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SAFETY & HEALTH MODULE DEVELOPMENT PROJECT



FINAL NARRATIVE REPORT

PREPARED BY

PERTUBUHAN PENDIDIKAN ANAK CAHAYA SABAH

ALLIANZ MALAYSIA COLLEAGUES AND PARTNERSHIP



A BRIEF INTRODUCTION ON PARTNERSHIP WITH ALLIANZ MALAYSIA

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Cahaya Society has been working on community development with Allianz Malaysia and its subsidiaries since 2019. A long-standing relationship has resulted in significant changes in society, particularly among the poor community in Sandakan, Sabah. The Sustainable Development Goals (SDG) are a starting point to ensuring that the project's outputs have a national impact. We assumed that each team was keen to monitor the impact of each project presented. Prihatin Komuniti contributes to social welfare through the pillars of Cahaya Society by enriching and empowering underprivileged society that can benefit a specific group within our focal area. It is a privilege for us to be able to collaborate with an effective company like Allianz4Good and enthusiasts to empower the community in terms of social inclusion.

PROJECT SUMMARY

The Safety and Health Module Development Project, also known as Pendidikan Fizikal & Kesihatan Komuniti (PFKK), is a module aimed to provide learners with a better understanding of health education. The first module was developed to help the underprivileged people reduce the constraints caused by many reasons such as health care, cultural beliefs, transportation, and financial difficulties. The subject covers treatment, injuries, nutrition, security, and different sorts of sexual harassment among children at Alternative Learning Centres around Sabah. Education is a continuous process. The module approaches are aligned with community demographics and other societal aids that want future improvement. According to Malaysia's Statistics Department, Sabah is a complex state. Due to paperwork, geographical coverage, a lack of knowledge, and policy implementation deliverables, The targeted demographic is mostly those in society who are unable to acquire adequate primary health education.

The module had been conceived, created, analyzed, deliberated on, and other people's perspectives had been gathered to ensure the impact and deliverables of the content benefited direct beneficiaries. It took 7 months of module development to create concrete data, findings, an exit strategy, and other requirements. Following our deliberations, seven topics were chosen to implement and emphasis on the module based on community demography. Having stated that, 13 territories on Sabah's east and west coasts had been reached. Engagement with other stakeholders may widen organizational awareness and provide additional perspectives on the project's aim. Cahaya Society hopes that greater effect and awareness will change neighborhood circumstances in terms of health care and education. Regardless of the circumstances, no one should be left behind. We are overjoyed to have the very first module development and execution in Malaysia for the purpose of health education.

PROBLEM STATEMENT

Being stateless in Malaysia is like being "invisible" because Malaysian authorities do not have specific figures, data, or a mapping tool to determine how many such persons have lived in Malaysia for the past decade. Stateless children born in Malaysia have no other options or places to live. They have no choice; circumstances have forced them to do so. They have not chosen Malaysia over another country. They are stateless since they are not citizens of any other country. Furthermore, the circumstances had created significant impediments to obtaining common facilities in Malaysia, such as healthcare, education, employment, security, and other privileges as mentioned in Malaysia's federal constitution. Other factors influencing the rise of statelessness in Sabah include a lack of protection along the borders of Sabah, the Philippines, and Indonesia. As we monitored the constraints encountered by vulnerable groups, Cahaya Society took initiative by devising a technique to deliver basic health education and how to reduce critical circumstances to a minimum. Health is a form of riches. Not only in terms of physical space, but also in terms of mental health concerns within the stateless/undocumented group.



