



**Penang Family Health  
Development Association  
槟州家庭健康发展协会**

**PENYATA TAHUNAN 2021  
61st Annual Report**



# PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG

## Penang Family Health Development Association

### 槟州家庭健康发展协会

(Winner of Tun Dr Siti Hasmah Award, 2012)

The Penang Family Health Development Association (FHDA) is an NGO established in 1961 then known as Family Planning Association. We are a not-for-profit registered society with tax exemption status for donors donations We collaborate with various Klinik Kesihatan, Pejabat Kesihatan Daerah and Jabatan Kesihatan Negeri. FHDA is also a partner organization of the Malaysian AIDS Council. We provide a complementary service for the AIDS programme of the Ministry of Health, Malaysia.

We won the Tun Dr Siti Hasmah Award in 2012 for community work on AIDS. This award is presented by the Malaysian AIDS Foundation.

FHDA depends on funds for projects from donors/sponsors and grants. For administration overheads, advocacy and incubation of new initiatives or charity services we have to raise our own income from public donations and fees for services.

Donors may send us donations online via account no: MBB 5570 1800 0092.

Vision: To be a leading NGO in the field of sexual and reproductive health and rights.

Mission: A caring and effective NGO in community health.

Motto: My Body, My Responsibility

#### Location

Penang FHDA is located in George Town, in the state of Penang, North West Peninsular Malaysia.

- An office/counseling centre at Jalan Perak, George Town, Penang
- A basic family planning / wellness screening clinic at Kampung Kolam, George Town, Penang.
- A social work centre at Jalan Pegawai, Bukit Mertajam, Seberang Perai Tengah.

#### The FHDA Programme

##### 1. Clinical (Integrated of Package of Essential Services aka IPES)

FHDA's clinics offer family planning ( including Implanon and IUCD insertions), pre and post exposure IV prophylaxis, medical screening for women's health, HIV, STI and counseling /referrals for all. We have a fortnightly HIV screening/counseling night service – Community Friendly Clinic (CFC).

##### 2. Outreach

- Me and You (MAY) support group for PLHIV with visits to hospitals and MAY4Kids charity aid for children.
- Case management outreach to transgender, street-based sex workers and men who have sex with men on a STI/HIV harm reduction programme, accompanying the clients for medical treatment and follow-up for the clients.
- Outreach to underserved women and refugees to provide health-screening services free of charge and referring them to free of charge tertiary care.

### 3. Counseling

We provide counseling for sexuality, relationships, teenage and gender identity.

### 4. Advocacy

FHDA advocates for policy change to enable increased access to healthcare and employment for marginalized groups. Women's health screening service and education, outreach to places like factories, housing estates, and institutions of education. Comprehensive sexuality education (CSE) is advocated for young people to empower them to learn about family development and awareness of cyber sexual and gender-based violence.

### 5. Aged care

FHDA conducts outreach projects to serve elderly in the community with home visits and activities at old folks' homes.

### 6. Training

FHDA runs training on contraception, sexuality, HIV, STI, SRHR for peer educators, young people, doctors and nurses. We obtained Continuing Professional Development (CPD) Provider status for Malaysian Medical Association and the Ministry of Health. One of our panel is HRDC certified.

### 7. Publications

- Bicara Komuniti manual (a Malay language facilitators' guide)
- Guidelines for HIV testing (registered National Library Bar Code), 2011
- Annual reports.

## **Conclusion**

Current challenges are reduction in volunteer enrolment and financial challenges for sustainable income. We welcome volunteers to help us design a sustainable income plan and be involved in projects. We look forward to students from different fields of study who are interested to intern with us.

Visit us on our website: <https://www.penangfhda.org>.

For more information, contact Penang FHDA:

**333, Jalan Perak, 11600 Penang Malaysia.**

**Tel. 604-2813144; email: [info@fhdapenang.org](mailto:info@fhdapenang.org)**

**Like and follow us on Instagram / fB: Penangfhda.**

# **MESSAGE FROM PRESIDENT**



My warm and sincere greetings to all members of FHDA.

This year promises to be a productive return for FHDA , with the tapering off of restrictions on research, technical visits and face to face networking with stakeholders.

The Covid pandemic has been a difficult time for all public and non- governmental agencies , struggling to continue and finish projects with limited movement, time and resources . Thankfully FHDA has an energetic team of women and men who have brought the association to greener heights with the completion of the UNCHR project “SRH & SGBV Information & clinical service for women and men in Penang, Kedah, Perlis” for the Rohingyas.

This year will be more challenging as FHDA attempts to redefine its mission statement and work on “ health development”; what it means to be a healthy individual, family, workforce and community . FHDA has adopted a more comprehensive approach which proposes that if we begin with strengthening institutions which bind communities together; the family will be able to produce a new generation of capable and strong individuals who can better withstand the stresses and strains of the downside of urbanism and modernity - rapid inflation, retrenchment, displacement and marginalisation .

For this reason , our future programmes will attempt to mainstream gender equality ; productive ageing and welfarism; institutional building for displaced groups and minorities; inter-community regeneration and income sustainability. FHDA hopes to be able to convince funding agencies of its progressive objectives to eventually enhance human capacity to build healthy communities without discrimination of gender, age , ethnicity and faith.

Moving forward we embrace the statement that “ healthy families are healthy communities “ and that “ healthy communities are the “ pillars of a strong nation” . Together we stand to build the institutions which bind us as strong , honest and committed citizens of Malaysia .

Thank you

A handwritten signature in black ink, appearing to read 'Wazir Jahan Karim'. The signature is fluid and cursive, with a long horizontal stroke at the end.

**Prof Emerita Dato Seri Dr Wazir Jahan Karim**  
President

# MESSAGE FROM CHAIRPERSON



Two years since the global threat of Covid-19, the curbs that affected everyone's lifestyle are slowly fading though the virus still remains. The challenges presented as a result of uncertain and alarming economic conditions were felt worldwide and FHDA was not spared, but we confronted them headon. 2021 turned out to be a busy year for FHDA.

Firstly, I welcome our new President, Prof Emerita Dato' Seri Wazir Binti Karim. As a co-founder of KANITA (Unit for Research on Women and Gender) USM, she comes with a host of experiences and accolades on women and gender-related issues. We are confident that her tenure will bring FHDA to new heights. We would like to thank Dr Choong Sim Poey who was at the helm as President from 2015. Under his term, FHDA has made much progress especially in our clinic services.

We also say thank you to Mr Ong Lay Seong who resigned as our Hon. Treasurer after more than twenty years as a staunch volunteer and later as an untiring exco during his tenure as Hon. Treasurer. He helped put our HIV/AIDS service on the map by setting up the MAYCare Centre. We welcome Dr Tong Mun Wah who will replace the vacuum left by Mr Ong.

The Policy Update Task Force headed by Mr Goh Yong Jian and comprised mainly our junior exco members namely Thurgkasiny Muthukumar and Natalie Heah Tze-Shuen and volunteer Carlyn Gan held regular meetings from 11 July 2021 on zoom platform. Their task came to fruition on 14 May 2022 after arduous scrutiny and discussion on different manuals comprising FHDA Policy manuals - PSEA (Prevention of Sexual Exploitation and Abuse) Policy, Financial Manual, Procurement guidance, Rules and Regulations among others. The PSEA is a requisite for UNHCR grant recipients and our policy achieved full score from UNHCR. Congratulations to the team. The full report can be found in this annual report.

Our part in the NFIS (Newton Fund Impact Scheme of the British Council) project for migrant workers with the Jabil and Renesas factories was completed on 15 October 2021. The results are now handed over to the researchers for their action. We understand that there may be a follow-up to this project soon.

With the conclusion of a few grants, we lost some staff who left the association to work with international and national bodies. Ms Lee Sook Fong our Senior Programme Officer 2 is now with the UNHCR. Ms Chen Fong Theng our Senior Programme Officer 1 is with Yayasan Sejahtera, while Hezreen Shaik Daud has embarked on two research projects: 1) part of PhD studies of University College Dublin and Penang International Dental College, Malaysia; 2) A mobile health educational intervention study to improve oral health in relation to STIs in transgender women in Malaysia. While we are sad to see them leave, we are proud to say that they have gained much knowledge and experience while serving at FHDA groomed and developed while under the training of our managers Ms Christine Low and Ms Engie Ng. We wish them all the best.

As we continue to face challenges, and as we adapt to a new "normal", I would like to express my gratitude to the FHDA team – volunteers and staff - for the dedication and commitment shown to keep our operations running, our customers and stakeholders satisfied and our performance strong. Thank you for devoting your time to help us fulfil our mission. To our donors and supporters, a big thank you for believing in us. We look to the future with hope and inspiration.

A handwritten signature in black ink that reads "Yeap Meng Chee".

**Yeap Meng Chee**, BCN, PKT, PJK  
Chairperson

## OFFICIALS and COMMITTEE MEMBERS 2021 - 2022

TRUSTEES: Dr Najeemu Hamzah  
Dr Pyar Kaur  
Dato' Dr. Yee Thiam Sun, DMPN, DSPN, KMN, DJN, PKT, PJM

PRESIDENT: Prof Emerita Dato' Seri Dr. Wazir Jahan Karim

EXECUTIVE: Ms. Yeap Meng Chee, BCN, PKT, PJK – Chairman  
COMMITTEE: Dr Dinesh Mahalingam – Vice Chairman  
Mr Lim Beng Poh, DJN, PKT, PJK, PPN – Hon. Secretary  
Mr Ong Lay Seong – Hon. Treasurer  
Ms Tan Lay Pheng, PJM.  
Ms Heah Tze-Shuen (Natalie)  
Dr Mallise Tong Mun Wah  
Mr Goh Yong Jian  
Mr Damian Lee Wan Tong  
Dr (Mrs) Gan Kam Ling, PKT (co-opted)  
Mdm Jubaidah Nagoor, PPN, PJM (Co-opted)

YOUTH Ms Michelle Mah Huey-Li  
REPRESENTATIVES: Ms Thurgkasiny Muthukumar

HON. INTERNAL Mr Tan Tee Boon  
AUDITORS: Ms Kalaivani Kaliaperumal

EXCO MEMBER / DATES OF MEETINGS	24.4.21	17.7.21	7.8.21	23.10.21	16.2.22	23.3.22	TOTAL
Ms Yeap Meng Chee	P	P	P	P	P	P	6/6
Dr Dinesh Mahalingam	P	P	P	P	P	P	6/6
Mr Lim Beng Poh,	P	P	P	P	P	P	6/6
Mr. Ong Lay Seong	P	P	P	P	X	X	4/6
Dr (Mrs) Gan Kam Ling,	X	X	X	P	X	P	2/6
Mdm See Cheng Kim	P	P	P	X	-	-	3/4
Mr Damian Lee Wan Tong	P	P	P	P	P	P	6/6
Ms Tan Lay Pheng	P	P	P	P	-	-	4/4
Mdm Jubaidah Nagoor	P	P	P	X	P	P	5/6
Ms Natalie Heah Tze-Shuen	P	P	P	P	P	P	6/6
Mr Goh Yong Jian	P	P	P	P	P	P	6/6
Ms Michelle Mah Huey-Li	-	-	-	-	X	P	1/2
Ms Thurgkasiny Muthukumar	-	-	-	-	X	X	0/2

P – Present

AP – Absent with apology

AB – X

# **SUB-COMMITTEES 2021 - 2022**

## **FAMILY PLANNING & SEXUAL REPRODUCTIVE HEALTH SERVICES.**

1. Dr Choong Sim Poey - Chairman
2. Dr Dinesh Mahalingam
3. Dr Yim Poh Yin
4. Matron See Cheng Kim (Gender Issues)
5. Mdm Kalaivani Kaliaperumal

## **RESOURCE MOBILISATION**

1. Mr Bakhtiar Talhah - Chairman
2. Ms Yeap Meng Chee
3. Mr Lim Beng Poh
4. Mr Ong Lay Seong
5. Mr Damian Lee Wan Tong
6. Dr Mallise Tong Mun Wah

## **YOUNG PEOPLE & SEXUAL REPRODUCTIVE HEALTH**

1. Ms Thurgkasiny Muthukumar – Chairman
2. Ms Michelle Mah Huey-Li
3. Mr Goh Yong Jian
4. Ms Yeap Meng Chee
5. Ms Natalie Heah Tze-Shuen
6. Ms Caryln Gan

## **AIDS/STIs**

1. Dato' Dr Chow Ting Soo - Chairman
2. Dr Dinesh Mahalingam
3. Puan Jubaidah Nagoor
4. Mr Bakhtiar Talhah
5. Dr Ang Peng Peng
6. Dr Guan Han Lin
7. Dr Hor Chee Peng
8. Ms Natalie Heah Tze-Shuen

## **MANAGEMENT AND ADMINISTRATION**

1. Mr Lim Beng Poh
2. Ms Yeap Meng Chee
3. Mr Ong Lay Seong
4. Dr Dinesh Mahalingam
5. Dr Mallise Tong Mun Wah

## **SUPPORTING STRATEGIES**

Hon. Legal Adviser  
Hon. AIDS Advocacy Adviser  
Hon. MSM Programme Adviser  
Volunteer Clinic Doctor

Ms Nadiah Abdullah  
Dato' Dr Chow Ting Soo, DJN  
Mr Bakthiar Talhah  
Dr Yim Poh Yin, PJK

## **REPRESENTATIVES TO EXTERNAL AGENCIES**

### **National Council of Women's Organisations (Penang)**

1. Ms Yeap Meng Chee (Chairperson)
2. Dr Mallise Tong Mun Wah (Hon. Treasurer)
3. Mdm See Cheng Kim (Committee)
4. Ms Tan Lay Pheng (Hon. Auditor)



### **Majlis Kebajikan Masyarakat**

1. Mr Lim Beng Poh

### **Federation of Reproductive Health Associations Malaysia (FRHAM)**

1. Ms Yeap Meng Chee (Vice-President)
2. Dato' Dr Yee Thiam Sun (Vice-president)
3. Dr Dinesh Mahalingam (Chairman of Medical Sub-Committee)



Dr Harry Dinesh Mahalingam

Pakar Kesihatan Awam dan Kesihatan Pekerjaan,  
Ketua Pegawai Eksekutif SP Care Group dan  
Pengerusi Perubatan – Persekutuan Persatuan  
Kesihatan Reproduksi Malaysia.

### **Delegate to FRHAM National Council**

1. Dr Mallise Tong Mun Wah
2. Ms Michelle Mah Huey-Li
3. Dr Dinesh Mahalingam
4. Mr Damian Lee Wan Tong

### **Delegates to Malaysian AIDS Council**

1. Mdm Jubaidah Nagoor (Committee)
2. Dr Dinesh Mahalingam
3. Mr Damian Lee Wan Tong



FHDA AGM 2021 on zoom platform .



