

JAN 2023

VULNERABLE COMMUNITY & SOCIO-ECONOMIC IMPACT PROGRAMME

FINAL REPORT



Prepared by:
Pertubuhan Pendidikan Anak Cahaya Sabah

ABOUT THE PROGRAMME

Vulnerable community & Socio-Economic impact programme conducted in collaboration with Allianz Malaysia Berhad for the purpose of food aid distribution among society mainly in Sandakan, Sabah. Inflation epoch had impacted community in Malaysia generally and vulnerable community specifically who did not have any provision from any relevant body. Cahaya Society overseeing the needs of the community during this period to provide a certain goods and other materials as a first aid to the targeted group. As a part of community development, it is essential for each and everyone us to gain an insight about current circumstances. Preventions inequality other part of region throughout in Malaysia should be define accordingly. Vulnerable community existence since decade cannot be prevent in a short term, instead, it is our roles to assist and guide them to create a better future for community. Our existence not as a key of change. but we believed that alteration should be coming from them and rise up until they can oversee what is coming in the near future.

This programme conducted via three activity, namely:

- Outreach activity
- Food distribution
- Healthcare workshop

As for know, Cahaya Society had executed two activity which is outreach activity and food aid distribution that can be found on the data findings on the next page. 700 beneficiaries had been reach out to provide their need during the inflation epoch for them. On behalf of Cahaya Society team members, we are pleased to working with community to find a key note and a centre of inference for a betterment of the country. For the third activity, we are still in deliberation stage with the implementation partners to find a perfect time based on their availability. Up until now, our team members depending on the Ministry of Health staff to execute the workshop with their public health team members. The Narrative report created to update current activity also for the financial utilization to avoid any contingency cost occured ahead. This report also can be shared within our link as an awareness purposes. As a Non-Profit organization that stand with communities, symphatize cannot change by the fact of the issue occured on the ground, Instead, we stand with the education system as a key of change to society as a whole.

"Remain calm, the answer is not today, but it will come in the future"



OUTREACH ACTIVITY

As a part of vulnerable community programme, we start our activity to overseeing a massive issue on the ground faced by community mainly people without recognition from any country. 24 localities had been reach out and identified by three data collectors that working on the ground within in 10 days. During this period, we can conclude the data findings on the next page for your reference.

Challenges:

- 1. Inclemency** - Weather uncertainty brought us to a big challenges on the addition time and delayed until this period end. High tide on the island have to monitored to avoid any excess of the rough sea. Safety & health of the team members is our first priority as embedded on the organization Policy & Procedures.
- 2. Unfriendly area** - This programme conducted in 2 locations (Mainland & Island). Each area located in a differ locality and accessibilities. During the this period, outreach team have to walked 1 km - 1.5km from the main road. Some of community live in a high places such as on hills that need to be climb up by the team members in reaching and providing their needs.
- 3. Communications** - Sabah known as multicultural and diversity on the languages. Each community commonly using local language that need us to interpret and deeper understanding between the sender and the receiver for the information required. Team member have to request for the community leader to lead us for this purpose.



DATA FINDINGS

24 locality involved during the outreach activity prior food aid distribution conducted. The outreach activity intended to reach out more community in need in providing certain aid for the wellbeing of society. On this part, we would like to conclude certain data finding that we would like to share within the other parties. As data collected, **700 direct beneficiaries** and **4,447 indirect beneficiaries** had identified in providing aid and other needs during the programme period. On this section, we would like to summarize the gender, type of vulnerabilities employment and type of identification as we collected on the field for additional information.