DATA FINDINGS & ANALYSIS

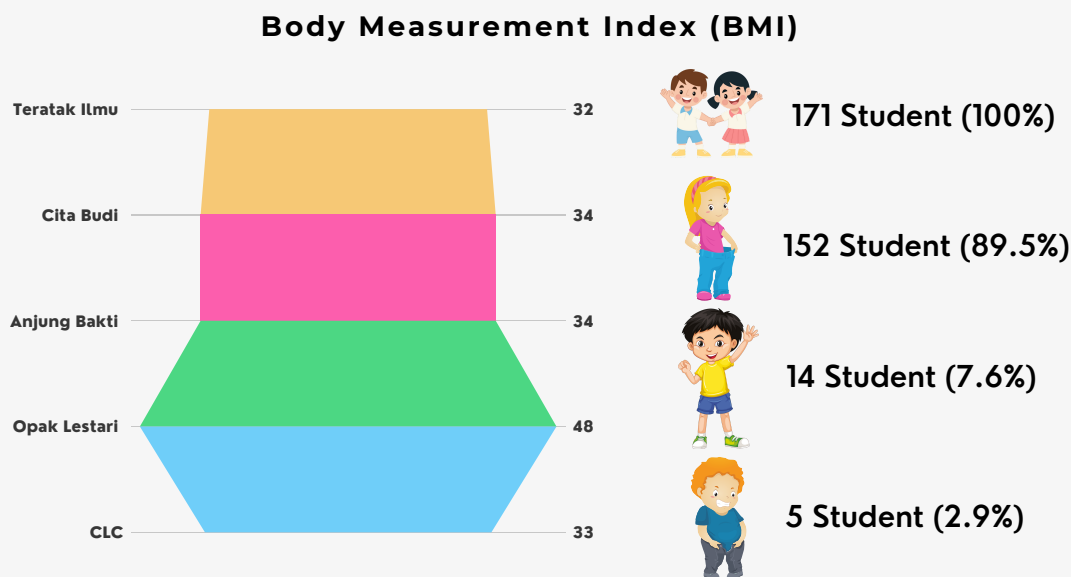


Figure 1.1. Body measurement index (BMI)

BODY MEASUREMENT INDEX (BMI)	
Underweight	<18.5
Normal Weight	18.6 - 22.9
Overweight	23 - 24.9
Obesity	25 onwards

The Body Mass Index (BMI) instrument was used to assess the existing physical conditions of stateless students in 5 Alternative Learning Centre on Sabah's east coast. The table of the Body Measurement Index (BMI) benchmark that aligns with the Asian community may be found on the left side. Based on the facts shown above, we can conclude that **171 students** were chosen to collect BMI in order to examine current height and weight situations. **152/171 (89.5%) students** were recognized as underweight, which is less than the standard of **18.5**, **14 students (7.6%)** as normal, and **5 students (2.9%)** as obese. Overall, students in 5 ALC are mostly underweight. You may be more vulnerable to some health conditions if you are underweight. You may be more vulnerable to some health concerns if you are underweight, such as malnutrition, osteoporosis, decreased muscle strength, hypothermia, and impaired immunity. It is worth noting that malnutrition is the primary cause of individuals who were recognized as being below the body mass index (BMI) baseline. The majority of the 152 students are from the mainland and live in rural areas. Living conditions and transportation inaccessibility posed significant barriers to obtaining healthful meals in a city. Emotional stress and strain, genetic problems, and the percentage of time spent working/playing are all more important than consuming nutritious food. This group of kids is more likely to be found playing on the ground. Based on the field methodologies used by the team implementer, the data can be read under Source of Data. Under the Safety & Health Module, the team has introduced BMI calculation, factors, treatment, prevention, and other necessities as an exit route. It is vital to provide basic understanding on this topic because underweight students are more than normal people.

