



# Understanding the Impact of COVID-19 on Vulnerable Children & Families in Malaysia

Social service workers share their experience, perspectives and recommendations for the future

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## Abbreviations & Acronyms

ALC	Alternative Learning Centre
AGC	Attorney General's Chambers of Malaysia
COVID-19	Coronavirus disease 2019
CMCO	Conditional Movement Control Order
CBO	Community based organisation
CSO	Civil society organisation
EMCO	Enhanced Movement Control Order
EU	European Union
HoH	Head of Household
ILKAP	<i>Institut Latihan Kehakiman dan Perundangan</i> (Judicial and Legal Training Institute)
JKM	<i>Jabatan Kebajikan Masyarakat</i> (Department of Social Welfare)
KKM	<i>Kementerian Kesihatan Malaysia</i> (Ministry of Health, Malaysia)
KPM	<i>Kementerian Pendidikan Malaysia</i> (Ministry of Education, Malaysia)
MASW	Malaysian Association of Social Workers
MCMC	Malaysian Communications and Multimedia Commission
MCO	Movement Control Order
MKN	<i>Majlis Keselamatan Negara</i> (National Security Council)
MOHA	Ministry of Home Affairs
MPKK	Majlis Pengurusan Komuniti Kampung (Village Community Management Council)
MWFCD	Ministry of Women, Family and Community Development ( <i>Kementerian Pembangunan Wanita, Keluarga dan Masyarakat</i> )
NADMA	National Disaster Management Agency
NGO	Non-governmental organisation

OSCC	One Stop Crisis Centre
PAKK	<i>Pusat Aktiviti Kanak-Kanak</i> (Children's Activity Centre)
PENJANA	<i>Pelan Jana Semula Ekonomi Negara</i> (National Economic Recovery Plan)
PPKK	<i>Pasukan Perlindungan Kanak-Kanak</i> (Child Protection Team)
PPR	<i>Program Perumahan Rakyat</i> (People's Housing Programme)
RMCO	Recovery Movement Control Order
SOP	Standard Operating Procedure
SUHAKAM	<i>Suruhanjaya Hak Asasi Manusia Malaysia</i> (Human Rights Commission of Malaysia)
TADIKA	<i>Taman Didikan Kanak-Kanak</i> (Kindergarten)
TASKA	<i>Taman Asuhan Kanak-Kanak</i> (Childcare centres)
UKAS	<i>Unit Komunikasi Awam Sarawak</i> (Sarawak Public Communications Unit)
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Fund for Children
WHO	World Health Organisation

## I. Introduction & background

The rapid response of the Federal Government of Malaysia after the first confirmed cases of COVID-19 on 25 January 2020<sup>1</sup> saw the introduction of social and public health measures,<sup>2</sup> including a nationwide Movement Control Order (commonly referred to as the MCO) on 18 March 2020. The MCO was enforced under the Prevention and Control of Infectious Diseases Act 1988 and Police Act 1967. A special session of the National Security Council, chaired by the Prime Minister, was convened daily to monitor the COVID-19 situation and briefings by the Director-General of Health kept Malaysians informed on infection clusters, recoveries and updates on the pandemic response. Initially meant to be implemented for two weeks until 31 March 2020, the MCO was extended three times and was eventually lifted on 12 May.<sup>3</sup> The Conditional Movement Control Order (CMCO) replaced the MCO between 13 May and 9 June, followed by the Recovery Movement Control Order (RMCO) which was introduced between 10 June and 31 August before being extended until the end of 2020<sup>4</sup>.

Around the world, the spread of the pandemic has had a significant socioeconomic impact on the lives of people and has put considerable pressure on healthcare systems. It has revealed how vulnerable many families are and how unprepared they were to face this unprecedented crisis. Medical personnel and social work practitioners, among other frontline staff, have been pushed to the brink due to overwork and stress.

Even before the pandemic, the social service workforce in Malaysia faced numerous challenges, including significant human resource and capacity limitations. COVID-19 has exacerbated these. Movement restrictions caused disruptions to work-flow and service delivery, especially to vulnerable groups. Adapting to new ways of remote working proved challenging for some staff, and many reported working longer hours to accommodate the needs of clients. Furthermore, workers were also expected to frequently participate in virtual meetings and discussions.

Like elsewhere, the lockdown in Malaysia disrupted family life and daily routines, with severe consequences for children's welfare and wellbeing. Measures to prevent transmission of COVID-19 have exacerbated existing vulnerabilities and, as the social and financial pressures of the MCO take their toll on families, expose children, including children affected by migration<sup>5</sup> to harm. Not

<sup>1</sup> Kementerian Kesihatan Malaysia (KKM), Kenyataan Akhbar Ketua Pengarah Kesihatan Malaysia, 25 Januari 2020 (DG of Health's Press Statement).

<sup>2</sup> Among them, on 10 March 2020, the public was advised to practice social distancing and on 12 March, the government designated a public hospital as the country's main hospital dedicated to COVID-19 cases. (See PM's Media Statement (10 March 2020) / DG of Health (16 March 2020).

<sup>3</sup> On 25 March, the first extension was announced to last until 14 April. Subsequent announcements were made by the Prime Minister on 10 April (for a second extension until 28 April) and on 23 April (for a third extension until 12 May).

<sup>4</sup> On 12 October, the Government announced that the CMCO would be reimposed for two weeks on some states with effect from 14 October following a spike in COVID-19 cases. This was subsequently imposed on most states in the country and extended further. The period under the 'second CMCO and thereafter' is not covered under this study.

<sup>5</sup> Children affected by migration include: (i) those who migrate to Malaysia through formalised immigration visa processes, including those who are seeking economic or educational opportunities; (ii) those seeking protection and refuge from violence, persecution and other rights violations; (iii) those who are 'undocumented', having entered Malaysia outside of a regularised process, including those who may have been trafficked or smuggled into Malaysia,

least, the stress of living in a health pandemic, combined with restrictions to mitigate its impact, have had a serious impact on the mental health of the public, particularly children.

Children affected by migration (migrant, undocumented, asylum-seeking and refugee children) and their families were badly affected by the direct impact of COVID-19 and its socioeconomic fallout and were largely excluded from government assistance and response efforts. Many experienced stigma, isolation, increased discrimination and even physical and verbal harassment during this period as a tide of xenophobia swept through society. The limited access to healthcare and lack of access to education and protection means they are more than ever at risk of being left behind.

Many of these children are known to be confined in immigration detention in the country.<sup>6</sup> Children detained in overcrowded conditions experience increased risks and vulnerability to neglect, abuse and gender-based violence, especially if staffing levels or care are negatively impacted by the pandemic or containment measures.<sup>7</sup> Overcrowded spaces with inadequate access to nutrition and healthcare services also present high-risk conditions that may increase the spread of the Covid-19.

Given these concerns, UNICEF Malaysia and Child Frontiers, in collaboration with the Malaysian Association of Social Workers (MASW), launched a learning strategy to understand the experience and challenges faced by social service workers during the MCO period and the ensuing CMCO and RMCO phases. This qualitative study also explores the perceived impact by social service workers of the pandemic on the welfare and protection of children, particularly those from urban poor, indigenous and refugee/migrant families. Ultimately, it aims to identify strategies for improving the care and protection of children and for supporting practitioners to better respond to child protection risks during such crisis situations.

The report covers the above-mentioned periods from the beginning of the MCO on 18 March until the second half of September 2020 when the interviews were completed. The study methodology combines a series of strategies and tools to collect and consolidate information about how the COVID-19 epidemic has affected child protection service delivery across Malaysia, including:

- An *online national survey* conducted with civil society social service workers and managers and other child protection stakeholders to document social service delivery during the MCO phase of the pandemic. The survey sought to understand, among other

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and including those who are born in Malaysia to parents who are not documented; and (iv) those who originate from within Malaysia (internal migrants). (Source: *UNICEF Situational Analysis of Women and Children in Malaysia, 2020*. Available at: [www.unicef.org/malaysia/reports/situation-analysis-women-children-malaysia-2020](http://www.unicef.org/malaysia/reports/situation-analysis-women-children-malaysia-2020))

<sup>6</sup> As of October 2020, there were 756 children in immigration detention (488 male and 268 female), out of which 405 children were detained without guardians. Out of 405 children detained without guardians, 326 children were of Myanmar nationality (253 male and 73 female). (Source: <https://www.thestar.com.my/news/nation/2020/11/04/home-ministry-756-children-held-at-immigration-detention-centres-nationwide-as-of-oct-26>)

<sup>7</sup> UNICEF, Children in detention are at heightened risk of contracting COVID-19 and should be released (Statement by UNICEF Executive Director Henrietta Fore), 13 April 2020.

questions, how the COVID-19 situation has changed the nature of services and working practices, as well as the effect on the quality of care.

- *Distance interviews* conducted with a select group of child protection non-governmental organisations (NGOs) and private service providers. The interviews complemented the online survey and allowed for more in-depth inquiry into the experiences of social service workers during the MCO period. The interviews examined the perceived impact or consequences on the welfare and protection of children around the country and explored innovative solutions that workers have developed to ensure services can function effectively.
- A *literature review* was also conducted to inform the study. Based on this review, a curated repository of COVID-19 reference documents and child protection materials was established as a resource for social service workers. MASW shared an online link with 290 recipients by email, post and Whatsapp. Three hundred and thirty-three reference documents were sourced and clustered from a range of organisations and countries. This included guidelines, academic papers, media articles and other documents specific to Malaysia and other areas of the world.

The learning strategy was developed with both the national social service workforce under the Department of Social Welfare (*Jabatan Kebajikan Masyarakat*, commonly known as *JKM*) as well as civil society and private social work actors in mind. As JKM was unable to participate in the study, this report reflects information and opinions derived entirely from civil society organisations (CSOs) with responsibilities for child welfare and protection. Nevertheless, the findings provide useful insight into the experiences of social service workers, the pandemic's impact on social service delivery, and the welfare of children and families during the MCO and subsequent periods in Malaysia. It also highlights innovative approaches used to facilitate service delivery and a series of recommendations for the future.

In conclusion, COVID-19 has taken a toll on global healthcare systems and measures undertaken to mitigate its spread have had an unprecedented impact on families and children. The consequent socioeconomic impact led to disruptions to nearly all aspects of life for the communities studied in this rapid assessment. Urban poor, remote indigenous communities as well as migrant and refugee communities were severely affected and became even more vulnerable under the MCO. Socioeconomic disparities across different groups of society have widened. The ongoing pandemic exacerbated inequalities in food security for the poorest communities and exposed the digital divide between 'well-resourced' and low-income families, which became especially conspicuous as society turned to digital solutions to support children's education, learning and play. These effects continue to be felt during the finalization of this report – ten months after the MCO was first imposed.<sup>8</sup>

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<sup>8</sup> Following announcement of the extension of the Recovery Movement Control Order (RMCO) until 31st December 2020 on 28 August, the Conditional Movement Control Order (CMCO) was reimposed on most states in Malaysia from 9th November 2020 to 6th December 2020. In some areas this was imposed until the end of the year due to continued increases in infection rates.



The findings of this report underscore the need to better protect vulnerable and socially-disadvantaged groups from the adverse and potentially harmful effects of emergency and lockdown situations. Urgent socio-economic and other responses need to be introduced with an eye to the future, including solutions and responses for the protection and welfare of children and their families in times of a health emergency and disaster situations. Effective pandemic and emergency response plans must mainstream child protection across all sectors in parallel with emergency priorities. The MCO and Covid-19 situation broadly demonstrated the need for improved collaboration and establishing better partnerships between the Government and CSOs in these endeavours.

It is hoped that the outcomes of this study will be useful to both government social service providers and CSOs, including alternative care service providers. The recommendations have been drafted to guide policy-makers and social service workers should similar pandemics arise in the future. The recommendations will be shared with Government and civil society stakeholders both in Malaysia and globally, as governments and child protection agencies strive to promote the wellbeing of children under new restrictions and threats.

## II. Data Sources

The information in this report is derived primarily from findings obtained through semi-structured interviews and an online survey. The respondents were selected from civil society organisations focused on child rights advocacy and/or which deliver child welfare and protection services. Interviews were also conducted with members of academia and a social work professional of a hospital.

### A. Online survey

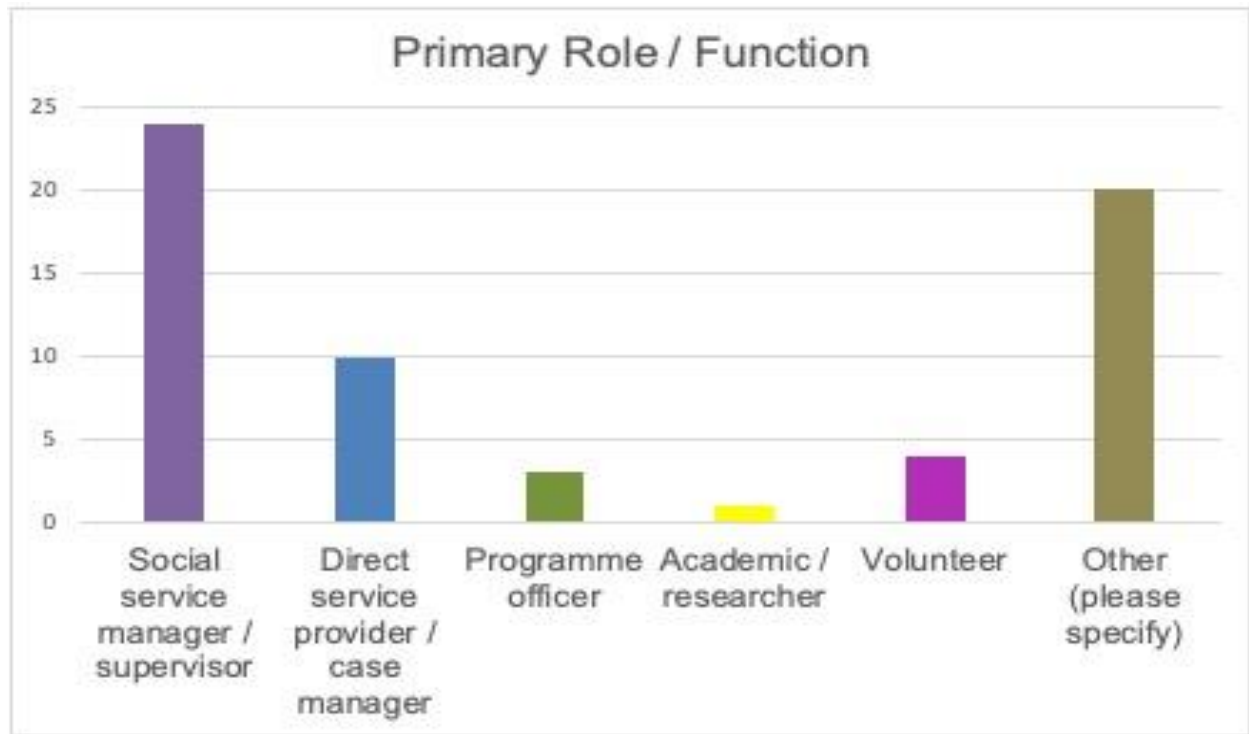


Figure 1: Primary role / function of online social service provider survey respondents

MASW and Child Frontiers began identifying potential respondents for the online survey in consultation with UNICEF in late June and early July 2020. The survey questionnaire, drafted in both English and Bahasa Malaysia, was shared with NGOs (including alternative care facilities, homes and shelters for children) in August 2020. The NGOs are all involved in child protection, in areas related to advocacy for children's rights and development as well as in issues related to children affected by migration. It is noteworthy that many of these organisations multitask across these areas of work. Several civil society organisations working with the Orang Asli and other indigenous communities, families and children in West Malaysia, Sabah and Sarawak also took part in the survey.