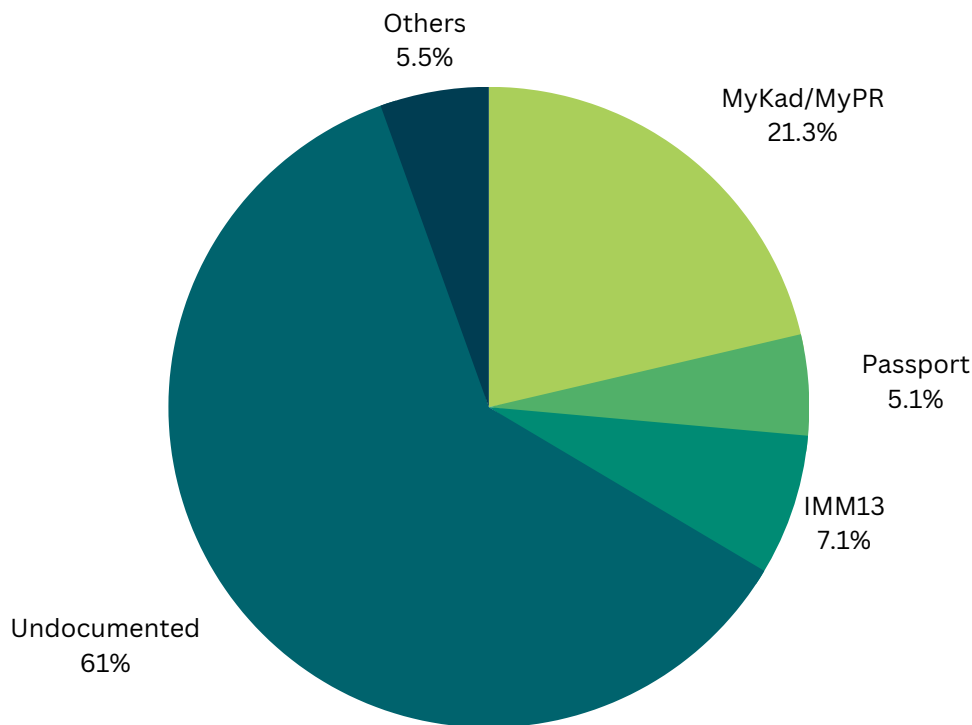


Chart 1.1. Types of identification

Data 1.1. shown types of identification holding by each of beneficiaries in a differ localities. 700 of sample had been interviewed comprising single parents, vulnerable community, people with disabilities, etc. As data showed above, **61%** represent of people without any documentation related. Most of this community had been living since decade and coming to Malaysia for a working purposes. Following by **21.3%** of Mykad/MyPR document categorising as a B40 people. They also living in a rural area which is limited on the certain access to the government facilities **7.1%** are type of document IMM13. This type of document were created by Immigration department specifically in Sabah territory. IMM13 holders are the persons who belong to the category of persons who, presumably, have been given exemption under the Passport Act 1966 (Section 4) or the Immigration Act 1959/63 (section 55). **5.1%** are passport holder issuing by a certain country also coming here for working purposes. **5.5%** coming from miscellaneous of document such as birth certificate, banci, kad burung-burung, JKM, Kad Klinik, etc.

