



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

PENYATA TAHUNAN 2018 **58th 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 a member association of the Federation of Reproductive Health Associations, Malaysia (FRHAM). FRHAM is a national NGO leading in the field of promotion on sexual and reproductive health and rights (SRHR) in Malaysia. It is an affiliate of the International Planned Parenthood Federation (IPPF). Penang participated in the successful accreditation process for the FRHAM in 2016 & 2017.

Penang FHDA is an NGO, established in 1961 then as Family Planning Association. We are a not for profit registered society with charity status (two tax exemption certificates through the FRHAM). We collaborate with the National Population and Family Development Board, under the Ministry of Women, Family and Community Development, Malaysia. FHDA is also a partner organization of the Malaysian AIDS Council and we provide a complementary service for the AIDS programme of the Ministry of Health, Malaysia.

We won the Tun Dr Siti Hasmah Award 2012 for community work on AIDS. This award is presented by the Malaysian AIDS Foundation and the Patron is the wife of the Prime Minister of Malaysia.

FHDA depends on funds for projects from donors/sponsors and international or national 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 or via Paypal.

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. The association manages:

- A basic family planning/wellness screening clinic in George Town, Penang.
- An office/counseling centre at 333 Jalan Perak, George Town, Penang.
- An outreach/social work centre in Bukit Mertajam on the mainland.

The FHDA Programme

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

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

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 female sex workers and men who have sex with men on a STI/HIV harm reduction programme, bringing the clients for medical treatment and following up with the clients (Penang and Kedah).
- Outreach to under served women to provide health-screening services free of charge and referring them to free of charge tertiary care.

3. Counseling

We provide counseling for unwanted pregnancies, relationships and teenage issues.

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, reach work 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 the 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.

7. Publications

- Manual "Bicara Komuniti" (a Malay language facilitators' guide)
- Guidelines for HIV testing (registered National Library Bar Code), 2011.
- Newsletters and 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 to be involved in the projects. We look forward to students from different fields of study who are interested to intern with us. Visit us on <https://www.penangfhda.org> (official website).

For more information, contact Penang FHDA, 333 Jalan Perak, 11600 Penang, Malaysia. Tel. 04 – 2813144; email: info@fhdapenang.org. Like and follow us on fB: Penangfhda.

Message from the President



Our association will be 60 years old next year. As a sexual & reproductive health and rights (SRHR) organization springing from family planning we are post menopausal. The sprints we took in the past for population development and the women's health and rights at ICPD 1994 are historical.

The challenges then were the frontiers of empowerment on reproductive health of youth and women. Finally, in 2018, Malaysians witnessed federal ministers under 30 years of age and vocal women Members of Parliament. The issue of comprehensive sexuality education (CSE) remains a huge challenge on how to implement effectively and sensitively. We look forward to courageous efforts by the Pakatan federal government to empower our young people, women and men, to support their rights to access accurate SRH information and services; and to have open discussions when NGOs advocate on matters which mention SEX.

Penang Family Health Development Association developed a fresh website (<https://www.penangfhda.org>) and our official facebook (@penangfhda) became active. We had young people organizing live facebook discussions on contraception and abortion. Other social media campaigns circulated e posters and videos on pap smear, gender based violence and health screening. FHDA's youth Exco member Goh Yong Jian distributed the Medical Committee's World Health Day, Policy Debate on Abortion and World Contraception Day on social media.

Moving forward, we shall engage and collaborate with pharmacists to advocate positive reproductive health behaviour change communication. We must try to mitigate the effects of unscrupulous online merchants selling fake abortifacients and other sexual health medication. At our centre, we intend to have registered counsellor and social work components to complement our Global Fund HIV prevention programme. Aside from counselling, outreach and support groups, we will continue giving financial aid for ID clinic attendance to children and women living with HIV through the MAY4Kids programme.

Despite the advances made in the National Strategic Plan on AIDS, stigma and discrimination remain deeply ingrained in our culture, leading those infected or vulnerable to HIV/STI infection declining to reveal their status to sexual partners or to use condoms with spouses. The good news is that World Health Organisation (WHO) certified that vertical HIV transmission has been eradicated, that means no more Malaysian babies born with HIV, thanks to antenatal HIV screening and early treatment of the pregnant mothers.

Fund raising and income generation need to be continuously done to sustain our community services for the B40 community, the homeless, LGBT, sex workers and migrant workers. In 2019, Ms Yeap Meng Chee will lead FHDA to organize our first ever fund raising food fair on 13 October 2019, Lunchvaganza Charity Food Fair for the community. Members are needed to come forward to support this event.

My appreciation to each and every one of our supporters, volunteers, members, committee members, principal office bearers and staff who tirelessly contribute to our association.

A handwritten signature in black ink, appearing to read 'S.P. Choong'.

Dr Choong Sim Poey, KMN, DJN, JP
President

Message from the Chairperson



I am pleased to present the Family Health Development Association (FHDA) report for 2018. The organisation has always strived our best to serve our clients in the most efficient and effective ways possible. This report highlights some of our achievements.

On 13 April 2018, we launched pre-exposure prophylaxis (PreP) services at D' Me and You Clinic in Kampung Kolam. This makes us the first organisation in the northern region to provide them.

The Global Fund (GF) project concluded phase 3 in December 2018, and we are delighted to learn we will continue as implementors in the final round after the transition phase from January to June 2019. We are grateful to the Malaysian AIDS Council and the Ministry of Health for the trust in our association. To the co-founder of FHDA's VCT services, Dr Bern Chua Hang Kuen, congratulations for successfully concluding the 2016-2019 term as community member (MSM programme) of the Country Coordinating Mechanism.

Getting funds to support our services is a challenge. Hence, we are indebted to Dr Chow Ting Soo and her organizing committee for our first ever charity dinner, Stardust, held on 10 November 2018. The dinner raised RM144,076.80 for our HIV/AIDS activities.

This year, we are embarking on another event to raise funds for the community – the LUNCHGAVANZA Charity Food Fair for the Community on 13 October 2019. This is a joint effort with four other organisations viz. The Diabetic Society of Penang, Generasi Pemenang, Kumpulan Sokongan Kanser Hospital Seberang Jaya and Perlis Family Planning Association. I would like to invite everyone to join hands to make this worthwhile event a success.

Ms Ng Lai Kin (Engie), our Business Development Manager retired in April this year. However, we are glad that she has been re-employed as the Programme Manager as her expertise is still very much needed in FHDA. Our staff are our greatest resource and I am proud to say that we have a team dedicated to working together for the success of FHDA.

I would like to thank all our partners for their commitment to FHDA. Your generosity has had a profound impact on our work towards sexual reproductive health especially for the under served community. To our volunteers, your willingness to share both your time and talent is highly appreciated. To those who had donated generously towards our cause, we thank you for helping make a better life for those who are in need. Our beneficiaries are touched by your kindness and caring.

Words cannot adequately express the gratitude that the executive committee and I wish to convey. Please know that your contribution and volunteerism is recognized, valued and cherished. We look forward to continuing to work with you in the future.

A handwritten signature in black ink that reads "Yeap Meng Chee". The signature is written in a cursive, flowing style.

Yeap Meng Chee, BCN, PKT, PJK
Chairperson
Penang FHDA

OFFICIALS and COMMITTEE MEMBERS 2018 – 2021

TRUSTEES: Dato' Khoo Yeoh Gan Hong, DSPN, DJN, PPN, PKT, PJK, PJM
 Dr Najeemu Hamzah
 Dr Pyar Kaur
 Dato' Dr. Yee Thiam Sun, DMPN, DSPN, KMN, DJN, PKT, PJM

PRESIDENT: Dr. Choong Sim Poey, KMN, DJN, JP

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
 Dr (Mrs) Gan Kam Ling, PKT
 Ms Tan Lay Pheng, PJM
 Mr Damian Lee Wan Tong
 Mdm See Cheng Kim, PJK, PPN
 Pn Jubaidah Nagoor, PPN, PJM - Co-opted

YOUTH: Mr Goh Yong Jian
REPRESENTATIVES: Ms Dashaini Mohan

HON. INTERNAL: Mr Tan Tee Boon
AUDITORS: Dr Mallise Tong Mun Wah

EXECUTIVE COMMITTEE MEMBER	12/7/18	4/8/18	3/11/18	20/4/19	Total
Ms Yeap Meng Chee, BCN, PKT, PJK – Chairman	P	P	P	P	4/4
Dr Dinesh Mahalingam – Vice Chairman	AP	AP	AP	AP	0/4
Mr Lim Beng Poh, DJN, PKT, PJK, PPN – Hon. Secretary	P	P	P	P	4/4
Mr. Ong Lay Seong – Hon. Treasurer	P	P	P	P	4/4
Dr (Mrs) Gan Kam Ling, PKT	AP	AP	X	X	0/4
Mdm See Cheng Kim, PJK, PPN	AP	P	AP	P	2/4
Mr Damian Lee Wan Tong	P	P	X	X	2/4
Ms Tan Lay Pheng, PJM	P	AP	AP	P	2/4
Pn Jubaidah Nagoor, PPN, PJM	AP	AP	P	AP	1/4
Ms Dashaini Mohan	AP	AP	X	X	0/4
Mr Goh Yong Jian	P	P	P	AP	3/4

P – Present

AP – Absent with apology

AB – X



SUB-COMMITTEES 2018 – 2021

Family Planning & Sexual Reproductive Health Services(Medical committee)

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

Resource Mobilization

1. Ms Yeap Meng Chee – Chairman
2. Mr Lim Beng Poh
3. Mr Ong Lay Seong
4. Mr Damian Lee Wan Tong
5. Mdm See Cheng Kim

Young People & Sexual Reproductive Health

1. Mr Goh Yong Jian – Chairman
2. Ms Yeap Meng Chee
3. Ms Tan Lay Pheng
4. Mdm See Cheng Kim
5. Ms Dashaini Mohan

AIDS / STIs

1. Dr Chow Ting Soo – Chairman
2. Dr Dinesh Mahalingam
3. Pn Jubaidah Nagoor
4. Dr Ang Peng Peng
5. Dr Guan Han Lin
6. Mr Goh Yong Jian – Youth Representative

Management and Administration.

1. Mr Lim Beng Poh
2. Ms Yeap Meng Chee
3. Mr Ong Lay Seong
4. Dr Dinesh Mahalingam
5. Mdm See Cheng Kim

SUPPORTING STRATEGIES

Hon. Legal Adviser
Hon. AIDS Advocacy Adviser
Hon. MSM Programme Adviser

Ms Nadiah Abdullah
Dr Chow Ting Soo, DJN
En Bakhtiar Talhah

Volunteer Clinic Doctors

Dr Yim Poh Yin, PJK
Dr Praveena Mahadevan
Dr Surinder Kaur
Prof. Paul Fogarty

REPRESENTATIVES TO EXTERNAL AGENCIES

**National Council of Women's Organisations,
Malaysia (Penang Branch)**

Ms Yeap Meng Chee (Chairperson)
Mdm See Cheng Kim (Committee
member)
Ms Tan Lay Pheng (Hon. Auditor)

Majlis Kebajikan Masyarakat

Mr Lim Beng Poh

Delegates to FRHAM National Council

Mr Ong Lay Seong
Dr Dinesh Mahalingam
Mdm See Cheng Kim
Ms Dashaini Mohan

**Federation of Reproductive Health Association
Malaysia (FRHAM)**

Ms Yeap Meng Chee (Vice-President)
Mr Ong Lay Seong
(Hon. Secretary-General)

Delegates to Malaysian AIDS Council



*FR (Middle): En. Bakhtiar Talhah,
1st L (Standing): Pn Jubaidah Nagoor*

Pn Jubaidah Nagoor (Committee)
Dr Dinesh Mahalingam
Mr Damian Lee
En Bakhtiar Talhah (President)



3rd L: Mr Ong Lay Seong

MEMBERSHIP AS AT 31 DEC 2018

MEMBERSHIP TYPE	NEW 2018		CUMULATIVE C/F 31 DEC 2018			TOTAL 2018	NEW 2017		TOTAL NEW 2017
	M	F	M	F	TG		M	F	
Ordinary	0	0	22	65	-	87	6	39	45
Life	1	3	90	126	2	218	6	11	17
Associate	1	2	1	2	-	3	0	0	0
Youth	0	8	6	14	-	20	1	4	5
Total	2	13	119	207	2	328	13	54	67

During the year under review, the Association approved 15 new memberships. There were 117 male (M) members and 194 female (F) members and 2 (TG) members in 2018. Youth members under 24 years of age (YAC) 0 males and 8 females were recruited in 2018 and the total Youth membership is 20.