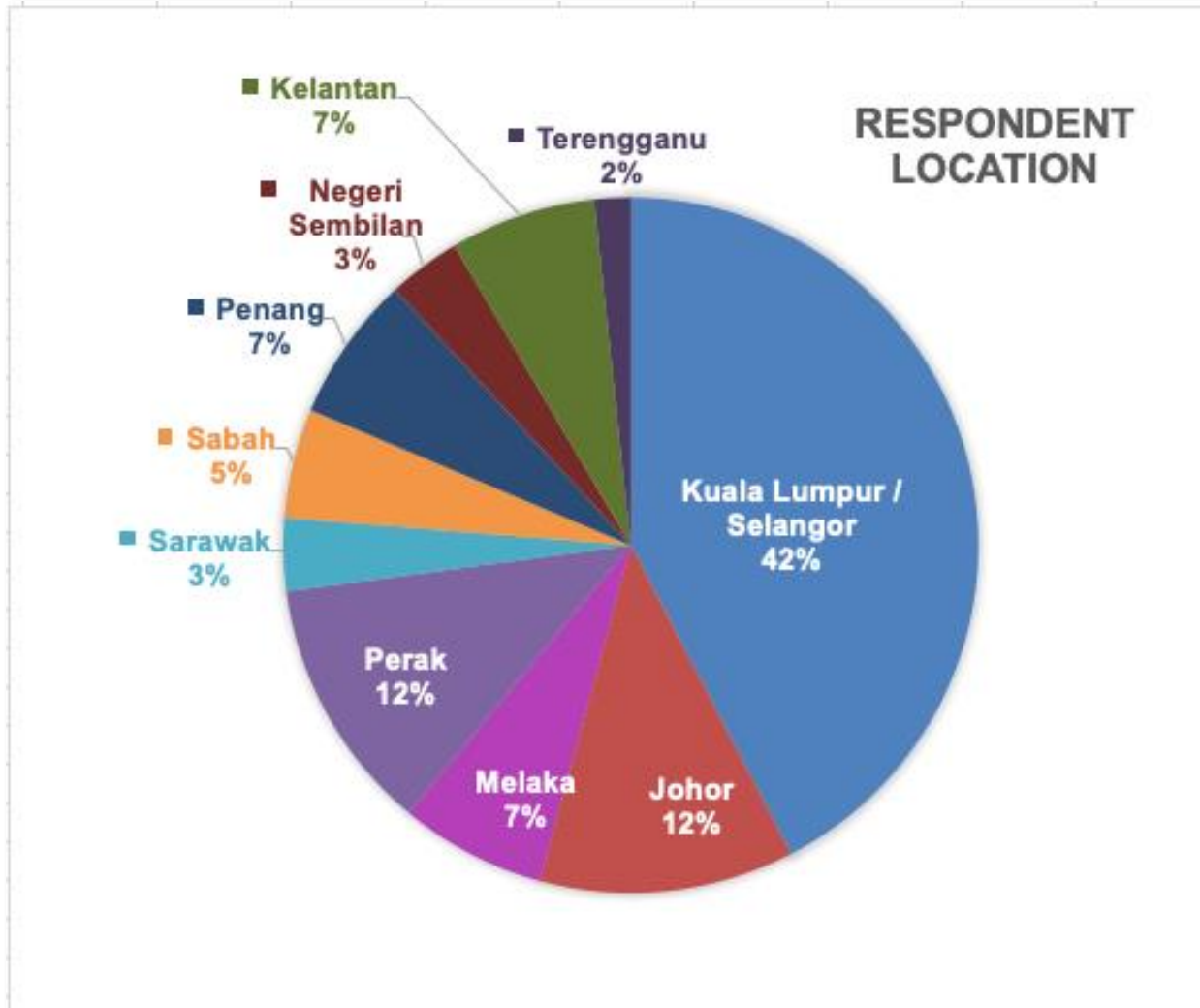


Figure 2: Location of online social service provider survey respondents

The link to the English questionnaire was shared by email with 84 respondents while the questionnaire in Bahasa Malaysia was sent to another 129 participants. A further 67 respondents without known e-mail addresses were reached by post using printed questionnaires in Bahasa Malaysia, with a final total of 280 participants. Following reminders, 61 replies (22%) were received by mid-October.

### B. Distance semi-structured interviews

A total of 29 semi-structured interviews were conducted with 30 respondents by phone in August and September 2020. The participants, which included 21 women and nine men, were selected in consultation with MASW in two Federal Territories (Kuala Lumpur and Putrajaya) and across Malaysia's 13 states. Researchers from Child Frontiers and MASW conducted the interviews. Interview participants included:

- Representatives from 12 children's homes – including shelters / care centres
- Representatives from 9 NGOs involved in child protection service provision, advocacy for victims of child abuse and neglect and domestic violence, education for refugee / migrant / stateless children, advocacy for children's rights and helplines for children
- Representatives from three NGOs working with the *Orang Asli*<sup>9</sup> and other indigenous communities both in West Malaysia as well as Sarawak and Sabah
- 2 Malaysian academics
- 3 officers from 2 UN agencies
- A hospital social worker

### C. Literature review

The repository of 333 COVID-19 reference documents was collected and organised in an online reference database. Documents were accessed from international agencies, governments, academia, the media and other sources, creating a comprehensive database of information for review and consideration in this study. These resources allowed the team to explore new angles, particularly for conceptualising the survey and designing the interviews. The numerous situation analyses produced by UN agencies across the world also provided a landscape and foundation for comparisons and eliciting information. The online reference folder can be accessed at the following link: <https://childfrontiers.box.com/s/bf3wmlggroheshz2jt7oq2whtcz1iz6l>. This online reference database was created to share curated materials with frontline workers and child protection stakeholders in Malaysia to inform and support their work. The database was shared with the Malaysian Association of Social Workers' nationwide network.

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<sup>9</sup> The *Orang Asli* are the indigenous minority peoples of Peninsular Malaysia. The name is a Malay term which transliterates as 'original peoples' or 'first peoples' and is a collective term to describe the (officially) 18 ethnic subgroups. (See: Center for Orang Asli Concerns, Reference: [https://www.coac.org.my/main.php?section=about&page=about\\_index](https://www.coac.org.my/main.php?section=about&page=about_index))

### III. Limitations

The findings of this report should be considered in light of the following circumstantial limitations. However, these did not significantly compromise the methodology or validity of the findings, which were remarkably consistent across all respondent groups. The MCO period saw Malaysians facing unprecedented challenges. NGO service providers were overstretched in their unwavering efforts to provide essential services throughout this period. In addition to this fatigue, workers were also suffering “survey and inquiry fatigue”, as numerous surveys and studies were undertaken by various entities during the initial months of the pandemic to better understand the situation. Survey responses were initially slow in forthcoming and the final rate of response was 22% (61 replies) after reminders were sent and phone calls made to individual respondents.

Interviews covered both West and East Malaysia, but are generally skewed towards urban sites and particularly those in the Klang Valley.<sup>10</sup> This is due to the proliferation of civil society organisations including shelters and alternative care homes for children in this location. Ideally, additional interviews with rural East Coast states could have been conducted to further substantiate and deepen the findings from a geographic perspective.

A study on the social service workforce should ideally be conducted with both the government social welfare workforce, as well as those employed in NGO and private homes to understand how they cooperate and complement each other. This study was conducted entirely with civil society organisations and NGO and private homes and shelters for children. The absence of the Government from the study allows this study to only capture a partial view of the overall picture. It will be important to explore future opportunities to obtain insight into the experiences of the national social service workforce from a Government perspective during such crucial times.

Not least, the information presented in the report is largely anecdotal and based on the individual experiences and perspectives of the interview respondents. However, the findings were highly consistent across the respondents, indicating that many people have had similar experiences and a common picture of the challenges faced, implications for children and solutions that were sought were presented. The findings were also cross-checked and further refined by the MASW team. As a result, the information can be understood to relatively accurately depict the situation for children and families in Malaysia during the COVID-19 pandemic.

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<sup>10</sup> Urban conglomeration encompassing the Federal Territories of Kuala Lumpur and Putrajaya and comprising other districts in the state of Selangor.

## **IV. The Impact of COVID-19 on Vulnerable Children and Families**

The findings of the interviews and survey on the impact of COVID-19 on the protection of children in Malaysia revealed that children have been seriously impacted by the COVID-19 pandemic and that some groups of children and families were more seriously affected than others. The majority of interview respondents represented service providers working with urban poor, indigenous, refugee/migrant families and as a result, the impact of COVID-19 on these groups is the primary focus of this report.

This section explores the different ways that the COVID-19 pandemic and related MCO, CMCO and RMCO periods affected the lives and overall wellbeing of vulnerable children and families in Malaysia. Specific focus areas include violence against children, mental health, education and other documented protection issues. To varying degrees, these issues intersect with the socioeconomic status of families and children, with the common denominator being that children from low-income families are more exposed and vulnerable. The following Chapter V will look at the impact on particular groups of children.

### **A. Violence Against Children**

It is widely recognised that children are more vulnerable during disasters and emergencies and likely to be at higher risk of abuse and neglect as a consequence of the COVID-19 pandemic. The interviews conducted shed light on the situation of families in various communities from vulnerable backgrounds, some with as many as six to eight children living in small flats. These were primarily urban poor families, as well as migrant and refugee families living in the Klang Valley and in cities like Johor Baru. Others had to move from already small rented homes to even smaller and more dilapidated rooms. Many reportedly faced sanitary issues due to the large number of people confined to small living spaces. These situations created stress and for both parents and children, potentially increasing the risk of violence and conflict with limited options or outlets for reducing tension.

Interviews indicated that the majority of respondents believe that instances of domestic violence and violence against children likely increased during the MCO period. However this said increase was difficult to confirm through official data or elsewhere (see below for further details). This could be partially due to the lack of data collection and reporting during the MCO and subsequent phases, as restrictions on movement prevented government and NGO staff from visiting communities and meeting with families and children directly. A few NGOs reported an increase in calls related to gender-based and other forms of violence during the MCO period based on data generated from their own hotlines.

Among the survey respondents is an advocacy NGO working on domestic violence and child protection which recorded 15 child sexual abuse cases reported during the MCO between March and May and 33 cases between June and August. This information is based on calls received during the MCO period and both calls received and face-to-face reports during the CMCO and

RMCO periods. The NGO receives cases from the general public, as well as those referred by hospitals and other agencies. The statistics for the eight-week MCO period between March and May are higher than usual, as past trends show an average of 15 cases for three-month periods prior to the lockdown. Between June to August the number of cases doubled to 33 cases and this figure remained consistent for the period between September and November 2020.<sup>11</sup> The link to the webpage of another NGO, Women's Aid Organisation, that also registered these upward trends based on calls they received is: <https://wao.org.my/implement-emergency-response-to-domestic-violence-amid-covid-19-crisis/>

The formal channels parents and community members would generally utilise to report cases of abuse are JKM, going directly to the hospital or the police. However, the onset of COVID-19 was an extremely busy time for JKM officials as well as doctors and hospital staff, and there were no official reports of an increase in cases through these channels. In fact, the number of people visiting hospitals dropped dramatically due to the movement restrictions and possibly also due to fear of infection according to a respondent.

There were fewer patients than normal during the MCO. The One Stop Crisis Centre (OSCC) was very quiet and they did not hear of any violence against children (VAC) cases in the first five weeks or so after the lockdown was imposed. The focus was on COVID-19 patients.

- Hospital Medical Social Worker

Talian Kasih 15999 recorded a 57% increase in the volume of calls during the first week of the MCO in March and received a record 3,308 calls in a single day on 16 April 2020, compared to the daily average of 145 calls.<sup>12,13</sup> The Ministry of Women, Family and Community Development (hereinafter, "the Ministry") confirmed that a high percentage of these calls were enquiries on COVID-19, requests for counselling and access to welfare assistance (including the government foodbank). The nature of these calls raised concerns about whether the helpline had sufficient staff to respond to domestic violence and child protection issues, as well as whether victims of abuse and violence were able to reach call operators during the MCO and subsequent periods.<sup>14</sup>

Despite anecdotal reports of increased abuse and violence within families, the majority of service providers said that they generally did not hear about confirmed cases of violence against children during the MCO. Interview respondents qualified this by stating that this could be because the majority of the population outside of urban areas especially children, may not know where to report cases or where to turn for help. This would have been even more challenging during the pandemic situation and movement restrictions may have further discouraged reporting. With

<sup>11</sup> This was highlighted by the NGO as the report was being finalized in November 2020.

<sup>12</sup> New Straits Times, "All calls to Talian Kasih taken seriously, says ministry". 4 April 2020.

<sup>13</sup> Speech of the Minister of Women, Family and Community Development during the Ministry's Monthly Assembly ref. 2/2020 and launch of the short-term National Economic Recovery Plan (PENJANA). 25 June 2020.

<sup>14</sup> See also subsequent data released by MWFC: <https://www.thestar.com.my/news/nation/2020/11/18/2287-talian-kasih-calls-involved-domestic-violence>.



families confined to their homes, it may be difficult for victims to reach out for help, especially children.