## MEMBERSHIP AS AT 31 DEC 2021

MEMBERSHIP TYPE	NEW 2021		CUMULATIVE C/F 31 DEC 2021			TOTAL MEMBERSHIP 2021	NEW 2020		TOTAL MEMBERSHIP 2020
	M	F	M	F	TG		M	F	
Ordinary	1	0	25	122	0	147	1	1	146
Life	1	1	95	133	1	228	1	0	225
ASSOCIATE	0	0	1	2	0	3	0	0	3
Youth *	0	2	7	19	0	26	0	1	24
<b>Total</b>	<b>2</b>	<b>3</b>	<b>128</b>	<b>276</b>	<b>1</b>	<b>404</b>	<b>2</b>	<b>2</b>	<b>398</b>

### FECILITATIONS

In conjunction with the 8th TYT Yang DiPertua Negeri Pulau Pinang's 72nd Birthday,  
The following member was awarded:  
DARJAH SETIA PENGKUAN NEGERI (D.S.P.N.) - Dato' Dr. Chow Ting Soo

### CONDOLENCES

1. Mr Damian Lee Wan Tong, EXCO Member, on the demise of his beloved father on 2nd April. 2021.
2. Pn Jubaidah Nagoor, EXCO Member, on the demise of her beloved sister on 14 Apr 2021.
3. Mdm Goh Chue Ching, General Worker, on the demise of her beloved mother on 15 Apr 2021.
4. Pn Mahirah Ahmad Murad, Clinic Assistant, on the demise of her beloved father on 30 Apr 2021.
5. Ms Lee Sook Fong, Sen. Prog. Officer on the demise of her beloved mother on 19 July 2021.
6. Dr. Choong Sim Poey, President, on the demise of his beloved wife, Dato' Kee Phaik Cheen on 4 Aug 2021.
7. Mr Alvin Poh on the demise of his beloved mother, Datin Doris Goh Shew Land on 28 Aug 2021.
8. Mr Daniel Pau Chih Ming, 2021 Election Committee Chairman on the demise of his beloved wife, Jannie Tan Poh Geok on 6 Sept 2021.

### UPDATING MEMBERSHIP RECORDS

Members and/or their family are urged to notify the Hon Secretary of

- (a) change of address
- (b) current e-mail address and mobile phone number
- (c) awards and titles bestowed to members
- (d) demise of members.

## STAFF LIST AS AT 31 DECEMBER 2021

Manager	Christine Low Bee Cheng (1994 - present)
Finance Officer	Cristal Lim Suan Choo (2010 – Aug 2021)
P/T Finance Clerk	Callie Sin (Sept 2021 - present)
Prog. Manager	Engie Ng Lai Kin (rejoined 2019 – present)
Sen. Prog. Officer 1	Chen Fong Theng ( 2018 – May 2022)
Sen. Prog. Officer 2	Lee Sook Foong (April 2021 - Mar 2022)
Asst. Prog Officer	Hasra Bt Othman (Oct 2020 – Feb 2022)
Gen. Worker	Goh Chue Ching (rejoined Dec 2020 - present)

### **FHDA Kg Kolam**

Clinic Admin	Halimah Bt Mohd Hanifah (2017 – present)
Clinic Assistant	Kam Min Ling (2000 – present) Mahirah Bt Ahmad Murad (Sept 2020 – present)

### **DHSKP Project – MSM / FSW / TG**

Case Management Officer: Loh Yoke Peng (2011 – present)  
Nadja Rahim (2013 – present)

Outreach Officer  
Community MSM:

Muhammad Roshamil Mokhtar (2013 – present)  
Mohd Redduwan Zairukaperi (2014 – present)  
Nina Said (2014 – present)  
Muhammad Khairunizam Abd Latiff (Feb 2020 – Jun 2021)  
Raimie Czar Zulkepar (Aug 2021 - present)

Community FSW:  
Community TG:

Chinta Hilal Mohd Yusop (Feb 2020 – present)  
Sahsa Azwandy (Feb 2020 – present)

### **CROSSoVER – Refugee Rohingya**

Outreach Officer: Alom Shah (Aug 2021 - Oct 2021)  
Hezreen Shaik Daud (Aug 2021 - Dec 2021)



# C C A S H P G G



## Counselling:

*Sex, sexuality and relationship counselling relating to pregnancy, fertility, abuse and health*



FHDA continued getting some desperate calls for guidance from both locals and foreigners which focused on distress and mental health. The in-person F2F sessions included a foreign student tested HIV positive by the college admission mandatory medical examination process in Penang upon arrival. She was subsequently rejected admission. The news of her diagnosis when she was alone in Malaysia, plus loss of money in these circumstances were devastating. She had no choice but to return to her home country without commencing treatment. Two marriages were on the rocks when a woman realized her husband had a not so secret live-in boyfriend in another house, and a man decided that he could no longer be male (and a husband).

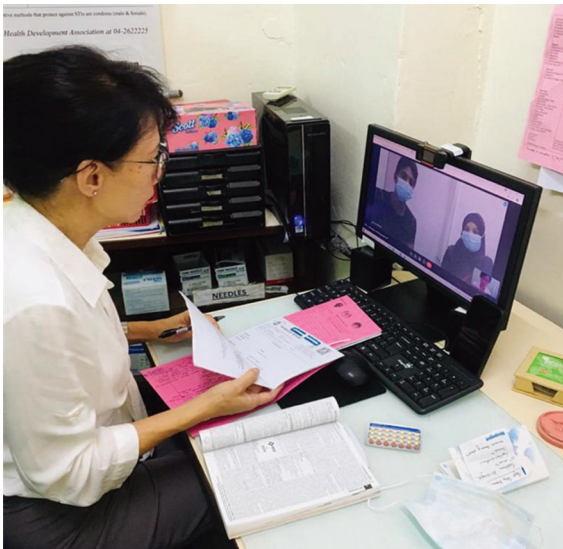
No	Issues (sessions)	Date	No
1	Baby adoption, pregnancy, contraception and SRH treatment anxiety related (not abortion)	Jan – Dec 2021	13
2	HIV treatment, disclosure and partner related concerns	Jan – Dec 2021	4
3	High school bullying (drop out)	Jan – Dec 2021	1
4	Gender Identity (MtF, FtM)	Jan – Dec 2021	8
5	Caregivers coping with ADHD/ OKU teenagers (referred to FHDA)	Jan – Dec 2021	2
6	Grief, separation and family relationships	Jan – Dec 2021	4
7	Fear of death and poor health	Jan – Dec 2021	2
8	Anxiety regarding security, anger management, coping with hurtful relationships.	Jan – Dec 2021	5
		<b>Total sessions</b>	<b>39</b>

# C C A S H P G G



## Contraception

*Counselling and provision of contraceptives including emergency contraception, implants and long-acting reversible contraception and referrals for permanent methods*



By **Dr Yim Poh Yin**  
Volunteer Doctor  
FHDA Kampong Kolam

I have seen a sharp increase in the clinic services for HIV prophylaxis in the past years. We appear to have become the clinic of choice in Penang for PrEP (pre-exposure prophylaxis) and to a smaller extent, PEP (post-exposure prophylaxis). We are less able to provide PEP services because the nature of PEP requires it to be administered within 72 hours of the exposure and our clinic hours are limited.

While the family planning services have declined, there has been an increase in clients seeking gender transition hormone therapy. Having said that, the well women's service remains the core of our clinic service based in Kampong Kolam.

Our clinic participated in an outreach for migrant health advocacy as one of the interventions in the research "Piloting Health Interventions to Advance the Sexual and Reproductive Health of Women Migrant Workers in Malaysia, 2020 – 2021" (NFIS). This mobile clinic service for migrant women workers was spearheaded by Dr. Choong Sim Poey. The research was undertaken by researchers at University of Westminster, Universiti Sains Malaysia and Middlesex University, funded by the British Council Newton Fund Impact Scheme (NFIS) and involved two factories in Bayan Lepas, Penang. This project supports women migrant workers in managing their SRH needs and is crucial in achieving gender equality and empowerment, meeting Sustainable Development Goals 3, 5, 8 and 10.

I would like to thank the clinic staff, FHDA management and Exco, as well as volunteers for giving their best to support this service. Your dedication is an inspiration.

**TABLE 1: STATIC CLINIC ACCEPTORS (FP) DATA**

YEAR	2014	2015	2016	2017	2018	2019	2020	2021
TYPE OF CLIENTS								
New Acceptors	85	70	064	83	99	543	869	525
Continuing Acceptors	566	552	441	486	311	322	635	370
Individual Women Seen	651	836	894	569	410	1049	1682	895
Revisits	635	601	397	485	248	184	178	204
<b>TOTAL</b>	<b>1937</b>	<b>2059</b>	<b>1796</b>	<b>1623</b>	<b>1068</b>	<b>2282</b>	<b>3364</b>	<b>1994</b>

**TABLE 2: COMCEFP\* ACCEPTORS (FP\*) DATA**

YEAR	2014	2015	2016	2017	2018	2019	2020	2021
TYPE OF CLIENTS								
New	0	18	0	5	0	356	335	20
Continuing Acceptors	583	583	392	361	212	215	210	0
Revisits	80	80	196	314	170	12	10	0
<b>TOTAL</b>	<b>663</b>	<b>681</b>	<b>588</b>	<b>680</b>	<b>382</b>	<b>583</b>	<b>555</b>	<b>20</b>

**TABLE 3: CONTRACEPTION METHODS**

YEAR	2014	2015	2016	2017	2018	2019	2020	2021
CONTRACEPTIVE METHOD (FP*)								
Oral	273	325	206	337	112	233	312	102
Emergency Contraception	21	7	3	1	0	0	0	0
EVRA Patch	53	32	25	0	0	0	0	0
Injection @ 3 months	25	43	33	88	25	299	771	424
Insertion:								
IUCD*	150	210	168	138	136	397	539	327
Implanon	0	2	0	0	0	5	5	8
Barriers:								
Male Condom	511	467	332	475	137	115	55	34
<b>TOTAL</b>	<b>1033</b>	<b>1086</b>	<b>767</b>	<b>1039</b>	<b>410</b>	<b>1049</b>	<b>1682</b>	<b>895</b>

**TABLE 4: SOURCE OF REFERRAL (New Acceptors) DATA**

YEAR	2014	2015	2016	2017	2018	2019	2020	2021
REFER BY								
FHDA's Clients	54	46	165	243	85	90	26	29
FHDA's Staff Including IEC*, BCC*	31	24	58	25	5	5	281	50
FHDA's Members	0	0	0	0	0	395	512	446
Others (Facebook, Website, etc)	0	0	12	22	9	53	50	50
<b>TOTAL</b>	<b>85</b>	<b>70</b>	<b>235</b>	<b>290</b>	<b>99</b>	<b>543</b>	<b>869</b>	<b>525</b>

**TABLE 5: SRH SERVICE DATA**

YEAR	2014	2015	2016	2017	2018	2019	2020	2021
<b>TYPE OF SERVICES</b>								
Pap Smear & Thin Prep	1335	1388	1081	1034	755	748	562	357
Pap Smear HPV DNA								5
Breast Examination	1739	1469	1140	1418	812	841	614	385
General Check by Staff	4420	4329	3001	3751	2873	2714	3493	2670
Minor Gynea Treatment	251	309	562	151	294	184	102	91
Ultrasound	0	0	386	568	567	625	483	355
Infertility Counseling	21	37	25	16	11	5	20	8
Marital Counseling	2	5	3	0	0	2	0	0
Pregnancy Testing (UPT)	133	47	59	53	24	22	23	31
HRT	189	150	150	122	105	76	67	66
Hep B Immunization	138	122	87	64	93	80	40	82
HPV Vaccination	77	70	34	20	17	30	51	47
FLU Vaccination								103
Male Clients	309	312	510	314	142	284	719	762
Youth Clients	99	87	212	88	53	?	114	235
Ref. to Other Agencies	127	518	421	289	463	484	258	91
Obstetric							31	11
Urology							42	79
SRH (other)-TG							35	67
PREP							101	110
PEP							18	20
HAART(ART)								3
Blood Test (incl.HIV)							425	573
Blood Test STI/VDRL/RT							84	401
Rapid Test (HIV) in Clinic							507	285

**TABLE 6: PAP SMEAR READINGS**

YEAR	2014	2015	2016	2017	2018	2019	2020	2021
New	85	231	125	91	78	124	97	137
Repeat	1250	1157	956	848	677	624	465	220
<b>TOTAL</b>	<b>1335</b>	<b>1388</b>	<b>1081</b>	<b>939</b>	<b>755</b>	<b>748</b>	<b>562</b>	<b>357</b>

<b>Normal</b>	1092	1079	940	823	644	687	481	264
Referral to specialist for abnormality/ malignancy	68	72	51	21	21	10	4	2
Infection - trichomoniasis, moniliasis & actinomyosis	175	237	141	95	90	51	77	91
<b>TOTAL</b>	<b>1335</b>	<b>1388</b>	<b>1132</b>	<b>939</b>	<b>755</b>	<b>748</b>	<b>562</b>	<b>357</b>

**TABLE 7: ULTRA SOUND READINGS**

YEAR	2014	2015	2016	2017	2018	2019	2020	2021
New			386	55	75	113	107	113
Repeat			0	513	492	512	376	242
<b>TOTAL</b>			<b>386</b>	<b>568</b>	<b>567</b>	<b>624</b>	<b>483</b>	<b>355</b>

<b>Normal</b>							436	326
Referral to specialist for abnormality							11	1
Fibroid / cysts							36	28
<b>TOTAL</b>							<b>483</b>	<b>355</b>

# C C A S H P G G



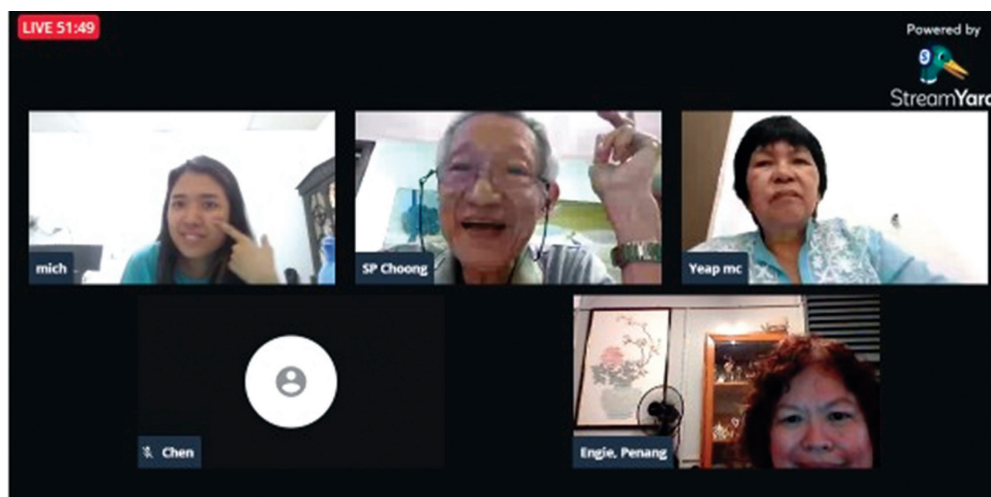
## Safe ABORTION Care

*Pre and post abortion counseling, contraception education and referrals*

No	DIARY OF ACTIVITIES:	Date	No. of Pax
1	Safe Abortion Referral, counselling and contraceptive education and unplanned pregnancy	Jan to Dec 2021	24

In 2021, four of the 11 abortion referrals (out of 24 who had an unplanned pregnancy) were foreigners for medically required investigation. Good contraceptive practice, access and awareness could have helped prevent some of the unplanned pregnancies. We urge that advocacy for comprehensive sexuality education (CSE) should be strengthened among incoming migrants and educators.