UPDATING MEMBERSHIP RECORDS

Members and / or their family are urged to kindly 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 2018

FHDA MANAGER:	Christine Low Bee Cheng (1994 – present)
BUSINESS DEVELOPMENT MANAGER:	Engie Ng Lai Kin (1992 – present)
FINANCE OFFICER:	Cristal Lim Suan Choo (2010 – present)
PROGRAMME COORDINATOR:	Chen Fong Theng (April 2018 - present)
GENERAL WORKER:	Goh Chue Ching (2000 – present)
CLINIC ADMINISTRATOR:	Halimah Bt Mohd Hanifah (2017 – present)
CLINIC ASSISTANT:	Kam Min Ling (2000 – present) Siti Nor Tazirun Bt Mohd Elias (Aug 16 – Feb 18)
PROGRAMME OFFICER:	M. Jayaletchamee (1977 – present)
PROGRAMME OFFICER: cum Case Management Officer	Loh Yoke Peng (2011 - present)
PROGRAMME ASSISTANT:	Mohd Redduwan Zairukaperi (2014 – present)
CASE MANAGEMENT OFFICERS:	Nadja Rahim (2013 – present) Mariamma a/p Marathasamy (Aug 17 – Dec 18) Muhammad Roshamil Mokhtar (2013 - present) Nina Said (2014 – present) Faizah Mohd Fodzi (2012 – present) Bella Bistaman (2014 – present)



C C A S H P G G

Counselling:

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

No	Cases	Date / Month	No. of Pax
1	Depression (relationship)	Jan - Dec	2
2	Family relationship counselling requiring case work intervention – children, teenager and unemployed adult		5
3	Seek divorce		2
4	Gender related counselling Discrimination and self stigma Special child sexuality behaviour Sexual harassment (male to male) Fear of being stalked (male to male) Sex addiction		6
TOTAL			15

WHAT TO EXPECT FROM COUNSELLING

Counselling is a process people seek when we are in emotional trauma. We face a crisis of confidence in ourselves and question the purpose of our relationships or even our lives.

Our thoughts tend to focus on the issues hounding us until we find it stressful to cope with daily activities and reality. As someone who used counselling services I would say, the mind is hurting!

Counselling should be done in a safe and confidential environment with a qualified counsellor who has experience working with whatever issue we are experiencing. He or she is not there to tell us what to do, but to encourage us to talk about our feelings in order to uncover the root causes and support us to sort out perceptions so that we can clarify our own solutions.

We can benefit from counselling if we are experiencing difficult choices (eg career and relationship), communication breakdown, jealousy, insecurity, trust issues, anger, or any of life's challenges eg. facing health crisis or death of loved one. You may be having a hard time facing issues related to sexuality, abuse, pregnancy, gender identity and could have witnessed violence or suspect child abuse in your neighbourhood.

At FHDA, we provide different types of counselling, such as;

- **Face-to-face:** At our premises by appointment.
- **Couple or family issues:** Choose to see a counsellor alone, or, come with someone.
- **Telephone and online counselling:** We will refer you to these services if this is what you need; and also to mental health doctors, clinical psychologists or social workers.

Actively seeking a counseling service needs courage but you are not alone. Remember that a trained counsellor is a therapist for our mind. **Help is a call away - contact FHDA, Tel. 04-2825191.**



Engie Ng

C C A S H P G G



Contraception:

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

Family planning was the non specific term for contraception in 1960s. Up to 2008, our association was famously known as Penang Family Planning Association, a member of the FFPAM (renamed the Federation of Reproductive Health Associations, Malaysia). Despite the changes over time, family planning is a key service at our clinic, and advice is given freely. In 2018, one man specifically asked about vasectomy, citing that no one could tell him where to go. Family planning is provided by the government through the Ministry of Health and the LPPKN. Pharmacies, private clinics and online merchants also dispense contraceptives.

Contraception is hardly discussed by singles and couples, Malaysians, migrants or refugees. Everyone who has a sexual partner need to know about pregnancy and sexual health, and why/how to access services but it is so taboo. Condoms, readily available at retail outlets, are seen as promoting “free sex”. Not many un-married people who are sexually active want to be inadvertently found with condoms in their possession. Sex workers do not carry condoms as law enforcers could threaten them with charges of prostitution. That leaves news headlines about teenage pregnancies, abandoned babies, and women birthing in toilets. The government need to be less “sensitive” of comprehensive sexuality education and awareness to be part of the solution.

Long Acting Reversible Contraception practical training

Penang FHDA's Medical Committee sent doctors to attend the LARC consultation organized by the Federation of Reproductive Health Associations, Malaysia (FRHAM). Dr John Teo, our member, advocated Implanon and IUCD training, so that more doctors could provide the service. Dr Choong Sim Poey and Dr Yim Poh Yin, pledged to train any interested medical member but lack of clientele (despite approaching other agencies) and lack of trainees discouraged this initiative. We did not proceed with this training project to sustain LARC, the fuss-free and cost effective modern contraceptives suitable for all women.



World Contraception Day 2018

In October, Exco member and O & G consultant Dr Gan Kam Ling launched the Implanon service at our FHDA clinic, conducting two free of charge implants, each valued at RM550.00. Implanon is available by appointment, tel. 04-2622225/251 9654.

Exhibitions, talks, youth focus group discussions, camps for men and staff training

FHDA has consistently included contraception awareness including emergency contraception in public event exhibitions, school and college programme, FGD and at two men's health camps (it is the men who must learn and motivate their partners). Staff are updated regularly during staff meetings including external speakers giving talks on sexual health. Our clinic provides high quality condoms and at outreach to under-served and vulnerable populations we distribute condoms and teach safe sex to avoid pregnancy and sexual health disease such as HIV and STI.

TABLE 1: STATIC CLINIC ACCEPTORS (FP) DATA

YEAR								
TYPE OF CLIENTS	2011	2012	2013	2014	2015	2016	2017	2018
New Acceptors	162	67	89	85	70	64	83	99
Continuing Acceptors	1010	734	597	566	552	441	486	311
Individual Women Seen	1172	801	686	651	836	894	569	410
Revisits	832	604	364	635	601	397	485	248
TOTAL	3176	2206	1736	1937	2059	1796	1623	1068

TABLE 2: COMCEFP* ACCEPTORS (FP*) DATA

YEAR								
TYPE OF CLIENTS	2011	2012	2013	2014	2015	2016	2017	2018
New	252	121	0	0	18	0	5	0
Continuing Acceptors	683	413	186	583	583	392	361	212
Revisits	25	19	98	80	80	196	314	170
TOTAL	960	553	284	663	681	588	680	382

TABLE 3: CONTRACEPTION METHODS

YEAR								
CONTRACEPTIVE METHOD (FP*)	2011	2012	2013	2014	2015	2016	2017	2018
Oral	255	236	191	273	325	206	337	112
Emergency Contraception	0	0	0	21	7	3	1	0
EVRA Patch	11	15	13	53	32	25	0	0
Injection @ 3 months	17	9	13	25	43	33	88	25
Insertion:								
IUCD*	325	248	174	150	210	168	138	136
Implanon	1	1	0	0	2	0	0	0
Barriers:								
Male Condom	552	292	295	511	467	332	475	137
Foam Tablet (Neo – Sampoo)	11	0	0	0	0	0	0	0
TOTAL	1172	801	686	1033	1086	767	1039	410

TABLE 4: SOURCE OF REFERRAL (New Acceptors) DATA

YEAR								
TYPE OF CLIENTS	2011	2012	2013	2014	2015	2016	2017	2018
FHDA's Clients	109	53	59	54	46	165	243	85
FHDA's Staff (including IEC*, BCC*)	28	6	29	31	24	58	25	5
FHDA's Members & Volunteers	0	0	0	0	0	0	0	0
Others (Facebook, Website etc)	25	8	1	0	0	12	22	9
TOTAL	162	67	89	85	70	235	290	99

DIARY OF ACTIVITIES – SEXUAL REPRODUCTIVE HEALTH & RIGHTS

NO	ACTIVITIES	DATE/ MONTH	VENUE	NO. OF ACT	NO. OF PAX
1	Seberang Perai Tengah • Outreach / Homevisit • SRH Screening & FP Outreach	Jan – Oct 25.5.2018	Bukit Mertajam	7	24 5
	Seberang Perai Utara • Outreach / Home Visit	Jun - Oct	Ujung Batu,	3	17
2	Women Sexual Health Talk	24.3.2018	Jalan Perak	1	17
3	HPV DNA Screening in conjunction of World Health Day • HPV DNA Screening	7.4.2018	Kg. Kolam	1	10
4	Breast Cancer Talk & Breast Self-Examination Talk	12.5.2018	Jalan Pegawai, BM	1	26
		30.5.2018		1	28
		10.7.2018		1	20
		22.7.2018		1	9
		30.9.2018		1	60
5	Sexual Reproductive Health Talk	27.6.2018	SM Convent Light Street	1	238
6	Safe Sex Talk	6.7.2018	Disted College	1	20
7	Cervical & Breast Cancer Group Discussion with women & young people	21.7.2018	Kg Kolam	1	10
8	Family Planning Project on FB “When You’re Really That Lucky”	24.7.2018 – 4.8.2018	Kg Kolam	1	1
9	Menopause & Diet Talk	12.8.2018	St. Anne Church	1	88
10	RHAM Workshop for Youth	18 – 19 Aug 2018	Ujung Batu	1	9
11	Bengkel Kesihatan Remaja “Me & My Sexual Reproductive Health”	21.8.2018	Macallum Flats	1	58
12	Career Pathway in NGO especially SRH NGO Talks	5.9.2018	Disted College	1	13
13	SRH Exhibition in conjunction with INTI College Musical Journey Concert	29.9.2018	Multipurpose Hill, Inti College	1	63
14	World Contraception Day – Implanon • Set-up • World Contraception Day Program	4.10.18	Kg. Kolam	1	4
		6.10.18		1	3
15	Sexual Reproductive Health Research Focus Group Discussion • FHDA Staff • FHDA Clinic Staff • Student Group • Young Adults/Students • Adults In-Depth Interview	9.10.18	FHDA	1	5
		9.10.18	Kg. Kolam	1	4
		10.10.18	USM	1	10
		10.10.18	FHDA	1	8
		10.10.18	FHDA	1	6
		10.10.18	FHDA	1	2

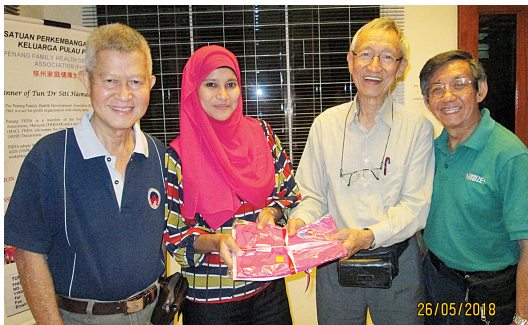
C C A S H P G G

Safe ABORTION Care

Pre and post abortion counselling, contraception education and referrals

No	Activities	Date / Month	Venue	No. of Pax
1	Counselling & Information Services <ul style="list-style-type: none"> Pre Abortion Counseling & Referral Post Abortion Counseling/ Follow-up 	Jan – Dec Jan - Aug	FHDA	13 3
2	Seminar & Talks <ul style="list-style-type: none"> Presentation by FHDA : Rights Based Abortion Services – Is it Possible? <i>At Medicins Sans Frontieres (MSF)</i> Planning Meeting Policy Debate on Abortion 	8/2/18 5/5/18 26/5/18	MSF office Klinik Rakyat	20 4 29

Persuade your friend or relative to go for a medical consultation if they missed a period, or missed the pill or the condom “tore”. Do not use “chance” as a method of contraception. Induced abortion is not contraception. Avoiding maternal mortality from unsafe abortion is the reason FHDA advocates the need for access to family planning and comprehensive sexuality education as part of Sexual & Reproductive Health and Rights. Visit our fb@penangfhda for more information.