“I believe that some of those in need do not know where to call or they dare not ask for help because of stigma [of being abused]. It is all about the culture here. In Malaysia, it is all about ‘face’ and reputation.

- Administrator, Home for orphans and abandoned children

Service providers perceived that there was generally a lack of knowledge on reporting for child protection issues and this appears to have been more pronounced among children and parents in the rural East Coast of Peninsula Malaysia. The lack of evidence on the level of violence within families is also attributed to the cultural reality that in many regions of Malaysia, these issues carry a great deal of stigma and are not spoken about openly. An interview respondent who works with adolescents and families observed this trend to be also more predominant in the East Coast states of West Malaysia. Cases are usually often only reported to the authorities as a last resort if the situation cannot be resolved internally within the family or medical treatment is required. Similarly, NGO respondents explained that many indigenous, B40 and refugee community members were not aware of where they should turn or who to contact for assistance when facing challenges related to COVID-19 and child protection.

An organisation based in Sabah noted that some girls from secondary school expressed reluctance to return to their villages due to fear of the sexual abuse and harassment they experience there. They felt safer in the school environment, although no specific reports of abuse of girls who returned to their villages during the lockdown were received. In future assessments, it is also recommended where possible to speak directly with children and youth to capture their perspectives and understand if they felt at greater threat of violence and other child protection violations during emergency or lockdown situations.

## **B. Mental & Physical Health**

While the lack of income for food and other necessities was a major challenge, families also told local NGOs that navigating cramped living spaces with all family members confined at home was extremely difficult. Living together constantly for two months reportedly caused problems within families, many of whom were already under significant pressure due to acute financial constraints and limited entertainment. Some parents reportedly became suicidal or depressed because they were not able to provide for the wellbeing of their children.

Based on my experience of working with children, children cannot stay indoors all the time.

- Orphanage supervisor



For the children, these challenges were exacerbated by the fact that the PAKK<sup>15</sup> (Children's activity centres) and playgrounds in low-cost flats and B40 communities were not open during the MCO. NGOs reported that many students returning to classes after the lockdown was lifted manifested signs of depression and needed to speak with counsellors, who reported a sharp increase in cases after the MCO. Confinement at home, family stress and financial losses suffered by some of their parents caused children and young people to feel unhappy and worried, which negatively impacted their mental health.

During the MCO, there was so much stress because everything was new and strange. People were on lockdown and there was so much of fear about the pandemic. This was especially difficult for poor families, single parents and unemployed families. This stress experienced by adults definitely would have affected children.

- Warden, Home for children

After schools reopened during the RMCO phase, NGO staff noticed that some children had lost weight and appeared stressed. Children and teenagers missed their friends and schoolmates and could not speak freely with their friends during the lockdown, as family members were around most of the time. They complained about the lack of privacy and missed going to the movies and engaging in social activities outside of the home. Many children spent more time in front of TV or computer screens than usual during the MCO due to lack of alternatives. Some children reportedly became fearful of authorities and did not want to play outside of their homes, even after this became possible again.

### C. Education

Schools closed during the MCO period and Malaysian children stopped attending preschool, lower primary school and secondary schools. The TASKA (childcare centres) and TADIKA (kindergarten) were also closed. The situation challenged the education system to shift to online schooling, which was a new experience for many children and families. This innovation seemed to be the solution for the COVID-19 situation and, for many, even portends a transition into online teaching in the future as the world turns to technology as an alternative to in-school instruction. Although there was relative success in the transition to remote learning in general in urban areas, it did not turn out to be the panacea for children in rural areas and remote indigenous villages in the time of the COVID-19 crisis. Furthermore, some parents reportedly found online schooling challenging or tedious and were unable to support their children to learn from home. Illiterate parents and those with limited education especially struggled to supervise and assist students.

In many rural areas, many people do not have smartphones, laptops, tablets or access to the internet. Telecommunications coverage is often not good. As discussed in the previous chapter, some children were unable to get access to online schooling as a result. In remote indigenous districts, boarding schools for students from villages located deep in the jungle were all shut during

<sup>15</sup> Pusat Aktiviti Kanak-Kanak.

the MCO. Several CSOs offered online classes for children who returned to their remote villages and also shared COVID-19 information and updates via WhatsApp groups. Boarding school teachers asked the students to follow the online classes, but the situation was similar as many had no devices, unstable or no internet connection or electricity supply. Some village committee teachers had smartphones, but connectivity was unstable or unavailable while parents with only one phone had to share it among their children. So, schooling was basically cut off for children in these villages for the duration the schools were shut. As a result, several organisations lost contact with students until after the MCO was lifted.

What kids miss most is the human communication with peers. It is very important in the day to day life of children here. They miss their friends in school.

- Administrator, Home for orphans and abandoned children

NGOs providing online classes also observed that attendance fluctuated where it was still possible to follow online classes in rural areas, likely due to connectivity challenges. They added that the reason could be because online classes require more self-motivation and it is not easy for many of the students to stay motivated without an instructor's presence.

The study revealed that digital constraints are not limited to rural areas but also affect the urban poor, concentrated in large population centres such as Kuala Lumpur, Johor Bharu and other cities. Many children from families in the B40 income group<sup>16</sup> did not have access to the internet or to gadgets (smartphones, laptops or tablets) during the MCO. Children in these families borrowed their parents' smartphones when they could, but parents who still had jobs outside would depart with the phones, leaving children and young people without means of communication or access to remote learning during the day. Another challenge was the cost of connectivity; facing dwindling savings, families were forced to choose between reloading phone credit or buying essential food items.

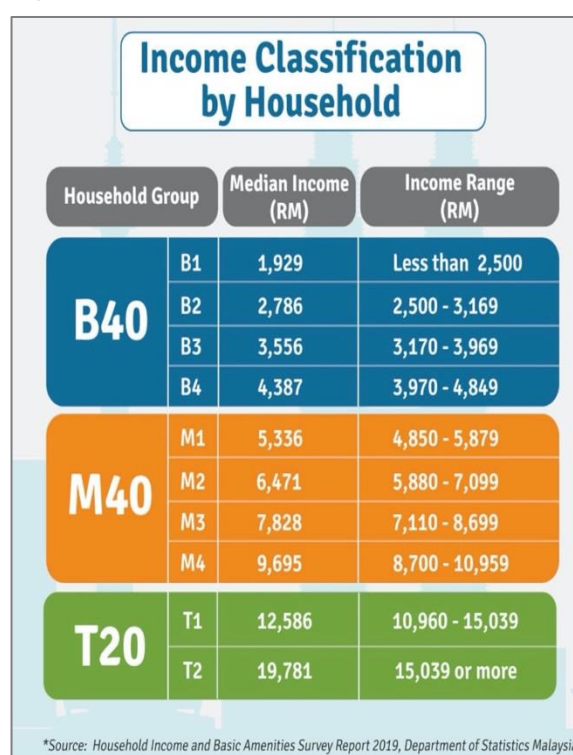


Figure 3: Household income classifications

NGOs mentioned that the urban poor felt that their children were left behind in their studies because of the lockdown. Even when, after four

<sup>16</sup> Income groups in Malaysia are classified under: B40 (the bottom 40% low income earners), M40 (the middle 40% average income earners) and T20 (the top 20% high income earners). The term "B20" is sometimes mentioned in reference to the bottom 20% of income earners.

months, schools reopened in phases in June 2020 in accordance with Standard Operating Procedures (SOPs), not all children went back. For example, some parents who were out of work could no longer afford the school bus fare. Others simply appeared to lose interest in going back to school when schools reopened. If these students do not return, loss of educational opportunities may cause inherent social and economic inequalities to be perpetuated in the long term.

After the MCO was imposed, organisations providing services to refugee children and youth were unable to contact these children to send online resources to them. This is likely due to similar reasons related to connectivity, as outlined above. As a result, many refugee students were unable to participate in Zoom classes, and communication via WhatsApp was also not always possible.

NGO respondents similarly reported that a number of refugee children, those without documentation or those from migrant families did not resume their studies after the MCO was lifted. This was due to financial constraints, as families could not afford to pay the minimal fees required for students attending privately run or CSO-supported schools. Other parents feared their children would get infected if they went back to school and would not allow them to return until next year.

Under the RMCO, schools resumed under adapted rules and procedures, including social distancing and wearing masks according to COVID-19 SOPs. Many families could not afford the cost of masks (which had to be a specific type of surgical mask or had to be changed every day), leaving children with no option but to wear the same mask repeatedly. In some NGO-run facilities, students are sprayed down before entering class premises. Class capacities have also been reduced and students are divided into smaller group sessions in these facilities.

#### **D. Other specific issues concerning children**

The impact of COVID-19 and the lockdown on families globally and in Malaysia has had wider implications than initially envisaged and has exacerbated some adjacent socioeconomic and protection issues. Several respondents specifically highlighted concerns that this impact may lead to serious and undesirable consequences if ignored.

##### **Child marriage**

Interview respondents highlighted three cases of child marriage during the MCO period, apparently motivated by financial stress faced by parents. The pandemic has exacerbated some of the main socioeconomic drivers of child marriage, notably poverty, school closures and interruptions in services.<sup>17</sup> In some cases, this becomes a survival mechanism as families plunge into financial difficulty and they see no more alternatives available. There may be other cases that

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<sup>17</sup> See more at UNICEF, <https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/>

did not come to the attention of NGOs or the authorities and although the cases highlighted have been few, respondents felt that it is an issue that requires attention.

### Sexual exploitation & abuse

An NGO received reports that adults who have been accused of molesting children and reportedly have pending child abuse cases against them were assisting in food distribution to parents and families during the MCO. There is a concern that child predators may take advantage of crisis and emergency situations to harm children. This is particularly challenging as NGOs, communities and families are focused on survival and meeting basic needs, and therefore may be less vigilant during these times. Both cases were reportedly referred to the relevant authorities.

### Online safety

During the MCO, children with access to the internet spent a large amount of time online, potentially exposing them to predators. Some respondents expressed concern about whether children and youth have been sufficiently prepared to understand, recognise and protect themselves from online predators and recommended that child and youth-targeted advocacy and information on cyber-safety be developed and disseminated nationwide, among others.<sup>18</sup>

## V. Impact on Specific Groups of Children and Families

In a media briefing in March 2020, the WHO Director General called the pandemic the “defining global health crisis of our time”.<sup>19</sup> This has since evolved into a socioeconomic crisis of unprecedented impact, triggering a series of related multidimensional issues, increasing protection risks of already vulnerable children and families. COVID-19 has rendered some children more vulnerable, isolated, left behind in schooling, and unable to access health information than others. This is an important consideration when planning for future crises in order to target children and families who may be more severely impacted by these situations.

This chapter will focus on the impact that COVID-19 has had on children in different specific circumstances. This pandemic had an asymmetric impact on different groups of society due to their socioeconomic status, physical location, level of education or access to information, among other factors. Evidence also indicates that children in alternative care, from indigenous families, children affected by migration, as well as children with disabilities have been particularly vulnerable to the disruption and negative consequences resulting from the COVID-19 crisis and MCO period.

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<sup>18</sup> See also UNICEF, *Our Lives Online - Use of social media by children & adolescents in East Asia – opportunities, risks and harms*, 2020.

<sup>19</sup> WHO Director-General's opening remarks at the media briefing on COVID-19, 16 March 2020.

## A. Children in Low-Income Households

Interview respondents pointed out that the economic impact of COVID-19 varied significantly for different socioeconomic groups. For example, families with businesses or who are self-employed tended to be more affected, while those with permanent jobs were generally less financially impacted during the MCO and often did not face a complete loss of income (unless they were retrenched). Malaysian B40 families were severely affected, as they were more vulnerable to job loss than higher-income families. ‘One in four heads of households living in low-cost flats were unemployed (25%) during the MCO period, which was higher than the previous year (5% for all of 2019), and five times higher than the national average (5.3%, MCO period)’ according to a study conducted by UNICEF and UNFPA on the impact of the COVID-19 crisis on women and children in low income urban families in Malaysia.<sup>20</sup> This economic precarity was compounded by the fact that “more than half of the employed heads of households (HoH) (52%) do not have labour market protections, and the figure is even higher among female HoH (57%).<sup>21</sup> Indigenous families were equally impacted by the MCO as described in section *VI.B Access to resources* in the following chapter. This increased the burden on indigenous communities to look after additional family members on dwindling resources.

According to interview respondents, those most severely impacted were refugee and migrant communities in the country, who like many Malaysian B40 families, often had limited savings or reserves to manage daily expenses to tide them through hard times. Many families could not provide sufficient food for their family and the only assistance received often come from CSOs, increasing hardship and vulnerability to children’s health. Despite the fear of arrest, some migrant and refugee parents reportedly still ventured out to procure food for their families and tried to find sources of income. After the MCO was lifted, many began to share their experiences with NGOs, revealing the significant hardships that many of these families faced.

Linked to socioeconomic dynamics, the ongoing pandemic exposed the digital divide between well-resourced and low-income families who do not have the means to access the internet for remote learning and online services because they cannot afford devices or to pay for connectivity. The internet is undoubtedly an important resource in efforts to stay informed and proceed with daily lives during the MCO period and thereafter. Access of low-income families to accurate, reliable and up-to-date information on the situation, guidance or instructions from authorities on new rules and regulations, as well as advice on where and how to access different types of services and help was limited due to the costs mentioned above, leaving them at a significant disadvantage.

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<sup>20</sup> UNICEF & UNFPA (Malaysia). *Families on the Edge, Issue 1: The immediate impact of the Movement Control Order period*. August 2020.

<sup>21</sup> Ibid.

## B. Children in Alternative Care

Interviews with NGO alternative care providers revealed the many challenges staff and children faced during the lockdown period. As the MCO was announced, some shelter and home administrators were faced with difficult decisions regarding whether to remain open or close and send children home to their families or communities, with little clear guidance or protocol from Government authorities to inform these decisions. Those that continued to operate were faced with the prospect of caring for and entertaining children with limited to no outside help, often in the face of decreased donations and resources.

Processes for placing children in need into shelters or JKM safe homes were delayed due to the high workload of JKM officers and NGO staff, as well as challenges related to mobility. With courts closed for a certain period, it was not possible to obtain interim protection orders then. Many NGOs were reluctant to accept new children due to fear of exposing the children already living in their home with the virus, as testing was generally not available. Many NGO-run homes caring for domestic violence victims were reportedly full. The entire alternative care system was significantly affected by these challenges and there was apparently confusion and concern about the appropriate way forward.