### CSE training sessions



# C C A S H P G G

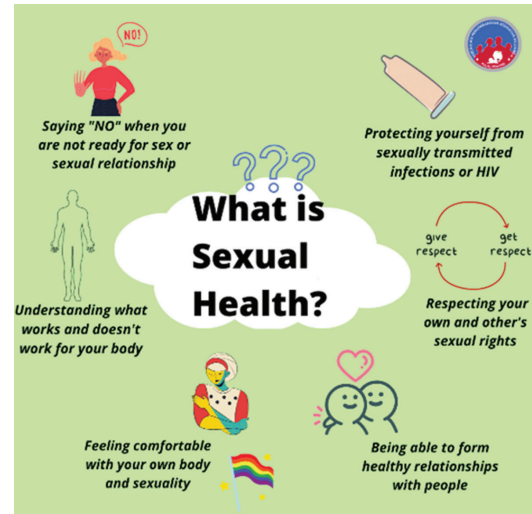


## STIs/RTIs:

STI (Sexually Transmitted Infections) and RTI (Reproductive Tract Infections) information and counselling and laboratory tests

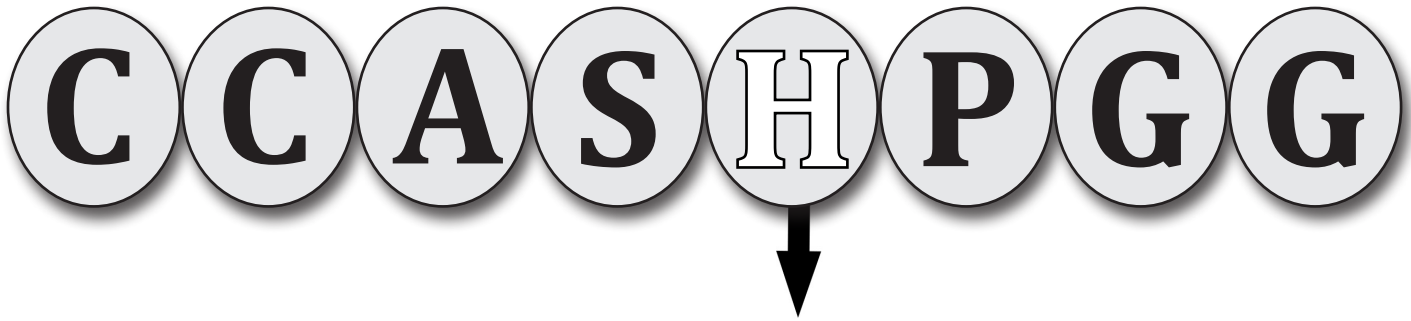
The table below refers to the testing referred to Klinik Kesihatan STI-friendly clinics in Penang or to private doctors where blood tests were taken or using rapid test kits. This was under the project Differentiated HIV Services for Key Populations (DHSKP) which is a HIV harm reduction and prevention programme under the Malaysian AIDS Council (MAC). Total individuals screened 682

of which 250 comprised female sex workers /transgender sex workers; only 5.6% were reactive and needed further investigation and treatment if confirmed positive. 432 were MSM of which 3.7% were reactive and required investigation and treatment upon confirmation.



Month 2021	SW / TG			MSM		
	Clients Screened	Reactive	Tx (Times)	Clients Screened	Reactive	Tx (Times)
January	21	1	2	18	2	2
February	27	2	1	34	-	3
March	33	3	1	46	3	3
April	41	-	3	57	3	2
May	8	2	1	34	1	1
June	-	-	-	7	-	-
July	28	1	2	42	1	-
August	20	-	-	45	1	4
September	34	2	2	45	1	5
October	19	1	1	48	1	9
November	14	1	-	34	1	1
December	5	1	-	22	2	2
<b>TOTAL</b>	<b>250</b>	<b>14</b>	<b>13</b>	<b>432</b>	<b>16</b>	<b>32</b>





## Human Immunodeficiency Virus (HIV)

*Pre and post-test counseling and HIV tests, risk assessment, treatment adherence, psychosocial support and referrals*

FHDA's trained HIV test volunteers re-commenced to give in person services after lockdown was less restricted. These FHDA Community Friendly service on first and third Friday evenings to provide free of charge HIV voluntary counselling and testing.

From 2019 to 30 April 2022, our Differentiated HIV Services for Key Populations (DHSKP) recorded post exposure prophylaxis (n-PEP) clients who needed case management at government clinics (Klinik Kesihatan aka KK). In the same period 70 clients requested for Pre exposure prophylaxis therapy (PrEP). The medication is not provided free of charge by the government. For PEP and PrEP, FHDA advocates increased community strengthening training of NGO providers by the Ministry of Health as self medication causes self-harm.

No	Diary of Activities	Date / Months	No. of participants
1	VCT Community Friendly Centre at FHDA	July - Dec 2021	50
2	DHSKP Dialog & Kempen Kesihatan untuk MSM, TG & FSW	April – May 2021	86
3	Penilaian & Analisa Program DHSKP oleh Konsultan Tempatan	23.4.2021	1
4	DHSKP Programmatic Analysis by MAC	25.4.2021	7
5	FHDA Sponsorship for Client Viral Load Test (MAY charity service)	21.5.2021	1
6	PEP Case Management (culmulative since Jan 2019)	As at Apr 2022	53
7	PrEP Case Management (culmulative since Jan 2019)	As at Apr 2022	70
8	Support Group (KP: FSW / TG / MSM)	Jan - Dec 2021	17
9	Stakeholder Meetings with KK / JKN AIDS Officer /pharmacy	Jan - Dec 2021	28

**Kami dah, awak bila pulak?**

**UJIAN SARINGAN HIV**

HUBUNGI SASHA 011-1016 3016

Yoko Peng Promosi Pengesanan HIV 016-480 2248

**U = U**  
Unggah-berbahaya  
Unggah-berbahaya

**HIV bukan Pengakhiran**

"Masih tiada penawar bagi HIV. Namun, pematuhan rawatan antiretroviral dapat mengawal virus terbahit seterusnya menghalang ia dijangkiti melalui hubungan seksual."

**Bakhtiar Talhah**

-Harian Metro, Disember 2, 2019-

**LIVE @penangfhda | 25 Ogos 2021 | 8.30pm**



Month 2021	Unique Clients (SW/TG)		HIV				Distribution
	Existing client	New client	Clients Counseled	Clients Screened	Reactive	Start HAART	Condoms/lubricants (pcs)
January	84	8	21	21	-	-	1605/749
February	101	6	31	31	1	-	2325/1085
March	116	3	25	25	1	2	2745/1281
April	126	3	15	15	-	1	3165/1477
May	114	3	8	8	1	-	2115/987
June	10	-	-	-	-	1	150/70
July	61	10	28	28	0	-	1275/595
August	84	4	17	17	1	-	1800/840
September	96	13	26	26	-	-	2085/973
October	116	27	17	17	-	1	2325/1085
November	145	15	14	14	-	-	2415/1127
December	94	4	5	5	-	-	1560/728
<b>Total</b>	<b>1147</b>	<b>96</b>	<b>207</b>	<b>207</b>	<b>4</b>	<b>5</b>	



Month 2021	Unique Clients (MSM)		HIV				Distribution
	Existing client	New client	Clients Counseled	Clients Screened	Reactive	Start HAART	Condoms/lubricants (pcs)
January	114	13	16	16	3	-	560/560
February	114	24	31	31	5	-	632/632
March	193	29	43	43	2	-	1000/1000
April	187	26	45	45	1	3	944/944
May	111	5	27	27	1	-	540/540
June	28	6	7	7	1	1	128/128
July	76	31	42	42	2	5	352/352
August	74	35	46	46	-	3	344/344
September	99	32	45	45	1	5	508/508
October	145	39	44	44	1	1	792/792
November	217	31	32	32	-	4	1840/1840
December	164	23	20	20	-	6	3232/3232
<b>Total</b>	<b>1522</b>	<b>294</b>	<b>398</b>	<b>398</b>	<b>17</b>	<b>28</b>	



### Prenatal Care

*Conformation of pregnancy, prenatal care and referral to obstetric care*

There were 31 (2021) clients for pregnancy testing, an increase from the past year (23: 2020), with 11 referrals for obstetricians. Overall, FHDA did not thrive for the prenatal services.



### Gynaecology

*PAP Smear, breast examination, HPV vaccination and referral*



*FHDA SRH service in collaboration with Perlis FPA clinic*

The number of pap smears done in 2021 decreased to 367 from 562 (2020) due to lockdown and social spacing reducing the procedures that were elective (on demand check up). Only 385 breast examinations were done for women at FHDA Kg Kolam.

Under the UNHCR project “SRH & SGBV information & Clinical Services for Women and Men in Perlis, Kedah and Penang” we conducted total of 195 pap smears (197 breast examinations) for women refugees: Penang ( 62), Kedah ( 108) , and Perlis (25)

thanks to the collaboration of Perlis FPA, staff of Kedah FHA, Klinik Dr Fauzi Cawangan Kuala Kedah; the FHDA clinic and programme unit teamwork which saw this clinical, health camp and teaching awareness service fast tracked to complete from September to December 2021 after online contact work and sending food aid from May to August 2021. Referrals to other agencies such as MRA, MSF, gynaecologists, ID clinic were done. One child with hydrocoele was treated pro bono by a private paediatrician.

47 people came for HPV vaccination ( 13 men, 34 women).

There is a trend of young people less than 25 years old requesting general check up and blood test screening including for HIV/Hepatitis B (235 in 2021 vs 114 in 2020). This shows that young people are more concerned about their health than previously and we provided total of 103 flu vaccinations on demand for the first time to Malaysians and migrant workers. During the year,insufficient supply of stock was observed for vaccines.

# C C A S H P G G



## Gender Based Violence (GBV)

No	Date	Dairy of Activities	Location	No. of Pax
1	20.2.2021	Meeting on GBV talk with MAC	FHDA, Penang	2
2	9.9.2021	GBV/SRH Small Group Discussion Session	FHDA, Penang	6
3	23.9.2021	GBV/SRH Small Group Discussion Session	FHDA, Penang	12
4	30.9.2021	GBV/SRH Small Group Discussion Session	FHDA, Penang	14
5	18.10.2021	GBV/SRH Small Group Discussion Session	Kg. Mempelam, Alor Setar	6
6	23.10.2021	GBV/SRH Small Group Discussion Sessions (2 sites)	Kg. Mempelam, Alor Setar	15
7	31.10.2021	GBV/SRH Small Group Discussion Session	Kg. Pumpong, Alor Setar	5
8	7.11.2021	Gender Based Violence can Happen to Anyone: We Can Make A Difference – Online Talk (Penang Goes Orange by MPWK)	Online Zoom	40
9	12.11.2021	GBV/SRH Small Group Discussion Sessions (2 sites)	Klinik Dr Fauzi, Alor Setar & Kg Gunung Sali, Alor Setar	14
10	20.11.2021	GBV/SRH Small Group Discussion Session	FPA Perlis, Perlis	9
11	3.12.2021	GBV/SRH Small Group Discussion Session	Kuala Nerang, Kedah	11



Trainer and facilitators leading the discussions at FHDA, at Perlis FPA, GP clinic in Alor Setar or on site at the villages.



## STAFF AND VOLUNTEER DEVELOPMENT

### Project specific objectives:

1. Update the administration skills and management knowledge of identified staff and volunteers.
2. Orientate newly recruited staff and volunteers vis-à-vis their role, functions and responsibilities.
3. Strengthen leadership and governance of volunteers to increase proficiency for the association.