DATA FINDINGS & ANALYSIS

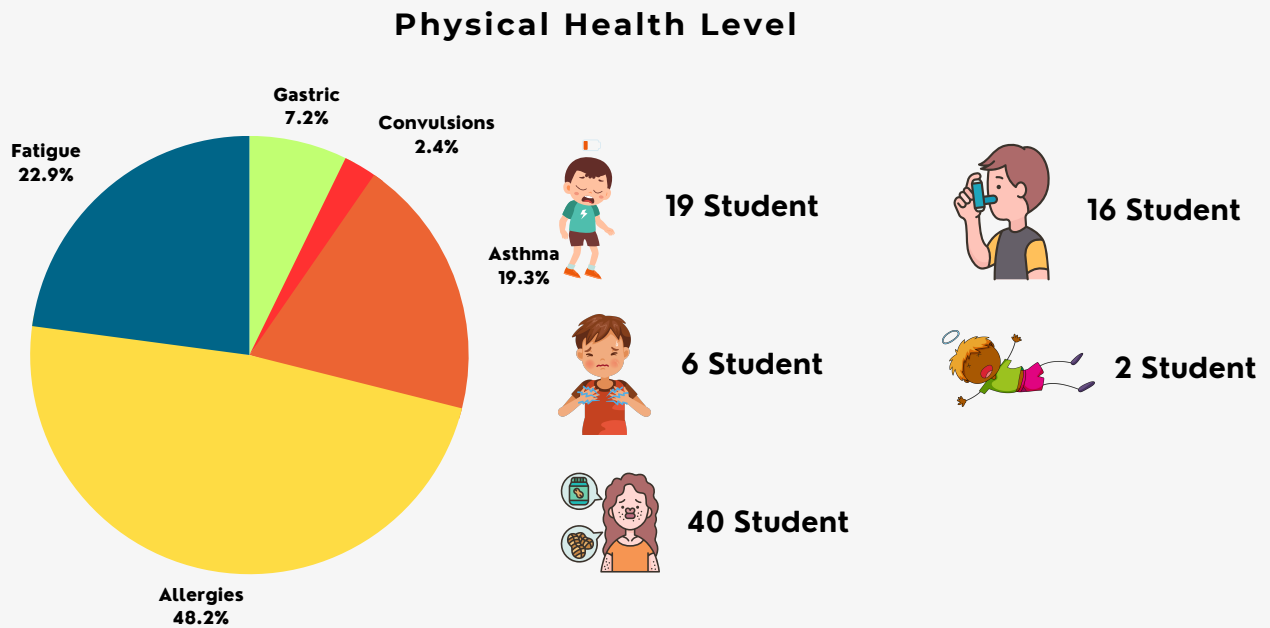


Figure 1.2. Physical Health condition

Physical Health Level is a secondary data analysis used to analyze the current state of Sandakan's 5 ALC students. It is significant because it gives the most up-to-date knowledge in a specific field. Five physical health conditions and illnesses were diagnosed in **83 of 171** students. This form of sickness usually affects children playing on the ground who lack sufficient health education understanding. Fatigue, gastrointestinal distress, convulsions, asthma, and allergies are all symptoms of the condition. This sort of ailment serves as our benchmark for assessing children's present health status and developing an exit strategy for a better outcome on the field. According to the data, **19 students (22.9%)** are fatigued. Fatigue is defined as a state of continual fatigue, burnout, or a lack of energy. It might be either physical or mental, or a combination of the two. Fatigue can affect both adults and children. A part of allergies affects **40 students (48.2%)**. Allergies develop when your immune system reacts to a foreign material – such as pollen, bee venom, or pet dander – or a meal that most people do not react to. This section contains the most common forms of health conditions among stateless children in Sandakan, Sabah. Asthma affects **16 students (19.3%)**. Asthma is a chronic (long-term) lung disorder that affects the airways. The airways are the tubes that allow air to enter and exit your lungs. When you have asthma, your airways might become irritated and narrowed. This makes it more difficult for air to flow out of your airways when you breathe out. Following that, **6 students (7.2%)** have a gastrointestinal health condition. Gastric pain, also known as "epigastric pain," is commonly described as pain in the middle and upper belly. It is commonly referred to as "gastric" among Malaysians. The final **two students (2.4%)** are suffering convulsions. Convulsions are sudden, forceful, irregular movements of the body caused by involuntary muscular contractions and are commonly connected with brain problems such as epilepsy, the presence of certain poisons or other substances in the blood, or fever in children. Overall, the student was chosen based on his or her residence area, which included both an island and mainland territory. Significantly, the data provided above represents half of the current healing situation in Sandakan. We anticipate that hundreds of stateless children will be infected with various diseases and viruses as a result of a lack of health education and facilities. The module would be the finest input to meet the need for health education.