There was a strong fear of infection. When the children needed their regular medical check-up, they were unsure whether to send them to the hospital for fear they might contract the virus. A few doctors offered assistance and visited them instead on an exceptional basis. Some clinics that wanted to help children from low income families provided immunisation shots against the flu in early August.

- Director, Home for children

Children who remained in the care of homes and shelters were no longer able to go outside for physical education in public areas or parks and regular routines were disrupted. During the MCO, the children stayed inside and homes did not receive visitors, including relatives, parents, etc. However, parents and family members reportedly called to talk to children and staff kept in regular communication with parents and guardians by phone.

This situation put a great deal of stress on caregivers, some of whom were on 24-hour duty during the MCO. Overworked caregivers could not take time off, as it was not possible to find replacement staff to care for children. This was extremely challenging, as staff were unable to take leave to return home to care for their children and families.

I had to stay because all the children were in the centre with only one other warden, a cook and a security guard. There was sufficient food as JKM supplied rations and HQ arranged for Grab delivery. But it was very tiring as we had to look after the children 24/7 and also keep them occupied. However, the children were well behaved.

- Residential Care Centre staff

Some interview respondents explained that while it was challenging to be isolated in the NGO homes with the children, in some cases children who remained at the welfare homes during the



MCO were actually in a better situation. Staff made an effort to maintain a sense of normalcy, organising games and activities, including cooking meals together, while respecting the COVID-19 SOPs. In some NGO homes, there was sufficient food, as JKM provided rations and in one case, the organisation's head office arranged Grab delivery where needed. In other NGO homes that did not receive JKM rations or external support, food shortages became a significant challenge. The reasons for why some NGO homes received rations and others did not was unclear.

In other locations, including Melaka, Kedah and Terengganu, some NGO homes were closed and children were sent back to their families, relatives or guardians when the MCO was imposed. Some children felt 'neglected' when they were back with their parents, who were under a lot of pressure. They said that there was "no proper care and no proper food" and there was limited help from the Government, although rations were provided to some eligible families. While at their family home, many spent most of their time watching TV because they could not go outside. Several complained they were 'verbally abused' by their parents and when they returned to the NGO homes and shelters, they experienced stress and depression. In a few extreme cases, children were so affected that they were feeling suicidal and needed counselling when they returned to the NGO home.

### **C. Indigenous families & children**

The COVID-19 pandemic has also impacted Malaysia's indigenous communities. Key challenges faced included disruption of education, family and community tension, fear of outsiders and access to information, as well as access to food and financial resources.

#### **Disruption of education**

As noted above, many *Orang Asli* children in Peninsular Malaysia and indigenous children in East Malaysia living in boarding schools or homes away from their families were sent back to their families at the start of the MCO. Life went on relatively normally in the villages, with children playing and helping their families with chores and gathering food. Many remote villages do not have access to the internet or phone lines so participating in classes online was not an option for children in these locations. As a result, many indigenous children had no formal education for several months, causing some students to fall behind in their schoolwork and face challenges when they returned to school (See details under Section IV.C Education).

#### **Family and community tension**

NGOs working with indigenous communities shared that they received increased reports of family tension due to the behaviour of adolescents and young people. On returning to their home communities at the start of the MCO, some young people did not adapt well to village life and were unable or unwilling to contribute to farming, cleaning, helping out around their home or community. Young people were quite 'lost' in their own communities and preferred to hang out, play games and surf the internet, if there was a connection. They struggled to cope with the

hardships and responsibilities of daily village life, which is very different to what they are accustomed to. This created tension between these youth and their parents and wider community members.

As noted in Chapter V, some girls said that they felt unsafe in the village setting due to fear of sexual abuse and harassment and preferred to remain in the school environment. While no specific reports of abuse were received during the MCO, this concern and resulting reluctance to return to their families and communities further contributed to family and community tension, widening the gulf between indigenous youth sent outside to work or study and the local community members.

### **Access to Information**

In rural and indigenous areas, up-to-date information was limited, especially during the early stages of the MCO, leaving these communities in the dark and confused about what action they should be taking to protect themselves and others. For villages located deep in the jungle without electricity that are almost completely cut off from the outside world, getting accurate information on COVID-19 has been particularly challenging. In some locations, information was accessed by radio or television powered by solar panels.

Others have limited telephone coverage or villagers may walk to higher areas to access cellular networks and speak to outsiders to obtain information. Any messages received are then shared with the wider community. Internet coverage and connection issues in rural areas were propelled into the mainstream following the case of a student from a rural district in Sabah who had to resort to spending time up a tree to get internet access in order to take her online university examinations in June 2020.<sup>22</sup>

The basic fact that COVID-19 is dangerous and infectious was conveyed widely but details on how it is spread, and effective prevention measures were often limited. In some cases, this created additional fear among communities, including resistance to allowing visits from outsiders to share information or provide services.

### **Fear of outsiders**

In some locations, *Orang Asli* communities in Peninsular Malaysia were reportedly fearful of allowing outsiders to enter their villages during the MCO due to concerns about possible infection. Parents were also reluctant to allow children to travel outside and preferred to keep them within the community for safety and NGO staff respected their wishes. Fear built up within communities due to lack of clear information about the pandemic or misunderstanding of the limited information received. Some communities moved deeper into the jungles to protect themselves, as they believed this would be safer for their families and children.

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<sup>22</sup> See Malay Mail, 'Sabah university student spends 24 hours on top of a tree for better internet connection for online exams'. 17 June 2020.



At a certain point, the village was barricaded by the villagers who refused to allow outsiders in. This included aid personnel that may not have appeared familiar to the community members, for fear of bringing in the virus. At the same time, they would not let anyone out for fear that those who left may become contaminated. Some community workers who happened to be in a village in Perak at this time were not allowed to leave and had to remain there until the MCO was lifted. Outreach work was disrupted or made difficult due to issues of access.

- Staff, NGO serving the urban poor, indigenous groups and persons with disabilities

## Access to resources

In some locations, indigenous communities continue to rely on traditional knowledge and skills to hunt, raise animals and tend vegetable gardens. These communities were less affected by the MCO. However, in recent years some indigenous families in Sarawak are known to have sold or lost their land and the younger generation are now employed by logging or palm oil companies. These families may lack the land or skills to feed their families independently and during MCO were quite reliant on food aid. The scarcity of food revealed the importance of the work of NGOs in remote communities, where training is provided on how to cultivate and propagate food crops.

Due to the MCO, villagers in some indigenous villages in Sarawak reportedly could not travel to town to buy food and had to depend on the jungle for food for three to four months. Children sometimes also follow their parents into the jungle to look for food. Unlike in the past, however, it is no longer easy for those living in the jungle to look for food due to the extensive land clearing for oil palm plantations. The companies developing the jungle areas have constructed timber roads to facilitate travel, but in some areas do not allow local community members to use these or move through the plantations. This created significant challenges for indigenous communities facing food shortages.

Many indigenous families also rely on remittances being sent from relatives working outside the village (mostly in logging or timber camps) which are no longer being received. Due to the absence of banks in remote areas, accessing cash and securing essential goods became difficult. Local markets were closed although there have been few actual cases of coronavirus in remote areas, largely due to strict movement controls and effective sharing of public health information among villagers. This led to disruptions in trade and barter processes. Cash and resource shortages were further exacerbated by the collapse of the tourism sector, where indigenous groups are often employed in hotels or as tour guides.

## D. Children affected by migration (refugee, migrant and undocumented children)

Refugee and undocumented families and children living in Malaysia (which include children born in Malaysia to parents who are undocumented as well as children born to one Malaysian parent but not registered and do not have documents) were hit particularly hard by the COVID-19 pandemic and MCO. Government assistance for these families is limited or non-existent as they are not formally recognised. This lack of support is compounded by the reality that many of these

families are already in extremely precarious situations, relying on daily income and with little to no savings or security.

Many undocumented workers lost their jobs overnight, as they did not have official contract-based employment. During pre-pandemic times, they lived from ‘pay cheque to pay cheque’ and most had no savings. Lack of income significantly affected parents’ ability to pay medical bills, provide sufficient food for the family and top-up their phone credit. Many have reportedly yet to find a job during the current RMCO phase.

For refugees particularly, there was a dire need of money to put food on the table for the kids. It was primarily financial issues that they were facing. Malaysian B40/urban poor families also faced the same challenges, but many at least received some support from the government. The refugees were living silently in difficulty, in cramped surroundings, not being able to go out to work because of the lockdown.

- Staff, NGO assisting refugee children and those from B40 families

In addition to food shortages, some refugee families were threatened with homelessness when they were unable to pay rent and landlords threatened eviction after losing their jobs. Some families were not only evicted because of their inability to pay rent, but reportedly because of their refugee status.<sup>23</sup> A respondent mentioned that in some locations, “city councils apparently issued letters to housing estates directing that refugees be evicted”. In May 2020, the press highlighted that Kuala Lumpur City Hall had “urged property owners not to rent their premises to undocumented migrants.”<sup>24</sup>

Some, including refugees and migrant workers who lost their jobs, were arrested when they attempted to travel outside their homes to look for work or income as this was a breach of the MCO. In some cases, minors who happened to be outside their homes without their UNHCR card were also reportedly detained. Despite these challenges and violations, people without identification papers are often reluctant to ask for help and prefer

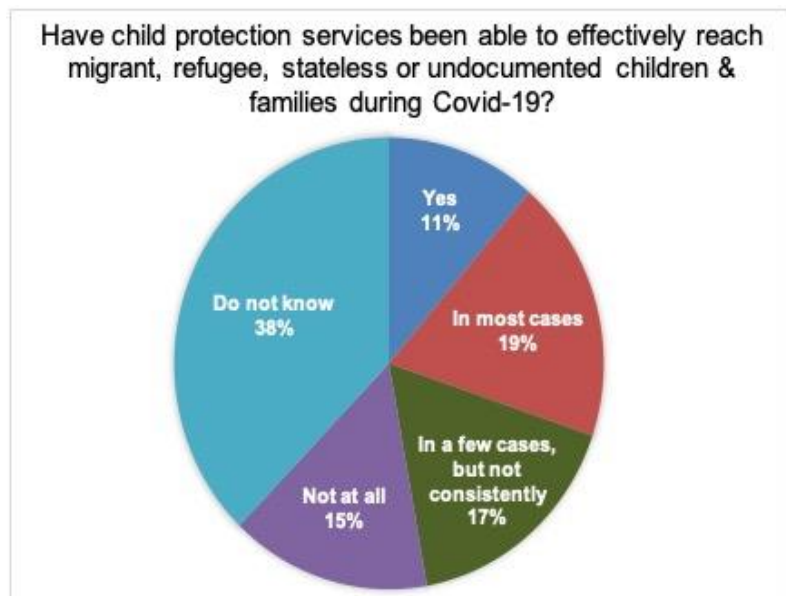


Figure 4: Online social service provider survey findings

<sup>23</sup> Malaysia is not party to the 1951 Refugee Convention nor its 1967 Protocol and its laws do not make a distinction between refugees and undocumented migrants. However, there has been some degree of adherence to *non-refoulement*.

<sup>24</sup> Star (The), DBKL reminds property owners they can be fined if premises rented out to illegals, 27 May 2020.

to keep to themselves due to fear of negative repercussions.

The growing anti-refugee sentiment during COVID-19 among the general public, as well as service providers, affected these communities in a myriad of ways. Online anti-refugee campaigns fuelled growing xenophobia and negatively impacted the entire protection environment for refugees in Malaysia. Migrants, particularly undocumented migrants, were also caught in this tide of xenophobia. In some cases, service providers reduced availability of service provision to refugees apparently because of their status. Refugee survivors of gender-based violence and children were reportedly turned away from hospital OSCCs if they did not have a police report, in violation of OSCC guidelines which state that survivors are entitled to urgent healthcare.

A respondent in Sabah spoke of concern for undocumented children who cannot attend Government schools. They include children of asylum-seekers and refugees with no legal status, but may also be children born to Malaysian parents but have no valid documents.<sup>25</sup> Alternative Learning Centres (ALCs - many of which are found in Sabah) run by NGOs, community and faith-based groups are the only access to education for children who are not eligible to attend public schools and cannot afford private schools.<sup>26</sup> As many of these ALCs stopped their classes during the MCO, the children stayed in their cramped rooms within flats all day and many suffered privacy issues.

Many families living in the Chow Kit area in KL were not entitled to apply for government assistance even prior to the pandemic because they do not have documentation. Many children in these families are Malaysian born. All are from the bottom of the socioeconomic hierarchy. For the same reason, many did not receive the food aid that was announced because they were not entitled to apply for it.

- NGO serving children and families of urban poor

## E. Children with disabilities

Families with children with disabilities faced a unique set of challenges as a result of COVID-19 and the MCO. These parents have had to earn a living while looking after children with disabilities during the lockdown period and faced challenges helping their children return to school. Children with disabilities are considered especially vulnerable to the health impacts of COVID-19 and in some cases, parents were asked to sign waivers to declare that they accept this risk. Some schools suggested to parents that their children should not return because they might be unable to follow strict hygiene rules and etiquette. For example, they might not wear masks or have poor hand hygiene.

<sup>25</sup> It is noteworthy that the process for admission to government primary schools has been simplified as of January 2019, now allowing undocumented children with at least one Malaysian parent or guardian to be enrolled (See UNICEF (Malaysia) / Ministry of Education Malaysia, October 2019; See also Min. of Education, January 2018). For non-exhaustive examples of Malaysian-born children/persons without documents, see footnote 21.

<sup>26</sup> See UNICEF (Malaysia) / Ministry of Education Malaysia, *Children Out of School – Malaysia: the Sabah Context*, October 2019.

During the MCO period, children with disabilities had their routines disrupted and could no longer attend therapy sessions. The pandemic hit unexpectedly, resulting in a sudden and abrupt change. For these children, maintaining regular and routine sessions is essential for their development and ability to learn. While online lessons can be useful, digital or remote communication is often challenging for children with disabilities. Being confined at home in some cases led to more stress and behavioural issues. Parents of children with disabilities reportedly found it very challenging to provide undivided attention to them while working from home, resulting in heightened tension and anxiety.

## VI. Impact on Service Provision

### A. Food assistance & basic needs

As the MCO lockdown progressed, ensuring families were able to meet their basic needs became the top priority, particularly food distribution. This involved a major shift for both Government and NGO social service workers from previously providing a range of outreach services and activities to focusing almost exclusively on providing food assistance to those in need. In Sabah, government assistance was also provided through JKM and Village Community Management Councils (MPKK)<sup>27</sup> during the MCO in March 2020. Many CSOs like PACOS did their own fundraising for food baskets and distributed them through their network.

