Inventories' and, on the other, they are included in 'Trade and Other Payables'.

A handwritten signature in blue ink, appearing to read 'David Sleat', is written over a horizontal line.

David Sleat
National Director

ADMINISTRATION COSTS

ARMS takes a 5% administration fee from all donations. This fee together with separate fundraising aimed at increasing the administration budget helps us to cover our administration costs without greatly impacting projects.

Our desire is to see as much money as possible pass onto the projects where it is needed most.

A full copy of the ARMS audit of accounts for this financial year is available from the ARMS National Office upon written request.

Write to;

PO Box 132 Port Kembla NSW 2505 - Australia.

info@arms.org.au



Australian Relief and Mercy Services Limited

ABN 84 008 643 258

Director's Report

Your directors present this report on the company for the financial year ended 30 April 2011.

Directors

The names of the directors in office at any time during or since the end of the year are:

David Skeat
Stephen Martin A herne
Peter Fitzroy Brownhill
Alice McCann
Kenneth Neil Mulligan
Thomas Charles Hallas
Dianne Margaret Clark
Matthew John Colwell
Jennifer Keatch
William John Knight
Kathryn Margaret Kennedy
Nicholas John Matthews

Operating Result

The loss of the company for the financial year after providing for income tax amounted to:

Year ended	Year ended
30 April 2011	30 April 2010
\$	\$
82,265.87	(16,825.19)

Principal Activities

The principal activities of the company during the course of the year were the provision or relief to persons in necessitous circumstances.

Significant Changes in the State of Affairs

No significant changes in the nature of these activities or in the state of affairs of the company occurred during the financial year.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in financial years subsequent to the financial year ended 30 April 2011.

No director has received or become entitled to receive, during or since the end of financial year, a benefit because of a contract made by the company or a related body corporate with the director, a firm of which a director is a member or an entity in which a director has a substantial financial interest. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the company's accounts or the fixed salary of a full time employee of the company, controlled entity or related body corporate.

Australian Relief and Mercy Services Limited


ABN 84 008 643 258

Director's Report

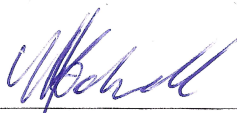
Dividends

In accordance with the memorandum and articles of association of the company, no dividends were declared or paid since the start of the financial year and no recommendation is made as to dividends.

Signed in accordance with a resolution of the Board of Directors:



David Skeat
Director



Matthew John Colwell
Director

Dated: *Sept 9, 2011*

Australian Relief and Mercy Services Limited

ABN 84 008 643 258

Statement of Financial Performance

For the year ended 30 April 2011

Income

Donations and Gifts -Monetary	667,598.96	619,877.49
-Non Monetary		
- National Office – Medicines	432,820.00	0.00
Investment Income - Interest Received	9,762.37	8,559.21
Other Income	10,454.43	7,557.29
Profit on Sale of Plan	369.00	0.00
Total Income	<u>1,121,004.76</u>	<u>635,993.99</u>

Expenses

Overseas Projects		
Funds to overseas Projects	318,507.87	422,629.22
Other Overseas Project Costs	437,649.07	21,872.72
Funds to Domestic Projects	147,991.30	52,409.97
Fundraising Costs		
Public	923.94	2,049.57
Administration	133,666.71	133,857.70
Total Expenses	<u>1,038,738.89</u>	<u>652,819.18</u>
Excess of Revenue over the expenses	<u>82,265.87</u>	<u>(16,825.19)</u>
Total changes in equity of the association	<u>82,265.87</u>	<u>(16,825.19)</u>
Funds available for future use at the beginning of the year	281,796.25	298,621.44
Excess of Revenue over the expenses	82,265.87	(16,825.19)
Funds available for future use at the end of the year	<u>364,062.12</u>	<u>281,796.25</u>

The accompanying notes form part of these financial statements.

Australian Relief and Mercy Services Limited

ABN 84 008 643 258

Statement of Financial Position As At 30 April 2011

	2011	2010
	\$	\$
Current Assets		
Cash and cash equivalents	359,457.10	268,295.59
Inventories	432,820.00	-
Financial assets	3,289.96	4690.33
Total Current Assets	795,567.06	272,985.92
Non-Current Assets		
Property, plant and equipment	26,293.37	31,315.30
Other	0.00	0.00
Total Non-Current Assets	26,293.37	31,315.30
Total Assets	821,860.43	304,301.22
Current Liabilities		
Trade and other payables	457,798.31	22,504.97
Provisions	0.00	0.00
Total Current Liabilities	457,798.31	22,504.97
Non Current Liabilities		
Payables	0.00	0.00
Other	0.00	0.00
Total Non Current Liabilities	0.00	0.00
Total Liabilities	457,798.31	22,504.97
Net Assets	364,062.12	281,796.25
Equity		
Reserves	364,062.12	281,796.25
Total Equity	364,062.12	281,796.25

The accompanying notes from part of these financial statements.