Facilitators and participants at the Policy Debate on Abortion

Extract from ‘Guidelines on Termination of Pregnancy in Government Hospitals by Ministry of Health’

Unsafe abortion is one of the main causes of maternal mortality and morbidity. In Malaysia, safe abortion services is legal if the pregnancy is a threat to the woman’s life or when the pregnancy poses a threat to the woman’s physical or mental health. These provisions are stated in the Penal Code Act 574 (revised 1997) section 312. The fatwa allows it, subject to certain conditions (26th Muzakarah of the National Fatwa Committee, 7-8 Mac 1990) .

Malaysia, a member of United Nations General Assembly Special Session in June 1999, had agreed that in circumstances where abortion is not against the law, health systems should train and equip health service providers and should take other measures to ensure that such abortion is safe and accessible. ”



STIs/RTI - FACT SHEET

- **What is STI?**
Sexually Transmitted Infection (STI) is commonly also known as STD and sometimes as a reproductive tract infection (RTI).
- **Can STD increase my risk of getting HIV?**
People who have an STD may be at increased risk of getting HIV.
- **Why does having an STD put me more at risk for getting HIV?**
If you get an STD you are more likely to get HIV than someone who is STD-free. This is because the same behaviours and circumstances that may put you at risk for getting an STD can also put you at greater risk for getting HIV. In addition, having a sore or break in the skin from an STD may allow HIV to more easily enter your body.
- **What activities can put me at risk for both STDs and HIV?**
 1. Having anal, vaginal, or oral sex without a condom;
 2. Having multiple sex partners;
 3. Having anonymous sex partners;
 4. Having sex while under the influence of drugs or alcohol can lower inhibitions and result in risk-taking behaviour.
- **What can I do to prevent getting STDs and HIV?**
The only way to avoid STDs is to not have vaginal, anal, or oral sex. If you are sexually active, you can do the following things to lower your chances of getting STDs and HIV:
 - Be faithful monogamously;
 - Choose less risky sexual behaviors;
 - Use condoms consistently and correctly;
 - Limit or eliminate drug and alcohol use before and during sex;
 - Request your healthcare provider for advice on STDs and HIV testing;
 - Talk to your healthcare provider and find out if pre-exposure prophylaxis, or PrEP, is a good option for you to prevent HIV infection.

If I already have HIV, and then I get an STD, does that put my sex partner(s) at an increased risk for getting HIV?

It can. If you already have HIV, and then get another STD, it can put your HIV-negative partners at greater risk of getting HIV from you.

Your sex partners are less likely to get HIV from you if you:

- Use antiretroviral therapy (ART). ART reduces the amount of virus (viral load) in your blood and body fluids. ART can keep you healthy for many years, and greatly reduce your chance of transmitting HIV to sex partners, if taken consistently.
- Choose less risky sexual behaviors.

- Use condoms consistently and correctly.

The risk of getting HIV may be reduced if your partner takes pre-exposure prophylaxis, or PrEP, after discussing this option with his or her healthcare provider and determining whether it is appropriate.

- **Will treating STDs prevent me from getting HIV?**



No. It's not enough.

If you get treated for an STD, this will help to prevent its complications, and prevent spreading STDs to your sex partners. Treatment for an STD other than HIV does not prevent the spread of HIV. If you are diagnosed with an STD, talk to your doctor about ways to protect yourself and your partner(s) from getting re infected with the same STD, or getting HIV. **Make an appointment to see our FHDA doctor for your sexual health risk assessment and exposure therapy. Tel. 04-2622225.**

Halimah Binti Mohd Hanifah

STI treatment , counselling and laboratory tests

No	Counselling & Services	Date	No. of pax
1	Pre Exposure Prophylaxis (PrEP) Counselling	Jan - Dec	7
2	Post Exposure Prophylaxis (PEP) Referral	Jan - Dec	6
3	STI Related Counselling @ FHDA	Jan - Dec	4
4	STI/HIV Test @ FHDA	Jan - Dec	22
5	Referral to Intan Life Zone Johor	23.10.18	1



C C A S H P G G

Human Immunodeficiency Virus (HIV)

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

Me And You (MAY) Support Group

FHDA ceased to be funded under MOH Treatment Adherence Peer Support project but we continue our MAY charity support services from FHDA B.M. centre. Our support group activities are dependent on donations. FHDA's role as an NGO currently is focused on prevention, emotional support for families affected and counselling for newly infected individuals. At MAY support group we find that helping infected children and women to access and adhere to Highly Active Anti Retroviral Therapy (HAART) treatment is vital. We name this helping hand as "MAY4Kids". Any medical professional regardless of state boundary can refer their patient to FHDA. Contact FHDA via email: info@fhdapenang.org.

Number of PLHIV clients in contact (2018) specific under MAY group

Phone calls and enquiries are not recorded.

	New unique client, seen at FHDA/ Hosp	Refer by NGO or doctor	Self referral	Retained client from 2017 seen by peer worker	Revisits (number of contact visits)	Receiving supplies and other support (assist medication collection)	MAY4Kid financial aid	Number deceased / bereavement support	Case mgt separate reactive clientele
Male	7	0	6	32	26	1	—	2	20
Female	1	1	—	5	31	2	1	2	17
TG	2	—	2	—	1	—	—	2	
Sub total	10	1	9	37	58	3	1	6	37
Malaysian	8	—	9						
Foreigner	2	—	1						

"Maktok"



Saya, Mohd Redduwan@Iriz yang juga dikenali sebagai Maktok dan telah berkhidmat bersama FHDA selama 5 tahun semenjak tahun 2014 sehingga sekarang.

Saya memegang jawatan sebagai rakan sokong bantu di dalam program TAPS (Treatment Adherence Programme) di Hospital Seberang Jaya dan Klinik Kesihatan Seberang Jaya. Saya akan berjumpa dengan klien semasa mereka datang untuk membuat rawatan ulangan di hospital dan di klinik kesihatan. Saya akan memberi mereka kata semangat dan cuba menyelami masalah yang ditanggung oleh klien saya.

Saya seorang yang suka berceloteh dan membebel bila menyentuh mengenai kepatuhan pada rawatan dan pengambilan ubat. Disebabkan sifat saya inilah, saya disukai oleh klien dan mendapat panggilan Maktok ("Mak means Mother & Tok means Granny").

Banyak pengalaman dan ilmu pergetahuan yang saya dapat daripada FHDA. Pada saya tak ada istilah penat dalam saya melakukan tugas saya.



Community Friendly Clinic @ Jalan Perak

Klien datang ke FHDA di Jalan Perak untuk mendapatkan VCT (Voluntary, Counselling & Testing) tanpa nama untuk mengetahui status kesihatan masing-masing. Klien mendapat tahu mengenai FHDA melalui kawan-kawan mereka dan juga laman sesawang.

Klien akan dimaklumkan mengenai prosedur ujian tersebut dan memerlukan persetujuan daripada beliau sendiri sebelum ujian ini akan dijalankan. Ujian ini adalah “ujian tanpa nama” dan hanya dilaksanakan oleh pegawai paramedik bertauliah dan terlatih. Ujian ini akan di jalankan dalam bilik yang tertutup dengan ditemankan oleh pegawai temuseru (ORW). Keputusan hanya akan di ketahui oleh pegawai paramedik dan klien sahaja.

Ujian tanpa nama akan lupus jikalau keputusan ujian ini “reactive” maka klien perlu menunjukkan kad pengenalan untuk nama dan nombor kad pengenalan bagi mengendalikan proses rujukan ke klinik kesihatan atau hospital untuk ujian pengesahan dan sejurusnya rawatan HAART (Highly Active Anti-Retroviral Therapy).

Walaupun bagaimanapun, klien mempunyai hak untuk bertukarfikiran bila semua informasi di atas diberitahu kepada beliau. Maka klien akan dipelawa untuk datang kembali untuk VCT bila beliau sudah bersedia.

Untuk klien yang sudah bersedia dan keputusannya merupakan “reactive”, maka pegawai paramedik akan menulis surat rujukan dan panggilan untuk temujanji di klinik kesihatan akan dilakukan serta merta. ORW akan mengambil-alih tugas paramedik selepas ini.

ORW akan membawa klien ke klinik kesihatan untuk menjalani ujian darah pengesahan dan kemungkinan akan disusuli dengan ujian darah VDRL, Hep B, Hep C.

ORW akan menemani klien yang baru di diagnos untuk beberapa kali sambil mengalakkan klien taat kepada proses perubatan yang disediakan untuk beliau. ORW juga akan mencadangkan klien untuk berkenalan dengan kumpulan sokong bantu MAY (Me and You) untuk sokongan moral.

ORW akan terus memantau keadaan klien tersebut dari masa ke semasa.

Klien Menjalani VCT @ January - Disember 2018

Bulan	SW		MSM		TG		Hetrosexual		Jumlah klien
	Reaktif	Tidak Reaktif	Reaktif	Tidak Reaktif	Reaktif	Tidak Reaktif	Reaktif	Tidak Reaktif	
January	0	17	0	11	0	17	0	6	51
February	1	5	0	24	0	9	0	5	44
March	0	7	0	12	0	24	0	3	46
April	0	7	0	13	0	2	0	3	25
May	0	3	1	6	1	4	0	1	16
June	0	1	0	4	0	7	0	1	13
July	0	2	0	29	0	2	0	1	34
August	0	18	0	5	0	16	0	1	40
September	0	13	0	17	0	7	0	2	39
October	0	6	0	26	0	8	0	0	40
November	0	1	0	14	0	7	0	4	26
December	0	14	1	15	0	9	0	3	42
JUMLAH	1	94	2	176	1	112	0	30	416

DIARY OF ACTIVITY - HIV / AIDS RELATED PROGRAMMES

No	Counseling & Services	Date	No. Of Act	No. Of Pax
1	Official launch of PrEP services at FHDA Clinic	13.4.18	1	19
2	Counseling	Jan - Dec	14	16
3	HAART treatment related issues	Jan - Dec	3	4
4	Outreach to Hospital Seberang Jaya (MAYSG)	Jan - Dec	13	24
5	Outreach to Klinik Kesihatan Butterworth (MAYSG)	Mar - Nov	3	2
6	Stakeholder Meeting		1	6
7	MAY Support Groups @ <ul style="list-style-type: none"> • Hospital Seberang Jaya • BM FHDA (MAYCARE) • Public places i.e. camp-sites, eatery shop, malls 	Jan - Oct	7	117
8	VCT @ Community Friendly Clinic, FHDA	Jan - Dec	27	71
9	VCT @ on-sites <ul style="list-style-type: none"> • Butterworth • Seberang Perai • Alor Setar • Sungai Petani 	Jan - Dec	8	46
10	Case Management SW / TG in Penang	Jan - Dec	12 mths	954
11	Case Management MSM in Penang	Jan - Dec	12 mths	1043
12	Case Management SW / TG in Kedah	Jan - Dec	12 mths	735
13	Monitoring & Site Visits by PMU MAC	Jan - Dec	2	4
14	Global Fund Case Management Assessment	26 – 27 Mar 2018	1	17
15	WORLD AIDS DAY 2018 <ol style="list-style-type: none"> 1) Open University Penang on 6.10.19 2) Pearl City Mall, Bandar Tasek Mutiara, SPS on 4.11.19 3) Hotel Royale Penang on 28.11.19 4) Acc Hospital Pulau Pinang on 30.11.19 	Oct-Nov	4	625



Open Uni. @ 6 Oct



Pearl City Mall @ 4 Nov



ACC HPP 30Nov



Hotel Royale Pg @ 28 Nov

Case Management 2018 - SW/TG Penang

Month	Clients			HIV			STI			Distributions
	Existing	New	Total	Clients Counseled	Clients Screened	Re - active	Clients Screened	Re- active	Tx (times)	Condoms / lubricants (pcs)
Jan	60	23	83	22	4	0	3	0	7	1979/924
Feb	81	15	96	16	12	3	2	0	0	2005/938
Mar	101	9	110	21	17	1	0	0	0	2085/973
Apr	74	4	78	19	10	0	1	0	0	1215/567
May	69	6	75	20	4	0	2	0	10	1110/518
June	31	2	33	8	5	0	4	0	5	510/225
July	70	8	78	32	18	3	7	0	1	1290/602
Aug	64	16	80	38	28	2	8	2	2	1065/497
Sept	66	10	76	26	22	0	4	1	0	1066/504
Oct	81	19	100	40	19	1	8	0	2	1260/588
Nov	59	6	65	32	15	0	6	1	1	1050/490
Dec	65	15	80	33	28	0	3	0	5	1050/490
TOTAL	821	133	954	307	182	10	48	4	33	



Yoke Peng

Senyuman Ku

*“Everytime you smile at someone,
it is an action of love,
a gift to that person, a beautiful thing”
....Mother Teresa*

Pada awal tahun 2018, saya disarankan jawatan Pekerja Kes Projek “Global Fund” oleh Pengurus Persatuan Cik Christine Low. Saya merasa bertuah tetapi meragui atas kemampuan saya menghadapi cabaran yang sukar dan kompleks ini.