This was a big challenge for the team because they had to enter a new work territory. It required a lot of adapting to go about it. This was complicated and compounded by restrictions to movement and a slew of precautions had to be taken into consideration at a time when there was a need to go about distributing aid. Their front-liner role changed overnight.

- NGO Community Development leader

Food distribution was logistically difficult due to movement restrictions during the MCO. The Government provided food rations to vulnerable groups. Food distribution to populations living in remote areas population whose usual access to markets and trading routes was disrupted was more challenging. In some cases, volunteers were reluctant to travel to remote areas and were themselves afraid of becoming infected with COVID-19. NGOs were also involved in food distribution to migrants, including Indonesians living with their families at construction sites, as well as some Pakistani and Bangladeshi migrant families. Staff organised food distribution to those living with the authorised 10 km radius of movement through community leaders. For food distribution in areas outside of this jurisdiction, commercial food delivery services (e.g. GrabFood, etc.) were engaged to make deliveries.

<sup>27</sup> Majlis Pengurusan Komuniti Kampung.

## B. Alternative Care & Shelter Services

Respondents highlighted that there was a dramatic drop in the availability of shelter services and safe spaces for children during the MCO period. Agencies working with refugee communities were already working with a very limited pool of shelter service providers – following the MCO, they had even fewer options to refer to. Shelter providers were affected by COVID-19 in different ways. Some shelter service providers had clients that tested positive and therefore had to close their doors to receiving any additional placements or shut down altogether. Other shelters had to stop accepting children in order to adhere to social distancing regulations, which caused all shelter providers to scale down on the availability of spaces.

During the MCO, finding shelters for unaccompanied refugee children in need of alternative care became a challenge due to reduced availability of space in homes. According to some home administrators, there was also a requirement mandating that children be tested for COVID-19 before being placed in homes or shelters. It was initially very difficult to meet these requirements as testing was either too expensive or unavailable at government clinics within the vicinity. It therefore became challenging to place children in care. As an alternative, community-based organisations were recruited in some cases to house children temporarily with other families in their communities. Healthcare organisations with access to COVID-19 testing were eventually identified by health partners, allowing for some children to be placed in shelters. It is hoped, however, that the strategy of placing children in need of care into family settings within their own communities will continue and be strengthened, as this is generally preferable to formal institutional alternative care placement.

A few service providers also stated that there was generally a lack of official directions or instructions on procedures for quarantining children returning to shelter homes, which they found to be challenging. According to an orphanage supervisor interviewed, “We were only asked to fill in a form declaring that all was all right and students did not exhibit symptoms. So, there was no need to put anyone in quarantine.” In some cases, homes were informed that COVID-19 testing would be conducted by the authorities on children in their premises but this reportedly did not take place.

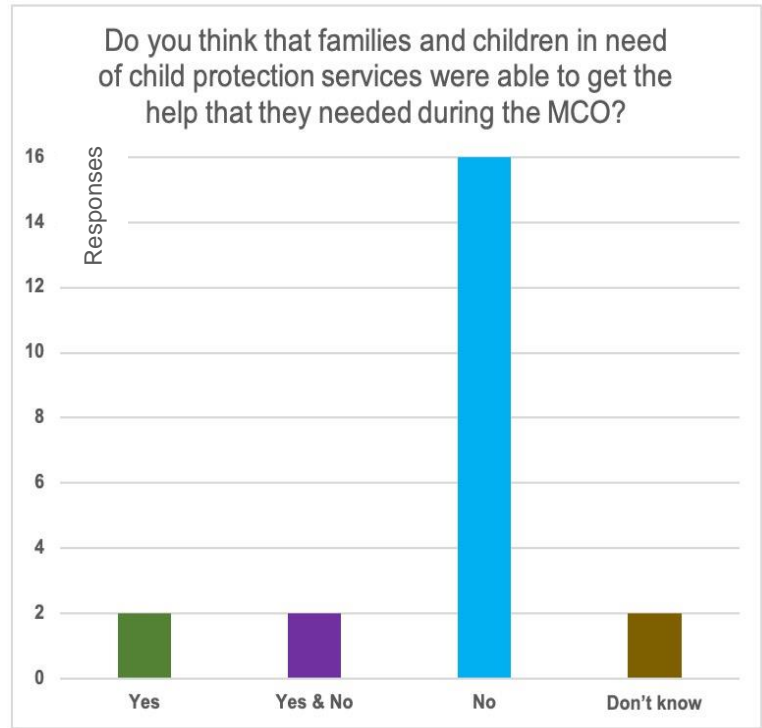


Figure 5: Social service provider interview findings

## C. Social Protection

In addition to the food aid provided by JKM mentioned previously, the Government also implemented social protection schemes for B40 and M40 families affected by the pandemic, including the *Bantuan Prihatin Nasional* one-off cash transfer for low and middle-income households, single parents and people with disabilities. However, this financial assistance was not available to migrant workers (whether documented or undocumented) stateless or refugee families, many of whom were also under serious financial stress. A moratorium on loan repayments was announced by the Government and subsequently extended by the Prime Minister for those who had lost their jobs and not found new employment.

While financial assistance was made available, people without internet access and with low literacy and other access barriers found it very challenging to register online for these services. Those without bank accounts or who do not have an identity card to open an account could not access this assistance. In cases where funds were sent into bank accounts, villagers would travel long distances to town if they could, where they would find long queues of people trying to access cash.

While there are NGOs providing food assistance, it was not enough. Some families were receiving eviction notices because they could no longer pay rent. We therefore had to look for donors and funding not only for their daily food needs but to be able to assist in paying their rent as well.

- Advisor, NGO serving children and families of urban poor

Several respondents outside the Klang Valley in both West and East Malaysia commented that the Government's food distribution did not reach everyone in need. A few home administrators heard about Government food distribution through JKM but reportedly did not receive any. This was challenging, as donations from their regular donors decreased during the MCO period. Ad-hoc donations in the form of food or in funds from 'good samaritans', the public and the private sector helped some NGO homes tide over the MCO weeks while they were on a very tight budget. Another NGO mentioned that free masks together with food assistance promised by the state government did not materialise.

Refugees whose status is not recognized by the Government as well as migrant communities did not benefit from government food assistance. Respondents also highlighted the plight of Malaysia-born persons who are not entitled to receive food aid (or apply for government assistance even in pre-pandemic times) because they do not have the necessary legal identity documents.<sup>28</sup> For these communities and individuals, NGOs became their only source of assistance. Many NGOs, with authorization from the Government, initiated food aid measures to

<sup>28</sup> This could be due to various circumstances, including those who were abandoned at birth by their biological parents, or whose biological mother is a foreigner, those born in rural areas who were not registered at birth, those born to parents without documents and thus inherited their status of statelessness from their parents. This list is not exhaustive.



help them. Some also provided help with rental payments in particularly urgent cases or assisted refugee or B40 families to search for rooms with lower rental costs.

In some localities, NGOs collaborated with each other in food assistance initiatives, working with volunteers from the urban poor and refugee communities, while adhering to government regulations and SOPs. A few, which did not work directly with refugee or migrant communities during pre-pandemic times, expanded their outreach to include these communities living within the vicinity and who were in dire need of help during the MCO. With a decrease in funding, many NGOs had to seek sources outside of their usual circle of funders in order to continue these aid efforts. For some, the aid efforts continued into the CMCO phase.

#### **D. Lack of Mobility & Shift to Online Service Provision**

The most significant impact of COVID-19 on service delivery was due to the restrictions on mobility. Under the MCO, NGO staff were no longer able to carry out home visits to check and follow up on vulnerable children and families. Similarly, community members trying to access NGO or JKM services could no longer do so in person, as they would have done in the past. There was reportedly a great deal of confusion during the first week of the MCO, as NGOs rushed to get police permits and authorisation to continue visits to beneficiaries. This apparently took up a great deal of time, further stretching limited staff capacity. NGOs felt handicapped due to their inability to provide direct services to clients or visit children in the hospital, as they were not recognised as essential workers and therefore their movement was limited by MCO restrictions. After a week into the MCO, some NGOs in Kuala Lumpur obtained movement authorisation documentation for staff to do logistics work, including planning for food assistance and visits to families in very urgent cases, where necessary. Under the CMCO, home visits cautiously resumed, taking all necessary precautions.

Moving around to make reports or to seek services was not easy for clients, especially in the beginning of the MCO – even if they managed to obtain a travel pass / authorisation. There was a domestic violence case where the woman was stopped by the police and asked to go home although she had authorisation (so she took an alternative route to reach the services). Clients mentioned other cases as well. It was only after the MKN (National Security Council) sent a message saying that the movement of domestic violence victims for services, etc. was to be facilitated that things became smoother.

- Service Manager, NGO dedicated to eliminating domestic and sexual violence

Access to services that required direct interaction, especially counselling and peer support, was negatively impacted during the MCO period. Service provision was shifted online, which worked in some instances and was less successful in others. Trauma counselling, which was required by some families and children during this period, proved challenging to provide remotely via Zoom and other platforms. As noted previously, not all families had internet access at home and many only had limited access.

NGO staff were trained to be able to offer online service delivery, but not all beneficiaries reportedly felt comfortable with online counselling. One respondent speculated that a reason for this might be the lack of privacy for such support to be conducted while at home. Some services were discontinued – for example, the Mental Health Association of Sarawak has been providing online advice and information throughout, but the therapeutic counselling service established in December 2019 has been temporarily closed. Other organisations, however, stated that case numbers increased during the MCO, with clients making contact via Facebook and other social media platforms.

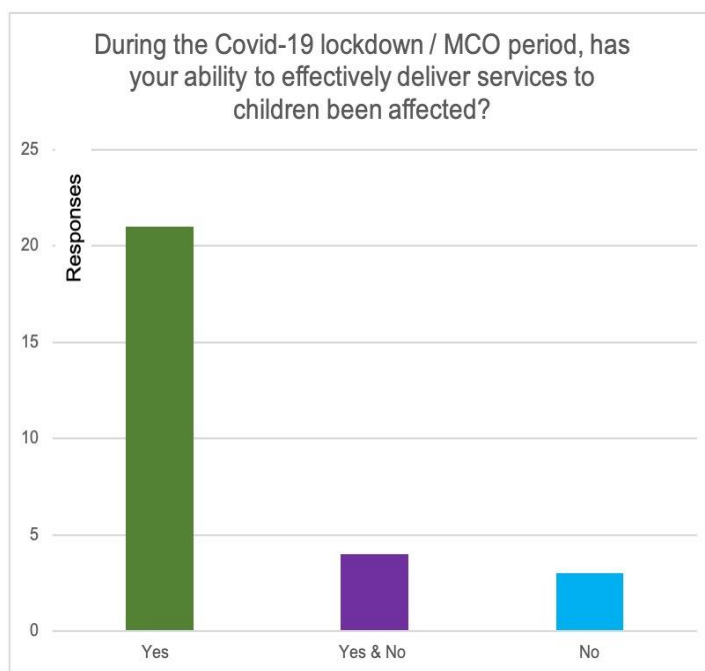


Figure 6: Social service provider interview findings

Youth centres,<sup>29</sup> which served as hubs for community engagement and service provision, were shut down. In some cases, this severed linkages between NGOs and the communities that they served, as not all community members and youth have mobile phones. All sports-based activities were put on hold until the RMCO phase.

## E. Staff Utilisation & Impact

Follow-up and case management services were also halted or severely affected during the MCO due to movement restrictions. Trained JKM social workers with specific skills were diverted into essential but generic tasks such as food distribution and as a result, there was insufficient human resources for counselling and other services. These types of services basically came to a halt during the MCO due to the combination of lack of mobility and lack of staff due to the predominant focus on food provision.

JKM officers were bogged down with logistics... everything was planned and concentrated on COVID-19. Priority was placed on COVID-19 over their usual daily tasks and they were assigned extra tasks related to coordination and distribution of food and PPE equipment. So, calling 15999 may not lead to the services desired.

- Hospital Medical Social Worker

<sup>29</sup> These are youth centres in general and may include those run by the community, NGOs and others, including the PAKK.



The COVID-19 situation has taken a significant toll on social service workers. Staff capacity in many organisations was already overstretched and those working from home have struggled to balance childcare while working online, along with other demands. This has not abated with the CMCO and RMCO, which have allowed for easier movement. Staff of NGOs came back to work but their performance is observed to be lower and some have psychosomatic issues. In some locations, NGOs set up internal care groups to support their staff, organising activities and counselling sessions to support their mental health and wellbeing. Some respondents noted issues of “territoriality” and competition among NGOs, especially for funding, rather than working together in a complimentary and collaborative way during the difficult circumstances.

