

# SYNERGY

Occasional newsletter of Penang Family Health Development Association (FHDA), Oct 2016

For internal circulation only

## Penang FHDA OFFICIALS AND COMMITTEE MEMBERS, 2015-2018

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Mr Damian Lee Wan Tong

### Youth committee members

Ms Swarna Devi A/P Palanivelu  
Dr Low Kah Yan

### Hon. Internal Auditors

Mr Tan Tee Boon  
Mr Lim Chun Seong

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## *Majlis Pelancaran Program Ujian Saringan HIV Berasaskan Komuniti oleh Timbalan Menteri Kesihatan*

This event is the launch of community based HIV testing on 21 July 2016 at the FHDA office, by the Deputy Health Minister, Y.B. Dato' Seri Dr Hilmi Bin Haji Yahaya. The plaque signing ceremony was the highlight of the event.



*Y.B.Dato' Seri Dr Hilmi Bin Haji Yahaya is pictured above, 4<sup>th</sup> left. Next to YB on the right is Dr Shaari Ngadiman (Director, Public Health Department, MOH). They are flanked by staff and Exco members of Penang FHDA*

In his speech, the Deputy Health Minister recognized the role of the NGOs under the Malaysian AIDS Council (MAC) in providing community based HIV screening and said the ministry was supporting the effort with module-based training, and certification of lay workers. FHDA was mentioned for its voluntary counselling and testing services and its AIDS programme.

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**Penang FHDA**  
**Sub Committee Members appointed**  
 w.e.f. AGM 25 June 2016

Programme	Supporting Strategies	Representatives
<b>Access</b> Dr Dinesh a/I Mahalingam (Chairman) Dr Yim Poh Yin Dr (Mrs) Gan Kam Ling Dr Surinder Kaur Mdm See Cheng Kim (Gender Issues) Dr Low Kah Yan	<b>Resource Mobilisation</b> Ms Yeap Meng Chee (Chairman) Mr Lim Beng Poh Mr Ong Lay Seong Dr Dinesh Mahalingam Ms Tan Seow Ean Ms Engie Ng Lai Kin Ms Christine Low Bee Cheng	<b>National Council of Women's Organisations, Malaysia (Penang Branch)</b> Ms Yeap Meng Chee (Chairperson) Mdm See Cheng Kim (Vice-Chairperson) Ms Tan Lay Pheng (Hon. Int. Auditor)
<b>Advocacy</b> Mr Damian Lee Wan Tong (Chairman) Mr Lim Beng Poh Mr Ong Lay Seong Ms Yeap Meng Chee Mr Benjamin Yee Chee Kin Mr Tan Tee Boon	<b>Finance and Audit</b> Mr Ong Lay Seong (Chairman) Ms Tan Seow Ean	<b>National Council of Women's Organisations, Malaysia</b> Ms Yeap Meng Chee (Vice-President, Penang)
<b>Adolescents</b> Ms Swarna Devi A/P Palanivelu (Chairman) Ms Yeap Meng Chee Ms Tan Lay Pheng Madam See Cheng Kim Dr Low Kah Yan	<b>Governance, Management and Administration</b> Mr Lim Beng Poh (Chairman) Ms Yeap Meng Chee Ms Tan Seow Ean Dr Dinesh Mahalingam Mr Ong Lay Seong Mdm See Cheng Kim Dr Chow Ting Soo	<b>Majlis Kebajikan Masyarakat</b> Mr Lim Beng Poh
<b>AIDS</b> Mdm Jubaidah Bt. Nagoor (Chairman) Dr Dinesh Mahalingam Mr Ong Lay Seong Ms Yeap Meng Chee Mdm See Cheng Kim Mr Damian Lee Wan Tong Dr Chow Ting Soo Dr Low Lee Lee Ms Tan Seow Ean	<b>Planning, Reporting, Monitoring and Evaluation</b> Ms Yeap Meng Chee (Chairman) Dr Dinesh Mahalingam Mr Ong Lay Seong Mr Lim Beng Poh Ms Engie Ng Lai Kin Ms Christine Low Bee Cheng	<b>FRHAM</b> Ms Yeap Meng Chee (Vice-President) Mr Ong Lay Seong (Hon.Secretary-General) Mr Lim Beng Poh (National Council delegate)
<b>Abortion</b> Mdm See Cheng Kim (Chairman) Ms Tan Lay Pheng Mr Ong Lay Seong Ms Yeap Meng Chee	<b>FHDA BM</b> Dr Dinesh Mahalingam Mr Ong Lay Seong Ms Tan Seow Ean Mdm Jubaidah Bt. Nagoor	<b>Delegates to FRHAM National Council</b> Mr Ong Lay Seong Ms Swarna Devi A/P Palanivelu (youth) Mr Lim Beng Poh Dr Low Kah Yan (youth)
		<b>Malaysian AIDS Council</b> Mr Baktiar Talhah (President from May 2016)
		<b>Delegates to Malaysian AIDS Council</b> Mdm Jubaidah Bt. Nagoor Mr Lim Beng Poh Dr Low Kah Yan