Kepada pemahaman saya, tugas pekerja kes Projek “Global Fund” bukan hanya setakat merujuk klien ke klinik kesihatan kerajaan untuk membuat ujian darah sahaja, malah perlu mengikut dan menjaga perasaan emosi klien yang berasa takut, risau dan sebagainya dalam proses ujian darah. Tanggungjawab ini bermula pada saat klien bersetuju untuk menjalankan ujian darah sehingga keputusan diketahui. Bagi klien yang di-sahkan RVD+ve, perhubungan saya dengan klien akan lebih erat. Kaunseling dan sokongan emosi amatlah dipentingkan.

Pada peringkat awal saya menghadapi banyak masalah dan cabaran. Terutama sekali saya perlu menyesuaikan diri dalam cara pertuturan, emosi dan nilai moral diri sendiri semasa berurusan dengan klien yang terdiri dari golongan pekerja sex, transgender dan ‘men having sex with men’.

Sebagai seorang Pekerja Kes saya sering ditanya :

“Bagaimana anda boleh dapat klien yang terdiri dari ‘marginalized group’ dan bagaimana anda boleh bergaul serta memberi perkhidmatan kepada mereka ?” .

Jawapan saya ialah “SENYUMAN”.

Senyuman bukan hanya boleh memberikan tanggapan pertama (1st impression) yang baik kepada klien, malah ia memudahkan saya ‘membuka hati’ mereka dan membina kepercayaan kepada saya.

Ratu K.K



Nadja

Bukan senang untuk membawa dan memujuk klien ke kelinik untuk buat ujian kesihatan. Dengan pengalaman sebelum ini sebagai bekas peserta ratu cantik dan model sambilan, saya selalu menasihati klien supaya selalu menjaga kesihatan dan kecantikan. Jauhi dadah dan benda yang akan memudaratkan lagi, itulah yang selalu keluar dari mulut saya setiap kali berjumpa klien.

Pada awalnya memang susah untuk memujuk mereka. Tetapi dengan pengalaman saya selama 5 tahun bekerja di FHDA, saya dah mula nampak perubahan tingkah laku dikalangan klien. Mereka dah pandai jaga diri berkaitan kesihatan. Tak sia-sia program dan advokasi berkaitan HIV dan AIDS yang dijalan oleh FHDA. Klien dah berani dan tak malu untuk ke kelinik kesihatan.

Dari segi pencegahan, klien dah mulai mengurangkan pengambilan dadah jenis syabu dan membeli kondom sendiri. Mereka juga sedar KECANTIKAN dan KESIHATAN harus dijaga.

Saya sebagai pekerja pengurusan kes, saya akan sentiasa bersama klien untuk memastikan mereka menjaga diri sendiri dan oleh kerana ini juga saya digelar RATU KK oleh semua.

Case Management (MSM Penang) 2018

Month	Clients			HIV			STI			Distributions
	Existing	New	Total	Clients Counseled	Clients Screened	Re - active	Clients Screened	Re - active	Tx (times)	Condoms / lubricants (pcs)
Jan	31	37	68	30	16	5	0	0	2	232/32
Feb	135	26	161	38	26	1	2	2	3	546/546
Mar	117	7	124	9	2	0	0	1	2	420/420
Apr	111	17	128	18	20	2	4	0	2	449/449
May	56	9	65	17	6	1	2	1	6	270/270
June	47	8	55	15	10	1	6	1	2	108/108
July	76	33	109	47	29	1	1	3	2	360/360
Aug	60	12	72	19	10	4	7	1	1	285/285
Sept	47	12	59	12	11	0	0	1	1	192/192
Oct	67	11	78	25	11	1	2	1	0	264/261
Nov	53	13	66	26	8	4	1	3	5	216/216
Dec	54	4	58	20	6	0	5	1	2	220/220
TOTAL	854	189	1043	276	155	20	30	15	28	



Roshamil

Persaingan Sengit Di Lapangan

Saya sebagai seorang pekerja pengurusan kes, sentiasa bersedia untuk berhadapan dengan apajua halangan dan persaingan dilapangan kerja.

Diantara persaingan yang saya pernah hadapi ialah terdapat pihak lain yang memasuki kawasan saya dan melakukan kerja temuseru. Kejadian ini menimbulkan masalah perebutan klien dan terjadinya kecelaruan dikalangan klien.

Persaingan menjadi lebih hebat apabila pihak lain cuba memanipulasikan dan memburuk-burukkan prestasi saya berbanding dengan pihak tersebut. Ianya menjadi lebih serius apabila klien dijadikan sasaran, justerunya klien menjadi enggan ke klinik

kesihatan kerana hilang kepercayaan dan tidak ingin terlibat dalam persengketaan tersebut.

Walaupun bagaimanapun, saya sentiasa bersabar, berfikiran positif dan terbuka untuk membina strategi baru bagi menambahkan prestasi kerja saya lebih baik. Persaingan tersebut saya terima sebagai satu kritikan motivasi bagi memajukan saya lagi dimasa akan datang untuk berkhidmat dalam kerja membantu komuniti di Pulau Pinang.



Emosi Saya

Saya begitu gembira bila ditawarkan bekerja di FHDA kerana hasrat dan keinginan untuk berkhidmat bagi kesejahteraan komuniti.

Bila saya berada dalam jaringan pekerjaan yang berkaitan kesihatan dan penyakit berjangkit, pelbagai perasaan dan emosi mula timbul.

Perasaan teruja apabila dapat menambah pengetahuan dan pengalaman yang sebelum ini tidak pernah tahu dan ambil tahu.

Perasaan seronok, gembira, sedih, kasihan mulai dirasai bila sudah berkenalan dengan klien yang datang dengan pelbagai kelakuan. Perasaan geram dan marah bila klien tidak mahu tahu dan tidak ambil kisah tentang tahap kesihatan dan keupayaan diri masing-masing.

Perasaan puas hati, mengkagumkan dan berterima kasih bila klien mendapatkan perkhidmatan kesihatan yang terbaik daripada pihak klinik kesihatan. Ianya memberi motivasi tinggi dan kesan positif pada promosi saya mengenai perkhidmatan yang disediakan.

Perasaan cemas, tertekan dan letih ("burn-out") bila pihak pengurusan memberi tekanan untuk membuat yang terbaik bagi keputusan cemerlang.

Kesimpulan sebagai pekerja pengurusan kes, pelbagai emosi dan perasaan sering bertemu didalam diri sendiri pada setiap masa. Adakalanya terasa ingin bersendirian dan adakala masa terlalu sedih hingga menanggung disebabkan perkara kecil. Saya sentiasa berdoa kepada Tuhan agar diberi kekuatan diri untuk mengatasi dan disukai dalam usaha untuk membantu komuniti dan juga pihak berkepentingan untuk mengurangkan kes jangkitan penyakit berjangkit (HIV/STI).

Case Management 2018 - SW/TG Kedah

Month	Clients			HIV			STI			Distributions
	Existing	New	Total	Clients Counseled	Clients Screened	Re - active	Clients Screened	Re- active	Tx (times)	Condoms / lubricants (pcs)
Jan	78	8	86	26	0	0	0	0	1	2700/1260
Feb	74	3	77	11	8	0	0	0	0	1725/805
Mar	90	14	104	25	23	1	0	0	0	2700/1260
Apr	96	2	98	11	9	1	1	0	0	2940/1372
May	34	6	40	11	8	2	0	0	1	990/463
June	40	2	42	12	9	0	1	0	2	1203/574
July	45	0	45	5	5	0	0	0	0	885/413
Aug	55	8	63	26	24	1	3	0	1	847/407
Sept	50	9	59	19	18	1	2	0	0	765/357
Oct	28	15	43	17	17	0	0	0	0	420/196
Nov	24	10	34	14	14	0	1	0	0	375/175
Dec	34	10	44	17	16	1	0	0	0	510/238
TOTAL	648	87	735	194	151	7	8	0	5	



Pengalaman saya di lapangan kerja, Sungai Petani

Cabaran yang saya pernah alami merupakan gangguan dari “Skuad Badar”. Ianya suatu pertubuhan yang tidak berdaftar. Mereka telah menyalahgunakan kuasa untuk menangkap dua orang klien TG (transgender) dilapangan yang berpakaian kewanitaan. Mereka telah merakamkan sesi penangkapan serta memukul klien-klien tersebut.

Kejadian ini telah mengganggu emosi dan kerja harian saya sebagai seorang “Case Worker (CW)” kerana kluatir ditahan dan diganggu oleh mereka semasa bertugas. Dengar khabar mereka sedang memantau dan cuba berkenalan dengan seorang TG dari NGO mengedar kondom kepada klien-klien dilapangan. Malahan mereka juga didapati mengganggu kerja Jabatan Agama Islam dan Jabatan Kesihatan Kesihatan yang juga membuat kerja dilapangan.

Disebabkan terdapat banyak aduan daripada orang awam, Skwad Badar ini telah diberkas dan diberhentikan semua aktiviti penangkapan oleh pihak berkuasa PDRM Kuala Muda atas beberapa kesalahan dan telah dibicarakan di Mahkamah pada bulan Januari 2019.



Kerjaya Saya (Alor Setar)

Saya sebagai pekerja pengurusan kes (Case Management) sangatlah mencabar. Boleh dikatakan minda dan emosi harus sentiasa kuat serta dalam keadaan sentiasa bersedia. Ini kerana saya perlu bertiadapan dengan karenah klien yang berbagai, terutama sekali klien yang disahkan positif hiv.

Untuk membawa klien membuat ujian pengesahan dan memastikan mereka mengikut temujanji ditetapkan bukan satu perkara yang mudah kerana saya berurusan dengan orang yang “siang tidur malam berjaga”.

Selain dari itu saya juga pernah berhadapan dengan kes dimana saya perlu berulangalik jabatan kerajaan bagi menyelesaikan masalah mereka.

Walaupun bagaimanapun kerjaya ini mengajar saya erti kesabaran disamping banyak pengalaman dan pengetahuan baru yang saya perolehi. Saya amat bersyukur mendapat “Boss” yang sentiasa membantu dan tidak pernah jemu memberi tunjuk ajar serta rakan-rakan sepasukan yang sudah seperti adik beradik dan sentiasa tolong menolong.

Harapan saya semoga saya dapat meneruskan pekerjaan yang murni ini walau dimana saya berada.