No	Diary of Activities: External Training / Workshop / Meeting	Date	Attended by
1	Digital Health Intervention Guides for MAs	4 - 6.1.2021	Engie, Christine, Torren
2	Taklimat Pelaksanaan Penilaian Survei Stigma di Kalangan ODHIV di Malaysia	11.1.2021	Christine, Engie, LohYP, Redduwan
3	Penggunaan PrEP untuk mengurangkan Transmisi HIV	26.1.2021	Christine, Engie, Torren, Halimah, Mahirah
4	Research on FP time data by Dr Hafiz Harun	30.1.2021	Christine, Engie, Dr YimPY
5	The Effect of COVID-19 on foreigners in Malaysia	22.2.2021	Engie, Torren
6	Presentation on research Stigma and Discrimination among PLHIV by service providers	24.2.2021	Jubaidah, Engie, Christine, LohYP, Torren, Redduwan, Khairulnizam
7	Paralegal Workshop for Key Population in Malaysia	25.2.2021	Christine, Nadja, Chinta, Sahsa
8	Tinjauan Ringkas NGO (Decarceration)	8.3.2021	Engie, Torren
9	Discussion on Training and Education Program in states MAs - FRHAM	13.3.2021	Engie
10	Training on Transition and Sustainability for NGO & CBOs: Resource Mobilization @ Swiss Garden KL	1 - 3.4.2021	Christine, Engie, Torren
11	IPPF Covid-19 Response Project Meeting	8.4.2021	Engie, Christine
12	UNHCR - Health Stakeholders Working Group Meeting	3.5.2021	Engie, Torren, Lee, Christine
13	Garis Panduan "Bantuan Khas Pengurusan Kematian COVID-19"	22.5.2021	Christine, Engie, Torren, LohYP, Roshamil, Chinta
14	Latest Proposals to Amendments of HIV Workplace Regulation by Mr GM Tan		Christine, Engie
15	Audit Findings (Jan 20 - Dec 20) by MAC	9.6.2022	Christine, Engie, Cristal
16	Pelaksana Program – Vaksinasi COVID 19 untuk ODHIV & KP @ MAC	11.6.2021	Christine, Engie, Torren, Chinta, Sahsa, Nadja, Nina, Roshamil, Redduwan, Khairulnizam, LohYP
17	Pencapaian Tapak dan Menuju Hadapan Projek KKM @ MAC	21.6.2021	Christine, Engie, Torren, Chinta, Sahsa, Nadja, Nina, Roshamil, Redduwan, Khairulnizam, LohYP
18	MOH- CME Training : Clinical Management of Hepatitis C	24.6.202	Christine, Engie, Torren, LohYP, Nadja
19	Unrestricted Stage Webinar by Prof Adeeba	28.6.2021	Christine, Engie
20	Sesi Konsultasi Komuniti untuk Pembangunan Permohonan Dana Global (GF) 2022 - 2025 bagi Kump. MSM / Transgender / FSW - MAC	29.6.2021	Nadja, Sahsa, Chinta, Nina, Christine, Khairulnizam, Roshamil, Redduwan, Engie, Torren
21	Pregnancies in the time of COVID-19	6.7.2021	Christine, Engie
22	UNHCR: GBV Partners in Penang	16.7.2021	Engie, Torren, Lee

23	Community Health in Challenging Times by Joselyn Pang & Mona Hanim	17.7.2021	Engie, Torren
24	Religion & HIV/AIDS Advocacy: Is it possible? A Case Study from Southern Africa by Prof. Dr Robin Root	28.7.2021	Christine, Engie, LohYP, LeeSF, Alom, Hasra, Chinta, Damien, Hezreen, Redduwan, Joselyn, Thurga, Roshamil, Torren, Nadja, Nina, Raimie, YeapMC
25	HIV/Self Testing - JOM TEST bagi golongan kekunci	5.8.2021	Christine
26	Integrative Adapt Therapy (IAT) Certification 2021	11 - 13.8.2021	Engie, LeeSF, Alom
27	Taklimat Lanjutan kepada Duta Kenali Ubat Anda	16.8.2021	Engie, LohYP, Redduwan
28	UNHCR: Capacity Building on Fraud Prevention for Implementing Partners	17.8.2021	Christine, Engie, Cristal, Hasra, LeeSF, Torren, Alom
29	Pilot Test on Hepatitis C Virus (HCV) Self-Testing Project Questionnaire (English version)	20.8.2021	Christine, Engie, LohYP, Torren, Roshamil, Nina, Redduwan, Nadja, Sahsa, Raimie, Chinta
30	New UNHCR Partners PSEA Assessment Briefing	25.8.2021	Torren, LeeSF
31	Webinar : Wanita Berjuang Menghapuskan Covid-19 Sempena Hari Wanita Kebangsaan	25.8.2021	YeapMC
32	UNHCR: Documentation of POC – Online Training	26.8.2021	LeeSF, Torren, Engie, Hasra, Hezreen, Alom
33	UNHCR: Vaccination for Refugees – Internal Meeting	26.8.2021	LeeSF, Torren, Engie, Hasra, Hezreen, Alom
34	FRHAM Post Review Governance Survey	29.8.2021	Christine, Engie
35	Program Intervensi Secara Online Untuk Mengurangkan risiko HIV / STI dan Penggunaan Dadah Sebagai Perangsang - MSM	10.9.2021	Christine, Engie, Torren, Nina, Roshamil, Redduwan
36	Bengkel Etika Penyelidikan Asas (MSM, TG & FSW)	14 - 15.9.2021	Nadja, Sahsa, Chinta, Loh YP, Redduwan, Roshamil, Raimie, Nina
37	Virtual KeyPop Awards 2020: Nina Said - FHDA	16.9.2021	Christine Low, Engie Ng, LohYP, Torren, Roshamil, Nina, Redduwan, Nadja, Sahsa, Raimie, Chinta
38	Kursus Pengurusan PPHK: Landskap HIV di Malaysia , Halatuju dan Cabaran Pandemik Covid 19 by Dr Norliza Ibrahim	21.9.2021	Christine, Engie, LohYP, Chen, Roshamil, Nina, Redduwan, Nadja, Sahsa, Raimie, Chinta
39	A Journey Begins with Early Dementia Diagnosis in Conjunction with World Alzheimer's Month 2021	25.9.2021	Engie Ng
40	Program Sokongan Psikososial-Mencegah Bunuh Diri Dalam Pandemik-Bertindak Segera, Harapan Terbina - YBhg Dr Teh Ewe Eow	27.9.2021	Engie Ng
41	(Part2) Hepatitis C Self Testing Study in Malaysia	30.9.2021	Christine, Engie, LohYP, Torren, Roshamil, Nina, Redduwan, Nadja, Sahsa, Raimie, Chinta
42	Mesyuarat Pencapaian Projek PPHK (Jan - Jun 2021) di Pulau Pinang	4.10.2021	Christine, Engie, LohYP, Torren, Roshamil, Nina, Redduwan, Nadja, Sahsa, Raimie, Chinta
43	Mental Health in Unequal World: Building Bridges, Dismantling Barriers via Support Groups	9.10.2021	Engie
44	Chemsex Cohort Study Briefing for PO	26.10.2021	Engie, Christine, Torren
45	Mesyuarat Pencapaian Projek PPHK (Jan - Jun 2021) di Pulau Pinang	1.12.2021	Christine, Engie, LohYP, Torren, Roshamil, Nina, Redduwan, Nadja, Sahsa, Raimie, Chinta
46	Webinar "Age, Gender and Diversity: Ending Discrimination in Refugee Responses"	8.12.2021	Christine, Torren, Hasra, Hezreen
47	Bengkel"Positive Life-Coaching and Therapeutic (POLITE) Program	18 - 19.12.2021	Redduwan

No	FHDA In-house Training / Workshop / Meeting	Date	Conducted by
1	U Equal to U - JOM KENAL Penang FHDA	18.02.2021	Christine Low
2	MAC: Gender Based Violence	27.02.2021	Engie Ng
3	Resource Mobilization Activities @ Swiss Garden Regency	1.4.2021	Christine Low
4	MCO3 & SOP w.e.f. 10.5.2021	10.5.2021	Christine Low, Engie Ng
5	NFIS: Online SRH Training Session 1 for Renesas Factory – Group A	18.5.2021	Engie Ng, Torren Chen
6	NFIS: Online SRH Training Session 1 for Jabil Factory – Group 1	20.5.2021	Engie Ng, Torren Chen
7	NFIS: Online SRH Training Session 1 for Renesas Factory – Group C	21.05.2021	Engie Ng, Torren Chen
8	Garis-panduan 'Bantuan Khas Pengurusan Kematian Covid 19 Nadma - info for staff	22.5.2021	Christine Low, Engie Ng
9	Covid-19 Vaccine - Astrazenaca	25.5.2010	Christine Low, Engie Ng
10	NFIS – Online SRH Training Session 1 for Jabil Factory – Group 2	27.5.2021	Engie Ng, Torren Chen
11	Support Group for FSW: CSE 101 / Wellness Screening / Test & treat	21.6.2021	Christine Low
12	Refresher Training on DHSKP	30.6.2021	Lee Sook Fong
13	Safe Schools, Safe Students	3.7.2021	Yeap Meng Chee
14	Safe Sex: Staying Safe Between Sheets	3.7.2021	Mah Huey Li, Dr Joshua Ling
15	NFIS: Jabil Factory - Menstrual Cycle & UTI	8.7.2021	Engie Ng, Torren Chen, LeeSF
16	Contraception Talk	9.7.2021	Mah Huey Li, Dr ChoongSP
17	The Importance of HPV Vaccination	10.7.2021	Dr. Eric Soo, Dr. Yim Poh Yin
18	NFIS: Renesas Factory - Body Map	14.7.2021	Engie Ng, Torren Chen
19	NFIS: Renesas Factory - Menstrual Cycle & UTI	18.7.2021	Engie Ng, LeeSF
20	Religion & HIV/AIDS Advocacy: Is It Possible?	28.7.2021	Dr Robin Root
21	Work Principles & Ethics	28.7.2021	Christine Low
22	Consultation on Strategy 2028 - FHDA	30.7.2021	Joselyn Pang
23	NFIS: Renesas Factory - Family Planning, Pregnancy & Abortion	1.8.2021	Engie Ng, Torren Chen
24	NFIS – Online SRH Session – Cinta Berahi, Cinta Sengsara	13.08.2021	Engie Ng, Torren Chen, Christine Low
25	HIV Bukan Pengakhiran – FB Live	25.08.2021	Bakhtiar Talhar
26	Prevention of Sexual Exploitation, Abuse & Harrassment (PSEAH)	11.9.2021	Goh Yong Jian
27	GBV & SRH ; what? When? How? Who? Why	11.9.2021	Torren Chen
28	Asas Bimbingan & Kaunseling - Zoom Online	2.10.2021	Carlyn Gan
29	Warkah untuk Adam: Andropos Seorang Lelaki	7.10.2021	Dr Dinesh Mahalingam
30	Tips & Tricks for Effective Communication	15.10.2021	Yeap Meng Chee
31	M&E Reporting Training	20.10.2021	Nina Said
32	Gender Based Violence Can Happen to Anyone: We Can Make A Difference	7.11.2021	Engie Ng, Yeap Meng Chee

## PLANNING, REPORTING, MONITORING AND EVALUATION

### Project Specific Objectives:

1. To enable staff to plan activities using established systems.
2. To monitor and evaluate capacity of the Association for projects.
3. To ensure management staff utilize result based reports.

## GOVERNANCE, MANAGEMENT AND ADMINISTRATION

### Project Specific Objectives:

1. To strengthen governance by policy makers for risk management of the association.
2. To increase the leadership roles of volunteers and staff for programme sustain ability.

### Presently, a task force is working on:

1. Operational Guidance on Accountability to Affected People (AAP Policy)
2. Business Continuity Plan – expanded from the existing Policy of the same name from the FHDA Personnel Management Manual.
3. Policy on Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH Policy) – expanded from the existing Sexual Harassment Policy from the FHDA Policy Manual Procurement
4. Risk Management Tool Involving Partnerships.

No	Diary of Activities	Date	No. of Act	No. of Pax
1	Staff Meeting	23.1.2021	1	16
	Staff Meeting	13.4.2021	1	15
	Staff Meeting	25.8.2021	1	12
	Staff Meeting	1.12.2021	1	11
	Staff Meeting	21.12.2021	1	16
2	Exco Meeting	30.1.2021	1	12
	Exco Meeting	24.4.2021	1	12
	Exco Meeting	17.7.2021	1	12
	Exco Meeting	7.8.2021	1	12
	Exco Meeting	23.10.2021	1	9
3	Vacancy Ads: Pegawai Temuseru	26.6.2021	1	2
	Vacancy Ads: Part time Finance & Account, Full time Admin Clerk	5.7.2021	1	2
4	Bantuan makanan, kit hygiene, PPE, susu kpd warga asing/pelarian (penganggur)	Mar – Nov 2021	7	250
	Bantuan Makanan MCO 3.0 (MAC)	29.06.2021	1	60
	Bantuan Makanan (MAC)	20.07.2021	1	30
	Bantuan Makanan – Vermicelli & Sugar & fish (courtesy of LHK & friends)	Aug 2021	1	200
	Omron Digital Thermometer (courtesy of Keysight Technologies)	Aug 2021	1	150
	Bantuan makanan – Theng Kah Loke Wong Ah Yin Charitable Trust	Jan- Dec 2021	12	120
5	Interviews of potential interns – UPM, UTZA, USM, Disted, Lille - Successful applicants who completed internship: 2	Jan- Dec 2021	8	8
6	FRHAM related: Survey of individual state member association by FRHAM Chairman	15.01.2021	1	3
	FRHAM MA Analysis of Organisation Questionnaire by consultant	18.03.2021	1	3
	FRHAM Consultation with state member associations regarding amendments to the organisation structure led by IPPF consultant	Apr-Jul	5	20



No	Diary of Activities	Date	No. of Act	No. of Pax
7	COVID-19: COVID-19 SOCSO Prihatin Screening Programme PERKESO – Sourcing information	30.04.2021	1	1
		30.02.2021	1	1
8	Assessment & Planning Meeting 2021	27.3.2021	1	22
9	Annual General Meeting	7.9.2021	1	47

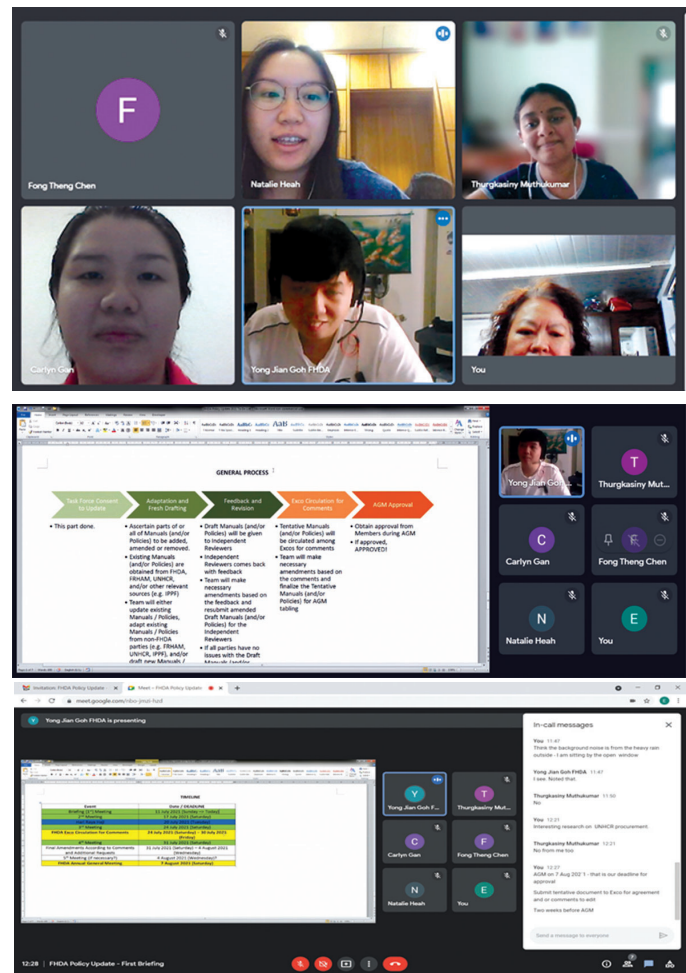
# GOVERNANCE

## FHDA Task Force for Policy Updates, 11 July 2021 -10 July 2022

Terms of reference:

1. To engage volunteers for comprehensive review on the policies of the Penang Family Health Development Association (FHDA) in line with federal, national and UN organisations.
2. To obtain approval of the Executive Committee and reading at the Annual General Meetings.
3. To publish the approved updated policy manual, and other manuals with standard operating procedures which support the implementation of the policies, accessible to members and staff at the premises of the association.