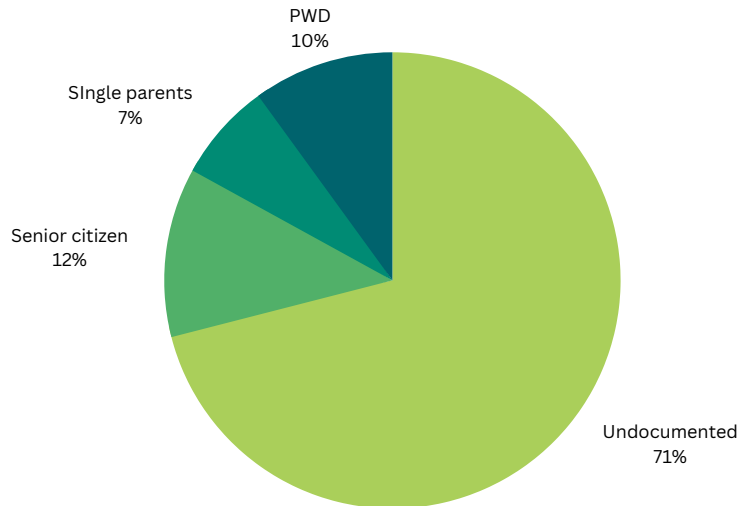


Chart 1.2. Types of Vulnerabilities

Data 1.2. above showing about type of vulnerabilities that represent as a person will be receiving on the aid provided. **71%** of undocumented person considered as people with less privileged. Without a legal identification, they will not received any privileged from any facilities provided by the government. Such as, health, education, economic, employment facilities throughout in Malaysia. This is why undocumented as a part of vulnerabilities. Followed by **12%** represent of senior citizen, **10%** of people with disabilities (PWD) and lastly **7%** as a single parents. All of this a types of vulnerabilities faced by community on the ground.

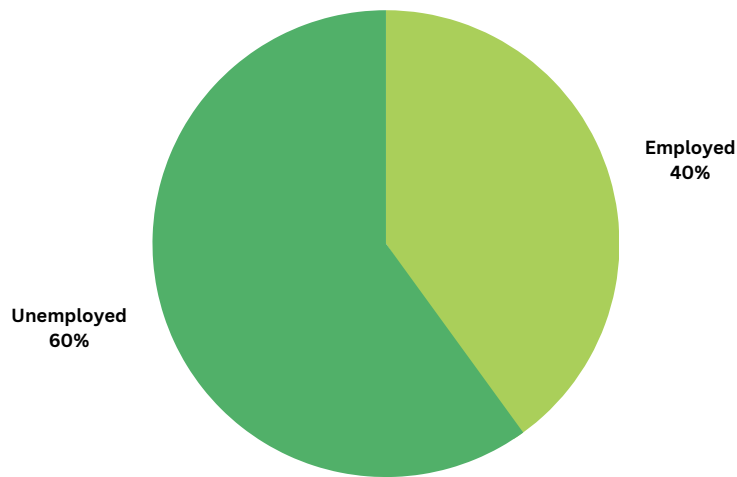


Chart 1.3. Types of employment

Data 1.3. shown as a type of employment. **60% (458)** of beneficiaries unemployed cause by a few factors mainly documentations, transportation etc. **40% (242)** of beneficiaries coming from a differ employment background such as retails, factories, carpenters, self employed, fishermen, etc. We can conclude that all the direct beneficiaries coming from a differ background and vulnerabilities needed an immediate action in providing the food aid and part of education purposes.



FOOD AID DISTRIBUTION

Upon Outreach activity conducted, Food Aid Distribution (FAD) had been executed to provide the targeted group a basic food pack during the period. 5 general workers involved and other community leader in providing the needs of vulnerable community ahead. The programme had been running consecutively in 10 days comprising Island & mainland localities. The food pack consist of rice, oil, sour, souce and other goods involve. 700 unique beneficiareis had beneficial from the programme conducted.

Challenges;

1. **High Tide** - High tides is a common nature emergence in Sabah specifically community live on the Island area. Organization team have to wait 3-5 hours until the sea are safe to travel and distributed the goods to the beneficiaries. Inclemency also occured during this period.
2. **Unfriendly area** - This programme conducted in 2 locations (Mainland & Island). Each area located in a differ locality and accessibilities. During the this period, outreach team have to walked 1 km - 1.5km from the main road. Some of community live in a high places such as on hills that need to be climb up by the team members in reaching and providing their needs.
3. **Provocations** - Some of beneficiaries trying to provoke our team distributer. The provocator claiming that they are not living in the same place and asking for the food pack seperately. After doing a cross check with community leader, it is proven that the provocator live on the same place. Community leader playing a crucial part on this programme to avoid any uncertainty circumstances.