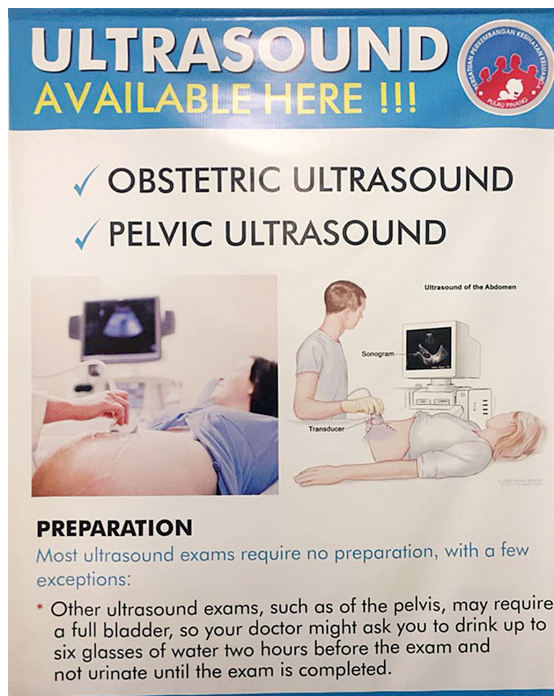


CCASHPPGG

Prenatal Care

Confirmation of pregnancy, prenatal care and referral to obstetric care.

Family planning is about deciding the size and then spacing children for optimal development. With the total fertility rate decline and increasing number of women marrying later or not marrying at all, FHDA seeks to provide support to those who wish to have children.



ULTRASOUND AVAILABLE HERE !!!

- ✓ OBSTETRIC ULTRASOUND
- ✓ PELVIC ULTRASOUND

PREPARATION
Most ultrasound exams require no preparation, with a few exceptions:
* Other ultrasound exams, such as of the pelvis, may require a full bladder, so your doctor might ask you to drink up to six glasses of water two hours before the exam and not urinate until the exam is completed.

To this end, the FHDA clinic welcomes couples for fertility counselling and investigation, and pre marital couples for medical examination. Women who are past 30 and would like to conceive are encouraged to seek consultation appointments on Tel. 04 2622225/ 04 2519654 (on Tuesdays to Saturdays, 8.30am-3.30pm except public holidays).

Data for 2018 reveals a downward trend:-

- Pelvic ultrasound for pregnancy check – 4
- First trimester antenatal check – 8
- Referral to obstetrician - 5
- Infertility counselling – 11
- Fertility treatment - 8

Only 24 urine pregnancy tests were done in the year 2018, as compared to 134 in 2011. Probably the popularity of online pharmacy purchases could be one of the factors.



CCASHPPGG

Gynaecology

Pap smear, breast examination, HPV vaccination and referral

Cervical cancer remains one of the leading causes of death among women, and the number two cancer whereas breast cancer is the most common cancer among women. FHDA strongly advocates all women to do wellness Women’s Health screening. Human Pappiloma Virus vaccination for women to immunize against the incidence of cervical cancer and genital warts (applies also to men) is a march forward for public health.

FHDA encourages young women and men who have not yet been vaccinated to obtain immunisation. Those vaccinated should still have a pap smear, or liquid based cytology test. We embarked on clinic membership drive to avail regular clients of benefits. To join up, see our staff at 16/18 Kg Kolam, 10200 Penang.

12 women were vaccinated for HPV at our clinic compared to 158 in 2012. The total number of pap smears done in 2018 was 755. 21 women were referred to gynaecologists for malignancy and 90 were treated for vaginal infection. 567 pelvic ultrasound examination was done, and 294 women had minor gynaecological treatment.



FHDA’s World Health Day 2018: “Access to healthcare for all”

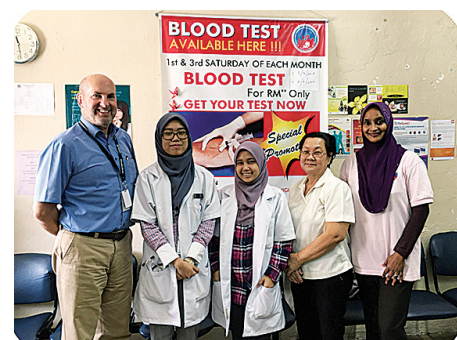
On 7 April 2018 FHDA’s clinic celebrated for the first time World Health Day declared by the World Health Organisation. Dr Gan Kam Ling and Dr Yim Poh Yin conducted provided free of charge liquid based cytology valued at RM80.00 each, sponsored by Pantai Premier Lab. Dr Gan did 10 HPV DNA tests each valued at RM350.00 sponsored by Geneflux for women from ngos, senior citizens and regular clients. Free of charge pap smears (sponsored by Pathlab) were done for those who had ultrasound tests by Dr Yim. Videos of the campaign are available on our official facebook account @penangfhda or youtube (url:https://www.youtube.com/channel/UCTix3-G4sla1tJwFnHbFy2A/videos).



Mother’s Day 2018 @ FHDA and Penang Medical College sessions

For the May 2018 Mother’s Day, two spa companies provided complimentary pap smear vouchers to a total of 80 customers in partnership with FHDA. Six breast self examination talks, advice on mammography screening, menopause hormone replacement therapy and post menopausal nutrition were conducted, reaching out to St Anne’s Church women’s group, companies and state assemblyman service centre in Bukit Mertajam.

In collaboration with Penang Medical College O & G faculty , Prof Dr Paul Fogarty conducted 15 pap smear sessions with medical students.



Our journey to start PrEP and PEP; from training to launch of PrEP services (20 Jan 2018 to 13 Apr.2018)



STARDUST DINNER-THANK YOU FOR YOUR SUPPORT





Dr Chow & Rt Hon Chief Minister (R)



Stardust working team



Dato Seri Dr Devaraj and FHDA officials



Congrats, Life Members



Thank Q for the lucky draws items.



1

RESOURCE MOBILIZATION

Project specific objective:

- To raise funds, increase income sustainability, mobilize volunteers and institute cost-saving measures for optimal utilization of the association's resources.

MAC's GF Case Management Programme and the FRHAM's UNFPA MYS4U 302 advocacy project for underserved were the only funded services; so throughout 2018, we worked to fund raise for HIV community services and maintain the Building Fund - New Home for FHDA (at Bukit Tengah). We saved cost of services by partnering stakeholders eg. Hospital Pulau Pinang, government clinics, educational institutions and NGOs enabling activities in all five districts of Penang. Stardust Charity Dinner donors helped us to raise RM144,076.80. Inti International College organised its Choral Concert: The Beginning of A Musical Journey and presented FHDA the proceeds - RM1,960.00.



Attended 'The Beginning of a Musical Journey', a fund raising concert by Inti for NCWO's affiliate, PFHDA (Penang Family Health Development Association) @ Inti, Penang - 29/8/2018



2

From left, No. 1 to No. 4 (please box the five pictures) Roshamil & SPUGTZ team to Cambodia. Congrats to Chen FT, Masters in Social Work. Chen FT (centre), poster presentation at NAC. Christine Low (4th left), panel speaker at NAC.



3



4



**The
UNFPA
MYS
4U 302
outreach
project
required
on
site
referral
for
social
work
and
other
services.**

Breast Cancer Talks



TABLE 1: SRH SERVICE DATA

YEAR	2011	2012	2013	2014	2015	2016	2017	2018
TYPE OF SERVICES								
Pap Smear	1746	1445	1191	1335	1388	1081	1034	755
Breast Examination	2034	1642	2357	1739	1469	1140	1418	812
General Check by Staff	5180	4737	4575	4420	4329	3001	3751	2873
Minor Gynecological Treatment	225	289	275	251	309	562	151	294
Ultrasound (available since 2016)	0	0	0	0	0	386	568	567
Infertility Counseling	8	9	3	21	37	25	16	11
Marital Counseling	2	2	0	2	5	3	0	0
Pregnancy Testing	134	103	46	133	47	59	53	24
Hormone Replacement Therapy	266	222	239	189	150	150	122	105
Hepatitis B Immunization	126	85	120	138	122	87	64	93
HPV* Vaccination	83	158	66	77	70	34	20	17
Male Clients	513	442	444	309	312	510	314	142
Youth Friendly Clinic	162	36	83	99	87	212	88	53
Referral to Others Agencies	707	143	431	127	518	421	289	463

TABLE 2: PAP SMEAR READINGS

YEAR	2011	2012	2013	2014	2015	2016	2017	2018
New	224	148	119	85	231	125	91	78
Repeat	1522	1297	900	1250	1157	956	848	677
TOTAL	1746	1445	1019	1335	1388	1081	939	755

NORMAL	1510	1229	822	1092	1079	940	823	644
REFERRAL TO SPECIALIST FOR ABNORMALITY / MALIGNANCY	5	7	73	68	72	51	21	21
INFECTION (TRICHOMONIASIS, MONILIASIS & ACTINOMYOSIS)	231	209	124	175	237	141	95	90
TOTAL	1746	1445	1019	1335	1388	1132	939	755



Dr. (Mrs) Gan Kam Ling



Dr Choong Sum Poey, President with staff.

C C A S H P G G

Gender Based Violence (GBV)



Training session on GBV at Yayasan Salam project



Awareness of our sexual and reproductive health and rights (SRHR) and the Malaysian law, resulted in many campaigns on gender based violence. Yet reports of GBV continues to grow.

Without adequate supervision by guardians/parents and teachers in schools, young people use social media to “play” with friends. Some upload nude photos of themselves and are exploited in other ways. The education institutions’ sex education has failed to protect our young people from this vulnerability to negative sexual exposure. Women and men, are groomed, harassed and sexually abused.

Many NGOs teach the right to say “No” and “Consent” but this is not systematic as it depends on the schools to invite eg. FHDA receives invitations from urban all girls’ schools. Boys too need to be educated to respect girls.

Taboo did not prevent premarital sex, incest, rape or, other gender based sexual violence. Worse, when the violence and pregnancy came to light, parents could hastily agree to child/teen marriage between the child and the rapist, or face-saving marriage between child and a much older man willing to accept the pregnant girl as his wife.

In cases of incest, some parents chose not to believe their children, leading to run-away syndrome as FHDA’s outreach worker encountered such stories from their sex worker clients.

Counselling and referrals – some case stories

- Male client complained a health facility’s male service provider molested him. He had immediately protested when touched inappropriately but the perpetrator continued. The client consented for FHDA to bring the matter up to the management, but he declined to pursue the matter further. The offender was relieved of attending to the client.
- Male client complained that someone was spooking him with texts and missed calls. He lived in fear of being stalked. FHDA stepped in and the other man said he was being friendly to his customers.
- Male divorced client had sleepless nights over his son’s custody battle due to being labelled as gay by his ex. He felt violated. He said it was a form of emotional and verbal gender based violence.
- A transgender businesswoman said she was discriminated by her land lord. She was angry with the world for stigmatizing her. The abandonment by her family made her bitter.

PLANNING, REPORTING, MONITORING AND EVALUATION

Project Specific Objectives:

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



Ruby Jubilee 2001

I am proud to be part of our 40th Ruby Jubilee in 2011. Penang FHDA (formerly Family Planning Association) was formed in 1961 and officially registered under the Registrar of Societies in 1962. The main aim was to reduce maternal and infant mortality rates. This was one of the challenging issues then. The FPA carried out motivational activities at the City Council health clinics on the island and made home visits providing antenatal and postnatal care to mothers who missed their appointments.

After being housed in several premises, FPA moved to Kampung Kolam in 1966. A clinic was set up for health screening. Doctors were recruited from the City Council health clinics. General practitioners also volunteered to assist.

In the early years, our sexual reproductive health (SRH) component services comprised pap smear screening to detect cervical cancer. Later pelvic and breast examinations were included. Information, education and communication (IEC) activities played an important role in reaching out to people in both urban and rural settings. Activities like home parties, talks and exhibitions were carried out.

From 1970 onwards, due to Penang's industrial development, a lot of changes were witnessed. Lifestyles changed.

There was an influx of foreign workers to serve the needs of the mushrooming factories. FPA moved forward and changed the scope of its services. Educational activities for both the young and aged were conducted. Talks on sex education at schools and higher institutions of learning were initiated to provide accurate SRH information to the youth to enable them to make informed choices.

Involvement in HIV/AIDS work is one the milestones in FHDA's journey. We are recognised as one of the pioneers in this field. The MAY support group was started to provide support to the infected individuals and their family members. Due to the diversification of its activities, FPA changed its name to FHDA in 2007. FHDA's contributions were greatly appreciated by the Ministry of Health and other health-related organisations.