## Reflecting on the Workshop by the Waters

*Observations of a workshop for government health care service providers and FHDA staff*

By Goh Yong Jian



As compliments for the Penang FHDA Case Management Approach in cooperation with Ministry of Health *Klinik Kesihatan* Workshop came in, I pondered about the fresh insight that I have absorbed through this event. There are many thought-provoking views that I have not considered before the workshop.

The three day workshop, held at Hotel Sentral Seaview, Penang from **12<sup>th</sup> July to 14<sup>th</sup> July 2016**, bringing together medical professionals in family medicine from several clinics in Penang and Kedah, and case workers from FHDA. It aimed to provide the working relationship for the collaboration between government clinics and our NGO in implementing the Malaysian AIDS Council's programme on HIV sexual transmission among key populations.

Previously the Global Fund (GF) outreach project for Sex Workers and Transgender, this third phase of the programme in Penang will use case management approach.

Being a staff for the event, I have learnt a lot from the programmes despite being virtually strapped to the audio/visual control table. There was a game for the participants on Day 1 called "Wildfire", conducted by the Director of the GF Project, Ms Joselyn Pang. The game first explored the scenario of unprotected sexual intercourse in a community.



After networking with three other partakers, the participants were selected to name one sexually transmitted infection (STI) to whom they had "spread" their STI. Nearly everyone in the group were "infected" by at least one STI, with some being "infected" by many STIs.

The second part of the game involved participants being seated in two circles, one within another, based on the codes on their cards. The inner circle represented the high risk to Human Immunodeficiency Virus (HIV)/ STI group and the outer circle signified the low risk group. Randomly selected participants in both circles were then asked about their feelings and thoughts of being in their respective circles, and were told to imagine their clients' feelings and thoughts.

This session has enabled participants, me included, to experience the simulated situation of their clients, especially those in the high risk population.

The late night forum in Day 1 with three Family Medicine Specialists (FMS) from their respective health clinics was run with the MAC Executive Director Dr Ilias Yee as the moderator. The forum ignited topics, from stigma towards the patients, on clients' need for privacy and data confidentiality, to their experiences as a doctor throughout their career.

In the afternoon of Day 2, participants made their way to the Macalister Health Clinic by pre-arranged bus. They were introduced to the operations of testing and treating Sexually Transmitted Infection (STI)/HIV patients.

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The case workers forum was one of the highlights. With Mdm Jubaidah Nagoor, FHDA Exco, as the moderator, the case workers shared their experience on how they became a case worker, and their perspective towards their clients and the health system.

Some of the case workers are transgender. The discrimination I heard they had received throughout their lives was disheartening. FHDA Case workers' determination to assist the key populations without seeking recognition was commendable. This forum had enabled health care service providers who might not have frequent field experience to understand their thoughts and feelings.



At the end of the workshop, draft Standard Operating Procedures/flowcharts for each government clinic which will conduct STI/HIV testing and treatment for sex workers, TG, Men who have sex with men (MSM) were presented.

**It has been rewarding to participate in this workshop as knowledge and anecdotes on STI/HIV issues were shared freely by various parties. My understanding about public healthcare and the key populations' vulnerability the field of STI/HIV was enhanced throughout the workshop. I hope to utilise the experience and knowledge gained in the future.**

## **KAJIAN KEPUASAN PELANGGAN DI FHDA KLINIK D' ME & U**

Kajian kepuasan pelanggan Klinik Kampung Kolam di Pulau Pinang dijalankan dengan tujuan untuk mengetahui kepuasan berkaitan dengan perkhidmatan pesakit. Borang kajian telah diluluskan oleh pihak pengurusan untuk tujuan ini.