DATA FINDINGS & ANALYSIS

Mental Health Level

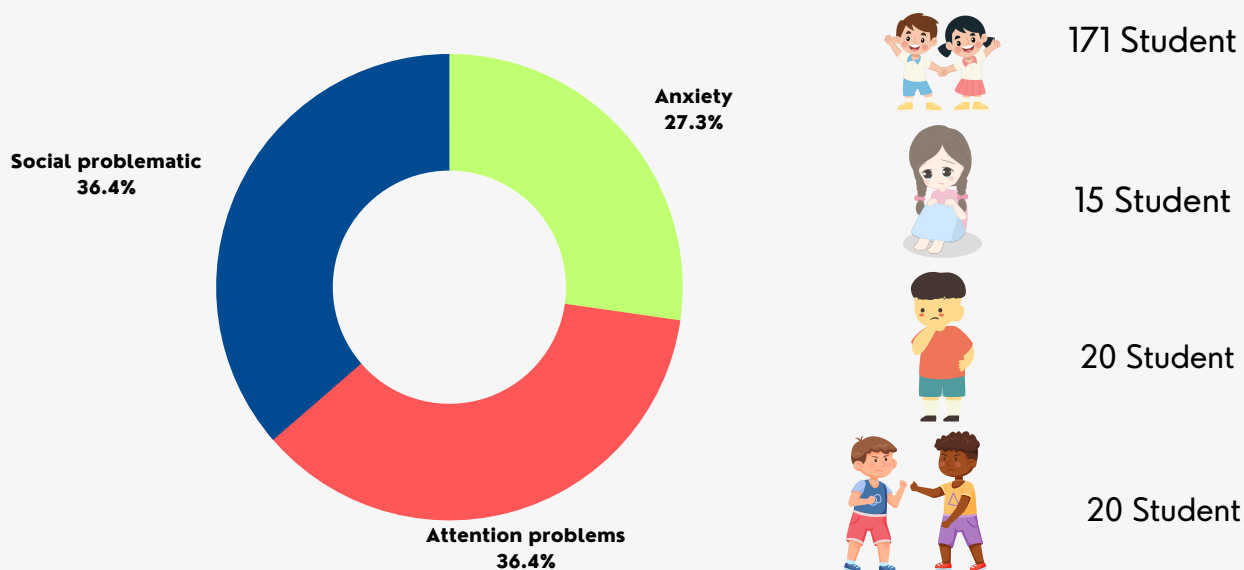


Figure 1.3. Mental Health condition

Mental health is a condition of mental well-being that allows people to cope with life's stressors, realize their strengths, study and work effectively, and contribute to their community. According to the data gathered, **55 out of 171** students were recognized as having this circumstance, which included social issues, attention problems, and anxiousness. Three basic baselines are used as indicators to assess the current state of students in Sandakan, Sabah's Alternative Learning Centres. Having stated that, for this portion, we worked with Dr. Athirah from Sandakan's Mental Health Department. Dr. Athirah specializes in mental health monitoring and evaluation, particularly for children under the age of 18. According to the findings, **20 students (27.3%)** are anxious. Anxiety is a state of uneasiness that can range from minor to severe. Everyone has anxiety at some point in their lives. For example, you may be frightened and apprehensive about taking an exam, taking a medical test, or going on a job interview. Dr. Athirah had declared that one of the Opak Lestari students from Pulau Opak Lestari was in a high condition of anxiousness. Immediate action should be made to avoid such diseases from affecting the children's current mental health. Following that, there is a lack of attention or a problem with attention. **20 students (36.4%)** are similarly affected by the current situation, which is a lack of parental attention. The most common symptoms observed in children with attention deficit are: inability to focus on the lesson and making excessive attention mistakes at school and at home, getting bored too quickly during the task, dislike doing homework, losing things frequently, forgetting what to do during the day, and pretending not to listen when talking to him / her. For the last indicator, **15 students** are experiencing social difficulties. Social issues are a condition that makes it difficult to communicate with others. It has nothing to do with speech. It's also not a difficulty with language mechanics like pronouncing words or using grammar. A special area of language known as pragmatics is affected by social problems. This is the use of words in social interactions.

RISK MANAGEMENT

The project was completed in 7 months. During this period, there were risks and problems in the region of coverage. To reduce risk on the field, the team identified a few obstacles that could impede project implementation. Below are some situation faced on the field.

Communication

Communication is the primary external data link between the project implementer and the focal group. Due to language differences, the team faced significant difficulties conducting the interview among the children. Some may understand yet are unable to react directly to the question. As a mitigation action, the team deliberated among the community to translate the terminology into simple words. This is how we control risk so that we can acquire concrete data analysis.