List of Locality

No	Localities	Number of beneficiaries
1	Kampung Melayu	38
2	Kampung Aman Jaya	24
3	Kampung Sinaran	44
4	Kampung Perpaduan	45
5	Bukit Kombo	20
6	Bukit Bugis	20
7	Bukit Leila	19
8	Kampung Mangkalinau	72
9	Kampung Kagayan	54
10	Bandar Ramai-Ramai	40
11	Kampung Cina	20
12	Kampung Mesra	20
13	Kampung Sengkee Laut	72
14	Kampung Sengkee Darat	22
15	Kampung Gelam	20
16	Kampung Sejati	20
17	Kampung Bukit Petronas	37
18	Kampung Tanah Merah	20
19	Pulau Asam-Asam Manis	20
20	Pulau Jerman	16
21	Pulau Terusan	13
22	Pulau Hujung Bukit	11
23	Pulau Opak	23
24	Pulau Simagun	10
Total Unique Beneficiaries		700



HEALTHCARE WORKSHOP

Amidst of Covid-19 and denggi viruses emergence during the years, it is essential part to have a proper healthcare management in terms of health & well-being of community as a whole. The healthcare workshop as a part of Vulnerable Community & Socio-Economic Impact programme were executed in 8 location consist of Island and mainland territories. Undocumented (stateless) conditions have create a massive of inaccessible on health facilities provided by the government. Lack of data and mapping as one of the reason the health facilities were not reaching to the targeted group as supposed to. We would like to highlighted a few of matter fact on the current health of community mainly in a rural areas. 200 communities had joined during the session learning conducted by medical team from Hospital Duchess of Kent lead by Dr Adlina, Dr Fatimah and Dr Hazwan. During this period, the workshop content may vary in a differ localities involve. As we have seen the needs of community, the covid-19 and Denggi session in between the medical team involved have strengthening the knowledge skill of the targeted group.

CHALLENGES

Since the beginning of the organization establishment, common challenges have been mix in our main advocacy to educate community specifically people without recognition from any related parties. As we believed that, there are massive numbers of community who didnt have an access to the health facilities in a range of their territory. During the Health Workshop conducted, our team would like to share a few scenario that we think our partners should be take account on that action.

- **Wheather uncertainty**

As the embarked of the programme, it is essential part that our team have to monitored the sea level and wheather conditions to avoid any circumstances that may lead to a very bad conditions. Unfortunately, during our trip with the other medical team, suddenly wheather change had occured and all of us decided to go through the sea movement and heavy rain without any preventions. Thankfully, all the programme had run smoothly without any barriers ahead and all team implementer are safely arrived accordingly.

- **Enforcement & Operations by Immigration and other Agencies Involved**

As we aware the undocumented community current situations, it is a common thing might happen in their range to prepared to run for their lives. During the programme conducted in Pulau Opak, we have received an information saying that the immigration and other agencies will conduct an enforcement and operations lead by Immigration department. After hearing the info, some of the community have to run to hide and avoid being arrested by authorities and send to the other country that also do not recognised them as a citizen.

DATA FINDINGS

Below are data concrete collected during the programme conducted as a part of Vulnerable community and socio-economic impact programme targeted underprivilege community from any facilities provided. As data presented below, we would like to conclude the findings on the ground regarding on current health of the community consist of 8 localities as a sample on analyzing and evaluation purposes. Blood pressure measurement (BPM) and Blood Sugar measurement (DXT) are main characteristic that may lead to attack mostly of the people with the highest possibility get stroke and death.

Blood Pressure Measurement (BPM)

As recommended by The American Heart Association, below are the range of normal blood level amongst society.