We are grateful that there are many who believe in the work we do for the community and support us by donating towards our cause. The success of any organisation depends on adequate financial resources among others. This recognition will spur us to greater heights towards another milestone.

M. Jaya



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 sustainability

In the year 2018, Penang FHDA held the following meetings:-

- Annual General Meeting,
- four Election Committee meetings
- assessment and planning meeting,
- annual programme & budget meeting,
- four Executive Committee meetings,
- special Exco meetings,
- management and admin meetings,
- five fund raising meetings
- two Medical Committee meetings,
- various advocacy and programme related meetings with stakeholders and partners; and
- two meetings with legal adviser.

We appointed the first ever Election Committee comprising Chairman Mr Daniel Pau Chih Ming, members Ms Pinnie Yeoh Ping Ping and Ms Seow Hooi Cheng to oversee the conduct of our elections. Arising from the IPPF accreditation standards of good governance, Exco members and officers were required to complete and sign an annual statement regarding conflict of interest.

The approval by the Registrar of Societies was

received for constitutional amendments requiring the implementation of triennial elections; tenure of the elected committee members and trusteeship changes. We acknowledge our outgoing trustees' services for three-plus decades of service and thank the current appointed trustees for their support.



We were honoured by a visit from international organization Coalition Plus leaders accompanied by the Malaysian AIDS Council (MAC) officers.



A coffee table book regarding Tun Dr Siti Hasmah Award winners was published by MAC. FHDA as well as Exco member / Head of AIDS programme Jubaidah Nagoor was featured.



Long serving members of FHDA had a pleasant surprise when Prof. Robin Root (New York University) came for the AGM. Robin was a research student at FHDA in 1995/1996.

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.

Cambodia Study Tour – by Mohd Roshamil

“Laporan adalah tentang lawatan kerja saya anjuran pihak Program HIV Daerah Seberang Perai Utara Getting to Zero dikelola oleh Jabatan Kesihatan Negeri (JKN) Pulau Pinang, bertarih 3-7 September 2018 ke Negara Cambodia. Rombongan kami melawat Hospital Siem Reap dan Hospital Battambang, Pejabat Daerah Kesihatan, klinik pesakit HIV dan dsb. Saya dapat berkongsi pengalaman sebagai staf FHDA Case Management program (MSM). Hasil lawatan ini, saya bersyukur warga Malaysia dapatkan rawatan perubatan yang amat baik dan tidak ada batasan antara pihak agensi kerajaan, doktor-doktor dengan pekerja NGO. Terima kasih kepada FHDA, Majlis AIDS Malaysia dan JKN.”

We have trained staff to give talks, handle the support groups retreats and health camps. Staff and volunteers especially Exco members participated at the National AIDS Conference, attend national meetings and events. Volunteers Mr Ong Lay Seong, Mr Bakhtiar Talhah and Puan Jubaidah Nagoor also continued as policy-makers at FRHAM and MA respectively .

FHDA presented the volunteers of the Community Friendly Clinic with citation and certificates of appreciation, and a token cash award to staff at the annual general meeting.

DIARY OF ACTIVITIES: Staff & Volunteers Development

	TRAINING / WORKSHOP / MEETING	DATE	VENUE	PARTICIPANTS / RESOURCE PERSONS
1	Meeting with ID Physician Hospital Sultanah Bahiyah	11.1.2018	Alor Setar	Christine, Loh YP, Faizah
2	Meeting with Dr Glenys Adam, Field Education Coordinator Victoria University, Melbourne	12.1.2018	Jalan Perak	Engie, ChenFT, Joanne Tan
3	Lets Together Camp 2019	13 - 14 Jan 2019	Sedim Rainforest Resort, Kulim	LohYP, Roshamil, Redduwan
4	Pre Exposure Prophylaxis Plus Post Exposure Prophylaxis (PPP) HIV Training	20.1.2018	ACC building, Hospital Pulau Pinang	Dr Choong, Dr Yim PY, Yeap MC, Graham, TTBoon, Christine, Engie
5	Mesyuarat Jawatankuasa Kebajikan dan Khidmat Sosial Projek SPU Getting to Zero HIV/AIDS	30.1.2018	Wisma Persekutuan, Kepala Batas	Roshamil
6	Meeting with Duta - Duta Kenali Ubat Anda	8.2.2018	Bangunan Persekutuan Jalan Anson	Jaya
7	Bengkel Perbincangan M& E : SYREX Kod Baru	27 - 28 Feb 2018	AARG, USM	Christine, LohYP, Roshamil, Nina
8	Pengurusan STI Friendly Clinic Daerah SPU	1.3.2018	Klinik Kesihatan Sungai Dua, SPU	Christine, LohYP, Roshamil, Nina
9	PrEP Echo Training	10.3.2018	Jalan Perak	Dr Yim, LimBP, GohYJ, Jacqueline, Damian, Christine, Engie, Nina, Halimah, Min Lin, Jaya, Redduwan, LohYP, Roshamil, Nadja, Faizah, Bella
10	International Women's Day 2018	11.3.2018	Youth Park, Penang	Dr Choong, Roshamil, Redduwan, Halimah, Siti
11	Kursus Kaunseling HIV/AIDS	13.3.2018	Rumah eranginan Persekutuan P.Pg	LohYP, Engie
12	National Study on Family Planning by Avenir Health	18.3.2018	Jalan Perak	Engie
13	Women's Sexual Health by Smile Makers	24.3.2018	Jalan Perak	YeapMC, Molly & friend, Jasmin, Pinnie, Carlyn, Halimah, Min Lin, LohYP, Nadja, Roshamil, Mariamma, Redduwan, Nina, LimBP, Engie, Christine
14	Kursus "Sexually Transmitted Infection" di kalangan anggota peringkat Daerah Seberang Perai Selatan	28.3.2018	Dewan Kenari PKD,SPS	Christine, LohYP, Roshamil
15	Bengkel Sembang Berilmu	30.3.2018	Jalan Pegawai	Christine, Engie, LohYP, Roshamil, Redduwan
16	Advancing The Sexual and Reproductive Health Rights of Women Migrant Workers in Malaysia:	4.4.2018	Pulse Grande Hotel, Putrajaya	Engie Ng

	Stakeholders, Capacity Building and Women's Empowerment"			
17	National Council Meeting	8.4.2018	Subang Jaya	OngLS, Dr. Dinesh
18	E-CMIS Training	23 - 24 April 2018	ReHAK, Kelantan	Halimah
19	Mesyuarat & Bengkel Pengurusan Audit	26.4.2018	Swiss Garden Hotel, K.L	Jubaidah, Christine
20	Bengkel Mapping Untuk Anggaran Saiz Populasi	4.5.2018	Grand Seasons Hotel, K.L.	Faizah, Bella, Nadja
21	Mesyuarat Agung Dwi Tahunan ke-14, MAC 2018 - 2022	12.5.18	Swiss Garden Hotel, K.L.	Jubaidah, Dr Dinesh, LimBP
22	Mesyuarat Stakeholder Harm Reduction Peringkat Negeri Kedah	21.5.2018	Jabatan Kesihatan Negeri Kedah	Christine, Engie, Faizah, LohYP
23	Courtesy Visit to Penang State Government	24.5.2018	KOMTAR	YeapMC, SeeCK, Engie
24	Policy Debate on Abortion	26.5.2018	Century Garden, Batu Uban, Pg	Dr Choong, LimBP, Ong LS, Christine, Engie, Ong Kar Mun, Chew Chia Ming, Chris Tan, ChenFT, GohYJ, TanLP
25	2 nd National Consultation on the Use of Antiretroviral Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Acquisition in Malaysia	4.6.2018	PJ Hilton	Dr YimPY, Christine, Engie
26	Gender Inclusivity Brainstorming Session	25 – 26 June 2018	Jen Hotel, Penang	YeapMC
27	Bengkel Penilaian Kapasiti Bagi Sub-Penerima Dana Global Fund	29 – 30 June 2018	Grand Seasons Hotel, K.L.	Jubaidah
28	Country Dialogue Serta Sesi Perbincangan Berkaitan "Ending AIDS In Malaysia – Where Are We Now?" Di Kalangan Jabatan – Jabatan Serta Individu (Key Stakeholders)	10.7.2018	Hotel Swiss Garden, Kuala Lumpur	Christine, Jubaidah
29	Domestic Violence / Sexual Harassment & Women's Rights + Discrimination Talk	22.7.2018	Kompleks Rakan Muda, SPU	Engie, Christine, Wan Yi
30	Talk on "Hak-Hak Wanita & Keganasan Rumahtangga"	22.7.2018	Kompleks Rakan Muda, SPS	Engie, Christine, Sabrina
31	Hijrah Till Jannah	27 – 29 July 2018	Sg Udang, Melaka	Redduwan
32	State Managers' Meeting 2018	8 – 9 Aug 2018	Shah's Village Hotel, P.J.	Engie, Christine
33	Syrex Training by MAC for Case Management SW/TG	10.8.2018	Jalan Perak	Nadja, Roshamil, LohYP, Nina,
34	Finalizing HIV Reference and Self Study Manual for Outreach Workers and Other HIV Service Providers	27 – 30 Aug 2018	Swiss Garden Hotel, Kuala Lumpur	Christine, Engie, ChenFT, LohYP, Nina
35	Penang State Government Vision for Penang 2030	29.8.2018	E & O Hotel, Penang	OngLS
36	Persidangan "Cities Getting To Zero" 2018 di Melaka	4 - 5 Sept 2018	Holiday Inn Hotel, Melaka	Zainuri Saat
37	WHATSAIDS @ USM: Awareness and Outreach Programme of HIV Activities	26.9.2018	University Sains Malaysia	Jubaidah
38	Community HIV Literacy	26.9.2018	Swiss Garden	LohYP, Redduwan,

	Workshop		Hotel, Kuala Lumpur	Jason Ong
39	National AIDS Conference 2018	29 - 30 Sept 2018	Swiss Garden Hotel, Kuala Lumpur	Jubaidah, Christine, Engie, Roshamil, Redduwan, ChenFT, Faizah
40	Red Ribbon Awareness Campaign	6.10.2018	Wawasan Open University, Level 5, Penang	Eldza, Jacqueline, Engie, Christine, LohYP, Jaya, Roshamil, GohYJ, Redduwan
41	Bengkel Penyediaan Kertas Cadangan Untuk Permohonan Bantuan Kewangan Bagi Projek HIV/AIDS Tahun 2019	15 -17 Oct 2018	Hotel Grand Seasons, Kuala Lumpur	ChenFT
42	Program Kem Ibadah Keluarga Pantai Timur Tahun 2018	17 - 20 Oct 2018	Cameron Highland, Pahang	Redduwan
43	The State of World Population 2018 : Is Malaysia investing Enough In Its Youth Forum.	22.10.2018	University Malaya, Kuala Lumpur	Jubaidah
44	Lawatan Kerja Delegasi Coalition PLUS ke tapak-tapak Perkhidmatan Program Pengurangan Kemudaran HIV yang dilaksanakan oleh Ahli-ahli Gabungan Majlis AIDS Malaysia	30.10.2018	Jalan Perak	Nicholas Ritter, Lecler, Parimel, Thana , Nagappa, Manohara
45	Mesyuarat Pencapaian Projek Seberang Perai Utara Getting To Zero	30 Oct – 1 Nov 2018	Emerald Puteri Hotel, Kedah	Engie Ng
46	Lawatan Anggota Kesihatan Jabatan Kesihatan Negeri Melaka Ke NGO Family Health Development Association (FHDA), Pulau Pinang	2.11.2018	Jalan Perak	Jubaidah, Damian, Jacqueline, Christine, Engie, LohYP, ChenFT, Nina, Roshamil
47	Mesyuarat Dialog Bersama Agensi-agensi Berkongsi Kepentingan Dalam Pengurusan Kes Pencegahan Transmisi Seksual anjuram MAC sempena Hari AIDS Sedunia 2018.	28.11.2018	Hotel Royale Chulan, Penang	Dr Choong, YeapMC, LimBP, OngLS, Damian, SeeCK, Jacqueline, Christine Low, Engie Ng, ChenFT, LohYP, Roshamil, Nina, Nadja, JKN (2), KKM Macalister (2), KKBayan Baru (2), KK Butterworth (2), KKSbg Jaya (2), KKB.Panchor (2), HPP(1), HSJ(2), AARG (3), CASP (1), PKD SPU (2), IPDTL (1)
48	Action Plan Workshop: 3 Years Strategic Resource Mobilization for State MAs (UNFPA MYS4U302 Project Extension: Strengthened Delivery of Family Planning and Sexual and Reproductive Health Services, particularly Underserved Groups of Population, 2018	14 - 15 Nov 2018	Holiday Villa, Subang Jaya	Jubaidah Nagoor, Christine Low
49	Northern Region Seminar on Anti Microbial Resistance: Challenges and Responses	2.12.2018	ACC Building, Hospital Pulau Pinang	YeapMC



PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang)
Registration No. 1218

Reports and Financial Statements
for the financial year ended 31st December, 2018,

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PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang)
Registration No. 1218

STATEMENT BY MEMBERS OF THE STATE EXECUTIVE COMMITTEE

We, the undersigned, being two of the members of the State Executive Committee of the **PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION** ("the Association"), do hereby state that in the opinion of the State Executive Committee, the financial statements set out on pages 5 to 18 give a true and fair view of the state of affairs of the Association as at 31st December, 2018 and of its results and cash flows for the financial year ended on that date, in accordance with the International Planned Parenthood Federation accounting policies and the provisions of the Societies Act, 1966 in Malaysia.