Inaccessible technology

One common barrier to community engagement is also one that's part of the solution. Technology. We strongly believe that 'digital first' is a great method for giving the public maximum access to any kind of communication. Opak Lestari and Teratak Ilmu, for example, both are relatively remote from network coverage. This condition had created significant hurdles between the team and the respondent in writing the analysis on an internet platform. To avoid an excess timeline projection, team had come out with some solution which is At Commonplace, we always advocate for a blended approach to community engagement. Digital tools are a great way to enhance existing planning methods rather than replacing them completely. For example, you could run a survey online but also have paper copies available to fill out.

Enforcement by local Authorities.

To avoid being apprehended by local authorities, it is customary to live as a stateless community. During the project implementation, our team conducted our first field analysis in Anjung Bakti. Unfortunately, the local authorities had raided the location. Some of the students must run inside the mangrove area. Such an inconvenient sight made us feel insignificant and unappreciative of what we have now. As a result, the team had to reschedule the timeline project to ensure that each student documented all information pertinent to their health circumstances.

Lack of transportation facility and insignificant location

The term "rural transport problem" refers to the difficulties in providing transportation to remote populations. Rural population density makes viable public transportation challenging, despite the fact that individuals in rural areas have a larger need for transportation than city dwellers. Alternative Learning Centre Teluk Layang in Kota Kinabalu is located in a remote location where public transportation is not available. It is really a huge effort to reach the desired site in order for us to analyze and synchronize the demands for both coasts (east and west) in Sabah.

FIELD ANALYSIS (WEST COAST)



Alternative Learning Centre (Ethania School, Kinarut)



Since 2019, the Alternative Learning Centre (Ethania School) in Kinarut, Sabah has been in operation. Kinarut is a district on the west coast of Sabah, 20 kilometers from Kota Kinabalu. Dr. Kathryn (ALC Coordinator) of the Ethania School are eager to oversee huge changes in the undocumented community in the target region. This school has **200 students**, however only 160 of them are actually participating in the school session. Dr. Kathryn established **13 ALCs around Sabah**, one of which being Ethania School. According to the discussion with the teacher from Ethania School, the majority of the community shares the same inaccessibility to the facilities given in Malaysia. The majority of students of Ethania School are undocumented. This pupil is of Indonesian and Philippine descent. However, being stateless posed a significant barrier to obtaining a better necessity.

Findings

The interview, observation, and focus group discussion (FGD) methods were used. Based on the data gathered, we can infer that Ethania School students have no history of obesity. The primary goal of the field study at Ethania School is to compare and contrast the similarities and differences within the focus group. However, the majority of the students are likewise underweight and largely from the community. It is indeed the Physical & Health education are necessity notably in Sabah locality. Due to documentation, we believed that this situation had created a tremendous inaccessibility among stateless/undocumented society. According to our analysis of the site, this school has better facilities that could provide a better atmosphere for student users. The module content may increase and strengthen students' understanding of physical and health education. We always stress the importance of module utilization; this book should be used depending on demographics and the convenience of the targeted population.

FIELD ANALYSIS (WEST COAST)



Alternative Learning Centre (Teluk Layan Besar, Borneo Komrad)

The second ALC that was participated during the fieldwork was Teluk Layan Besar (Kota Kinabalu, Sabah). The ALC is located 11 kilometers from the center of Kota Kinabalu, Sabah, and it takes approximately 30-40 minutes to arrive at the desired place. The irony is that this school is located behind the walls of University Malaysia Sabah, a university that promotes Education For All and teaches throughout the country. They are unable to reach out and devise an exit strategy to assist in bringing forth education among stateless children in Teluk Layan. This school is headed by Cikgu Sabir, who is also a member of the Borneo Komrad squad. According to our observations on the ground, the majority of the students are from Suluk and the Bajau race, which is a Sabah ethnicity. The goal of this fieldwork is to discover if the targeted area has a significant transportation limitation. According to Cikgu Sabir, a University Malaysia Sabah graduating student, due to documentation issues, the majority of the population has not left the place in over a decade. As a result of this scenario, the stateless group is unable to access improved facilities such as education, work, water and electricity supplies, and other necessities.