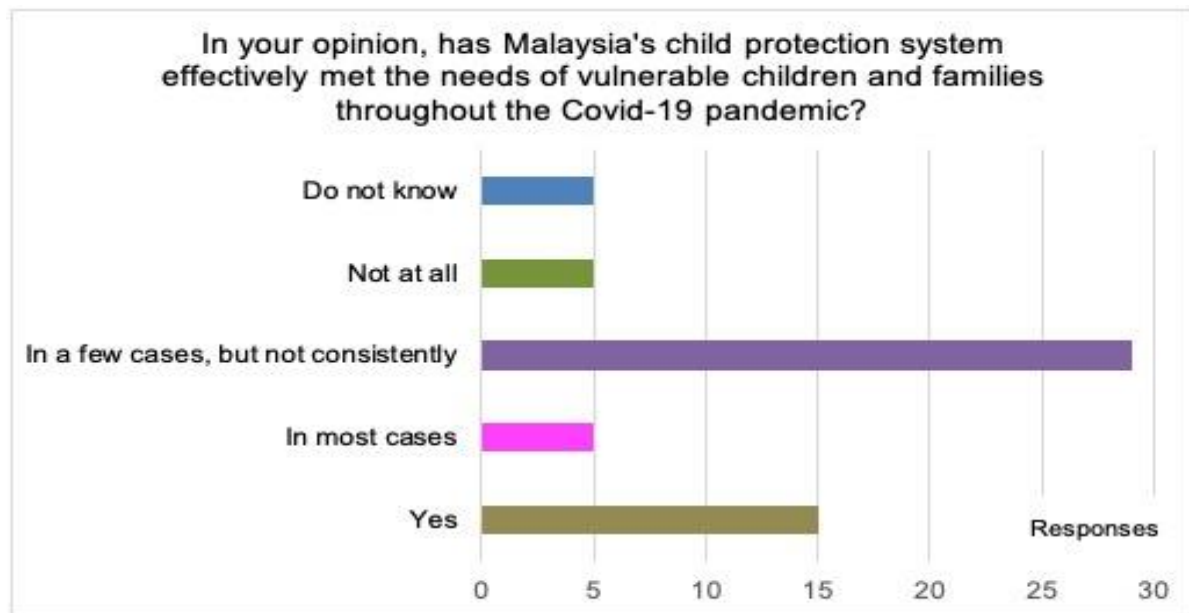


Figure 7: Online social service provider survey findings

The COVID-19 pandemic and MCO period severely strained the capacity of JKM staff to provide services. This was evidenced in a number of ways, including the *Talian Kasih* 15999 helpline. Several respondents noted that during the MCO, calls to the *Talian Kasih* helpline did not go through or were not answered. Those who managed to get through to JKM often did so by directly contacting a staff member that they were already in touch with. This reportedly continued into the RMCO phase, when it took over two minutes for a call to be answered. NGOs explained that there were simply not enough social welfare staff to handle the increased demand for services. In an effort to respond to the increase in requests for psychological support for individuals experiencing emotional distress, the Malaysian Board of Counsellors and JKM assigned 528 registered counsellors across the country to support a special COVID-19 counselling line set up under the *Talian Kasih* 15999 helpline during the MCO phase.<sup>30</sup>

NGOs noted that many tasks could have been carried out by gazetted Assistant Protectors during the MCO to support and complement the efforts of JKM’s social workers and recommended that

<sup>30</sup> Speech of the Minister of Women, Family and Community Development during the Ministry’s Monthly Assembly ref. 2/2020 and launch of the Short-Term Economic Recovery Plan (PENJANA). 25 June 2020.

NGO assistant protectors be authorised to undertake follow-up activities with children and families to reduce the excessive workload of JKM protectors. The *Pasukan Perlindungan Kanak-Kanak* (Child Protection Teams) which have been established at the state and district levels to serve as a support system for child protection services and the *Pusat Aktiviti Kanak-Kanak* (Child Activity Centres) which organize prevention and protection-oriented support programmes and services especially for children are reportedly not very active even in normal times.<sup>31</sup> During the MCO, their activities were further restricted. Several respondents suggested that both of them could potentially be more effectively used in the future.

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<sup>31</sup> See “My Government – Support services for children”: <https://www.malaysia.gov.my/portal/content/30302>

## VII. Innovative approaches

### A. Use of Technology & Social Media

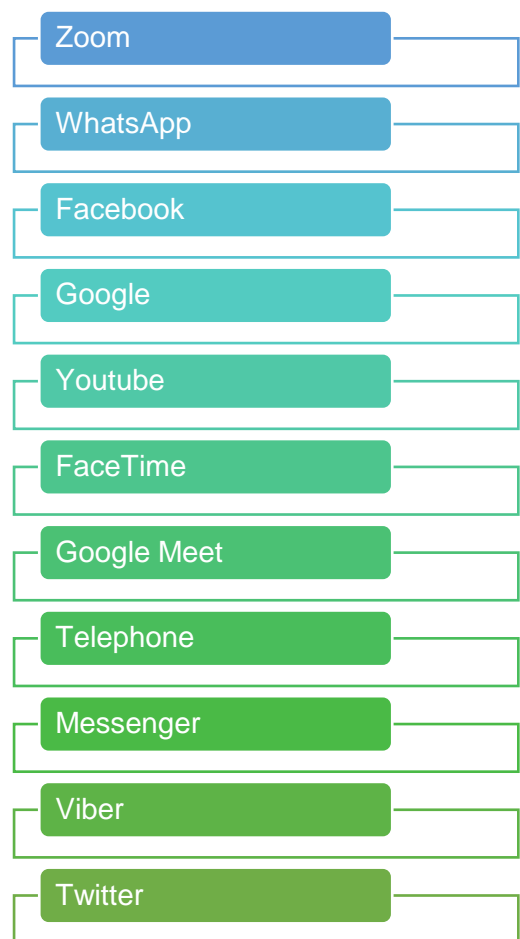
Following the implementation of the MCO, service providers immediately began to adapt and explore alternative strategies for reaching out to beneficiaries. Figure 1 presents the different tools and communication platforms interview respondents indicated they used in different ways to communicate with families, children, as well as coordinate internally and with other service providers including JKM.

Zoom was found to be most conducive for meetings and discussions with colleagues and other organisations, less so for working directly with community members, who preferred WhatsApp and Facebook. Existing WhatsApp coordination groups with community leaders were used and new groups established to share information and updates to be disseminated to community members. Information shared included SOPs, updates on free COVID-19 screening, MCO guidance, etc. Organisations working with children in school called children on a daily basis to check in on how they were doing. UNICEF, MASW and Maestral developed tips for social workers and social welfare practitioners on remote case management during COVID-19 that agencies found helpful. This was followed by an online webinar.<sup>32</sup>

During the MCO, strategies for remote case management were adopted, including setting up 3-way calls with interpretation for case workers to communicate with clients in refugee communities. Finding quiet, confidential spaces for case workers and translators to do calls while working from home was often a challenge, as many translators are refugees themselves and also living in tight spaces.

Social media was used to facilitate networking of social work volunteers to support outreach to B40 families, Rohingya and other refugee communities. Training was conducted online for volunteers with no social work expertise or prior experience in outreach. This also facilitated two-way communication, with volunteers sharing information on the types of assistance, food aid and appropriate action to be taken to effectively support communities during the lockdown. When they were no longer able to provide direct services to women experiencing domestic violence

Figure 8: Communication tools and social media utilised by service providers



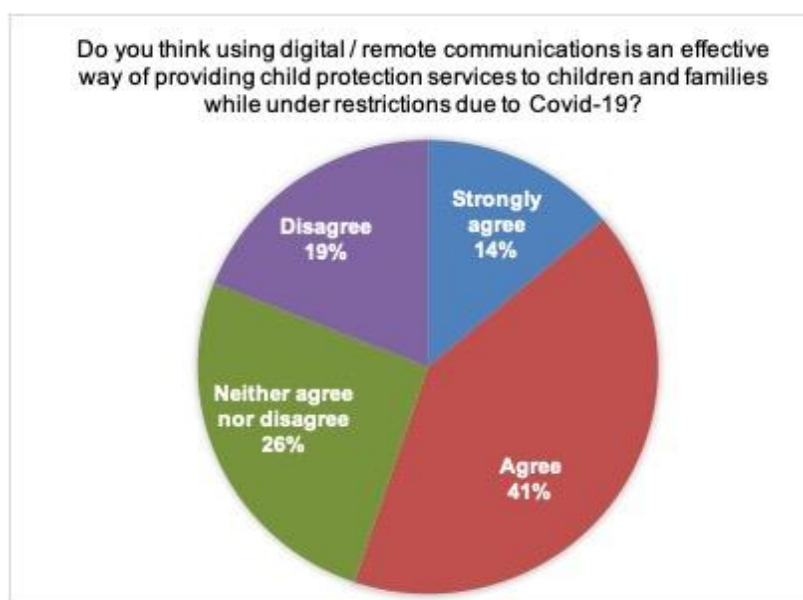
<sup>32</sup> The tips shared during the online webinar can be accessed at: <https://www.unicef.org/malaysia/reports/tips-social-workers-social-welfare-practitioners>

during the MCO, organisations relied on Facebook to provide online support and awareness-raising. Online video counselling was also provided to children and parents in need of support. One organisation developed an online storybook on child sexual abuse in four languages<sup>33</sup> during the RMCO phase that received positive feedback on Facebook and Twitter, including from adult victims of abuse when they were younger who called to share their stories.

During the RMCO phase, when a confirmed COVID-19 case was reported in a refugee community, an NGO working with youth from that community had to close its centre and suspend all activities. Zoom and FaceTime were used to organise a small youth development-oriented programme for the refugee youth and community members with internet access. As youth in the community are active on Facebook, sessions were recorded and shared via a Facebook Messenger group. Content included the importance of a healthy lifestyle, exercising for health and moral values. This allowed sharing and live discussions, where children and youth from the community began to open up about their experiences. This was an innovative endeavour for the refugee youth community in response to a sudden change in the situation. While this was organised at the community level, this endeavour echoes the nationwide “@KitaConnect”<sup>34</sup> initiative developed by UNICEF and cross-sectoral partners during the MCO period, a dedicated virtual social space on Telegram Messenger for adolescents and youth to share information, offer support, spur connections and inspire action for and by young participants.

As shown in Figure 9, survey and interview respondents expressed mixed views on the efficacy of providing services online, explaining that in most cases working directly with clients in person is preferable, especially when counselling children who come from difficult backgrounds. Despite the advantages of using social media for communications, face-to-face interaction is still most effective. One respondent felt that remote online work may be ideal for the corporate sector, but the nature of social work is such that it often requires ‘physical action and accompaniment’ (for example, accompanying

Figure 9: Online social service provider survey findings



<sup>33</sup> “Lisa and Her Secret” published by Women’s Centre for Change (WCC) in Penang (in Malay, English, Mandarin and Tamil). Link: <https://www.wccpenang.org/2020/09/26/new-online-book-lisa-and-her-secret/>

<sup>34</sup> “@KitaConnect” was initially launched as a simple messaging channel for sharing COVID-19 information and has evolved into a two-way channel for youth, led by youth, offering opportunities to young persons with intersecting vulnerabilities including refugee adolescents and youth with disabilities. (From “Case Study Series: Experiences in Adolescent and Youth Engagement, UNICEF Malaysia, Dec. 2020”).

beneficiaries to clinics, government offices, etc.). Other factors, such as the reality that in some refugee committees, men usually hold the phones, so moving into virtual service provision presents challenges, as some women and children would not have access.

However, the use of online applications and social media has allowed their organisations to continue to provide services under the challenging MCO conditions. While it is important to remember that some groups and communities are unable to access online platforms and need to be supported in different ways, respondents said they will continue to utilise online applications and social media after the pandemic, as this has allowed for faster communication and helped to provide services in ways that would not have been possible otherwise.

## B. Working directly with communities

With Government and CSO agencies seriously affected and unable to provide services, some communities rapidly organised to help themselves and their most vulnerable members. CSO respondents explained that when mobility became restricted under the MCO, they shifted to working through community leaders and groups who were able to identify families and children in need and provide services and aid directly, being in the same location. This included working with village heads or *penghulus*, as well as relying on extended families to provide alternative care and support for children in need of assistance.

Extended family can be a protective factor. A lot of times, children go to homes of extended family members when they face something but there is no data on this. People say it is safer to be with close family members, which is common here, than being in a shelter.

- Advisor, NGO Working on Reproductive Health

Although internet connection was often poor in remote areas, village leaders in some locations established WhatsApp networks within their communities and service providers. These groups were reportedly used to share information and updates about the COVID-19 situation and the measures put in place. For example, an NGO in Sabah learned of food shortages through these channels and was able to organise for essential food items to be prepared in town and for travel permits to be granted so that named villagers could collect the food supplies. In some cases, village leadership would analyse and report fake news to be aware of, as well as proactively identify the leading challenges facing their communities.

Another example of reliance on the capacity and support of local communities was found in NGOs relying on volunteers and faith-based groups that live close to the communities for food relief, delivering PPE and offering support. In Kuala Lumpur and in Sarawak, NGO staff enlisted the assistance of volunteers from urban poor communities, who were either known to them or referred to them by community leaders, to deliver food packages within the 10km range of travel authorised during the MCO period. Similarly, communities living in low-cost PPR (*Program Perumahan Rakyat / People's Housing Programme*) flats for B40 families worked together to help each other

communally when services became inaccessible. In Terengganu, local community members, through their own initiative, provided food assistance to Rohingya groups living in their *kampung* (village).

In some locations in Kuala Lumpur, a local NGO partnered with UNHCR to set up community classrooms for children not in school. Several areas including the Ampang, Pudu, Serdang, Cheras and Segambut areas were identified for these 'cluster schools'. However, sustainability of this initiative depends on refugee communities to coordinate, host and run facilities for the classes to be conducted in their homes.

### C. Supporting refugee, undocumented & indigenous children

NGOs working with refugee and undocumented children also devised innovative approaches and strategies for communicating with and providing assistance to these vulnerable groups during the COVID-19 pandemic. Respondents noted that access to services for refugee and undocumented children and families was challenging prior to the COVID-19 pandemic, with the majority of aid provided by NGOs, as these groups are not officially recognised in Malaysia.

Refugee groups often face challenges getting access to accurate and up-to-date information in their languages, which can lead to miscommunication, fear and potential violations of regulations. To facilitate information flow, UNHCR set up a multilingual website for its persons of concern containing information on SOPs and what to do during the MCO.<sup>35</sup> This included information for refugees on where to seek assistance and specific information on travel restrictions imposed during the MCO.

Another major issue was access to healthcare, as refugees may not be able to afford the foreigner rates that they are charged at Government hospitals, unless they have UNHCR cards entitling them to a 50% discount at public hospitals. During the MCO phase, various private and NGO-based centres specifically provided discounted medical services for refugees, which was coordinated and supported by local NGOs. However, anecdotal evidence indicated that some service providers reportedly reduced the availability of service provision to refugees during the period. Refugee survivors of gender-based violence and children were reportedly turned away from hospital OSCCs during the MCO period.

As language can be a barrier for some indigenous groups to access information, during the MCO, a local university lecturer worked alongside indigenous representatives (including NGOs) to design posters on safety measures related to COVID-19 in seven indigenous languages for families and children in villages. These were sent to families and community groups in West Malaysia to download and share with other families via WhatsApp.