Keputusan berasaskan data yang diperolehi akan digunakan untuk memperbaiki serta meningkatkan perkhidmatan dan kemudahan yang disediakan mengikut kemudahan yang diminta.

Berdasarkan maklum balas yang diperolehi daripada pelanggan, kebanyakan pelanggan mengadu berkaitan waktu menunggu, kemudahan parkir, availabiliti, serta caj perkhidmatan.

Kajian ini berlangsung dari bulan Jun 2016 sehingga hujung bulan Julai serta sebanyak 60 pelanggan telah mengambil bahagian di dalam kajian ini. Terdapat 9 soalan bagi aspek kepuasan pelanggan secara keseluruhannya dengan menggunakan skala Likert (5 skala). Dalam kajian ini, skala Likert 4 dan 5 dikategori kan sebagai berpuas hati 3 adalah biasa manakala 2 dan 1 sebagai tidak berpuas hati.

Beberapa cadangan boleh disimpulkan di sini bagi mengatasi masalah ketidakpuasan pelanggan seperti meningkatkan kemudahan asas di klinik seperti tempat dan tandas menunggu yang lebih selesa, serta menyediakan bahan bacaan yang berfaedah.

Dalam aspek availabiliti, pihak klinik perlu mempertingkatkan kemudahan klinik seperti pemeriksaan makmal yang mudah dan murah. Selain dari dapat meningkatkan kepuasan pelanggan, faktor ini dapat menarik kedatangan pesakit ke klinik tersebut. Bagi meningkatkan aspek penjagaan berterusan, memberi temujanji yang sesuai dengan masa doktor klinik tersebut bertugas.

Laporan oleh

Syahirah Farwin Binti Sarkuna Mohamed Azhari, Bachelor of Psychology, Disted College, Penang, Malaysia  
Intern FHDA 3 Jun - 18 Ogos 2016



Pihak FHDA harap dapat maklumbalas melalui laman web Facebook Klinik D' Me & U:

**Clinic Kampung Kolam Family Planning - D'Me&U clinic**

## OGSM BASIC CONTRACEPTION COURSE



I am Dashaini Mohan from Disted College, and I am pursuing a degree in Psychology. I did my internship at Penang Family Health Development Association (FHDA), a very dynamic team to help me improve my skills. I appreciate Ms Engie Ng Lai Kin and Ms Jayaletchamee because they were really patient with me.

I was given the secretariat management of the **Obstetrical and Gynaecological Society of Malaysia's (OGSM) Basic Contraception Course on 30 July 2016**, co-organised by FHDA. I am really proud that Ms Engie chose me with all her faith.

The event administration process took place smoothly. I started by designing the poster, sending off the invitation letters to the respective potential participants like doctors, pharmacists, nurses, medical students throughout Perlis, South Perak and Penang, via mails, fax and posts. The next step was following up with participants and confirm registration. At first it was slow going, we had to re-email and re-fax many times.

Progress meetings were held to make sure that everything is in order. Before 30<sup>th</sup> July 2016 we prepared the handouts, powerpoints, backdrop, LARCS guidelines and World Health Organisation "contraceptive wheel" in goodie bags for the participants.

We went to the venue Auditorium C, at KOMTAR Penang, to check the VIP



room, dining hall, PA system, projector, projection sound and lights. Ms Engie took us to meet Matron Rohaidah at the JKN who replaced the original speaker. Registration lists, refreshments and meals were ordered. The FHDA Exco in charge, Mdm See Cheng Kim, came for meetings. Here comes the big day **30<sup>TH</sup> JULY 2016** where it kicked off with registration of participants.

The day before the event, there were calls from additional participants who said they had paid their registration. During the registration, we were overwhelmed there are more people turn up!

There was a video shoot of the speakers (O & G specialists - Dr John Teo, Dr Somaskandar, Dr Gan Kam Ling; FHDA President Dr Choong Sim Poey), FRHAM Hon Secretary General Mr Ong Lay Seong, FRHAM Executive Director Ms Mary Pang and staff Ms Nina and myself in the VIP room where all talked about the contraception and role of FHDA. The video shoot was really fun as everyone in the room rehearsed their script again and again.