Findings

Based on observation and analysis of the location, the existence of the school has indeed provided a better education facility to the stateless children of Teluk Layan Besar. This school is open on Saturdays and Sundays. The majority of the students are underweight, which is consistent with data from the east coast of Sabah. Teluk Layan ALC, unlike Ethania School under Dr Kathryn's supervision, has any field or facilities for physical and health education. In Teluk Layan, 40 students and counting are only receiving a rudimentary education in reading, writing, and calculating methods. Most of the student only playing on the ground as shown on the photos on the right side. Teluk Layan ALC and other ALC in Sandakan are similar in terms of education, healthcare management, employment, and other necessities. It is true that documentation has created significant impediments to obtaining greater facilities among stateless society across Sabah and at the national level.



FIELD ANALYSIS (WEST COAST)



Sabah Women's Action Resource Group (SAWO), Kota Kinabalu

Sabah Women's Action-Resources Group (SAWO) was formed in 1985 by a group of women and men who were concerned about the increasing violence and injustice against women and children in our society. Working together with other women's groups and NGOs around the country, known collectively as the Joint Action Group for Gender Equality (JAG), SAWO first made an impact when it launched the national campaign against violence against women (VAW) in Sabah in September 1986 with a two-day public workshop-cum-exhibition. Since then, SAWO has continued to work and lobby for better protection and assistance for women and children. Cahaya Society takes a leap of faith by visiting the center to discuss and collect statistics on the organization's potential to offer justice to vulnerable gender inequities. A wealth of experience in the field of gender equality has provided us with valuable feedback for the module's future development. Topic 4 of the Safety & Health module covered sexuality education, particularly for children's advancement. According to Winnie Yie, President of SAWO, the group has also launched a Helpline center for anyone seeking assistance with sexual harassment among women, men, or children.



Findings

According to SAWO President Winnie Yie, each education center should stress sexual harassment, particularly for vulnerable society members who lack a basic knowledge in terms of the right to justice for sexual abuse in society. The project developer had take note on a certain parts of the discussion to revise the figure on the topic 4 (Sexual Education) among stateless children across Sabah. In 2019, SAWO received a call from a specific school notifying them that a female senior student had been abused and bullied. SAWO is always on the lookout for community teachers who go above and beyond their call as educators and report any incidents to the appropriate authorities.

OUTCOME/SUCCESS STORY

As an NGO focusing on the main pillars, healthcare management is indeed a massive action should be emphasize among stateless children comprising Alternative learning Centre notably in Sandakan, Sabah. 7 months of construction had build a strong and concrete module that could benefit underprivilege community on how to manage the injuries and types of treatment that could be delivered to the targeted group.



Figure 1.1 depicts a teacher training center run by the Cahaya Society. Ten Sandakan Alternative Learning Centres took part in the event. This ALC includes Opak Lestari, Cita Budi, Kuari 3 (from the Indonesian consulate), and other schools that need to oversee a significant impact on the students' health education. According to the debate, we can conclude that the majority of the ALCs share similarities in terms of health education, particularly for those who lack access to health information and education. Each school lacks a solid reference to instruct students. The training intent to introduce each communit teacher the content of the module which is 7 topic to be cover in order for them to overseeing the impact within in 1 years of implementation.



We might be no medical expert on it, but in terms of education, it is indeed a vital roles played by each of community teacher in Alternative Learning Centre notably in Sabah. The part taken are crucial fenomena where teacher are bound to the social context specifically in terms of providing the necessity in education system. Cahaya Society had introduce a simple approaches and the content of the module to the targeted community teachers . Early assumption from the team implementation, we expect that most of the teacher do not have a basic health education in terms of Safety & Health among stateless children under their supervision. The picture shown regarding on Blood Pressure measurement and how to read an accurate numbers on the data collected. It is basic things as a Teacher's to have knowledge on health condition among children and community within in the focal area. At the end of the training, teacher's of ALC requesting a regular outreach community to the centre in order for them to gain more comprehensive understanding on the module implementation

OUTCOME/SUCCESS STORY

Alternative Learning Centre (ALC) in Sabah is another platform for stateless/undocumented community seeking for education facilities. The schools operations had benefited 217 student notably in Sandakan district of Sabah, regardless of their documentation, economic condition nor employment of the community. Each stateless/undocumented children in Malaysia have a rights to obtain a basic education in order for them to have a sustainable of life ahead.