Task Force Members	
Advisers -Ms Yeap Meng Chee -Ms Engie Ng Lai Kin	
Chairman – Mr Lim Beng Poh	
Vice Chairman – Ms Chen Fong Theng	
	Honorary Secretary & Member of Drafting Team, Mr Goh Yong Jian
	Deputy Honorary Secretary & Member of Drafting Team Ms Thurgkasiny Muthukumar
Independent Reviewers -Ms Carlyn Gan ZuYeng, -Ms Heah Tze-Shuen (Natalie)	



### “MyFHDA” by Goh Yong Jian

“I started my journey at FHDA as an intern in May 2016. Little did I know that it was the start of a long voyage into the fascinating and rewarding experiences at FHDA. Over the years of being an intern, later a Youth Exco Member, and currently an Exco Member, I have the opportunity to understand more about sexual and reproductive health and rights and their importance to every individual and their communities. I have also gained access to an inside view of the operation of FHDA as a non-governmental organisation and the workings of events and trainings held or co-organised by FHDA. As a volunteer in a number of activities under FHDA in the past few years, I have learnt to listen to and empathise with various pockets of the community, and work together as a team during events and trainings regardless of the circumstances. I am very grateful of past and present staff, volunteers, and members for their support and guidance throughout my years at FHDA so far. As FHDA had grown 60 years wiser last year, here’s to another 60 years of advocacy and community work by FHDA in the sexual and reproductive health and rights avenue in Penang, Malaysia, and perhaps around the world.”

## RESOURCE MOBILISATION

For the year 2021, we were constrained to enrol volunteers as in-person interactions were limited. At the end of the year, we recruited medical, paramedic and graduate volunteers for our health camps. Financial resources and asset resources were strapped due to the economy. Therefore, we were fortunate to have two interns with us who mainly worked online.

Ms Mah Huey-Li (Michelle) conducted two talks on (1) Safe Sex and (2) Contraception with moderators Dr Joshua Ling (Safe Sex) and Dr Choong Sim Poey (Contraception). She was supported by FHDA SRH trainers Ms Lee SF and Ms Chen FT (both senior Programme Officers). Michelle completed a survey of clinic client satisfaction and analysed the data. Her findings showed that the majority of the respondents were satisfied or very satisfied with the services, waiting time, and personnel.

Ms Thurgkasiny participated in online Strategy 2028 meetings of the FRHAM which was managed by FHDA's pro bono consultant Ms Joselyn Pang. Thurgka supported online events and talks. She commenced as a content drafting member of the Task Force for Policy Updates.

Name of Intern	Period of Internship	Candidate for	Institution
Mah Huey-Li (Michelle)	4 May 2021 – 30 July 2021	Bachelor of Psychology (Honours)	Disted College, Penang
Thurgkasiny A/P Muthukumar	1 July 2021 – 30 July 2021	Degree in Political Studies	School of Political Studies & Social Sciences, Lille, France



Michelle (4th left) and Thurgka (right)

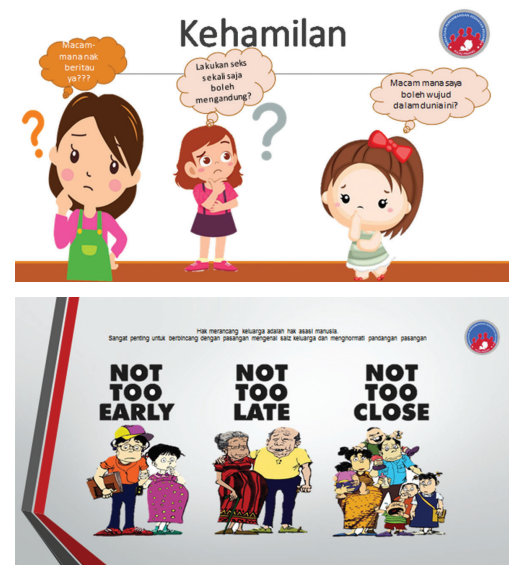
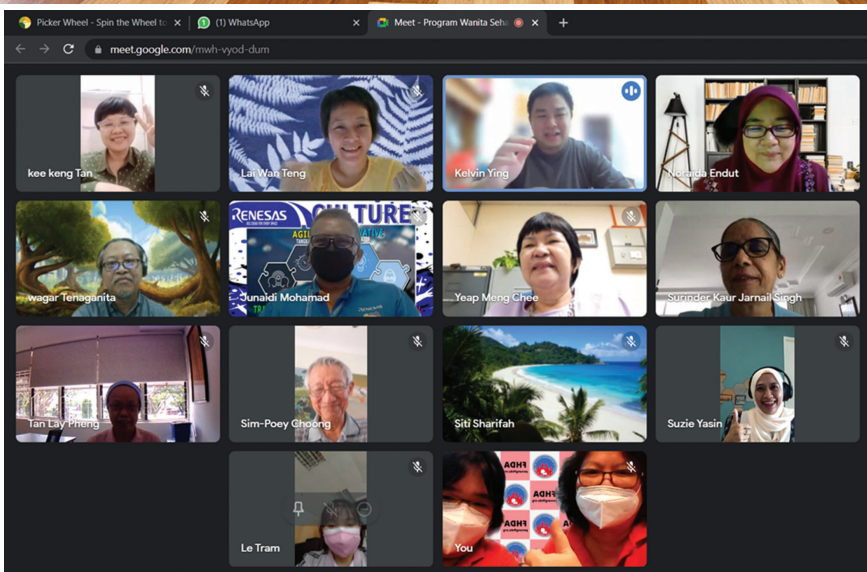
***“My Experience** was, on some days, life changing. .... Before joining FHDA, I was awkward and wasn't confident in presentations. ... through my intern project, which was online talks, I grew and now I feel that I will not be so nervous during presentations .... Before, I didn't know that we had refugees on the island ... and, that one had to go through counselling before being issued contraception until I went to work at their clinic... Through the internship at FHDA, I have learned a lot from the friendly staff . – by Michelle Mah, 21/07/2021”*

***“ My Op-ed.** Few parents teach their kids about touch, sexuality, responsibility for their bodies. ... Schools ...do teach human reproduction... to ...students. These lessons on hormonal changes, the fertilization of the human ovum; how does a woman carry the foetus .... It does not discuss consent, rape, abuse ... sexual/love relationships or HIV/ STI. ... Children's curiosity send them on two different paths: one of knowledge and precaution and the other, addiction to porn ..... if parents feel unable to bring up the topics, I feel they need to let the experts do the job .... – by Thurgkasiny, 6/07/2021”*



# Piloting Health Interventions to advance the Sexual and Reproductive Health of Women Migrant Workers In Malaysia

**Echo Trainings  
for Women's Health Peer Educators  
by service provider  
Penang Family Health Development Association**





**“ Piloting Health Interventions To Advance the Sexual and Reproductive Health of Women Migrant Workers in Malaysia”, June 2020 – Jan 2022.**



(Above) Online & Onsite Classes SRH classes by trainers replaced peer educators physical classes. Various online methods were applied to complete the modules.  
 (Below) Mobile Clinic sessions continued at static locations for women migrant workers who participated in the project.  
 Through out the 2021 pandemic, it was a challenge to deliver SRH education, constantly adapting during lockdowns.

**UNTUK TEMUJANJI SILA HUBUNGI  
 H/P: 011-3179 1542**

**KLINIK BERGERAK (NFIS)**

akan dioperasikan oleh Klinik Rakyat Family Planning Services di Hostel Alora, setiap Rabu 2.30 petang hingga 6.00 petang untuk pekerja migran wanita di Jabil



(L) Participants with their lucky draw gifts  
 (R) medical consultation in progress



# Policy on the Prevention of Sexual Exploitation, Abuse, and Harassment

## Zero tolerance for Sexual Exploitation and abuse

### (This is an extract of the Policy)

First Approved by FHDA Exco on 4 August 2021 and at FHDA Annual General Meeting dated 7 August 2021

Updates Approved by FHDA Exco on 26 April 2022

#### Preamble:

FHDA is committed in creating a work and service culture that will ensure a safe and healthy working and service environment where individual staff, volunteers, clients, partners, vendors, suppliers, contractors, sub-contractors, and the general public, irrespective of status or position, are treated with dignity and free from any forms of sexual exploitation, abuse, and harassment (SEAH). All claims of SEAH will be taken seriously and investigated.

The Policy on the Prevention of Sexual Exploitation, Abuse, and Harassment was created as part of our abovementioned commitment. FHDA expects all staff, volunteers, members, partners, vendors, suppliers, contractors, and sub-contractors to adhere to this Policy.

Sexual exploitation is an actual or attempted abuse of position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from taking advantage of another through sexual means. This definition includes human trafficking and modern slavery.

Sexual abuse is defined as an actual or threatened physical or online and offline intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual harassment is one of the most common forms of sexual violence. It means any unwelcome sexual conduct, and includes unwanted touching, lewd remarks, displaying pornographic pictures, blackmail for sexual favours, and much more.

For the victims and survivors of SEAH, SEAH often produces feelings of revulsion, offence, humiliation, disgust, anger, and/or helplessness. It may damage the victims' and survivors' health and result in emotional and physical stress, and stress-related illnesses. Victims may experience severe emotional trauma, anxiety, nervousness, depression and feelings of low self-esteem.

#### Objectives:

The objectives are adapted from the Tackling Sexual Exploitation and Abuse and Sexual Harassment: UNHCR 2020-2022 Strategy and Action Plan.

Strengthening prevention of SEAH by nurturing organisational culture, leadership and workplace practices that uphold the values and ensure that all staff understands his or her roles and responsibilities to prevent and respond to SEAH. Ensuring



**PREVENTION OF SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PSEAH)**  
ZERO Tolerance for Sexual Exploitation and Abuse

- 01 WHAT IS SEXUAL EXPLOITATION**  
Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
- 02 WHAT IS SEXUAL ABUSE**  
Sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent.
- 03 WHAT IS SEXUAL HARASSMENT**  
Unwelcome sexual behaviour that's offensive, humiliating or intimidating. It can be written, verbal or physical, and can happen in person or online.

**HOW TO REPORT PSEAH**  
Penang Family Health Development Association (FHDA) is a UNHCR partner that receives reports on PSEAH. UNHCR will work with FHDA to preserve your confidentiality, ensure your protection, and thoroughly investigate the matter.

04-281 3144 | 011-3660 0297 | info@fhdapenang.org

empowerment and accountability of the staff, vendors, suppliers, contractors, sub-contractors, and managers in particular. Reinforce targeted awareness raising and training in ensuring that all staff understand their roles and responsibilities in relation to SEAH prevention and response and build confidence to come forward and report or provide immediate responses pertaining to SEAH.

Providing a diligent, appropriate, and sensitive response to all incidents of SEAH that places the rights and protection of victims, survivors and persons directly affected at the centre of the actions.

Ensuring the reporting mechanisms are known, accessible and trusted by simplifying the reporting process for SEAH and ensure that affected staff or individual can make an informed decision as how to proceed with clear steps to be taken to seek redress and escalate when needed.

**INCIDENT REPORT PROCEDURE**

The incident report procedure outlines the steps to be taken in the event of a complaint or grievance and who is responsible to lead and resolve these complaints.

**1st Stage: Incident**  
The complainant must lodge a written complaint with the FHDA Manager or the Honorary Secretary, wherever applicable. **24 HOURS**

**2nd Stage: Investigation**  
The FHDA Exco will appoint a three member Domestic Inquiry Panel to investigate the complaint as spelt out in the FHDA Personnel Management Manual. **1 WEEK**

**Stage 3: Communicating Result**  
Thereafter the Panel will recommend appropriate action to the FHDA Exco and a written reply will follow suit. **TWO WEEKS**

When the complainant, not the survivor, is an aid worker, we call this person a whistle-blower. Every aid worker is always encouraged to report concerns or suspicions of misconduct by colleagues in good faith and in compliance with internal agency policies. They will always be offered protection from retaliation.

Strengthen and systematise mechanisms to ensure that all cases of SEAH are reported, including complaints mechanisms and community-based feedback tools using a wide range of channels, including face-to-face engagement, mobile phone technology and call centres.

Ensuring people who report SEAH will be safe and protected.

Continued strengthening of FHDA's investigation capacity and disciplinary processes by ensuring timely, sensitive, and effective handling of SEAH investigations and related disciplinary processes.

Ensuring organisational accountability through strengthening the overall organisational capacity to assess SEAH-related risks; delivering quickly on priority actions to address such risks, including through an evaluate review of SEAH policies and procedures; and increasing communications, transparency, and accountability towards internal and external stakeholders.

**REFERRAL PATHWAY PROCEDURE**

Upon investigation & assessment, victim of PSEA can be referred to:-

- 01 Hospital - if injured or need medical attention
- 02 Law enforcement - for safety and security services
03. Legal aid - seek for justice
04. Other NGOs - for counseling, shelter & other assistance

**Declaration on the Prevention of Sexual Exploitation, Abuse, and Harassment**

I, (name) .....

.....

(NRIC / Passport No.) .....

.....

representative of the company / agency named below, on this date

.....

hereby understand this declaration is required of partners, vendors, suppliers, contractors, and sub-contractors of the Penang Family Health Development Association (FHDA) in fulfilment of FHDA's Policy on the Prevention of Sexual Exploitation, Abuse, and Harassment.

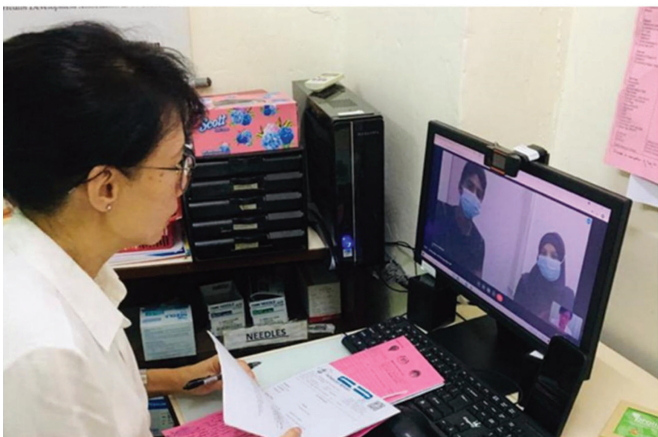
In the event that any personnel of my company / agency is / are subsequently found to have been prosecuted in any court of law, penalised by law enforcement, or undergoing trial in court for sexual offences, I understand that FHDA reserves the right to request that personnel not to be allowed to serve at the Association's premises.