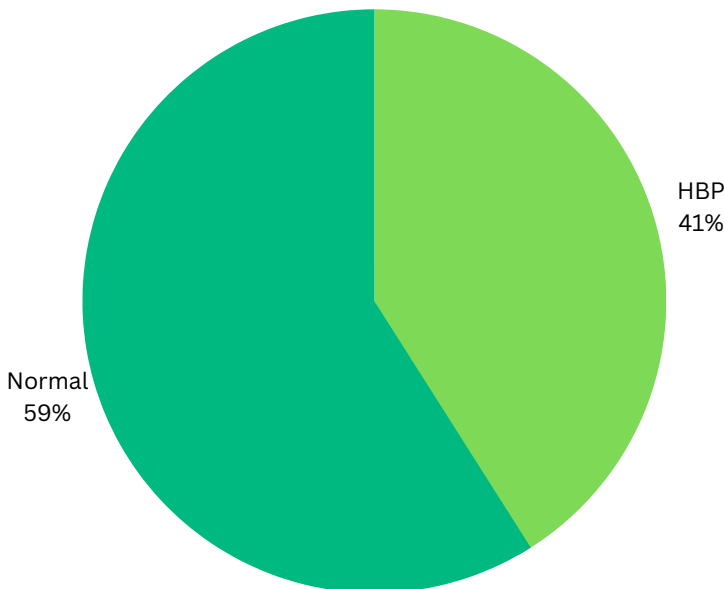
Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Blood Pressure Categories are reading as recommended by The American Heart Association. This category as indicator and main reference to monitored blood pressure amongst society. High Blood Pressure are commonly affected mainly senior citizen, social environment, descendents and working environment. As categorising table shown it is highly recommended to the patient to consult doctor immediately for treatment. This are commonly happen amongst vulnerable community that have less facilities in their locality.

1.4 Blood Pressure measurement readings range



As data collected, we would like to summarise the whole data as show on the chart. **41% (82 participants)** of community have been recognized had a potential being stroke mostly are in a stage 2 (Hypertension) and stage 3 (Hypertensive Crisis). The needed an immediate action taken to avoid any bad conditions may arise during this period (*you may refer on the listing PDF file as attache document*). **59% of participants** in a normal range but also have a potential to be in a stage 2 and stage 3 (Hypertension) without any monitoring ahead and medicine provided. The main reason of this phenomenal happen, its because of the unfriendly area also less of transportation to have a ride going to the mainland to obtain the materials and tools.

1.5. Data findings

DATA FINDINGS

Blood Glucose level

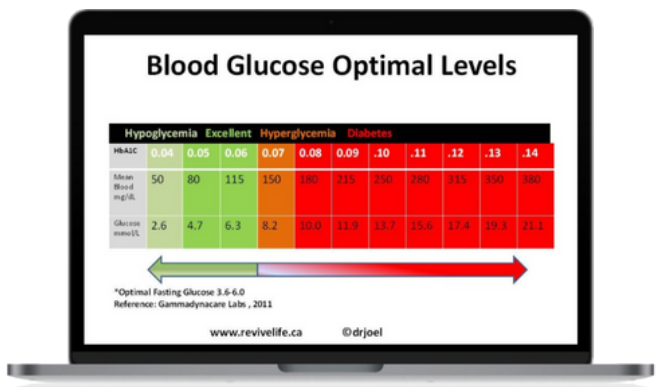
Diabetes, also known as Diabetes Mellitus, is a metabolic condition wherein the body either does not produce enough insulin hormone or simply does not utilize the insulin hormone efficiently. Blood glucose levels indicate how much sugar is being transported in an individual's bloodstream at any given point in time. Very high or low blood sugar levels can be an indication of diabetes Mellitus, which, if not treated, can be life-threatening. Normal blood sugar levels can be measured when someone eats, fasts, or after 1-2 hours of eating.

- Between 4.00 mg/dl to 7.5 mg/dl when fasting
- Between 80 to 115 mg/dl 2 hours after eating