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<sup>35</sup> This site may be accessed at: <https://www.refugee-malaysia.org/unhcr-malaysia-covid-19-frequently-asked-questions/>

## Others

- **Food delivery services:** NGOs reported using commercial delivery services including Grab and LalaMove to distribute food aid via community leaders to families who lived outside the permitted 10 km radius of movement. This was not used for large-scale delivery but in cases when specific families were in need of urgent aid and no other option was available.
- **Building skills for the future:** The COVID-19 exposed the vulnerability of urban poor, refugee and stateless families who were already living in precarious financial situations before the pandemic hit. During the MCO, a KL-based NGO began exploring ways to help parents from these groups prepare for the future, including by setting up small businesses to sell products and food items online as an alternate source of income and using social media to promote their businesses. Other NGOs provided training in financial literacy and savings in an effort to help families be better prepared for future crises.
- **Keeping lines of communication open:** During the MCO, NGOs in Sarawak helped to ensure that indigenous communities in remote villages were able to remain in communication with themselves and the authorities by coordinating with local leaders and topping up their phone credit from afar so that they would not be cut off from information and updates.
- **Flexibility & delegation of authority:** Organisations established flexible working schedules for staff and one organisation gave staff authority to take responsibility for making decisions as needed if managers could not be reached, as they considered that their staff all capable of making these decisions. Cases and situations were prioritised by severity based on a colour zoning process that was established.<sup>36</sup>

The MCO brought everything and everyone together – some worked from home and those who could go out covered the tasks outside. We managed it all and it was productive and effective, with some staff working from home and others outside or at the office.

- Manager, Safe home and drop-in centre for low-income children

<sup>36</sup> Work was prioritised depending on severity of the case or situation, with severe cases labelled as red for example.



## VIII. Conclusion

COVID-19 has taken a toll on global healthcare systems and measures undertaken to mitigate its spread have had an unprecedented impact on families and children. As in other parts of the world, enforced border closures, travel restrictions and quarantine measures sparked fears of a long-term economic crisis and recession in Malaysia. Different levels of Movement Control Order (MCO) were implemented by the Malaysian government in areas with high incidences of COVID-19 cases as well as nationwide. The consequent socioeconomic impact led to disruptions to nearly all aspects of life for the communities studied in this rapid assessment.

Urban poor, remote indigenous communities as well as migrant and refugee communities were severely affected and became even more vulnerable under the MCO. Socioeconomic disparities across different groups of society have widened. The ongoing pandemic exacerbated inequalities in food security for the poorest communities and exposed the digital divide between 'well-resourced' and low-income families, which became especially conspicuous as society turned to digital solutions to support children's education, learning and play. These effects continue to be felt during the finalization of this report – ten months after the MCO was first imposed.<sup>37</sup>

Social services provided by JKM were particularly affected due to a reassignment of duties during the challenging MCO phase to meet emergency priorities. The increase in demand for services, including the *Talian Kasih* helpline, could not be fully met due to the insufficient human resources as many staff were reassigned to food distribution and quarantine service. The increase in workload also took a severe toll on JKM social workers. Civil society groups stressed that this diversion of resources and priorities in a period of crisis where there were bound to be pressing and increased child protection concerns should have been addressed differently. Child protection concerns must be prioritised alongside emergency mitigation efforts in any period of crisis or emergency. There will be far-reaching implications for children and their families as a result, potentially impacting the long-term development and welfare of children in these communities.

Civil society organisations and private service providers involved in child protection and welfare were similarly affected. Interview respondents explained that they needed to adjust to new work norms, such as remote working methodologies, to respond to the crisis and ensure minimal disruption to service provision. This was not without problems as many were unprepared for an immediate transition to the new mode of work. With deep concern for the beneficiaries they serve, service providers rapidly adapted their work practices to cope with these new realities, including leveraging the latest technologies for remote work. Although this shift was generally considered successful, some expressed reservations about its effectiveness in specific areas of social service provision. Many agencies introduced innovations and shifts in service provision for client

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<sup>37</sup> Following announcement of the extension of the Recovery Movement Control Order (RMCO) until 31st December 2020 on 28 August, the Conditional Movement Control Order (CMCO) was reimposed on most states in Malaysia from 9th November 2020 to 6th December 2020. In some areas this was imposed until the end of the year due to continued increases in infection rates.



populations, including working through local communities to deliver services. Adaptations in social work roles and responsibilities to meet new and additional needs presented by COVID-19 became the norm, as did the need for unprecedented flexibility.

The findings of this report underscore the need to better protect vulnerable and socially-disadvantaged groups, including refugee and migrant children and families, from the adverse and potentially harmful effects of emergency and lockdown situations. Within this context, children and persons with disabilities are likely to experience both increased vulnerability and difficulty accessing services they need. The study also highlights the need to increase investment in social services, including for mental health for both communities and service provider staff. COVID-19 served as a 'wakeup call' and an opportunity to learn from this experience to ensure better planning, strategizing and preparation in anticipation of future similar situations or emergencies. While this has been a catalyst for greater emphasis on digital technology, spearheading new and potentially more efficient ways of providing services in some areas, it has also exposed the challenges in shifting to remote service provision due to the digital divide that need to be addressed in order for this to benefit all communities equitably.

Urgent socio-economic and other responses will need to be introduced with an eye to the future. These include solutions and responses for the protection and welfare of children and their families in times of a health emergency and disaster situations. Not least, effective pandemic and emergency response plans must mainstream child protection across all sectors in parallel with emergency priorities, including both Government and civil society service providers. The MCO and COVID-19 situation broadly demonstrate the need for improved collaboration and establishing better partnerships between the Government and CSOs in these endeavours.

## IX. Recommendations

Interview respondents shared a wealth of information and recommendations based on their direct experience during the COVID-19 pandemic, along with strategies for preparing for future emergencies. There was a general agreement that the COVID-19 MCO was unique and different from other emergencies the country has faced during, for example, the annual floods. The MCO took the entire nation by surprise, and the population and service providers were not prepared. This resulted in an initial shock and abrupt freeze in services and activities, combined with a significant drop in funding for many CSOs. However, respondents consistently emphasised that there has been a great deal of learning from this experience. Service providers are now better prepared for a potential second wave or future pandemic situations.

This section presents a series of recommendations for a range of government agencies and civil society organisations to consider in the immediate and longer-term. These recommendations emerge from the overall conclusions of the study but also include direct requests from individuals and agencies that have been at the forefront of responding to children’s needs during the COVID-19 crisis. Where appropriate, the most fundamental recommendations are highlighted for urgent attention by policy-makers and service providers.

RECOMMENDATION	Lead Actors
<b>A. Risk mitigation and contingency planning</b>	
<p>Covid-19 has demonstrated that the outcomes of emergency strategies may not always be in children’s best interests. A systemic review of national and state-level emergency strategies and policies should therefore be conducted to ensure these promote children’s welfare and protection.</p> <p>Given the possibility of future global and regional public health crises, the Government should urgently adapt its emergency strategies and plans to mitigate the impact of protracted or recurrent emergencies on children’s wellbeing and protection. In particular, a full review of the potential impacts of a health pandemic should be prioritised.</p>	<p>NADMA, MKN, MWFC, MOH, MOHA, CSOs, other relevant agencies</p>

<p>Government health and other authorities should plan, budget and prioritise continuing assistance in areas such as mental health support and other assistance for citizens and service providers suffering from anxiety, stress and fatigue during health crises involving movement and other restrictions. In planning, consideration should also be made for provision of long-term assistance and support if required as part of the overall approach to provision of comprehensive long-term care.</p>	<p>MOH, MWFCF / JKM, other relevant agencies</p>
<p>An interagency committee, including both government and civil society experts, should be established to review the findings of this report and, building on conclusions from other sector studies, urgently map out a process for the development of a single comprehensive emergency child protection strategy to protect children from abuse, neglect, exploitation, separation and mental illness (among others) during emergency situations.</p> <p>Emergency strategies should ensure that all efforts made during crisis response, including immediate and initial efforts, are integrated/linked with national plans and policies, with the aim of addressing complex long-term recovery. Response measures decided in haste as a disaster or crisis unfolds may be ad-hoc and could have inadvertent and unexpected negative consequences for children and families. The COVID-19 experience has underscored the critical importance of pre-crisis planning to ensure a systemic approach to crisis management.</p>	<p>MWFCF, MOH, MOE, MOHA, NADMA, CSOs, UNICEF, UNHCR, IOM, other relevant agencies</p>
<p>The emergency child protection strategy or plan should be designed to: (i) mitigate the impact of Covid-19 on children’s welfare and protection in the current wave of the pandemic; and (ii) serve as a strategy to be adapted for future phases of this pandemic, or for potential future global or national health crises, or other protracted disasters or humanitarian situations.</p> <p>Building on the current experience of COVID-19, the strategy should promote conceptual linkages and describe effective, practical working approaches between MWFCF and sectors such as health, education, justice, social policy and migration. The strategy should address the risk of harm to children when these other systems are affected by the shock of a pandemic.</p> <p>At a minimum, a tailored strategy or plan of action should be drafted between the Ministry of Health and the MWFCF in anticipation of future global health crises. The strategy, based on the</p>	<p>MWFCF, MOH, MOE, MOHA, NADMA, MKN, other relevant agencies</p>

<p>experience of Covid-19, should outline the measures to be jointly agreed and taken in such a global health crisis.</p>	
<p>The MWFCDC should establish an emergency child protection fund or prepare a series of options for securing the funding required to protect children in a global health crisis. Although it may not be possible to ring-fence existing funding, MWFCDC should seek funding opportunities in advance in case of a protracted COVID-19 situation or other similar event. The fund should be available to guarantee children’s welfare and protection during an emergency as well as for reducing the long-term impact on children’s wellbeing in the aftermath of a pandemic or emergency.</p>	<p>MWFCDC, UN Agencies, other relevant actors including the corporate sector</p>
<p>Tailored emergency strategies should be designed and pre-placed to ensure that provision of services, basic needs and financial assistance to the most vulnerable groups, including refugee, migrant, stateless, undocumented and both urban and rural poor families. COVID-19 disproportionately affected these groups, with significant health and social consequences.</p>	<p>MKN, NADMA, MWFCDC, MOHA, UNICEF, UNHCR, IOM</p>
<p>The National Disaster Management Agency (NADMA) should be strengthened in preparation for future COVID-19 waves and other types of disasters beyond flooding. While disaster preparedness has been developed and vastly improved in recent years, robust prevention, mitigation and relief measures should be included to protect children in future pandemics, including providing relevant capacity-building for social service workforce providers.</p>	<p>MWFCDC, NADMA</p>
<p><b>B. Decentralisation of services</b></p>	
<p>Given the diversity of Malaysia, state level government agencies and CSOs should be given greater authority to make decisions and implement response strategies that are appropriate for their state and local areas. This decentralisation of decision-making will improve the timeliness of service delivery, especially in remote areas.</p>	<p>MWFCDC, CSOs, Relevant agencies</p>

<p>National emergency action plans should be developed in consultation with local level service providers, stakeholders and grassroots leaders to be more effective and implementable. In rural and remote areas where indigenous communities live, District Councils (<i>Majlis Daerah</i>) and community chiefs should play a greater role in developing plans so that they are appropriate and practical for their communities, and play a greater role in implementing the emergency response.</p>	<p>MKN, MWFC, NADMA, CSOs</p>
<p>While it was positive that many private donors in Malaysia made contributions and efforts to assist those in need, guidance should be provided to ensure donations meet the needs of beneficiaries. Improved logistical planning is required to get donations to those most in need.</p>	<p>CSOs, Private sector</p>
<p><b>C. Strategic utilisation of human resources</b></p>	
<p>The Government should develop advance contingency staffing plans, particularly for the MWFC and JKM, as part of the disaster and emergency planning process to avoid leaving critical human resource decisions to be made at the last minute and ensure strategic distribution of staff based on their skills and capacity.</p>	<p>MWFC/JKM</p>
<p>Staff with child protection skills must be made available to provide services to families and children in need of assistance during emergency situations. To this end, JKM and CSOs should articulate a comprehensive joint human resource strategy to ensure that, despite the myriad needs of vulnerable populations during a global health crisis, sufficient experienced and professional social workers and child protectors are assigned a service delivery role, including case management functions, and remain accountable for the welfare and protection of children.</p>	<p>JKM, CSOs</p>

<p>Explore strategies to more effectively utilise CSO / NGO staff that have been gazetted as assistant protectors to support JKM service delivery, particularly in times of crisis. Gazetted NGO assistant protectors should be authorised to undertake follow-up activities with children and families.</p> <p>In the current situation, Assistant Protectors should support and complement the efforts of JKM's social workers, thereby reducing the significant current backlog of pending cases.<sup>38</sup></p>	<p>JKM, CSOs</p>
<p>Pre-vetted volunteers should be drafted to provide support during future emergencies.<sup>39</sup> During CMCO, this volunteerism can provide respite to overworked carers and should be trained on social media for conducting outreach with the CSO / NGO network.</p> <p>Existing volunteer guidelines and initiatives should be reviewed and improved. Additional practical guidelines and recommendations for recruitment and training of volunteers should be developed by JKM in partnership with CSOs.</p>	<p>JKM, CSOs</p>

<sup>38</sup> The new Section 8A of the Child Act (Act 611) provides for the appointment of assistant protectors as per the 2016 amendments (Act A1511) to Act 611.

<sup>39</sup> Volunteers participate in JKM grassroot programmes, not as social workers, but in tasks like assisting and escorting the elderly and persons with disabilities, and also distributing rations during disasters.