## UNHCR 2021 funded services for refugees, Penang, Kedah and Perlis

Penang FHDA provided SRH/SGBV clinical and awareness information services at our three premises in Penang from May to December. We implemented services in Kedah and Perlis in October to December after lockdown eased.

We used video calls to connect with clients which was effective with interpreter. Referrals for clinical examination such as commencing family planning, pap smear, ultrasound, blood tests and treatment were made to Klinik Dr Fauzi Cawangan Kuala Kedah in Alor Setar and Perlis Family Planning Association (Kangar) after initial on-site screening by paramedics. Totally, 253 beneficiaries (151 F, 102 M, married, not antenatal) received clinical examination in a static clinic at least once and would have interacted with FHDA or local Kedah FHA/Perlis FPA totally 4 times. Two cases of potential SGBV were reported. One client was detected HIV positive. Hotline contacts for SGBV and static clinics of NGOs Medicins Sans Frontieres (MSF), Malaysian Relief Agency (MRA) were given as part of the sustainability plan.



We conducted mapping and outreach to 618 new adult married clients F2F and, another 439 online contacts, new as distinct from 2020 revisit clients. Eight (8) community health camps served 238 adults, 120 children, because the parents brought the children with them despite being informed it was meant for adults. 11 GBV/SRH discussion classes for a total of 92 unique individuals were organized. This included teaching Family planning, menstrual cycle, pre and post natal care, purpose of ultrasound scanning and blood sugar check in pregnancy, how to use B/P set, thermometer.

Vaccination, non SRH cases, chronic, tertiary care, mental health, welfare, education cases were referred to other agencies. Other donors supported us with food aid, hygiene products, PPE, vitamins, pre loved clothes, pre loved toys, deworming, basic medicines, and thermometers for jobless refugees.

The fund helped to save a baby born with congenital heart defect with support for surgery at Hospital Pulau Pinang. We noted to UNHCR that the refugees often requested for financial aid, resettlement in a third country and UNHCR registration due to fear of arrest by enforcement personnel. Less priority is given to health care, nutrition, gender based violence and education. The impact of the project is capacity building and resilience within the community.





Registration No: PPM-003-07-16011962

**PENANG FAMILY HEALTH DEVELOPMENT  
ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA  
PULAU PINANG)  
(Register in Malaysia)**

**REPORTS AND FINANCIAL STATEMENTS  
FOR THE YEAR ENDED  
31 DECEMBER 2021**

<b>TABLE OF CONTENTS</b>	<b>PAGE</b>
Statement by committee	1
Independent auditors' report	2 - 4
Balance sheet	5 - 6
Statement of income, expenses and changes in undesignated fund balance	7 - 9
Statement of functional expenses	10 - 12
Statement of cash flows	13
Notes to the financial statements	14 - 25

**AYA**

*Alan Yoon Associates*

Chartered Accountants

銀倫會計師樓

AF: 1302

Registration No: PPM-003-07-16011962

**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION**  
**(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)**  
(Register in Malaysia)

**STATEMENT BY COMMITTEE**

We, the undersigned, being the Committee of **PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION (PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)**, state that, in their opinion, the financial statements of the Association set out on pages 5 to 25 are drawn up in accordance with International Planned Parenthood Federation, ("IPPF") accounting policies, Malaysian Private Entities Reporting Standard and the requirements of the Societies Act, 1966 so as to give a true and fair view of the financial position of the Association as at 31 December 2021 and financial performance of the Association for the year ended 31 December 2021.

On behalf of the Committee



**YEAP MENG CHEE**  
Chairperson



**ONG LAY SEONG**  
Treasurer



**LOW BEE CHENG**  
State Manager

**REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF  
PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registration No: PPM-003-07-16011962)  
SOCIETIES ACT, 1966**

**Report on the Audit of the Financial Statements**

**Opinion**

We have audited the financial statements of Penang Family Health Development Association (Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang) (“Association”), which comprise the balance sheet as at 31 December 2021 of the Association, the statement of income, expenses and changes in undesignated fund balance, statement of functional expenses and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory notes, as set out on pages 5 to 25.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Association as at 31 December 2021, and of its financial performance and cash flows for the year then ended in accordance with International Planned Parenthood Federation, (“IPPF”) accounting policies, Malaysian Private Entities Reporting Standard and the requirements of the Societies Act, 1966 in Malaysia.

**Basis for Opinion**

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

**Independence and Other Ethical Responsibilities**

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

**Emphasis of matter**

We draw attention to in Note 4 to the financial statements, which discussed the recent outbreak of the Covid-19 pandemic has spread throughout the world and is impacting worldwide economic activity. Conditions surrounding the Covid-19 pandemic continue to rapidly evolve and government authorities worldwide have implemented emergency measures to mitigate the spread of the Covid-19. The outbreak of the Covid-19 pandemic and the related mitigation measures may have an adverse impact on global economic conditions as well as on the Association’s business activities. The related financial impact on the Association due to the uncertainty in the current economic situation cannot be reasonably estimated at this time. Our opinion is not modified with respect to this matter.

**REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF  
PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registration No: PPM-003-07-16011962)  
SOCIETIES ACT, 1966**

**Responsibilities of the Committee for the Financial Statements**

The Committee of the Association is responsible for the preparation of financial statements of the Association that give a true and fair view in accordance with International Planned Parenthood Federation, (“IPPF”) accounting policies, Malaysian Private Entities Reporting Standard and the requirements of the Societies Act, 1966. The Committee is also responsible for such internal control as the Committee determine is necessary to enable the preparation of financial statements of the Association that are free from material misstatement, whether due to fraud or error.

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

**Auditors’ Responsibilities for the Audit of the Financial Statements**

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

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

- Identify and assess the risks of material misstatement of the financial statements of the Association, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Committee.

**REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF  
PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registration No: PPM-003-07-16011962)  
SOCIETIES ACT, 1966**

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

- Conclude on the appropriateness of the Committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements of the Association or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements of the Association, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

**Other Matters**


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



**ALAN YOON ASSOCIATES  
AF 1302  
Chartered Accountants**

Teluk Intan,

Date: **18 MAY 2022**



**YOON CHUNG SIN  
01975/10/2022 J**

Registration No: PPM-003-07-16011962

**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**BALANCE SHEET AS AT 31 DECEMBER 2021**

	Note	2021			2020	
		RM	RM	RM	RM	RM
		Unrestricted	Donor Restricted	Total	Total	Total
<b>ASSETS</b>						
<u>Current Assets</u>						
Cash And Cash Equivalents:						
Cash and Bank Balances	5	133,089	0	133,089	326,551	
Interest Bearing Deposits	5	54,542	0	54,542	53,631	
Inventories	6	25,920	0	25,920	31,812	
Other Receivables and Prepayments	7	13,389	0	13,389	1,013	
Total Current Assets		226,940	0	226,940	413,007	
<u>Non-Current Assets</u>						
Property And Equipment	8	23,840	0	23,840	40,810	
Security Deposits		6,810	0	6,810	6,610	
Total Non-Current Assets		30,650	0	30,650	47,420	
<b>TOTAL ASSETS</b>		257,590	0	257,590	460,427	



Ms Yeap Meng Chee  
Chairperson



Mr Ong Lay Seong  
Treasurer



Ms Low Bee Cheng  
State Manager

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

Registration No: PPM-003-07-16011962

**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**BALANCE SHEET AS AT 31 DECEMBER 2021 (CONT'D)**

	Note	2021				2020
		RM	RM	RM	RM	
		Unrestricted	Donor Restricted	Total	Total	
<b>LIABILITIES AND FUND BALANCES</b>						
<b>LIABILITIES</b>						
<u>Current Liabilities</u>						
Payables And Accruals	9	65,401	0	65,401	16,547	
Tenant Deposit		3,450	0	3,450	3,300	
Total Current Liabilities		68,851	0	68,851	19,847	
<b>TOTAL LIABILITIES</b>		68,851	0	68,851	19,847	
<b>FUND BALANCES</b>						
Designated Fund	10	71,155	37,847	109,002	109,002	
Undesignated Fund		79,737	0	79,737	331,578	
Total Fund Balances		150,892	37,847	188,739	440,580	
<b>TOTAL LIABILITIES AND FUND BALANCES</b>		219,743	37,847	257,590	460,427	



Ms Yeap Meng Chee  
Chairperson



Mr Ong Lay Seong  
Treasurer



Ms Low Bee Cheng  
State Manager

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**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**STATEMENT OF INCOME, EXPENSES AND CHANGES IN UNDESIGNATED FUND BALANCE FOR THE YEAR ENDED  
31 DECEMBER 2021**

	2021			2020	
	RM	RM	RM	RM	RM
	Unrestricted	Donor Restricted	Total	Total	Total
GRANT INCOME					
MAC / MOH – GLOBAL FUND TRANSITION FUND	0	149,808	149,808	149,808	(3,274)
MAC - COVID 19 HUMANITARIAN AID	0	(108)	(108)	(108)	22,221
FRHAM / IPPF	0	28,816	28,816	28,816	9,369
GLOBAL FUND – DHSKP PROJECT / PENANG	0	109,849	109,849	109,849	410,953
USM NFIS PROJECT	0	(20,966)	(20,966)	(20,966)	145,717
UNHCR	0	140,963	140,963	140,963	281,802
OTHER GRANTS AND DONATIONS					
OTHER INCOME:					
CLINIC INCOME	198,975	0	198,975	198,975	193,052
CONTRACEPTIVE INCOME	17,240	0	17,240	17,240	51,089
RENTAL INCOME	12,750	0	12,750	12,750	18,800
DONATION / SPONSORSHIP	30,282	0	30,282	30,282	30,235
TOTAL INCOME CARRIED FORWARD	259,247	408,362	667,609	667,609	1,159,964



**Ms Yeap Meng Chee**  
Chairperson



**Mr Ong Lay Seong**  
Treasurer



**Ms Low Bee Cheng**  
State Manager

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(Registered in Malaysia)**

**STATEMENT OF INCOME, EXPENSES AND CHANGES IN UNDESIGNATED FUND BALANCE FOR THE YEAR ENDED  
31 DECEMBER 2021 (CONT'D)**

	2021			2020	
	RM	RM		RM	RM
		Unrestricted	Donor Restricted		
TOTAL INCOME BROUGHT FORWARD	259,247	408,362	667,609	1,159,964	
FIXED DEPOSIT INTEREST	912	0	912	1,718	
FOOD FAIR DONATION	750	0	750	0	
GAIN ON DISPOSAL OF PROPERTY AND EQUIPMENT	0	0	0	300	
INCENTIVE INCOME	764	0	764	0	
MEMBERSHIP FEES	700	0	700	140	
SALE OF SOUVENIR ITEMS / BELOVED ITEMS	69	0	69	25	
PERKESO WAGE SUBSIDY	15,600	0	15,600	48,600	
PROJECT INCOME - REIMBURSE	77,607	0	77,607	7,811	
OTHER INCOME	231	0	231	0	
	355,880	408,362	764,242	1,218,558	



Ms Yeap Meng Chee  
Chairperson



Mr Ong Lay Seong  
Treasurer



Ms Low Bee Cheng  
State Manager

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Registration No: PPM-003-07-16011962

**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**STATEMENT OF INCOME, EXPENSES AND CHANGES IN UNDESIGNATED FUND BALANCE FOR THE YEAR ENDED  
31 DECEMBER 2021 (CONT'D)**

PROJECT EXPENSES  
Outcome 1 : O1 Advocacy & Champion Rights  
Outcome 2 : O2 Awareness & Empowerment  
Outcome 3 : O3 Integrated & Accessible Services  
Outcome 4 : O4 Governance, Management, Development & Sustainability

**TOTAL EXPENSES**

**(DEFICIT) / SURPLUS OF INCOME OVER EXPENSES**

**UNDESIGNATED FUND**

BALANCE AS AT 1 JANUARY

**UNDESIGNATED FUND**

BALANCE AS AT 31 DECEMBER

	2021			2020	
	RM	RM	RM	RM	RM
		Donor			
	Unrestricted	Restricted	Total	Total	Total
	0	0	0	125	
	0	0	0	275,297	
	225,580	416,229	641,809	580,303	
	374,274	0	374,274	124,344	
	599,854	416,229	1,016,083	980,069	
	(243,974)	(7,867)	(251,841)	238,489	
	331,578	0	331,578	93,089	
	87,604	(7,867)	79,737	331,578	



Ms Yeap Meng Chee  
Chairperson



Mr Ong Lay Seong  
Treasurer



Ms Low Bee Cheng  
State Manager

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**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED 31 DECEMBER 2021**

	<b>O 1</b>				<b>O 2</b>				<b>O 3</b>				<b>O 4</b>			
	<b>Advocacy &amp; Champion Rights</b>				<b>Awareness &amp; Empowerment</b>				<b>Integrated &amp; Accessible Services</b>				<b>Governance, Management, Development &amp; Sustainability</b>			
	<b>RM</b>				<b>RM</b>				<b>RM</b>				<b>RM</b>			
Accounting fee	0	0	0	0	0	0	0	0	0	0	0	0	400	400	400	400
Affiliation fee	0	0	0	0	0	0	0	0	0	0	0	0	200	200	200	200
Assessment and quit rent	0	0	0	0	0	0	0	0	0	0	0	0	2,031	2,031	2,031	3,305
Audit fee	0	0	0	0	0	0	0	0	0	0	0	0	1,800	1,800	1,800	1,200
- Under provision in prior year	0	0	0	0	0	0	0	0	0	0	0	0	600	600	600	0
Bank charges	0	0	0	0	0	0	0	0	29	29	29	29	314	314	314	290
Computer accessories and repair	0	0	0	0	0	0	0	0	16,647	16,647	16,647	16,647	18,396	18,396	18,396	0
Clinic expenses	0	0	0	0	0	0	0	0	36,964	36,964	36,964	36,964	36,964	36,964	36,964	10,370
Condolence and bereavement	0	0	0	0	0	0	0	0	0	0	0	0	550	550	550	150
Clinic purchase	0	0	0	0	0	0	0	0	71,976	71,976	71,976	71,976	71,976	71,976	71,976	77,058
Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	16,970	16,970	16,970	27,880
Domain and hosting fee	0	0	0	0	0	0	0	0	17	17	17	17	573	573	573	205
Electricity, water and sewerage	0	0	0	0	0	0	0	0	3,173	3,173	3,173	3,173	8,846	8,846	8,846	11,415
Finance lease interest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,013
Finance lease processing fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	200
Balance carried forward	0	0	0	0	0	0	0	0	128,806	128,806	128,806	128,806	34,004	34,004	34,004	134,100