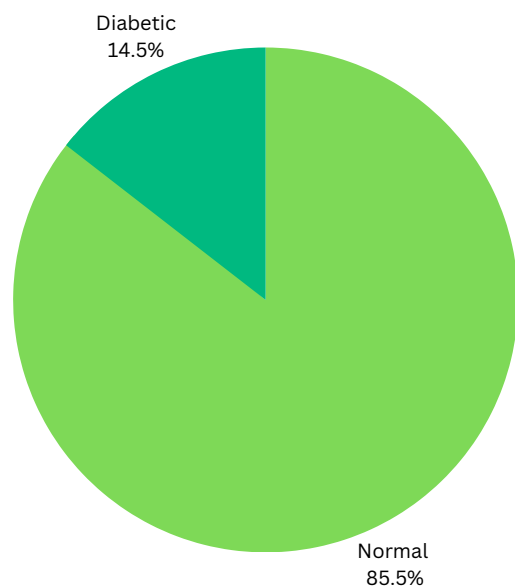
Blood glucose levels can be measured by applying a drop of blood to a chemically treated disposable test strip, which is then inserted into a blood sugar meter. The reaction between the test strip and blood is detected by the blood glucose meter, and the result is displayed in units of mg/dl or mmol/L. Below are the normal range and finding that have been collected during the programme consisting 8 locations.

Testing blood sugar levels is especially important for people living with diabetes. Continuously monitoring blood sugar numbers helps vulnerable community manage their diabetes, meaning that this range schedule can be monitored and also will reduce the risks of developing severe health problems such as organ failures or vision loss. In addition, while checking blood sugar levels, they will be able to identify what makes glucose levels fluctuate. This information will help community establish what is working for society specifically and what needs to be changed to manage diabetic condition successfully

As data collected, **14.5%** consist of **29 participants** have a potential diabetic. This number may rise during the period of monitoring if there is no immediate action taken to the patient. This number coming from 8 differ locations and it may have a plenty of this community need to be reach out and provided a common health monitoring and treatment. As a people do not have an access to the health facilities, our responsibility to provide a necessary part mainly for the health education and medical purposes. **85.5% of participants** also in a normal conditions as result shown on the data finding that you may refer on the attachment provided. It is very concerning when it comes to the health conditions of community considering on their current situations.



1.6. Glucose Blood schedule



1.7. Data findings

WORKSHOP ACTIVITIES



Dengue Session

As a part of VCSE Programme, it is our pleasure to welcome all societies to share and encourage people with undocumented to provided what is most needed to community. Dr Hazwan from Hospital Duchess of Kent are keen on joining our Health workshop to give a speech regarding on Dengue emerged in Sabah specifically. The workshop is important because dengue is an increasing public health problem. It causes significant morbidity and mortality. There has been an increasing frequency and magnitude of outbreaks, even in a state level with intensive prevention and control measures. During the programme conducted, our have some observation and monitoring regarding on the participants respond on that cause.



Hand, Foot and Mouth disease session

Dr Adlina expertise in children health monitoring and evaluations. A massive experience on the ground had made Dr Adlina would like to contribute something to societies. Hand, Foot and Mouth Disease also known as HFMD are common disease affected specifically amongs children in national level. Dr Adlina had provided an essential knowledge that the parents should need to take account when their cleaning up the children specifically. Dr Adlina also shared there are tremendous of cases have been diagnosed amongs children even in a common citizen as well. As a limitation of facilities in a certain areas, all community should take note on this cases seriously.



Medical Check Up

After talked session were given, other medical staff also joining on the programme to provide a medical check up in terms of Blood Pressure Measurement (BPM), Pulse rate (PR), Oxygen level (Spo2) and Blood Sugar level in the body. After the medical check up session, all participants had been contributed hygiene kit as a daily use to community to avoid any infections that may lead to severe disease. As data showed, most of the participants have a high risk of being stroke as stated on the medical form. Furthermore, our team in a deliberation to conducted a new medical health ahead to provided a certain need by community mainly for the health management also for the medicine.