Dr John Teo (top), the main OGSM speaker from Sabah, is the "one take" and first video shoot!

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FHDA Exco organising chairman Dr Gan Kam Ling held a press conference together with the Ms Pang, Dr Choong, and Mr Ong.

Ms Engie celebrated my birthday and another intern, she ordered a cake for us to cut. It was a lovely surprise, we felt the love at FHDA.



At the end of the event, people came up to thank our team for the hospitality and hard-work, and the FHDA Chairman came to congratulate us.

The experiences I gained are very precious because I still remember the beautiful moments where we interns really had fun in the way we handled the hurdles.

I thank Ms Engie for giving me this wonderful opportunity to handle this project and trusting me.

**THANK YOU FHDA!!!!**



## TEAM PLAYERS OF FHDA

by Kheoh Sek Yong

The motivation of volunteers is essential to the success of any organisation. According to Mike Woodcock (1979), the team members get ready to share their thoughts or opinions if the team is in healthy group dynamics.

People who are willing to help one another will build support and trust among the team members. They trust one another with good intentions, and are willing to accept help or give it to others.

Penang Family Health Development Association (FHDA) was registered on 16 January 1962 as the Penang Family Planning Association (FPA). This association had made many changes in the last 54 years. From the beginning attention was given to only women's health care. FHDA services then expanded to the men, adolescents and later to PLHIV and transgender community and currently also the elderly. This diversification was necessary to move with the times.

FHDA volunteers and staff work together to achieve common goals. Some members and staff still stay on FHDA after so many years.

In order to understand the psyche of these loyal members / staff, interviews were carried out with an exco member, a case worker and his client, a doctor from D' Me & U Clinic and two interns, one from Dist College and the other Deakin University.

### Hon. Secretary, Mr. Lim Beng Poh

Mr. Lim Beng Poh, 66, had joined FHDA since 1984. He was elected as a committee member in 2003 after retiring from his work. He assumed the post of Hon. Treasurer after two years. Mr. Lim held the Honorary Secretary post since 2007 until now.



Mr. Lim is an enthusiastic and kind-hearted person. He joined FHDA because he enjoyed doing charity or volunteering. During his schooldays, he joined the scout movement.

He became more active and involved in more activities after becoming a committee member.

“When I first joined the committee, FHDA started providing service to PLHIV and now we have moved on to helping the transgender community whom most people rarely give aid to. I feel great and wonderful when I doing this kind of job.” said Mr. Lim.

As an exco member of FHDA, Mr. Lim is fully involved in policy-making and planning. He also assists in running the programmes during his off days.

### Case Worker, Shamil

**FHDA** case worker, Shamil does outreach work. He goes out and meets his clients, makes reports and also does some office work. During his meeting with clients, he gains more information about their problems and together help clients find solutions.

25-year-old Shamil, who is from Perak, has been a case worker for four years. At first, he felt this job was not easy. As time went by, with training and additional knowledge and skills he was able to manage different cases more effectively.

Some of his experiences include giving evidence in the court on behalf of the clients, dealing with police and for cases of death, manage the rites and other related matters for clients.



“We will also help them to apply for free legal service from Yayasan Bantuan Guaman Kebangsaan (YBGK) in case they cannot afford to pay.”

He cited a dilemma regarding a PLHIV. “When my client found out that he was infected with HIV, he chose not to tell his family because he was afraid. In this situation, we will encourage them by analyze the situation to let him know the consequences. With his consent, we will accompany him to tell the truth to his family. If he still insists on hiding his secret, we will respect his decision.”

Shamil feels supported working here because he knows staff in FHDA work as a team. He knows, if there are problems, everyone will rally round to help. He has found the work meaningful and has set higher personal goals.

### FHDA Client

**M**r. Ricky (not his real name), is one of the Shamil’s clients. After participating in the events and activities organised by FHDA, he realized that he had communication problems. He was an aggressive person. He always refused to join new events or activities, but only chose to mix with his peers. His social life changed since he met Shamil.