On behalf of the Executive Committee,



YEAP MENG CHEE
Chairman



ONG LAY SEONG
Honorary Treasurer



ONG HUCK TUAN & CO.

Firm No. AF: 0216
Chartered Accountants

48A, Abu Sittee Lane, 10400 Penang.
Tel: 04-2271680 Tel / Fax: 04-2278072

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang)
Registration No. 1218

REPORT ON THE FINANCIAL STATEMENTS

OPINION

We have audited the financial statements of PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION ("The Association"), which comprise the Balance Sheet as at 31st December, 2018 and the statement of Income, expenses and changes in Undesignated fund, Cash flow statement and notes to the financial statements including a summary of significant accounting policies as set out on pages 40 to 52.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Association as at 31st December, 2018 and of its financial performance and its cash flows for the year then ended in accordance with international Planned Parenthood Federation, ("IPPF") accounting policies and the provisions 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 Auditor's 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 1 Code of Ethics for Professional ("IESBA Code1') and we have fulfilled our other ethical responsibilities in accordance with the By-Laws and the IESBA Code,

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 IPPF accounting policies and the Societies Act, 1966 in Malaysia, 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, disclosing as applicable matters related to going concern and using going concern basis of accounting.

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



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Chartered Accountants

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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 judgement 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 of 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 of 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.
- * 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 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 at 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.

OTHER MATTERS

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

ONG HUCK TUAN & CO.

NO. AF 0216

Chartered Accountants

PENANG

DATE: 2nd June, 2019.

ONG CHOO EAN

No. 1401/5/18 (J)

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang)
Registration No. 1218

Balance Sheet

As At 31st December, 2018

Note	2018 RM			2017
	Unrestricted	Donor Restricted	Total	Total
ASSETS				
Non-current assets				
Property , Plant and Equipment	66,651		66,651	91,672
Total Non-Current Assets	66,651		66,651	91,672
Current assets				
inventories	38,678		38,678	30,247
Receivables	1,013		1,013	1,013
Security Deposits	13,777		13,777	13,133
Cash				
At bank and in Hand	34,262		34,262	114,544
Interest bearing Deposits				
<i>Interest bearing deposits-building fund</i>	164,045		164,045	139,391
Total Current Assets	251,775		251,775	298,328
TOTAL ASSETS	318,426		318,426	390,000
LIABILITIES AND FUND BALANCES				
Non-current liabilities:-				
Hire purchase creditor	6,667		6,667	15,815
Total non-current liabilities	6,667		6,667	15,815
Current liabilities:-				
Payables and accrued expenses	5,673		5,673	4,251
Tenant deposits	1,950		1,950	1,950
Hire purchase creditor	10,000		10,000	9,674
Total current liabilities	17,623		17,623	15,875
Fund balances:-				
Designated fund	56,711		56,711	56,711
Donor restricted global fund		35,847	35,847	35,847
Undesignated fund	187,134		187,134	252,335
Inventories fund	14,444		14,444	13,417
Total fund balances	258,289	35,847	294,136	358,310
TOTAL LIABILITIES AND FUND BALANCES	282,579	35,847	318,426	390,000

The annexed notes form an integral part of these financial statements.

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang)
Registration No. 1218

Statement of Income, Expenses and Changes in Undesignated Fund
for the Financial Year Ended 31st December, 2018

	2018 RM		2017 RM
	Unrestricted	Donor Restricted	Total
Grant Income:-			
Donors:-			
MAC/MOH/TAPS		2,053	2,053
MAC/MAF		1,050	1,050
GLOBAL FUND,		221,477	221,477
FRHAM/IPPF		4,045	4,045
FRHAM/UNFPA MYS4U302		13,000	13,000
		-	-
FRHAM-EXELTIES		-	-
FRHAM-UNFPA		-	-
Release of Inventories fund to Income		-	-
		241,625	241,625
			390,233
Other Income			
Advertisement	-	-	-
Clinic Income	126,199	-	126,199
Contraceptive sales	55,193	-	55,193
Rental Income	12,000	-	12,000
Registration fees	-	-	-
Membership fee	620	-	620
Donation/Sponsorship	164,495	-	164,495
Fixed deposit interest	4,654	-	4,654
	363,161	-	363,161
	363,161	241,625	604,786
			670,867

The annexed notes form an integral part of these financial statements.

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang)

Registration No. 1218

Statement of Income, Expenses and Changes in Undesignated Fund
for the Financial Year Ended 31st December, 2018

	2018 RM			2017 RM
	Unrestricted	Donor Restricted	Total	Total
Total Income brought forward	363,161	241,625	604,786	670,867
Less: Expenses				
5/01 : Family planning & SRH Services	174,437		174,437	219,065
5/02 : Women's Development	-	-	-	-
5/03 : Advocacy	327	-	327	7,523
5/04 : Young People & SRH	106	-	106	212
5/05 : AIDS/HIV	-	317,755	317,755	340,627
5/06 : Abortion related program	7	-	7	-
5/07 : Staff & Volunteer Development	-	-	-	335
5/08 : Resource Mobilisation & Fund raising	16,759	-	16,759	12,723
5/9 : Planning, Reporting, Monitoring & Evaluation	61,325	-	61,325	62,567
5/10: Governance, Management & Administration	73,270	-	73,270	74,452
Total project expenses	326,231	317,755	643,986	717,504
Less: Depreciation	26,001		26,001	26,315
Total expenses	352,232	317,755	669,987	743,819
Deficit of Income over expenses	10,929	- 76,130	- 65,201	- 72,952
Undesignated fund as at 1st January	252,335		252,335	325,287
Undesignated fund as at 31st December	263,264	- 76,130	187,134	252,335

The annexed notes form an integral part of these financial statements.

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE FINANCIAL YEAR ENDED 31ST DECEMBER 2018

	2018										2017	
	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	05/09	05/10		TOTAL
Affiliation fee/Subscription										150	150	200
Allowances					15642			1195		732	17569	28970
Accounting charges					3540					200	200	200
Accommodation										1200	3540	5572
Audit fee										203	314	1200
Bank Charges					111					203	203	342
Banner charges	153						50				2573	1018
Clinic purchases -medicine/peripherals	2573										2573	3382
Courier charges/postage	254				275				22	517	1068	1326
Computer assessoris&repairs	480				800					1000	2280	3352
Contraceptives and consumables											0	18242
Condolance & bereavement										450	450	150
Domain & Hosting fee										1526	1526	200
Fire extinguisher										175	175	-
GST paid	1039				116			25		650	1830	6774
	4499	0	0	0	20484	0	0	1270	22	6803	33078	70928

The annexed notes form an integral part of these financial statements.

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE FINANCIAL YEAR ENDED 31ST DECEMBER 2018

	2018										2017 RM	
	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	05/09	05/10		TOTAL
Balance b/f	4499	0	0	0	20484	0	0	1270	22	6803	33078	70928
Honorarium/Token/Consultancy					905						905	4142
Hospitality/ refreshment	1629		249		11572		10924		200	1936	26510	27361
Hire purchase interest										1520	1520	1846
Hire purchase instalments written back										-4331	-4331	-
Local purchases	28641									28641	28641	31461
Meeting/seminar/ training											-	6064
Musical performance										2300	2300	-
Occupancy	9544				1200					15366	26110	20914
Office cleaning & mainenance	971				2529					605	4105	3789
Office expenses	1289			27	1424		367			1730	4837	3176
PAP smear lab charges	13031										13031	18136
Personnel cost	80944				244698				61061	31615	418318	435721
Printing & Stationary	439				1074					3855	5563	9295
Professional fees	19905										19905	21928
	160892	0	249	27	283886	0	195	12561	61283	61399	580492	654761

The annexed notes form an integral part of these financial statements.

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE FINANCIAL YEAR ENDED 31ST DECEMBER 2018

	2018										2017 RM	
	05/01	05/02	05/03	05/04	05/05	05/06	05/07	05/08	05/09	05/10		TOTAL
Balance b/f	160892	0	249	27	283886	0	195	12561	61283	61399	580492	654761
Rental of Equipment							1500				1500	10
ROS registration fees												101
Souvenir items												
Service tax	95				88			28		137	348	-
Telecommunication & internet	5050				4921					2937	1500	13883
Travel and per diem	4244		78	78	28862	7		152	63	790	0	33612
Utilities	4156									6550	0	12097
Vehicle running costs										3758	3758	4040
	174437	0	327	105	317757	7	195	14241	61346	75571	643986	718504

The annexed notes form an integral part of these financial statements.

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang)
Cash Flow Statement

For the financial Year ended 31st December, 2018

	2018	2017
	RM	RM
CASH FLOWS FROM OPERATING ACTIVITIES		
Deficit of income over expenses	- 65,201	- 72,952
Adjustments for:-		
Depreciation	26,001	26,315
Interest income	- 4,654	- 7,437
Interest paid	1,520	1,846
Donation/ Release of inventories fund to income	- 12,702	- 18,242
	10,165	2,482
	- 70,470	- 70,470
Changes in working capital		
Inventories	8,431	14,336
Receivables	-	-
Payables	1,200	1,200
	9,631	15,536
Interest paid	- 1,520	1,846
Net Cash change in operating activities	- 62,359	- 130,357
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest received	4,654	7,437
Purchase of property, plant and equipment	- 980	4,212
	3,674	11,649
CASH FLOWS FROM FINANCING ACTIVITIES		
Increase in donor restricted global fund	-	4,757
Adjustment of Hire purchase creditor	3,056	- 9,674
	3,056	- 4,917
Net change in cash and cash equivalents	- 55,628	- 58,472
Cash and cash equivalents as at 1st January	253,935	312,407
Cash and cash equivalents as at 31st December	198,307	253,935

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga Pulau Pinang)
Registration No. 1218

NOTES TO THE FINANCIAL STATEMENTS
For the financial Year ended 31st December, 2018

1. Organisation Structure and Nature of Activities

The Penang Family Health Development Association (the "Association" or "FHDA") is a voluntary not for profit organisation registered in 1961.

OBJECTS

To promote Sexual and Reproductive Rights as Human Rights.

To encourage individuals to take control of their reproductive lives.

To educate the public on the relationship between population, resources, development, environment and family planning.

To promote equality between men and women.

To promote choices in Reproductive Health.

To act as the liaison 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.

To raise funds in furtherance of the above objects.