TESTIMONIES



Testimonies 1: During the outreach activity, Pak Cik Edgar is one of the beneficiaries that involved during the programme execution. Pak Cik Edgar once said *"Sepanjang pak cik tinggal sini, belum pernah ada lagi NGO yang datang untuk ambik data dan memberikan sebarang bantuan. Mungkin sebab tempat ni jauh pedalaman jadi kami tidak dapat bantuan apa-apa. Dengan bantuan yang diberikan dapat saya gunakan sebagai bekalan harian"*



Testimonies 2: Our team would like to mark this part when we asked one of the participants for their current health conditions. As they live in a rural areas, most of the community saying that they haven't check about their blood pressure, glucose level, pulse rate and all those thing as a main indicator of their current health. Mak Cik Rujia once said *"Seumur hidup mak cik, ini kali pertama mak cik baru tahu darah mak cik tinggi. Mak cik ni lama sudah tinggal sini dan sangat jarang keluar sebab takut ditangkap"*

ANNEX



Picture 1.1. Food basket contributions to Island location



Picture 1.2. Food basket contributions had reach to Pulau Opak.

ANNEX



Picture 1.3. Food basket contributions had reach to Pulau Simagun

ANNEX



Picture 1.4. Hygiene kit distribution



Picture 1.5. Medical & Cahaya Society team trip to Island during the heavy rain occurred

DOCUMENTATIONS

Outreach



SURAT PERSETUJUAN

Saya, RAZLAN LUIS ABDULLAH, dengan ini membenarkan **Pertubuhan Pendidikan Anak Cahaya Sabah** di Sabah, Malaysia (ataupun dirujuk sebagai ("**Cahaya Society**") untuk mengambil gambar diri saya:

1. Saya membenarkan Cahaya Society mengambil gambar saya
2. Saya faham dan benarkan gambar-gambar ini diambil sebagai sebahagian daripada pelaksanaan **Program Sosio-ekonomi Komuniti Rentan (Vulnerable Community & Socio-Economic Impact programme)**

Outreach activity dalam program ini bertujuan untuk pengumpulan data dan pemetaan serta sebahagian daripada pelaksanaan beberapa aktiviti yang akan dilaksanakan kelak. Dengan ini:

- Saya membenarkan Cahaya Society untuk menggunakan dan menerbitkan gambar-gambar ini diluar bidang program ini, untuk kegunaannya pada masa depan, antara lain untuk:
 - Meningkatkan pengetahuan dan pemahaman tentang isu-isu undocumented/stateless (tanpa negara)
 - Meningkatkan kesedaran melalui kempen, aktiviti promosi, strategi komunikasi dan komunikasi awam
 - Dokumentasi dan promosi kerja Cahaya Society
 - Makluman kepada penderma, rakan kongsi, media dan orang awam tentang program dan aktiviti Cahaya Society.
- Saya faham dan setuju penggunaan gambar-gambar saya di masa hadapan mungkin melibatkan, tetapi tidak terhad kepada penerbitan, bahan promosi, risalah, laporan, rencana, pembentangan, pameran dan paparan di laman sesawang Cahaya Society dan saluran media elektronik pihak ketiga yang lain.
- Saya faham ciri-ciri sesi penggambaran dan tujuan kegunaan gambar-gambar, dan dengan ini memberikan kebenaran saya untuk penggunaan di atas. Saya juga faham mana-mana gambar yang diambil mungkin dipaparkan di persekitaran awam.
- Saya mengakui bahawa Cahaya society tidak diwajibkan untuk menggunakan gambar-gambar yang diambil.
- Dengan ini, saya memberikan Cahaya Society pelepasan daripada tanggungjawab ke atas apa-apa kerosakan atau kerugian secara langsung atau tidak langsung yang saya, anak-anak, keluarga atau komuniti setempat alami berkaitan penggunaan mana-mana gambar bagi kegunaan kajian komuniti ini atau kegunaan Cahaya Society di masa hadapan.
- Saya faham dan setuju bahawa Cahaya Society memegang hak cipta terpelihara dan sebarang harta intelek lain berkaitan gambar-gambar yang diambil, dan Cahaya Society boleh menggunakan dan menerbitkan, dan memberi kuasa kepada pihak ketiga lain untuk digunakan dan diterbitkan, tanpa kebenaran saya.
- Saya mengakui tidak akan menerima sebarang pembayaran untuk sesi penggambaran atau penggunaan gambar yang diambil, dan tiada bayaran atau pertimbangan selanjutnya akan dilaksanakan.
- Saya faham kandungan surat persetujuan ini selepas:
 - Membaca Klausula di atas: YA / TIDAK
 - Klausula di atas dibacakan kepada saya: YA / TIDAK
- Saya dengan sukarela membuat deklarasi dan memberi persetujuan untuk gambar diri saya diambil oleh jurugambar yang mewakili Cahaya Society.