Australian Relief and Mercy Services Limited

ABN 84 008 643 258

Table of Cash Movements for Designated Purposes

For the year ended 30 April 2011

	Cash available at the beginning of the year \$	Cash raised during the year \$	Cash disbursed during the year \$	Cash available at the end of the year \$	Comments
Designated Purpose A - Blue Sky	831.28	145,438.36	133,252.20	13,017.44	
Designated Purpose B - Other	-	-	-	-	
Total for All Other Purposes	267,464.31	975,566.40	897,220.29	346,439.66	
TOTAL	268,295.59	1,121,004.76	1,030,472.49	359,457.10	

The accompanying notes from part of these financial statements.

Australian Relief and Mercy Services Limited

ABN 84 008 643 258

Notes to the Financial Statements

For the year ended 30 April 2011

Note 1: Statement of Significant Accounting Policies

The financial statements are a general purpose financial report that have been prepared in accordance with applicable Accounting Standards, other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) and the Corporations Law. The financial statements have also been prepared on the basis of historical costs and do not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets. The accounting policies have been consistently applied, unless otherwise stated.

Income tax

The company has received endorsement as an Income Tax Exempt Charity and accordingly no provision for income tax has been made

Fixed assets

Property, plant and equipment are brought to account at cost. The carrying amount of property, plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of expected net cash flows which will be received from the assets employment and subsequent disposal.

The depreciable amount of all assets are depreciable over their useful lives commencing from the time the asset is held ready for use.

Investments

Investments bought to account are at cost or at valuation. The carrying amount of investments is reviewed annually to ensure it is not in excess of the recoverable amount of these investments.

Dividends and interests are brought to accounts on the profit and loss account when received.

Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in at call deposits with banks or financial institutions, investment in money market instruments maturing within less than two months, net of bank overdrafts.

Australian Relief and Mercy Services Limited

ABN 84 008 643 258

Directors Declaration

For the year ended 30 April 2011


The directors of the company declare that:

1. The financial statements and notes are in accordance with the Corporations Act 2001:
 - (a) comply with Accounting Standards described in Note 1 to the financial statement and the Corporations Regulations 2001; and
 - (b) give a true and fair view of the financial position as at 30th April 2011 and of its performance for the year ended on that date in accordance with the accounting policies described in Note I to the financial statements;
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



David Skeat
Director



Matthew John Colwell
Director

Dated: *Sept 9, 2011*

Australian Relief and Mercy Services Limited

ABN 84 008 643 258

Independent Audit Report

Scope

We have audited the financial statements of Australian Relief and Mercy Services Limited, being the Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and Notes to Financial Statements for the financial year ended 30 April 2011. The Board of Directors are responsible for the financial report. We have conducted an independent audit of the financial report in order to express an opinion on it to the members.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements so as to present a view which is consistent with our understanding of the association's financial position and performance as represented by the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Qualification

Cash donations are a significant source of revenue for the company. The company has determined that it is impractical to establish control over the collection of cash donations prior to entry in its financial records. Accordingly, as the evidence available to us regarding revenue from this source was limited, our audit procedures with respect to cash donations had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether cash donations received by the company are complete.

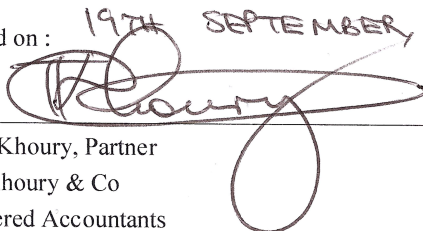
In the normal course of its business, the company derives a substantial portion of its income from donations and sales to related parties. As the effective control over such transactions are not established until they are received and entered in the accounting records, we have been unable to independently verify whether the amounts received from this source have been completely accounted for.

Audit opinion

In our opinion, the financial statements of Australian Relief & Mercy Services Limited is in accordance with:

- (a) the Corporations Law, including:
 - (i) giving a true and fair view of the company's financial position as at 30th April 2011 and of their performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards and the Corporations Regulations; and
- (b) other mandatory professional report requirements.

Signed on :

19TH SEPTEMBER 2011.


Tony Khoury, Partner
T A Khoury & Co
Chartered Accountants

59 George Street, Burwood NSW 2134

Australian Relief and Mercy Services Limited

ABN 84 008 643 258

Auditor's Independence Declaration

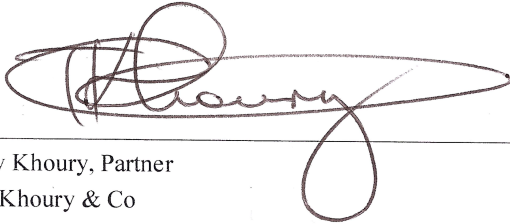
**AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE
CORPORATIONS ACT 2001**

TO THE DIRECTORS OF AUSTRALIAN RELIEF & MERCY SERVICES LIMITED

We declare that, to the best of our knowledge and belief, during the year ended 30th April 2011 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit has been breached.

Signed on : 19TH SEPTEMBER, 2011.

A handwritten signature in black ink, appearing to read 'Tony Khoury', written over a horizontal line. The signature is stylized and cursive.

Tony Khoury, Partner

T A Khoury & Co

Chartered Accountants

59 George Street, Burwood NSW 2134

ARMS Auditors are
T.A Khoury & Co
59 George St
Burwood NSW 2134
www.tak.com.au

END OF REPORTS