The FHDA 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 five key strategies known as 5A's (Access, Advocacy, Adolescents, Aids and Abortions). The administration office is located at 333, Perak Road 11600 PENANG and also houses:

One of the clinics (Klinik FHDA Jalan Perak)

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

Youth Advisory Centre for youth-with-youth activities.

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

The number of employees of the Association as at 31st December, 2018 is 17.

1. Organisation Structure and Nature of Activities (Cont'd)

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 and D'Me & U clinic services.

In order to carry out its tasks, 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 peer support.
- 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 Road, Kampong Kolam in Georgetown, Jalan Pegawai in Bukit Mertajam, Penang;
- g) Assessing and reporting the effect and conduct of the 5A's strategies undertaken

2. BASIS OF ACCOUNTING

The financial statements are prepared and presented in accordance with the IPPF accounting policies as stated in the notes.

3. SIGNIFICANT ACCOUNTING POLICIES

All significant accounting policies set out below are consistent with those applied in the previous financial year.

3.1 PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment are stated at cost less accumulated depreciation except the following:-

- (a) Property, plant and equipment donated as gifts by IPPF are stated at IPPF's value.

Property, plant and equipment are depreciated on a straight-line basis to write off the cost of each asset over its estimated useful life at the following annual rates:-

Freehold building	5%
Leasehold building	5%
Equipments	5% to 20%
Furniture and fittings	20%
Motor vehicle	20%
Renovation	10%
Signboard	10%

The value of property, plant and equipment donated is credited to the property, plant and equipment fund and thereafter released to income over their estimated useful lives.

3.2 Inventories

Inventories are stated on the following basis:-

- (a) Inventories purchased locally are stated at cost.
- (b) Inventories 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.
- (c) Inventories donated by third party donors are capitalised at their estimated replacement cost. In cases where the estimated value is not provided by the donor and is otherwise unobtainable, valuation is established by using current IPPF commodity price list, or where this is not applicable, by consulting with the IPPF Regional Office.

The value of inventories donated is credited to the investment fund and released to income when consumed.

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga, Pulau Pinang)
Registration No. 1218

NOTES TO THE FINANCIAL STATEMENTS
For the financial Year ended 31st December, 2018

3.3 Receivables

Receivables are carried at the anticipated realisable value. Known bad debts are written off in the financial year in which they are identified.

3.4 Cash and Cash equivalents

Cash and Cash equivalents comprise cash and bank balances and interest bearing deposits.

3.5 Income Recognition

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.

4. PROPERTY, PLANT AND EQUIPMENT

COST	Balance at 1.1.18. RM	Disposals/ Additions	Balance at 31.12.18. RM
Freehold Building	190,000		190,000
Leasehold Building	90,025		90,025
Equipment	260,572	500	261,072
Furniture & Fittings	10,767		10,767
Motor vehicle	110,694		110,694
Renovation	52,360		52,360
Signboard	1,378	480	1,858
	715,796	980	716,776
ACCUMULATED DEPRECIATION	Balance at 1.1.18. RM	Disposals/ Additions	Balance at 31.12.18. RM
Freehold Building	142,500	9,500	152,000
Leasehold Building	90,025		90,025
Equipment	224,527	12,863	237,390
Furniture & Fittings	10,754		10,754
Motor vehicle	110,692		110,692
Renovation	45,350	3,500	48,850
Signboard	276	138	414
	624,124	26,001	650,125

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga, Pulau Pinang)

Registration No. 1218

NOTES TO THE FINANCIAL STATEMENTS

For the financial Year ended 31st December, 2018

4. PROPERTY, PLANT AND EQUIPMENT (Cont'd)

NET BOOK VALUE	2017	2018
	RM	RM
Freehold Building	47,500	38,000
Leasehold Building	-	-
Equipment	36,045	23,682
Furniture & Fittings	13.00	13.00
Motor vehicle	2	2
Renovation	7,010	3,510
Signboard	1,102	1,444
	91,672	66,651

The buildings are held in trust by trustees for the Association. The title deed in respect of the leasehold building is registered in the names of the trustees while the title deed in respect of the freehold building is pending registration into the trustees' names as at 31st December, 2018.

5. INVENTORIES

Type of contraceptive/ medical supplies	Quantity	2018 Value RM	2017 Value RM
(a) Antibiotic (tablets)		180	233
(b) Anti fungal		2,135	2,221
(c) Condoms (gross)		21,180	18,242
(d) Hormone Replenishment Therapy		3,097	4,094
(e) Others		5,255	3,160
(f) Vitamins (tablets)		6,309	5,276
(g) Anti Hypertensive		384	532
(h) Lipid lowering		138	165
TOTAL		38,678	39,247

6. DESIGNATED FUND

2018	Unrestricted Termination Reserve	Clinical Service Reserve	Total
Balance at 1st January	20,753	35,958	56,711
Transfer to unrestricted fund	-	-	-
Balance at 31st December	20,753	35,958	56,711

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga, Pulau Pinang)
Registration No. 1218

NOTES TO THE FINANCIAL STATEMENTS
For the financial Year ended 31st December, 2018

6. DESIGNATED FUND (cont'd.)

2017	Unrestricted Termination Reserve	Clinical Service Reserve	Total
Balance at 1st January	20,753	35,958	56,711
Transfer to unrestricted fund	-	-	-
Balance at 31st December	20,753	35,958	56,711

7. INVENTORIES FUND

	2018 RM	2017 RM
Balance as at 1st January	13,417	17,029
Inventories donated by IPPF	12,207	14,630
Amount released to income	- 11,180	- 18,242
	<u>14,444</u>	<u>13,417</u>

8. CASH AND CASH EQUIVALENTS

	2018 RM	2017 RM
Cash at bank and in hand	34,262	116,852
Interest bearing deposits	-	-
interest bearing deposits - building fund	164,045	139,391
	<u>198,307</u>	<u>256,243</u>

9. HIRE PURCHASE CREDITOR

	2018	2017
Total commitments payable:		
Payable not later than one year	11,520	11,520
Payable later than one year but not later than five years	7,680	17,280
	<u>19,200</u>	<u>28,800</u>
Less: Term charges	- 2,533	- 3,311
	<u>16,667</u>	<u>25,489</u>
Representing hire purchase liabilities		
Due not later than one year	10,000	9,674
Due later than one year but not later than five years	6,667	15,815

PENANG FAMILY HEALTH DEVELOPMENT ASSOCIATION
(Persatuan Perkembangan Kesihatan Keluarga, Pulau Pinang)
Registration No. 1218

NOTES TO THE FINANCIAL STATEMENTS

For the financial Year ended 31st December, 2018

10. PURCHASE OF PROPERTY, PLANT AND EQUIPMENT

	2018	2017
	RM	RM
Aggregate cost of property, plant and equipment acquired	980	4,212
	<u>980</u>	<u>4,212</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 31st December 1987 (year of assessment 1988).

On 24 October, 1990 and 15 December, 1990 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 (financial year ended 31st December, 1987) 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.

FHDA PREMISES

TUNKU ISMAIL JEW

CENTRE

(FHDA office)

NO. 333 JALAN PERAK,

11600 PENANG

TEL : 04-282 5191 /2813144

FAX : 04-281 9380

Open : Tue – Sat :

8.30a.m. –3.30p.m.

Closed : Sun, Mon & Public

Holidays (PH)

Email: info@fhdapenang.org

Website

(revised 1 December 2018):

<https://www.penangfhda.org>

Facebook: [@penangfhda](https://www.facebook.com/penangfhda)

FHDA CLINIC D' Me & U

16 / 18 KAMPUNG KOLAM,

10200 PENANG

TEL / FAX : 04-262 2225

TEL : 04-251 9654

Open :

Tue : 8.00a.m—3.30p.m

Closed : Sun, Mon & PH

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 : 9.00a.m—12.00 noon

Blood Screening :

First & third Saturday of
each month :

8.30a.m.—10.00a.m.

PrEP clinic :

Fridays 9.00a.m. – 12.00nn

(except PH.)

B.M. FHDA

18F JALAN PEGAWAI ,

10400 BUKIT MERTAJAM

TEL : 04-5391191

Open : Tue – Sat

8.30a.m. –6.00p.m.

Closed : Sun, Mon &

Public Holidays

APPRECIATION 2018

FHDA's Executive Committee express grateful thanks ...

To the IPPF and FRHAM for commodities and technical support on the E-CMIS clinic data management.

To the successful Stardust Charity Dinner fund raising committee, Organising Chairman Dr Chow Ting Soo, the Committee members, our main sponsor Akar Budaya, Bakhtiar Talhah, April Joseph, lucky draw sponsors, volunteers and honorary auditor. To the main donors, PE Land, Jin Huo Gold & Jewellery, NCWO Penang, MNA Penang, Allan Chong, Chan Eng Lim, Chow Ting Soo, East Design Architects, Heng Thin Fook, Henry Gooi, Lim Chiew Hai, CB Lim, Irene Looi, Low Lee Lee, Junaidi Mansor, KADUN Komtar, KADUN Padang Lallang, Keith Kee, Klinik Rakyat, Tan Gim Looi, Tadika Generasi Kreatif, Tang Chin Siang, YWAM, Yeap Meng Chee, Lim Huat Bee, as well as generous anonymous donors; and the Rt Hon Chief Minister of Penang.

To Inti International College which organised a fund raising Choral Concert in aid of Penang FHDA - Leonard Li Zhi Yi, Jeremy Tan, Raywen Leu and Elween Loke (choirmaster) .

To UNFPA via FRHAM for funding the Project MYS4U302 Strengthened Delivery of Family Planning and Sexual And Reproductive Health Related Services; and all our partners in this project.

Hospital Seberang Jaya Duta Ubat,
Hospital Bukit Mertajam Nutrition Department,
Jabil Circuit Factory, Sense Perfect Aesthetics,
Disted College, SM Convent Light Street,
St Anne's Church Women's Committee
Inti International College, Hospital Pulau Pinang,
Malaysian Nurses' Association Penang Branch.
Pfizer Inc CSR Care A Van Division.
National Council of Women's Organisations (NCWO) Penang Branch.
Pejabat Kesihatan Daerah SPT and SPU,
Persatuan Penduduk Flat Desa Wawasan,
Occupy Beach Street office,
Temple committee of Kuil Sree Nagakani, Ujung Batu,
Kampung Ujung Batu Butterworth
SK Assumption, Pui Ai Buddhist Centre, Klinik Rakyat.

To Penang State Health Department for providing HIV rapid test kits for community based HIV testing.

To the Malaysian AIDS Council, the Malaysian Ministry of Health, the State Health Departments of Kedah and Penang, for the grant and support of Global Fund Outreach HIV Prevention of Programme to Sex Workers and Transgender in Kedah and Penang.

To Disted College and USM Penang for sending interns.

To all sponsors and donors of FHDA activities.

To all resource persons, interns, press, networking organisations and volunteers who supported us in one way or another.

FRHAM STRATEGIC FRAMEWORK 2016-2022

Our Vision: All people in Malaysia have access to information and services on sexual and reproductive health and rights

OUTCOME 1	OUTCOME 2	OUTCOME 3	OUTCOME 4
<p>Policies and programmes that respect, protect and fulfil SRH and Rights and gender equality are implemented</p> <ul style="list-style-type: none"> Promote existing SRHR policies and programmes by FRHAM and partners Engage young people and activists to promote existing policies and programmes on SRHR and gender equality 	<p>People in Malaysia are fully informed and empowered to act on SRH and Rights</p> <ul style="list-style-type: none"> Enable 100,000 young people to receive CSE and SRHR services Engage and strengthen partnership with key government agencies, women's groups, media and young people to promote SRHR 	<p>Provision of quality and integrated SRHR services accessible by all especially the marginalized and the underserved</p> <ul style="list-style-type: none"> Step up delivery of SRHR services to all groups of population including the marginalized and underserved Establish aged-friendly programmes at 50% of State MAs 	<p>A high performing, visible and accountable FRHAM</p> <ul style="list-style-type: none"> Build a strong and committed volunteer base; skilled and competent staff Develop effective communication strategy to improve visibility and presence of FRHAM

Our Mission: To champion sexual and reproductive health and rights for all particularly the marginalized and the underserved