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“I knew FHDA through my friends. Two of them joined activities and made use of services provided by FHDA” said Mr. Ricky. “I began to be involved in FHDA activities after watching a video on FHDA.”



Ricky is a Hotel Administrative Assistant and meets a variety of people in his daily work. He has changed his attitude when he interacts and communicates with people he does not know. Furthermore, he pays more attention to his family and work and puts a lot of faith in God. He intends to gain more understanding about his religion.

FHDA is instrumental into instilling changes in his life and improving his situation. After Shamil’s intervention, he is more clear on what he should focus on.

To his young peers who consider money as the most important thing in life, Mr. Ricky gives this advice to them: “Do not overwork and neglect your family. Figure out what is more important and focus on it.”

### Clinic Volunteer Doctor, Dr. Yim Poh Yin

The first permanent FHDA clinic is based in Kampong Kolam which started operations in May 1966. Dr. Yim, one of the voluntary doctors of the clinic has served at the clinic for nearly 14 years.

Initially, FHDA provided services to women focusing on family planning and women’s health. Currently, services cater to all members of the family viz. men and children as well.

The FHDA Clinic D’ Me & U (pictured below) provides two kinds of services, one is preventive and the other therapeutic (treatment). The former includes screening services for cervical and breast cancers, diabetes, high blood pressure, high cholesterol; and vaccination for prevention of hepatitis B.



Lately, the clinic also provides HPV vaccination to prevent cervical cancer. Dr. Yim advises that the vaccination be taken before the person becomes sexually active otherwise once they are exposed to the cervical cancer virus, the vaccination is not effective anymore.

FHDA also invested in an ultrasound machine six months ago. It is used to detect fibroids inside the uterus. To improve her skills, Dr. Yim is attending training at a private hospital currently on her own time and expense.



According to Dr. Yim, FHDA has an important role to play in society. She is proud to be part of the association in providing access to health to the community.



She also enjoys doing her voluntary job. “It is important to do meaningful work rather than just think about profit,” she quips. Dr Yim's caring nature enables her to establish close rapport with her patients.

### Intern from Deakin University, Daniel Cassells

**D**aniel Cassells came to Penang FHDA for a fortnight’s internship from 21<sup>st</sup> June 2016. His team members comprised Holly Vivian, Ronja Blomberg and Jennifer Ta (pictured below, flanked by the Deakin U lecturer and FHDA intern supervisor). They called themselves the iHealth group.



The project is to raise 300% of donation within six months from July to 31 December 2016. To achieve this target, their first task was to do research and compare the donations received by FHDA with those of other NGOs.

They made recommendations to improve FHDA’s web site and social media platform. They suggested that FHDA register a Paypal account to enable easier procurement of donations and also crowdfunding.



On the last day of internship, i.e. 1<sup>st</sup> July 2016, they made a presentation to Mr. Stephen Paull from

Deakin University, Australia and Ms. Engie Ng Lai Kin, Business and Development Manager of FHDA.

“FHDA has a positive and open environment which helps people to feel included and valued.” said Mr. Daniel. “I am grateful to be able to work here. FHDA focuses on Sexual and Reproductive Health to the marginalised community who is usually ignored.



“FHDA is truly passionate and has a potentially influential group of people to assist those in the community. To make significant changes to shift the values and beliefs of society regarding the importance of sexual health and equality of the LGBT community, sufficient resources is one of essential thing that FHDA should consider,” said Daniel.

### Intern from Disted College, Penang, Goh Yong Jian

**F**our interns from Disted College did their practicum at FHDA. They are Goh Yong Jian, Syahirah Farwin Binti Sarkuna, Dashaini Mohan and Sivaranjani A/P Jagaveeran.



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The Disted College interns carried out their internship at different premises – the office at Jalan Perak, Penang, charity centre at Bukit Mertajam and D’ Me and U Clinic at Kampong Kolam.

Yong Jian, 21, chose FHDA for his internship site because he was interested to know more about AIDS and the LGBT community. He was involved in modifying FHDA’s personnel manual, finance manual and policies manual.



“The manual displayed from aspects of finance, human resources, staff management show that FHDA is operating well.” said Goh. “It is also possible to guide the organisation when they encounter any hurdles.”