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

Registration No: PPM-003-07-16011962

**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED 31 DECEMBER 2021 (CONT'D)**

	O 1		O 2		O 3		O 4		2021		2020	
	Advocacy & Champion Rights	RM	Awareness & Empowerment	RM	Integrated & Accessible Services	RM	Governance, Management, Development & Sustainability	RM	RM	RM	RM	RM
Balance brought forward	0		0		128,806		34,004		162,810		134,100	
Gift, aids, token and commission	0		0		5,979		2,000		7,979		1,235	
HDRF	0		0		0		300		300		0	
Honorarium	0		0		7,130		2,060		9,190		16,400	
Insurance (Property, Fixed assets)	0		0		1,304		1,186		2,490		995	
Medical expenses	0		0		10,859		0		10,859		3,970	
Medical claim	0		0		60,315		1,368		61,683		145,445	
Office expenses	0		0		3,816		5,155		8,971		15,078	
Office building (Rental, maintenance fee)	0		0		7,090		15,251		22,341		22,537	
Project activities	0		0		61,221		130		61,351		91,239	
Professional fee	0		0		22,575		1,000		23,575		17,075	
Printing and stationery	0		0		4,494		3,971		8,465		9,095	
Postage and courier charges	0		0		142		102		244		440	
Refreshment	0		0		9,026		1,069		10,095		6,703	
Repair and maintenance	0		0		400		5,135		5,535		2,735	
Balance carried forward	0		0		323,157		72,731		395,888		467,047	

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

Registration No: PPM-003-07-16011962

**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED 31 DECEMBER 2021 (CONT'D)**

	O 1		O 2		O 3		O 4		2021		2020	
	Advocacy & Champion Rights	RM	Awareness & Empowerment	RM	Integrated & Accessible Services	RM	Governance, Management, Development & Sustainability	RM	RM	RM	RM	RM
Balance brought forward	0		0		323,157		72,731		395,888		467,047	
Salary and allowance	0		0		289,473		283,093		572,566		460,273	
Service tax	0		0		173		361		534		606	
Stamp duty	0		0		111		116		227		92	
Uniforms	0		0		360		0		360		4,840	
Taxation	0		0		0		456		456		0	
Telecommunications	0		0		11,411		7,759		19,170		19,714	
Travel and subsistence	0		0		17,124		8,767		25,891		24,709	
Vehicle running cost (Road tax, insurance)	0		0		0		991		991		2,788	
	0		0		641,809		374,274		1,016,083		980,069	

*Yeap Meng Chee*

Ms Yeap Meng Chee  
Chairperson

*Mr Ong Lay Seong*

Mr Ong Lay Seong  
Treasurer

*Ms Low Bee Cheng*

Ms Low Bee Cheng  
State Manager

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

**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 DECEMBER 2021**

	Note	2021 RM	2020 RM
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
(Deficit) / Surplus before tax		(251,841)	238,489
Adjustments for:			
Depreciation of property, plant and equipment		16,970	27,880
Gain on disposal of property and equipment		0	(300)
Interest expenses		0	1,013
Interest income		(912)	(1,718)
Operating (deficit) / surplus before working capital changes		(235,783)	265,364
Decrease / (Increase) in inventories		5,892	(1,640)
(Increase) / Decrease in receivables and deposits		(12,576)	7,167
Increase in payables and deposits received		49,004	11,960
Cash (used in) / generated from operations		(193,463)	282,851
Interest paid		0	(1,013)
Net cash (used in) / generated from operating activities		(193,463)	281,838
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest received		912	1,718
Purchases of property, plant and equipment		0	(10,905)
Proceeds from disposal of property, plant and equipment		0	300
Net cash generated from / (used in) investing activities		912	(8,887)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Designated fund received		0	2,000
Repayment of finance lease payables		0	(6,667)
Net cash used in financing activities		0	(4,667)
Net (decrease) / increase in cash and cash equivalents		(192,551)	268,284
Cash and cash equivalents at beginning of the year		380,182	111,898
Cash and cash equivalents at end of the year		187,631	380,182
<b>Cash and cash equivalents comprise:</b>			
Cash and bank balances	5	133,089	326,551
Interest bearing deposits – building fund	5	54,542	53,631
		187,631	380,182

**PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION  
(PERSATUAN PERKEMBANGAN KESIHATAN KELUARGA PULAU PINANG)  
(Registered in Malaysia)**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**

**1 GENERAL INFORMATION**

The Penang Family Health Development Association (Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang) (the "Association" or "FHDA") is a voluntary not for profit organisation registered in 1961.

The administration office is located at 333, Jalan Perak, 11600 Jelutong, Pulau Pinang and also houses one of the clinics (FHDA Jalan Perak).

The objectives of the Association are as follows:-

- (a) To promote sexual and reproductive rights as human rights;
- (b) To encourage individuals to take control of their reproductive lives;
- (c) To educate the public on the relationship between population, resources, development, environment and family planning;
- (d) To promote equality between men and women;
- (e) To promote choices in reproductive health;
- (f) To act as the liason body between associate members the Federation of Reproductive Health Associations Malaysia, National Population and Family Development, Ministry of Health and any other agencies interested in reproductive health; and
- (g) To raise funds in furtherance of the above objects.

The Association shall not discriminate on grounds of race, creed, colour, political belief, or sex and provide for a widely based membership.

Its main programme is promoting access to sexual and reproductive health, family health and family development services using four key strategies (O1-Advocacy and Champion Rights, O2 - Awareness and Empowerment, O3-Intergrated and Accessible Services and O4-Governance, Management, Development and Sustainable).

Tuanku Ismail Jewa Centre (formerly known as Family Development Centre) launched on 24 October, 2009 in memory of the Association's late past President.

The Association is a member of the Federation of Reproductive Health Associations, Malaysia ("FRHAM").

The principal sources of revenue are project grants channelled through the FRHAM and International Planned Parenthood Federation ("IPPF"), Malaysian Government, Malaysian AIDS Council, ("MAC") Global Fund clinic services.

## 1 GENERAL INFORMATION (CONT'D)

In order to carry out its task, the Association conducts the following services:-

- (a) Providing clinical reproductive health screening and family wellness services, sexually transmitted infections (STI) clinic, contraception and abortion counselling;
- (b) Supporting HIV/AIDS prevention, screening, treatment adherence and charity supplies rendered to families living with HIV;
- (c) Conducting health information, education and communication campaigns, which cover the underserved and underprivileged communities (such as lower income, elderly, disabled) through outreach mobile clinics and by applying audiovisual materials;
- (d) Empowering young people on sexual and reproductive health and rights to make life choices through youth camps and youth peer activities;
- (e) Improving access to family and sexual health services to marginalised groups and their families. The marginalised groups classified as key populations by the United Nations include sex workers (SW), men who have sex with men (MSM), transgender / transsexual (TG / TS), drug users (DU);
- (f) To implement the programme by hiring staff, maintaining equipment and buildings for the office, centres and clinics at Perak Roads, Kampong Kolam in Georgetown, Jalan Pegawai in Bukit Mertajam, Penang;
- (g) Assessing and reporting the effect and conduct of the four strategies undertaken.

The financial statements of the Association are presented in the functional currency, which is the currency of the primary economic environment in which the entity operates. The functional currency of the Association is Ringgit Malaysia as the sales and purchases are mainly denominated in Ringgit Malaysia and receipts from operations are usually retained in Ringgit Malaysia and funds from financing activities are generated in Ringgit Malaysia.

## 2 SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with the International Planned Parenthood Federation, ("IPPF") accounting policies, Malaysian Private Entities Reporting Standard and the requirements of the Societies Act, 1966 in Malaysia.

The financial statements have been prepared on the historical cost basis, except for the revaluation of certain assets and liabilities.

The principal accounting policies adopted are set out below:

### 2.1 PROPERTY, PLANT AND EQUIPMENT

The cost of an item of property, plant and equipment is recognised as an asset when it is probable that future economic benefits associated with the item will flow to the Association and the cost of the item can be measured reliably. After recognition as an asset, an item of property, plant and equipment are measured at cost less any accumulated depreciation and any accumulated impairment losses.



## 2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

### 2.1 PROPERTY, PLANT AND EQUIPMENT (CONT'D)

Depreciation is provided on a straight-line method so as to write off the depreciable amount of the following assets over their estimated useful lives, as follows:

	<u>Rate</u>
Freehold building	5%
Leasehold building	5%
Equipment	5% - 20%
Furniture and fittings	20%
Motor vehicle	20%
Renovation	10%
Signboard	10%

Depreciation of an asset begins when it is ready for its intended use.

If there is an indication of a significant change in factors affecting the residual value, useful life or asset consumption pattern since the last annual reporting date, the residual values, depreciation method and useful lives of depreciable assets are reviewed, and adjusted prospectively.

The carrying amounts of items of property, plant and equipment are derecognised on disposal or when no future economic benefits are expected from their use or disposal. Any gain or loss arising from the derecognition of items of property, plant and equipment, determined as the difference between the net disposal proceeds, if any, and the carrying amounts of the item, is recognised in profit or loss. Neither the sale proceeds nor any gain on disposal is classified as revenue.

### 2.2 IMPAIRMENT OF ASSETS, OTHER THAN INVENTORIES AND FINANCIAL ASSETS

At each reporting date, the Association assesses whether there is any indication that an asset may be impaired. If any such indication exists, the recoverable amount of the asset is estimated.

When there is an indication that an asset may be impaired but it is not possible to estimate the recoverable amount of the individual asset, the Association estimates the recoverable amount of the cash-generating unit to which the asset belongs.

The recoverable amount of an asset and a cash-generating unit is the higher of the fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset.

If the recoverable amount of an asset or a cash-generating unit is less than the carrying amount, an impairment loss is recognised to reduce the carrying amount to its recoverable amount. An impairment loss for a cash-generating unit is firstly allocated to reduce the carrying amount of any goodwill allocated to the cash-generating unit, and then, to the other non-current assets of the unit pro rata on the basis of the carrying amount of each appropriate asset in the cash-generating unit. Impairment loss is recognised immediately in profit or loss, unless the asset is carried at a revalued amount, in which case it is treated as a revaluation decrease.

The recoverable amount is the higher of an asset's or cash-generating unit's fair value less to sell, value in use and zero.

## 2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

### 2.2 IMPAIRMENT OF ASSETS, OTHER THAN INVENTORIES AND FINANCIAL ASSETS (CONT'D)

An impairment loss recognised in prior periods for an asset or the appropriate assets of a cash-generating unit is reversed when there has been a change in the estimates used to determine the asset's recoverable amount. An impairment loss is reversed to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation, if no impairment loss had been recognised in prior periods. A reversal of an impairment loss is recognised immediately in profit or loss, unless the asset is carried at revalued amount, in which case it is treated as a revaluation increase.

### 2.3 INVENTORIES

Inventories are measured at the lower of cost and estimated selling price less costs to complete and sell. Cost of inventories comprises all costs of purchase, costs of conversion and other costs incurred in bringing the inventories to their present location and condition. Cost of inventories is measured by using the First-in First-out method.

At each reporting date, inventories are assessed for impairment. If an item of inventory is impaired, the carrying amount is reduced to its selling price less costs to complete and sell; the impairment loss is recognised immediately in profit or loss. At each subsequent reporting date, the Association makes a new assessment of selling price less costs to complete and sell. If there is any indication that an impairment loss recognised in prior periods may no longer exist or when there is clear evidence of an increase in selling price less costs to complete and sell due to changed economic circumstances, an impairment loss is reversed to the extent that the new carrying amount is the lower of the cost and the revised selling price less costs to complete and sell.

Inventory donated by IPPF are stated at the landed cost of inventories at port of entry, customs clearing and forwarding charges are expensed during the financial year of acquisition.

### 2.4 FINANCIAL ASSETS

Financial assets are recognised in the statement of financial position when the Association becomes a party to the contractual provisions of the instrument.

On initial recognition, financial assets are measured at transaction price, include transaction costs for financial assets not measured at fair value through profit or loss, unless the arrangement constitutes, in effect, a financing transaction for the counterparty to the arrangement.

After initial recognition, financial assets are classified into one of three categories: financial assets measured at fair value through profit or loss, financial assets that are debt instruments measured at amortised cost, and financial assets that are equity instruments measured at cost less impairment.

#### *i) Financial Assets At Fair Value Through Profit Or Loss*

Financial assets are classified as at fair value through profit or loss when the financial assets are within the scope of Section 12 of the MPERS or if the financial assets are publicly traded or their fair value can otherwise be measured reliably without undue cost or effort.

Changes in fair value are recognised in profit or loss.

## 2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

### 2.4 FINANCIAL ASSETS (CONT'D)

#### *i) Financial Assets At Fair Value Through Profit Or Loss (Cont'd)*

If a reliable measure of fair value is no longer available for an equity instrument that is not publicly traded but is measured at fair value through profit or loss, its fair value at the last date that instrument was reliably measurable is treated as the cost of the instrument, and it is measured at this cost amount less impairment until a reliable measure of fair value becomes available.

#### *ii) Financial Assets That Are Debt Instruments Measured At Amortised Cost*

After initial recognition, debt instruments are measured at amortised cost using the effective interest method. Debt instruments that are classified as current assets are measured at the undiscounted amount of the cash or other consideration expected to be received.

Effective interest method is a method of calculating the amortised cost of financial assets and of allocating the interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimate future cash receipts through the expected life of the financial assets or, when appropriate, a shorter period, to the carrying amount of the financial assets.

#### *iii) Financial Assets That Are Equity Instruments Measured At Cost Less Impairment*

Equity instruments that are not publicly traded and whose fair value cannot otherwise be measured reliably without undue cost or effort, and contracts linked to such instruments that, if exercised, will result in delivery of such instruments, are measured at cost less impairment.

#### *iv) Impairment Of Financial Assets*

At the end of each reporting period, the Association assesses whether there is any objective evidence that financial assets that are measured at cost or amortised cost, are impaired.

Objective evidence could include:

- significant financial difficulty of the issuer; or
- a breach of contract; or
- the lender granting to the borrower a concession that the lender would not otherwise consider; or
- it becoming probable that the borrower will enter bankruptcy or other financial reorganisation; or
- observable data indicating that there is a measurable decrease in the estimated future cash flows from the financial assets since the initial recognition of those assets.