<b>D. Strengthen collaboration &amp; partnerships</b>	
<b>Strengthen &amp; build Government and CSO partnerships</b>	
Review and extend the role of the CSO within the child protection system, strengthening and formalising the partnership between government and CSO service providers. This includes outsourcing certain child protection roles, services and tasks to CSOs to complement and support JKM's delivery of essential services, both in 'normal' times and in emergencies.	JKM, CSOs
While CSO-government partnerships are clearly essential, CSOs should also merge their efforts and increase collaboration between organisations at all levels during emergencies or disasters, including health crises. This includes coordination of relief and assistance, crowdfunding and particularly sharing crucial information and knowledge from the ground during such circumstances. This will be central to improving effectiveness and efficiency in interventions and for complementing government efforts when capacities are overstretched. CSOs are recommended to identify and explore synergies and seek common ground to collectively contribute to interventions when required.	CSOs
Map and assess the existing services for children and families provided by CSOs nationwide to more effectively leverage skills, grass-roots community knowledge, resources and geographical coverage. This will allow the Government to identify and utilise CSOs with specific capacity to more effectively provide services in crisis situations. This will ensure more equitable distribution of aid and guarantee that vulnerable families and children are not left behind.	CSOs, UNICEF, JKM



<p>Establish clear positive working relationships and formalise collaboration strategies well in advance of crises. This includes a list of approved CSO agencies (with official permits), authorised to continue providing services and issued with travel authorisation to do so. Authorised NGOs should be invited to participate in the planning and coordination of service delivery to share their knowledge of the local context.</p>	<p>JKM, CSOs</p>
<p><b>Build community infrastructure and networks</b></p>	
<p>Support and encourage B40 and refugee communities living in urban areas to prepare for and engage in 'self-help' community programmes and 'neighbourly participation' during emergencies. Community leaders, neighbourhood committees and management committees of flats and apartment complexes should be encouraged to monitor the situation of the vulnerable families and children, especially if they are known to come from at-risk backgrounds, and refer cases appropriately and safely to relevant stakeholders.</p>	<p>CSOs, community leaders, neighbourhood committees, management committees</p>
<p>Develop and introduce training modules and pandemic training kits in collaboration with, and for use by, these communities, as well as indigenous communities in rural areas, to teach families and children about appropriate action to take during emergencies.</p>	<p>CSOs</p>
<p>Train and inform community leaders on how to identify, assist and refer children suspected of being abused, to relevant authorities and CSOs.</p>	<p>CSOs, community leaders</p>
<p>Delegate responsibility for distributing food rations during emergencies to local community leaders, local councils and religious bodies, so that JKM staff can concentrate on assisting high-risk children and families dealing with challenges.</p>	<p>JKM, CSOs, community leaders, local councils, religious bodies</p>

<p>Identify, prepare and empower grassroots CSOs and community leaders for a bigger child protection role. This can be especially helpful during an emergency with limited mobility. This will enable individuals and agencies already located within the community to provide direct services and provisional support to children and families in situations where government child protection officers may not be immediately available due to crisis circumstances. The PPKK (Child Protection Team), where available, should be part of this effort as each team includes a district or local welfare officer, a medical officer or doctor and a police officer among other child protection stakeholders. It can help ensure that provisional care needs are met.</p>	<p>JKM, CSOs, PPKK, community leaders, neighbourhood committees</p>
<p>Identify and strengthen the capacity of staff at community-based shelters and kinship care networks to provide services for children and families so that those at risk of entering alternative care are supported to remain at home and within their own communities. Children should not be separated from their families or communities except as a last resort.</p>	<p>CSOs, UN Agencies, Government stakeholders, community-based shelters and kinship care networks</p>
<p>Build the capacity of community organisations to set up children’s spaces – provide training on how to do vulnerability assessments, how to find and select a suitable location, safety and monitoring requirements, etc. The PPKK (Child Protection Team) can be involved and also serve as a monitoring mechanism during crisis and emergency situations.</p>	<p>CSO, PPKK, community-based shelters and kinship care networks</p>
<p><b>E. Ensure continued provision of child protection services during emergencies, including counselling and mental health support</b></p>	
<p>Explore options for approaching emergency service delivery more holistically; for example, distributing food to vulnerable families is an opportunity to identify and address other challenges families and children may be facing.</p>	<p>MWFCD, JKM, CSOs</p>

<p>Because children and families may be confined to small spaces, exacerbated by financial and emotional stress during the MCO, the risk of child abuse, neglect and violence are likely to increase. For this reason, it is recommended that child protection agencies begin to collaborate more strategically with those organisations and service providers (both government and civil society) which focus on domestic violence and family violence.</p>	<p>MWFCD, JKM, CSOs</p>
<p>Clear channels for reporting child abuse and neglect should be established and publicised widely, including through information campaigns targeting children. It may be possible to provide simple information to families along with the food aid packages or to print information directly on the packages.</p>	<p>JKM, CSOs, community leaders</p>
<p>Explore options for ensuring ongoing follow-up and case management with the urban poor families living in low-cost flats during MCO and emergency situations.</p>	<p>JKM, CSOs</p>
<p>Shelters and other service providers should be provided with clear instructions for applying for permits to deliver essential welfare services and emergency aid, where permits are necessary.</p>	<p>MKN, JKM, CSOs</p>
<p>Develop strategies for the PPKK<sup>40</sup> and PAKK<sup>41</sup> to continue operating using different approaches under MCO and emergency conditions. For example, the PAKK may serve as a safe space if required during such circumstances, with emergency or crisis SOPs activated and respected. This requires supporting them to develop plans of action alongside JKM to ensure that they are able to continue operations and effectively support families and children and provide child protection services at the community level during MCO and emergency situations.</p>	<p>JKM, PPKK, PAKK</p>

<sup>40</sup> *Pasukan Perlindungan Kanak-Kanak* (Child Protection Team)

<sup>41</sup> *Pusat Aktiviti Kanak-Kanak* (Child Activity Centre).

<b>F. Social Service Workforce Preparation, Training and Support</b>	
<b>Training and Building Staff Capacity</b>	
<p>Long term future planning should include government investment in technological infrastructure and building capacity for online service provision, including skill training for service providers to enable a shift to online counselling, case management and 'outreach'.</p>	<p>MWFCD, JKM, CSOs</p>
<p>Social workers should receive advance training to be equipped for potential emergency situations and know what action is required and authorised. This applies across all sectors such as health, justice and police. For example, legal procedures for child protectors to obtain protection orders should be simplified and streamlined during emergencies.</p>	<p>MWFCD, MOH, AGC, ILKAP, Police</p>
<p>JKM should continue to provide and strengthen child protection training for NGOs to build capacity and ensure a common approach, especially for emergency situations. Regular training and capacity building efforts should be linked to an overall monitoring and oversight programme to ensure quality service provision. For example, the national competency framework for JKM social workers could be extended to include NGO social workers.</p>	<p>JKM, CSOs</p>
<p>Increasing the number and ethnic diversity of social work volunteers would enable JKM and service providers to conduct outreach to a larger number of children and families from different cultural backgrounds nationwide. Building the capacity and skills of a prepositioned team of local level volunteers would be advantageous in emergency and pandemic situations.</p>	<p>JKM, CSOs</p>

<b>Assessing and Revising SOPs</b>	
Existing SOPs for crisis and disaster situations should be revisited and assessed to ensure that these work on the ground and are effective in crisis such as the COVID-19 pandemic. SOPs should be revised on the basis of the assessment findings and shared widely, including with CSO service providers, for input, fine-tuning and implementation.	MWFCD, JKM, CSOs
Children's and women's rights should be comprehensively mainstreamed into emergency and crisis preparedness and reflected in legislation that can be applied at all stages of a crisis or an emergency. The Office of the Children's Commissioner should review and recommend revisions to all relevant legislation and SOPs related to children and families that can be used or could be potentially relevant during crisis situations, particularly during a health crisis and when natural disasters occur.	Office of the Children's Commissioner
Practical requirements and budgets for testing of children for COVID-19 prior to admission into programmes and shelters should be developed and implemented as part of pandemic SOPs to ensure children in need are able to access services.	MOH, MWFCD, CSOs
All homes for children should have SOPs in place and ensure staff are able to implement these in preparation for potential upcoming crises. The Government should ensure all homes are provided with and have been trained in the implementation of standard SOPs for times of emergencies.	MWFCD, JKM
<b>Mental &amp; physical wellbeing of staff working under stressful conditions</b>	
Monitor and ensure the mental and physical wellbeing of social service workforce providers who may be overextended and stressed under emergency conditions, especially those working in shelters and alternative care homes. This should include setting up staff care groups to provide mental health wellbeing support, organising counselling sessions, etc.	MWFCD, JKM, CSOs

<b>Clarity of Information &amp; Guidance</b>	
Data and statistics on domestic violence, child abuse and neglect should be systematically collected and posted on the JKM website for practitioners and child protection stakeholders to assess incidence, prevalence and identify trends. In particular, statistics from the annual <i>Laporan Statistik JKM</i> , including those on domestic violence, child abuse and neglect, need to be systematically updated on the JKM website so that in emergencies or any time, any party including CSOs, practitioners and child protection stakeholders can assess incidence, prevalence and identify trends. <sup>42</sup>	MWFCD, JKM
Continue to engage mass media to disseminate and relay information in emergency situations, as well as rules and regulations, to the public. This should be carried out via multiple platforms and in different languages to ensure effective information dissemination. All means must be used to ensure information reaches the most remote communities.	MKS, MWFCD, JKM, CSOs, mass media
A clear system to track and monitor calls to the <i>Talian Kasih</i> 15999 helpline should be established to disaggregate and assess trends to determine whether an increased number of reports of violence or domestic disturbances are being received in order to effectively respond during emergency situations.	MWFCD
Establishing information centres closer to communities or utilising existing local government offices or PAKK as information centres will help ensure that government communications are being effectively and accurately conveyed.	JKM, CSOs

<sup>42</sup> This was highlighted and recommended by respondents during the interviews as the statistics had not been updated annually as in previous years.

<p>Information should be specifically disseminated to local leaders, including <i>penghulu</i> (village heads) in villages to ensure they are aware of the latest news so they can inform community members.</p> <p>In addition to COVID-19 and health-related guidance, information on identifying and responding to issues related to child protection and violence against children should be provided to the public, including child-friendly information for children and youth.</p>	JKM, CSOs, local leaders
<p><b>Empowering and listening to children and youth</b></p>	
<p>A hotline or helpline uniquely dedicated to children, established and run by trained personnel who are able to engage with, respond and provide appropriate assistance to children, should be incorporated within the <i>Talian Kasih</i> 15999 helpline.<sup>43</sup> Hotlines should operate 24 hours a day, be operated by trained staff and have sufficient resources to ensure that calls are answered in a timely manner.</p>	JKM, <i>Talian Kasih</i> , MWFCD, CSOs
<p>Children should be empowered, made aware of their rights and equipped with information to protect themselves and access help in times of emergency, including COVID-19, when they may be confined to their homes and have limited external interaction.</p> <p>JKM and concerned stakeholders should employ multiple communication platforms to disseminate targeted information and engage in dialogue with children and adolescents during crisis and non-crisis periods. Dedicated social channels or virtual social space (an example being UNICEF's @KitaConnect) may facilitate this by offering opportunities to children and young persons to engage in two-way dialogue, sharing and exchanges.</p>	JKM, CSOs

<sup>43</sup> The “Buddy Bear project” was launched online on 2 Sep 2020 as a dedicated children’s line by a registered Malaysian social enterprise in response to the urgent need to support children experiencing emotional distress during the MCO. This counselling and referral line for child abuse and neglect cases still needs to go through *Talian Kasih*; UNICEF also supports a child helpline run by Mercy Malaysia – details available at: <https://www.facebook.com/104589048258/posts/10159047811838259/>



<p>The Government and CSOs should continue to organise information and advocacy efforts to educate children and youth on child rights, ‘safe touch’ and how to contact authorities if they or someone they know is in danger or in need of help.</p>	<p>JKM, CSOs</p>
<p>Continue to develop and disseminate child and youth-targeted advocacy and information on cyber-safety nationwide to ensure that children and youth are sufficiently prepared to understand, recognise and protect themselves from online predators, especially given the increased time children spend online during emergency and lockdown situations.<sup>44</sup></p>	<p>JKM, CSOs, MCMC,<sup>45</sup> MWFC, private sector</p>
<p><b>Building future resilience</b></p>	
<p>Provide life-skills and job training programmes for low-income Malaysian families and the urban poor. Such skills will be helpful in case of another pandemic and may facilitate finding future employment.</p> <p>While asylum-seekers and refugees do not have the legal right to work in Malaysia, they should be provided support related to livelihood and income-generating opportunities such as development assistance and life-skills training. This should be an ongoing effort to help those who are engaged in their own income-generating activities. Life-skills training will also be useful for them when seeking work opportunities once they have been resettled.</p>	<p>JKM, UNHCR, CSOs, other relevant agencies.</p>
<p><b>Ensuring the protection of vulnerable groups</b></p>	
<p>The pandemic has revealed inequalities in the wellbeing and protection of children and inequity in service provision. It is recommended that, in designing services for vulnerable children and families, evidence-based, tailored strategies are designed and implemented to address the problems faced</p>	<p>JKM, CSOs, UNICEF, UNHCR, IOM, other relevant agencies</p>

<sup>44</sup> It is noteworthy that Digi Telecommunications (a mobile service provider in Malaysia) hosted the Cybersafety and Wellness workshop series on cyberbullying, cyberstalking and cybergrooming on the @KitaConnect platform in partnership with UNICEF during the RMCO period in August and September 2020.

<sup>45</sup> Malaysian Communications and Multimedia Commission.

<p>by, for example, migrant and refugee children, children living in remote areas, children in residential care, children with disabilities and children living in poor urban areas.</p>	
<p>Targeted effort should be made to promote inclusivity, guaranteeing the protection of children from migrant, refugee and stateless families who often do not have access to basic services. CSOs can provide support but not all families and children know where to go for help and in many cases may be fearful of accessing assistance.</p>	<p>JKM, MKN, CSOs</p>
<p>To avoid xenophobia and further inequality, refugee and migrant communities should be provided with accurate and clear information about the pandemic and their rights during the MCO to keep themselves safe and avoid coming into conflict with the law. This information should also be shared with authorities including immigration, law enforcement and police officers, judges, medical officers.</p>	<p>JKM, MKN, CSOs, UN agencies</p>
<p>Awareness-raising and education of the general public is required to promote mutual understanding and education that also reflects child rights, human rights, international protection offered to migrants and refugees, as well as protection concerns.</p>	<p>JKM, UN agencies, CSOs</p>
<p>Children should not be detained under the MCO for breaching MCO rules, or on the basis of their own or their parents' migration status, as this is a violation of their rights as stated in the Child Act 2001, Convention on the Rights of the Child, and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice.<sup>46</sup></p> <p>If a child is detained or certain services are required, clear information about what should be done in these situations and who can provide help, including referral to alternative care services, should be made available to refugee and migrant communities, as well as law enforcement authorities.</p>	<p>JKM, MOHA, Police, AGC, Judiciary, CSOs</p>

<sup>46</sup> <https://www.ohchr.org/Documents/ProfessionalInterest/beijingrules.pdf>

<p>Under the guidance of the Ministry and MKN, government authorities should work in collaboration with UN agencies and CSOs that are providing services to refugee and migrant communities and children to agree on what services can be provided, by whom and on what basis to ensure consistency and equitable treatment, especially during emergency situations.</p>	<p>MWFCD, MKN, JKM, UNHCR, IOM, UNICEF, CSOs</p>
<p>Cases of abuse and violation against migrant, asylum-seeking and refugee children should be identified, reported and responded to. This includes ensuring child victims receive quality care and assistance, as provided for in the UN Convention on the Rights of the Child (UNCRC) to which Malaysia is a State party.</p>	<p>MWFCD, JKM, UNHCR, IOM, UNICEF, CSOs</p>

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