Through this practicum, he recognised how people view those who have different sexual orientation and the marginalised community. He agrees to FHDA’s intervention to stop the spread of HIV through giving out condoms and conducting HIV tests on sex workers. “We cannot stop their sex work, but we can reduce their risk of spreading the infection when they get HIV.” he said.

“FHDA has contributed a lot to society. It assists people, irregardless of whether they are impoverished, sex workers or those with different sexual orientation. More people should know the great work FHDA is doing so that they are willing to join us as volunteers, especially the young people and we need monetary assistance.” said Goh.

## Conclusion to the interviews

Throughout nearly six decades, FHDA has progressed, diversified its services and helped many beneficiaries. This is made possible through the team work between volunteers and staff, together with support of stakeholders and donors. “The strength of the team is each individual member. The strength of each member is the team.”, *quote from Phil Jackson.*

By helping someone, we not only solve their personal problem. Once a person’s problem is solved, we save a family. Otherwise, the problem may develop into a social problem which may hinder the development of a country.



## The author of these interviews, Kheoh Sek Yong

Sek Yong is a Social Work student at the Universiti Sains Malaysia, Penang. She had gained much experience during her internship at FHDA such as interact with people who have different social identity and status and said that more young people should be involved in activities of FHDA.

**A voice for change**

*Low Kah Yan*



**The Asia Pacific Conference on Reproductive and Sexual Health and Rights or APCRSHR** is a biennial gathering of civil society, young people, academia, government, media, private sector, and development partners. The 8th APCRSHR serves to examine the responses to the previous conference held in 2014 and challenges posed to governments, civil society, young people, scholars and researchers, media professionals, development partners and the United Nations System. It then focused on generating new paradigms and strategies for action across and within countries in the region. To continue the tradition of involving the young people in the discussions of SRHR, the conference will commence with the gathering of youth advocates from the Asia Pacific Region.

My role as a youth scholar from Malaysia

*Where politics and policies save lives*

An exclusive pre-conference online capacity building programme was designed for scholars to familiarise us with the concepts of Population and Development, understand the importance of the new **Sustainable Developmental Goals**, recognition of SRH as a human right; basically allowing us to venture into the world of

sexual and reproductive health in the Asia Pacific Region.

I had a chance to host three roundtable discussions with two other youth scholars on the topic of ‘Youth Migrant and Livelihood’, ‘SRHR services for youth with disabilities’ and ‘Young Key populations’. I was sharing on some of the works of Penang FHDA on providing SRHR services for youth with disabilities. Just last year, the workshop “Reproductive Health for Adolescents with Special Needs” was held in conjunction with Penang Medical College and Penang General Hospital.

I shared how NGOs could collaborate with healthcare providers and paediatricians to reach out to a larger pool of youths with disabilities as this would be a good way to ensure these information really reaches those in need. This was an important issue as the number of youths living with disability is increasing in every country due to the advancement of medicine and SRHR for them must not be overlooked.

Youth scholars also came together for the discussions on the drafting of the youth declaration. One of the many fruits of these intense discussions was that the conference declaration of commitment included the elimination of institutional disrespect for LGBTQI and fostering international respect for sexual rights which many felt was a great step forward in the field of sexual reproductive health and rights.

**THE NEW SDGS**



## The 8<sup>th</sup> APCRSHR

### Nay Pyi Taw Commitment on Sexual and Reproductive Health and Rights (SRHR)

26 February 2016, Myanmar

FROM THE PENANG FHDA YOUTH DELEGATE,  
LOW KAH YAN

**We**, the advocates, activists, youth, academics and other stakeholders participating at the 8th Asia Pacific Conference on Reproductive and Sexual & Health Rights (APCRSHR) held on February 23-26, 2016 in Nay Pyi Taw, Myanmar have gathered to strengthen the voice of all people in the Asia Pacific region to exchange knowledge and experiences and to call for full recognition of SRHR.