Figure 1.2 depicts a student from the Opak Lestari Alternative Learning Centre in Sandakan, Pulau Opak. The student received 37 Safety & Health modules, which will be used as a weekly learning session. The community instructor had provided instructor Training to the students in order to improve their learning skills. Safety & Health module are the main module used for the purpose of health education in Opak Lestari. Activity had take place within in 5 days to ensure its deliverables to the focal group.



Cikgu Khairil had introduced the module in Teratak Ilmu, which had 73 students. The training's goal is to promote student comprehension as well as community teacher. According to data obtained, Teratak Ilmu ALC is the second largest school in terms of student enrollment. As a result, it is critical to concentrate on specific schools with a large student population. We can deduce that, student understanding need to be monitore and to enhance more further to ensure the deliverable of the module content could reach our key performance indicators based on health education approaches. For the upcoming efforts, Cahaya Society will reach out other ALC in notably in Sandakan and west coast of Sabah. This is to ensure the module could reach the target group as our main objective and goals to alleviate the constraint in terms of health education circumstance.

CONCLUSION

Since the organization's inception in 2019, the slogan "Education For All" has been employed. The quotation is one of our pillars to ensure that everyone of us and other stakeholders understand the objective of the organization's campaign to ensure that all stateless communities around the country may acquire a basic education. Health condition is another form of barriers faced by stateless community to having a better facilities among them. However, due to document circumstances, stateless/undocumented community unable to obtain a better information and concrete data pertaining on the healthcare management.

In this regard, Cahaya Society deliberated developing a Safety & Health Module in collaboration with Allianz Malaysia Berhad as our primary funder under the supervision of this project. As we examine the common issues faced by the targeted group, we find that Health Education is the primary mitigation activity to alleviate serious injuries among migrant workers, refugees, stateless/undocumented people, and the underprivileged community across the country. Safety & Health module known as Pendidikan Fizikal & Kesihatan Komuniti had been selected to ensure the content of the module are reachable and can be understood by the student. Community engagement have gives us a better understanding to the community in needs on the ground To ensure project implementation, communication for both parties is indeed a prominent action on the module development. We acknowledge everyone efforts by collecting the feedback from the academics, stakeholders, agencies, corporate and interest group to ensure everyone could make a contribution on the strategic planning, organizing and monitoring purposes.

Every first module development, we thank all Homo Sapiens across the nation who stand and believed in our education advocacy, social analysis and community empowerment efforts. The outcomes could be seen in a long terms and period of advocacy to avoid inaccuracy of the module content.

ANNEX

The annex show below is another engagement platform during the project implementation. Networking is a prominent action to spreading the attention and collectively engage with other entity. Cahaya Society had presented our work with other intergovernmental organization to take other attention pertaining on the issue occurred since decade.



Datuk Mary @ Mariati Robert, Commissioner of SUHAKAM Sabah, represented the Malaysian Human Rights Commissioner in Figure 1.4. Cahaya Society deliberated and discussed with SUHAKAM team members to address the common issue, particularly for stateless/undocumented individuals within the target region. The team also introduces some of the inputs and outcomes from the Safety & Health Module (PFKK) that could help stateless children understand regarding on health education.

ANNEX

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Courtesy call by Robert Gass, United Nations International Children's Emergency Fund (UNICEF) to Cahaya Society learning center. CS team members are able to present our very first Safety & Health module that could benefit underprivilege children in Sabah specifically. UNICEF of Malaysia playing a significant part to ensure each children in Malaysia are well facilitated and full of engagement. UNICEF of Malaysia (Sabah Department) represented by Dr Elaine Kong had our further discussion pertaining on the Module implementation ahead. A long standing partnership could be reaching stateless children in Sabah particularly.



“EDUCATION IS A KEY OF CHANGE TO SOCIETY”

For Further information:

Pertubuhan Pendidikan Anak Cahaya Sabah
Lot 2 Blok D Tingkat Satu Bandar Ramai-Ramai,
Jalan Leila, 90000, Sandakan, Sabah.
089-666915
cahayasociety@gmail.com