## 2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

### 2.4 FINANCIAL ASSETS (CONT'D)

#### *iv) Impairment Of Financial Assets (Cont'd)*

For certain category of financial assets, such as trade receivables, if it is determined that no objective evidence of impairment exists for an individually assessed financial asset, whether significant or not, the assets are included in a group with similar credit risk characteristics and collectively assessed for impairment.

Impairment losses, in respect of financial assets measured at amortised cost, are measured as the differences between the assets' carrying amounts and the present values of their estimated cash flows discounted at the assets' original effective interest rate.

If there is objective evidence that impairment losses have been incurred on financial assets measured at cost less impairment, the amount of impairment losses are measured as the difference between the asset's carrying amount and the best estimate of the amount that the Association would receive for the asset if it were to be sold at the reporting date.

The carrying amounts of the financial assets are reduced directly, except for the carrying amounts of trade receivables which are reduced through the use of an allowance account. Any impairment loss is recognised in profit or loss immediately. If, in subsequent period, the amount of an impairment loss decreases, the previously recognised impairment losses are reversed directly, except for the amounts related to trade receivables which are reversed to write back the amount previously provided in the allowance account. The reversal is recognised in profit or loss immediately.

#### *v) Derecognition Of Financial Assets*

Financial assets are derecognised when the contractual rights to the cash flows from the financial assets expire, or are settled, or the Association transfers to another party substantially all of the risks and rewards of ownership of the financial assets.

On derecognition of financial assets in their entirety, the differences between the carrying amounts and the sum of the consideration received and any cumulative gains or losses are recognised in profit or loss in the period of the transfer.

### 2.5 CASH AND CASH EQUIVALENTS

Cash and cash equivalents in the statement of cash flows comprise cash and bank balances, short-term bank deposits and other short-term, highly liquid investments that have a short maturity of three months or less from the date of acquisition, net of bank overdrafts.

### 2.6 FINANCIAL LIABILITIES

Financial liabilities are recognised in the statement of financial position when the Association becomes a party to the contractual provisions of the instrument.

On initial recognition, financial liabilities are measured at transaction price, include transaction costs for financial liabilities not measured at fair value through profit or loss, unless the arrangement constitutes, in effect, a financing transaction for the Association to the arrangement.

## 2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

### 2.6 FINANCIAL LIABILITIES (CONT'D)

After initial recognition, financial liabilities are classified into one of three categories: financial liabilities measured at fair value through profit or loss, financial liabilities measured at amortised cost, or loan commitments measured at cost less impairment.

#### *i) Financial Liabilities Measured At Fair Value Through Profit Or Loss*

Financial liabilities are classified as at fair value through profit or loss when the financial liabilities are within the scope of Section 12 of the MPERS or if the financial liabilities are publicly traded or their fair value can otherwise be measured reliably without undue cost or effort.

If a reliable measure of fair value is no longer available for an equity instrument that is not publicly traded but is measured at fair value through profit or loss, its fair value at the last date that instrument was reliably measurable is treated as the cost of the instrument, and it is measured at this cost amount less impairment until a reliable measure of fair value becomes available.

#### *ii) Financial Liabilities Measured At Amortised Cost*

After initial recognition, financial liabilities other than financial liabilities at fair value through profit or loss are measured at amortised cost using the effective interest method. Gains or losses are recognised in profit or loss when the financial liabilities are derecognised or impaired.

Effective interest method is a method of calculating the amortised cost of financial liabilities and of allocating the interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimate future cash payments through the expected life of the financial liabilities or, when appropriate, a shorter period, to the carrying amount of the financial liabilities.

#### *iii) Loan Commitments Measured At Cost Less Impairment*

Commitments to receive loan that meet the conditions of Section 11 of the MPERS are measured at cost less impairment.

#### *iv) Derecognition Of Financial Liabilities*

Financial liabilities are derecognised when the obligation specified in the contract is discharged, cancelled or expires.

Any difference between the carrying amounts of the financial liabilities derecognised and the consideration paid is recognised in profit or loss.

## 2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

### 2.7 REVENUE

#### *i) Grant Income*

All grants are recognised on an accrual basis. Where income from donors is restricted for specific activities, the income is deferred and released to income when the funds are expended on those specific activities.

### 2.8 EMPLOYMENT BENEFITS

#### *i) Short-Term Employment Benefits*

Short-term employment benefits, such as wages, salaries and other benefits, are recognised at the undiscounted amount as a liability and an expense when the employees have rendered services to the Association.

The expected cost of accumulating compensated absences are recognised when the employees render services that increase their entitlement to future compensated absences. The expected cost of non-accumulating compensated absences, such as sick and medical leaves, are recognised when the absences occur.

The expected cost of accumulating compensated absences are measured at the undiscounted additional amount expected to be paid as a result of the unused entitlement that has accumulated at the end of the reporting period.

The expected cost of profit-sharing and bonus payments are recognised when the Association has a present legal or constructive obligation to make such payments as a result of past events and a reliable estimate of the obligation can be made. A present obligation exists when the Association has no realistic alternative but to make the payments.

#### *ii) Defined Contribution Plan*

Contributions payable to the defined contribution plan are recognised as a liability and an expense when the employees have rendered services to the Association.

## 3 CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

### 3.1 CRITICAL JUDGEMENTS IN APPLYING THE ACCOUNTING POLICIES

In the process of applying the Association's accounting policies, the Committee is of the opinion that there are no instances of application of judgement which are expected to have a significant effect on the amounts recognised in the financial statements.

### 3 CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY (CONT'D)

#### 3.2 KEY SOURCES OF ESTIMATION UNCERTAINTY

The key assumptions concerning the future, and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next year, other than those disclosed in the Notes, are as follows:

*i) Depreciation of plant and equipment*

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

### 4 EVENT AFTER THE REPORTING PERIOD

There has been a global pandemic outbreak of Covid-19. The Covid-19 pandemic has had a material adverse effect on the global economy and, specifically, the regional economies in which the Association operates.

The Malaysian Government in response to this threat has announced the imposition of Movement Control Order (“MCO”) nationwide to curb the spread of the Covid-19 pandemic in Malaysia pursuant to the Prevention and Control of Infectious Diseases Act 1988 and the Police Act 1987. This MCO was gazetted and effectively means all businesses other than those deemed as essential services were not allowed to operate. The Association therefore has been required to restrict its business activities throughout the duration of the MCO, which resulted in a fall of revenue while having to maintain its overheads.

Before the current financial statements were approved and authorised for issue, the Committee had considered the nature of the impact from the Covid-19 pandemic in Malaysia, that may impact the financial position, financial performance and cash flows of the Association after the reporting date.

The Committee concluded that the impact of non-adjusting events from the outbreak of Covid-19 pandemic does not significantly affects the fair values of the financial assets and non-financial assets of the Association, including the classification of current and non-current items presented on the reporting date. The Committee has indicated their intention to continue in operation.

### 5 CASH AND CASH EQUIVALENTS

	<b>2021</b>	<b>2020</b>
	<b>RM</b>	<b>RM</b>
Cash in hand	5,211	6,573
Cash at bank	127,878	319,978
Interest bearing deposits – building fund	54,542	53,631
	<u>187,631</u>	<u>380,182</u>

**6 INVENTORIES**

	<b>2021</b>	<b>2020</b>
	<b>RM</b>	<b>RM</b>
Antibiotic (tablets)	81	231
Anti fungal	2,010	1,995
Contraceptives	9,320	15,753
Hormone replenishment therapy	1,701	2,757
Others	9,647	6,470
Vitamins (tablets)	2,566	3,873
Anti hypertensive	223	319
Lipid lowering	372	414
	<u>25,920</u>	<u>31,812</u>

**7 OTHER RECEIVABLES AND PREPAYMENTS**

	<b>2021</b>	<b>2020</b>
	<b>RM</b>	<b>RM</b>
Other receivables	10,654	1,013
Prepayments	2,735	0
	<u>13,389</u>	<u>1,013</u>

**8 PROPERTY AND EQUIPMENT**

	<b>As at</b>			<b>As at</b>
	<b>01 January</b>	<b>Additions</b>	<b>Disposals</b>	<b>31 December</b>
	<b>2021</b>	<b>RM</b>	<b>RM</b>	<b>2021</b>
	<b>RM</b>			<b>RM</b>
<b>Cost</b>				
Freehold building	190,000	0	0	190,000
Leasehold building	90,025	0	0	90,025
Equipment	263,354	0	0	263,354
Furniture and fittings	12,372	0	0	12,372
Motor vehicle	108,744	0	0	108,744
Renovation	78,310	0	0	78,310
Signboard	1,858	0	0	1,858
	<u>744,663</u>	<u>0</u>	<u>0</u>	<u>744,663</u>



**8 PROPERTY AND EQUIPMENT**

	As at 01 January 2021 RM	Charges for the year RM	Disposals RM	As at 31 December 2021 RM
<b><u>Accumulated Depreciation</u></b>				
Freehold building	171,000	9,500	0	180,500
Leasehold building	90,025	0	0	90,025
Equipment	262,199	916	0	263,115
Furniture and fittings	11,087	321	0	11,408
Motor vehicle	108,742	0	0	108,742
Renovation	60,110	6,095	0	66,205
Signboard	690	138	0	828
	703,853	16,970	0	720,823
	703,853	16,970	0	720,823

	2021 RM	2020 RM
<b><u>Carrying Amount</u></b>		
Freehold building	9,500	19,000
Leasehold building	0	0
Equipment	239	1,155
Furniture and fittings	964	1,285
Motor vehicle	2	2
Renovation	12,105	18,200
Signboard	1,030	1,168
	23,840	40,810
	23,840	40,810

**9 PAYABLES AND ACCRUALS**

	2021 RM	2020 RM
Payables	52,196	9,027
Accruals	13,205	7,520
	65,401	16,547
	65,401	16,547

**10 DESIGNATED FUND**

	<b>Unrestricted Termination Reserve RM</b>	<b>Clinical Service Reserve RM</b>	<b>Donor Restricted Global Fund RM</b>	<b>Inventory Fund RM</b>	<b>Total RM</b>
At beginning and end of the year	<u>20,753</u>	<u>35,958</u>	<u>37,847</u>	<u>14,444</u>	<u>109,002</u>

**11 INCOME TAX**

The Federation of Reproductive Health Association, Malaysia (“The Federation”) and its affiliated members have been exempted from income tax under Section 127 (1) (b) of the Income Tax Act, 1967 in Malaysia. However, under the Finance Act, 1986 in Malaysia, this exemption had been withdrawn with effect from the financial year ended 31 December 1987 (year of assessment 1988).

On 12 January 2021, approval was obtained from the Director of Inland Revenue Board for the Federation and its affiliated members to be exempted from income tax with effect from the Year of Assessment 1988 (year ended 31 December 1988) until the Year of Assessment 2024 (year ended 31 December 2024) under Paragraph 13 Schedule 6 of the Income Tax Act, 1967 (as amended) in Malaysia. Hence, no provision for income tax has been made in the financial statements of the Federation. By virtue of the Association being a member of the Federation, no provision for income tax was made in the financial statement of the Association. This is consistent with the basis adopted in the financial statements of the Federation.

**12 AUTHORISATION FOR ISSUE OF THE FINANCIAL STATEMENTS**

The financial statements of the Association were authorised for issue by the Committee on 18 May 2022.

## FHDA PREMISES

### Tunku Ismail Jewa Centre (FHDA Office)

No. 333 Jalan Perak  
11600 Penang.  
Tel. 04-2813144; Fax. 04-2819380  
Email: [info@fhdapenang.org](mailto:info@fhdapenang.org)  
Website: <https://www.penangfhda.org>  
Facebook: [@Penangfhda](https://www.facebook.com/Penangfhda)  
Instagram: Penangfhda

Open on: Tuesdays to Saturdays  
Time: 8.30am -7.00pm  
Close on: Sundays, Mondays & Public  
Holidays

### Community Friendly Clinic (CFC)

First and third Fridays of every month  
Time: 7.30pm-9.30pm  
(except Public Holidays)  
Enquiries : 604-2813144  
(free HIV testing)

### FHDA KAMPUNG KOLAM

16/18 Kampung Kolam,  
10200 Penang

Open on: Tuesdays to Saturdays  
Time: 8.30am - 3.30pm  
Close on: Sundays, Mondays &  
Public Holidays

#### **Doctors' sessions:**

Wednesday: 9.30am - 12.00noon  
Friday: 9.30am - 12.00noon  
Saturday: 9.30am - 12.00noon

#### **Blood test screening:**

1st and 3rd Saturday of every month:  
8.30am - 10.00am

### FHDA BUKIT MERTAJAM

18 F Jalan Pegawai,  
10400 Bukit Mertajam, Penang,  
Whatspp text: 011-36600297

## APPRECIATION 2021

The Executive Committee of the Penang Family Health Development Association wishes to thank all those who have supported us during the difficult period through the COVID-19 pandemic and lockdowns. We take this opportunity to thank our nation's health care professionals who worked tirelessly in the face of personal risks and constraints.

To our staff and volunteers, thank you for the courage to be committed to maintain FHDA's services continuously with the innovation of wifi to connect to clients for telemedicine/ advice.

Our members and staff suffered from uncertainty, grief and stress of COVID-19 like many other people. Your strength we laud.

Thank you, FRHAM for the IPPF pilot Telemedicine grant 2021.

Thank you, Malaysian AIDS Council for Global Fund grant Jan to June 2021 to implement the HIV harm reduction programme " Differentiated HIV Services to Key Populations (DHSKP); and the Ministry of Health (MOH) Malaysia for taking over the funding of DHSKP - July - December 2021; MAC "Bantuan makanan" to FHDA's needy clients and PPE

To the Klinik Kesihatan of Jalan Macalister, Bayan Baru, Sungai Dua, Butterworth, Seberang Jaya and Bukit Panchor; the Infectious Diseases Unit of Hospitals Pulau Pinang and Seberang Jaya; we appreciate your collaboration and assistance.

Our deep appreciation to Centre for Research on Women and Gender (KANITA) Universiti Sains Malaysia for appointing FHDA to conduct teaching of Sexual and Reproductive Health (SRH) and Engie Ng as the Implementation Coordinator in the multi-university interventions NFIS research " Piloting Health Interventions To Advance the Sexual and Reproductive Health of Women Migrant Workers in Malaysia". To Jabil Circuit and Renesas Semiconductors; our NGO partners RRAAM and Tenaganita, thank you for your commitment despite the challenges.

Thank you, UNHCR, for approving the project grant "SRH & SGBV Information & Clinical Services for Women and Men in Penang, Kedah and Perlis PPA #183" (15 Apr - 31 Dec 2021). Besides medical SRH services, we also distributed dignity kits, vitamins, milk powder to pregnant and lactating mothers donated by the Theng Kah Loke & Wong Ah Yin charitable trust.