**Acknowledging** that unwavering commitment from all government and non-government leaders, activists and other stakeholders in the region will provide momentum to SRHR and sustainable development,

**Recognising** that sexual and reproductive health is a critical component in health, human rights and development programmes and forms an integral part of the Sustainable Development Goals (SDGs),

**Reaffirming** the important messages emanating from previous APCRSHR conferences: strengthening the quality of reproductive health (2001); taking action to advance the importance of SRHR and gender equality and equity for overall socio-economic development (2003); advocating for inclusion of SRHR in national & local policies, plans and budgets (2005); alleviating poverty especially for young people and

holding governments accountable for RH responsibilities (2007); emphasizing the individual and collective commitment to ensure gender equality and equity (2009); respecting the significant role and independence of CSOs (2011); and enabling universal access to SRHR (2014),

**Noting** the high rate of maternal & child mortality, number of adolescents and young adults with limited access to SRH information and services in spite of their vulnerability, heightened pandemics of STIs and HIV/AIDS,

**Knowing** the high returns of investing in young people's development and health including SRHR, the need for optimal resource mobilization, accountability, sustainability, and commitment towards regional integration, networking and public-private-partnerships,

**We reiterate** our commitment to the full realization of SRHR for all and to take all necessary actions to:

- **Strengthen and implement** rights-based SRHR laws and policies, advocate evidence-based good practices and innovative approaches in SRHR advocacy,
- **Ensure** the cross-cutting role of SRHR in attaining the SDGs,
- **Encourage** governments, development partners and the private sector to allocate more resources and strengthen accountability mechanisms for SRHR.

**We make these commitments** in recognition of the critical linkages amongst population dynamics, poverty, SRHR and gender on sustainable development as articulated in the 1994 International Conference on Population and Development (ICPD) Programme of Action, the 1995 Beijing Platform for Action, the 2000 UN Millennium Declaration and 2015 SDGs.

View the complete declaration at:  
<http://asiapacific.unfpa.org/news/nay-pyi-taw-commitment-sexual-and-reproductive-health-and-rights-srhr>

## Issues and resolutions – what we can do?

**2015 has passed.** The Millennium Development Goals (MDGs) are behind us- or are they really?

16 years ago, in the year 2000, promises were made. In September 2015, even newer promises were agreed upon; The United Nations came up with the 2030 Agenda for Sustainable Development and this gave rise to the Sustainable Development Goals (SDGs) for 2030. However, looking back on the MDGs, could we say that we have achieved our goals? The 8<sup>th</sup> APCRSHR delved into the issues still faced by countries in Asia Pacific as a whole.

### **Lack of abortion services:**

Besides the United Nations affirming that abortion is a human right, most countries in the Asia Pacific still have not legalise abortion. This has led to many unwanted pregnancies, attempts at self-abortions and unwanted newborns left in dumpsters or thrown into rivers. In the Philippines particularly, there was a rise in teenage pregnancies and many resort to dangerous self-induced abortions using various techniques such as bamboos and sticks. This has led to the country's rise of maternal mortality rate.

### **Comprehensive sexuality education- even for people with disabilities:**

"This is the best age to be a young person in the world. More than 60% of the global population is made up of young people!" says Mr Gaoshan Junjian from UNFPA China office. It is important for the young people to be advocates for their own issues, even regarding SRHR. Comprehensive sexuality education is crucial for young people, especially so for those in vulnerable groups like people with disabilities.



*The articles related to the 8<sup>th</sup> APCRSHR, Myanmar, Feb 2016, are contributed by Low Kah Yan, MBBS (above picture) youth delegate to the 8<sup>th</sup> APCRSHR, Penang FHDA*

### **Need for male involvement:**

SDG 5 is about Gender Equality and empowering women. This may be easy to say but there are still many barriers to breakthrough before women could have equal access to services, especially those SRHR-related. There is a need for male involvement as they play a role in understanding and helping to achieve this SDG 5.

### **LGBT and young key populations:**

Young key populations are groups of people who have higher-risk behaviours and are at increased risk of HIV. It is important to make SRHR services available to these groups as currently, there is still a lot of stigma, discrimination and lack of acceptance from not just the public but also healthcare providers and this will lead to an increase in HIV infection rates when the most in need are afraid to seek what they need, which is proper medical care.

## A Happy Day With Smiles

By Sivaranjani Jagaveeran



FHDA team arrived at the public hall for the festive Raya season celebration. The intended beneficiaries were friendly and open; they came up to us to talk about themselves and get to know us. They might not be rich, but they do not lack in smiles.

FHDA team took blood pressure, weight, height, and BMI. Healthy lifestyle and medication adherence was advised. We noted many residents had hypertension.