Ditandatangani pada tarikh: 21/11/22 bertempat di KG NAWA KALINAW Oleh:

Nama: RAZLAN LUIS ABDULLAH

PERTUBUHAN PENDIDIKAN ANAK CAHAYA SABAH (CAHAYA SOCIETY)
 Lot 2, Tingkat 1, Blok D, Bandar Ramai-Ramai, Jalan Lela, 90000 Sandakan, Sabah.
 T: 089-666915 * P: +010-219 5408 * cahayasociety@gmail.com * www.cahayasociety.org

Doc. 1.1: Consent form were requested prior any picture captured among beneficiaries.

DOCUMENTATIONS



LAMPIRAN 1

Program Sosio-ekonomi Komuniti Rentan (VCSE)

Maklum balas/survey/testimoni

Nama : SITI RATHMAN
 Umur : 50
 Jantina : Lelaki / Perempuan
 Lokasi : Kampung Lagayan
 Tarikh : 02/01/2023

Sila bulatkan SKALA berikut bagi menyatakan maklum balas daripada penerima manfaat berkenaan dengan program bantuan makanan.

1	2	3
Tidak memuaskan	Sederhana	Memuaskan

Bil	Deskripsi	Skala		
1	Adakah bantuan in meringankan beban?	1	2	3
2	Adakah bantuan ini membantu semasa musim kenaikan barangan makanan?	1	2	3
3	Adakah bantuan ini mencukupi menampung isi rumah anda?	1	2	3
4	Adakah anda berpuas hati dengan komunikasi pasukan kami?	1	2	3

Maklumbalas/Survey/Testimoni

Terima kasih dan semoga terus ada MAJU
cahaya society. Hanya cahaya society tempat
kami merujuk dan pertolongan.

MAKLUM BALAS TAMAT

PERTUBUHAN PENDIDIKAN ANAK CAHAYA SABAH (CAHAYA SOCIETY)

Lot 2, Tingkat 1, Blok D, Bandar Ramai-Ramai, Jalan Leria, 90000 Sandakan, Sabah.
 T: 089-666915 * F: +010-219 5408 * cahayasociety@gmail.com * www.cahayasociety.org

Doc. 1.2: Feedback/survey form to collect beneficiaries point of view

DOCUMENTATIONS



VULNERABLE COMMUNITY & SOCIO-ECONOMIC IMPACT PROGRAMME

VCSE

BENGKEL KESIHATAN KOMUNITI

Nama	
Umur	
Bangsa	
Jantina	Lelaki / perempuan
Lokasi	
Deskripsi :	

PERTUBUHAN PENDIDIKAN ANAK CAHAYA SABAH (CAHAYA SOCIETY)

Lot 2, Tingkat 1, Blok D, Bandar Ramal-Ramal, Jalan Leila, 90000 Sandakan, Sabah.
T: 089-666915 * P: +010-219 5408 * cahayasociety@gmail.com * www.cahayasociety.org

Doc. 1.3: Description/diagnosed form were created to inform the patient during workshop and medical check-up conducted.



PERTUBUHAN PENDIDIKAN ANAK CAHAYA SABAH

**LOT 2, BLOCK D, FIRST FLOOR,
BANDAR RAMAI-RAMAI, OFF JALAN LEILA,
90000, SANDAKAN, SABAH**

**CONTACT NO: 089-666 915
EMAIL: CAHAYASOCIETY@GMAIL.COM
WEBSITE: WWW.CAHAYASOCIETY.ORG**