An unexpected journey throughout my internship from June to August 2016 at Family Health Development Association (FHDA) was to spend time with the underserved community.

As an intern at FHDA, I was given responsibility to work for the UNFPA project under FHDA officer Ms Jaya. This project helps the underserved community to lead a healthier life, particularly access to SRH services.

The project sites are at Desa Wawasan, Kota Permai and Rifle Range. The main problem that the residents face is financial, which leads to health problem, family and emotional issues. To bring back the smiles on their faces, the corporate social responsibility team from Jabil Circuit (a factory in Penang) was invited by FHDA to sponsor items for the underserved community on 1<sup>st</sup> July 2016 for the festive Raya season celebration.

The beneficiaries were identified by the Honorary Secretary of the Persatuan Penduduk Desa Wawasan, Mrs. Vijayal.

**I am Sivaranjani Jagaveeran from DISTED College. Currently I am pursuing my 2<sup>nd</sup> year in Bachelor of Psychology. I was placed at Bukit Mertajam’s FHDA centre during internship.**



The goodie bags consisted of rice, milo, cooking oil, sugar and some sundry items. Pn. Sharifah, the Jabil Human Resource Manager presented the goodies and “duit raya” (festive gift of cash).

These brought smiles on the recipient’s faces. It is indeed very satisfying to see them happy. I realized that many people need help. Through this event, I hope they gain confidence that there are people caring for them even if life is full of ups and downs.






PHOTO GALLERY



## CONTACT US

Hon. Secretary  
[info@fhdapenang.org](mailto:info@fhdapenang.org)

*We look forward to your  
feedback and suggestions.*

Like us on   
penangfhda

Website  
[www.fhdapenang.org](http://www.fhdapenang.org)

## FHDA PREMISES

### TUNKU ISMAIL JEWA CENTRE / FHDA office

333 JALAN PERAK,  
11600 PENANG  
Tel : 04-282 5191  
Fax : 04-281 9380  
Open : Tue – Sat :  
8.30a.m. – 7.00p.m.  
Closed : Sun, Mon & Public Holidays

Community based HIV testing  
First and third Friday of each  
month : 7.30p.m. – 9.30p.m.

### FHDA CLINIC D'Me & U

16 / 18 KAMPUNG KOLAM,  
10200 PENANG  
Tel / Fax : 04-262 2225  
Tel: 04-251 9654  
Open : Tue : 8.30a.m.—7.00p.m.  
Closed : Sun, Mon & Public Holidays

Doctor's Session :  
Wed : 9.30a.m.—12.00 noon  
Thu : 9.30a.m.—12.00 noon  
Fri : 9.30a.m.—12.00 noon  
Sat : 10.00a.m.—12.30 noon

Night clinic:  
Wed & Thu: 7.00pm-9.30pm

Blood Screening :  
First & third Saturday of  
each month :  
8.30a.m—10.00a.m.

### B.M. FHDA

18F JALAN PEGAWAI,  
10400 BUKIT MERTAJAM  
Tel/Fax : 04-5391191  
Open : Tue – Sat  
8.30a.m. – 7.00p.m.  
Closed : Sun, Mon & Public Holidays

## Continued ... Pelancaran Program Ujian Saringan HIV

The President of Penang FHDA, Dr Choong Sim Poey acknowledged the honour given to the association and thanked the Health Ministry, MAC, State Health Department of Penang, the Royal Malaysian Police, the Georgetown City Council, volunteers and staff for all their cooperation and teamwork. This event was attended by a total of 120 people, comprising MAC office bearers, members of the Country Coordinating Mechanism (CCM), HIV/AIDS Unit Officers throughout Malaysia, MAC partner organizations, government clinic specialists, FHDA's stakeholders. After the press conference, which had a live demonstration on HIV rapid test by FHDA Exco Jubaidah Nagoor, participants enjoyed a buffet spread courtesy of the MAC.



### Acknowledgment

Editor and lay out: Engie Ng Lai Kin.  
Writers: six young people wrote the features in this edition.

### FHDA Membership

*A friendly reminder to pay up your FHDA membership fee. It is only RM10.00 renewal per year or RM100.00 for life membership. Please contact Hon Secretary if your personal contact information changed or if you would like updates on volunteer opportunities/ events.*